

# People, Communities, Value

**Don Redding**

Director of Policy, National Voices

@MightyDredd

[www.nationalvoices.org.uk](http://www.nationalvoices.org.uk)



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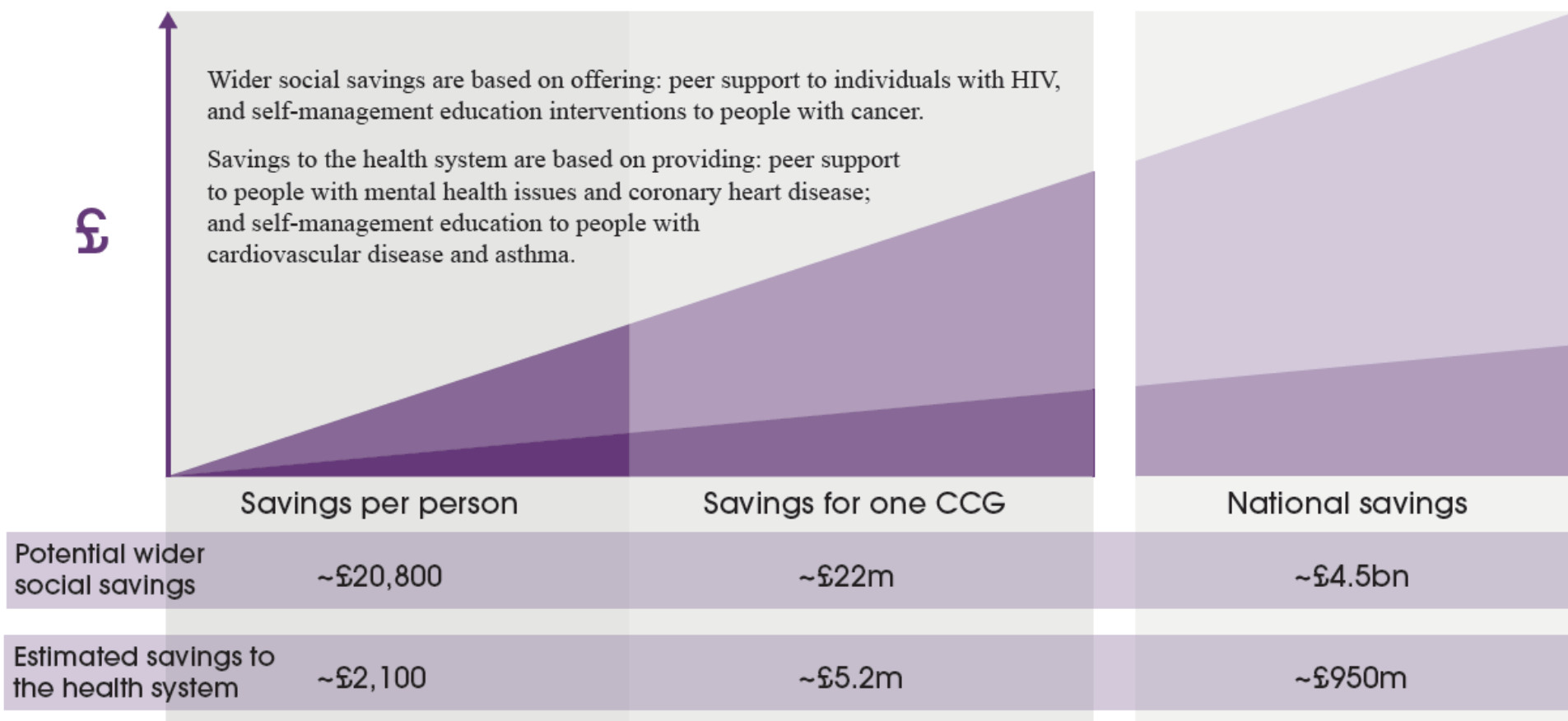
# **New approaches to value in health and care**

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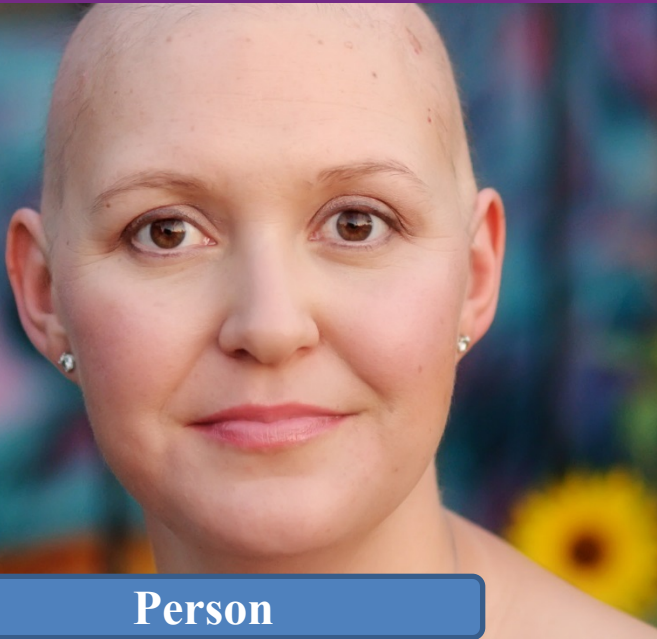
**Report**

*November 2014*

**Figure 4: Estimated annual net savings from implementing targeted peer support and self-management education**



# Direction of travel, 5YFV



Person



Population



Place

**Person centred coordinated care**

***"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me."***

Coordination



# What do people value?

1. What matters most to people may be **different** from what professionals assume
2. **Quality** of life and death more than specific treatment decisions
3. **Values** such as choice, control, dignity more than medical/clinical concerns
4. **Life goals**, eg wellbeing & independence, not just healthcare-related goals.

## Value: broadening the focus

| Not only...   | But also...  |
|---|--|
| Specific clinical outcomes  | Wider health and wellbeing impacts   |
| What the system values, e.g. cost and value for money indicators      | What people and their communities value, i.e. the outcomes most important to them  |
| Patient experience, i.e. what direct contact with services feels like | Wellbeing, e.g. quality of life; people feeling supported, in control, socially connected and independent  |
| Immediate outcomes of a single service, e.g. success of a treatment   | Outcomes over time of all the services and support a person or community may draw upon   |
| Individual outcomes for the person                                    | Equity in health and wellbeing, with greatest value achieved by targeting people and groups with greater need, lower health literacy, least access etc |

# Value statements for adoption

**We value** the creation of health and wellbeing

**We value** people feeling supported, in control, socially connected and independent

**We value** the outcomes that are most important to people and their communities

**We value** people's contributions (their strengths, time, effort, and skills)

**We value** sustainable outcomes over time, achieved through working together, as services and in partnership with people

**We value** equity, and the gains to be made by targeting and tailoring our approaches to people with greater need for our partnership.

# Implications for hellish decisions

1. New models need new value & outcome frameworks
2. Wider outcomes, more focused on population health and wellbeing, shared by all sectors
3. Local coproduction of preferred outcomes with patient & community stakeholders
4. Public service managers using judgement on narratives of value that include both qualitative & quantitative data
5. Investment in social value, social innovation & use of SROI

# Get in touch



[info@nationalvoices.org.uk](mailto:info@nationalvoices.org.uk)



020 3176 0738



[www.nationalvoices.org.uk](http://www.nationalvoices.org.uk)



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