Systems not Structures: shaping the future of health and social care in NI

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Systems not Structures

• This paper will cover:

• Context of health and social care in NI
• Principles for reform
• Delivery of reform
Systems not structures

- Northern Ireland population 1.8 million
- Health and Social Care integrated since 1972
- Health and Social Care accounts for £4.6 Billion or 46% of the entire budget.
- Systems for delivering health outcomes fragmented
- Resources tied up in acute care which would have greater impact elsewhere.
- Striking and growing health inequalities.
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In common with countries across Western world attempts to transform care in context of:

• Increasing demands
• Growing population
• Ageing population
• Increasing co-morbidities
• Shrinking resources
• Technological advances
• Rising patient expectations
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Broad political agreement that a need to embrace transformation and create a modern sustainable service. Although review fatigue reviews have created a context for change.
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- System at breaking point and unsustainable
- Budgetary requirement set to double by 2026
- Resources concentrated in acute sector
- Striking and growing health inequalities
- ED struggling to meet demand
- Waiting lists highest in UK
- Cannot fund innovation due to fire fighting
- Heavily reliant on locum and agency staff
The Bengoa Report made 14 recommendations based on a new model of care.

**Quadruple aim**
- Improving the patient experience of care
- Improving the health of the population
- Achieving better value
- Improving life of those who deliver care
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- Accountable care systems linked to population care planning needed to improve outcomes for patients.

- Elements of this already exist in ICPs and GP federations.

- Those who provide care enabled to take responsibility for a given population with a capitated budget linked to population based outcomes.

- Change must be evidence-base, clinically led resulting in better outcomes for patients.
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• Health and Wellbeing 2026
• New model of care and new way of working
• Person-centred
• Focused on prevention
• Early intervention
• Supporting Independence
• Co-production and co-design
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Departmental Report 4 areas of change.
Build capacity in communities
Provide more support in Primary Care
Reform community and hospital services, only those needing acute care in hospital
Emphasis on working together and planning and management of new HSC services
Focus on integration, improvement and collaboration
Real time evaluation to assist policymakers
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WE know the WHAT but HOW is key question.
• Research reveals the following are predictors of success
• Shared vision between clinicians and administrators
• Strong leadership committed to quality
• Routine measurement of quality and costs of care
• Emphasis on primary care and integration
• Evidence based care linked to performance based management
• Rapid evaluation of new ways of working
• IT systems that support and facilitate
POLICY LEVEL PERSPECTIVE

DIFFERENT SYSTEMS : SAME POLICY INTENT

- GET BEYOND FRAGMENTATION OF CARE.
- MOVE TO SYSTEM MANAGEMENT/INTEGRATED CARE
- TARGET BETTER CHRONIC CONDITIONS MANAGEMENT
- IMPROVE PATIENT–CENTEREDNESS & EMPOWERMENT
- MOVE TOWARDS POPULATION HEALTH MANAGEMENT.
- EXPAND USE OF INFORMATION AND COMMUNICATION TECHNOLOGY .
- EXPLORE AND ADAPT OUTCOME BASED PAYMENT MODELS TO ENCOURAGE VALUE VERSUS ACTIVITY
MANAGE INTEGRATED “SYSTEMS” RATHER THAN MANAGING STRUCTURES
NEED TO MANAGE TWO AGENDAS SIMULTANEOUSLY

- REINFORCES A “RESIST” CULTURE
- DOES NOT CHANGE MODEL OF CARE
- SOME LOW HANGING FRUIT STILL AVAILABLE (WASTE)

&

- LAUNCHES A TRANSFORMATIVE CULTURE
- REACH UP FOR THE HIGH HANGING FRUIT
- TOUGH BUT DOES CHANGE THE MODEL OF CARE
- ENGAGE ALL RELEVANT ACTORS
SYSTEM FRAMEWORKS

MODELS/FRAMEWORKS WHICH HELP TO WRAP AROUND ALL KEY ELEMENTS.

- FRAMEWORKS WHICH PROVIDE A “SYSTEM” PERSPECTIVE

- BEING USED BY BOTH GOVERNMENTAL & CORPORATE SECTOR

Diagrams and text elements are visualized to convey the concepts related to systems frameworks in medicine, population health, and efficiency.
Management “Arsenal” for Transformation

! ALL INTEGRATORS !

- Electronic Medical Record
- Electronic prescription
- Digital Health/Telemedicine
- Risk Stratification
- New payment models
- Integrated care
- Coordination Health & Social Care
- New professional roles (nursing)
- Patient Empowerment (self-management)
- Third sector Engagement
- Patient pathways
- Engagement of health professionals
- New forms of distributive/facilitator leadership.
So, what is stopping us from a systematic move to integrated care?
Policy Stream Convergence

Problems

Proposals

Policy Window

Politics ?
ENGAGING POLICY MAKERS STREAM

Politically

• Hard rationalizing hospital infrastructure

• Hard shifting resources to community/PHC

• Hard to integrate health & social care
INTEGRATORS According to Political Risk

MORE RISK

- Shifting Resources to community and PHC
- Hospital infrastructure rationalization
- Health & Social Care integration
- New value based payment models

LOW RISK

- EMR
- Risk stratification
- Digital Health
- Integrated Pathways
- Engaging professionals
- Empowering patients
- Less top down leadership

MANAGING POLITICAL RISK
INTEGRATORS ACCORDING TO POLITICAL RISK

MORE RISK
- Shifting Resources to community and PHC
- Hospital infrastructure rationalization
- Health & Social Care integration
- New value based payment models

LESS RISK
- EMR
- Risk stratification
- Digital Health
- Integrated Pathways
- Engaging professionals
- Empowering patients
- Distributive leadership

EXPERIMENT

REAL TIME EVALUATION

LOCAL ACCOUNTABLE HEALTH SYSTEMS

MANAGING POLITICAL RISK

DO IT

ENGAGING POLITICIANS

OBJECTIVE: GET BEYOND POLITICAL CYCLES: REFORMS NEED TIME.

- BUILD A BURNING PLATFORM. SCENARIOS (WHY REFORM).
- BRING ALL POLITICAL GROUPS TOGETHER – GET AGREEMENT ON THE BURNING PLATFORM
- AGREE 12–13 PRINCIPLES – E.G. COLLABORATION RATHER THAN COMPETITION, SOME RATIONALIZATION REQUIRED, ATTACK WASTE, DRIVE TOWARDS HEALTH & SOCIAL INTEGRATION, INTRODUCE VALUE BASED CARE….
- LAUNCH A NATIONAL/INTERNATIONAL TECNICAL PANEL
- ENGAGE ALL STAKEHOLDERS. ESPECIALLY INCLUDE CLINICIANS, NURSING AND SOCIAL CARE
- RE–ENGAGE POLITICAL INTEREST WHENEVER POSSIBLE
- ENGAGE PARLIAMENTARY COMITTEE ON HEALTH
- SEEK GOVERNMENT COMMITMENT TO THE MAIN RECOMENDATIONS
- ENSURE A TRANSFORMATION FUND & DECIDE ON A TRANSFORMATION TEAM
- GO FAST
MORE RESOURCES & TRANSFORMATION

MORE RESOURCES & NO TRANSFORMATION

NO RESOURCES & TRANSFORMATION

NO RESOURCES NO TRANSFORMATION

! IMPLEMENTATION !

SI-HEALTH 2016
Conclusions

• Enormous pressures on healthcare systems worldwide.
• Healthcare complex with large number of stakeholders
• Reform is medium to long term (10 years)
• Need to develop a favourable policy environment
• Financial systems aligned to outcomes
• Shared leadership
• Top –down and bottom- up
• Need to find balance between managing in austerity and transforming
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