

**Health and Social Care: Reform and Transformation
(Getting the Structures Right)**

[Department of Health, Social Services and Public Safety]

Consultation Response from Fermanagh and Omagh District Council.

Fermanagh and Omagh District Council (Council) welcomes the opportunity to respond to the Department of Health, Social Services and Public Safety (DHSSPS) public consultation on the Reform and Transformation of the Health and Social Care system in Northern Ireland.

Brief Background for Fermanagh and Omagh District Council

The District Council area is home to 114,992 people (as of 30 June 2014). The District Council area is Northern Ireland's largest region in terms of land mass - approximately 3,000km², or 20% of NI - and the smallest in terms of population. As a result, the population density of approximately 41 people per km² is the sparsest in NI. This is a feature of the region which also provides challenges to service delivery.

Consultation Feedback

Fermanagh and Omagh District Council (Council) welcomes this consultation and in general the aim of the Department to improve the current Health and Social Care system to make it more effective, responsive, efficient and flexible.

The Council acknowledges that at present there are a number of issues with the current structure of Health and Social Care within Northern Ireland which cause concern, such as:

- Slow decision-making which is often perceived as too 'reactionary';
- The current system being too complex and bureaucratic to facilitate effective strategic planning;
- A lack of transparent and robust governance arrangements; and
- A lack of clarity over the allocation of responsibilities.

Over the last number of years there have been numerous attempts to reform the health and Social Care sector within the UK. For example, the Coalition Government (in July 2012) published a White Paper entitled: 'Caring for our future: reforming care and support'. This, along with a number of reports and consultations, proposed a number of major reforms based on recommendations from the Law Commissions Review of 'Adult Social Care Legislation', the Dilnot Commission's recommendations on the funding of long-term care as well as the consultation findings from the Department of Health's consultation on 'Framework for Adult Social Care'.

Current Structure

The current structure, as outlined in the Consultation Documents, is included below as 'Image 1'.

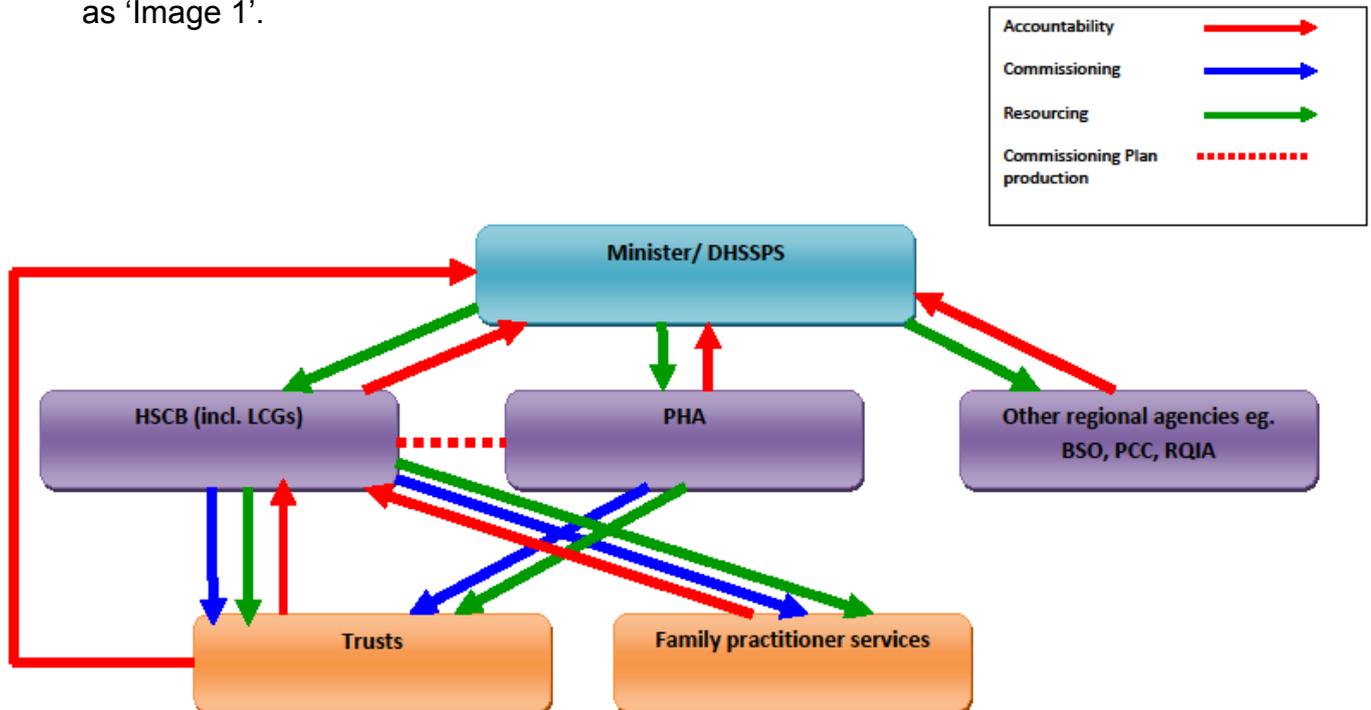


Image 1.

From Image 1, it is clear that there is some quite 'overlap', and unclear chains of authority, responsibility and ultimately accountability.

One issue which is quite implicit within the Consultation Documents is that the Health and Social Care System within Northern Ireland impacts on everyone. With the continued growth of the population alongside the development of an 'ageing population', the current Health and Social Care system may become unsustainable in the future.

The change/shift of demographics (such as age or size of population) brings different economic and social challenges for a range of areas, a key area being that of Health and Social Care policy and delivery. NISRA statistics show that, currently, older people make up 16.7% of Northern Ireland's population. By 2031, the projection is that this figure will rise to approximately 28%, which is a massive increase in just over a decade (15 years). On top of these statistics, it is further estimated that by 2031 there will over 93,000 people in Northern Ireland aged 80 years and older, and this represents a 35% increase on current figures as well as representing approximately 5% of the estimate population of Northern Ireland in 2031.

The Council understands that the Department is, and will continue to be, placed under financial pressures like all other public services and government departments.

It is vital that the Department strives to create a world-class Health and Social Care system within Northern Ireland. It should be a service which is 'patient centred' putting the needs of each individual patient first, engaging with all patients, informing patients/clients as well as including patients in (or informing them of) the decision-making processes which affect them.

Going forward, the Council believes that it is vital that the current system of providing Health and Social Care in Northern Ireland is made less complex and incorporates a more effective mechanism, or system, of performance management.

Looking at other Health and Social Care Systems, the Council believes that there should be a seamless delivery of all Health and Social Care services from the perspective of the patient. A more 'joined-up' approach would assist with the delivery of this seamless delivery, with clear lines of accountability, responsibility and management. This would be greatly different from the current complex process which is outlined in Image 1.

A much simpler model of Health and Social Care can be seen within Scotland. In 2011, Image 2 (on the next page) is the model in use. This model demonstrates a much simpler system which clearly shows accountability and the different relationships between bodies/organisations.

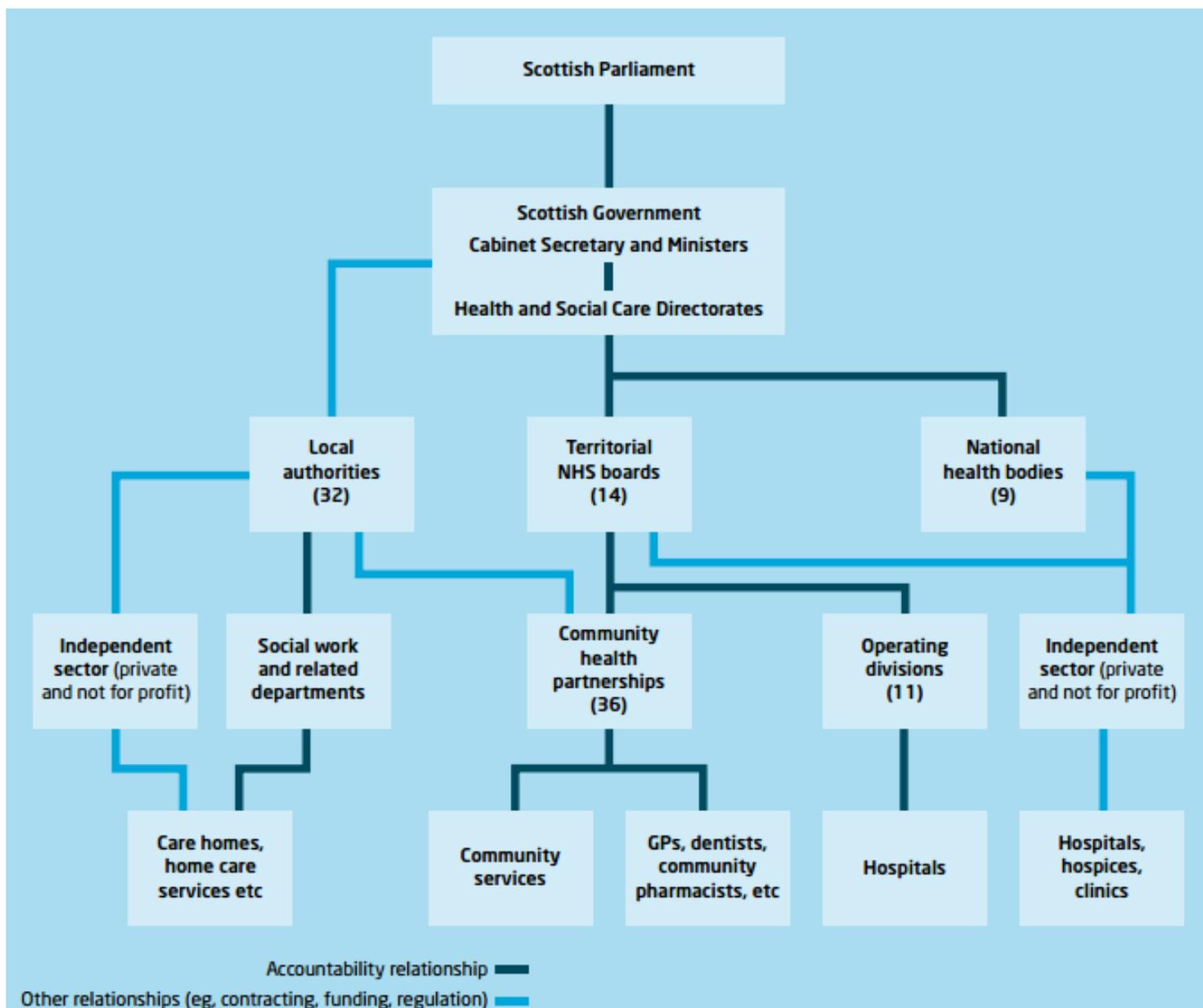


Image 2.

The Council believes that the Department should give consideration to the adaption of the above model when considering the reform of the current Health and Social Care System in order to reduce the complexity of the current arrangements.

Life Expectancy / 'Ageing' Population

Whilst life expectancy in Northern Ireland has increased, statistics do not show a clear link or relationship to the fact that life 'without a disability or ill health' has increased to the same extent. A growing number of people who are living longer may have conditions which seriously impact upon their quality of life such as Arthritis or the effects of a stroke or dementia.

Other lifestyle trends which could also increase the reliance on the future Health and Social Care services include issues such as Obesity and other lifestyle related diseases.

The Council believes that it is all Health and Social Care services going forward should remain faithful to the principles that every individual has the right to live with dignity, freedom, safety and choice.

The Council is concerned that some reports point to the fact that Northern Ireland has 'the most dis-jointed and limited approach to 'ageing issues' in the UK'. This is as a direct result to various responsibilities being contained across a number of different Government Departments, for example: welfare payments, housing, transport and so forth. Perhaps in the future more collaboration should take place between the newly established Government Departments to ensure that all related issues are considered collectively.

The traditional approach to commissioning services has been to see individuals as eligible recipients of welfare services provided from a limited range of options as identified by professionals. Fermanagh and Omagh District Council sees older people and their carers as citizens, with a full array of rights, choices and responsibilities. Council stresses that the majority of individuals needs can be met through ordinary, everyday services, accessible to all. The role of community health and social care can then be focused on supporting people with the most complex needs who require added specialised and tailored services.

Performance Management

The Council believes that Performance Management is central to the success of any new system of Health and Social Care.

There have been many academic reports which have studied the Northern Ireland Health and Social Care system over the years (including Appleby's 2005 Report and The King's Fund's 2013 report entitled: 'Integrated care in Northern Ireland, Scotland and Wales'.

Both reports outline the absences of a 'distinct / explicit performance management system'. This type of system is described as pivotal to achieving improvements in effectiveness, efficiency and overall responsiveness

All work for the Health and Social Care system should be effectively managed and actively critiqued as to whether any improvements can be made. Current performance management systems do not have a clear and/or effective structure. It is vital that the future systems have an operationally effective performance management system. This is particularly evident, given that Sir Liam Donaldson's

review pointed to a lack of clarity and accountability, stating that ‘the existing lines of accountability are blurred.’

It is also imperative that the performance management function is situated within the Department, and not within each of the Health Trusts themselves. The Performance Management aspect should be derived from the body/organisation which is not only providing the funding, but which also provides the leadership.

Effective performance management should also be focused mainly on the improvement of services both nationally and regionally. Support should be provided to those involved in the Health and Social Care sector to ensure that the appropriate outcomes are delivered. The Department should offer training and/or guidance regarding benchmarking and leadership/organisational development as well as sharing examples of best practice, both within Northern Ireland and further afield.

The Department, when undertaking performance management, should also consider the effectiveness of external partnerships with other bodies/organisations. This would be a key opportunity to examine these partnerships to ensure that they are working for the best of both organisations.

Effective, and rigorous, performance management systems will allow the newly reformed Health and Social Care system to improve its efficiency, effectiveness and delivery of services across Northern Ireland within the financial constraints available, in addition to looking at the specific Strategic Leadership and Direction.

Performance management will only be effective if it is continuous and on-going. For services such as Health and Social Care it should not be an after-thought as it impacts on the quality of people’s lives. The Council is of the belief that each organisation should provide, at-least, quarterly updates on current services, their performances and delivery.

Council stresses the importance of the standardisation of performance data across those bodies involved in the comparison to ensure the same issues are being considered and recorded. It is imperative that any Performance Indicators used are auditable and that users can rely on them. Council would wish to see regular reviews on the impact of the work undertaken and the delivery of the commitments through robust performance management including the provision of regular reports.

Planning / Commissioning of Services

The Council agrees that simplifying the current Health and Social Care system within Northern Ireland and focussing on a more ‘individual-centred’ could give individuals more understanding, choice and control over their own personal care packages. However, for these changes to work well and be fully utilised it is vital that the planning and commissioning process is improved upon.

Effective planning, especially regional planning, can only take place with the full participation of a range of professionals, who are involved with various aspects of patient care, or service delivery. Representatives of these areas should meet with HSC managerial staff, representatives of the third and voluntary sector, representatives from carers / patients, as well as some input from Elected Representatives.

Within the Scottish Health and Social Care system there are various examples of good planning and commissioning of services.

The Council also feels it is important to note that any new planning/commissioning processes should not suppress any activity which is currently under way. It should just ensure that local/regional voices are heard. It is entirely possible that different regions/localities could benefit from slightly different solutions. Therefore, for this to be recognised it is vital that a wide range of professional and public views are identified, listened to and examined.

If the newly reformed Health and Social Care system does indeed adopt a 'Trust-led' approach to planning, it is vital that local voices are listened to. It is important that Health and Social Care services take on a more 'connected' approach - which should lead to quicker/more effective decision making, more accountability and so forth. However, it is important that the local, community voice is not lost within the process.

Within the Fermanagh and Omagh District Council area, the Council would stress that the local South West Acute Hospital has suffered at times because this 'local voice' may have been lost. There seems to be a continuous emphasis on removing services locally and moving them to 'regional centres of excellence'. Whilst the Council believes that it is vital that services are delivered effectively and efficiently, the current emphasis does seem to leave rural and isolated communities, particularly those within the Council area, more disadvantaged to their more urban counterparts.

Rural Issues.

Locally-provided core services are essential to ensure that remote communities survive and to halt depopulation. At national level there has been long-standing discussion of the most appropriate allocation of central government funds between rural and urban areas. The arguments for a 'sparsity factor' or 'rural premium' are reflected in the key problems encountered in rural social care, which centre around access, levels of service provision, isolation, higher costs and lack of choice or quality provision. Centralised service provision and models of working based on urban developments contribute to feelings that rural social care is neglected.

In remote areas the lack of access to services has a disproportionately large impact on the quality of life of particular groups. This is essentially a social justice argument: the most vulnerable groups are disadvantaged most, those most likely to lack

influence over service design and provision. There is a clear imperative to tackle the exclusion of vulnerable individuals and families simply because of where they live.

There is a need for a regional policy framework that responds to the special circumstances and requirements of the countryside. Services in rural areas are at great risk unless the 'rural premium' is taken into account when assessing service provision. The rural premium is the extra cost of delivery of services to people living in a rural area, compared to those who live in an urban area. This is already a fundamental problem affecting the availability of and access to a range of local services. It has been highlighted in the health and social care sector that the funding formula tends to favour urban areas and does not take into account the impact of providing services over a wider geographic area in rural areas. The decision to cut services in rural areas cannot be based simply on cost and the number of people using the service. Instead, commissioning bodies must undertake broader impact assessments, taking social impact into account.

Local service commissioners should have to respond to user indicators of quality so that they gain a clearer sense of what local people are saying they need. For many rural users standard measures of performance are less attractive than other measures of quality (such as proximity). There is a need to increase rural premiums in order to sustain services, not only because the services are valuable in themselves, but also because of their essential role in sustaining diverse and remote communities. Resource allocations should reflect the higher costs of delivery in rural areas, and other factors such as demography and dispersed population should be integral to the process.

Fermanagh and Omagh District Council wishes to highlight the fact that rural communities face particular challenges with regard to access to services and sustainability. Nowhere is this more apparent than in the area of health and social care where the differences between urban and rural communities must be recognised and models of care to meet diverse rural needs must be explored. Fermanagh and Omagh District Council strongly supports the need for effective, consistent and meaningful rural proofing, the outcome of which would enable Health and Social Care service planning to more accurately reflect deprivation indicators across rural areas. Equity and equality across Northern Ireland must apply to healthcare provision.

The Importance of Collaboration

The numbers and complexity of current structures works against the stated aspirations of efficiency, effectivity and top quality care.

Any new structures must deliver a more joined up approach and consequently deliver a better outcome for patients, service users, carers and health care professionals.

Within Northern Ireland, there should be constant dialect between individuals in senior management positions within the relevant Government Departments, Health and Social Care services, Local Government and those within the third and/or voluntary sector

The emphasis on any structure should always be seen as 'collaboration' rather than 'competition', between planning, commissioning and service delivery. All three strands should work together to ensure the patient or client receives the best possible treatment, thereby improving or consolidating their quality of life.

Public Confidence

The Council stresses that for any reform process to be successful, it is vital that the Department secures public confidence within the new system. In working towards this, the public must be informed at each stage of the review and reform process.

The department should make full use of social media, traditional new channels as well as public meetings within each Council District and the more rural/isolated areas.

Conclusion

To conclude, the Council welcomes the opportunity to respond to this consultation regarding the 'Reform and Transformation on the Health and Social Care System in Northern Ireland'.

Council is concerned about the fact that a further review on the provision of health and social care services has been commissioned. In recent years a number of reviews were commissioned including Adult Care and Support, Addiction Services, Maternity Services, Making Choices – Statutory Care Homes, Older People's Service Framework, Outcomes for Children, Paediatric HealthCare, Regional Learning Disability Services, Transforming Your Care and the Donaldson Report.

Such an ad hoc approach mitigates against taking a holistic view of the provision of Patient-centric integrated care which should be concerned with aligning funding, management and organisational issues by cutting across multiple services, providers and settings to deliver the best quality of care, quality of life, patient satisfaction and efficiency possible.

It is therefore imperative that the implementation of the reform is followed by a period of stability in order to allow sufficient time and space for transformation and consolidation of the reforms to become embedded.