

Transformation: The only way!

Mr Mark Taylor



#SLTsdeliver

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“Time for Change”

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BREXIT NEW 50p





Malnutrition epidemic: Thousands eat so badly they're dangerously undernourished (...and hospital makes it WORSE)

By JEROME BURNE
Last updated at 8:49 AM on 27th October 2009

Comments (6) Add to My Stories

When Gill Reynolds came round from an operation on her colon last year, she was astonished to be told she was seriously malnourished.

'Although I'd lost about a stone, I didn't look particularly thin - but the surgeon said I had malnutrition.

My blood count was very low, which meant I hadn't been getting enough energy and nutrients,' says Gill, a 61-year-old retired office worker. 'I just couldn't believe it.'



Malnutrition is a word we usually

Radio Producer



Sports Technologist

Find out what your child could do with a science and

WA's WORST DOCTOR BANNED

Sunday Times INVESTIGATION

THE CASE THAT SHOCKED MEDICAL AUTHORITIES - EXCLUSIVE REPORT BY TODD CARDY PAGES 4-5

WHY AUSTRALIA IS GREAT FREE MAMMOGRAPHY CONFRONTS GAY BURNHOURS P57

BRING THE IMAX EXPERIENCE HOME

Prior fears over doctor

By TODD CARDY

disgraceful surgeon



Victim 'can't trust doctors'

Judge's ban on

Women betrayed

More than 100 alleged victims

Doctor admits to numerous charges of misconduct

WA's WORST DOCTOR BANNED

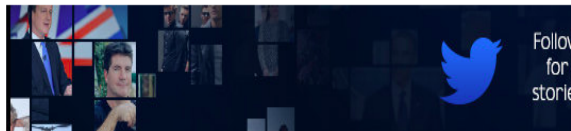
EXCLUSIVE BY TODD CARDY

Doctor's case kept a secret

Second doctor under scrutiny

EXCLUSIVE BY TODD CARDY

Another rural doctor's surgery facing closure



The global elderly explosion: Number of old people is rising faster than ever - and will DOUBLE in 30 years

Report: Some 8.5% of people worldwide - 600m - are now aged 65 or over

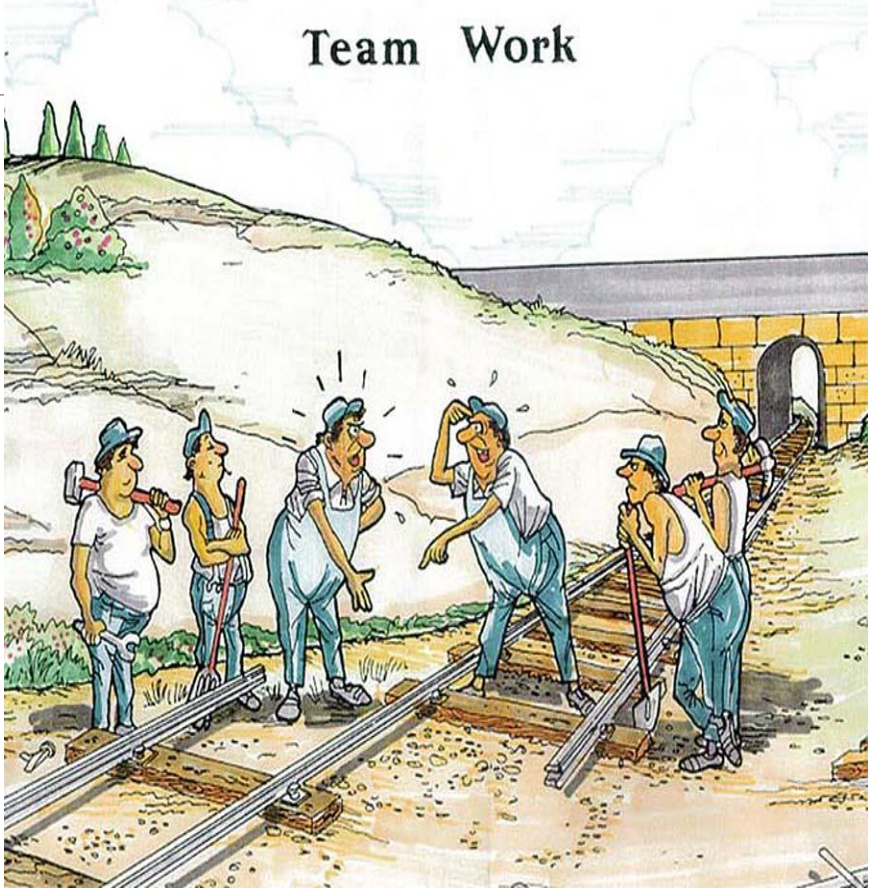
NHS A&E crisis: Planned surgeries cancelled across Northern Ireland in bid to cope with hospitals' emergency

400,000 stuck on NHS waiting lists in Northern Ireland

SDLP and UUP slam Health Minister as figures hit highest level in 15 years



Team Work



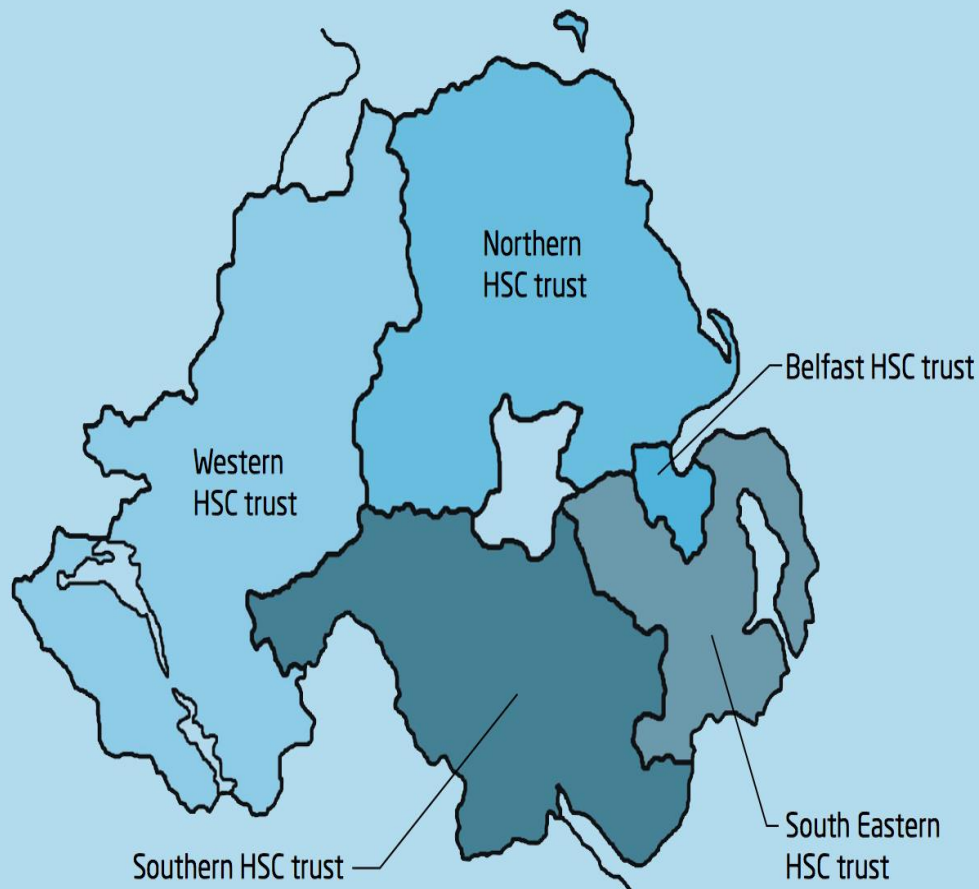
Northern Ireland

Population: 1.8 million

Integrated: 1973
(Green paper 1969)

Devolution 2007

RPA 2009



Pre-2007

Department of Health (DHSSPS)

Commissioning

4 health and social service boards

Delivery

11 community health and social services trusts
7 hospital trusts
1 ambulance trust

Public involvement

10 specialist service bodies
eg, Mental Health Commission
4 health and social service councils

Post-2007

Department of Health (DHSSPS)

1 health and social care board
5 local commissioning groups

5 health and social care trusts
1 ambulance trust

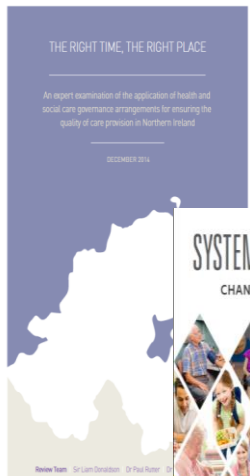
8 special bodies
Public Health Agency
1 patient and client council

REVIEW FATIGUE

- 1973 The HPSS (NI) Order provided for the establishment of four Health and Social Services Boards, responsible for administering and arranging provision of services.
- 1989 A Government white paper introduced the concept of an internal market. In Northern Ireland, this led to the establishment of 19 Trusts.
- 1998 Fit for the Future proposed the abolition of the internal market with commissioning decisions taken as close as possible to patients and clients and centred on primary care.
- 2001 The Acute Hospitals Review suggests the establishment of a single Strategic Health and Social Services Authority to replace the four HSC Boards. It also recommends moving to a service with one hospital.
- 2002 Developing Better Services supports the idea of reducing the number of HSC organisations, including the creation of a single regional authority. Also recommends that Health and Social Care Groups (LHSCOs) should be brought together.
- 2002 ORB (Operating Review) Arrangements for LHSCOs, as committees of four HSCOs, are put in place to assess need and design services. 15 are in place by 2005.
- 2005 The Appleby Review focuses on the need for rigorous performance management and greater incentivisation of strong performance.
- 2007 The then Minister decides against a regional Health Authority. Instead, he confirms the creation of 5 new integrated Trusts, 5 Local Commissioning Groups, a smaller Health and Social Care Board focused on commissioning, financial and performance management, and a Public Health Agency.
- 2011 Transforming Your Care sets out a broad new model of care, moving away from hospitals and into primary, community and social care services. Recommends 5-7 hospital networks
- 2014 Sir Liam Donaldson endorses the policy behind TYC but recommends the appointment of an impartial panel of experts to deliver the right configuration of HSC services.
- 2015 Following the Donaldson report and an internal review of commissioning, the then Minister launches a consultation on a review of the HSC administrative structures. The review recommends abolition of the HSCB.
- 2016 The appointment of an international expert panel to develop a clinically informed model for the future configuration of health and social care.



Transforming Your Care



THE RIGHT TIME, THE RIGHT PLACE

An expert examination of the application of health and social care governance arrangements for ensuring the quality of care provision in Northern Ireland

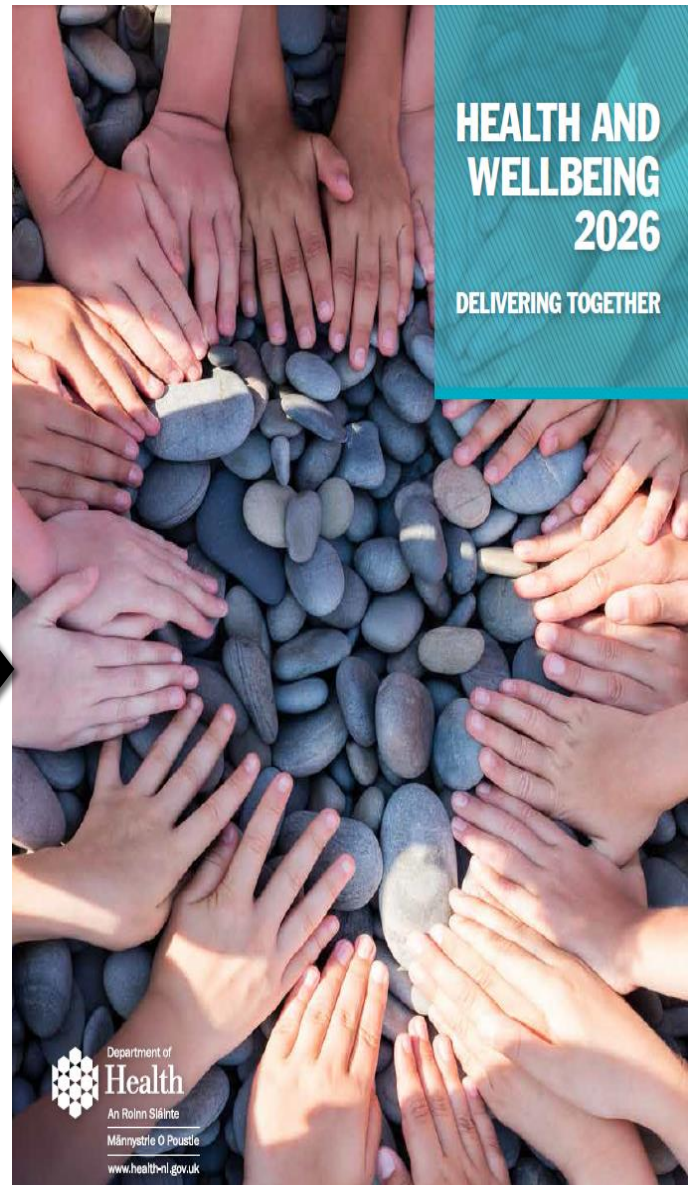
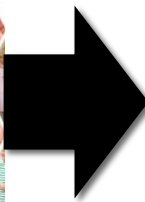
OCTOBER 2014

Review Team: Sir Liam Donaldson, Dr Paul Foster



SYSTEMS, NOT STRUCTURES:
CHANGING HEALTH & SOCIAL CARE

Expert Panel Report



HEALTH AND
WELLBEING
2026
DELIVERING TOGETHER

Department of
Health
An Roinn Sláinte
Máinistire O Poblacht
www.health-ni.gov.uk



SYSTEMS, NOT STRUCTURES:

CHANGING HEALTH & SOCIAL CARE



Expert Panel Report

Expert Panel Remit and approach

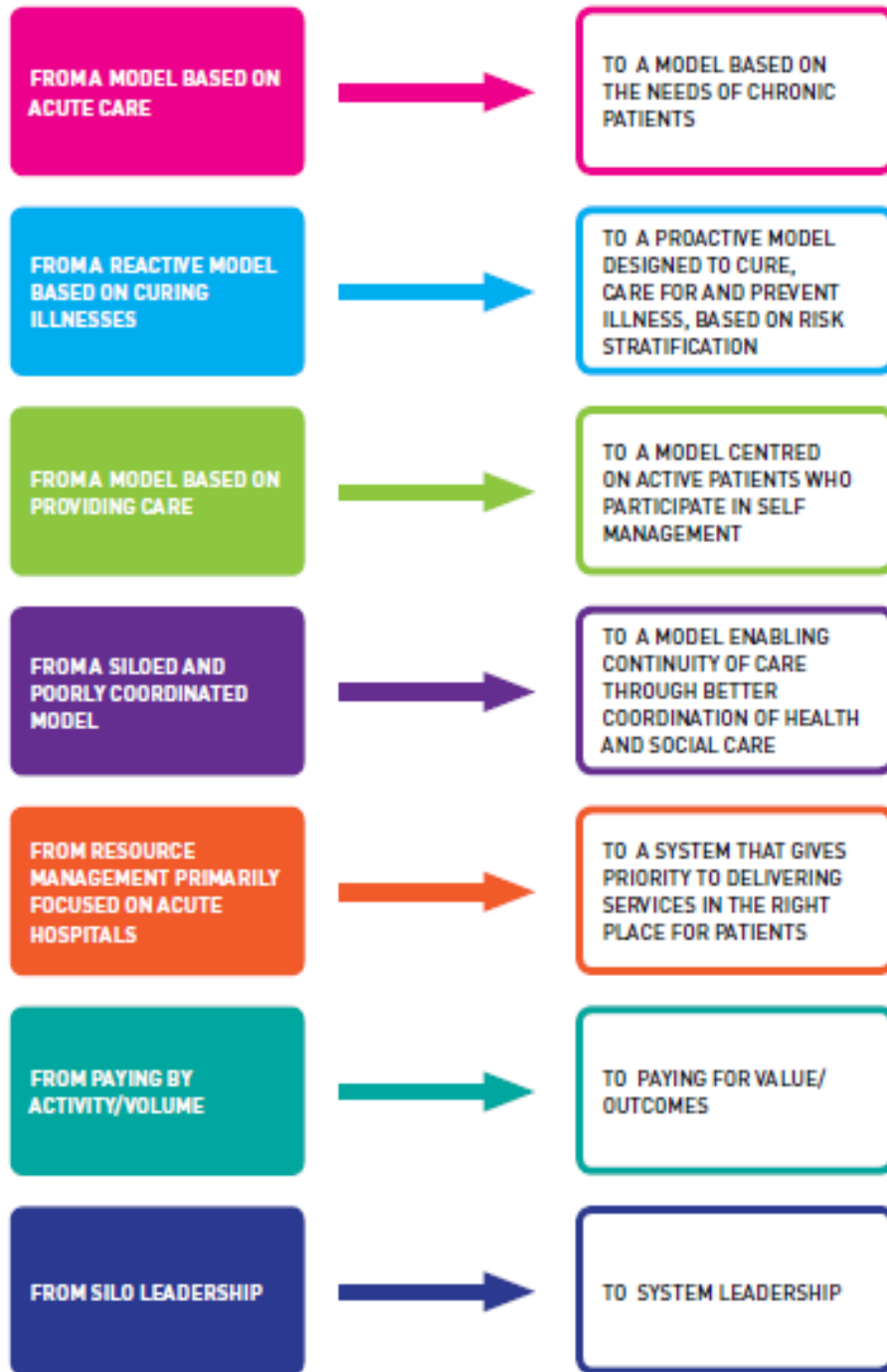
- Lead the debate on optimal configuration of HSC in NI
- Clinically led process
- Following Donaldson Report
- Local, national and international expertise
- Political engagement



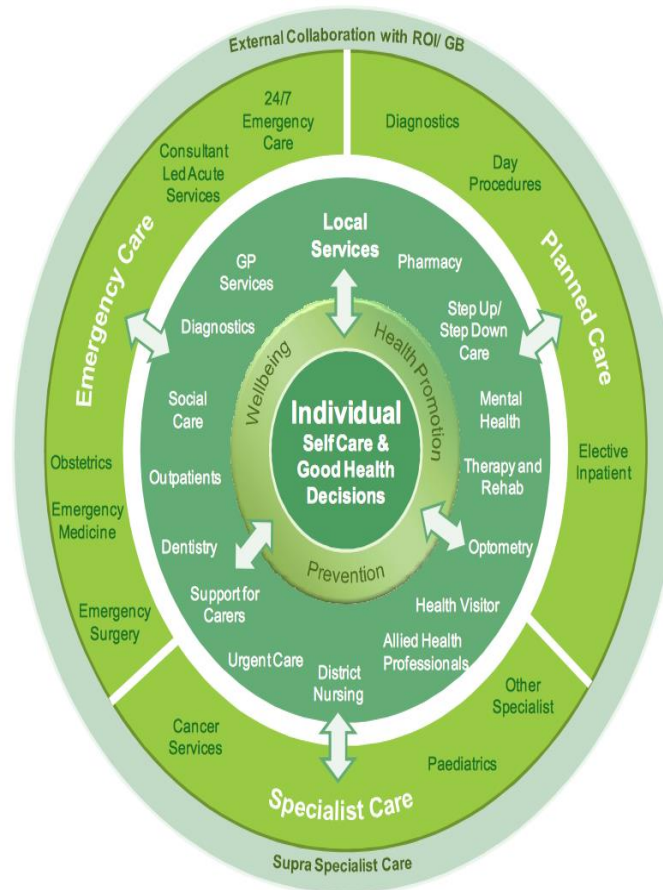




The HSC model proposed by the Expert Panel

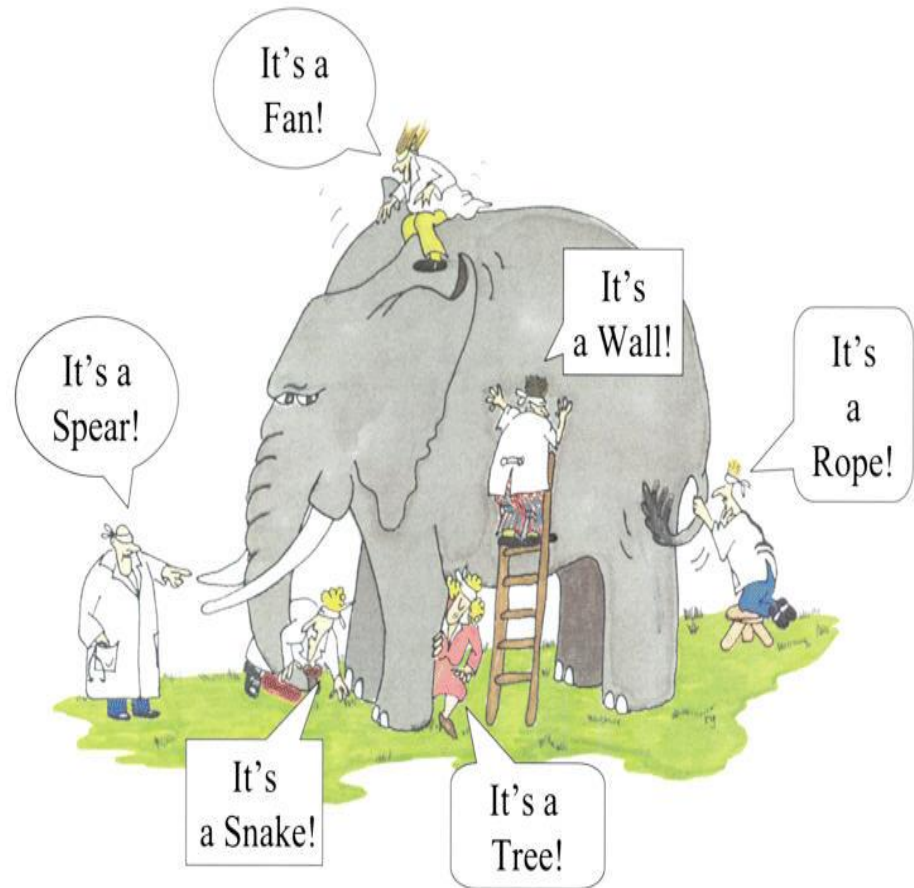
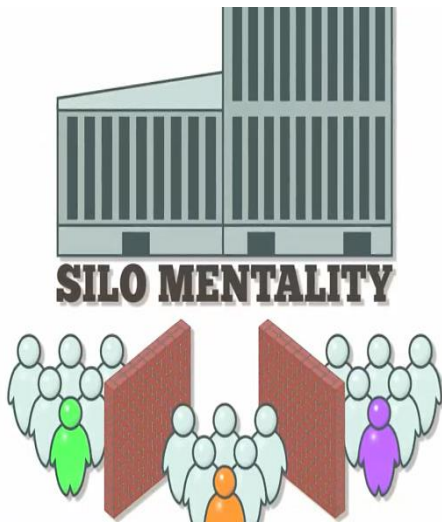


The system should adopt a population health and well-being model [Proactive]



TYC 2011

The system should be collaborative, not competitive.



Patients should be active participants in their own care, not passive recipients.

Co-Production

Patient Engagement & The Primary Care Physician *The Quest for the Holy Grail*

*A Patient-Centered Strategy for
Engaging Patients*

Written by Stephen Wilkins, MPH
President and Founder
Smart Health Messaging

April 2012



Only people who are acutely unwell need to be in a hospital



Technology should be adopted where it can support and enable transformation

Information for direct patient care

Reduction in paper-based records

Patients using tech to improve their own health – internet, social media, wearables, telemedicine, etc.

Analytics for better outcomes – individual & population

Transformation of processes of healthcare delivery

Interoperability – driving innovation & quality, reducing duplication & data silos; an ecosystem of developers



Encompass



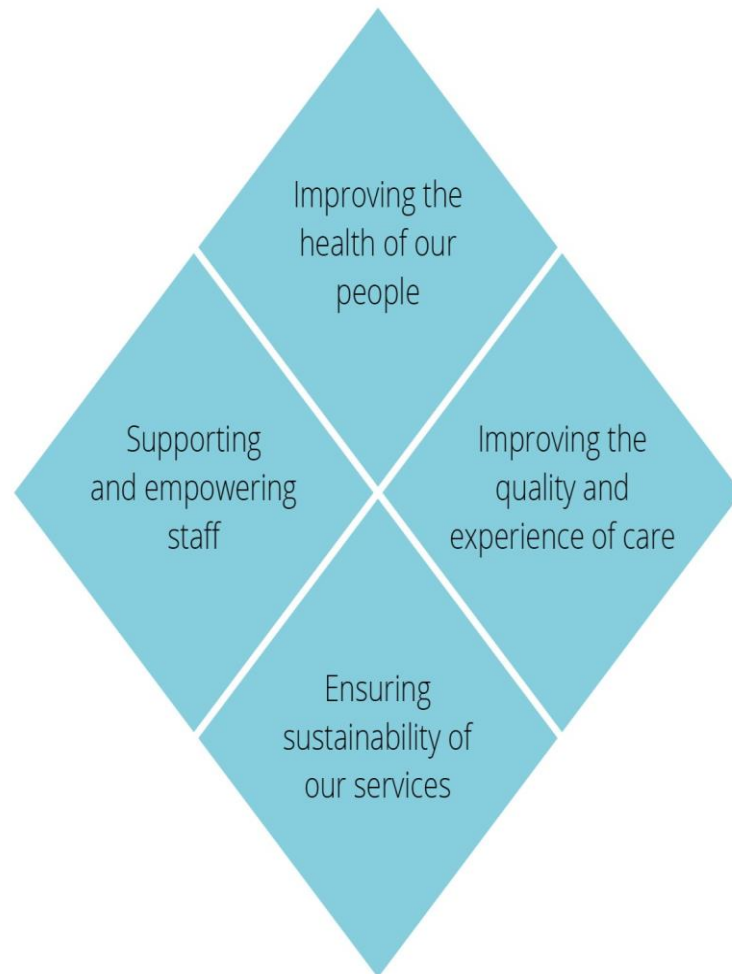
CERNER

CHIPSOFT

EPIC

MEDITECH

Delivering Together: The Ambition



Quadruple Aim



Management of Symptoms in Palliative Care

The Role of Specialist Palliative
Care Allied Health Professionals

March 2018

HSC Collective Leadership Strategy

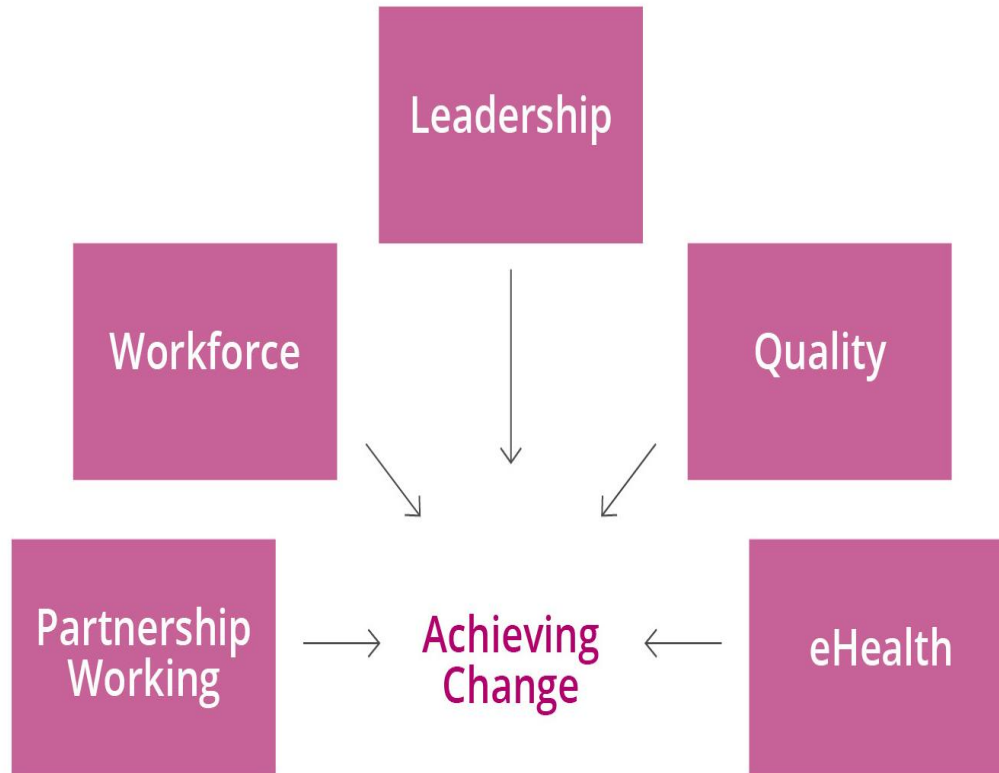


Health and Wellbeing 2026: Delivering Together

What does good look like?



How we will deliver?



Priorities and Action

Governance and system leadership in place

Multi-disciplinary
Teams in Primary
Care

Community
Development
Approaches

Regional
Improvement
System

HSC Collective
Leadership
Strategy

HSC Workforce
Strategy

PPI and Co-
production
Approaches

Elective Care
Centres

Stroke Services

Diabetes Service

Innovative transformation & improvement
initiatives happening across HSC system every day,
improving outcomes for people



Build capacity in community and prevention



Enhancing support in primary care



Reforming community & hospital services



Organising ourselves to deliver

- **New Community Development Framework**
 - Coproduced with community and third sector groups
 - Ongoing process of refinement
 - Published



- Multi-disciplinary working in primary care - new model agreed Pilots Derry/Down
- Development of new roles
 - Practice Based Pharmacists
 - **Speech and Language Therapists**
 - Physician Associates
 - Advanced Nurse Practitioners

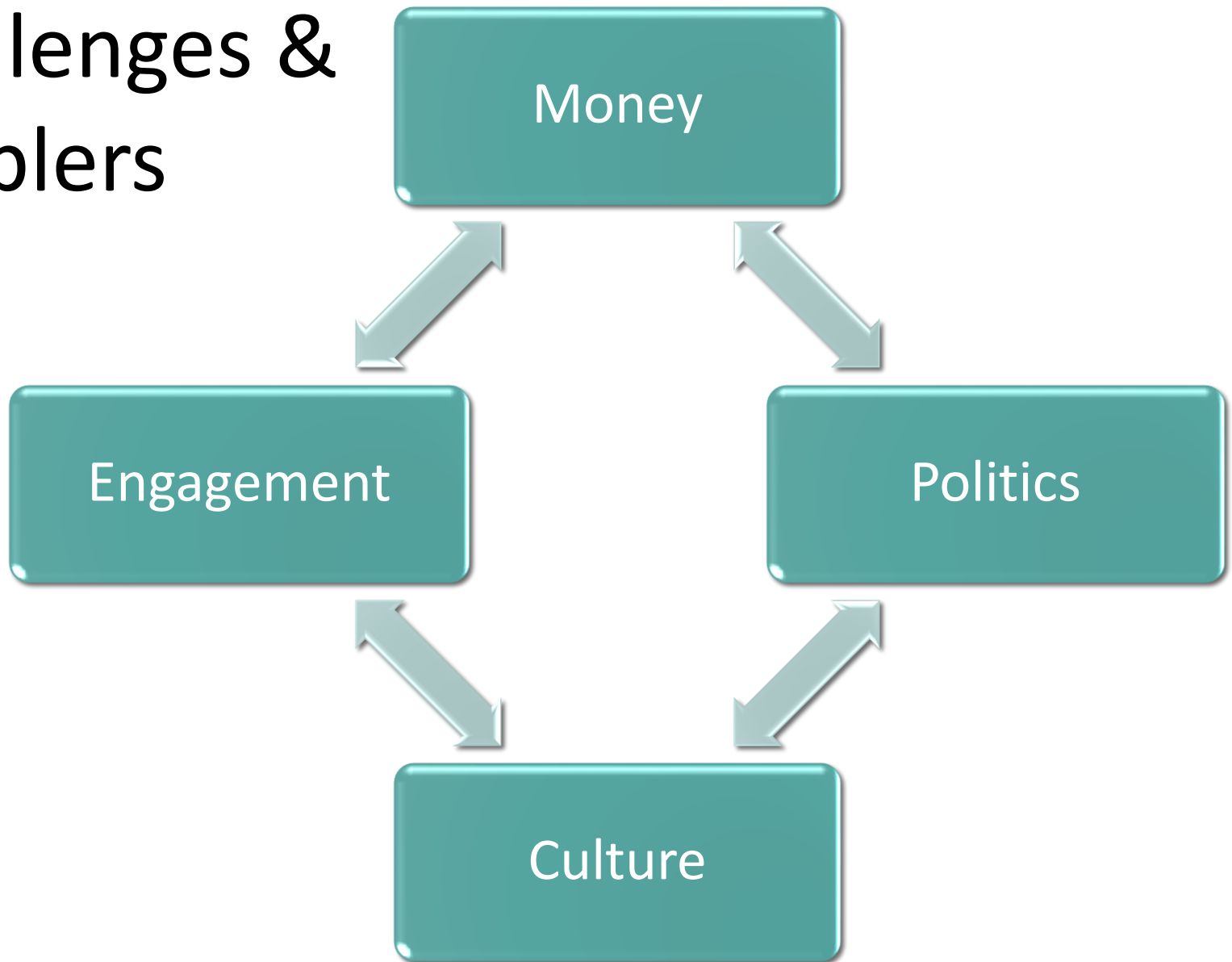


- Elective Care Plan / Waiting Lists
- Elective Care Centres Varicose veins/cataracts
- Review of urgent and emergency care
- Range of Service Reviews / reconfigurations underway
- Reform of Adult Social Care



- Operating model post-closure of HSCB agreed
- BSO as the Host Organisation for most staff
- Setting up governance and project structures
- Staff and representative involvement

Challenges & Enablers



Creating the conditions for change

- **Empowering** staff to own the changes
- More streamlined and **responsive** decision making
- **Learning** and continuous improvement – not ‘blame’
- Talking about what’s **positive** about HSC
- Building on existing and creating new **partnerships**
- **Delivering Together** - shared challenges need shared solutions

Think outside the box...

Please note that at all future hospital meetings and social functions there will be only

one drink per person.

Please bring

your own cup.

The Trust Management







What you leave behind is not what is engraved in stone monuments, but what is woven into the lives of others.

(Pericles)

Rafael Bengoa



“Northern Ireland
can lead the rest
of Europe on
health and social
care
transformation”