Department of Health
An Roinn Sláinte
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ORAL STATEMENT TO THE ASSEMBLY BY HEALTH MINISTER MICHELLE O'NEILL MLA – 25 OCTOBER 2016 – HEALTH AND WELLBEING 2026: DELIVERING TOGETHER

Mr Speaker, having received Executive endorsement this morning I am grateful for the opportunity to make a statement setting out my ambition for a world class health and social care system, **Health and Wellbeing 2026: Delivering Together.**

I have said before, and I want to put on record once again, that I feel privileged to be the Minister of Health. I am proud of our health and social care service. I am proud of the dedication and hard work of all of those working in our health and social care system. I am proud of the quality of the full range of health and social care services people here receive from staff whose key focus is to improve our health and wellbeing. I have witnessed at first hand the amazing work of the HSC and the positive impact it has on people's lives. The depth of the dedication commitment and compassion of those who work in our health and social care system continues to astound me.

However the system itself is at breaking point. This is not news. Every person in the north and everyone working in our health and social care system understands this to be the case. Put simply, the system has not changed quickly enough to meet the demands and needs of the population. While not always accurate, reports of long waiting lists and failed targets feature regularly in the media. That is why in my first week as Minister I made a statement to this house acknowledging the challenges but more importantly pledging my commitment to transforming health and social care. I promised I would reflect on the Expert Panel's report and put my vision for health and social care before you. Today I am doing so.

Mr Speaker I want to thank Professor Bengoa and the Expert Panel and commend them for their work. I received the report "Systems, not Structures" in the summer and since then have spent time carefully considering the report, its implications and next steps. Professor Bengoa has told us we need whole system transformation if we are to meet the needs of the population. The Expert Panel's report, alongside the Sir Liam Donaldson and Transforming Your Care reports has been instrumental in developing **Health and Wellbeing 2026: Delivering Together.** To be clear Delivering Together is now the only roadmap for reform.

(Case for change)
As I have said the case for change is universally accepted. When I addressed this Assembly in June I spoke about the prevailing challenges that exist. By 2039 the population aged 85 and over will have increased by 157% compared to the position in 2014. Living longer is of course great news for us all. But as we get older we are more likely to live with one or more long term conditions. In addition our health and social care needs change and we quite rightly have higher expectations. Our health and social care system needs to change if it is to meet the needs and expectations of a growing population.

Mr Speaker Health and well being is shaped by many factors but above all by our social and economic environment. To our shame the inequalities between health and social wellbeing outcomes across our society are stark. Where you live should not determine how long you live. A simple illustration of this is that the people living in Belfast city centre will live up to nine years less than those living at the top of the Malone Road. We should all be deeply concerned by this.

Across the north the proportion of babies born with a low birth weight in the least deprived areas is lower than that in deprived. Children born in deprived areas are more likely to experience childhood obesity, and to be in care. It is an outrage that in 2016 your life experience may be predetermined by your social and economic circumstances. This must change and change must start now.
Like Ministers before me, I continue to increase investment in frontline services, and in service developments and improvements. And this has gone some way to alleviating the pressures the system faces and the consequences for those requiring health and social care services.

However this is not enough. Our current delivery models are having an increasingly negative impact on the quality and experience of care, and are constraining the ability of the system to transform itself to meet 21st century health and social care needs. There are excellent examples of innovative practice but these are too often in pockets and not widespread.

The reality is the current model is unsustainable. If we continue to provide services in the same way, using current models of care, demand projections show that ten years from now the HSC will need 90% of the entire Executive budget.

(Opportunity)
Mr Speaker, since coming to post I have spent much time listening to HSC staff and users. Not only are they ready for change, they want change and they are demanding change. And they are not alone. The political summit hosted by the Expert Panel secured a mandate for change and the principles that underpin it. We have a 'fresh start', supported by the Executive – it's not down to one Minister or one Department. There is total agreement across the Executive that this needs to be done.

Health and Wellbeing 2026: Delivering Together provides a roadmap for a radical transformation in the way we receive health and social care services. But this is not a quick fix. Given the size and scale of the challenge I fully expect that the transformation process will take two mandates to properly plan, implement and embed. But we must start now.

(*Ambition)*
In line with the Programme for Government, and the Executive's population health framework "Making Life Better," my overriding ambition is for all of us ***to lead long, healthy and active lives.*** Health is a human right and I believe in a universal health service, based on need, free at the point of delivery. I want to see a future in which people are provided with the information education and support to enable them to keep well in the first place. When care is needed, it should be safe and of high quality. Those who use services should be treated with dignity, respect and compassion. Staff are the system's greatest asset and they must be empowered and supported to allow them to do what they do best. Put simply I want to see a health and social care system which is efficient and sustainable, where best practice is the norm and where investment is made in areas that will positively impact service users rather than prop up a failing structure.

(What this means)
Mr Speaker, my vision for health and social care is ambitious. It will require whole system transformation across primary, secondary and community care and, a radical change to the way we access services.

We will work across sectors to build capacity within communities. This will allow them to develop the skills and knowledge needed and the assets required to tackle effectively the underlying determinants of health and wellbeing. Tapping into their ideas and energy we will build and support on the real strengths they have. We will support the development of thriving and inclusive communities.

Mr Speaker, through building community capacity, developing social capital and investing in health visiting and school nursing, we can ensure that every child and young person has the best start in life, and is supported to fulfill their potential.

We will support those who are more vulnerable in our society, those living in deprivation, our older population and those with learning disabilities and mental health issues. They will help them to live the life they want, maximising independence and choice.
The Early Intervention Transformation Programme is a good example of joined up government with Departments of Justice, Education, Communities all working together to find ways of intervening earlier in the lives of children to improve outcomes for children. We will build on that success, including building the capacity of staff to work more effectively in delivering early intervention approaches.

We will also strengthen the work of the existing network of Family Support Hubs available across the region, which show how community, voluntary and statutory organisations can work together to help families doing their best as they face the challenges of bringing up children.

Improving the life chances of children and young people is a priority for me particularly those children for whom the state has taken on parental responsibility, or Looked After Children as they are known. These children experience much worse health, social, educational and employment outcomes than children generally. This is not acceptable to me. I will expand the range of placement options and support available to them to support their mental and emotional wellbeing, educational attainment and overall health outcomes. We must and will become better parents for these children.

Mr Speaker, when people need care and support, very often their first port of call is their GP. Primary care is the bedrock of our health and social care system but it is still largely based on GPs working independently with limited input from other skilled professionals, such as District Nursing, and social workers.

There are many examples of how we have improved that integration but we must go further. People don't live their lives in silos so we shouldn't provide services in them. I will invest in our primary care services. I will put in place multidisciplinary teams embedded around general practice that will maximise the benefits that can flow from our integrated system of health and social care. Their focus will increasingly be on keeping people well in the first place and proactive management of long term conditions. They will be equipped to identify and respond to problems earlier, whether they relate to health or social needs.

These teams will include a range of disciplines including GPs, Pharmacists, District Nurses, Health Visitors and Social Workers. But I am also keen to explore new roles that are having positive impacts elsewhere such as Advanced Nurse Practitioners and Physician Associates. We need to be open to new ways of doing things looking to approaches elsewhere such as the model used in the Netherlands where district nurses lead the assessment, planning and co-ordination of care in self-managed teams. I believe the best of this and other approaches can be adapted and even improved upon in our integrated health and social care system.

I recognise the challenges in recruiting and retaining GPs and, given the importance of building multi-disciplinary primary care teams, I will increase the number of GP training places to 111 per year, with 12 additional places next year and a further 14 beyond that the year after. Building on the increase in training numbers made earlier this year, this represents an increase of more than 70% in GP training places within a three year period.

Mr Speaker, alongside increasing the number of GP training places we must make sure that General Practice is a key part of the medical undergraduate curriculum. To that end funding provided for undergraduate training will be redirected to support Queens University in increasing the percentage of the undergraduate medical curriculum spent in General Practice.

I can also announce that 25 GPs have been accepted onto a GP retainer scheme launched earlier this year. This has meant that GPs who may otherwise have been lost to General Practice are

attached to practices, are working in the out of hours service and have access to a supportive continuous professional development programme and mentoring.

I have initially commissioned 5 training places for an Advanced Nurse Practitioner Programme within Primary Care to start in February 2017 in addition to 8 for Emergency Departments. I plan to at least double those numbers from September 2017 and then incrementally grow this cadre of staff for an increasing number of specialties over the next five years. By further extending the role of the nurse I want to ensure that I still have sufficient nurses to continue to do the jobs they already do so well. I am increasing the number of training places for nurse training by a further 100 from September 2017 to ensure we will not be reliant, as we currently are, on the international recruitment of nurses to fill vacancies in the years to come

The role of Physician Associates is one I am keen to build on. I am providing funding to support placements in Primary and Secondary Care for an annual cohort of 20 PA students on the new post-graduate course being commenced by Ulster University in January 2017.

We will also continue to invest in the Practice Based Pharmacist scheme, with close to 300 pharmacists expected to be employed across the North by 2020/21 – taking the pressure off GPs, improving the use of medicines and supporting patients. The AskMyGP online and phone triage system – which is allowing GP practices to see patients the same day, when they need to be seen – will be rolled out to a further 30 practices.

These investments reflect some of the recommendations of the GP-led Care Working Group, which reported earlier this year. I intend to provide a full response to the recommendations of the Working Group before the end of the year.

We must also use our valuable Community Pharmacies much more. They have an important role to play, particularly in supporting people to keep well in the first place, and use their medicines appropriately and safely. I want to develop a new framework for how we work with Community Pharmacy to fully realise their potential.

Mr Speaker, there has been a longstanding ambition to shift more health and social care from hospitals to settings closer to people's homes. I believe this is the right thing to do and I want to ensure we realise that ambition. New models and services continue to develop and emerge such as Acute Care at Home. For example in the Belfast and the South Eastern areas, 460 frail elderly people have received enhanced or acute care at home services avoiding 4,102 days in hospital. I want to ensure that patient centred initiatives like this are implemented right across our health and social care system.

Ambulatory Assessment and Treatment Centres are a further example of innovative patient focused initiatives which I plan to develop further. These centres will provide a one stop shop allowing patients to be assessed diagnosed and if required receive a treatment or procedure all on one day. In the Belfast Trust in the past 6 months over 9000 patients have been treated in Ambulatory Care instead of waiting in the Emergency Department, and 81% of were discharged home without needing to be admitted. Over 4000 have received treatment on a planned basis through this approach without needing a stay in hospital. In the South Eastern area, over 1000 patients have benefitted from this approach in the last 6 months.

This and similar models in other Trusts provides for a better experience for patients and a more effective use of our inpatient beds, and we need to build on the new services and expand their use.

Mr Speaker, given the changes I have set out for the rest of the system it follows that the nature and focus of our acute hospitals will change. As well as enhancing the support received in primary care, we need to reform and reconfigure our hospital services. The Expert Panel has provided us with a roadmap to do so and I plan to consult on the criteria recommended by them next month. Once agreed this will form the basis of a programme of service reviews, seeking to ensure our services are configured and built around what people need. This is not a standing start,

we have recently conducted clinically led reviews in pathology and imaging, and I intend to move to public consultation on these two important areas.

In the future the role of our hospitals will fundamentally change to focus on addressing the needs of patients requiring complex planned surgery or emergency care in an inpatient setting. There is strong evidence that concentrating specialist procedures and services in a small number of sites produces significantly better outcomes. Adopting this approach will mean that not every service will be available in every existing hospital, but where those services exist each and every one of us will benefit from more timely safer and better outcomes.

Over the last few years we have seen the development of very successful regional networks for a number of specialist services. These provide services to our whole population rather than a small locality, and increasingly on an all-island basis as in the case of the Congenital Heart Disease network. We have already commenced a programme of work with counterparts in the Department of Health in the south to identify areas of mutual benefit and develop more cross-border and all-island services. I am keen to explore the potential benefits of this approach, particularly around delivering better perinatal services and support for new mothers; as well as considering ways we can help young people struggling with mental health and addiction problems.

Evidence also shows that delivering both planned and emergency care using the same facilities and resources can have an adverse impact on activity and therefore leads to an increase in waiting times. Far too often scheduled appointments and surgeries may be cancelled when vital resources are diverted to deal with unscheduled care.

Moving forward, Elective Care Centres will be developed to carry out less complex planned treatments. These centres will make better use of the resources we have through organising them differently. This may mean that a patient may travel further for your treatment but there is strong evidence that elective care centres, such as those used in Scotland, can reduce waiting times and provide a better experience for both staff and patients. I can't tell you where these centres will be or how many we will have – the answers to these questions will be for the clinicians and professional managers within the HSC system to develop, based on the evidence of what people need, and working in partnership with service users and patient groups.

However, Elective Care Centres are not the sole solution to the unacceptable delays currently faced by patients. Rather they are part of long term process moving towards a more sustainable model. This future model cannot succeed if it inherits the unacceptable waiting lists that blight our system currently. Urgent and sustained action is therefore required to bring these under control. In light of the recommendations set out in the Expert Panel's report I intend to bring forward a strategy to reduce waiting lists.

Mr Speaker, I have set out the changes I believe appropriate for the delivery of services, but how we plan and manage these services is just as important. We need to reduce bureaucracy, to make the decision making process more streamlined and importantly to plan and manage services in a way that promotes collaboration, integration and improvement in service delivery. In the context of the decision to close the Health and Social Care Board, I know from speaking to staff that they are anxious about the future. They have already been involved in the design process and this will continue. This is a priority for me and now that the direction of travel has been fixed for the delivery of services I will move quickly on this matter. I will engage with the Board staff as a matter of priority.

(The approach)
Mr Speaker, I believe the approach we take to transformation is as important as the transformation itself. From the outset I was clear that this vision could only be achieved through partnership working and co-production, It is no co-incidence that the document I am publishing today is called ***Delivering Together. Delivering Together*** sets out in clear terms how I will bring forward transformation.

We all have a stake in our health and social care system – it belongs to us all and therefore we all have a responsibility to work together to ensure it is sustainable for the future. We must all work in partnership to design and deliver the changes.

The principle of co-production will underpin how we operate in the future – whether that be at a system level, designing how our HSC services and hospitals should be configured or at a service level designing how care pathways and individuals care should be delivered differently. But also, and very importantly, it signals a collaborative approach between the people who provide services and the people who depend on them. Care should be planned around the individual, and the unique needs of that person, and this must be based on real and meaningful partnership. Our Mental Health Recovery Colleges are an excellent example of the benefits that can be realised through coproduction, recognising and using the expertise that people with mental health difficulties have. We will now harness the energies of people who use all of our services.

I want to align quality improvement and regulation far much more closely to the voice of those who use our services and those who deliver them. We will replace a culture of targets and blame with one that focuses on outcomes and improvements. Outcomes will be shaped by what matters to people not just what's wrong with them and improvements will be led by staff in the frontline not distant officials.

This is already happening. Committed staff working with the people they serve are taking forward initiatives to improve outcomes, shorten waiting times and reduce bureaucracy.

Quality improvement initiatives, such as the integrated respiratory service in the west are happening every day designed and led by the staff on the ground. The Community Respiratory Team provides patients with joined up specialist support focussed on self-management, and co-ordinated care. This is a much more streamlined and responsive service for patient, GPs and hospital services – benefitting all.

Another example is the Rapid Assessment, Interface and Discharge team in the northern area – or RAID as it is known. This innovative project is based on international best practice and recognises the links between good mental health and good physical health. Instead of the traditional approach to mental health referrals for people who come into emergency departments or being admitted to hospital, this team operates 7 days a week, 24 hours a day to respond quickly to need. It also acts as a link to community mental health services, promoting recovering and wellbeing, and ensuring continuous care and better outcomes.

These are strong local examples. However, they raise the question of why aren't these services available to all of the people of the north. I want to develop a system that will learn from such approaches and see them adopted across the system as a whole.

As a first step towards this, I have asked that a group is convened of professionals and people who use services to establish an Improvement Institute. This will not be a new building or a new layer in our system but will help to bring existing experience and knowledge together to work in a different new way for much greater impact.

This will be supported by a new approach to learning and team working. Rather than concentrating power at the top, I want all those working in health and social care to feel able to effect change and improvement in care. We must support and equip teams to do what they do best – provide excellent care, not micro manage them and load them down with unnecessary bureaucracy. This means having greater collective clinical and professional leadership throughout the HSC, supported by skilled and able managers.

Too often I have heard the current culture within HSC characterised by competition and silos. This must change. I want to see a culture where staff feel empowered, and where collaboration and partnership working defines the way things are done. The positive results of this way of working are clear to all. In one of our Trusts a Head and Neck Cancer Specialist Nurse introduced a follow-

up telephone aftercare service through working in partnership with patients which has resulted in a patient-led follow-up service which enables fast-track referral to follow-up clinics. There are many more examples across the system but this type of working needs to become the new norm.
For that to happen our staff need to be equipped with the tools that will allow them to lead change. That is why I have asked my officials to develop a system-wide HSC Leadership Strategy to be produced by next summer.

I am determined to realise the potential that modern information technology provides. The pace of technological change is rapid, and this is no different in health and social care. I want to ensure the right information is available to the right professionals, or indeed the service user themselves, when they need it and in the way they need it. We have too many systems, and all too often someone will have to tell their story or provide the same information over and over again. This is at best frustrating and at worse unsafe. I want to ensure that the double and triple handling of information ceases by consolidating our patient records, and enabling greater access to citizens and freeing up health professionals time to care.

This is a major undertaking. Even starting now, it will be a decade before we see real change right across our HSC system. But progress is being made. Every day more health and social care information and resources are added to NI Direct, and I expect to have a patient portal in place for dementia patients next year. We plan to roll out online access to health and care records over the next 5 years where service users and patients want this. As users of the service, information about us belongs to us. Having access to that information will help us to make informed choices about our lives.

[Conclusion]
Mr Speaker, this morning I have set out what I believe to be a very ambitious vision for the future of HSC. What I am proposing is not a quick fix but a significant and radical programme of change. That is why I have been up front about the timeframe.

But I want to be really clear the size of the task and the length of the journey will not dictate the pace of change. I have witnessed myself the pressure that staff are under every day. I know that 10 years is too long for them to see a difference. That is why I have set out my priority actions for the next 12 months. Change starts today. I am committed to taking a personal role in this process and will bring progress reports to this Assembly every six months. In short I am up for this.

Of course change cannot happen without investment. We need to continue to deliver existing HSC services to those who need it whilst developing and implementing change so a period of double running will be necessary. Once I begin the process of co-production I will be clearer about the financial requirement but what I can say here today is that additional investment is needed.

I acknowledge the cost of transformation may be significant. But standing still is not an option - there are consequences if we don't deliver planned and managed change in our health and social care system. Even with the best efforts of HSC staff, waiting lists will continue to grow, expertise will continue to be diluted and the best possible outcomes for our citizens will not be realised.

It is my belief that we have been given a fresh start. We are facing into a time of change but it is change that must happen. ***Delivering Together*** sets out a direction of travel that I hope all of our society can embrace and support in the challenging but potentially rewarding time ahead.

As Minister for Health, I will provide the leadership needed to drive change. I have no doubt that those working in front line services will not be found wanting in leading transformation of the Health and Social Care System. And today, I hope that colleagues from all political persuasions will show the political leadership, and courage, needed to support the system in transforming itself. Together, we can deliver the health and wellbeing outcomes people deserve.

I commend this statement to the Assembly.