

REVIEW OF PUBLIC ADMINISTRATION – RESPONSE BY THE EASTERN HEALTH AND SOCIAL SERVICES COUNCIL

Scope of Response

This response by the Eastern Health and Social Services Council (EHSSC) gives our views on the broad range of reforms proposed by the Review of Public Administration (RPA). The four Health and Social Services Councils of Northern Ireland have submitted a separate response on their own future under RPA.

General

We wish to make the following comments applicable to the document as a whole:

- We support strongly the principle of co-terminosity between all public sector organisations. This principle should be a significant factor shaping decisively the size and number of public sector organisations.
- We support strongly the enhancement of the functions of District Councils and the opportunities this creates for communities to hold their locally elected representatives directly to account for local service provision.
- It is not clear where accountability lies for public service delivery among public sector organisations within this document.
- We support in principle the two tier model of government. However, arrangements for regional planning and service delivery are vague and require further development.
- We caution against the creation of additional tiers of public service created primarily to co-ordinate other agencies. It would be better that collaboration and joint working was made a core responsibility of all public sector organisations as a matter of course.
- The whole RPA implementation should be managed strategically as a single project for the public service in Northern Ireland.
- Clear strategies on change management, training and public information should be key components of a single implementation project.
- RPA should sponsor the development of a strong vision of future public service leadership and pursue this through the implementation of RPA as a whole.

All public service organisations should be characterized by the following:

- A clear reason for existence that is to the public benefit

- Clear measurable objectives
- Clear monitoring of achievement against objectives
- Direct undivided responsibility of the organisation's Executive¹ for the achievement of objectives
- Effective sanction for underperformance centred on the organisation's Executive
- Direct engagement by the organisation's Executive with the public served
- Collaboration with other agencies to the public benefit
- Clear accountability to a higher authority and to the public served

¹ Where the Term 'Executive' is used throughout this document it refers to the Board, Chief Executive, Directors and Senior Management Team of a public service organisation.

What are your views on the proposals to give Local Government the enhanced powers listed at Paragraph 4.3 and explained in more detail in Appendix 4?

The Council supports the enhancement of the role of District Councils and in particular the key responsibility for community planning.

The role of District Councils in promoting the health and wellbeing of the general public should be made more explicit.

We recognise the need for District Councils to be of sufficient size to operate efficiently while being responsive to their local communities. However, we would like to see the general principle applied that all organisations must demonstrably meet a public need in the most effective way possible.

We favour 1:1 coterminosity across the whole of the public sector but would be willing to support 1:2 or greater coterminosity between District Councils and other public service agencies where a strong case can be made. That the agencies should be coterminous is, we believe, essential to the key aims of RPA.

We would caution against the creation of supernumerary tiers of 'co-ordinating management'. For example, we do not feel the case is made for 'civic councils' to secure local representation in larger District Council organizations.

Local representation should be guaranteed by local councillors as a function of their office. This has the added benefit of centring all 'local community representation' with elected representatives who can be held directly to account by their electorate.

Collaboration with other Councils and providers should be a requirement.

Contribution to and adherence with agreed regional strategic plans and priorities should be a requirement.

All public sector organizations must be clearly accountable to a higher authority. We would be concerned that there are clear accountability relationships between regional and local government, including the accountability of elected representatives.

Training and support should be made available to local elected representatives to enable them to fulfill their enhanced role under RPA.

Which of the options do you favor for local roads and libraries?

For both of these areas of public services, the Council would favour a solution that promotes:

- A cost effective solution
- Effective co-ordination management of resources across Northern Ireland
- The placement of properly regional concerns at regional level
- Accountable services demonstrably responsive to public need and public views.

We would be particularly concerned that any solution takes appropriate account of the potential effect on public health and well-being and the impact of the built environment on public health.

What are your views on the proposal that there should be five or seven HPSS agencies to replace the current four Boards and 18 Trusts?

Five Agencies

The Council strongly supports five Health and Social Services agencies for the whole of Northern Ireland supplemented by the minimum necessary additional regional and specialist agencies.

It is essential that each of these agencies contains within itself the full range of general health and social services – from primary to acute - and serves a population of a similar size.

In allocating resources to these agencies, account must be taken of the specific needs of specific areas - rural areas, for example – however, this should not lead to the creation of more than five agencies or the creation of unnecessary special agencies.

The formulation and delivery of an adequate response to the health and social care needs of their resident areas should be a core function of the five new agencies for which the agencies themselves are accountable.

Separation of Commissioning and Delivery

We agree that there is no need for service commissioning and service delivery in HPSS to be provided by separate organizations.

However it must be very clear where the different functions lie within the same organization.

It must be very clear how self monitoring of service delivery against service plans and resource allocations acts as a real tool of continuous improvement within the organization.

It is with the Executive of each organisation that direct responsibility must lie for achieving an effective balance between commissioning and providing services.

It is with the Executive of each organisation that the responsibility for taking decisions on these two agendas must lie.

Our primary reason for supporting an end to the commissioning and providing split between separate agencies is the potential it has for ending ‘finger pointing’ between these agencies.

If both functions reside within the same agency one cannot blame the other for any shortcomings.

It will be easier for patients and the general public to hold such unified organizations to account through their Executive – instead of being constantly redirected to another organisation for an answer to their concerns.

Regional Accountability

Notwithstanding the presence of such internal procedures a robust accountability system must be put in place with real powers over the agencies themselves. This must be a regional function.

The regional tier must not only set standards but monitor them and have the power to order remedial action when necessary.

It will not be sufficient to develop mutual working across agencies without some underlying real power to demand quality and take action when it is not delivered.

Regional Service Provision

We are particularly concerned that the arrangements for regional service provision are to be placed under a ‘liaison’ committee. This proposal needs further development into a robust planning function.

Corporate (i.e. cross agency) responsibility for specialist regional and supra-regional service provision is something that can- and probably should – reside with the Executives of the five HPSS agencies. However, if this is not made a specific additional duty with specific resources set aside, there is always the risk that regional and supra-regional service provision will take second place to local service delivery.

We do not think it should be necessary to create a separate agency for regional service delivery.

Role of the Department of Health

We think it is important that the DHSSPS is clear about the business it is in – and that the management of direct service delivery should not be part of this business.

Policy, strategy, planning, resource allocation, monitoring, accountability and performance management should be – and the last three are not developed sufficiently as themes in the current document.

The DHSSPS may wish to develop the capacity to take on Executive functions in the event of a crisis but should not involve itself in direct service delivery otherwise.

Non Executive Membership of HPSS Agencies

The new HPSS agencies give space to District Council nominees and to representatives of primary care. We would like to see serious thought given to actively seeking representation on the new HPSS agencies of excluded groups – as identified by Section 75 of the Northern Ireland Act.

We note the commitment to primary care representation. There has been a historic failure to engage General Medical Practitioners with HPSS planning processes - most recently with LHSCGs.

We recommend serious thought is given to real GMP engagement and would welcome any initiative that achieves this when so many have failed in the past.

We would expect that any lessons that can be learned from recent initiatives will be applied in planning for primary care representation on HPSS agencies.

LHSCGs

We welcome the retention of the Local Health and Social Care Commissioning Groups and acknowledge the contribution they have to make to the Community Planning process in District Councils.

We would expect the number and scale of future LHSCGs to reflect the principle of coterminosity across RPA.

Programmes of Care

We recognise the need for a facility such as programmes of care to group and to manage HPSS service provision. However, it is as important to ensure flexibility across these programmes of care for joint working, service planning and resource utilization.

For patients with complex and multiple needs failure of existing programmes to coordinate can lead, at worst, to the patient slipping through the net of health and social care provision because they belong to one or more programmes of care - for example, physical disability combined with a mental health problem and old age.

The principle of joint working to meet specific patient need should be added to those other principles identified as underpinning the development of health and social care agencies.

Programmes of Care should be regarded as a tool for planning and delivery and should never, of themselves, create obstacles for people to access the services they need.

What are your views on the proposal to reduce the existing regional service bodies from six to four or five?

We support the retention of the agencies named and accept the argument for their continued existence as regional agencies.

What are your views on the proposals to replace the four Health and Social Services Councils with a single regional body?

Council supports this change and welcomes it. The views of the four Councils on the role and function of a new single Council are the subject of a separate four Council RPA response.

What are your views on the re-organisation of education and youth support services set out in this Chapter?

How do you feel that needs at local level can be reflected under these arrangements?

Which of the two options offers the best model upon which to build Youth Service Provision? Are there better alternatives?

On each of these questions, Council would welcome a solution that reflects its broad preferred principles for public services that is

- A cost effective solution
- Effective co-ordinated management of resources across Northern Ireland
- The placement of properly regional concerns at regional level
- Accountable services demonstrating response to public need and public views
- That the public health aspect of public service provision is adequately reflected.

Which of the two approaches on Public Bodies outlined should be followed – that is, either a policy decision that there should be none at all or an approach in which their numbers are reduced and their accountability is improved.

The range and remit of Public Bodies is so great that it could not be appropriate to consider all of them in the same way. For some, there would be clear public detriment were they not to exist – for others, there could be discussion on their utility.

Council, therefore, would welcome an approach on public bodies that mirrors its overall view on RPA – that there should be as few public bodies as possible, that those that remain should remain only on the basis of a clear functional argument for their continued existence, that all such bodies should be open and accountable and in particular capable of expressing and accounting for themselves in a way that is intelligible and accessible to the general public.

We do not see why addressing the Public Bodies should not form part of a single RPA implementation project and why – of all the areas proposed for change – this one in particular should be held back pending the return of the Assembly.

Our preference is for a single RPA implementation project to be rolled out across Northern Ireland.

What are your views on the future of the individual bodies listed in Appendices 6, 7, 8?

This is covered by our statement above.

What are your views on the nomination of councillors to the Board of Public Bodies?

This depends very much on the function of the Public Body.

We actively promote lay and user membership of all Boards and Public Service Committees and this may include Councillors. However, it is clear that for some public bodies specific expertise is an absolute requirement and should be a decisive factor in the final composition of any Board.

Do you believe the use of Executive Agencies should be a matter for individual Departmental Ministers?

We do not believe that the use of Executive Agencies should be a matter for individual Departmental Ministers as this is likely to work against consistency, congruence with governmental and strategic objectives and may encourage a hidden growth in numbers of Executive Agencies.

We believe that the use of Executive Agencies should be a matter for the Secretary of State and, in the event of a return of the Assembly, for the First Minister.

How do you believe the leadership skills and capacity of the Northern Ireland Public Sector can best be developed?

We agree that the commitment and contribution of the current public sector workforce should be acknowledged fully by RPA and that the process of change should be sensitive to the fact that it will present direct personal challenge for many people.

We agree that there should be a robust process for managing change for all members of staff guided by principles of equity and subservient only to the actual requirements of the public service.

We agree that, similarly, there should be a process of professional development for those who will implement the change and take on new roles in the restructured public service.

Clearly the impact of RPA will be felt most by Administrative, Clerical and Management staff. For most 'front line' staff the change will be less significant and should, in fact, have a very positive effect on their daily working lives. That this is the case must be clearly reflected in the processes put in place to manage change.

Our most immediate concern is with the Executive and Senior Management level of new organisations.

We have elsewhere expressed the view that clear accountability is lacking in RPA and that accountability should rest with the Executive of the new HPSS agencies.

We believe that for performance management and accountability to function there must be real consequences of poor performance.

We do not feel that such sanctions can fall on the organisation as such.

Financial sanctions on organizations are likely to be detrimental to the public served.

'Taking the business elsewhere' in HPSS organizations is not really a practical possibility – less so under a reduced structure based on a rational response to need.

We believe that sanctions and rewards for performance should be applied to the Executive of the organizations. It should be possible to withhold benefit from a person who is failing to perform adequately to meet organizational

objectives. It should be possible to remove a person who is failing to perform adequately.

We suggest that the Executives of agencies are appointed – therefore – on renewable contracts with the clear understanding that such contracts will not be renewed if performance is not satisfactory.

We suggest equally that a reward system is in place where the performance has exceeded expectations.

In addition, we would suggest that Executives are given two core responsibilities that have the same status for them as financial and service delivery objectives:

Direct engagement with the public served

This would ensure that the public response and engagement agenda is taken seriously by all Executives.

There is a lack of meaningful engagement with service users - in spite of the central position given to this by all recent strategic plans. We do not consider that having public board meetings, for example, constitutes meaningful engagement in itself.

Executives must be encouraged to take a proactive and creative approach to meaningful participation with the public they serve. We are convinced significant benefits will flow from such engagement over time.

Collaboration with other agencies for the public benefit

Too often one agency will blame another agency for a service shortcoming. Too often the fact that a service belongs to another Department is given as a reason for a lack of responsiveness to a patient or public need.

We would wish to see agencies have in place relationships, collaborations and partnerships that make it easy for the patient or member of the public to have their needs or concerns addressed.

This additional responsibility on all Executives would place the onus on the organisation or agency to solve the problem – rather than expect the patient or member of the general public to pick their way through various public service structures.

Again, we believe significant benefits would flow from such a positive response to the public.

Implementing proposals of this type would present challenges over and above those faced by current Executives of the various agencies.

We would suggest that within the training and development programmes for all staff appropriate provision is made for the development of leadership and the support of the highly skilled people that would be required to take on such roles and responsibilities.

Have you any comments on any other issues in this document that are not covered by the questions in the earlier Chapters?

None