FROM THE MINISTER OF HEALTH

Department of
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Dear Colm,

Thank you for your letter of 10 May 2021 regarding the issues raised in connection with the Health and Social Care Bill and responses to the call for evidence.

Attached, as requested, is the table containing responses to the issues raised.

I hope you find this information helpful.

Yours sincerely

Robin Swann MLA
Minister of Health

Health and Social Care Bill

Department of Health response to issues raised in written submissions

CLAUSE 1 – Dissolution of the Regional Health and Social Care Board

British Association of Social Workers NI (BASW)	Department of Health response
BASW expresses significant concerns regarding the consultation process conducted by the DoH to inform the content of the Bill. It advises that the consultation, *Health and Social Care Reform and Transformation - Getting the Structure Right*, did not provide sufficient detail about future structures. **BASW** highlights that 62% of respondents disagreed or strongly disagreed with the proposals concerning restructuring. **BASW** is deeply concerned that the DoH has introduced legislation intended to radically alter HSC commissioning and governance structures based on this consultation.	The assessment of responses to the consultation gave a clear endorsement of the need for change. In the main those who responded agreed: there is too much complexity in the current system and that it is not working to its optimum capacity; that the system needs to be better at enabling and supporting innovation; that reduced bureaucracy would allow the system to respond more quickly to changing demands; that a full, competitive commissioning process is too complex and transactional for an area as small as Northern Ireland; and bringing performance management into the Department would help improve lines of accountability. The analysis of consultation responses did show a concern particularly around the proposal to give trusts more responsibility for planning care in their area. The Bill only relates to the closure of the Board and does not impact any other HSC body. The closure of the HSCB is an important first step on a wider transformation journey. When the HSCB closes, the staff will continue in the main to undertake the same functions, albeit they

BASW highlights that the Department has not outlined its plans to replace the LCGs or explained how the independent expertise of the HSCB Chair and Non-Executive Directors will be replaced.	will be directed by a Senior Civil Servant within the Department. In this step there will be no fundamental reengineering of process. This model gives effect to supporting the movement of the current functions of the HSCB to the Department, strengthening decision making and accountability and utilising fully the skills, knowledge and experience of existing HSCB staff. A programme of work has commenced to look at how services are planned in the future, this work takes this into account and is seeking to develop a new way of planning services based on integrated care approach which is founded on partnership and collaboration. Engagement with stakeholders will be key to this process. Plans for future planning are under development. Minister wrote to Health Committee members on 26 May providing an advance copy of the draft framework for the Future Planning Model which provides detail on the proposed way forward. A targeted consultation exercise will now be undertaken on the draft framework to seek the views of key stakeholders and this exercise will include all those who have submitted evidence to the Committee on the Bill. Minister previously recognised the expertise brought by all Board members appointed through Public Appointments and acknowledged the valuable work they do and will continue to do right up to the dissolution of the Board. Following the closure of the Board the Department will be accountable to Minister for all of the

BASW supports a regional approach to service provision, citing the approach to planning mental health services outlined in the draft Mental Health Strategy 2021 – 2031 as an example of a regional approach to provision of services that it fully supports. **BASW** affirms that a regional approach to service provision supports best practice across NI; improves services for individuals who move between Trust areas; and avoids a "postcode lottery".	functions delivered by the former Board staff under the direction of the Department. The Deputy Secretary directing the former Board staff will be a member of the Top Management Group and the Departmental Management Board and the delivery of these functions will be subject to the appropriate level of scrutiny. The composition of the Departmental Management Board consists of two non-executive members, who provide support, guidance and challenge to the Board. The Department welcomes support from BASW for the regional approach to service provision. The Department recognises the need to avoid a "postcode lottery" and provide an equitable service across Trust areas.

British Dental Association NI (BDA)	**Department of Health response**
BDA states that it has not been provided with sufficient information to have a clear picture of what the full implications of this Bill are likely to be for dentistry and dentists and points to a lack of engagement and consultation.	The Bill provides for the Department to make arrangements with dental practitioners to provide dental treatment and appliances following the closure of the HSCB. A provision is also included to provide regulation making powers in respect of the members and terms and conditions of an appeals body independent of the Department. The appeals body will hear appeals from dentists in relation to contractual disputes and disputes about inclusion or otherwise on providers lists as a result of decisions made by the Department. Further policy development is required to inform the development of necessary regulations, this will include consultation

	with stakeholders. The Bill contains no other amendments impacting dentists or dentistry.
BDA states its position that dental administration in DoH requires a complete overhaul. BDA believes the Bill provides an opportunity to facilitate new structures and increased personnel capacity to undertake the significant reforms that have been overdue in dentistry for years, including a new GDS contract and a new revised Oral Health Policy.	The objective of the Bill is to give effect to the closure of the Health and Social Care Board and transfer responsibility for its functions, in the main, to the Department. The closure of the HSCB is an important first step in the wider transformation journey, former HSCB staff will be fully supported as they transition to the new model and the new group which will be created within the departmental structure. The development of a new GDS contract and a revised Oral Health Policy is not within the scope of this Bill however the BDA position has been shared with the appropriate policy leads.
BDA highlights that full transparency around the new commissioning process, including who is ultimately responsible and accountable for budgets, and the policy they are working towards needs to be an important consideration of the Bill.	The closure of the HSCB is a first step in this process, it is important that when undertaking to transform how we plan and manage our health and social care services we do so in a staged manner that will mitigate against risk to service delivery. On that basis there is no immediate change to the commissioning process. Building on the closure of the HSCB, a separate piece of work has commenced to look at how we plan and manage services. Minister wrote to Health Committee members on 26 May providing an advance copy of the draft framework for the Future Planning Model which provides detail on the proposed way forward. A targeted consultation exercise will now be undertaken on the draft framework to seek the views of key stakeholders and this exercise will include all those who have submitted evidence to the Committee on the Bill.

BDA states concern that the more powers become centralised (HSCB/LCGs to DoH), the less opportunity there will be to influence and input into the process. **BDA** states that mechanisms must be put in place to ensure DoH becomes more accountable going forward, with increased local input, not less.	The abolition of LCGs is a statutory consequence of the closure and migration of the HSCB, nevertheless this will not detract from the need for local input and intelligence into the planning process. The future planning model will see the roll out of an Integrated Care System model which will be underpinned by a population health approach, aiming at planning and delivering services that will meet the health and wellbeing needs and priorities of the population. The Integrated Care System model reflects the importance of ensuring local input and intelligence remain key to the shaping of health and social care services that will meet the needs of the population. The expertise and experience of the LCGs, in particular their role in gathering local intelligence and in informing the planning and delivery of services based on identified need, will be built upon in the design of those groups. Moreover, those groups will have the autonomy and flexibility to call upon any local partner or organisation in order to seek out the required relevant expertise in the planning and delivery of those services that will meet their population's needs and priorities.
BDA would like clarity on the future role of Local Dental Committees (LDCs) after the Bill comes into force, specifically in relation to their current consultative role with HSCB on local issues. **BDA** advocates that local dental input should continue post HSCB closure.	Article 55 and 55A of the 1972 Order describe the existing provisions in respect of local representative committees including local dental committees. The amendments included in the Bill simply substitute existing references to a Board with a reference to the Department. There are no other amendments to the duties, powers or responsibilities currently included in the existing provisions. As the DoH will hold the GDS contracts post closure of the HSCB, future consultation will be between the Department and LDCs.

Chartered Society of Physiotherapy NI (CSP)	Department of Health response
CSP states that it is not opposed to the abolition of the HSCB, however is concerned about the abolition of LCGs; the transfer of their functions to the DoH, the impact on commissioning; and the lack of detail regarding how the commissioning process will operate in the future.	The abolition of LCGs is a statutory consequence of the closure and migration of the HSCB, nevertheless this will not detract from the need for local input and intelligence into the planning process. The closure of the HSCB is a first step in this process, it is important that when undertaking to transform how we plan and manage our health and social care services we do so in a staged manner that will mitigate against risk to service delivery. On that basis there is no immediate change to the commissioning process. Building on the closure of the HSCB, a separate piece of work has commenced to look at how we plan and manage services.
CSP agrees that the operation of future commissioning arrangements should be redesigned but is concerned that the knowledge, expertise and diversity of views on LCGs will be lost with the transfer of functions.	The future planning model will see the roll out of an Integrated Care System model which will be underpinned by a population health approach, aiming at planning and delivering services that will meet the health and wellbeing needs and priorities of the population. The Integrated Care System model reflects the importance of ensuring local input and intelligence remain key to the shaping of health and social care services that will meet the needs of the population. The expertise and experience of the LCGs, in particular their role in gathering local intelligence and in informing the planning and delivery of services based on identified need, will be built upon in the design of the model. Moreover, local areas will have the autonomy and flexibility to call upon any local partner or organisation in order to seek out the required relevant expertise in

	the planning and delivery of those services that will meet their population's needs and priorities.
CSP is concerned about the lack of detail on how the commissioning process will operate and that the structures within the Department will not facilitate the inclusion of all representative clinical groups in the commissioning process 'given the structural inequalities which currently exit within the Department'.	The closure of the HSCB is an important first step in the wider transformation journey. It is important that when undertaking to transform how we plan and manage our health and social care services we do so in a staged manner that will mitigate against risk to service delivery. On that basis there is no immediate change to the commissioning process. Building on the closure of the HSCB, a separate piece of work has commenced to look at how we plan and manage services based on an integrated care system approach founded on partnership and collaboration. A phased approach will be taken to the development of this model. Minister wrote to Health Committee members on 26 May providing an advance copy of the draft framework for the Future Planning Model which provides detail on the proposed way forward. A targeted consultation exercise will now be undertaken on the draft framework to seek the views of key stakeholders and this exercise will include all those who have submitted evidence to the Committee on the Bill.
The **CSP** submission sets out its views for future commissioning including: a requirement for the publication of a governance framework for the oversight of commissioning which should define how the commissioning process will operate within DoH structures, its leadership, its membership and its relationship to the wider HSC system. The governance framework should set out how the	The closure of the HSCB is a first step in the wider transformation process. It is important that when undertaking to transform how we plan and manage our health and social care services we do so in a staged manner that will mitigate against risk to service delivery. On

commissioning process will operate, how decisions will be made, including managing conflicts of interest, and how it will engage with stakeholders and exercise financial control and risk management. Continuation of the current requirement for commissioning plans to be approved by the Public Health Agency. a commissioning model based on competencies identified by the programme of world class commissioning (further details in submission).	that basis there will be no immediate fundamental reengineering of the commissioning process. Building on the opportunity the closure of the HSCB presents a separate piece of work has been commenced to look at how we plan and manage services in the future. Consultation with stakeholders is key to the development of a framework for future planning. The Department recognises the expertise and knowledge the Public Health Agency brings to the development of commissioning plans. The Public Health has a vital role and the Department will ensure this continues post HSCB closure. The work being undertaken on the development of a future planning model has been, and will continue to be, informed by experiences of the development of integrated care systems elsewhere. My officials have been engaging with colleagues from other jurisdictions to share knowledge and identify opportunities for learning and will continue to keep abreast of any developments. This approach is being developed in countries across the world, and whilst we will always look to learn from others, our focus will be on the development of a system that works for Northern Ireland.

Community Pharmacy NI (CPNI)	**Department of Health response**
CPNI states that it is important that the Family Practitioner Services (FPS), as independent practitioners, are all allowed to retain their current level of independence and degree of autonomy as this is part of the strength of this sector and one which allows it to respond	The Department recognises the need for a stable and sustainable network of community pharmacies. As a consequence officials are continuing to work with CPNI to develop a road map to a long term

quickly to change and demand, rather than being overly constrained or controlled by others.	future for community pharmacy services. There is nothing in the provisions of this Bill that changes this position.
CPNI agrees that the current commissioning model is not as effective as it could be and is too complex for a patient base of this size.	The Department notes CPNI agreement that current commissioning model is too complex.
CPNI highlights fears that the local voice will be diminished with the removal of LCGs; that this will contract the expertise available to the process of commissioning primary care pharmaceutical services; and will reduce access to experienced people to mediate ill-thought-out policies.	See response to CSP same issues detailed above.
CPNI has asked for clarity on details of the new commissioning processes and mechanisms which will ensure that the learning of the local commissioning groups is utilised and to ensure the continuation of local input. CPNI are seeking assurances that stakeholders are fully consulted on any proposals in respect of any such new processes and mechanisms.	See earlier response to BASW, BDA and CSP on same issues above.
CPNI states that it is essential that the new commissioning process is capable of understanding, appreciating and harnessing the strengths of community pharmacy to improve access and quality of services to patients.	The Department notes this position and would also refer to earlier responses to BASW, BDA and CSP on similar issues above.
CPNI is concerned that there is a possible risk of budgetary and service provision being delegated to Trusts. CPNI states that while Trusts may understand patient and service need at acute and community care level, they tend to be more detached from the primary care and preventative health care needs of patients,	The analysis of consultation responses did show a concern particularly around the proposal to give trusts more responsibility for planning care in their area. The Bill does not provide any additional responsibility for Trusts. The work underway on the future planning

particularly in terms of the need for services provided by independent contractor services such as community pharmacists.	model will see the roll out of an Integrated Care System model which will be underpinned by a population health approach, aiming at planning and delivering services that will meet the health and wellbeing needs and priorities of the population. The model will include a set of values and principles developed in partnership with key stakeholders, which the system will be expected to adopt and operate in line with. There are currently no plans for the budgets of independent contractor services to go to the Trusts.
CPNI points out that there are recurrent budgetary deficits in Trusts, and does not want a situation under new 'delegated arrangements' where Trusts have a responsibility for FPS/Primary Care contracted services and may see the opportunity to off-set secondary care budgetary deficits through reduced FPS funding allocations. **CPNI** states it will be critical that funds earmarked for community pharmacy are ring-fenced to protect from re-allocation and it is critical that the Department is specific when giving directions to HSC Trusts regarding the allocation/use of funds for pharmacy services.	See response above.
CPNI has asked for clarity about changes the Bill will make to the Health and Personal Social Services (Northern Ireland) Order 1972, namely -	
Schedule 1, paragraph 34 (4) makes changes to Article 63 AA of the 1972 Order to indicate that market entry appeals will be dealt with in future by a "prescribed body". It would be essential that CPNI is consulted on the composition of that body.	Consultation with stakeholders will form part of necessary further policy consideration in relation to composition of the prescribed appeals body, to be reflected in new regulations.
Schedule 1, paragraph 35 makes changes to Articles 63A and 63B of the 1972 Order to set out in some detail the powers of HSCB to arrange for additional pharmaceutical services. Rather than just	

replacing references to HSCB with references to the Department, the Bill replaces the existing Articles 63A and 63B with a single new Article 63A. However, CPNI cannot identify any significant difference between what is in the current Articles and what will be in the new Article, and clarification would be useful.	Replacing references to the HSCB with references to the Department in Articles 63A and 63B was initially considered but would have resulted in confusing and complicated legislative text. The new Article 63A provides the same legislative provisions as the previous articles 63A and 63B while clearly reflecting the transfer of duties and powers to the Department.

NI Local Government Association (NILGA)	**Department of Health response**
NILGA states that it is aware of the need for contemporisation and rationalisation of HSC structures to ensure improved efficiency and effectiveness.	The Department notes NILGA view that contemporisation and rationalisation of HSC structures to ensure improved efficiency and effectiveness is needed.
NILGA highlights the lack of clarity in relation to what will replace LCGs. Stating that local councils must be able to influence provision in their local areas, it asks for an increase in engagement on the development of replacement mechanisms and structures. NILGA emphasises the willingness of councils to work closely with HSC	The Department notes this position and welcomes the willingness of councils to engage in the development of a future model. Please note earlier responses to BASW, BDA and CSP on similar issues above re LCGs.

partners to ensure that a future commissioning delivery model is appropriate and maintains meaningful democratic input. It advises that elected members currently involved in LCGs are concerned that a separate forum will be created for councillors, with minimal value, to pay lip service to their role.	It is worth noting that within the new model, the link with local councils and Community Planning is particularly important in order to address the wider determinants of health and wellbeing with a greater focus on health improvement and early intervention, reducing inequalities, and deliver health and social care services to those most in need.

Regulation and Quality Improvement Authority (RQIA)	**Department of Health response**
RQIA is wholly supportive of the Bill and the plans to transition existing functions of the HSCB to the DoH and HSC Trusts. The potential benefits are to achieve more streamlined and responsive decision making and planning functions and to support the delivery of safe, effective and accessible services for the population of NI.	The Department notes RQIA support for the Bill and the plans to transition functions of the HSCB to the DoH and HSC Trusts.
RQIA advises that a number of the functions which currently fall to the HSCB are vital in assuring and improving the quality of HSC services. **RQIA** currently works with the HSCB on matters such as, monitoring of dental services, contracting of independent health care, oversight of safeguarding, oversight of serious adverse incident investigations; and on all commissioning, planning and performance monitoring functions. **RQIA** recognises potential opportunities for even closer joint working and collaboration in respect of its assurance and improvement roles. **RQIA** is now working closely with colleagues on the HSC Migration Project Team to ensure that going forward it builds clear principles of co-operation and sustains the effective working relationships that support RQIA in its work.	The DOH will actively engage with RQIA in the development of working principles under the new arrangements provided by the provisions within the Bill.

Royal College of General Practitioners NI (RCGP)	Department of Health response
RCGP welcomes the Bill as part of the ongoing transformation process. **RCGP** is concerned about the lack of detail regarding the new commissioning structures and state the importance that the new commissioning services continue to include primary care voices.	The Department notes RCGP welcome for the Bill as part of the ongoing transformation process. The Department notes this position and would also refer to earlier responses to BASW, BDA and CSP on similar issues above.

Royal College of Nursing NI (RCN)	Department of Health response
RCN supports the purpose of the Bill, but does have concerns in relation to the extent that the new arrangements will create a more streamlined process. **RCN** has asked for clarity on how the new commissioning arrangements will more effectively address health and social care inequalities across NI.	The Department notes RCN support for the purpose of the Bill. The Bill provides for the closure of the Health and Social Care Board, removing a corporate body and as a consequence an entire layer from the current process. Please note earlier responses to BASW, BDA and CSP on similar issues above re further detail. It is worth noting that at its core, an Integrated Care System model is about partnership and collaboration between sectors and organisations with the purpose of improving the health and wellbeing of the populations they serve and reducing health inequalities. This will include working alongside wider partners, including those outside the HSC, in order to deliver services and support in a joined up way, delivering improved outcomes together. The future model will further embed these principles within our system.

Southern Health and Social Care Trust (Southern Trust)	Department of Health response
Southern Trust welcomes the Bill. Outcome- **Southern Trust** advises it will play an active role in supporting the development of new commissioning arrangements and state the importance of ensuring local need and input to this process is maintained. **Southern Trust** states that when looking at further organisational structure changes, it will be important to ensure the experiences of the COVID-19 pandemic in particular the need for agile planning and ensuring professional voices are listened to, drive 'strategic' change and that HSC system level 'outcomes' for the population are the key measures of success. Furthermore, it will also be important to have clear and transparent accountability arrangements within the system to deliver the benefits anticipated from the Bill.	The Department notes the Southern Health and Social Care Trusts welcome for the Bill. The Department welcomes Southern Trust commitment to an active role in supporting the development of new commissioning arrangements while ensuring local need and input is maintained. The future planning model will be underpinned by a population health approach, and the population health and wellbeing needs and priorities will be represented in a Strategic Outcomes Framework which will form the driver for each level of the model to plan and deliver services in collaboration to meet those needs and improve those outcomes. An Outcome-Based Accountability approach will be paramount to ensure population needs are met and people are better off as a result. This approach has been widely used since the introduction of the 2016 PfG, and has been met with widespread support from the general public. It will contribute to ensure that performance accountability across the model is clear and transparent, and fully focussed on achieving positive impacts.

CLAUSE 2 - Transfer of the Regional Board's functions

British Association of Social Workers NI (BASW)	Department of Health response
BASW states that it is not clear how the closure of the HSCB and the transfer of its staff and functions will have any demonstrable impact in terms of reducing bureaucracy; improving efficiency; or enhancing accountability.	The Bill and the platform it creates for new working will deliver new and better opportunities to integrate the work of Primary, Secondary and Social Care in planning and delivery of HSC services. It removes an entire corporate body from the current process and results in firmer more strategic control of the Health and Social Care system.
BASW emphasises that it is essential that the information currently included in the HSCB delegated statutory functions annual report continues to be published annually by the Department.	The Trusts have a statutory duty to record such information and record it in such fashion in respect of the exercise of its functions as the Department may direct. Reporting arrangements post HSCB closure are being considered as part of an ongoing migration process.
BASW states that there is a lack of transparency on the part of the Department regarding the transfer of functions from the HSCB to the Department, and from the HSCB to the Trusts and that further explanation, 'in an unambiguous manner', is required.	Social Care and Children functions to be placed directly upon HSC Trusts upon the closure of the HSCB are detailed at Schedule 1 paragraph 142 of the draft Bill. Paragraph 142 references the inclusion and content of a new Article 10A. No other Health related legislative functions transfer from the HSCB to Trusts. Legislative responsibilities and duties in terms of contracts with Primary medical providers e.g. GPs, Dentists, Pharmacy and Ophthalmic transfer from the HSCB to the Department.

	The closure of the HSCB removes its responsibility in terms of commissioning and performance management of services across the HSC. The Department will be fully responsible for these functions following the closure of the HSCB.
BASW requests that clarity is sought on the changes to The Health and Personal Social Services (Northern Ireland) Order 1991 made by Schedule 1, paragraph 143 of the Bill, namely: the functions the Department expects this provision to cover; and	The current Article 3 of the Health and Personal Social Services (Northern Ireland) Order 1991 provides the HSCB with a power (having received the Department's approval) to have functions exercised by HSC trusts on its behalf. The closure of the HSCB results in the omission of Article 3. The inclusion at paragraph 143 of a new Article 10B provides for the same power to delegate functions to be available to the Department following the closure of the HSCB. The Department has no plans to increase the number of functions exercisable by Trusts on its behalf.
whether there will be any substantive changes to the liability of HSC Trusts concerning the exercise of delegated functions.	Schedule 1, paragraph 143 details new Article 10B. Article 10B (5) An HSC trust is – (b) liable in respect of any liabilities incurred (including any liabilities in tort) in the exercise of any delegated functions. There will be no change to the liability of HSC Trusts exercising any functions delegated to them.
BASW further requests clarity regarding the amendments to *the Health (Miscellaneous Provisions) Act (Northern Ireland) 2008* requiring references to "directions" to be substituted with "a scheme" or "any scheme", "give directions as to" to be substituted with "make a scheme providing for" and references to "giving a direction" to be substitute with "making a scheme". BASW NI seeks clarification concerning the reason for the amended terminology and the implications it will have.	The current Article 61C included in the 2008 Act relates to General Dental Service Contracts payments. Currently the HSCB has responsibility for these contracts and the Department has a power to give directions to the HSCB as to the payments to be made under general dental services contracts. Following the closure of the HSCB the Department will have responsibility for these contracts. A change in terminology is required as the Department cannot direct itself as to payments to be made. The Department will in future make a scheme providing for payments to be made under general dental services contracts.

BASW advises that the Bill contains repeated amendments to the Health and Personal Social Services (Northern Ireland) Order 1972 and a single amendment to the Health (Miscellaneous Provisions) Act (Northern Ireland) 2008 substituting "the Department" with "a prescribed body". **BASW** requested clarity concerning the organisation the Department considers the appropriate prescribed bodies in each instance.	Following the closure of the HSCB, the Department will have responsibility for contracts with and contractual arrangements in respect of Primary Medical Services providers (GPs, Dentists, Pharmacy and Ophthalmic). Currently appeals against HSCB decisions re contracts and contractual matters by providers are in most instances made to the Department. The Department seeks to secure regulation making powers to provide for appeals to a prescribed body rather than the Department under the new arrangements. Consultation with stakeholders will form part of necessary further policy consideration in relation to composition of the prescribed appeals body to be reflected in new regulations.

British Dental Association NI (BDA)	**Department of Health response**
BDA advises that it is the new administrative arrangements put in place to facilitate the winding up of the Board and transfer of functions that are of primary importance. BDA emphasises that this is a unique opportunity to completely overhaul how dental/oral health services are administered and must not be wasted.	The Department agrees the importance of a seamless and smooth transition of the Board's functions on closure and a dedicated HSCB Migration Project Team is in place to oversee this. The administration of dental/oral health services beyond the transfer of contractual responsibilities to the Department is not within the scope or remit of the Bill.
BDA advises that under Clause 2, independent General Dental Practitioner (GDP) contracts will transfer from HSCB to become the responsibility of DoH. BDA confirms that there have been no communications with GDPs, or discussions with BDA, as their	Contracts will transfer from the Board to the Department, but the detail within contracts will not change as a result of the Board's closure.

British Dental Association NI (BDA)	Department of Health response
recognised TU, in relation to this. BDA wants the opportunity to input and be consulted on the new arrangements.	BDA will be invited to staff side forum going forward. The Department was of the understanding that BMA were attending staff side forum and updating BDA however it is now understood that this may not have been the case.
BDA has asked for clarity on access for dental practitioners to a new independent appeals process which is referred to in Clause 2 of the Bill. BDA has also asked when it will be consulted/have an opportunity to input into proposed new process.	The Department seeks to secure regulation making powers to provide for appeals to a prescribed body rather than the Department under the new arrangements. Consultation with stakeholders will form part of necessary further policy consideration in relation to composition of the prescribed appeals body to be reflected in new regulations.

Community Pharmacy NI (CPNI)	Department of Health response
CPNI is concerned that there is a possible risk of budgetary and service provision being delegated to Trusts. CPNI states that while Trusts may understand patient and service need at acute and community care level, they tend to be more detached from the primary care and preventative health care needs of patients, particularly in terms of the need for services provided by independent contractor services such as community pharmacists.	**See response provided earlier (above).**
CPNI points out that there are recurrent budgetary deficits in Trusts, and does not want a situation under new 'delegated arrangements' where Trusts have a responsibility for FPS/Primary Care contracted services and may see the opportunity to off-set secondary care budgetary deficits through reduced FPS funding allocations. **CPNI**	The analysis of consultation responses did show a concern particularly around the proposal to give trusts more responsibility for planning care in their area. The Bill does not provide any additional responsibility for Trusts. The work underway on the future planning model will see the roll out of an Integrated Care System model

Community Pharmacy NI (CPNI)	Department of Health response
states it will be critical that funds earmarked for community pharmacy are ring-fenced to protect from re-allocation and it is critical that the Department is specific when giving directions to HSC Trusts regarding the allocation/use of funds for pharmacy services.	which will be underpinned by a population health approach, aiming at planning and delivering services that will meet the health and wellbeing needs and priorities of the population. The model will include a set of values and principles developed in partnership with key stakeholders, which the system will be expected to adopt and operate in line with. There are currently no plans for the budgets of independent contractor services to go to the Trusts.
CPNI has asked for clarity about changes the Bill will make to the Health and Personal Social Services (Northern Ireland) Order 1972, namely -	
Schedule 1, paragraph 34 (4) makes changes to Article 63 AA of the 1972 Order to indicate that market entry appeals will be dealt with in future by a "prescribed body". It would be essential that CPNI is consulted on the composition of that body.	**See response provided earlier (above).**
Schedule 1, paragraph 35 makes changes to Articles 63A and 63B of the 1972 Order to set out in some detail the powers of HSCB to arrange for additional pharmaceutical services. Rather than just replacing references to HSCB with references to the Department, the Bill replaces the existing Articles 63A and 63B with a single new Article 63A. However, CPNI cannot identify any significant difference between what is in the current Articles and what will be in the new Article, and clarification would be useful.	**See response provided earlier (above).**

Royal College of General Practitioners NI (RCGP)	Department of Health response
RCGP supports the clarity regarding the transfer of responsibility for primary care contracts to the Department of Health. **RCGP** considers the transfer of responsibility of areas relating to social care and children to the HSC Trusts as appropriate. It considers the Bill an opportunity to clarify the lines of responsibility for management and training in safeguarding at primary care level, stating that since the establishment of the Safeguarding Board for NI, there has been confusion over the representation for primary care physicians and lines of responsibility for oversight of training and support of safeguarding in primary care.	The Department notes RCGP view re the transfer of primary care contracts to the Department. The Department notes RCGP view on the transfer of areas relating to social care and children to the HSC Trusts. Primary Care membership of the Safeguarding Board and lines of responsibility for oversight of training and support for safeguarding do not fall within the scope or remit of the Bill. However Committee may wish to note that the interests of GPs are represented by BMA (NI) on the Safeguarding Board. Further, as independent contractors, GPs are responsible for keeping their personal and professional skills up to date, including safeguarding, as part of their Continuing Professional Development (CPD). To do so they would identify training, seminars and other opportunities to keep their skills updated. In relation to oversight, during a GPs annual appraisal they discuss the Continuous Professional Development (CPD) they have undertaken and opportunities for the year ahead. GPs know that CPD is an essential part of their competence and fitness to practice. On a 5 yearly basis the Primary Care Responsible Officer makes a recommendation to the GMC on a GPs fitness to practice.
Royal College of Nursing NI (RCN)	**Department of Health response**
RCN states support for the purpose of the Bill but is not convinced that a simple transfer of functions constitutes a streamlining of bureaucracy or will automatically improve commissioning,	The Department notes RCN support for the purpose of the Bill. The closure of the HSCB facilitated by the Bill is an important first step

performance and financial management and it does not accept that the transfer contributes to HSC transformation. **RCN** argues that it is important for DoH to define the principles that will govern the reconfiguration process. RCN believes that there are eight such principles: clarity of roles, responsibilities and accountabilities; equality, and addressing inequalities; a public health focus built around the needs of patient and clients, their carers and families, communities and the wider public; a whole-system approach that takes into account the needs of the independent, community and voluntary sectors; learning from existing examples of best practice in a regional context; promoting clinical leadership and accountability; enforcing a clear separation, functionally and in terms of accountability, between the strategic and the operational; and securing and sustaining political consensus on the way forward. **RCN** does not consider there is enough information around the rationale for the employment of HSC Board staff transferring to BSO but being operationally accountable to the Department of Health. RCN has requested clarity on this and how the Department plans to ensure this arrangement will work effectively.	on a wider transformation journey that will look at how we plan and manage services differently. The work underway on the future planning model will see the roll out of an Integrated Care System model which will be underpinned by a population health approach, aiming at planning and delivering services that will meet the health and wellbeing needs and priorities of the population. The model will include a set of values and principles developed in partnership with key stakeholders, which the system will be expected to adopt and operate in line with. In determining the operational model to be introduced upon closure of the HSCB, extensive analysis and engagement took place across HSC to determine the optimum approach. Amongst the key considerations taken into account were the need deliver on the objective to close the HSCB and transfer responsibility of its functions to the Department; to make best use of the skills of

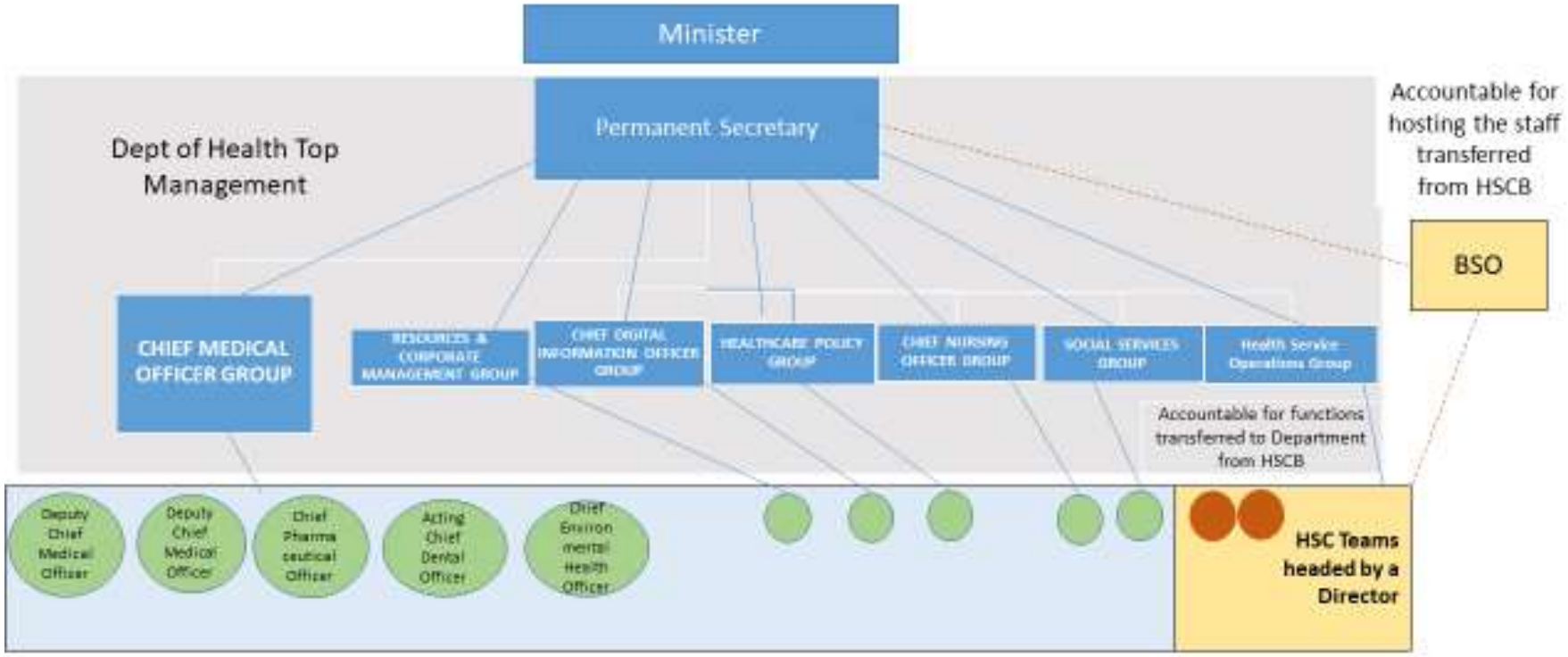
RCN also suggests further information on the decision to transfer of the Board's functions in relation to social care and children's services to the HSC Trusts is required.	staff; to mitigate against the risk to service delivery and to have the flexibility to allow work on a new way of commissioning services to evolve. The hosted model was deemed the best solution in ensuring the expertise of the Board staff was fully utilised, enabling them to retain their HSC terms and conditions whilst allowing the work on a new planning model to be brought forward. A Senior Civil Servant at Deputy Secretary level will be accountable to the Permanent Secretary of the Department for the delivery of the former HSCB staff. The Permanent Secretary is accountable to the Minister for the performance of the Department. Social Care and Children's functions are currently discharged by HSC trusts. Trusts will continue to discharge social care and children functions following the closure of the HSCB. Placing social care and children legislative functions directly on Trusts provides clear transparency in terms of responsibility and accountability under the new arrangements. Oversight of the exercise of Social Care and Children functions by HSC trusts will be the responsibility of the Department.

CLAUSE 3 - Schemes for transfer of assets and liabilities	
British Dental Association NI (BDA)	**Department of Health response**
BDA notes the provision under Clause 3 to transfer HSCB staff to BSO will include dental advisors currently working in HSCB. BDA has asked for clarity on who will direct those former HSCB dental staff in DoH.	A Senior Civil Servant at Deputy Secretary level will be accountable to the Permanent Secretary of the Department for the delivery of all the former HSCB staff. The Permanent Secretary is accountable to the Minister for the performance of the Department.
BDA requests clarity on: the organisational structure for the administration of dentistry under the direction of DoH; where the office of CDO fits into the new arrangements; whether the CDO will direct former HSCB dental advisory staff brought into DoH; and whether the CDO will be under the direction of the senior civil servant.	The organisational structure for the administration of dentistry and the office of CDO etc. are not within the scope or remit of the Bill. Organisational Chart to display this is at **Appendix 1**.
BDA outlines that its preferred approach would be to bring administration of dentistry under a new dental unit within DoH headed by the CDO, who would report directly to the Permanent Secretary and sit on the DoH Management Board. In BDA's view this would streamline dental administration by bringing together policy, strategy and dental services together under a common aim of improving public health.	Approaches to the administration of dentistry are not within the scope or remit of the Bill. The BDA view is noted and has been shared with policy leads.
BDA states that by bringing HSCB personnel under the direction of the Department, there is potential to see more of a coming together in how the range of dental services -GDS; CDS; HDS are delivered	It is worth noting that at its core, an Integrated Care System model is about partnership and collaboration between sectors and organisations with the purpose of improving the health and wellbeing of the populations they serve and reducing health inequalities.

to achieve better outcomes in line with the PfG's Outcomes Based Approach aspirations, rather than previous silo arrangements.	This will include working alongside wider partners, including those outside the HSC, in order to deliver services and support in a joined up way, delivering improved outcomes together. The future model will further embed these principles within our system. A population health approach will underpin the future model, and the population needs and priorities will be represented in a Strategic Outcomes Framework which will form the driver for each level of the model to plan and deliver services in collaboration to meet those needs and improve those outcomes. This framework will be fully aligned with the over-arching PfG.

Appendix 1

Senior Management arrangements upon closure of the HSCB
as agreed by Oversight Board



**For illustrative purpose only.

Committee for Health

Wendy Patterson
DALO
Department of Health

By email to: Wendy.Patterson@health-ni.gov.uk

Our Ref: C129/21

10 May 2021

Dear Wendy,

The Health and Social Care Bill – responses to call for evidence

As you are aware the Health Committee issued a call for evidence on the HSC Bill with a consultation period of five weeks. The consultation period ended on 23 April and nine submissions have been received from the organisations listed below. These submissions have been published and are accessible from the Committee's webpage[1].

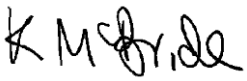
- British Association of Social Workers NI (BASW)
- British Dental Association NI (BDA)
- Chartered Society of Physiotherapy NI (CSP)
- Community Pharmacy NI (CPNI)
- NI Local Government Association (NILGA)
- Regulation and Quality Improvement Authority (RQIA)
- Royal College of General Practitioners NI (RCGP)
- Royal College of Nursing NI (RCN)
- Southern Health and Social Care Trust (Southern Trust)

At its meeting on 6 May, the Committee agreed to bring to the attention of the Department the main issues gleaned from the written submissions and to ask for a response to the issues raised. I have attached for this purpose a table which outlines the main issues raised in the submissions and would ask that the response from the Department, addressing the specific issue raised, is completed in the adjacent column.

[1]Access to written submissions on the HSC Bill: www.niassembly.gov.uk/assembly-business/committees/2017-2022/health/primary-legislation/the-health-and-social-care-bill/written-submissions-received/

I would appreciate a response before 28 June to assist the Committee as it moves to its deliberations on the Bill.

Yours sincerely,



Keith McBride,
Clerk, Committee for Health

Enc.

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Health and Social Care Bill

Department of Health response to issues raised in written submissions

CLAUSE 1 – Dissolution of the Regional Health and Social Care Board

British Association of Social Workers NI (BASW)	Department of Health response
BASW expresses significant concerns regarding the consultation process conducted by the DoH to inform the content of the Bill. It advises that the consultation, *Health and Social Care Reform and Transformation - Getting the Structure Right*, did not provide sufficient detail about future structures. **BASW** highlights that 62% of respondents disagreed or strongly disagreed with the proposals concerning restructuring. **BASW** is deeply concerned that the DoH has introduced legislation intended to radically alter HSC commissioning and governance structures based on this consultation. **BASW** highlights that the Department has not outlined its plans to replace the LCGs or explained how the independent expertise of the HSCB Chair and Non-Executive Directors will be replaced. **BASW** supports a regional approach to service provision, citing the approach to planning mental health services outlined in the draft	

Mental Health Strategy 2021 – 2031 as an example of a regional approach to provision of services that it fully supports. **BASW** affirms that a regional approach to service provision supports best practice across NI; improves services for individuals who move between Trust areas; and avoids a “postcode lottery”.	

British Dental Association NI (BDA)	**Department of Health response**
BDA states that it has not been provided with sufficient information to have a clear picture of what the full implications of this Bill are likely to be for dentistry and dentists and points to a lack of engagement and consultation. **BDA** states its position that dental administration in DoH requires a complete overhaul. BDA believes the Bill provides an opportunity to facilitate new structures and increased personnel capacity to undertake the significant reforms that have been overdue in dentistry for years, including a new GDS contract and a new revised Oral Health Policy. **BDA** highlights that full transparency around the new commissioning process, including who is ultimately responsible and accountable for budgets, and the policy they are working towards needs to be an important consideration of the Bill.	

BDA states concern that the more powers become centralised (HSCB/LCGs to DoH), the less opportunity there will be to influence and input into the process. **BDA** states that mechanisms must be put in place to ensure DoH becomes more accountable going forward, with increased local input, not less. **BDA** would like clarity on the future role of Local Dental Committees (LDCs) after the Bill comes into force, specifically in relation to their current consultative role with HSCB on local issues. **BDA** advocates that local dental input should continue post HSCB.	

Chartered Society of Physiotherapy NI (CSP)	**Department of Health response**
CSP states that it is not opposed to the abolition of the HSCB, however is concerned about the abolition of LCGs; the transfer of their functions to the DoH, the impact on commissioning; and the lack of detail regarding how the commissioning process will operate in the future. **CSP** agrees that the operation of future commissioning arrangements should be redesigned but is concerned that the knowledge, expertise and diversity of views on LCGs will be lost with the transfer of functions. **CSP** is concerned about the lack of detail on how the commissioning process will operate and that the structures within the Department	

will not facilitate the inclusion of all representative clinical groups in the commissioning process 'given the structural inequalities which currently exit within the Department'. The **CSP** submission sets out its views for future commissioning including: • a requirement for the publication of a governance framework for the oversight of commissioning which should define how the commissioning process will operate within DoH structures, its leadership, its membership and its relationship to the wider HSC system. The governance framework should set out how the commissioning process will operate, how decisions will be made, including managing conflicts of interest, and how it will engage with stakeholders and exercise financial control and risk management. • continuation of the current requirement for commissioning plans to be approved by the Public Health Agency. • a commissioning model based on competencies identified by the programme of world class commissioning (further details in submission).	

Community Pharmacy NI (CPNI)	**Department of Health response**
CPNI states that it is important that the Family Practitioner Services (FPS), as independent practitioners, are all allowed to retain their	

current level of independence and degree of autonomy as this is part of the strength of this sector and one which allows it to respond quickly to change and demand, rather than being overly constrained or controlled by others. **CPNI** agrees that the current commissioning model is not as effective as it could be and is too complex for a patient base of this size. **CPNI** highlights fears that the local voice will be diminished with the removal of LCGs; that this will contract the expertise available to the process of commissioning primary care pharmaceutical services; and will reduce access to experienced people to mediate ill-thought-out policies. **CPNI** has asked for clarity on details of the new commissioning processes and mechanisms which will ensure that the learning of the local commissioning groups is utilised and to ensure the continuation of local input. CPNI are seeking assurances that stakeholders are fully consulted on any proposals in respect of any such new processes and mechanisms. **CPNI** states that it is essential that the new commissioning process is capable of understanding, appreciating and harnessing the strengths of community pharmacy to improve access and quality of services to patients.	

CPNI is concerned that there is a possible risk of budgetary and service provision being delegated to Trusts. CPNI states that while Trusts may understand patient and service need at acute and community care level, they tend to be more detached from the primary care and preventative health care needs of patients, particularly in terms of the need for services provided by independent contractor services such as community pharmacists. **CPNI** points out that there are recurrent budgetary deficits in Trusts, and does not want a situation under new 'delegated arrangements' where Trusts have a responsibility for FPS/Primary Care contracted services and may see the opportunity to off-set secondary care budgetary deficits through reduced FPS funding allocations. **CPNI** states it will be critical that funds earmarked for community pharmacy are ring-fenced to protect from re-allocation and it is critical that the Department is specific when giving directions to HSC Trusts regarding the allocation/use of funds for pharmacy services. **CPNI** has asked for clarity about changes the Bill will make to the Health and Personal Social Services (Northern Ireland) Order 1972, namely - • Schedule 1, paragraph 34 (4) makes changes to Article 63 AA of the 1972 Order to indicate that market entry appeals will be dealt with in future by a "prescribed body". It would be essential that CPNI is consulted on the composition of that body.	

• Schedule 1, paragraph 35 makes changes to Articles 63A and 63B of the 1972 Order to set out in some detail the powers of HSCB to arrange for additional pharmaceutical services. Rather than just replacing references to HSCB with references to the Department, the Bill replaces the existing Articles 63A and 63B with a single new Article 63A. However, CPNI cannot identify any significant difference between what is in the current Articles and what will be in the new Article, and clarification would be useful.	

NI Local Government Association (NILGA)	**Department of Health response**
NILGA states that it is aware of the need for contemporisation and rationalisation of HSC structures to ensure improved efficiency and effectiveness. **NILGA** highlights the lack of clarity in relation to what will replace LCGs. Stating that local councils must be able to influence provision in their local areas, it asks for an increase in engagement on the development of replacement mechanisms and structures. NILGA emphasises the willingness of councils to work closely with HSC partners to ensure that a future commissioning delivery model is appropriate and maintains meaningful democratic input. It advises that elected members currently involved in LCGs are concerned that a separate forum will be created for councillors, with minimal value, to pay lip service to their role.	

Regulation and Quality Improvement Authority (RQIA)	**Department of Health response**
RQIA is wholly supportive of the Bill and the plans to transition existing functions of the HSCB to the DoH and HSC Trusts. The potential benefits are to achieve more streamlined and responsive decision making and planning functions and to support the delivery of safe, effective and accessible services for the population of NI. **RQIA** advises that a number of the functions which currently fall to the HSCB are vital in assuring and improving the quality of HSC services. **RQIA** currently works with the HSCB on matters such as, monitoring of dental services, contracting of independent health care, oversight of safeguarding, oversight of serious adverse incident investigations; and on all commissioning, planning and performance monitoring functions. **RQIA** recognises potential opportunities for even closer joint working and collaboration in respect of its assurance and improvement roles. **RQIA** is now working closely with colleagues on the HSC Migration Project Team to ensure that going forward it builds clear principles of co-operation and sustains the effective working relationships that support RQIA in its work.	

Royal College of General Practitioners NI (RCGP)	Department of Health response
RCGP welcomes the Bill as part of the ongoing transformation process. **RCGP** is concerned about the lack of detail regarding the new commissioning structures and state the importance that the new commissioning services continue to include primary care voices.	

Royal College of Nursing NI (RCN)	Department of Health response
RCN supports the purpose of the Bill, but does have concerns in relation to the extent that the new arrangements will create a more streamlined process. **RCN** has asked for clarity on how the new commissioning arrangements will more effectively address health and social care inequalities across NI.	

Southern Health and Social Care Trust (Southern Trust)	Department of Health response
Southern Trust welcomes the Bill.	

Southern Trust advises it will play an active role in supporting the development of new commissioning arrangements and state the importance of ensuring local need and input to this process is maintained. **Southern Trust** states that when looking at further organisational structure changes, it will be important to ensure the experiences of the COVID-19 pandemic in particular the need for agile planning and ensuring professional voices are listened to, drive 'strategic' change and that HSC system level 'outcomes' for the population are the key measures of success. Furthermore, it will also be important to have clear and transparent accountability arrangements within the system to deliver the benefits anticipated from the Bill.	

CLAUSE 2 - Transfer of the Regional Board's functions

British Association of Social Workers NI (BASW)	Department of Health response
BASW states that it is not clear how the closure of the HSCB and the transfer of its staff and functions will have any demonstrable impact in terms of reducing bureaucracy; improving efficiency; or enhancing accountability.	

BASW emphasises that it is essential that the information currently included in the HSCB delegated statutory functions annual report continues to be published annually by the Department. **BASW** states that there is a lack of transparency on the part of the Department regarding the transfer of functions from the HSCB to the Department, and from the HSCB to the Trusts and that further explanation, 'in an unambiguous manner', is required. **BASW** requests that clarity is sought on the changes to The Health and Personal Social Services (Northern Ireland) Order 1991 made by Schedule 1, paragraph 143 of the Bill, namely: - the functions the Department expects this provision to cover; and - whether there will be any substantive changes to the liability of HSC Trusts concerning the exercise of delegated functions. **BASW** further requests clarity regarding the amendments to *the Health (Miscellaneous Provisions) Act (Northern Ireland) 2008* requiring references to "directions" to be substituted with "a scheme" or "any scheme", "give directions as to" to be substituted with "make a scheme providing for" and references to "giving a direction" to be substitute with "making a scheme". BASW NI seeks clarification concerning the reason for the amended terminology and the implications it will have.	

BASW advises that the Bill contains repeated amendments to the Health and Personal Social Services (Northern Ireland) Order 1972 and a single amendment to the Health (Miscellaneous Provisions) Act (Northern Ireland) 2008 substituting "the Department" with "a prescribed body". **BASW** requested clarity concerning the organisation the Department considers the appropriate prescribed bodies in each instance.	

British Dental Association NI (BDA)	**Department of Health response**
BDA advises that it is the new administrative arrangements put in place to facilitate the winding up of the Board and transfer of functions that are of primary importance. **BDA** emphasises that this is a unique opportunity to completely overhaul how dental/oral health services are administered and must not be wasted. **BDA** advises that under Clause 2, independent General Dental Practitioner (GDP) contracts will transfer from HSCB to become the responsibility of DoH. BDA confims that there have been no communications with GDPs, or discussions with **BDA,** as their recognised TU, in relation to this. **BDA** wants the opportunity to input and be consulted on the new arrangements. **BDA** has asked for clarity on access for dental practitioners to a new independent appeals process which is referred to in Clause 2 of the Bill. **BDA** has also asked when it will be consulted/have an opportunity to input into proposed new process.	

Community Pharmacy NI (CPNI)	**Department of Health response**
CPNI is concerned that there is a possible risk of budgetary and service provision being delegated to Trusts. CPNI states that while Trusts may understand patient and service need at acute and community care level, they tend to be more detached from the primary care and preventative health care needs of patients, particularly in terms of the need for services provided by independent contractor services such as community pharmacists. **CPNI** points out that there are recurrent budgetary deficits in Trusts, and does not want a situation under new 'delegated arrangements' where Trusts have a responsibility for FPS/Primary Care contracted services and may see the opportunity to off-set secondary care budgetary deficits through reduced FPS funding allocations. **CPNI** states it will be critical that funds earmarked for community pharmacy are ring-fenced to protect from re-allocation and it is critical that the Department is specific when giving directions to HSC Trusts regarding the allocation/use of funds for pharmacy services. **CPNI** has asked for clarity about changes the Bill will make to the Health and Personal Social Services (Northern Ireland) Order 1972, namely -	

• Schedule 1, paragraph 34 (4) makes changes to Article 63 AA of the 1972 Order to indicate that market entry appeals will be dealt with in future by a "prescribed body". It would be essential that CPNI is consulted on the composition of that body. • Schedule 1, paragraph 35 makes changes to Articles 63A and 63B of the 1972 Order to set out in some detail the powers of HSCB to arrange for additional pharmaceutical services. Rather than just replacing references to HSCB with references to the Department, the Bill replaces the existing Articles 63A and 63B with a single new Article 63A. However, CPNI cannot identify any significant difference between what is in the current Articles and what will be in the new Article, and clarification would be useful.	

Royal College of General Practitioners NI (RCGP)	**Department of Health response**
RCGP supports the clarity regarding the transfer of responsibility for primary care contracts to the Department of Health. **RCGP** considers the transfer of responsibility of areas relating to social care and children to the HSC Trusts as appropriate. It considers the Bill an opportunity to clarify the lines of responsibility for management and training in safeguarding at primary care level, stating that since the establishment of the Safeguarding Board for	

NI, there has been confusion over the representation for primary care physicians and lines of responsibility for oversight of training and support of safeguarding in primary care.	

Royal College of Nursing NI (RCN)	**Department of Health response**
RCN states support for the purpose of the Bill but is not convinced that a simple transfer of functions constitutes a streamlining of bureaucracy or will automatically improve commissioning, performance and financial management and it does not accept that the transfer contributes to HSC transformation. **RCN** argues that it is important for DoH to define the principles that will govern the reconfiguration process. RCN believes that there are eight such principles: • clarity of roles, responsibilities and accountabilities; • equality, and addressing inequalities; • a public health focus built around the needs of patient and clients, their carers and families, communities and the wider public; • a whole-system approach that takes into account the needs of the independent, community and voluntary sectors; • learning from existing examples of best practice in a regional context; • promoting clinical leadership and accountability; • enforcing a clear separation, functionally and in terms of accountability, between the strategic and the operational; and	

• securing and sustaining political consensus on the way forward. **RCN** does not consider there is not enough information around the rationale for the employment of HSC Board staff transferring to BSO but being operationally accountable to the Department of Health. RCN has requested clarity on this and how the Department plans to ensure this arrangement will work effectively. **RCN** also suggests further information on the decision to transfer of the Board's functions in relation to social care and children's services to the HSC Trusts is required.	

CLAUSE 3 - Schemes for transfer of assets and liabilities

British Dental Association NI (BDA)	**Department of Health response**
BDA notes the provision under Clause 3 to transfer HSCB staff to BSO will include dental advisors currently working in HSCB. BDA has asked for clarity on who will direct those former HSCB dental staff in DoH. **BDA** requests clarity on: • the organisational structure for the administration of dentistry under the direction of DoH;	

• where the office of CDO fits into the new arrangements; • whether the CDO will direct former HSCB dental advisory staff brought into DoH; and • whether the CDO will be under the direction of the senior civil servant. **BDA** outlines that its preferred approach would be to bring administration of dentistry under a new dental unit within DoH headed by the CDO, who would report directly to the Permanent Secretary and sit on the DoH Management Board. In BDA's view this would streamline dental administration by bringing together policy, strategy and dental services together under a common aim of improving public health. **BDA** states that by bringing HSCB personnel under the direction of the Department, there is potential to see more of a coming together in how the range of dental services -GDS; CDS; HDS are delivered to achieve better outcomes in line with the PfG's Outcomes Based Approach aspirations, rather than previous silo arrangements.	