

What makes health and illness? An asset based approach

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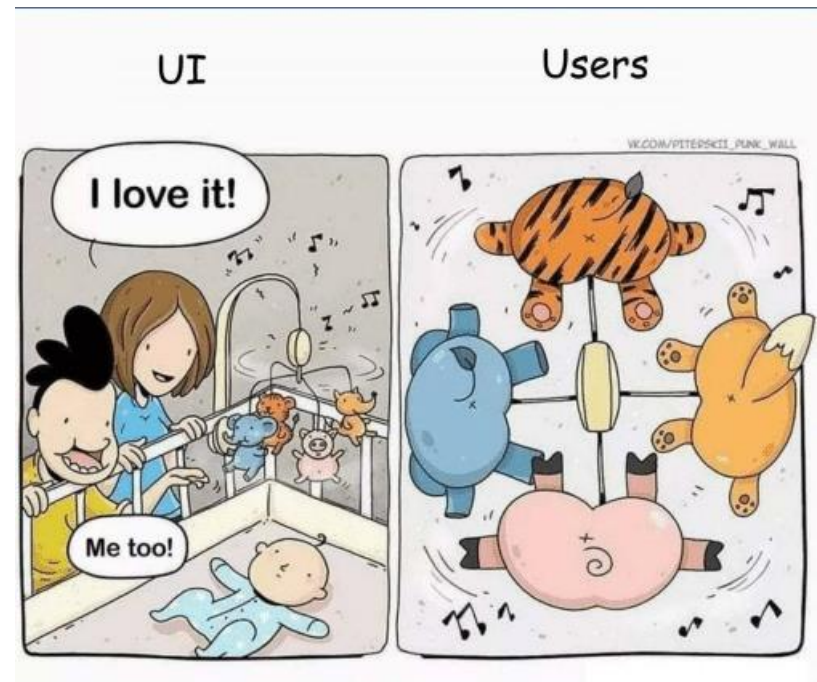
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Whose shoes?

- Who cares?
- Who is on the team?
- What adds value?



Looks great

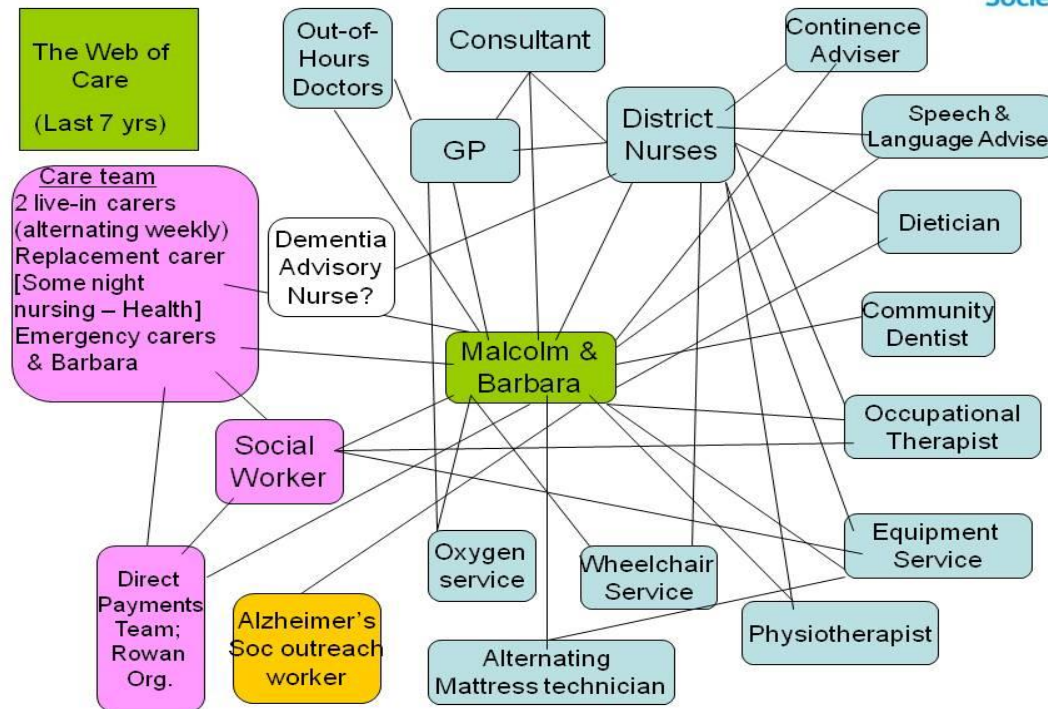
A statistic everyone knows...

0.1% of waking hours a person living with diabetes spends with a health care professional (5 hours)

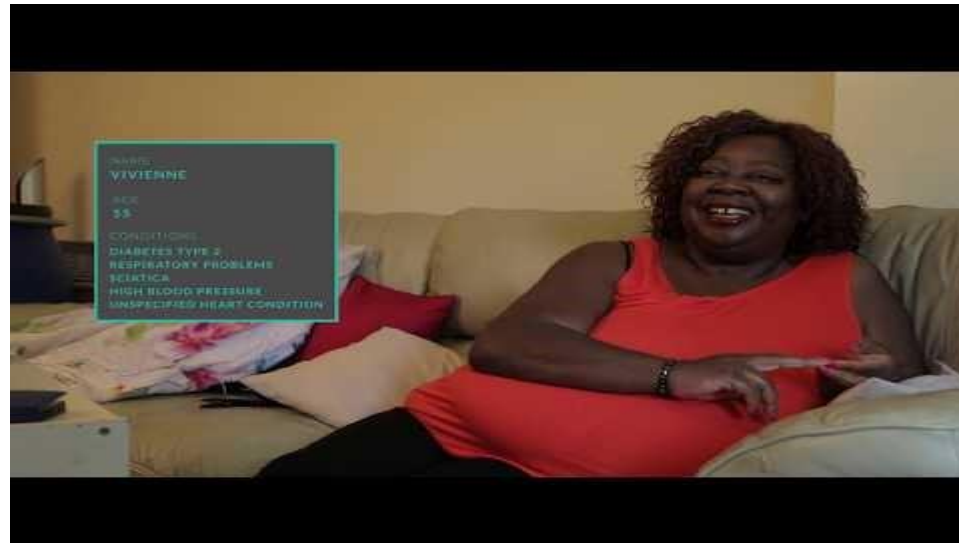
99.9% of waking hours a person living with diabetes spends on their own, self managing (5000 hours)

Where is health being created and managed? Where should we focus our efforts to improve healthcare? What supports good health/ care?

I diagram everyone knows...



***“Just one thing after another”*: rethinking how we support people with multiple long-term conditions**



*“In other sectors of the economy, there are severe consequences for knowing so little about what people you serve want. It’s called bankruptcy.
In healthcare it’s called unsustainability.”*

Dr Al Mulley, MD for Global Health Care Delivery Science - the Dartmouth Institute – working with 6 of the MCPs in England under the vanguard programme.

*“It’s more important to know
what sort of person has a disease than to know
what sort of disease a person has”*

Hippocrates (460-370BC)

Service providers or change makers?



- 🕒 What do good services achieve?
- 🕒 What is the role of VCSE staff?
- 🕒 Focussing on the connections – what adds value?

An aside – what does this mean for National Voices and the sector?

6 staff

The size of the NV team – a budget of less than £500k

160 members

With thousands of staff, volunteers, reams of insight, innovative practice, etc

Are we small or large? What do we need to bring to the table? What skills do we need for this?

Questions

Is the VCSE better at this than the statutory sector?

How can we make sure we don't inadvertently support a 'cutting services' agenda when we talk about people's assets?

What is the role of the VCSE in helping communities to help others?

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