

Key Facts

TYC proposed a programme of **99** proposals for change to health social care

Estimated Gross Cost of TYC reforms of
£148 million

£40 million actually spent on TYC reforms

£130 million expected benefits to be realised by reforms

£28 million benefits actually realised by TYC reforms

£83 million intended reallocation of resources from secondary care to primary/community by March 2016

£65.4 million reallocated at March 2016 – expected to reach **£80 million** by March 2018

£126 million of Departmental Capital Funding for new Health & Care Centres in Banbridge, Ballymena and Omagh

£80 million Third Party Development cost of new Health & Care Centres in Lisburn and Newry - Ministerial Directions were given for this expenditure

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Management of the Transforming Your Care Reform Programme

1. In common with countries across the developed world, the Department of Health (Department) has been striving to transform how it delivers and manages health and social care in Northern Ireland to meet population needs. The context within which it does so includes: increasing demands placed on these services by an ageing population (often living with a number of chronic conditions); constrained resources; technological advances; and rising patient expectations.
2. In 2011, a review of health and social care delivery¹ set out an ambitious vision for health and social care services under *Transforming Your Care* (TYC) which aimed to respond to the many challenges these services faced. As initially envisaged, a reform programme to deliver the model of care set out in TYC was to take place over a five year period. TYC was to act as a beacon, setting out a shared view on how services would need to change and what models of care would be required to meet the vision of everyone living longer, healthier lives, where home would become the “hub” of the health and social care services they receive.
3. Given the time taken to identify and consult on the range of service changes required, full implementation of the transformation programme did not commence until March 2013. Indeed, the scale and complexity of the task TYC set itself is not to be underestimated. As

far back as 1993², Peter Drucker, often described as the founder of modern management, concluded that healthcare organisations are the most complex form of human organisation ever to be managed. According to Drucker, this complexity derives from, among other things, the confluence of professions (e.g. general practitioners, nurses, hospital consultants, pharmacists and administrators) and other stakeholders (e.g. patients and government) who may often have seemingly incompatible interests, perspectives and time horizons.

4. In addition to funding constraints and the need to satisfy a growing demand for health and social care, the challenges these relationships present to health and social care leaders have also been exacerbated by other initiatives in the sector: for example, the constant and immediate pressure Health and Social Care (HSC) Trusts face to meet waiting time targets and to manage their finances in the face of potential deficits - both of which can be barriers to the reallocation of resources across sectors or allocating resources in areas which are perceived to have major care deficits.

Key Messages

5. The evidence brought together in this report identifies a range of ways in which health and social care bodies have sought to improve outcomes and deliver better value services for patients under TYC. Making better use of available data on local health and

1 *Transforming Your Care: A Review of Health and Social Care in Northern Ireland*, Department of Health, Social Services and Public Safety, December 2011

2 *The New Realities*, Peter Drucker, 1993

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social care needs, these initiatives have involved changes in clinical practice so that care is provided more appropriately and in more co-ordinated ways: for example, the use of reablement services³ has allowed £7 million to be redirected to support the management of demand for domiciliary care services; fewer hospital beds have been required as a result of changes in the rehabilitation of those suffering from strokes; and further inroads have been made in developing community based mental health services.

6. Despite the progress made in developing locally based services and revising how core elements of health and social care services are delivered, the impact of TYC overall has been more limited and the pace of change not as swift as originally envisaged. In January 2016, commenting on our *General Report on the Health and Social Care Sector 2012-13 and 2013-14*⁴, the Public Accounts Committee (PAC) said: *"Transforming Your Care is heralded as the great transformational saviour for health and social care, but the pace of change has been at best mediocre."* This reflects the fact that, while each individual example of change may be impressive on its own (see **Appendix 2**), scaling up the new models of care has proved challenging in the face of rising demand. In addition, as referred to at paragraph 3, there was a delay in the full implementation of the TYC programme due to the work required to identify and consult on the service changes involved.

7. TYC's most substantial financial proposal – the reallocation of £83 million of resources from secondary care to the primary and community care sectors - was originally planned to take place between 2012-13 and 2015-16. However, as implementation of the transformation programme did not begin until March 2013 due to the work involved in defining and consulting on the specific service changes required, only £65 million had been reallocated between the sectors by 2015-16. The Department's current forecast is that this will rise to £80 million by March 2018.
8. Realisation of the benefits which TYC was designed to deliver and when they would be delivered has also posed a difficult challenge for the Department. While we found that the Department and its partners have demonstrated a clear commitment to managing the realisation of the benefits of TYC in terms of improved patient outcomes, a precise action plan had not been established at the outset of the programme setting out clear measurable aims and objectives together with an appropriate set of performance indicators for assessing its performance. The Department told us that the complexity of the relationships between the various health and social care stakeholders involved had impeded the development of a profile for the delivery of improved patient outcomes.

3 Reablement encourages independence, with the aim of helping to avoid unnecessary admissions of older people into hospital. It also provides a range of support services required to help older people return to their own homes following a stay in hospital, an accident or other care crisis.

4 Northern Ireland Assembly, Public Accounts Committee, General Report on Health and Social Care Sector 2012-13 and 2013-14, published 20th January 2016

9. The lack of progress towards meeting the aims of TYC was also highlighted in the Donaldson Report, set up by the Department in 2014 to take a fresh look at governance arrangements across the health and social care sector. In terms of TYC, the review called for a new, costed, timetabled implementation plan and a greater involvement of Community Pharmacists and NI Ambulance Service staff in the new service models.

Conclusion

10. In our view, the Department's focus on transformation is welcome and we recognise that TYC has provided a shared vision for the reform of health and social care services which patients, carers and health professionals can unite behind. Although not as large-scale as intended, many TYC initiatives have been successfully implemented. Given the scale of the challenge that the health and social care sector faced, this is not an inconsiderable achievement. Reforms could not have been accomplished without the commitment and effort of many health and social care staff, supported by the Department and the Health and Social Care (HSC) Board.
11. However, while progress towards better service provision has been made under TYC, in our view there is huge opportunity for further improvement. Following the lead given by the Donaldson Report, we consider there is a clear and compelling case
- for the Department to build on the foundations established by TYC by developing a clear strategy to guide the implementation of change. In this regard, the Department has recently established a series of initiatives which offer good grounds for optimism that more progress can be made and that the pace of implementing the vision set out in TYC can be accelerated.
12. Significantly, in January 2016, the Department appointed a clinically focused expert panel⁵ to lead the debate on the best configuration of health and social care services for Northern Ireland. The panel's report⁶ was published alongside the Department's vision⁷ for future health and social care delivery in October 2016. The panel expressed its confidence that the capability exists within the integrated workforce to deliver on reform but has pointed out that it considers the health and social care system here faces a further eight-to-10-year period in which to build on and realise the aspirations originally set out in TYC. In our view, moreover, this optimism must be weighed against daunting objectives, set out in successive HSC Board annual Commissioning Plans, that Trusts will achieve financial balance, secure considerable efficiency savings and recover performance against key targets.
13. Transformational change of the kind set out in TYC will almost invariably require adaptability and flexibility as it is implemented. Leadership of the

5 The Panel was chaired by Professor Rafael Bengoa who has practiced as a doctor for seven years in both hospital and primary care. From 2009 to 2012, he was Minister for Health and Consumer Affairs in the Basque Government in Spain and during that time implemented a transformation of the region's health service during a period of even harsher austerity than we now face in Northern Ireland.

6 *Systems, Not Structures: Changing Health and Social Care*, Expert Panel Report, Department of Health, October 2016

7 *Health and Wellbeing 2026 – Delivering Together*, Department of Health, October 2016

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highest order is, therefore, needed to ensure that, as transformation moves into the post-expert panel phase, it avoids the pitfalls that have hampered progress under TYC in terms of creating and sustaining the implementation capabilities required to take forward the new strategy. In doing so, there are a number of key challenges to be faced.

Key challenges

14. ***Developing a clear action plan for transformation:*** Leaders within the health and social care services need to match resources to the vision established by TYC and to find more effective ways of turning the vision into practice. Designing a coherent short and longer-term strategy for implementing transformation, focussing on the objective of accelerating change through supporting front-line staff, is a daunting one for any industry, especially the health and social care system which is among the largest and most complex industries there is. However, this task has to be faced now, as the implications of not facing it are already well sign-posted.
15. ***Models of care which centre on patients will have implications for workforce planning:*** Self-care has the potential to reduce the burden on health and social care professionals and make the most appropriate use of their skills, as well as improving patient outcomes. With much of the health and social care budget spent on staff, exploring ways of using the workforce differently is likely to assume growing importance. From our review of transformation to date, it seems clear that the health and social care system of the future will require staff who are team players and who are able to adapt their skills to changing patient needs. This will enable care to be provided by staff who have the most appropriate skills, allowing the most senior and qualified staff to perform only those functions that cannot be better undertaken by others.
16. ***There is a clear need to build on experience and evidence:*** Even for the high-level analysis undertaken in this report, we found it difficult to find early evidence on the progress and impact of many of the recent initiatives under TYC. This is not surprising as the field of evaluating such interventions is beset by methodological issues, such as the attribution of impact to discrete interventions when there is almost always a range of policy and practice-oriented activities taking place simultaneously. We recognise that it is a massive undertaking to gather, sort and analyse the admittedly uneven evidence base, however, we consider that the sensitive use of available evidence can guide providers towards those interventions which show the greatest potential for success and help increase the pace of change.
17. ***Funding needs to be focused on new community-based models:*** TYC has faced considerable difficulty in releasing funding from the acute sector to increase

investment in primary and community care as a result of the growing demand on existing services. While there is considerable potential to release finance already in the health and social care system, some short-term, pump priming funding has also been seen as necessary, from the outset of TYC, to help achieve the scale of service reconfiguration required. To date, TYC has not received dedicated funding to support the change agenda and this has undoubtedly hampered the reform process. However, in March 2016, the Department announced the creation of a ring-fenced £30 million Transformation Fund to be invested in health and social care projects/initiatives focused on innovation, prevention and collaboration. It is hoped that this one-off investment will add further stimulus to the implementation of the vision set out in TYC.
