

Growing Care Farming



The Comprehensive Model for Personalised Care

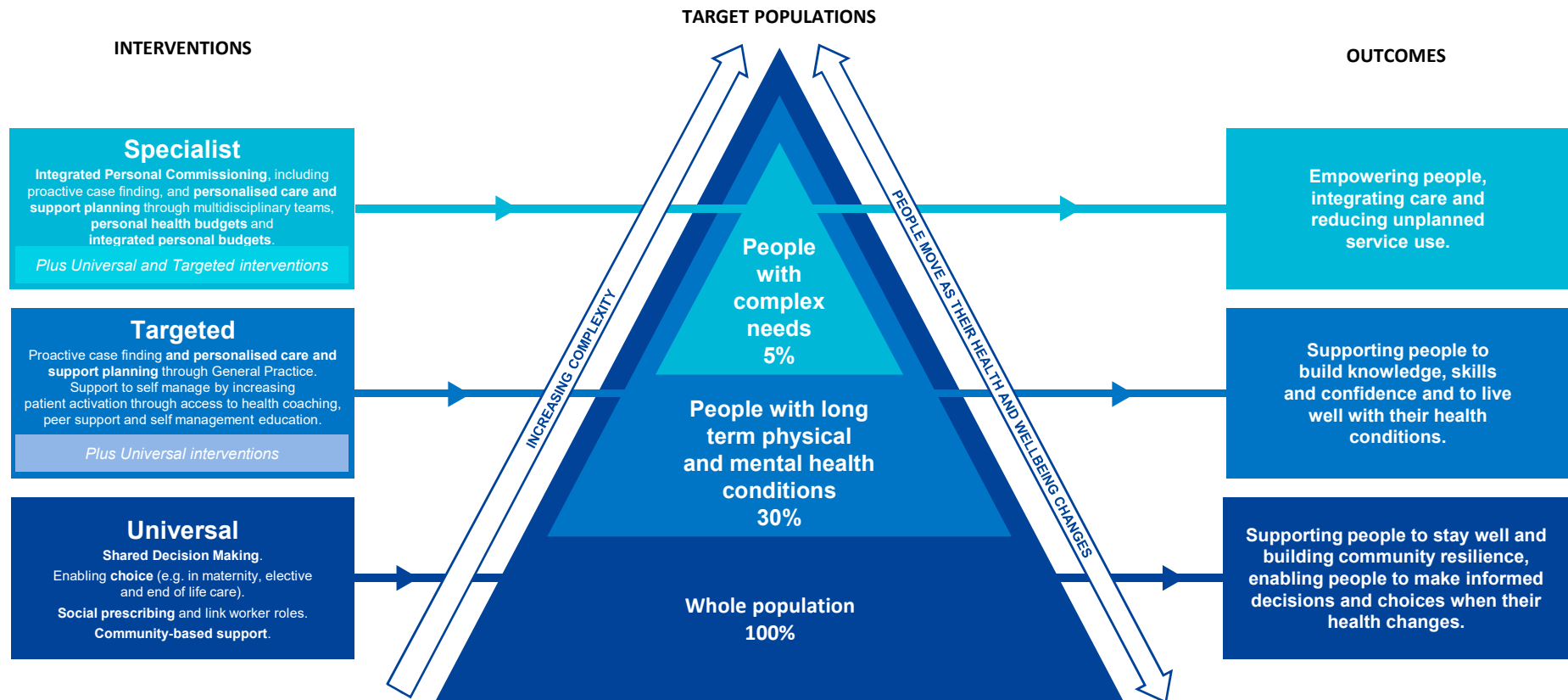
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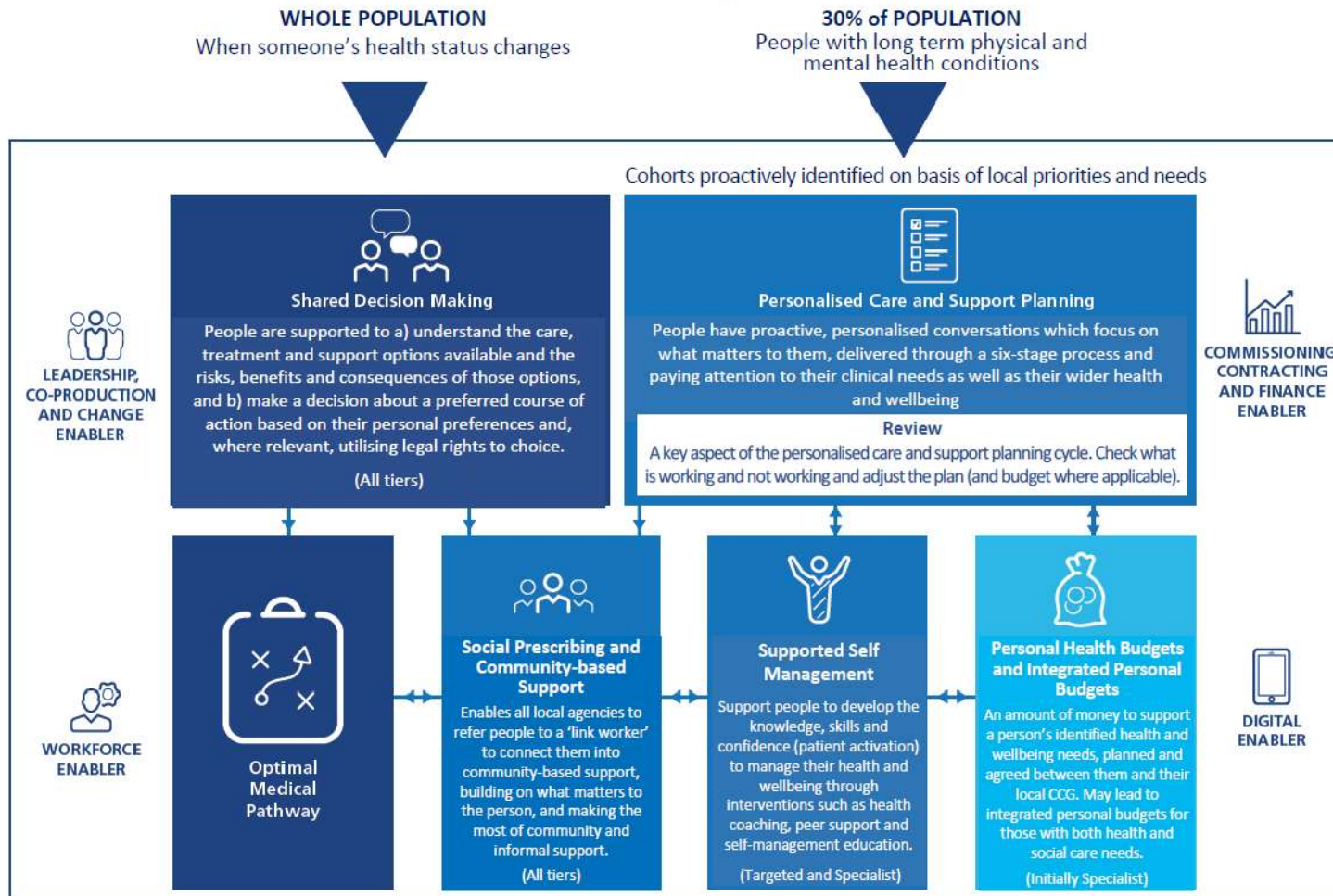


Comprehensive Model for Personalised Care

All age, whole population approach to Personalised Care



Personalised Care Operating Model



Significant delivery of Personalised Care



Shared decision making

In 2017/18 SDM was embedded into:

- Musculoskeletal elective care pathways across 13 CCGs
- Respiratory elective care pathways in 8 CCGs



Personalised care and support planning

- 142,904 people had a personalised care and support plan between April 2017 and September 2018
- Over 204,000 people supported by integrated, personalised approaches



Enabling choice

- 97% of CCGs have now completed Choice Planning and Improvement self-assessment
- Of these, 85% report compliance with at least 5 (of 9) choice standards



Social prescribing & community-based support

- 68,977 referrals in 2017/18
- 331 link workers employed in local areas



Supported self management

- 101,637 patient activation assessments by September 2018
- Over 44,093 people referred to community-based support
- Over 59,545 people referred to self-management education or health coaching



Personal health budgets & integrated personal budgets

- 32,341 PHBs by September 2018
- Up 110% year-on-year in 2018 (to end Q2)
- 23% jointly funded with social care
- 55,511 Personal Maternity Care Budgets delivered by September 2018 across 36 CCGs

The difference personalised care makes



To people's experiences

- 86% of people said they achieved what they wanted with their PHB. 77% of people would recommend PHBs to others with similar needs.
- Independent reviews have found evidence that people's well-being, satisfaction and experience improves through good personalised care and support planning, including for people with cancer.
- 75% of people who booked hospital outpatient appointments online felt they were able to make choices which met their needs.



To people's outcomes

- People and professionals consistently overestimate treatment benefits and underestimate harms. Shared decision making helps reduce uptake of high-risk, high-cost interventions by up to 20%.
- Local evaluations of social prescribing have reported improvements in quality of life and emotional wellbeing, as well as lower use of primary care and other NHS services. Systematic reviews have found that the quality of evidence is variable and there is a need for more evidence on the effectiveness of social prescribing.



To the system

- Monitoring of costs for PHB holders receiving NHS CHC home care packages found an average saving of 17%.
- An independent evaluation found that PHBs were overall cost neutral. People with a PHB had lower indirect costs through less use of secondary healthcare (average £1,320 per person per year).
- In one site, IPC was implemented at scale alongside other interventions. Following the 100-day challenge in 2017 the site saw a reduction in emergency admissions of 12%, as well as a 24% reduction in A&E attendances for the two practices which took part.
- An independent evaluation found that people who had the highest knowledge, skills and confidence had 19% fewer GP appointments and 38% fewer A&E attendances than those with the lowest levels of activation. This finding was corroborated by a Health Foundation study which tracked 9,000 people across a health and care system.



To the workforce experience

- Personalised care and support planning has been shown to improve GP and other professionals' job satisfaction.