Harrow Council

Reducing costs and empowering citizens with help from IBM Watson Health

Harrow Council in northwest London serves around 250,000 people, in one of London’s most religiously and ethnically diverse boroughs. It is also home to an increasingly large population over the age of 85, a group that is expected to double in size in the next 20 years.

Business benefits

- Expects to empower citizens to improve their health and well-being by giving them access to services tailored to their needs
- Anticipates integrating care with a comprehensive view of social and health services needs so that citizens receive coordinated, tailored care
- Expects to reduce costs further by encouraging more competition among service providers

“Communities all over the world can benefit from this. It’s a revolutionary game-changer for health and social care.”

— Bernie Flaherty, Director of Adult Social Services, Harrow Council
Addressing budget challenges

Over the last few years, Harrow Council has developed a reputation for innovation. One project the council has been praised for is its ground-breaking My Community ePurse (MCeP) solution. Launched in 2013 in response to increasingly tight budgets, MCeP empowers service users by offering them control and choice over how they spend their social care personal budgets.

MCeP has generated healthy competition among service providers and already gives people access to more than 750 providers across a wide range of services. Having such a large and varied marketplace helps drive down costs and increases the quality of the services available to personal budget holders in Harrow.

In 2014, Bernie Flaherty, Harrow Council’s Director of Adult Social Services, and her team learned that they needed to decrease costs significantly—by millions of pounds over a four-year period. Says Flaherty: “To minimise the impact on our most vulnerable citizens, we thought through a whole range of options and came up with an innovative approach that would keep people at the heart of services, while driving down costs.”

She and her team looked at the ways in which MCeP was already reducing costs and identified how to build on those improvements. “We started to wonder if we could scale it up,” says Flaherty.

She and her team concluded that if they could make MCeP available to a wider audience by adding a healthcare component, they thought they could gain even further savings and eligible citizens would benefit by managing and controlling their own health and care budgets, choosing care services that would better match their needs.

The next step was to find a technology provider that could help make this vision a reality. “We met with some of the biggest household names in the world,” says Flaherty, “but what really struck us about IBM from the outset was that our values were so similar. It was very much about coproduction. We’re very proud and very passionate about our coproduction approach, and that seemed to resonate with IBM immediately. They also shared a desire to improve the lives and outcomes for our most vulnerable citizens.”

Widely dispersing better data

The IBM team introduced Flaherty and her team to the IBM Watson Care Manager solution, which helps organisations such as Harrow Council take an integrated approach to health and social care, while aiming to improve individual choice. The IBM Watson Care Manager solution is designed to give care managers and caseworkers a broad understanding of the people they serve so that they can create and tailor support plans to each person’s needs.

The IBM Watson Care Manager platform pulls data from various aspects of a person’s assessments and care plans, using its natural language processing (NLP) capabilities to search and analyse unstructured text for key concepts to help social care and health service workers quickly access information relevant to each individual.

The in-depth information and an understanding of each individual may then help guide care workers in suggesting services or providers based on an individual’s needs while staying mindful of things that might be important to that person—for example, a person’s belief system.
might lead him or her to prefer working with a care worker of a specific gender.

The IBM Watson Care Manager platform and the IBM team’s commitment to enabling care managers to improve outcomes enabled Flaherty and her team to add health services to the MCeP programme. The solution also supports Harrow Council’s efforts to expand the solution to a much larger audience, including self-funded service users. Flaherty estimates that adding self-funded users to the portal will grow the number of participants in Harrow from 1,000 to over 20,000.³

Harrow Council used the IBM Design Thinking framework for development, which helps guide companies design solutions that can grow and adapt as their needs change. Harrow Council representatives attending the session described the experience with the Design Thinking team members as invaluable. Says one attendee, “They were coming up with really innovative, new ideas. For example, they suggested that we build in a feedback mechanism so that we’d be prepared when a service user wouldn’t need home care because a family member would be staying for the week. Things like that.”

Flaherty adds: “They also led a workshop for our service providers, which gave the providers a great opportunity to voice their ideas and views. Every session with IBM Design Thinking helped us improve the solution further.”

A key part of the design was bringing the healthcare component to the offering, and Harrow Council anticipates that this work will help take the solution to the next level in terms of potential benefits to customers and savings for the council.

Flaherty explains: “GPs [general practitioners] are allocated an average of eight to ten minutes⁴ with each patient. When they’re with a patient talking about their well-being, they can’t know everything that’s going on in that patient’s life. But if you have a platform that can find all of the pertinent details in that patient’s life, reading 200 million pages of text in three seconds⁵, that can make a world of difference.”

For example, taking a diabetes patient’s vital signs and running lab tests only provides the GP with a small part of the patient’s health picture. Harrow Council envisions a scenario in which the GP also has a dashboard view of the social services side of the patient’s health: perhaps the patient has been refusing visits from a home care provider and was hospitalised twice in the past three months. Both behaviours could point to depression, which is common among diabetes patients. With help from the MCeP expanded programme that Harrow Council foresees, the patient and the GP could work together using social prescribing to identify services to improve the patient’s mental health, facilitate depression management and potentially avoid hospitalisation.

**Better health, lower costs**

With the launch on the horizon, Harrow Council is looking forward to the benefits of the expanded MCeP solution. One of the most striking advantages Flaherty has seen with the MCeP programme—and anticipates seeing on a larger scale when the additional MCeP products are rolled out—is more tailored delivery of social services including preventative support options.

She recalls a Harrow citizen who suffered from several conditions and was confined to a wheelchair. In his youth, the citizen was an active, outdoorsy person who loved being in nature. However, his health had
forced him to rely on a home care service that operated on its own schedule, not his, and allowed little support for outdoor recreation. He was extremely unhappy and frequently hospitalised as a result.

Using MCeP, the citizen was able to spend part of his budget on a personal assistant who gave him regular opportunities to get outside and enjoy nature. This simple change brought joy back to the man’s life, which is likely to help reduce his hospitalisations and improve his mental and physical wellbeing. 

Says Flaherty, “I’ve got dozens of stories like that, stories about how MCeP has absolutely changed a person’s life.” The number of stories, she notes, is expected to grow exponentially as the council expands the solution to include more Harrow residents.

By adding the healthcare component to the MCeP solution, Harrow Council intends to empower healthcare providers in a similar way. GPs will get a more comprehensive picture of their patients, which they can consider when making decisions and recommendations about patients’ health.

For example, a patient with several long-term conditions may be taking a range of medications. If the patient presents with an additional illness, the best medication for the presenting illness may not necessarily be the best treatment for the individual, when considering interactions with existing medicines. This is where the power of Watson comes in: Watson is designed to help GPs take their patients’ medical histories and prescribed treatments into account when determining the best new medications to prescribe.

Since Harrow Council first implemented MCeP, it has already seen year-on-year savings across its adult social care budgets of GBP 1 million. Flaherty expects the new IBM Watson platform, incorporating the council’s expanded MCeP solution, to reduce costs even further by enabling care workers to optimise people’s health and well-being by offering GPs preventative options, reducing visits to hospitals and emergency rooms and driving competition among service providers.

And that’s something she wants to see happen all over the world. “We’re developing something that’s across health care and social care, pulling in prevention and social prescribing, social capital and interoperability. Communities all over the world can benefit from this,” she says. “It’s a revolutionary game-changer for health and social care.”

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