

## **Royal College of Nursing**

### **Call for evidence by the Northern Ireland Assembly Committee for Health in respect of the Health and Social Care Bill**

#### **Introduction**

- 1 The Royal College of Nursing [RCN] is a trade union and professional organisation representing registered nurses, nursing assistants and nursing students in all practice settings across Northern Ireland. The RCN represents nurses and nursing, promotes excellence in practice and shapes health policy.
- 2 The RCN welcomes the opportunity to provide written evidence to the Northern Ireland Assembly Committee for Health in respect of its current scrutiny of the Health and Social Care Bill. The focus of this submission is the policy issues underlying the Bill, rather than the provisions of the Bill itself. The RCN accepts that the purpose of the Bill is to give legislative effect to the dissolution of the Health and Social Care Board and we therefore also accept that the clauses of the Bill, as currently drafted, appropriately reflect and articulate this legislative intent.

#### **Policy background**

- 3 In February 2016, the RCN responded to a consultation by the (former) Department of Health, Social Services and Public Safety [DHSSPS] entitled Health and social care reform and transformation: getting the structures right, as referenced at paragraph 6 of the explanatory and financial memorandum to the Bill. In our response, the RCN made a number of substantive points that remain pertinent to the current consideration of the Bill. We stated, for example: “Firstly, the RCN is not convinced that transferring the functions and associated processes of the Health and Social Care Board to the DHSSPS (or to other HSC organisations) will entail a reduction in bureaucracy”. With regard to the Department’s attempts to place the dissolution of

the Board within the broader context of HSC transformation, the RCN stated: “Secondly, the DHSSPS itself may justifiably be viewed as a significant bureaucratic obstacle to the reform and modernisation process, with its unfortunate tendency to conflate activity with outcomes and to assume, for example, that establishing innumerable programme boards, steering groups, task and finish groups and stakeholder reference groups in itself constitutes progress and achievement. The frequent references by Departmental officials over the last few years to the establishment of 17 Integrated Care Partnerships as evidence of the supposedly effective implementation of the Transforming your Care process provides graphic confirmation of this trait.”

- 4 However, we also pointed out in response to the 2016 consultation: “It is one thing to argue that the Health and Social Care Board has failed in the discharge of its performance management function but quite another to assert that returning this function to the DHSSPS would somehow automatically lead to an enhanced record in this respect. Part of the ethos behind the original establishment of the Health and Social Care Board was the need to de-politicise the day-to-day management of the service, leaving the DHSSPS to concentrate on strategy and policy. Whilst the RCN accepts that these current arrangements have not been successful, it does not necessarily follow that returning the performance management function to the DHSSPS will automatically improve matters.”
- 5 Furthermore, in our response to the 2016 consultation, the RCN commented: “The Health and Social Care Board and its associated Local Commissioning Groups have singularly failed to implement in any meaningful way the Transforming your Care process, despite the fact that this is the template for the modernisation of health and social care in Northern Ireland that has been endorsed by the DHSSPS and the Northern Ireland Assembly. The annual commissioning plan is habitually published by the DHSSPS somewhere between half-way and two-thirds of the way through the business year to which it applies. The RCN regards this position as unacceptable and indicative of the poor quality of planning and business management across the system. How are HSC trusts and other health and social care organisations meant to plan and develop the services that they will provide in line with the annual commissioning plan when it has not even published until the latter part of the year to which it applies?”
- 6 Our submission also challenged the assertion within the consultation document that abolishing the Health and Social Care Board “... will allow the Department to take firmer strategic control of the health and social care system”. The RCN questioned the underlying assumption that the DHSSPS somehow lacked firm strategic control. Perhaps more importantly, we suggested that

it is, in fact, firmer operational control that was being sought by the Department. The creation last year of the new Management Board and the concurrent suspension of the commissioning direction further illustrates and compounds this centralising tendency. The RCN also questioned how “firmer strategic control” could be exercised merely by transferring much of the bureaucracy associated with the Health and Social Care Board to the Department of Health.

### **Current considerations**

- 7 Addressing the Northern Ireland Assembly during the debate on the second stage of the Bill on 16 March 2021, the Minister for Health reiterated the key points that had been made by departmental officials when briefing the Assembly Committee for Health earlier in the month. He placed the dissolution of the Health and Social Care Board firmly within the context of the transformation agenda and claimed that the current system “is complex, bureaucratic and no longer meets the needs of today's society”. The Minister also claimed that the closure of the Board will contribute to the streamlining of structures and reducing bureaucracy.
- 8 Whilst there was general consensus amongst MLAs over the merits of the bill, a number questioned this assertion. Speaking in his party capacity, Committee for Health Chair Colm Gildernew MLA stated: “There is little point, however, in simply reorganising the deckchairs. Rather, the transformation of health care structures must result in simple and clear lines of responsibility and accountability”. Committee member Paula Bradshaw MLA commented: “I support the Bill, with some reluctance, as I am unclear about precisely how the implementation of the legislation will provide a genuinely streamlined, more efficient and more transparent system”. She also enquired why the Public Health Agency, which also has a defined commissioning role within the current arrangements, remains apparently untouched by the provisions of the Health and Social Care Bill.
- 9 The RCN concurs with these views. Whilst we support, in general terms, the purpose of the Bill, we are not convinced that simply transferring the functions of the Health and Social Care Board to the Department of Health constitutes a streamlining of bureaucracy and nor do we necessarily believe that it will automatically render more efficient the key processes of commissioning, performance management, and financial management. We also do not accept that the transfer contributes in any respect to the process of health and social care transformation. Instead, as we argued in our response to the 2016 consultation, it is important for the Department of Health to define the principles that will govern the reconfiguration

process. The RCN believes that there are eight such principles and we would commend these for the consideration of the Committee during its scrutiny of the Bill:

- 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 in Northern Ireland
- 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
- securing and sustaining political consensus on the way forward.

### **Staffing considerations**

- 10 The RCN notes that, under the Bill, the employment of Health and Social Care Board staff will transfer to the HSC Business Services Organisation under their existing terms and conditions but staff will be operationally accountable to the Department of Health, to which the functions of the Board will transfer. The RCN is not clear about the rationale for this decision and neither the Bill itself (including the associated explanatory and financial memorandum) nor the various debates and discussions that have taken place to date within the Assembly and its Committee for Health have clarified this matter. The phenomenon of staff being operationally accountable to one organisation whilst their line management accountability resides in an entirely different organisation is a recipe for confusion. We note that this issue is referenced, but again not explained or elaborated upon, in the Health and Social Care Board ambition people strategy 2021-2022. The RCN requests clarity over why this decision has been taken and how the Department of Health plans to ensure that the new arrangements will work effectively. It is also not clear, either from the Bill itself, the explanatory and financial memorandum, or the various Assembly briefings and debates that have taken place to date in relation to the Bill, why the current functions of the Board in relation to social care and children's services will, as defined at clause 2, now transfer to the HSC trusts.

### **Local commissioning functions**

- 11 The RCN notes that, during its consideration of the Bill at its meeting on 15 April 2021, Department of Health officials confirmed to the Assembly Committee for Health that the Health and Social Care Board and the Local Commissioning Groups will cease to exist as from 31 March 2022 but will still play a role in developing commissioning plans for 2022-2023. Committee members rightly focused upon how local issues will be reflected in future commissioning arrangements, a concern that was given added validity recently by the publication of the Department of Health’s latest annual report on health inequalities. This illustrated some deeply worrying trends in the growth of inequalities across certain indicators between areas of relatively high and relatively low deprivation in Northern Ireland. In response, officials stated that “local commissioning teams” will be embedded within the Department of Health and will continue to address these issues. The RCN would request greater clarity as to how these priorities and the associated activity will be discharged and what assurance the Department of Health can provide that the new arrangements will more effectively deliver the commissioning of health and social care services on the basis of assessed need across Northern Ireland.

### **Concluding comments**

- 12 In general terms, the RCN supports the purpose of the Health and Social Care Bill and we are content that the drafting of the legislation appropriately gives effect to its intended purpose. However, as noted above, we have significant concerns about the extent to which the proposed new arrangements will actually create a more streamlined process, their relevance to the broader process of health and social care transformation, the impact of the change upon the accountabilities and responsibilities of Health and Social Care Board staff, and the capacity of the new arrangement to be appropriately responsive to the profound health and social care inequalities that currently persist across Northern Ireland.
- 13 The RCN hopes that the Northern Ireland Assembly Committee for Health will find this submission to be helpful and we wish the Committee well in its continuing consideration and scrutiny of the Health and Social Care Bill.

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