Briefing paper on ‘Systems, Not Structures: Changing health and social care, and ‘Health and Wellbeing 2026: Delivering together’

Judith Cross
Head of policy and committee services
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Introduction

Health and social care in Northern Ireland has been subject to a number of administrative, structural and service reform reports, particularly over the past 15 years, all of which have come to similar conclusions and recommendations, particularly around the balance between secondary and primary care. The two reports published on 25th October 2016, Health and Wellbeing 2026: Delivering Together and the report of the Expert Panel, Systems, Not Structures: Changing health and social care, follow a similar pattern.

This briefing paper provides members with an overview of these two reports and identifies common themes and subsequent actions relevant to BMA Northern Ireland.

Background

BMA Northern Ireland has actively engaged with and responded to numerous reports over the years from ‘Transforming Your Care’, the Donaldson report, ‘The right time the right place’, ‘Health and social care; reform and transformation, getting the structure right’ and the commissioning review. However as members are only too well aware, implementation of resultant change has been problematic for a number of reasons, leading to frustration to influence the transformational change that is needed. Through these engagements and responses, we have consistently called for resources to follow policy to enable such initiatives to be properly funded, planned and managed. Our members are keen to be an active part of this process of change and believe that clinical engagement is key to successful implementation of an adequately planned and resourced process.

In terms of structural reform, the previous health Minister in December 2015 consulted on the structures of health and social care to ensure that the right structures where in place and to ‘de-layer’ the system to ensure greater accountability. The Minister concluded that the Health and Social Care Board (HSCB) would cease to operate and its current functions transferred to the department. Health and Social Care Trusts (HSCT) would be responsible for planning services with a greater degree of autonomy, operational independence and accountability. The PHA is to be retained with a renewed focus on prevention and early intervention.

The report from the expert panel was highly anticipated and was presented to the Minister in July 2016, but was not released publically until now. The Minister used the report as the basis for her own vision and published both reports together.

The media attention was, as expected, significant but on whole the response was and the Minister’s vision welcomed by most commentators and politicians. Whilst there was some focus on waiting lists and hospital closures, there was an acknowledgement that transformation and change were needed. The post-election political landscape has now
changed and we have a two party Executive -Sinn Féin who hold the health portfolio and the DUP. Executive are committed to transformation and change of the health service. Therefore it is more likely that change will be implemented as the balance of power now lies with these two political parties.

Council chair, Dr John D Woods welcomed the Ministers’ plan and was encouraged both by the proposals for primary care and the recognition that clinical engagement was needed to find solutions to the problems in our healthcare system.

**Systems, Not Structures: Changing health and social care (Bengoa)**

The expert panel report makes 14 recommendations based on a new model of care that moves towards a more patient centred, population health model delivered at a sustainable cost. The report is technical and focuses on the infrastructural changes needed for a new model of care and building this around a framework such as the ‘triple aim’. The triple aim essentially focuses on three objectives:

1. Improving the patient experience of care
2. Improving the health of the population
3. Achieving better value.

The expert panel have asked that a fourth dimension be added to this framework that is based on *improving the work life of those who deliver care* – the quadruple aim.

The report also recommends the development of accountable care systems linked to population health planning as a means to improve outcomes for patients. Elements of this are already happening with the integrated care partnerships and GP federations.

Accountable care systems as described in the report (page 42) propose that those who provide services (for example, hospitals, GP’s) take collective responsibility for all health and social care for a given population with a joint capitated budget linked to population based outcomes, decided by the Minister. Some services will need to be organised on a Northern Ireland wide level and concentrated on a small number of high volume sites.

The report, similar to other previous reports further refers to the need to rationalise acute services to free up resources for transformation, and notes how this has failed to happen in the past. The report does not give a prescriptive list of hospitals that should potentially close but outlines a process by which rationalising of acute services can take place.

The report is very clear, that this process must be evidenced based and clinically led leading to better health outcomes for patients. Managers are responsible for the process of reviewing the services although the final decision rests with the Minister. A number of services have been identified as a priority for review:

- Emergency and urgent care
- Stroke services
Health and Wellbeing 2026

The departmental report describes a new model of care that is person-centred and is focused on prevention, early intervention, supporting independence and wellbeing. The approach to this new model of care will be based on co-production and co-design of new and reconfigured services to support a new way of working.

Four areas of change are identified:

1. Build capacity in communities: the focus is on tapping into and supporting the voluntary and community sector with an emphasis on children and young people.

2. Provide more support in primary care: the future model of primary care is to be based on multidisciplinary teams embedded in and around general practice and this will be rolled out over the next five years.

3. Reform our community and hospital services: a number of new services and models are outlined to ensure that people who do not need to be hospitalised can be treated including – acute care at home; ambulatory assessment and treatment centres; elective care centres. Acute inpatient care will focus only on those who need acute care in a hospital setting.

4. Organise ourselves to deliver: there is a strong emphasis on working together and planning and management of the new HSC services, moving away from competition towards collaboration, integration and improvement.

The Minister refers to working on an all-Ireland basis and outlines the successes to date, such as the cancer and cardiac services and the partnership for children’s heart surgery. A programme of work has been developed to identify areas of mutual benefit between the two jurisdictions, however no actions have yet been identified to complement this work.

Ministerial Actions

There are 18 actions that will be achieved over the next 12 months and these are themed around stabilisation, reconfiguration and service change and transformation. The Minister is putting in place a ‘transformation oversight structure’ (action 12) with membership drawn from within and external to the HSC. We are currently awaiting further detail on this.

Stabilisation
Under stabilisation the Ministerial actions refer to waiting lists (1), the roll out of the Electronic Care Record (ECR) (4) and a framework to realise the potential of community pharmacy (5) as well as proposals for looked after children (3).

Action 2 proposes significant investment in primary care supported by increasing GP trainee places, continued investment in practice based pharmacists, a named district nurse, health visitor and social worker for practices and the development of new roles such as physician associates and advanced nurse practitioners. ASKMYGP pilot will be rolled out further. The Minister will also bring forward proposals to determine whether GP federations should become HSC bodies.

**Reconfiguration and service change**
For reconfiguration and service change the Minister will consult on the expert panel criteria for rationalisation (6) and has identified five service configuration reviews (7) – pathology, diabetes, paediatric strategies, stroke and imaging services. The new models of care such as elective care centres will be taken forwards (8) as well as the new structures and approaches to support the reform of planning and administration (9). Innovative projects will be identified and scaled up where possible (10).

**Transformation**
Under transformation the Minister will engage widely (11) and design a new user feedback platform (14) as well as a developing a portal for dementia patients (18). Proposals for adult care and support will be considered (13).

In terms of transformation and the need to put in place institutional support to take forwards the new model of care a number of actions have been identified: A transformation oversight structure will be established (12); work on an improvement institute will begin by February 2017 (15); a workforce strategy will be developed (16); and a HSC-wide leadership strategy will consider a 5 year approach for collective leadership (17).

**Common themes from the reports**

**Demands and challenges**
Both of the reports highlight the well-rehearsed successes, challenges and demands that are present in the health and social care system today and how the situation in Northern Ireland is not unique as these challenges and demands exist elsewhere. We are living longer, circulatory and respiratory disease rates are decreasing and smoking prevalence rates are in decline. Demographic change and co-morbidities, health inequalities, rising demand and expectations are all impacting on how care is delivered. Taken together with the financial constraints and the way health and social care is organised has resulted in a system that is unsustainable and not fit for the future.

Whilst there are some structural differences between these reports and the earlier reports outlined above, they come to the same conclusions - the way services are currently delivered and organised in Northern Ireland are not sustainable and there is a need to
change how we deliver care and to shift resources from a secondary care setting to a primary care setting.

**Organisation of health and social care**
The report from the expert panel provides detail on new organisational arrangements for a new model of health and social care based on the Triple Aim framework – in essence this refers to the needs of patients, the need to save money and the need to improve quality.

The suggested structure for this frameworks refers to Accountable Care Systems with Population Health Planning developed in parallel. This can be achieved without structural change. Accountable care systems in essence allows providers – primary care, Trusts, the voluntary and community and independent sectors to take collective responsibility for all the health and social care for a given population. Both reports recognise that the health of the population is often affected by a wide range of influences that often reinforce health inequalities and accountable care systems can facilitate this approach.

We know that the health and social care board will cease to exist and action 9 of the ministerial report refers to developing the design for new structures and approaches to support the reform of planning and administration of the HSC (DoH 2016, page 25).

**Clinical engagement**
Importantly, both reports emphasise the need for clinical involvement at all stages, particularly around reviewing the rationale and the sustainability of services. Managers would then be responsible for the process with final decisions being taken by the Minister. The report of the expert panel details the criteria for reviewing the rationale and sustainability of services (Bengoa, 2016, page 71) and the Minister will begin a period of consultation by November 2016 (DoH 2016, action 6, page 7).

**Cultural and structural boundaries**
The reports also focus on the structural and cultural boundaries that prevent collaboration and partnership working but they also identify initiatives where these have been overcome. For example the Acute Care at Home in the Southern Health and Social Care Trust (Bengoa, 2016 page 60) or Practice Based Pharmacists (DoH, 2016 page 14). Again both reports identify the need to share best practice and scale up innovative projects across Northern Ireland (action 10).

**Workforce**
Skill mix is a common theme across the two reports in both primary care and secondary care. They recognise the need to ensure that the workforce is capable of developing and implementing new models of care. Importantly both reports recognise the issue of staff morale (Bengoa 2016, Page 32) and the need to create a working environment that provides staff with the opportunity to do what they do best – ‘provide excellent high quality care’ (DoH, 2016, page 7). The Minister has committed through action 16 to develop a workforce strategy covering all aspects of the health and social care workforce by May 2017. The report also recognises the immediate need for continued investment in training and expansion of GPs as well as nurse training places.
**Quality and safety**
Both reports are underpinned by the need for quality to be embedded across the HSC in Northern Ireland. The Minister is planning to convene a group to include clinicians professionals and services users to advise on the design of an ‘improvement institute’ to fully integrate quality improvement. (DoH, action 15).

**Leadership and culture**
Leadership and the culture has been identified as core in both reports. Bengoa (2016 page 65) refers to the need for a high involvement culture as health care professionals are the agents of change and how this must be harnessed. Recommendation 11 from the expert panel’s report calls for fostering a new system for leaders by protecting and empowering clinical leaders who take on leadership roles (Bengoa 2016, page 66). The recently established Strategic Health Partnership Forum will be complemented by the development of an HSC-wide leadership Strategy to ensure the right staff and leaders have the skills, behaviours and values to enable change to happen (DoH 2016, action 17).

**ehealth infrastructure**
ehealth has been identified as a means to improving outcomes for individuals, the wider population and society as a whole. It is recognised that whilst the introduction of the electronic healthcare record (ECR) has revolutionised health care, many of the IT systems in use are not compatible and are inaccessible. For the population health model to work, information and data analysis are essential and the Minister has committed to embarking a programme of work with a focus on dementia patients (action 18).
### Actions relevant to BMA Northern Ireland

The following actions are directly relevant to BMA Northern Ireland and ones which we will be proactively engaging with to a lesser or greater extent in the next 12 months:

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<thead>
<tr>
<th>Action</th>
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<tbody>
<tr>
<td>1</td>
<td>Comprehensive approach to waiting lists</td>
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| 2 | Investment in primary care:  
   - Increase in GP training places  
   - Invest in practice based pharmacists  
   - Named district nurse, health visitor and social worker  
   - Develop new roles  
   - Roll out AskMYGP  
   Bring forward consultation on GP federations as HSC bodies | March 2017 |
| 6 | Consult on criteria for service reconfiguration as outlined in the expert panel report | November 2016 |
| 7 | Service reviews:  
   - Pathology  
   - Diabetes  
   - Paediatric Strategies  
   - Sustainable stroke services  
   - Imaging services | November 2016  
   November 2016  
   November 2016  
   February 2017  
   February 2017 |
| 8 | Specifications for elective care centres and assessment and treatment centres | October 2017 |
| 9 | Reform of planning and administration for the HSC | March 2017 |
| 10 | Scale up innovative projects | April 2017 |
| 11 | Engagement with staff and users | November 2016 |
| 12 | Transformation oversight board | November 2016 |
| 15 | Improvement institute | February 2017 |
| 16 | Develop a workforce strategy | May 2017 |
| 17 | HSC-wide leadership strategy | May 2017 |

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