FACTFILE:
GCE HEALTH & SOCIAL CARE

CCEA Rewarding Learning

AS 5 ADULT SERVICE USERS: THE BENGOA REPORT

Current Dietary Guidance

Students should be able to:

- Demonstrate knowledge and understanding of the Bengoa Report - **Systems, Not Structures: Changing Health and Social Care**:
  - Section 2: The Burning Platform – An Unassailable Case for Change
  - Section 3: The Panel's Vision – A New Model for Health and Social Care

Course Content: Introduction

Systems, Not Structures: Changing Health and Social Care, known as the **Bengoa Report** as Professor Rafael Bengoa chaired the report, arose from a recommendation in a previous report, The Right Time, The Right Place, completed by Sir Liam Donaldson. The then Minister of Health appointed an expert, clinically led panel to examine and create plans on how to develop the future of health and care provision in Northern Ireland. The Panel was appointed in January 2016 and the report was completed in October 2016.
Students are required to examine only sections 2 and 3 from the report. The main points have been collated in this factfile to guide students towards the key issues in these sections.

Section 2: The Burning Platform – an unassailable case for change

The Case for Change –the overwhelming evidence is that the existing system for providing health and social care in Northern Ireland is struggling to sustain services in the face of changing circumstances and so a new model for organising services is required:

The case for change, i.e. reasons change is necessary:

- **Demographic Change:**
  - people are living longer, and for the most part, are healthier; ageing brings an increased likelihood of some degree of disability, dependency and illness;
  - the profile of older people requiring care is becoming more complex, with many people now living with multiple chronic illnesses, i.e. dementia, arthritis, diabetes, COPD, limited mobility, sensory problems etc.

- **Impact on the Health and Social Care (HSC) system:**

  - people aged over 65 account for more than two-fifths of HSC spending, i.e.42%;
  - as people are living longer they are suffering with long term conditions and disabilities placing pressure on HSC's finite resources;
  - the present HSC system is not able to cope with significant demands associated with chronic conditions;
  - the change in the nature of the demand facing the system is not reflected in the ways services are designed, e.g. acute (i.e. critical) hospital beds being taken up by people suffering from chronic (i.e. long term) conditions instead of people being supported to be cared for at home or in other more appropriate environments.

- **Health inequalities:**
  - there are stark differences between life expectancy of people in the most and least disadvantaged areas in Northern Ireland;
  - life expectancy for males in the most deprived areas of NI is on average 7.5 years less than their counterparts in the least deprived areas. For females, the differential is 4.3 years;
  - this difference dramatically impacts on the HSC system including hospital admissions, emergency care, planned hospital care and day procedures (see report for examples);
  - action is required across government to do more to improve universal public services as well as more targeted services for those with greater need, i.e. 40% of health outcomes are related to socio economic factors (education, employment, social support, community safety) – see report for other examples;
  - causes of health differentials needs to be addressed across all areas of health and social care to enable change to occur; for example the Department of Health needs to continue to work in partnership with other departments and sectors to tackle the underlying social, economic and environmental determinants of health across the population. Local health and care partnerships also have an important role.

- **Rising Demand:**
  a range of factors are creating pressure across the HSC system, e.g. long-standing health conditions, obesity, mental illness, DLA, older population and higher expectations. Pressures are in the following sectors:

  Primary care service
  - most people first contact their GP if they need support for HSC issues, i.e. entry point, and the demand for access to GP surgeries has increased significantly as has that of GP Out of Hours;
  - increase in number of people with more complex health issues;
  - the present system is not coping with these increased demands and requires new model of care.

  Hospital Services
  - increased demand for specialist care, inpatients, outpatients and ambulance services;
  - sharp increases in waiting lists and waiting times;
  - existing model not addressing these challenges.

  Social Services
  - there is a great diversity of providers of social care with significant amounts of social care being delivered by the private and voluntary providers;
  - poor social well-being can impact negatively on the quality of people's lives, including health, so affecting demands on the health care system;
  - demands for domiciliary care, residential care and nursing home care are set to rise significantly largely due to ageing population.

  Demand and the Patient/User Experience
  - the sum of all these pressures means patients are admitted to hospital unnecessarily and once admitted forced to stay longer than they need which causes a range of further problems including poorer inpatient experience.

- **Workforce:**
  - difficulties in recruiting and retaining staff;
  - HSC needs to be encouraging people towards taking responsibility for their own health and well-being;
  - greater recognition of role and expertise of all members of the HSC team and employing them in areas that they are best trained for, so giving the patients the best care;
  - it is proving extremely difficult to recruit and retain junior medical staff.
  - Examples of workforce difficulties:

  - *Locum & Agency Costs* – stark increase in costs as locums are expensive – this is money that could be invested in developing services that are sustainable and long term.

  - *Primary Care Workforce* – growth in the GP medical workforce has not kept up with demand.

  - *Social Care Workforce* – significant growth of independent sector in providing social care; recruitment and retention difficulties (e.g. partly due to poor terms of employment, i.e. zero hours contracts); informal carers are by far largest group providing care and they are unpaid, very important to engage and support carers.

  - *Nursing & Midwifery*- issues include vacancy rates, absence rates, age profile of nursing workforce and working patterns.

  - *Staff Morale* – very poor staff morale due to range of factors including pressures associated with poor staffing levels, workload pressures; staff feel de-motivated as feel they cannot do their job due to staffing pressures.

- **Financial sustainability:**
  - Department of Health's budget is the largest among the Executive departments, i.e. 46% of the entire NI Executive spend;
  - Health and Care system as currently organised will need a 6% budget increase each year simply to stand still and if the system continues in its current form, costs are expected to double by 2026/27 simply to maintain current levels of performance;
  - majority of resources still invested in acute hospitals, although there is movement towards pushing funding to community based services; needs to move more quickly;
  - need to move from yearly funding to longer term funding plans of services to enable better services to be provided.

Section 3: Vision for a new model for health & social care – organising for success

The report lays out the need for significant change in how health and social care is delivered. Focus needs to be on meaningful transformation. The report states there needs to be fundamental changes to the way HSC provides services. It is not about closing hospitals – however, changes may mean that some buildings/hospitals will close; in others it may mean that these buildings are used in different ways to provide a more effective and responsive service to meet the local population's needs.

Transformation: Students should become familiar with the figure on page 39 of the report which demonstrates how health and social care is currently being provided and how it should be provided, for example the system needs to change from one based on acute care to a model based on the needs of chronic patients.

New Model & Recommendations: students should make themselves familiar with the **three** recommendations in this section.

Recommendation 1:

The Triple Aim framework is designed to focus on health care improvement and should enable the HSC services to make significant change. **Recommendation 1 of the report** states that the Triple Aim framework should be used as a basis for making significant change to HSC in Northern Ireland. There should be an increased emphasis on the experience of those who deliver care.

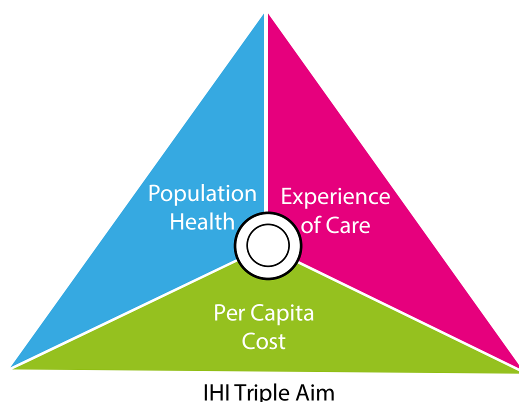
It has three objectives:

1. **Improving the patient experience of care (including quality and satisfaction);**
2. **Improving the health of populations;**
3. **Achieving better value by reducing the per capita cost of health care.**

Students need to be familiar with these objectives.

The Panel added a fourth objective:

4. **Improving the work life balance of those who deliver care**



IHI Triple Aim

Recommendation 2:

HSC should move to formally invest, empower and build capacity in networks of existing health and social care providers (such as Integrated Care Partnerships and the developing GP Federations) to move towards a model based on Accountable Care Systems (an important term used by the report) for defined population based planning and service delivery; and regionalised planning for specialist services.

- This means that services should be strategically planned at both a local and regional level, rather than being short term plans or plans that are reactive to crises.
- Services need to be person centred, aiming to prevent health and social care problems arising if possible, as well as involving people within them. This means new local organisation of care.
- Care needs to move away from a hospital centred model to a more integrated model.
- These changes are already happening, e.g. General Practice is moving from the 'small business' approach to bring together Practices within larger geographies as 'Federations'. By working together these Practices can work more effectively to meet the rapidly increasing demand for primary care services. Services within Trusts are increasingly working across Trusts and are becoming more NI-wide where services are specialised and there is a need to collaborate to meet demand.
- Primary Care, Trusts, 3rd sector and independent sectors need to work together in a more planned way. The report suggested the development of Accountable Care Systems to integrate all the providers so they all work together to agree the provision of integrated health and social care services.
- Accountable Care Systems provide a structure for better patient engagement, empowering people to become active participants in their own care.
- Accountable Care Systems would enable all providers to be held accountable for achieving the provision of high quality care for an agreed budget.
- Some specialist services must be provided regionally rather than locally.
- For HSC to be transformed using the Triple Aim to deliver care - a new approach to the commissioning and delivery of care is required, i.e. the purchasing and providing of care.

Recommendation 3:

HSC should continue its positive work to invest in and develop the areas listed below. There should be focus on the three key areas of **workforce, eHealth and integration.**

The Panel suggests ways in which the HSC can be advanced:

Building on existing foundations

- Some changes have already been made to move to a more Accountable Care Systems such as Integrated Care Partnerships and GP Federations; work needs to continue.

- However these need to be further developed including.

  Adding Depth to Structural Integration of Health and Social Care

  - Needs to be greater integration between the statutory and independent providers and between hospital and community services.
  - There is a strong correlation between social wellbeing and health, making integration between health and social care services very important.
  - Commissioning of services (i.e. payment for services) needs to be more clearly linked to better health outcomes, leading to better quality of life.
  - Programmes should be targeted to individuals with chronic conditions and to social support schemes, e.g. community health workers can conduct home visits to low-income families with children with uncontrolled asthma. This type of intervention is a practical example of targeting inequalities in a community as the targeted group are children of low income families.

  Expanding and investing in eHealth infrastructure

  - eHealth is defined as the use of electronic means to deliver information, resources and services related to health.
  - Examples include Electronic Care Record (NIECR) which provide staff with up to date health care information, enabling better and faster sharing of vital health care information.
  - Needs further investment in electronic systems to share information and data and supporting patients to have access to their own records.
  - Continued development of telecare, telemonitoring and electronic assistive technologies in delivering services.

  Developing the work force

  - There is already a very skilled workforce but to be more effective, there is a growing and recognised gap between patient needs and the skills and knowledge of the workforce to care for them.
  - Staff need to be able to transfer across the system more easily.
  - Requires a greater investment in staff, i.e. workforce.
  - Needs to move from the predominantly GP led model of care to a more blended approach with nurses, doctors, allied health workers, pharmacists etc, to provide a high quality of care to patients.
  - Primary care needs to have an increased focus on prevention and early intervention and the active management of complex patients to support them to better manage their conditions.

  Improving Quality – Frontline Innovation

  - Need for innovative improvement to health and social care provision.
  - Department of Health will develop plans for an Improvement Institute to drive forward innovative improvements in how health and social care services are delivered; including innovative hubs in each trust and to work regionally.

  Health and the Wider Economy

  - HSC very expensive to run but also is a major contributor to the economy.

Emerging Practices:

- Valued based care, i.e. paying for value, not just a job being done (activity) – high quality effective care provision; should enable care provision to become more effective.
- Co-production, i.e. professionals and the people they serve work together in the planning and delivering of care – equal partners.

Activities

1. Divide the class into small groups and give each group one reason for the 'case for change' to read about within the report, i.e. demographic change, health inequalities. Ask each group to complete a short presentation on why this is an issue.

2. In small groups, choose one recommendation presented in the Bengoa report and create a spider diagram or picture chart which demonstrates an understanding of the rationale for the recommendation – you may wish to use the fact file to help you.

3. Sample questions

Question 1: State two of the objectives of the Triple Aim framework

Sample Answers:

1. Improving the patient experience of care (including quality and satisfaction);

2. Improving the health of populations;
3. Achieving better value by reducing the per capita cost of health care;
4. Improving the work life of those who deliver care.

Accept any 2 of the above answers [1] each.
Question 2: The Bengoa Report set out the case for the need for change in the health and social care system within Northern Ireland if it is to meet the increasing demands being placed on it. Explain two different reasons for the need for change.

Sample Answer:

- **Demographic Change:** as people are living longer they are more likely to require HSC services due to the effects of ageing such as those associated with dementia or having a disability.
- **Rising Demand:** for example in primary care services most people contact their GP when they need help and so the demand for access to GP surgeries has increased significantly as has that of GP Out of Hours and this is not sustainable.

[2] marks each

Question 3: Describe what is meant by 'financial sustainability' as a contributory factor in the case for change as outlined in the Bengoa report.

Sample Answer:
Although the Department of Health has 46% of the NI budget it is not enough to keep up with the increased costs of providing care and so there needs to be a better way to plan for increased spending such as giving organisations longer term funding rather than, as is it organised presently, where they are only given money on a yearly basis, making it hard to plan for patient care.

[3] marks

Question 4: The Bengoa report, 'Systems, not Structures', has 14 recommendations, analyse the first three of these recommendations examining how they could achieve better quality of care for patients and service users.

[12 marks]

Source

https://www.health-ni.gov.uk/publications/systems-not-structures-changing-health-and-social-care-full-report

Please also look at the summary report as it is much shorter and may be easier for students to read (although you will also need to refer to the fact file and the main report for more detail).

Systems, not structures - Changing health and social care - Executive Summary (health-ni.gov.uk)

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