Chartered Society of Physiotherapy NI

Written Response to the NI Assembly Health Committee Request for Evidence on the Health and Social Care Bill.

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Please find attached the Chartered Society of Physiotherapy Northern Ireland written response to the NI Assembly Health Committee on the Health and Social Care Bill 2021.

The CSP's submission focuses exclusively on Schedule 1 of the legislation which provides for the dissolution of the Health and Social Care Board, the transfer of the Board's functions, the abolition of Local Commissioning Groups and "amendments consequential on the transfer of those functions"

The CSP is not opposed to the abolition of the Health and Social Care Board per se or the transfer of its functions to other bodies. What we are concerned about is the abolition of Local Commissioning Groups, the transfer of their functions to the Department of Health, the fundamental impact this will have on commissioning and the lack of detail regarding how the commissioning process will operate in the future.

While Department of Health officials, in evidence sessions with the Assembly Health Committee, have stressed that the collective knowledge of the Local Commission Groups will continue to be consulted and engaged to inform the commissioning process there is a lack of detail in the legislation as to how that will work in the future. While statements from Department of Health officials are laudatory the reality is that any new arrangements for commissioning health and social care services in the future under the auspices of the Department of Health must be accompanied and underpinned by strong governance arrangements regarding its operation.

With the transfer of functions to the Department of Health we need to see the publication of a **governance framework** for the oversight of health service commissioning in Northern Ireland which should define how the commissioning process will operate within the Department of Health's current structures, its leadership, its membership and its relationship to the wider health and social care system. It should be clear within the governance framework 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.

The Health and Social Care (Reform) Act (Northern Ireland) 2009 stated that the Health and Social Care Board shall exercise on behalf of the Department with the aim of,

"(a) improving the performance of HSC trusts, by reference to such indicators of performance as the Department may direct; and

(b) establishing and maintaining effective systems—

(i) for managing the performance of HSC trusts;

(ii) for commissioning health and social care;

(iii) for ensuring that resources are used in the most economic, efficient and effective way in commissioning such care."

Under this Act the Board was responsible for publishing the "commissioning plan" setting out details of the health and social care which the Board is to commission for that year. It stipulated that in drawing up the commissioning plan the Board should consult the Public Health Agency and

"have due regard to any advice or information provided by it; and **must not** publish a commissioning plan unless it has been approved by the Public Health Agency."

The publication of a governance framework for future commissioning in Northern Ireland must reinforce the requirement that any commissioning plan published by the Department of Health must be approved by the Public Health Agency. The Donaldson Report, The Right Time, The Right Place published in 2014 stated that,

*"The Public Health Agency has a statutory role in approving the Health and Social Care Board's commissioning plans. Two executive directors are jointly appointed between the Public Health Agency and the Health and Social Care Board. There are therefore mechanisms through which quality and safety expertise should inform the Board's work. The **Quality Safety Experience Group** is jointly managed between these two agencies. It meets monthly and its primary focus is learning. It looks at patterns and trends in incidents and initiates thematic reviews." It is unclear at this time how this function will operate under the new commissioning arrangement. The Donaldson report further stated that, "It is not clear who is in charge of the system, and the commissioning system is underpowered."*

The Donaldson Report concluded that,

*"The provision of health and social care in Northern Ireland is planned and funded through a process of commissioning that is currently **tightly centrally-controlled** and based on a crude method of resource allocation. This seems to have evolved without proper thought as to what would be most effective and efficient for a population as small as Northern Ireland's. Although commissioning may seem like a behind-the-scenes management black box that the public do not need to know about, quality of the commissioning process is a major determinant of the quality of care that people ultimately receive."*

The report recommended that, *"the commissioning system in Northern Ireland should be* ***redesigned to make it simpler and more capable of reshaping services for the future****."*

The CSP agrees that the operation of future commissioning arrangements should be redesigned and must promote greater involvement of frontline health and social care professionals in decision making and service development and should take account of the crucial role of the community and voluntary sector in driving change and innovation. The CSP is concerned that the knowledge expertise and diversity of views on the Local Commissioning Groups will be lost with the transfer of functions to the Department of Health. The CSP is further concerned that the structures within the Department of Health will not facilitate the inclusion of all representative clinical groups in the commissioning process, given the structural inequalities which currently exist within the Department.

Following the publication of the Donaldson Report and a review of commissioning by the Department of Health in 2015, (*Review Of HSC Commissioning Arrangements – Final Report October 2015),* responses consistently emphasised the need to simplify the current commissioning process, make it more transparent, and ensure greater involvement from clinical/ professional staff as well as service users.

Conclusion

The Review of Commissioning Arrangements for Northern Ireland concluded that,

"It is clear that the current system of commissioning carries too much complexity and too many layers of authority, with too many interactions between different bodies slowing up decision making, blunting responsiveness and creating tensions as each organisational layer seeks to influence decisions. This has sapped the considerable energy and talents of those working in the system, with the focus on transactions rather than transformation. This complexity has also meant that accountability is weaker than it should be, with a lack of clarity about where responsibility for decisions sit and a feeling of disempowerment at all levels."

The CSP is concerned about the current lack of detail regarding the future operation of the commissioning process. The current legislation represents only a very broad framework for change and lacks detail in terms of ambition and the operation of future commissioning. It is clear that there are many unanswered questions and that further detailed work will need to be carried out to clearly define the future commissioning model, and clarify structures, responsibilities, engagement and staffing issues. As stated previously good commissioning requires good governance, clear direction, resourcing, accountability and delegation.

The programme of 'world class commissioning' (WCC) identifies a number of competencies that world class commissioners are expected to demonstrate. These include,

- local health service leadership – proactively leading on the agenda locally and being viewed as a leading authority on healthcare

- working with community partners – considering the wider determinants of health and collaborating with local government and other partners to develop a shared ambition
- engaging with public and patients – acting on their behalf to make decisions
- collaborating with clinicians – gaining the best clinical advice and insight to inform decision making
- managing knowledge and assessing local needs - accessing a range of intelligence sources including joint strategic needs assessments
- prioritising investment – gaining a sound knowledge of local needs in order to decide on strategic and investment plans
- promoting improvement and innovation – continually seeking improvements to services
- securing procurement skills – building productive relationships with providers
- managing the local health system – working with providers to improve and sustain services, and
- making sound financial investments.

The CSP believes that the future commissioning model should be based on the competencies detail above and that the commissioning process should adopt an integrated approach to better understand citizens and communities and use this insight to work more effectively in order to secure better outcomes and allocate resources. There should be a whole-system approach which acknowledges the interdependencies between citizens, communities, organisations and services. Commissioning should be a catalyst for embedding democracy at every stage, not just setting the strategic direction, but rebalancing the contribution from public services, communities and citizens to improving outcomes. Is should not be about delivering more of the same for less.

The future commissioning model should demonstrate that it will create the conditions to provide opportunities to change where the power lies between commissioners, providers, service users and the community. At this time, given that commissioning decisions will be critical to rebuilding services post COVID, transforming the delivery of our public services is more important than ever. Therefore joint commissioning, fostering innovation, systems thinking, co-production and co-design with service users are key to finding greater efficiencies and better productivity.

The redesign of the commissioning process in Northern Ireland should provide an opportunity to redefine the relationship between the public sector, provider organisations (private, public and voluntary), individuals and their communities, particularly as we emerge from the current pandemic. At present there is little or no detail in terms of the proposed commissioning arrangements that reflect such an approach.

Commissioning should provide a mechanism to deliver the radical change which is needed. Success will depend on strategic leaders within the public sector regionally and locally believing that understanding patients' needs will ensure the right support and services are commissioned to improve outcomes. The "Delivering Together" strategy states that,

"In the way we operate, we have the opportunity to promote a new way of working with the community and voluntary sectors through the innovative use of social procurement clauses, and commissioning services based on social value rather than simply on the basis of lowest cost."

This intention needs to be reflected in any future commissioning model if it is to be successful and deliver the services patients need. At present there is insufficient detail regarding the future commissioning process and its ability to deliver what is required.

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