

Special Interest Group (SIG)

The Health and Social Care (H& SC) Special Interest Group was formed in 2010 by Third Sector leaders who came together to strengthen their voice on issues of common concern. The group was instigated and consists of full members of Chief Officers 3rd Sector (CO3). The membership of the SIG consists of Third Sector leaders working across a range of Health and Social Care functions, providing vital services under three main areas; advocacy, leadership and service delivery.

The SIG fully supports the principles of Transforming Your Care (TYC). We want to play our full part in the process, and to be involved in it. We passionately want to provide the best possible care that works, and has an outcomes focus that will ultimately benefit the service user.

The premise of the Transforming Your Care (TYC) agenda is motivated on shifting the emphasis of care provision away from acute hospitals and other traditional institutions toward a greater reliance upon treating people in their own homes and communities. The Northern Ireland government has acknowledged the positive role of the Third Sector in delivering Health and Social Care services within the communities they serve. The SIG will continue to play a key role in helping the Department of Health, Social Services and Public Safety (DHSSPS) to deliver on its pledges under TYC.

Purpose of the group

- The Health and Social Care Special Interest Group is a network for third sector leaders operating at a strategic level in H&SC.
- The core purpose of the group is to allow third sector leaders to seek opportunities to maximise the third sector contribution to the reform and change in Health and Social Care in NI, in the benefit of communities and service users and to optimise the sector's role in service design and delivery.
- The group represents the shared interests of CO3 members with a Health and Social Care interest, representing the issues of service users and beneficiaries and advocating on these issues.

SIG's Key Messages/Priorities

Protection of funding for front line Health and Social Care Services

DHSSPS set out its case for change under TYC advocating the need to be:

“better at preventing ill-health, providing patient and client-centred care; managing increasing demand across all programmes of care; tackling health inequalities; delivering a high-quality, evidence based sustainable service, supporting our workforce in delivering the necessary change; giving our children the best start in life”¹

SIG fully supports this approach. However, we are cognisant of the need to ensure that the TYC does not ultimately result in funding cuts to front line Health and Social Care services. The rights of patients and clients should not be diminished in the change process and equity of access is maintained.

TYC is grounded on the principle of developing an integrated health and social care model closer to the patient. It is important that savings accrued from developing this preventative model of care are re-invested into community care. Service users need to see the benefit of a community based model that shifts the focus from re-active to proactive.

¹ <http://www.dhsspsni.gov.uk/index/tyc/tyc-timeline.htm>

Supporting Personalisation

A recent paper published by The Kings Fund recognised that ‘Northern Ireland’s Community care has been neglected, under-developed and underfunded and requires a radical review’.² The concept of personalisation is making sure there is an integrated, community-based approach for everyone.

‘Personalisation means recognising people as individuals who have strengths and preferences and putting them at the centre of their own care and support. The traditional service-led approach has often meant that people have not been able to shape the kind of support they need, or receive the right kind of help’.³ SIG supports the need for user involvement and control. A concept that has largely been ignored, despite a strong evidence base that indicates that it is key to better quality and outcomes for the service user.

Addressing inequalities in Health and Social Care

Northern Ireland is one of the most deprived regions of the UK with high levels of unemployment, poverty and disability. It is also experiencing a major demographic shift with the population due to rise from 1.8 million to 2 million by 2025. The number of people aged 65 and over is also due to double within the same time period. Although overall life expectancy has increased, the number of people with chronic conditions has risen also. SIG is committed to and advocates an approach that works to address the current inequalities that prevail in Health and Social Care.

A Preventative model of care that utilises the skills and experience of the Third Sector

We advocate the central theme of care closer to home, with a clear focus on prevention rather than cure. However, there is an incongruity between a preventive model of care and a health care system where the majority of resources are currently targeted at hospitals reacting to acute, sporadic health conditions. We would advocate an approach that actively promotes active and healthy lifestyles, and develops a proactive, preventative and integrated care and support model at home and in local communities.

Third sector organisations, including specialist Health and Social Care organisations, have a wealth of information and expertise about what works for individuals and communities, both in terms of preventative support and specialist interventions. It is important for this intelligence to be captured, for Third Sector organisations to be fully engaged in this challenge at a local level and for the potential of the sector to be maximised.

Coherent Policies that promote and support integrated care based on an outcomes model

There is a general acknowledgment for the need to move from process and structures to increased emphasis on outcomes in Health and Social Care. There is also widespread acceptance that an integrated system of Health and Social Care can lead to better outcomes for service users. SIG advocates an approach whereby an outcomes based approach is developed in the planning and delivery of services. We are encouraged that ICPs are adopting an outcomes approach based model on the identification of a number of thematic areas.

Assessment and evaluation

Heenan & Birrell point to the lack of attention given to the area of evaluation and assessment in Health and Social Care⁴. More recent research carried out by The Kings Fund states ‘Despite the continuing support for integrated approaches, there is surprisingly little interest in strategic review... A key issue in Northern Ireland is the lack of robust evidence to assess and evaluate the outcomes of this unique system. The effectiveness or otherwise of the integrated system is difficult to assess

² http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/integrated-care-in-northern-ireland-scotland-and-wales-kingsfund-jul13.pdf

³ <http://www.scie.org.uk/publications/guides/guide47/files/guide47.pdf>

⁴ Heenan D, Birrell D (2006). ‘The integration of Health and Social Care: the lessons from Northern Ireland’. *Social Policy & Administration*, vol 40, no 1, pp 47–66.

owing to the weakness of the existing data, which is particularly limited in terms of evidence of improved patient outcomes⁵.

SIG call for an approach that is based on assessment, planning and review to support an integrated approach to Health and Social Care in the community, providing a key means through which professionals interact with people using their services. The matrix model of evaluation that has been developed for ICPs is a positive step to building an effective evaluation. Assessment and evaluation should be open and transparent which has an independent and Third Sector involvement.

Governance arrangements to support partnership working.

The Third Sector plays an active role on a number of Strategic Health and Social Care Working Groups; Re-enablement, Long Term Conditions and Integrated Care Partnerships (ICPs). It is important that sufficient governance arrangements are in place to ensure the Third Sector's role is equitable.

Political, Third Sector and Public Sector leadership to ensure a consistent and clear focus on integrated care.

Critical to the success of developing an integrated Health and Social Care system is the need for cross departmental working across government. A joint up approach that supports the entire policy agenda is required in order to successfully implement TYC. There has to be a commitment to integrated care as a policy priority for government as a whole.

There is also a need to develop an enabling culture, there has to be a willingness to overcome cultural, professional and behavioural barriers that exist among the sectors to deliver on integrated care. Strong leadership across the political, public and third Sectors is required. It is important to build the capacity and support required to ensure that leaders have the skills and capacity to deliver an effective Health and Social Care model.

Funding

The Third Sector should have a major role in determining strategic priorities for actual funding allocations and preferred delivery mechanisms. The Third Sector has been and is best placed to ensure that those most at risk of social exclusion are significant beneficiaries of services.

Furthermore, there exists a significant issue with commissioning and procurement. There is a broad recognition that little weight is given to the social benefits and value for the commissioning of goods and services. In order to maximise the impact to be gained from including social clauses in contracts, there needs to be a focus on the actual outcomes.

Clarification is necessary on which services should be procured, and which should not. Public sector commissioning has risen rapidly to prominence as the central mechanism for the 'purchase' of services. One of the key strengths of the Third Sector is the diversity and ability to innovate. The Third Sector is quick to recognise need and is creative in designing effective solutions. The current approach of directing the delivery of services through commissioning and procurement would restrict the Third Sectors innovation. This approach casts doubt on the ability of the Third Sector to be a source of innovation.

Communications

It is important that TYC agenda is not restricted to key policy makers and decision makers and that we build a wider understanding amongst the general public. There is little to no public knowledge of

⁵ http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/integrated-care-in-northern-ireland-scotland-and-wales-kingsfund-jul13.pdf

ICPs amongst the general public. Third Sector organisations have a key role to play in helping to promote awareness and disseminating information through direct contact with Service Users.