



Exploring our Futures of health and care in Lambeth and Southwark

Event 3 - Summary “Best Case Scenario”

This best case scenario is drawn from 8 different scenarios including:-

- Health & Wellbeing of Children
- Health & Wellbeing of Older People
- Wellbeing
- Health & Wellbeing of People with Chronic Disease
- Use and development of medical advances
- The future workforce
- The relationship between services and service users
- The relationship between services and the community

Addressing public health challenges

- Resources deployed across the whole population, not just those with highest needs - as recommended by the Marmot report
- Supporting early intervention to maximise life chances
- Support for health promotion and wellbeing across the life span
- Education and employers actively support wellbeing
- Maximise contribution of everyone to the community - more volunteering - use of time banking and reciprocal support

Health Outcomes & Experience

- Improved outcomes and experience with equity of outcomes and access
- Reduced variation with consistency in quality

Relationships with and support for service users

- Equity of partnerships - individual providers and patient, organisation and community
- Engaging the whole community - going to the user not expecting them to come to services
- Individuals taking a more active role in their own care and supporting others
- Accessible technology - assistive technology, communication - support, service user - engagement

New models of Integrated Care

- Statutory, voluntary sector and communities collectively engaged to support accessible, integrated care.
- A new delivery model to tackle the growing burden of chronic disease - with multi-disciplinary teams and up-skilled GPs and specialist nurses working in a more integrated way with secondary care and mental health services
- Early community care to avoid admissions
 - a community hub as a coordination point, enabled by IT and providing training and support to carers.

Medical research and expertise

- Achieving a big disease breakthrough for LTCs including diabetes and depression - for maximum impact on maximum number of people.
- Maximise the reach of KHP specialist skills and expertise, locally, nationally and internationally e.g. through tele-consultation

Information technology

- Accessible technology - including assistive technology, to support communication and service user - engagement
- Good IT system facilitating the sharing of information between care providers and meaningful informatics that include value-based outcomes.

Developing the workforce

- The right skill set: including new skills such as knowledge management, ethics, shared decision-making, community engagement, multi-morbidity
- Less mind/body dualism
- More empowered
- Greater team work
- Co-production
- Maintaining wellbeing rather than treating sickness
- Workforce showing by example - good health and wellbeing
- Redesigned learning system to support the workforce
- KHP as centre of excellence for training - export "new types" of professionals including "Specialist in chronic disease"
- Working across boundaries and professional silos - less tied to physical buildings

The role of commissioners

- Transparent priority setting, within an ethical framework.
- Financial incentives aligned to improve value-based outcomes and efficiency