Time for Change – A Call to Action

Shaping Health and Social Care in Northern Ireland
An Election Briefing

This briefing is supported by NICON’s members and partners:
Time for Change – A Call to Action
Shaping Health and Social Care in N Ireland
A Northern Ireland Election Briefing

This document sets out the challenges facing the health and social care system in Northern Ireland, a route map for change and a call to action for political parties, the electorate and our partners.

Section 1. Introduction and Call to Action

Introduction

In preparation for the Westminster General Election a broad coalition of health and social care leaders in England launched ‘The 2015 Challenge Declaration’. This Declaration describes the major challenges that must be addressed at pace, to ensure our health and social care systems remain sustainable and deliver the best care to citizens both now and in the future.

While health and social care is devolved, notably we have an integrated health and social care system in Northern Ireland, the issues highlighted within The 2015 Challenge Declaration are directly relevant and echo the NICON election briefing in 2011 Building on Progress – Rising to the Challenge and the policy direction set out in Transforming Your Care. Furthermore, the Donaldson Report, The Right Place-The Right Time published in January 2015 strongly reinforce these themes and presses home the need for strategic change.

Building on this work the Northern Ireland Confederation for Health and Social Care (NICON), as the body representing statutory health and social care organisations working in conjunction with a wide range of our partner bodies are committed to working with politicians, government, the public, staff and patients to press the case for urgent strategic change. Our collective aspiration is that we provide world class health and social services in Northern Ireland and therefore this document represents our collective Call to Action based on the challenges identified, referenced to the Northern Ireland context, best evidence available and the views of a wide range of professional organisations, already providing services to citizens every single day.

It is only by having an open, honest and informed debate about these challenges and their solutions, by making the difficult choices that we will have a sustainable health and social care system that delivers services which are fit for the future.

This briefing document is our analysis of the challenges that must be addressed at the 2015 General Election and provides an opportunity to highlight these issues in advance of the 2016 Northern Ireland Assembly elections. It outlines a route map for change and it sets out our call for action to all sectors of our society.

We trust that political parties and our partners find this briefing a helpful contribution to the much needed debate on the future of our health and social care services in Northern Ireland.
7 Key Challenges Facing Health and Social Care

We believe there are seven key challenges facing our health and social care services. The table below summarises each challenge and further details are set out in Section 2.

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Details</th>
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<tbody>
<tr>
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Route Map to Change

Our members and partners believe that this is the route map for change to meet the seven challenges and secure the sustainability of our health and social care services for future generations.

Route Map for Change
Our aspiration is world-class care for our citizens

- Invest in a **wider public debate based on evidence** to build consensus to support system change – our politicians and communities must work together to collectively drive change at pace

- Ensure health and social care is seen as a **responsibility across government** and wider society

- **Invest in prevention and early intervention; reduce inequalities** and support people to stay healthier for longer

- Refresh and take a focused approach to **implementation of Transforming Your Care**, redesigning services around people’s changing needs and aspirations

- **Empower people** to shape their own care, making supported self-care the default assumption for patients and giving people the power to take responsibility for their own health

- **Continually improve** quality and safety of care

- **Innovate** and embrace new technologies

- **Equip and support staff** to work in new ways, and empower staff to improve care, quality and safety

- **Use our finite resources efficiently**, fairly and sustainably, making tough choices, generating a greater income level to meet increasing need

- Underpin new models of care with a **stable funding model**, with effective performance measures
Our Commitment and Call to Action

If we are to be successful in delivering this scale of change described everyone must play a part. This section sets out our commitment as health and social care leaders and a Call to Action to invite every individual and sector to play a role.

### Our Commitment as Health and Social Care leaders
- To put compassion and care at the forefront of all we do
- To provide honest and open leadership – focusing on the evidence of what works
- To seek to build a collaborative approach with partners focusing on outcomes for citizens

### Political Parties and Politicians
- Lead a wider evidence based public debate to agree the way forward for Northern Ireland
- Prioritise implementation of the transformation agenda in the HSC services
- Ensure HSC priorities are reflected right across the Programme for Government
- Provide a stable funding base for health and social care services for the future underpinned with ring-fenced transition funding to facilitate change

### Citizens, Patients and Service Users
- Enter into the public debate about how your services can be shaped, focusing on what will deliver the best outcomes – draw on the evidence of what works
- Supported by professionals, take ownership and responsibility where you can to keep yourself, your family and your community well

### Voluntary Community Sector
- Provide challenge and innovative health and wellbeing solutions
- Help shape services and new ways of working in communities

### Public sector partners and local government
- Ensure health, social care and reducing inequalities is reflected more proactively in all key policies
- Use the opportunities presented in community planning to shape services around citizens and communities – explore new ways to provide early interventions

### Employers
- Support workplace health and wellbeing schemes – they work on every level for your organisation
- Take an active role in your local community contributing to good health outcomes

### Media and key Influencers
- Support the development of an informed public debate
- Celebrate success as well as highlighting failures
Section 2. Health & Social Care in N Ireland – an overview

Health and Social Care (HSC) is the group of services which plan and deliver all aspects of health and personal social services in Northern Ireland

Services in Northern Ireland are delivered through an integrated system of 17 organisations that work together and with partners to plan, deliver and monitor our services.

Policy and legislation The Minister for Health, Social Services and Public Safety (DHSSPS) working with his department sets the policy and the legislative framework and accounts for expenditure and performance through the Northern Ireland Assembly.

Planning and delivery The Health and Social Care Board, supported by five local commissioning groups together with the Public Health Agency commission and plan health and social care services from a range of organisations best placed to deliver for the 1.8 million people living in Northern Ireland. This includes:

- Five HSC Delivery Trusts (Belfast, Northern, Southern, South Eastern and Western) which manage and administer hospitals, health centres, residential homes, day centres and other health and social care services in the community.
- The NI Ambulance Service HSC Trust which assists people in emergencies and increasingly, when appropriate, treat people where they are
- Family practitioner services which are delivered by independent contractors providing local services in primary care - General Practitioners (GPs), dentists, opticians and pharmacists.
- The independent and not-for-profit sectors which provides a range of services including nursing homes, residential homes, respite and domiciliary care as well as some preventative services.

Support Another 9 organisations provide a wide range of support including front line services, patient representation, regulation, back office services and education.

- The Business Services Organisation (BSO)
- NI Blood Transfusion Service (NIBTS)
- NI Guardian Ad Litem Agency (NIGALA)
- NI Medical and Dental Training Agency (NIMDTA)
- NI Practice and Education Council for Nursing and Midwifery (NIPEC)
- NI Safeguarding Board (NISB)
- NI Social Care Council (NISCC)
- Patient and Client Council (PCC)
- Regulation and Quality Improvement Authority (RQIA)

We employ around 70,000 people and spend over £4.6billion every year. This is nearly half of Northern Ireland's block grant, representing around £12.5m every single day. The table below sets out what we do on a typical day.

Within Northern Ireland on a typical day:

- 1,000 people are transported by ambulance
- 2,400 children are looked after in some form of care
- 5,000 people are in hospital beds
- 12,000 people are receiving a nursing home or residential care package
- 24,000 people are receiving a care package in their home
- 28,000 people see a family doctor or practice nurse
- 84,186 prescription items are dispensed
Section 3. Seven Challenges Facing Health & Social Care

In this section we set out a little more detail about the challenges faced by our health and social care system under seven headings; Need, Culture, Design, Finance, Leadership, Workforce, and Technology.

1. The need challenge

Maintaining people’s wellbeing and preventing ill health for as long as possible as well as meeting the need for services arising from a growing and ageing population, living with increasingly complex needs and long-term conditions.

Largely due to the success of our health and social care system Northern Ireland faces a dramatic demographic change over the next decade and beyond, with a greater shift to an older population. Estimates indicate that by 2026 for the first time, we will have more over 65s than under 16s. The number of people aged over 65 will increase by 25% in the next ten years and those aged 85 and over will rise by nearly 50%. This will increasingly shape our societal needs. Living longer is to be greatly celebrated however it can also result in significant pressure on services, as people live for many years with chronic conditions and more complex needs. Making the right policy choices now will shape how these demographic realities impact on our system.

Additionally every year new medicines and treatments become available. To embrace these developments and ensure our citizens are well looked after we will need to add around 2% on our overall budget every year to keep pace.

“Need is rising inexorably – it is wonderful that people are living longer but we will need to invest in and reshape our services to cope.”
Valerie Watts Chief executive HSCB

As well as these realities, Northern Ireland faces some of the highest rates of chronic illness in the UK with approximately one fifth of our population suffering from a long term illness. Unsurprisingly, after years of conflict, we also have a 25% higher overall rate of mental illness than England – 1 in 5 adults have a mental health condition at any one time. Obesity continues to rise; 1 in 5 children are overweight by the time they reach primary school, storing up problems for the years ahead and estimated to cost around £100m p.a. for direct healthcare. It is also estimated that the misuse of alcohol costs our society £900 million every year. Furthermore, the negative health effects of poverty will be compounded by welfare reform and the general economic downturn.

Given these inexorable pressures the existing system of care is not sustainable.
2. The culture challenge
We need a fundamental shift in culture to implement the level of change required. Openness, collaboration, engaged and empowered patients and staff, innovation, shared risk takers, will need to be the hall marks of the way we work in the future.

While we have many highly trained, compassionate and committed professionals and supportive partners, a new culture change is required at many levels in our system to create new ways of working which are fit for the future.

We need to fully embrace innovation and be prepared to take or share risks to allow us to change. As we seek to change, we need to be more open and transparent, and engage equally with citizens and staff, to tap into their capacity to innovate and improve care. Much greater engagement will also improve patient knowledge and experience and will reduce cost through greater self-care and appropriate use of services. We need a new culture which focuses on improving quality and safety, getting it right first time, with proportionate independent regulation which supports improvement and provides assurance.

“Culture change is required at many levels in our system.”
Maureen Edmondson, Chair Patient Client Council

Boundaries between professions and organisations must be broken down to create a new focus on what works for our patients and citizens, closest to where they live. We also must embrace partnership much more proactively to shape services around our citizens and communities. Working with partners in government, local government and the community and voluntary sector will be essential to shape services for the future.

To deliver the level of change required we must build a consensus with the public, politicians and system leaders. We must move to a new culture of decisiveness, bravery and unrelenting focus on implementation to bring about the changes we need to deliver the best care for our citizens.

3. The design challenge
This will mean empowering people, providing more care closer to home, centralising some services, reducing duplication and variation, prioritising safety and quality, increasing investment in supporting people to stay well, improving mental health and a strategic approach to early intervention, as well as developing new partnerships and models of care.

Numerous studies and reports over the last decade have set out how we can redesign our health and social care services to create new modern, 24/7 systems that are fit for purpose. These ideas are largely set out in Transforming Your Care and reflect emerging practice in other parts of the world. We must continually look at innovative models of care, which prioritise safety and quality and which deliver outside the hospital settings, so that patients get the best possible care in the right place and at the right time. We should increasingly care for people in their own homes and communities. We should centralise some services to enhance outcomes, streamline others, cut duplication, reduce variation and support citizens to take more responsibility for their own health and wellbeing.
“We must invest time, money and services in different ways – keeping our focus always on better outcomes.”
Dr Tony Stevens, Chief executive NHSCT

Building on the Making Life Better, A Whole System Framework for Public Health\textsuperscript{14} we must also invest much more in public health and addressing inequalities right across all of government. We need a life course approach to nurture healthier communities and families; ensuring that children get the best start in life, investing in the prevention of ill health, keeping people well for longer, thus preventing an accumulation of health problems throughout life and optimising the outcomes of our service design. While we are accustomed to and highly value our existing services we must make the public aware of how much better services could be and allow us to work together to make choices about how services are changed in the future to best serve our citizens.

4. The financial challenge
Recognising the financial pressures on all parts of the system and squeezing value from every penny of public money spent on health and social care. Being open and honest in the debate on the future levels and sources of funding for health and social care – new funding solutions will be required.

In Northern Ireland, as across the world, the cost of providing health and social care continues to rise. It is widely accepted that there needs to be around a 6%\textsuperscript{12} increase in funding per annum to cover the cost of the increasing range of treatments, the increased number and age of those who we care for and general inflation. Already we spend around £4.6 billion\textsuperscript{13} per year on services – almost half of the public sector budget.

While it is important to acknowledge the enormous achievements made through significant efficiency savings made across the system - nearly £560m in the last 3 years, efficiencies alone will not address the short fall. For example the budget increase for 2015/16 of £150m for health and social care represents around a 3% increase and while welcome, will not relieve all the pressures experienced by the HSC system in Northern Ireland. Underfunding will prevent us from investing in any new service developments in 2015/16.

“Costs are rising by around 5-6% per year; unprecedented action is required to ensure we retain a sustainable health and social care services.”
Colm McKenna, Chair SEHSCT

Furthermore, within the United Kingdom, Northern Ireland has the lowest levels of co-payment, and charging. A wider debate about funding must be a priority if we wish to ensure we can deliver services which are on a par with the best in the world.

Dealing with this unprecedented challenge will require strategic action across the whole of society to reduce costs, manage demand and increase income. We urgently need a much greater level of informed public debate on how we as a society address these important choices together.

This debate is urgent if we are to avoid short term decision making, which will ultimately make it harder to deliver the kind of strategic change we need to see.
5. The leadership challenge
Leadership will be needed at every level and within every sector. Leaders will need to think and act differently, empowering patients and staff and to shape services around citizens and communities. A much more collective approach will be needed which focuses on outcomes and keeping people well for longer. We will all need bravery and resolve to make the significant changes necessary to meet the challenges ahead.

As set out in the Donaldson report, The Right Place - The Right Time\textsuperscript{14}, health and social care leaders have a key role to lead the transformation of our services to design and implement new ways of working. More than ever before the challenge will be to work with patients, carers and staff to empower them to be partners in prevention and care. This will take vision, resolve and brave leadership.

The challenges however cannot be faced by the health and social care leaders alone. Over 80\% of our overall health and wellbeing is influenced by services outside the NHS\textsuperscript{15} for example housing, employment, community involvement and environment. We therefore need to work more proactively with the public and partners in the wider public sector, the voluntary and community sector and with business to find new and creative solutions to support people keep well and if appropriate to better manage their own conditions. This cross governmental leadership must also come from politicians, clinicians, patients and communities if we are to build consensus and make the necessary changes at pace.

\textit{“The challenges ahead cannot be faced by the health service alone – leadership will be needed from every sector.”}
\textit{Kate Fleck, Director Arthritis Care, CO3}

The opportunity of the Community Planning powers conferred to the new Councils in April 2015 should be embraced as a way to support change, but must not be an excuse for delay. We must work more widely across government to ensure our population’s health and wellbeing is a priority for every sector.

6. The workforce challenge
Planning for a workforce to better match a changing system of care. Having the right number of staff in the right place, developing staff roles and skills to provide complex, multidisciplinary, coordinated care, in partnership with individuals and communities, with home as the hub of care.

Redesigning our workforce to meet increased patient and client demand must be a priority. Service users co-designing services, alongside new co-delivery approaches will require the workforce to work in different ways with a different skill set, around the patient, not the presenting problem. This will be true right across the health, social care, community and voluntary sectors, where staff will need to work with new partners to shape services around citizens. The system will need a workforce that can respond to service demand across seven days, often working in community and home settings.

Staff and patients will also need to harness new technologies, help grow recovery and peer support models, focus on early intervention and person/family centred models. It will also be...
necessary to develop more engaged service users, more personalised care, shared decision making and self-management of care and become advocates of the positive change that delivers better outcomes for individuals and their community. Ensuring our workforce has the right values to provide compassionate care must underpin this work.

“Supporting our workforce to deliver new models of care must be a priority.”
*Colum Conway, Chief executive, NI Social Care Council*

Additionally we already have shortages of staff within several workforce groupings, for example GPs, nursing and some speciality services. These shortages can be costly to deal with and also can compromises care. We will need to increase recruitment and seek opportunities to develop staff capability and capacity to take on new, more flexible and generic roles.

To this end and given the long lead in times for training, we will need to have robust workforce planning arrangements to ensure the system can support the recruitment and retention of a flexible workforce, underpinned by fair pay reward packages.

7. The technology challenge

Using technology to help revolutionise care and enable people to keep well, access information and treatment. Embrace innovation to improve the quality of care, and spread proven innovations to improve care outcomes and efficiency and respond to the financial challenge.

Technology can play a key role in improving care. It can be used to support learning and development. It can ensure patient and carers have the information they need to take more ownership of their own care. It provides opportunities for informing and engaging service users and carers, giving them the chance to be proactively involved in keeping well and accessing the right care in the right place.

Technology can help avoid the need for service users having to travel for care. Technologies such as telephones, email, apps, interactive video, digital imaging and healthcare monitoring devices make it possible for clinicians to monitor, diagnose and treat patients without having to be with them physically. These technologies offer a great opportunity to increase dramatically the efficiency of the healthcare.

“Technology can revolutionise care, empowering patients and supporting clinicians provide better care.”
*Sean Donaghy, Director of eHealth and External Collaboration*

In Northern Ireland we have begun to embrace innovation and technology and have already introduced a ground breaking use of electronic care records for every individual in our society. We must build on this solid foundation and invest further to support our patients, public and staff to transform how citizens are cared for. Doing this well has the added potential to grow our local economy and support a healthy society.
Section 4. Our Choices

To address these seven key challenges we need new models of care paralleling those we see emerging in other nations, but tailored to our own specific community needs. We must face up to our choices; either to prioritise strategic action to create new models of care or to remain with a familiar but outdated model of care.

We will fail our citizens if we prevaricate. We must choose between holding on to the old system we know, or meet the challenge to create a renewed system which will deliver the best care in our modern society.

The Existing System of Care is Now Outdated

If we keep what we have – this is what we can expect:

- **Make cuts** reduce services and over-stretch staff
- **Increase waiting times** for some services and at Accident and Emergency Departments
- **Use our limited resource’s unwisely** spending inefficiently and not providing the best essential care and treatment
- **Allow health inequalities and preventable illness to not only persist, but increase** losing up to 8 years of life for those in deprived communities
- **Fail our growing older population** leaving them isolated and lonely
- **Fall behind in providing innovation** new medicines and treatments
- **Waste** our valuable time and energy on unproductive argument and debate – not on definitive action

There has been much debate in our communities and in the media recently about the sustainability of our health and social care services. Our members and partners believe that if we face up to these choices, our precious services can remain sustainable for generations to come.
Section 5. Conclusion and Call to Action

This election briefing is our collective analysis of our challenges and choices we face. Given the urgent need to make change at pace, leaders across health and social care, managers, clinicians, the voluntary community sector, local government and industry have come together to express our commitment to strategic change and present this Call to Action to politicians, partners and citizens.

We trust that this briefing is a helpful contribution to the debate in Northern Ireland.

We look forward to working with politicians our partners to find ways to rise to the seven challenges, to use our substantial but limited resources to empower people to stay well, deliver safe, effective and compassionate care to our citizens now and in the coming years.

Our Supporting Partners

Action Mental Health
Age NI
Association of the British Pharmaceutical Industry
Alzheimer's Society
Arthritis Care
Asthma NI
Diabetes UK
Chartered Society Physiotherapy
Co3
College of Occupational Therapists
Healthcare Financial Management Association
Institute of Healthcare Management NI
National Association of Primary Care
Northern Ireland Association for Mental Health
Northern Ireland Chest Heart Stroke
Northern Ireland Healthcare Leadership Forum
NI Local Government Association
Macmillan
Marie Curie
Mencap
Pain Alliance NI
Positive Futures
Positive Life
Royal College of GPs
Royal College Nursing NI
Royal College Paediatrics and Child Health
References

2. Building From Progress – Rising to the Challenge 2011
3. Transforming Your Care DHSSPSNI 2011 December 2011
7. Social Costs of Alcohol Misuse in Northern Ireland for 2008/09, Research commissioned by DHSSPS
8. NHS Confederation, August 2014. Key statistics on the NHS.
9. Health Foundation, November 2005. How engaged are people in their healthcare?
10. Transforming Your Care, DHSSPSNI 2011
12. DHSSPS – Evidence to NI Health and Social Services Committee Sept 17 2010
15. NHS England July 2013 NHS belongs to the people – A Call to Action
Our Commitment and Call to Action

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Political Parties and Politicians
✓ Lead a wider evidence based public debate to agree the way forward for Northern Ireland
✓ Prioritise implementation of the transformation agenda in the HSC services
✓ Ensure HSC priorities are reflected right across the Programme for Government
✓ Provide a stable funding base for health and social care services for the future underpinned with ring-fenced transition funding to facilitate change

Citizens, Patients and Service Users
✓ Enter into the public debate about how your services can be shaped, focusing on what will deliver the best outcomes – draw on the evidence of what works
✓ Supported by professionals, take ownership and responsibility where you can to keep yourself, your family and your community well

Voluntary Community Sector
✓ Provide challenge and innovative health and wellbeing solutions
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Public sector partners and local government
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Employers
✓ Support workplace health and wellbeing schemes – they work on every level for your organisation
✓ Take an active role in your local community contributing to good health outcomes

Media and key Influencers
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