Working with the people of Camden to achieve the best health for all
Away from the past to a sustainable future?

A National Challenge...... A Local Response

First get a recommendation from your family doctor that your ear needs testing. Then hand that recommendation to any doctor with special qualifications (this will be available at any hospital). Your doctor will talk to you about the recommendation, making sure you understand what it means and what needs to be done. If you need advice, these doctors can refer you to a doctor who specializes in ear health.

The National Health Service will provide specialist care. However, if you need immediate help, you can contact your local hospital or doctor. In some cases, you may need to pay a small fee for this service.

Home Health Services
- Community Health Services
  - Outpatient clinics
  - Day care centers
  - Home visits
  - Home nursing
  - Home care

Health Centres
- The new National Health Service begins on 5th July. What is it? How do you get it?
  - It will provide you with all medical, dental, and nursing care. Everyone—rich or poor, man, woman or child—can use it or any part of it. There are no charges, except for a few special items. There are no insurance qualifications. It is not a "charity".
  - You are all paying for it, mainly as taxpayers, and it will relieve your money worries in time of illness.
From Clinical Commissioning to Accountable Care via Population Health Management & Integration

Three key messages:

1. Reorganize care around achieving value for patients — and that we have to do it in more thoughtful and strategic ways.

2. Plan and deliver on wider system than just traditional health boundaries.

3. Think about the longer term investments.
Within Camden there are many influencing factors that impact on the health of our population.

What are the Key Determinants of Health in Camden

- **Income:**
  - Camden is the 46th most unequal borough, with a quarter of households with an annual income of £30,000 or less, and another quarter have an annual income of > £50,000.

- **Housing:**
  - In August 2012, 28,116 received housing benefits, 29% of all households compared to 26% in London, and 31% for inner London. Camden has one of the highest social rented households in London.

- **Education:**
  - Groups that underachieve in the Camden School System:
    - Children eligible for free school meals – esp. white British children
    - Black African (Children: Congolese and Somali)
    - Children with special educational needs
    - Looked after children
    - 12.7% of Adults have no qualifications at all

- **Life Expectancy:**
  - In 2006-10 there was a 1.6 year gap in life expectancy between male residents living in the 10% most and least deprived areas (3rd highest in London) the female gap 6.2 years (6th highest in London)

- **Socioeconomic:**
  - Highest benefit claimant counts are in the most socioeconomically challenged areas.

- **Highest Proportion of young people who are confirmed as being in employment, education or training (EET): Camden has the highest proportion of EET in London at 59.3% vs 45.1%.
  - 50.5% of Camden adult residents have degree level education

- **Life expectancy for men and women has improved at a faster rate over the past 10 years compared to London and England.**

- **38.3% of population are in the highest socioeconomic class.**

**Health Inequalities**

- **Life expectancy gap 11.8 years in men**
  - Cardiovascular/Disease/Cancer

**Young People**

- 50% black or minority ethnic, and many vulnerable children
- High levels of looked after and children with special educational needs
- 20% children aged 10-11 obese

- **Population**
  - 250,000 due to ↑ 5% in next decade

- **Elderly Population**
  - By 2017 over 85s ↑ 35%
  - By 2021 ↑ 25% in dementia

- **Mental Illness**
  - 2nd ↑ prevalence of severe mental illness in England
  - Alcohol misuse
Our response: An integrated system underpinned by Population Health Management Tools

Key Messages

• Data available to health planners is available in aggregate form or shared by patients with individual clinicians.

• Our Population Health Management toolset describes service utilisation as a proxy for health needs of the local population by developing groupings based on similar health needs that can influence pathway redesign.

• This helped bridge the gap between aggregate and patient level information to drive down variation in the quality of care and costs, while improving outcomes.

• The most complex segment (most right) comprises of only 1.21% of the population for 13% of overall spend.
Benefit to the patient: 
*Increased time spent at home*

72% of patients spent the same amount or more time at home following MDT case management.

Benefit to the Provider: 
*Fewer emergency beddays*

An 18% reduction in emergency beddays for these patients. This extra capacity can be used to treat elective patients who actually need to be in hospital.

Benefit to the CCG: 
*Secondary care savings*

An estimated £560k has been realised in secondary care savings since the MDT began.

- Emergency admissions average monthly saving 2014 is £25,770
- A&E average monthly saving 2014 is £1140

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*Sayer-NEJM Catalyst 2016*
Impact: How has the outcome landscape changed?

Source: NHS Right Care, CCG Spend and Outcome tool
A wide range of patient experience outcome measures are monitored in the toolset.

From our work, it is clear that experience most patients are directly affected by is their experience of primary care where most healthcare contacts take place.

The data taken from the latest GP survey shows most practices in Camden meeting or exceeding England’s performance.
Population Health Management Planning
Ambulatory Care Sensitive Conditions – Potential Savings

Over the last three years the cost to Camden CCG for admissions relating to Ambulatory Care Sensitive (ACS) conditions was £55.8 million.

The patients that were admitted for ACS fall into 3 of the segments within the population health management tool;

• LTC patients who need regular management and / or monitoring
• Patients without LTC with limited potential to use secondary care
• LTC patients with high potential to use secondary care – most complex

Costs vary from £442 per admission for the least complex to £5,796 for the most complex patients.

Of the most complex patients:
• 74% had at least one admissions for an ACS condition
• 44% had two or more admissions

*List of Ambulatory care conditions can be found here
The response to our local population health challenge was to implement the Camden Diabetes Integrated Practice Unit (IPU).

Our local monitoring measures the impact of key metrics. The data shows prevalence increasing and the number of unplanned admissions decreasing.

This impact can also be seen at a national level with Camden falling within the top performing category in the recently published clinical indicators.
Partnership aim: “Health and care services will work together with local people to provide coordinated, proactive, accessible, good quality care in order to improve the health and well being of people in Camden.”

Shared outcomes: Reduce health inequalities, prevent early death, improve service users’ access to care, improve service users’ experience of care, enhance residents’ quality of care

Enablers: Integrated Digital Health and Care Records

Camden’s model of care emphasises the importance of care coordination and integrated multidisciplinary working. An accountable care entity is well placed to deliver such a model of care.