

PLACE-BASED CARE – MORE THAN GENERAL PRACTICE

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Place-based care – more than general practice

**My contribution to this conference will be to
bring a perspective from local government:**

- I want to consider what place-based care looks like.
- I want to consider what binds us together.
- I want to consider new approaches based on primary care and local government to tackle ill-health and reduce inequalities in health through integrated models of care at a local level.

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Working in a place

- This is a good time to be working in the community – may not always feel like it.....

primary care hubs

GP quality -
Best and worst
CCGs in the
Midlands and
East

NHS England
wants to end
'wild west'
primary care

GP quality - London:
CQC Ratings confirm
challenge in East



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Working in a place

- This is a good time to be working in the community.
- Challenging – but opportunities to make improvements to quality of care and redress mistakes made in the past.
- Lot of commonality between local government and general practice and a lot of strengths we can build on.

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A natural alliance

- Strong similarity between role of GPs and care managers.
- Building resilient individuals, families and communities.
- Strong affinity to a local place for GPs and Councillors.
- Strong-willed and fiercely defend their communities.

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New care models

- Five-year forward view is developing new care models.
- Recognition of the need to bring spending under control, to change the way services are delivered and to change the way people engage with care and health services.
- The new care models cover acute, primary, community and social care.
- Important to understand the opportunities these models are creating and how we can grasp them.

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New models of care

- Multi-speciality community provider.
- Primary and acute services.
- Enhanced health in care homes.
- Accountable care systems.

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New models of care – core elements

- Person-centred approach which builds resilience.
- Whole pathway approach.
- Systematic approach to population health management.
- Integrated teams.
- A new model of inpatient care.

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New models of care – achievements

- Overall - PACS and MCP Vanguard teams have seen lower growth in emergency hospital admissions and emergency inpatient bed days.
- One MCP has achieved a 37% reduction in hospital admissions of people with complex needs.
- Another has reduced 1,500 hospital admissions.
- An MCP in the Midlands has improved access with 70% of patients saying so.
- Enhanced health in care home vanguards are reducing hospital conveyances and pressure sores.

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What general practice and local government need to do in practice

- Prevent people inappropriately going into hospital and using high levels of care.
- Sustain people in communities through developing community assets and one-off interventions.
- Support people with long-term needs through integrated teams.

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Place based plans

- Demonstrate an understanding of the local population.
- Build community assets and resilient communities.
- Develop prevention services and one-off interventions.
- Develop integrated teams and pathways.
- Utilise the resources of all partners and the different contributions they make.

general practice

Inequalities in health

- Structural determinants still important and still the role for local government.
 - But need person-centred approaches which put responsibility back to patients/residents.
 - Recognise people are individuals and need to reach out to them if we are to change behaviours.
 - Previous national campaigns fail to reach the people who need them most.
 - Community asset based approaches e.g. Institute of Health and Human Development at UEL and the Well London Programme.
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Making it happen

- It is our responsibility to work together.
- We serve the same population.
- We work together in the same localities and have the same knowledge and understanding of their needs.
- We want the same outcomes.

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Final thoughts

“they don’t have a clue about running social services”

“Accountable care organisations should really be accountable”



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