

TAKE NOTE DEBATE MOTION – MONDAY 16 JANUARY 2012

That this Assembly takes note of the Review of Health and Social Care in Northern Ireland published on 13 December 2011

Opening Speaking Notes

Mr Speaker, thank you for allowing this motion to be tabled today. As Members will be aware on 13 December I made a Statement to the Assembly on the Review of Health and Social Care Services in Northern Ireland. At the time I said that I believed that it was probably be the most important Statement that I had made or I would make on our Health and Care system. I remain of that view; I was encouraged by the Members responses to my Statement during proceedings on that day and also the interest which Members of the Health Committee showed when I met them on 14 December to brief them on the Review.

I felt it was very important that Members had also an early opportunity to debate the contents of the Review once they had the opportunity to consider its analysis, conclusions and recommendations in more detail. That is why I have brought forward this motion today.

The proposals contained in ‘Transforming Your Care’ have the potential to reshape the way in which health and social care services will be delivered in the future and it is important Members have an opportunity to comment on this and help inform the Next Steps.

Every citizen in Northern Ireland is affected one way or another by health and social care and I am sure there are many in this Chamber who will bear testimony to the tireless and valuable work carried out on a daily basis by the vast range of health and social care professionals across Northern Ireland.

Vision and Priorities

In my Statement of 13 December I set out my vision for the future of Health and Social Care services in Northern Ireland. It is one which delivers high quality care for clients and patients, ensures the right clinical and social care outcomes, and ensures patients and clients of services have the best possible experience in every aspect of their care.

Delivering on this vision, my priorities are to:

Improve and protect health and well-being and reduce inequalities through a focus on prevention and earlier intervention;

Improve the quality of services and outcomes for patients, clients and carers, with an emphasis on safety, effectiveness and involving service users as described in our quality strategy “Quality 2020”;

Be responsive to the modern world by developing more innovative, accessible and responsive services; by promoting choice and by making more services available in the community;

Involve individuals, communities and the independent sector in the design, delivery and evaluation of health and social care services through strengthened local commissioning;

Improve productivity by ensuring effective and efficient allocation and utilisation of all available resources, in line with priorities; and

Ensure the most vulnerable in our society, including children, are looked after across all our services.

Delivering an effective health and care system, one which is built around the needs of patients, means we cannot continue with the present model. We need to stop doing those things which don't work; challenge out-of-date practices; and accept that some of our services and their design are no longer fit for purpose.

Case for HSC Review

When I initiated the Review it was to examine the future provision of health and social services, including our acute hospital configuration, the development of primary healthcare services and social care, and the interface between sectors. The key driver for the Review was the very real concerns that our system was not sustainable to continue to meet the priorities, and the potential consequences this could have for patient care and safety.

These concerns were borne out by the findings of the Review which make clear, on the basis of evidence and analysis and extensive engagement with stakeholders, that the full range of health and social care services presently provided are unsustainable in their present form if we want to deliver the best outcomes for everyone and maintain the highest levels of quality and safety in service provision. The Review Report sets out a compelling case for change.

In Northern Ireland we face a raft of significant and growing pressures: the demographic make-up of our population is changing with a growing and ageing population; overall health is poorer and with growth in chronic conditions; there is increased demand and over reliance on hospital beds; there are advances in medicines and technology; and rising public expectations. In my Statement on 13 December I highlighted that: Northern Ireland has a population of 1.8 million people; it has the fastest growing population in the UK and it is continuing to grow. It is estimated the number of people over 75 years will increase by 40% by 2020. The population of over 85 year olds will increase by almost 20% by 2014 and by 58% by 2020 over the 2009 figure. If we fail to respond to these pressures the consequences are equally stark. We will have haphazard and unplanned change resulting in poorer care and treatment with poorer health outcomes. Without a planned and coherent approach, we will not be able to meet future health needs and we will fail our Health and Social Care workforce.

We need to acknowledge and accept that change is necessary – indeed that need is heightened in the context of the current very difficult financial and economic climate.

Again, I want to be clear the Review was not about cost cutting. It was about quality, accessibility and safety of patient care.

So what does this mean? It means we need to ensure a strategic, focussed and planned approach to future delivery of Health and Social Care which responds to the changing environment.

We need to be better at preventing ill health by placing a greater emphasis on promoting prevention and early intervention measures. To this end, I have tasked officials with developing a new public health strategic framework which will focus on efforts and initiatives to improve health and reduce health inequalities.

We need to ensure patients receive the right health and social care intervention in the right setting, at the right time, by the most appropriate health and social care provider.

We need to reduce over-reliance on hospital care and provide patient-centred care.

We need to tackle health inequalities and deliver a high quality service based on the evidence of what is needed and what is right.

If we do this in the right way then we will see a society which takes greater responsibility for its own health and well-being. In return, where an intervention with the health and social care system is required, patients will be able to access these services more effectively and efficiently. This should lead to reductions in unnecessary hospital admissions and inappropriate attendance at A&E.

The proposals set out in the Review Report 'Transforming Your Care' provide a framework within which service reconfiguration can now be progressed. The challenge now for all of us, me as Minister, and you as Members of this Assembly, is to ensure that we reasonably and rigorously consider the proposals and how they should be taken forward to create sustainable, effective and efficient delivery of health and social care services that will improve the health and well-being of all the people of Northern Ireland.

This Assembly has a duty to ensure it provides the best health and social care services to our community. Services that are both safe and effective, within the resources available to us. I appreciate each of us will probably have considered the Report from our individual constituency perspective. Whilst this is valuable and important we should not let it unnecessarily impede us to delivering for all citizens in Northern Ireland.

Transforming Your Care Proposals

In total, 99 proposals are set out in the 'Transforming Your Care' Report to support the development of a future model for integrated health and social care. The model rightly places the patient, and not the institutions of health and social care, at the

centre and supports individuals to care for themselves and make good health choices.

The proposals in the report represent a radical change to the way our health and social care services are currently delivered. This change is long overdue and I am not alone in saying this. More than 3,000 people were engaged during the Review and the constant message coming across was the need for change.

We are fortunate in Northern Ireland that we already have an integrated system of Health and Social Care. The proposals are focused on enhancing and exploiting the opportunities this can bring to patient centric services through the development of a new model of integrated Health and Social Care for the future.

Quality and outcomes will be determining factors in shaping services. The individual will be at the centre and not the institution, and the individual will be supported to care for themselves and make good health choices.

For many patients, health and social care services will be increasingly accessible in their local areas. For those accessing the services this may not seem different than now but it is the way in which health professionals will work together to deliver those services, which will be different. They will work together in a much more integrated way to plan and deliver consistently high quality care for patients.

There will be a changing role for general practice working in Integrated Care Partnerships across Northern Ireland which will join together the full range of Health and Social Care Services in an area.

Patients would deal with fewer professionals and would be at the centre of decision making about their treatment.

There will be a significant shift from provision of services in hospitals to provision of services closer to home in the community and/or GP surgeries where it is safe and effective to do so. Services will regard the patient's home as the hub and will be facilitated to ensure that people can be cared for at home, including at the end of life. Where specialist hospital care is required it will be available – with patients being discharged into the care of local services as soon as their health and care needs permit. An urgent care model will be implemented in every area to provide 24/7 access to urgent care services.

The voluntary and community sector will also have an important role in providing services and improving service delivery. Very often they are better placed, and have a better understanding of the issues, to deliver services to patients. They will need to be supported in doing this, and it will be important every effort is made to remove any barriers and blockages to their engagement.

In line with the basic objectives of the Review, it is proposed that hospitals would work as an interdependent system with each facility contributing to the provision of a total service to its population. Specifying a function for each hospital will be a bottom up approach designed by local populations and professional practitioners taking account of the principles and criteria set out in the Review. This will be an

evolutionary process and change would be taken forward in all sites over a five-year period.

A key aspect of this approach is that critical clinical staff will be employed to work in a hospital system. They will therefore be a resource for each population working as necessary across hospital services and facilities.

At present we have ten acute hospitals in Northern Ireland serving a population of 1.8 million. On the one hand this could be something that is envied particularly by the more urban areas of the UK, with a similar size population to Northern Ireland, who are supported by maybe only four large hospitals. On the other hand it could be viewed that too much reliance has been placed on our hospitals with not enough services available in the primary and community care setting.

In providing safe and sustainable services it is implicit our health and social care system is supported by acute hospital provision; however this must be commensurate with the needs of patients and the types of services which are best provided in a hospital setting, and take account of those services that are best delivered within the community setting. It is in that strategic context that the Review envisages that by 2016/17 the model of major acute hospitals for Northern Ireland's more dispersed population would be reconfigured to a more appropriate scale between these two extremes.

I accept this would mean change in the acute hospital sector but the key test for any future service configuration has to be safety, sustainability and resilience in clinical terms. In this respect it will be important going forward for Local Commissioning Groups to develop specific proposals for acute hospitals, taking account also of the potential to provide services to patients in the Republic of Ireland where it is appropriate to do so, and does not negatively impact on the services to Northern Ireland patients.

I have noted the comment in the Review Team's Report that it is only likely to be possible to provide resilient, sustainable major acute services on five to seven sites (assuming that the Belfast Trust hospitals are regarded as one network of major acute services). I cannot say at this stage whether this assertion is correct or not – the test will be one of clinical sustainability and resilience. It will be on the basis of this test, which is not optional, that we will be able to determine the viability of an acute hospital.

The future model for health and social care services will require the coming together of many strands in order for it to operate effectively.

Workforce planning and development is and will continue to be a critical building block in ensuring that staff are appropriately trained and confident in their roles. Our workforce planning will need to focus on demand signals from the local health economy and patients and clients rather than simply supply side inputs. It will need to be linked to service planning and underpinned by robust financial plans making it more robust and linked to patient needs.

There is an opportunity for greater use of technology to support the delivery of services. We are seeing this at present with the use of remote telemonitoring for patients with long-term conditions and there is an opportunity to build on this and exploit other opportunities where technology can support the delivery of effective health and care services.

We need to utilise resources more effectively particularly in light of the most significant financial challenge the services has faced in many years. The proposed model means that there will be a shift of care from hospital settings to the community, and accordingly there will be a shift in the resources as funds are reallocated in line with the service delivery.

The key changes within this include:

- more care delivered in the home;
- changing care packages for people in nursing homes;
- increased role of the GP;
- increased role of pharmacy in medicines management and prevention;
- increased use of community and social care services to meet people's needs; and
- outreach of acute services into the community.

Taking account of these changes, it is envisaged that by 2014-15 the Review concludes that there would be a shift of funding of around 5%, or about £83 million, from the hospital services budget to other services. In this model there would be increases to Personal and Social Services of around £21 million, to Family Health Services and Primary Care of around £21 million, and to Community Services of around £41 million by 2014-15. The figures provided by the Review Team are indicative, and clearly the proposed reallocations would be refined through detailed implementation planning work.

Change will not be straight forward. It will require fundamental changes to the way we deliver services and will require substantial re-training of staff. Recognising this the Review Team recommended transitional funding of around £25 million; £25million; and £20 million will be required in each of the next three years respectively to enable the new model of service to be implemented.

It would be naive to believe that change of this scale could be implemented without some cost. As I said in my Statement in December, and I repeat again today, those costs are transitional – and time limited over three years. After that, there will be pay back in terms of more effective and efficient use of the resources which have already been allocated to our health service.

Designing and delivering a new model for health and social care services, one that is built around patient needs, will require engagement with patients and front line providers. Any major service reconfiguration would be the subject of consultation with stakeholders and the public. I also expect Local Commissioning Groups to play a key role in this process as they are best placed to determine local health needs and ensure these are provided for in the most efficient and effective manner.

Conclusion

As I have already said this is the biggest change facing our health and social care services and it would be churlish of me to suggest it would be taken forward and implemented within a short period of time. Change of this magnitude has to be well planned and properly managed if we are to continue to have the support of patients and health and the service.

The 'Transforming Your Care' Report is an important starting point in setting the direction for the future. My Department is working on a detailed assessment of the proposals which will be considered with the Health and Social Care Board and others. This is an essential aspect of the overall process as it will be important in considering the potential implications and how proposals would be progressed. Proposals will be translated into more detailed plans setting out specific changes to be taken forward, with engagement plans developed for the changes setting out how it will affect users, families and staff. Work on developing these plans, which will be based on population plans, is already underway through the Local Commissioning Groups.

This work will be linked directly to the development of both the Commissioning Plan for 2012-13 and the further action needed in all parts of the Health and Social Care to deliver the savings required by the Budget. Work is in hand to ensure that we deliver costs savings of at least 4% in 2012-13 both to balance the cash budget and absorb the ever-growing demands on the service.

The model pursued during the Review, with work running hand in hand with the day-to-day business of the Health and Social Care Board, proved beneficial, and I see merit in maintaining this approach. The Board will be responsible, in the main, for the implementation of the Review, and driving through the necessary change, under my stewardship. The legislative and policy changes required will be taken forward by my Department.

Members, I believe we can only continue to deliver on the core values of our health and social care service if we support a radical programme of service change and reconfiguration and act strongly and corporately in the interests of all the people we serve, even if that means some difficult decisions at constituency level.

The proposals on this report will mean different things to different people and none of the proposals are neutral decisions. That is to be expected. The proposals were developed in the context of the evidence that was presented in the course of the Review and they provide a basis within which service reconfiguration can be taken forward.

The challenge now is to ensure that we take forward the implementation of this Review for the health and well being of the people of Northern Ireland. This is the responsibility of all of us in this Assembly and the Executive and not just me as Minister. All of our constituents look to each and every one of us to deliver better citizen facing services and that includes safe and effective Health and Social Care services for all citizens of Northern Ireland.

I look forward to hearing Members views during this debate.