The NHS belongs to us all: engaging people in decisions about services

Dr Felix Davies – Managing Director, Mental Health

@FelixDavies1
www.turning-point.co.uk
Turning Point
Connected Care

Scoping

Community engagement & partnership working diagnostic

Engagement

Commissioners
Community
Frontline staff

Outcomes

Community-led commissioning
New forms of social action
Community-led social enterprise
Models of joint working / integration
Scale and Engagement

• Over 250 community researchers recruited and trained
• Engaging a total population size 250,000
• Directly consulted with over 10,000 people
• Communities we’ve worked with include:
  • Specific geographies with health inequalities or access issues (Birmingham, White City)
  • BME communities
  • Gypsy Roma Travelers
  • Older people overly reliant on A&E
  • Carers
• All of our projects have engaged with people who have mental health issues and long term conditions.
Typical findings

• People feel very disengaged from decision making

• Pessimism about the potential for change

• A close relationship between environment/community and health & independence

• A desire for a single point of contact for information about a range of services

• People’s positive experience of service provision is all about the person who provided the service. People really value staff who listen, understand and support them
Applicability to the NHS

- Putting the ‘patient and citizen voice at the heart’ of service planning and improvement.
- We give a voice to those at greatest risk of health inequalities and poor health
- We facilitate co-production
- We highlight and address the wider determinants of health
- We can help keep people out of hospital
- Improve access to services
- Deliver savings through more integrated and preventative solutions
  - Earls Court Health and Wellbeing Centre
- Stimulate new forms of community-led action leading to increased community and individual resilience
“The project has made a big difference in my life now. Healthy eating, anxiety, everything helped. I feel I have got better control over my health than before.” (Community member with multiple long term conditions)

“I really felt the commissioners were listening to us and making decisions based on what we are saying. They are taking notice of us and investing in our opinions.” (Community champion)

‘Reducing health inequalities is one of our priorities and this innovative piece of work has been really helpful in looking at new ways in which we can address some of these problems.’ (Dr Carl Ellson, Chief Clinical Office for NHS South Worcestershire CCG)

“I think it’s been quite ‘eye opening’ for the organisation, as it’s helped us understand the community. It’s also demonstrated a different way of working, that is evidence based and trailed, which has proven to be successful. It’s given me an understanding of the community which is helping to inform our health inequalities work, including data, research and techniques to refer to. It’s also taught me about co-production, how to do it, and the benefits of it.” (Helen Perry, Engagement Manager, NHS South Worcestershire CCG)
Birmingham

- Better use of community and voluntary sector resources
  - More innovative, local & flexible services

Market-related benefits

Health benefits (of individuals and the population)
  - People are more independent
  - People are more able to maintain or improve mental & physical activity & wellbeing

Benefits resulting from the CN service model

Benefits resulting from what you do...
  - Crisis avoidance (housing, MH, respite, hospital...etc)
  - Right service at the right time
  - People are less isolated
  - People are better able to engage with services / professionals
  - Improved self-confidence
  - Better able to manage multiple needs
  - People are more mobile

The combined effect of what you do & how you do it...
  - Move to more mainstream, lower cost services
  - Less unplanned care & support (health & care)
  - People engaged in more of the right services
  - Delaying the need for high cost / LA funded care packages

Benefits across the system of health and care
The top 5 self-reported benefits by 68 people interviewed post intervention included:

- Emotional support/having someone to talk to – 87%
- Access to information and advice – 71%
- Help with access to other service – 68%
- Improved health and wellbeing – 60%
- Reducing isolation – 52%

We have had cost benefit analysis conducted and for one individual, a 52yr old female with

- Undiagnosed mental health difficulties, incontinence and sporadic eating habits
- At risk of losing her tenancy
- Not attending services or appointments or opening her post
- Had recently has a fall
- Was unemployed and felt isolated

A net full year cost improvement of £5,093.17 was delivered.
Lessons learned

• Meaningful engagement
• Addressing existing frustrations
• Maximising local contacts
• Buy-in from the top
• Investment for long-term gain
• New payment methods
Driving force for change
Any Questions?

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@FelixDavies1