

Consultation Questionnaire

Please use this questionnaire to give us your views on Transforming Your Care.
Please send your responses to:

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**However you choose to give us your views, we want to hear from you.
Please send us your comments by 15 January 2013.**

Alternative formats of this document including EasyRead, Braille, audio formats, large print or minority languages (for those not fluent in English) are available on request. Please contact as above with your request.

*Transforming Your Care:
Consultation Response Questionnaire: Downloadable Form*

Introduction

To have your say, please complete the questionnaire below.
Further information on the Transforming Your Care consultation is available on the 'What we are consulting on' page.

Note: Questions marked with an asterisk (*) indicate required information.

Freedom of Information – Please Read

The HSCB will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request under the terms of the Freedom of Information Act 2000. The HSCB can only refuse to disclose information in exceptional circumstances. The HSCB cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential. This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances.

If you do not wish information about your identity to be made public please select the 'Yes' option below to request that your response be treated as anonymous.

***Please indicate if you wish your response to be treated as anonymous.**

No

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The Institute of Public Health in Ireland

The remit of the Institute of Public Health in Ireland (IPH) is to promote cooperation for public health between Northern Ireland and the Republic of Ireland in the areas of research and information, capacity building and policy advice. Our approach is to support Departments of Health and their agencies in both jurisdictions, and maximise the benefits of all-island cooperation to achieve practical benefits for people in Northern Ireland and the Republic of Ireland.

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About you or your organisation:

*Are you responding (please tick):	On behalf of yourself?	<input checked="" type="checkbox"/>
	On behalf of someone else?	<input type="checkbox"/>
*Are you/they (please tick):	a) over 65;	<input type="checkbox"/>
	b) under 65;	<input type="checkbox"/>
	c) disabled;	<input type="checkbox"/>
	d) a carer;	<input type="checkbox"/>
	e) a parent;	<input type="checkbox"/>
	f) other?	<input checked="" type="checkbox"/>
Organisation (if applicable):	Institute of Public Health in Ireland	
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Further contact details are given on final page of the response.

*Please fill in any boxes marked with an asterisk, this will allow us to ensure that we have received a cross section of responses

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Question 1.

Do you agree that our health and social care services need to change in order to meet the needs of the community and promote health and well-being through prevention and early intervention so that as much acute illness as possible is avoided?

Strongly agree Strongly disagree Have no opinion
 Agree Disagree

Comments:

IPH supports the need to reconfigure services to ensure that appropriate health and social care services are available to meet the evolving needs of the population of Northern Ireland.

We firstly welcome the commitment to adhere to the principles of the NHS in terms of services remaining free at point of delivery and access to services based on need. IPH also welcomes the planned shift of resources to better funding for prevention and early intervention. Available evidence, as per the Kaiser model, shows that investment in population wide prevention and supported self-care can improve quality of life and result in fewer hospital admissions and shorter length of stay. This evidence supports a move towards enhanced funding and investment in prevention and early intervention [1].

Tackling inequalities is a focus of IPH work and we consider that reconfigured health services can make an important contribution to tackling health inequalities in Northern Ireland. In Northern Ireland, as with many other jurisdictions, ill-health and health service use are associated with lower socio-economic status and area deprivation. The standardised hospital admission rate for circulatory and for respiratory disorders are both around one third higher among those residing in the most deprived areas compared to those in the least deprived areas. Similarly, hospital admission rates for self-harm and alcohol-related admissions in the most deprived areas are double the regional figure [2]. Therefore the role of health services in tackling health inequalities should be expressly stated and form a cross-cutting theme in the reform of health and social care services. The Marmot Review listed six key policy objectives to reduce health inequalities and recommends that health systems “strengthen the role and impact of ill health prevention” and we are heartened that the reform of health and social services in Northern Ireland is taking such an approach [3]. For example, in support of the inequalities agenda, a general principle could be that decisions on service provision and planning take into account area deprivation and potential barriers to access (eg aspects of health literacy, transport to services and cost).

IPH welcomes the recognition of the new public health strategy “*Fit And Well – Changing Lives*”, which is also under development, in TYC. As the details of *Fit and Well* are yet to be released, the pathways by which reconfigured services can contribute to broader population health goals in Northern Ireland are not explicitly stated. IPH supports integration and coordination of the policy goals in these two strategies with the joint aim of improving population health and reducing health inequalities. The contribution of reconfigured service design, delivery and evaluation processes to the achievement of improved population health will need to be continuously developed in the long term.

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Question 2.

Do you agree that people who need care and support should have control over how their assessed care and support needs should be met?

Strongly agree Strongly disagree Have no opinion
Agree Disagree

Comments:

IPH supports the concept that patients and clients requiring care and support should have more choice and control in relation to the services they require. However, service users need to have sufficient information to enable them to make fully informed decisions.

IPH notes the planned introduction of a web based portal that will include information on prevention and self-management of illness.

Providing service users with more control will provide a consistent message that the citizen has a full role to play in looking after their health both when well and when they require care and support.

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Question 3.

Do you feel the provision of individualised budgets and self-directed support should be more widely promoted?

Yes No

Comments:

IPH gives a cautious welcome to the wider promotion of individualised budgets and self-directed support in the belief that these have the potential to empower patients and clients and give them a greater sense of control.

Evaluation of the personal health budget pilot programme in England demonstrated mixed results [4]. Personal health budgets were associated with a significant improvement in the care-related quality of life and psychological well-being of patients but failed to have an impact on health status per se over the 12 month follow-up period. The way in which personal health budgets are configured is an important factor in determining outcomes. It is important that this approach is systematically monitored and evaluated in terms of patient outcomes and cost effectiveness in the Northern Ireland context.

Question 4.

Do you agree we should organise our services to enable people to stay at home for as long as possible and / or be cared for at home?

Strongly agree **Strongly disagree** **Have no opinion**
Agree **Disagree**

Comments:

IPH is supportive of patient and client choice and therefore feels that where service users have expressed a preference for being able to stay at home for as long as possible and / or being cared for at home that efforts should be made to facilitate this.

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Question 5.

Given the choice, who would you like to provide your care and support in your home?

- 1. ***Statutory bodies***
- 2. ***Voluntary and community groups***
- 3. ***Independent sector***
- 4. ***A mixture of the above***
- 5. ***You would prefer to receive the money yourself to choose***

Comments:

No comment.

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Question 6.

Do you agree that Integrated Care Partnerships could make a positive contribution to the delivery of care closer to home rather than in hospitals?

Strongly agree **Strongly disagree** **Have no opinion**
Agree **Disagree**

If your response is 'disagree' or 'strongly disagree', do you think there are any alternative ways to deliver care closer to home? Please provide details

IPH considers that Integrated Care Partnerships have the **potential** to deliver new models of care that are capable of delivering care closer to the home.

In the World Health Report 2008, 30 years on from the Declaration of Alma-Ata, the WHO reaffirmed the importance of the shift to primary care [5].

IPH welcomes the proposal to enhance primary care healthcare delivery as a cornerstone of the introduction of integrated care partnerships. Enhancing the effectiveness and coordination of primary care services has been prioritised in the Republic of Ireland strategy Primary Care – A New Direction [6] which fosters the development of primary care teams.

It is at the primary care level that health services can have the most powerful effect on health inequalities. Therefore the impact on health inequalities of reconfigured models of primary care service delivery is of critical interest. IPH recommends that, where possible, monitoring of inequalities form a particular service quality indicator in respect of any reconfigured service model in general practice, dental services, community pharmacy and other relevant primary care services.

IPH recommends subjecting the initial integrated care partnerships to a Health Impact Assessment as part of the evaluation of the new approach.

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Question 7.

Do you agree with the proposals set out in respect of older people's services?

Strongly agree ***Strongly disagree*** ***Have no opinion***
Agree ***Disagree***

Do you believe there are better alternatives? Please provide details

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Question 8.

With regard to Long Term Conditions, would it be helpful to

a) make more information and education available to help those with a long term condition to monitor and manage their own condition?

Yes **No**

b) enable those with long term conditions to make more use of technology in their home to help problems be identified earlier, and reduce the need for avoidable visits to hospital or the doctor?

Yes **No**

Comments:

IPH welcomes the development of sources of information to support patients with long-term conditions (and their carers) to monitor and manage their condition. IPH understands that a single accessible source of information on health and social services in Northern Ireland is currently being developed in the form of the proposed HSC Web Portal.

As well as supporting self-care, IPH considers that other changes will be needed to support the health service to effectively respond to the rising number of patients with long term conditions. Increasingly, the biggest challenge may be patients who do not just have one condition but have several. People with long term conditions use disproportionately more primary and secondary care services, with multi-morbid patients being the most intensive users of the most expensive services [7,8]. IPH considers that a comprehensive approach to health reform to address the rise of long term conditions and multimorbidity would also require [8]

- New skills among those directly involved in clinical care and holistic case management as well as among those involved in team and health service management
- Organisational innovation and enhanced partnerships between hospital-based services , primary care and community based prevention programmes to optimise secondary and tertiary prevention for patients with long-term conditions
- New approaches to capturing multimorbidity within data on health service performance, quality and cost

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Question 9.

Do you agree that the proposals set out in respect of palliative and end of life care would support you to be cared for in a place of your choice?

Strongly agree **Strongly disagree** **Have no opinion**
Agree **Disagree**

Do you believe there are better alternatives? Please provide details

Question 10.

Do you agree with the proposals set out in respect of mental health services?

Strongly agree **Strongly disagree** **Have no opinion**
Agree **Disagree**

Do you believe there are better alternatives? Please provide details

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Question 11.

Do you agree with the proposals set out in respect of learning disability services?

Strongly agree **Strongly disagree** **Have no opinion**
Agree **Disagree**

Do you believe there are better alternatives? Please provide details

Question 12.

Do you agree with the proposals set out in respect of physical disability and sensory impairment services?

Strongly agree **Strongly disagree** **Have no opinion**
Agree **Disagree**

Do you believe there are better alternatives? Please provide details

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Question 13.

Do you agree with the proposals set out in respect of Family and Child Care?

Strongly agree **Strongly disagree** **Have no opinion**
Agree **Disagree**

Do you believe there are better alternatives? Please provide details

Question 14.

Do you agree with the proposals we have set out in respect of maternity and child health services?

Strongly agree **Strongly disagree** **Have no opinion**
Agree **Disagree**

Do you believe there are better alternatives? Please provide details

IPH previously submitted our views on the Maternity Strategy for Northern Ireland and details are available on the IPH website. [9]

IPH welcomes the establishments of Family Nurse Partnerships to improve the health and wellbeing of the most disadvantaged children and families to prevent social exclusion. There is a growing body of evidence to support early years intervention to give every child the best start in life [3].

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Question 15.

Do you agree with our proposals in respect of acute hospital services?

Strongly agree **Strongly disagree** **Have no opinion**
Agree **Disagree**

Do you believe there are better alternatives? Please provide details

Question 16.

Do you agree that the criteria set out in Appendix 1 against which acute services have been assessed remain the most appropriate criteria?

Strongly agree **Strongly disagree** **Have no opinion**
Agree **Disagree**

If you disagree or strongly disagree, please provide specific details on what you see are more appropriate criteria. Please give reasons for your comments.

The criteria are given in isolation without any of the rationale that guided their development. In particular the rationale for the weightings should be provided.

The relatively low weighting given to 'local access' would appear to go against a lot of the espoused ethos of *Transforming Your Care*. Delivering more care closer to the user is consistent with a more sustainable HSC.

IPH feels that there is an opportunity to address the triple bottom line (profit, people and planet), aligning a number of relevant strategies by building on the factors considered under the 'effective use of resources' section. All HSC organisations should have climate change adaptation plans which would help drive the sustainability agenda and increase the resilience of the HSC to extreme events e.g. the freeze-thaw of 2010/11.

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Question 17.

To what extent do you agree we should develop closer working relationships with the Republic of Ireland and Great Britain?

Strongly agree **Strongly disagree** **Have no opinion**
Agree **Disagree**

Comments:

IPH has contributed and helped shape renewed public health strategies in both Northern Ireland and Ireland. There are clear synergies and opportunities for cooperation as the challenges are largely the same.

IPH would fully support and expect benefits to similarly accrue from closer working relationships with the Republic of Ireland and Great Britain in terms of service provision, shared learning etc. In particular, we welcome the commitment to explore formal contractual arrangements between the Republic of Ireland and Northern Ireland and consider that this would lay a strong foundation for further North-South cooperation.

Question 18.

Are the proposals set out in this consultation document likely to have an adverse impact on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998? If yes, please state the group or groups and provide comment on how these adverse impacts could be reduced or alleviated in the proposals.

Comments:

No comment.

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Question 19.

Are you aware of any indication or evidence – qualitative or quantitative – that the proposals set out in this consultation document may have an adverse impact on equality of opportunity or on good relations? If yes, please give details and comment on what you think should be added or removed to alleviate the adverse impact.

Comments:

No comment.

Question 20.

Is there an opportunity to better promote equality of opportunity or good relations? If yes, please give details as to how.

Comments:

No comment.

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Question 21.

Are there any aspects of the proposals where potential human rights breaches may occur?

Comments:

No comment.

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References

1. Singh D, Ham C. *Improving care for people with long-term conditions: a review of UK and international frameworks*. Birmingham: University of Birmingham and NHS Institute for Innovation and Improvement, 2006
2. DHSSPS and NISRA. *NI Health and Social Care Inequalities Monitoring System – Fourth Update Bulletin*. Heidi Rodgers; Bill Stewart and Linda Keys. Project Support Analysis Branch. Information Analysis Directorate. June 2012
3. Marmot Review Team. *Fair Society, Healthy Lives: Strategic review of health inequalities in England post-2010 (The Marmot Review)*. London: Marmot Review Team, 2010.
4. Forder J, Jones K, Glendinning C, et al. *Evaluation of the personal health budget pilot programme*. Discussion Paper 2840_2. November 2012.
5. *The World Health Report 2008: primary health care now more than ever*. Geneva: World Health Organisation, 2008.
6. Department of Health and Children. *Primary Care: A New Direction: Quality and Fairness – A health system for you*. Dublin: Stationery Office, 2001.
7. Department of Health 2007. *Raising the Profile of Long Term Conditions Care*. www.dh.gov.uk/publications
8. OECD. *Health Reform – Meeting the Challenge of Ageing and Multiple Morbidities*. OECD 2011
9. IPH response to Review of Maternity Services in Northern Ireland. (<http://www.publichealth.ie/document/iph-response-review-maternity-services-northern-ireland>)

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