NORWEGIAN MINISTRY
OF HEALTH AND CARE SERVICES

Meld. St. 16 (2010–2011) Report to the Storting (white paper) Summary

National Health and Care Services Plan (2011–2015)

NORWEGIAN MINISTRY
OF HEALTH AND CARE SERVICES

Meld. St. 16 (2010–2011) Report to the Storting (white paper) Summary

National Health and Care Services Plan

Translation from the Norwegian. For information only.

National Health and Care Services Plan (2011–2015)

Meld. St. 16 (2010–2011) Report to the Storting (white paper) Summary

1 Summary

In the *National Health and Care Services Plan (2011–2015)*, the Government sets out its policy objectives for the health and care services and the public health efforts during the upcoming four years. The promotion of health and prevention of disease, as well as the provision of necessary health and care services to the entire population, is a public responsibility. Everyone has the right to the same level of health services regardless of diagnosis, place of residence, personal financial situation, gender, ethnic background and individual life situation.

Safe and effective health and care services promote good health and prevent disease. When illness does strike, the health service is to treat and relieve the condition in the best possible manner. The objective is to ensure that as many people as possible lead healthy lives and to reduce social inequalities in health among the population.

The Government seeks to further develop the health services so they are among the finest in the world – medically, technologically and in terms of care services. The services must be effective, safe and available with acceptable waiting periods.

Changes in health threats, disease patterns and the development of medical diagnostics and treatment also generate a need for changes in the health and care services.

Integration and coordination

The Government is introducing the Coordination Reform to ensure sustainable, integrated and coordinated health and care services that are of high quality, maintain a high degree of patient safety, and are tailored to the individual user. Greater emphasis will be placed on measures to promote health and prevent disease, on habilitation and rehabilitation, on increased user influence and on binding agreements between municipalities and hospitals. The municipal health and care services will be strengthened and the specialist health care services will be expanded.

Medical investigation and treatment of frequently occurring diseases and conditions will be decentralised when possible. Medical investigation and treatment of less frequently occurring diseases and conditions will be centralised when this is necessary to ensure a high quality of service and effective utilisation of resources.

If the Coordination Reform is to succeed, better balance and reciprocity between the specialist and municipal health care services must be achieved. The reform will be implemented over a period beginning on 1 January 2012. To achieve the reform's objectives, a wide array of instruments is required:

- *Legal instruments*, including the entry into force of the Act relating to public health efforts (Public Health Act) and the Act relating to municipal health and care services (Health and Care Services Act). The Public Health Act lays the foundation for long-term, systematic public health activities at all administrative levels: national, county and municipal. The Health and Care Services Act is designed to improve coor-

dination within the municipalities and between the specialist and municipal health and care services. The municipalities' overall responsibility for the services offered is clarified, and the municipalities are given greater freedom to organise the services in accordance with local conditions and needs. The municipalities and regional health authorities/hospital trusts are required to enter into agreements at the local level.

- *Financial instruments* are designed to support the objectives of improved distribution of tasks, good patient pathways and high-quality, cost-effective solutions and to secure funding for new tasks undertaken by the municipalities. A scheme for limited municipal co-financing of somatic treatments within the specialist health care services will be introduced. The ministry has stipulated that the regional health authorities, in conjunction with the municipalities, must chart the potential for cost-effective, local collaborative projects. The municipalities will be given financial responsibility for patients who are being released from the hospital. The municipalities must be able to provide 24-hour in-patient care for patients who require immediate assistance and monitoring from the health and care services, when the municipality has the capacity to investigate, treat or provide care. During the period this plan is in force, there will be a need to increase efforts in the areas of competence building, public health and the development of the primary health care services. The municipalities have been given the opportunity to seek state investment funding to develop services in cooperation with other municipalities and hospital trusts.
- *Profession-oriented instruments* are designed to bring about a change in the practices used within the services, in keeping with the intentions of the Coordination Reform. Instruction material, guidelines and procedures and the introduction of national quality indicators are examples of profession-oriented instruments. These should be prepared in cooperation between the service levels and user and patient organisations. The Norwegian Labour and Welfare Administration and other relevant agencies must also be involved. New requirements on expertise will be needed. Education and training of personnel must be adapted to the objectives of the Coordination Reform. The municipalities must participate in and create a viable foundation for research on the municipal health and care services.
- *Organisational instruments* will facilitate more constructive organisation and distribution of tasks, and must be developed at the local as well as the national level. Appropriate arenas must be established for cooperation between various services and administrative levels. One example of this is the organisation of community medical centres as a collaborative effort between the specialist health care services and one or more municipalities. The services offered at a community medical centre may be designed on the basis of local needs, and may include a daytime clinic and possibly 24-hour care. Ownership and responsibility for the operation of such clinics should be regulated through agreements at the local level.

Public health efforts

The Government seeks to strengthen efforts to promote good health among the population, prevent disease and reduce social inequalities in health. Society has a responsibility to ensure good conditions for bringing up children and adolescents and to lay the foundation for a healthy lifestyle so that it is easy to make healthy choices in early childhood care institutions and schools, during leisure time and at the workplace.

The Government is working to lay the foundation for systematic, long-term public health activities across sectors – nationally, regionally and locally. Current strategies and action plans, and those drawn up during the period of this plan, will be linked in an inter-ministerial strategy on public health which will be presented in 2012.

The municipalities and local communities are the most important arenas for public health activities. The bill for the Public Health Act lays the foundation for systematic, long-term public health activities. These must be rooted in regional and local health-related challenges, must extend across all sectors and be incorporated into the planning system pursuant to the Planning and Building Act. The Government will draw up a plan for the implementation of the Public Health Act. This plan will include financial instruments, the enhancement of the existing knowledge base and expertise at all levels and in all sectors, as well as the development of better methods and standards for good public health efforts and effective measures, based in part on health economics analyses.

Efforts will be made to establish target figures for health behaviour in a variety of areas. Data will be needed on the population's health status and health behaviour and on the factors that influence

these. Implementation of the national strategy on accident prevention for 2009–2014 will be continued. The action plan for a better diet among the population 2007–2011 will be implemented and evaluated, and further efforts will be considered. A new strategy to prevent tobacco use will be completed in 2011. It is recommended that the action plan for physical activity 2005–2009 is continued with the utilisation of stronger instruments. The Government has given priority to the building of pedestrian and bicycle paths in the National Transport Plan 2010–2019. Report No. 26 (2006–2007) to the Storting: *The Government's Environmental Policy and the State of the Environment in Norway* will be followed up with an action plan on local air quality. The strategy to reduce radon exposure 2009–2014 will also be followed up. The Government will submit a white paper on substance abuse policy focusing in particular on prevention. The national strategies for the environmental surroundings and health of children and adolescents 2007–2016 and for the prevention and treatment of asthma and allergic conditions 2008–2012 will be followed up.

In 2011, the Government will submit a white paper on agricultural and food policy. This report will provide a thorough discussion of policy in the food sphere, both in terms of food safety and consumer-related considerations.

The Government will direct special attention to the inspection of drinking water facilities. Up-to-date preparedness plans will be drawn up, and the monitoring of infectious diseases will be maintained and expanded.

Early childhood education and care institutions and schools at all levels play a key role in the efforts to shape attitudes regarding health and to reduce social inequalities. Education in itself is crucial for reducing social inequalities in health.

In 2011, the Government will submit a white paper on working conditions, the working environment and safety. The Agreement on a More Inclusive Working Life will be continued through 2013. The authorities and relevant professional circles are working together to draw up guidelines on the granting of sick leave which are intended to ensure uniform practice.

Equitable and balanced health and care services are essential for reducing inequalities in health, even though social inequalities in health are largely determined by conditions originating outside of the health services.

Municipal health and care services of the future

It is crucial that the municipalities view the health and care services sector in connection with their other overall responsibilities and tasks. The municipal health and care services must be further developed to promote a good quality of life and enhanced coping skills for users and to ensure that the services are better able to reach the objectives related to prevention and early intervention. The municipalities must ensure that integrated patient pathways can be maintained in the chain of prevention, early intervention, early diagnosis, habilitation and rehabilitation, treatment and follow-up. Public health clinics for preschool age children and school health services play a vital role in health-promotion and primary prevention efforts

The Regular General Practitioner Scheme will be developed so as to provide the national authorities and municipalities with better management mechanisms. A framework will be established that facilitates more binding cooperation between the general practitioners and municipalities. The objective is to encourage the general practitioners to assume more comprehensive responsibility for the services provided to their regular patients and participate to a greater extent in other general medical activities. The regulations regarding the Regular General Practitioner Scheme will be revised. National requirements related to quality and functions, including mandatory reporting, will be established. Consideration will be given to introducing a common telephone number for municipal emergency wards.

In order to meet future challenges facing care services, efforts in connection with the Care Plan 2015 are being continued. The document identifies a number of measures in keeping with the five strategies set forth in the plan: quality development, research and planning; capacity growth and skills upgrading; better cooperation and medical follow-up; active care; and partnership with families and the local community. The Government will allocate funding for 12 000 spaces in nursing homes and 24-hour care facilities in the period 2008–2015, and it will expand these parameters if this is warranted by the need levels from the municipalities. It is an objective of the Government to establish 12 000 person-years in the care services in the period 2008–2015.

The Government is working to ensure full patient coverage in terms of the number of nursing home spaces by 2015. To achieve this objective, the home care services must also be

expanded so that those who wish to receive necessary care in their own homes may do so and those who require 24-hour care have access to it.

The Government has extended the escalation plan for the field of substance abuse 2007–2010 for two years until 2012, and it has announced that it will submit a white paper on substance abuse policy.

The Norwegian Directorate of Health will conduct a review of the rehabilitation field to clarify the boundaries between the municipal and specialist health services. Agreements between the hospital trusts and municipalities are intended to facilitate good pathways for patients undergoing habilitation and rehabilitation. Consideration must be given to how the financial instruments can be targeted to promote the desired professional development, including whether some of the capacity available at private rehabilitation institutions should be linked more closely to the municipalities. Greater emphasis on user influence and the right to a personal coordinator, an individual care plan and planned treatment chains will form the basis for increased activities relating to habilitation and rehabilitation, thus ensuring greater potential for enhanced coping skills and quality of life.

Various models for the financing of dental treatment will be explored, including models for a ceiling on deductibles.

Specialist health care services of the future

The specialist health care services must also be expanded to meet future challenges. New methods may mean that more services can be decentralised, whereas other services will require further specialisation. Technologically advanced treatment makes hospitals more reliant on costly equipment that requires a high level of expertise to use. At the same time, the specialist health care services must ensure that the large patient groups with chronic, complex problems will to the greatest extent possible receive services in the vicinity of where they live. The specialist health care services must develop the services to be provided in consultation with the municipalities, and they must work together.

In an overall perspective, the legal, financial, professional and organisational instruments combined are intended to give the specialist health care services a clearer role in terms of the support they provide to the municipalities. This will be achieved through advisory activities, training, availability and the establishment of new measures and services.

The regional health authorities will serve as a tool for the implementation of national health care policy. The Soria Moria II Declaration states that the model of regional health authorities and hospital trusts will be continued.

The experience already gained from the current model of regional health authorities and hospital trusts will form the basis for a review that explores potential improvements in the model and adjustments/amendments to the statutory framework, including an assessment of management practices and extent to which the model is based on the local and regional conditions and needs. Plans call for this review to be carried out during this Storting period.

The Government seeks to ensure that the future hospital structure is based on enhanced cooperation and distribution of tasks among the hospitals. The hospitals are to be able to provide high-quality specialist health care services in areas where the individual hospitals have clarified a distribution of tasks, cooperate closely and maintain a productive dialogue with the municipalities. The objective should be to consolidate functions when this is necessary for quality considerations, but at the same time to decentralise these when this is possible – in order to give the patients the widest possible array of high-quality services in their local community. To ensure adequate expertise and reliability in all parts of the services, it is necessary to establish and create a visible profile for a professional networking function. This means that all units must share responsibility for the overall range of services offered within the individual areas of health and care and that the professional resources in the various areas are viewed in relation to each other.

The local hospital represents the people's closest access to hospital services, and it must maintain a clear role in treatment chains and provide high-quality, integrated treatment. Requirements relating to what local hospitals should provide must be based on the breadth of the services that the local hospital offers to the population. This should be targeted towards the large patient groups who should and can receive specialist health care services in the vicinity of where they live.

Efforts will be launched to establish minimum requirements for what constitutes a hospital. The requirements will be laid down in regulations pursuant to Section 2-1a, final paragraph, of the Spe-

cialist Health Care Services Act, cf. Section 4-1 of the Act.

It is crucial that childbirth and post-natal care services are located in close proximity to the new mothers who need them. The quality requirements for childbirth care established by the Norwegian Directorate of Health address organisation, expertise, the determination of which women should give birth where, a system to follow up these requirements, and requirements related to information and communication. Follow-up of these requirements must take place in the form of developmental processes extending over time. Additionally, varying local conditions will lead to different adaptations in the final design of the services. However, requirements related to quality, including patient safety, will be the same throughout the country.

The role of the specialist health care services must also be strengthened outside of the hospitals. For example, decentralised specialist health care services may be located on the same premises as the municipal health care services provided at community medical centres.

The restructuring process within the mental health care system must be completed to ensure better accessibility of the services and more effective utilisation of resources. The District Psychiatric Centres are intended to serve as a clear hub for integrated treatment services at the specialist level. The psychiatric outpatient clinics for the elderly should collaborate with the District Psychiatric Centres, and consideration should be given to establishing a mobile psychiatric team for the elderly which cooperates with the municipal health care services. The use of compulsory admission and treatment in the mental health care system must be reduced.

Municipalities and hospital trusts must cooperate more on the development of emergency medical services to ensure integrated, balanced services of high quality. The Government is working to ensure that the population has equal access to the emergency dispatch service.

Despite a significant increase in hospital activity in recent years, many patients must wait a long time before receiving treatment. Relevant measures to reduce waiting times may be to increase capacity for medical investigation and the use of private players when this is cost-effective. As from 2011, the ministry requires the submission of monthly reports and follow-up of waiting list numbers, based on figures from the Norwegian Patient Registry. The proportion of unmet deadlines within the specialist health care services varies between health regions/institutions and between areas of specialisation. It is not acceptable that deadlines for patients who have a right to receive treatment within a specified period of time are not met. The ministry has stipulated that the hospitalshave a duty to provide information and satisfactory treatment when the deadline for treatment is not met.

Procurements undertaken by the regional health authorities and the hospital trusts are of great significance for society. It is assumed that the regional health authorities conduct external evaluations of these procurements. These evaluations must include the impact on patient services with regard to continuity, geographic accessibility, breadth and variety, and capacity for renewal and development.

The patient and user role of tomorrow

Patients and users will play a more clearly defined role in the health and care services of tomorrow. Users and family members must be met with respect and care. They will have greater influence over the design of the services offered in all parts of the health and care services sector. More knowledge is needed about the implementation and impact of user participation. The rights and needs of patients for adapted services will be addressed and clarified in planning and medical investigation activities as well as when taking decisions. The Government seeks to ensure that the specialist and municipal health and care services and dental care services are adapted to the linguistic and cultural needs of the users. Good information services will help patients and users to make choices that promote health and mastery and increase the potential for self care. A national health portal with information about health, services offered, rights and support schemes will be established in 2011.

Self-help groups, peer groups, post-natal groups under the auspices of public health clinics for pre-school age children and group programmes offered by the school health services are examples of measures that foster self care. Activity centres for the elderly can help to prevent social isolation and keep the elderly physically and mentally active. Training and empowerment centres are intended to provide users with knowledge about prevention, disease and treatment and to enhance coping skills. All municipalities are required to have a scheme for user-driven personal assistance. All patients with a need for long-

term, coordinated services have the right to an individual care plan.

Family members are an important resource for the patient and for the health and care services. A framework should be laid that allows family members to combine caregiving with employment, and the caregiving tasks should be divided more equally between men and women. Family members must also be heard with regard to their own needs.

The voluntary sector is a vital partner in public health efforts. Healthy retirees are an unutilised resource in voluntary care. The public services must establish more partnerships with non-governmental organisations and a dynamic civil society. The Government is working to expand coordination between the public sector and volunteer sector, which will lead to better welfare. Non-governmental organisations and private players must be ensured predictable contract terms and conditions, while at the same time requirements related to quality, cost and working conditions must be established.

Quality and knowledge

To achieve safe and effective services, it is crucial that prevention, diagnosis, treatment, follow-up and care build on the best possible research-based knowledge. The same applies to decisions on the introduction of new methods, designation of guidelines and quality indicators, and organisation of services. The experiences of patients must be given greater emphasis in the knowledge base. Knowledge must be available in all parts of the health services when it is needed. A common professional platform with guidelines, procedures and other bases for decision-making across treatment levels and professional boundaries will be important for ensuring knowledge-based practice in all components of the health and care services and for implementation of the Coordination Reform.

Key prerequisites for quality and innovation in the services are high-quality, relevant education and research, competence development, interaction between the services, good management, innovation, effective quality systems and adapted solutions.

Health and care is a prioritised area in the Government's efforts to promote research and innovation. Activities relating to both needs-driven and research-based innovation in the sector will be continued. Currently there is too little research being conducted on several of the service areas.

The draft bill for the Health and Care Services Act proposes that research should be included in the agreement framework between municipalities and health authorities and that the municipalities should be required to participate in research activity. The proposal does not state that the municipalities should be responsible for initiating or funding such research.

It is a stated objective to increase the number of national health and quality registries and to improve access to the data found in national registries and biobanks.

The Government seeks to enhance quality throughout the entire spectrum of the health and care services. In this light the Government will submit a white paper on quality and patient safety. The report will assess whether the current instruments and framework conditions adequately support efforts needed in this area. Other important topics will be how to measure the quality of the services and how to deal with experimental treatment. The Government has proposed enacting legislation that requires all entities within the health and care services to make a systematic effort to improve patient safety.

A national knowledge and reporting system for undesirable incidents within the health services will be established. A national campaign on patient safety will be launched in January 2011. Two of the campaign's focus areas are the proper use of pharmaceuticals in nursing homes and when users move between units and levels within the health services. Systems and routines for solving problems related to the use of pharmaceuticals must be established.

ICT systems may help to improve treatment, reduce patient transport, enhance the local health services, improve the utilisation of resources and strengthen the patient and user role. The Government will submit a white paper on electronic coordination of the health and care services sector. Important topics to be addressed include the exchange of electronic messages, availability of patient data, Internet-based services for patients and users, and knowledge support for health personnel. Welfare technology may make it easier for people to live independently, give family members greater security, and free up health personnel's time.

Personnel

A major challenge in future public health efforts and the health and care services will be access to adequate personnel with the necessary expertise.

The personnel and competency profile within the sector must be developed in keeping with the objectives of the Coordination Reform. This entails ongoing assessment of the content of basic educational programmes, continuing education programmes and competence development within the services. Educational programmes must put more emphasis on a process approach, expertise on coordination, greater user participation, prevention and public health efforts. The Government will submit a white paper on education for the welfare services during 2011.

The tasks carried out within the health and care sector must be properly distributed among the groups of personnel in order to make best use of the manpower and to achieve the best possible quality of service. An effort must be made to reduce sickness absence, disability and early retirement. The Government will help to establish 12 000 new person-years with professional education in the municipal health and care sector from 2008 to 2015. Better conditions will be laid for the creation of full-time positions.

Effective management at all levels is essential if the Coordination Reform is to succeed. The Government believes that challenges related to management and the working environment in the health and care services must be addressed primarily with measures under the auspices of the municipalities, counties and regional health authorities and hospital trusts. Efforts to strengthen management expertise in the municipal health and care services will continue. Greater effort must be made in the area of ethics and values within the services to ensure that users and family members are met with respect and understanding.

Financial and administrative impact

One of the main action points of the Coordination Reform is to develop the role of the municipalities so that they are more capable than today of achieving the objectives related to prevention and early intervention to halt the development of disease. The Coordination Reform is designed to generate a change in course and is based on the premise that the anticipated growth in the need for integrated health and care services must be addressed primarily within the municipalities. The most important financial instruments are municipal co-financing for the use of the specialist health care services and the transfer of tasks to the municipalities, including the financial responsibility for patients ready for release from the hospital. In connection with the transfer of tasks which are currently carried out by the specialist health care services, a transfer of budget allocations from the specialist health care services to the municipalities must also take place. This is mainly related to the proposed obligation of the municipalities to establish a service that provides immediate assistance for 24-hour treatment and to establish services for patients who are ready to be released from the hospital.

Both municipal co-financing and transfer of the financial responsibility for patients ready for release from the hospital requires that relevant data about the specialist health care services is made available to the municipalities and is used as the basis for financial settlement.

The data used as the basis for financial settlement must be a national responsibility and will mainly take its point of departure in the data from the Norwegian Patient Registry. The data may be made available to the municipalities through, for example, a web-based solution in which the municipalities can obtain ongoing insight into and information about the costs related to municipal co-financing and patients ready to be released from the hospital.

The Coordination Reform will be evaluated. An evaluation of the impact of the reform will be conducted under the auspices of the Research Council of Norway. This evaluation will provide useful information throughout the period of this plan and serve as a basis for future adjustments in the use of instruments.

The Government will address any specific measures in the proposals to the national budgets for the individual year in question.

Published by:
Norwegian Ministry of Health and Care Services

Internet address:
www.government.no

Cover illustration: Anne Melby

Printed by:
07 Aurskog AS 01/2012