Good Governance Institute

ROYAL COLLEGE of PHYSICIANS of EDINBURGH

the future

of the National Health Service in Northern Ireland: **The Debate**

February 2019

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Executive summary

The challenges to delivering effective health and care in the United Kingdom are well-stated, with numerous planning and policy documents outlining the context of poor health outcomes, demographic pressures, and financial and workforce constraints facing the National Health Service (NHS).[1] These dynamics are certainly evident in Northern Ireland. The absence of a functioning Assembly provides a further obstacle to be navigated in delivering ambitions for health and wellbeing, care and quality, and efficiency.

Adopting a radical approach will require health service leaders, clinicians and politicians across Northern Ireland to work together, to steer the future direction of healthcare through an evidence-based, person-centred and cost efficient approach. Recognising the opportunity to debate the issues critical to the future development and sustainability of the NHS in Northern Ireland, the Royal College of Physicians of Edinburgh and the Good Governance Institute jointly hosted a discussion event on the 7th November 2018; 'The future of the National Health Service in Northern Ireland'.

The purpose of the event was to critically examine the future challenges facing the health and social care system, and this formed the third part in a series of debates focusing on each of the four health systems in the UK.[2] The event, chaired by Professor Michael Deighan, Heritage Chair at the Good Governance Institute, and with an introduction from Dr Albert McNeill FRCPE, brought together a range of health and social care experts including:

[1] Heenan, D. Appleby, J. (2017) "Health and social care in Northern Ireland: Critical care?" Nuffield Trust comment www.nuffieldtrust.org.uk/news-item/health-and-social-care-in-northern-ireland-critical-care

[2] Good Governance Institute and The Royal College of Physicians of Edinburgh (2018) "The Future for the NHS in Scotland: The Debate" - https://www.good-governance.org.uk/services/the-future-for-the-nhs-in-scotland/

- **Professor Deirdre Heenan**, Director, Health & Wellbeing Research Centre, University of Ulster
- **Dr Niall Herity,** Consultant Cardiologist and former Clinical Director of Cardiology, Belfast Health and Social Care Trust
- **Mr Mark Taylor**, Consultant in General and Hepatobiliary Surgery, Belfast Health and Social Care Trust
- **Mr Mark Butler**, Director of Development, Good Governance Institute
- **Paula Bradshaw MLA**, Health Spokesperson, Alliance Party

Contributions from the audience were also welcomed, and an overview of the discussion is included in this paper, the purpose of which is to further the debate and to act as a prompt for radical policy making and strategic development in UK health and social care. The debate operated under Chatham House Rule, therefore this paper presents information and arguments disclosed in the course of the debate, but the source of that information is not identified.

Core themes

The following six core themes were addressed in the course of the debate and subsequent audience conversation:

1. **Demand and expectations** – it was recognised that increases in life expectancy are resulting in greater and more complex demand for services. Similarly, the expectations from service users and their families were contrasted with a public healthcare system with constrained resources. The discussion highlighted the need for authentic public discussion in relation to agreeing realistic expectations from Northern Ireland's health and care system, and further developing the role of communities in their own care.

2. **Impact of political deadlock** - the absence of an operating Assembly on health and care in Northern Ireland was highlighted as a primary risk. The discussion saw this as impacting both the effective management of the service, and more fundamentally as a risk to the required long-term strategic investment. There was an appetite in the meeting for politicians to put differences aside and prioritise devolved services, including healthcare. Local political agendas must take a back seat on the debate about health and social care.

3. **Priorities for the end of life** - aligned to addressing expectations for effective and appropriate care, the debate highlighted the need to reduce the burden on acute services for those in their last years of life. It was felt that inappropriate and resource-intensive hospital care is too often utilised for those in the last years of life. More comfortable, dignified, and effective care can and should be provided in alternative settings, supported by social dialogue in relation to death.

4. **Delivering population-level interventions** – various views were expressed in relation to the transformational changes required to deliver modern effective care. Particular areas highlighted included the need to develop greater capacity in community and primary care, investing in digital innovation to cope with increasing demand, and focusing on prevention and population health management approaches to support healthy living and targeted interventions.

5. **Financial sustainability** - the debate addressed concerns that the spending trajectory of the Northern Irish health and social care system is unsustainable, with the risk that a cycle of continual funding needs becomes embedded at the expense of innovation. It was asserted that should be tackled by fundamental changes, including savings and investment priorities focusing on workforce development, preventative care, and addressing waste in the system.

6. **Authentic engagement and community voice** – the debate stimulated thought in relation to community development, citizen voice, and public influence over the design and delivery of care in Northern Ireland. Authentic citizen engagement and community empowerment in their own care were seen as core areas required to enable sustainable and credible health and social care.

Commentary from the Future of the NHS in Northern Ireland debate

The commentary below sets out the core arguments arising from the Future for the NHS in Northern Ireland debate. In addition, the paper describes and outlines the set of areas for further consideration, which are deemed necessary to safeguard the future sustainability of the health system in Northern Ireland.

The commentary from the debate can be grouped in three core areas:

1. **Ambition and accountability**
2. **Priorities for change**
3. **Governance and society**

1. Ambition and accountability

Given its more integrated structure, Northern Ireland has a longer history than the other UK nations of encouraging different parts of the health and care system to work collaboratively. Nevertheless, there are concerns that hospital-based care still forms too large a part of service provision, and that community expectations are often tied to the existence of traditional 'brick and mortar' hospital buildings.

The debate addressed the need for care infrastructure to better reflect patterns of clinical care. Hospital reorganisation based on regional functions and specialities was seen as an important opportunity for structural changes to support more effective care delivery. In particular, strengthening networks in emergency care, chronic disease and long-term conditions were discussed as measures to support to the ambition of reducing demand on acute hospital settings, improving care coordination, and supporting research and innovation.

The group highlighted evidence of positive signs across the system in relation to the operation of multidisciplinary teams and elective care centres. However, it was felt that the level of aspiration for care in Northern Ireland is not at the required level. The direction of

travel outlined by the 2016 Bengoa expert panel report presented the opportunity for Northern Ireland to be a "world leader" in health and social care.[3] The debate considered whether the scale and capacity within the system had been developed sufficiently in order to focus on how a radical reform agenda could be implemented in a political vacuum.

A range of views were expressed in relation to a perceived lack of accountability at various levels throughout the health and care system in delivering these ambitions. It was felt that this was particularly pertinent given the absence of a functioning Assembly. Some felt that the Northern Ireland (Executive Formation and Exercise of Functions) Act 2018 has empowered senior civil servants to take important decisions in the absence of Northern Ireland Ministers. However, the implications for the likelihood of risk aversion in relation to long-term investment and true strategic decision-making for health and care were highlighted.

The fragile state of devolution led some to describe a state of stagnation of healthcare in the current context of Northern Ireland. While some saw potential for health and care to be relatively free from political interference, many were concerned by a perceived lack of accountability for the Health and Social Care Board and for Trusts. This was expressed around expectations to develop a system which consistently reaches targets, and has clear implications for underperformance.

Concerns were also raised that the findings and recommendations of expert reports in areas such as social care and mental health are being left awaiting decisions on implementation.[4] However, the debate heard that while the political context is highly challenging for the future of the NHS in Northern Ireland, it is important to develop system-wide solutions rather than awaiting greater political stability to bring about progress.

[3] Systems, not structures: Changing health & social care (2016) - https://www.health-ni.gov.uk/sites/default/files/publications/health/expert-panel-full-report.pdf

[4] Kelly, D. Kennedy, J. (2017) Power To People - Expert Advisory Panel on Adult Care and Support https://www.health-ni.gov.uk/sites/default/files/publications/health/power-to-people-full-report.PDF

A final point was about operating in silos – there is often tendency to do this. It is vital that the different people involved in designing and delivering quality care do so together, and this must be underpinned by strong and effective integrated governance within organisations and between health and social care providers.

2. Priorities for change

Like other parts of the UK, Northern Ireland has struggled to consistently shift care out of hospitals and into communities, and even agreeing expectations is a challenge for the NHS in this area. As outlined above, ambitions to develop and sustain care networks with accountability and transparency for long-term planning and delivery face various barriers and obstacles.

It was asserted during the debate that ambitions to better integrate health and care in Northern Ireland are not new. Plans to ensure that the right services are consistently provided in the right place at the right time have been present for a number of years, as have aims to invest in prevention and early intervention. Many of the priorities expressed throughout the debate related to embedding a sustained momentum for change supported by processes and incentives for collaborative working. It was felt that this appetite for collaboration in Northern Ireland was a necessary precursor to ensuring that the good ideas developed could be delivered in practice.

Specific priorities highlighted included investment in workforce development, preventative care, and addressing waste in the health and care system. In particular, the discussion considered that talking about service change in the absence of clarity around financial costs and the resulting impact, makes it difficult to engage staff and the public in a meaningful dialogue around a better way of delivering services.

There were serious questions raised about NHS spending in Northern Ireland, with further investment at this time being described by some as wasteful and as a perverse barrier to promoting excellence. While new drugs and high-tech solutions are often used to define innovation, many in the debate felt that this form of innovation must be balanced with

more simple changes to efficient and effective ways of working which do not require ever-increasing spending on expensive services. It is only through this balanced approach, that the NHS in Northern Ireland can address the disconnect between public expectation and available resource. Some believed that spending is already "out of control".

Accountable Care Systems built around Integrated Care Partnerships, GP federations, and multi-disciplinary teams were seen as avenues through which this co-production and collective leadership can be brought to bear in Northern Ireland. The sharing of skills and services and more effective management of workforce pressures can be enabled through these integrated models which focus on place-based community needs.

The further development of roles such as physician associates and the more coherent application of allied health professional skills, along with learning from progress with social care apprenticeship career model elsewhere in the UK were recognised as priorities for addressing structural needs are in sustaining the workforce in Northern Ireland. The uncertainty over the impact of the withdrawal of the United Kingdom from the European Union, and the potential impact on an already precarious NHS workforce further emphasised the need for radical and challenging approaches.

While some saw a level of common vision regarding transformation and priorities for change which is permeating further throughout the system, it was highlighted by others that various services and geographical areas are feeling isolated. It was felt that the strategic intent behind the priorities for change in Northern Ireland needs to be better articulated, and more explicitly informed by authentic community collaboration.

3. Governance and society

Much of the debate related to a lack of clarity on where the 'controlling mind' of the NHS in Northern Ireland is located, and the subsequent implications for strategic intent, and public expectations. If the ambitions of an effective and sustainable system are to be achieved, it will be necessary to have newly defined relationships between communities and their NHS.

A key challenge posed in the debate was the need to convert public support for the NHS into a new space. This means moving beyond a sanctified totem seen as a single monolith, towards more collective, local place-based action throughout the public domain. Many contributors agreed that the NHS in Northern Ireland should be something closer to a collective enterprise, negotiated between citizens, neighbourhoods, communities, agencies, leaders, and politicians – so that health and wellbeing becomes something different which is not provided by a system, but co-produced in society.

This shift is closely related to the move away from what was described as reaction-driven hospital-based care without authentic patient involvement. More fundamentally however, the discussion covered the need for communities to be much more involved, and to take greater responsibility in their own care and in defining their expectations of the NHS.

Incentives and support for communities to take greater ownership of their own health and wellbeing were recognised as fundamental areas for development. These measures ranged from enabling physical activity as part of daily life through the built environment such as bike-friendly transport routes, to utilising technology in self-management and enablement tools, and converting homes into technologically enabled monitoring environments. The responsibility of citizens taking action to support their own health and wellbeing was discussed as a core aspect of a sustainable NHS which avoids the pitfall of a spiralling spending trajectory which does not deliver effective outcomes.

The role of community and political leaders in facilitating these potentially difficult conversations was seen as paramount to delivering successful system change. The public perception of terms such as 'transformation' and 'reconfiguration' were too often associated with cuts to services.

The debate heard that for authentic engagement and collaboration to take place, politicians and community leaders had to support NHS colleagues and citizens to take part in conversations rather than merely exchanging information without transparency over the consequences for decision-making and the use of public resources. Only by having the public as part of decision-making processes and actively involved in the difficult decisions would the necessary radical changes be enabled.

The long-term viability of the NHS in Northern Ireland as a free at the point of need service also formed part of this discussion. It was felt that a new relationship with the NHS should focus on public education to support a better understanding of the true cost of healthcare. Enabling the public to understand the actual costs of health interventions would help to shape behaviour and expectations from the service. These behavioural change ambitions varied from reducing 'did not attend' rates in primary care, to encouraging better diet and physical activity.

Priorities for the end of life and the expectations of the NHS were aligned to addressing expectations for more effective and appropriate care. It was felt that reducing the burden on acute services for those in their last years of life requires society to engage with difficult discussions in relation to death, beyond a default position of intensifying health service interventions at end of life.

The interaction of public, private, voluntary and community sectors in the delivery of high quality care was seen as a crucial part of this debate. In particular the voluntary and

community sector role in filling gaps in service provision, and providing essential support to the NHS was recognised in building capacity and developing long-term assets in communities.

Contributors felt it was important to emphasise the need for Boards and leaders to reflect on whether they are asking themselves the right questions in light of the governance implications of enabling a renewed public relationship with the NHS. Rather than a projection outward, NHS Boards in Northern Ireland were encouraged to explore their collaborative impact and influence in partnership with the communities they serve.

The governance approach of the King IV report was commended in this regard as placing the importance of community relationships as central to effective and modern governance arrangements.[5] The NHS in Northern Ireland must be prepared to take risks and must consider innovation in a productive way. The importance of governance should be recognised as an opportunity that communities can grasp at a local level, to facilitate productive risk taking, authentic engagement, and as a resource to navigate radical change.

[5] Good Governance Institute (2018), King IV for Health and Social Care - https://www.good-governance.org.uk/services/king-iv-for-health-and-social-care/

Areas for further consideration

Change is required in order to achieve effective health and wellbeing for communities in Northern Ireland. Areas for further consideration are described below which have been informed by the discussion outlined in this paper. These are intended to act as prompts for radical policy making and strategic development in health and social care.

Political leadership - Northern Ireland has the potential to be a 'world leader' in health and social care. This potential must not be supressed by a dysfunctional political landscape. Political stakeholders in the future of health and social care from all backgrounds must make rapid progress in sustaining a cross-party and cross-community commitment to the delivery of modern integrated care.

Funding – Waste is an issue which must be resolved. One of the bolder ideas to come from the meeting was that waste must be removed from the NHS before more money is invested in services. Adequate levels of funding must be matched by innovation and the ability to identify and reduce waste in the system.

The role of Boards - Boards and leadership teams in the NHS in Northern Ireland need to reflect on whether they are asking themselves the right questions in order to bring about the required changes, and whether they are collaborating effectively with diverse system partners.

Authentic engagement - communities and citizens need to be supported to authentically engage in their own care, and in the design of their NHS. Turning the focus of a future NHS away from a hospital-based delivery system requires co-production based around community contribution to a sustainable health and care system.

Expectations of the NHS - politicians and community leaders have to help bring about potentially difficult conversations in society. Developing a health and care system which is equipped to deal with complex care needs requires collaboration with communities in their

own care, and more active participation in recognising the resource constraints of a public health service.

Mental health - despite Northern Ireland's high mental illness rates, the proportion of the health budget that is given to mental health remains the lowest in the UK. Funding must be prioritised to provide more effective care for mental health patients in Northern Ireland, and to deliver a transformed mental health service.

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