

**FROM THE MINISTER OF HEALTH**

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Dear *Colm,*

Thank you for your letter dated 20 April regarding the Health and Social Care Bill.

Following on from the recent briefing session with my officials on 15 April 2021, you have requested further written briefing in relation to commissioning groups and the processes involved in commissioning. Please find attached at **Annex A** the additional briefing requested.

I hope you find this information helpful.

Yours sincerely



**Robin Swann MLA**  
**Minister of Health**

### **Existing commissioning arrangements including how decisions are currently made**

The current commissioning process, led by the HSCB, translates the agenda set by the Department into a comprehensive, integrated commissioning plan for health and social care services.

The Commissioning Plan is developed and agreed in consultation with the PHA.

The HSCB then work with service providers to develop business cases which set out in detail how services will be commissioned.

You will be aware that in order to stabilise and restore service delivery across the system in light of the impact of Covid-19 the Commissioning Plan Direction and Commissioning for the 2019/20 financial year have been rolled forward into the years 2020/21 and 2021/22, and updated to reflect Departmental budget allocations in each of these years.

### **The work being undertaken to capture the expertise that exists within local groups and how local engagement will inform the future commissioning model**

The future planning work will see the development and implementation of an Integrated Care System model in Northern Ireland. In line with the direction of travel outlined in Delivering Together this approach will empower local providers and communities to plan integrated continuous care based on the needs of their population with specialised services planned, managed and delivered regionally.

A population-based approach will underpin the planning process, and the role of local and community representatives will be key to the shaping of health and social care services to meet the needs of the local population.

The closure of the HSCB and subsequent ending of LCGs will not detract in any way from the need for local input and intelligence into the planning process. A key part of the development of a future planning model will be taking on the learning from the LCGs and bringing forward a mechanism to ensure the continuation of local input and engagement.

The approach being taken will not only take account of this learning but also of the changed landscape in which we are now operating with the creation of the Community Planning Partnerships and how we can better align ourselves to achieve improved outcomes for our local populations.

LCGs have a key role in both informing the design of the new system and will continue to do so in supporting its implementation. Good working relationships and partnerships are fundamental to the success of the future model and significant work is ongoing to utilise and build upon the current expertise and engagement at local levels.

## **The Department's planning and programme of work relating to a future commissioning model**

As you are aware, the commencement of a programme of work which will look at how we plan and manage our services in a way that promotes integration, collaboration and service improvement, has recently been approved.

Delivering Together articulates the need to empower local providers and communities to plan integrated continuous care based on the needs of their population with specialised services planned, managed and delivered on a regional basis. The future planning work will see the development and implementation of an Integrated Care System model in Northern Ireland, underpinned by a population health approach.

A phased approach will be taken to the development of the future planning model. The development of an integrated care system approach is a complex undertaking and one which will take time to develop. We must also be cognisant of the impact that Covid-19 has had on our system and move forward at a pace that supports our efforts at rebuilding.

Key deliverables in the initial phase of this project include:

- The development of a draft framework to support the establishment of the model across NI;
- Establishment of the model to provide the necessary structures to ensure local level intelligence can continue to be gathered to inform planning and service delivery post-closure of the HSC Board; and
- Development of the strategic priorities and outcomes at a Ministerial/Departmental level to inform the work of the model.

It is important to note that in this initial phase funding models will remain in their current form. Whilst a full Integrated Care System model envisages greater financial autonomy and responsibility at a local level, this is a complex area and will need to develop over time.

The programme of work on the future planning model has been established as a specific workstream under the Rebuilding Management Board. This will ensure broad strategic oversight and that the work is embedded in the rebuilding agenda.

A Project Board and associated workstreams have been established with wide representation from relevant policy and service leads within the HSC, including LCGs, as well as from other sectors, such as the Voluntary and Community sector and the Patient & Client Council.

### **How the future model will differ to existing arrangements**

The future approach to planning, managing and delivering our services will be based on an Integrated Care System (ICS) model.

At its core, an Integrated Care System model is about partnership and collaboration between sectors and organisations. The purpose is to improve the health and wellbeing of the populations they serve. It is about delivering services and support in a joined up way, not in silos or isolation.

Key to this approach is that it seeks to harness not just the strengths of our health and social care sector but also by looking beyond to what can be achieved when we work in partnership with the voluntary and community sector, with local government and with our service users. The approach ensures that all relevant partners are involved and invested in delivering improved outcomes together.

Our current system has limitations, for instance, HSC Trusts are not a constituent of LCGs which has been a limiting factor in integrated planning. Whilst Trusts are a key partner in Integrated Care Partnerships (ICPs) they are designed to coordinate service provision which is much narrower scope than is envisaged in the proposed integrated care system model.

A fully developed ICS model will have a great deal more delegated authority to utilise resources available for each local area and to act flexibly to deliver health and wellbeing outcomes.

The link with wider partners, such as Community Planning, is particularly important and an ICS model will have the opportunity to invest in addressing the wider determinants of health and wellbeing with a greater focus on health improvement and early intervention. Working with councils and other Community Planning partners will enable collaboration in broader programmes, such as those seeking to reduce poverty and inequalities, and to better target health and social care services to those most in need.

It is not about a wholesale changing of the system, rather it allows the system to better use its assets and resources, collectively, to meet the needs of the population.

### **How commissioning will be improved within the new arrangements**

The future planning model will oversee population health needs assessments which will identify key factors of inequality affecting the health and wellbeing of local communities.

This approach will allow identified needs to be addressed at a local level through collaboration and partnerships. This in turn can help shape regional service planning and can better utilise the specialist resources available to everyone.

### **Plans relating to an appeals process relating to commissioning decisions**

There is currently no appeals process relating to Commissioning decisions.

The HSCB engage the HSC Trusts in the planning process to ensure there is general consensus on the services to be commissioned to deliver against the commissioning direction.

Should an HSC Trust feel that other services should be commissioned then they have a number of ways of taking this forward with the HSCB for further consideration. This could be via correspondence to the Director of Commissioning or Chief Executive, or through regular HSC Trust/Board meetings.

In more general terms, any interested individual, representative or organisation has the right to express their views and can do so via correspondence to relevant organisations or by raising a formal complaint at any time.

With regard to the new Commissioning arrangements, there are currently no plans to develop a specific appeals process for commissioning decisions.