



Department of
**Health, Social Services
and Public Safety**
www.dhsspsni.gov.uk

**Health and Social Care reform and
transformation - Getting the
structures right
Consultation Analysis Report**

March 2016

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SECTION 1: INTRODUCTION

On 4 November 2015, the Minister outlined wide-ranging, ambitious and radical plans for transforming our health and social care system. He announced his intention to remodel the administrative structures of the Health and Social Care system to make them more streamlined and reduce complexity. He proposed that:

- the Health and Social Care Board cease to exist and that its functions should transfer either to the Department, the Public Health Agency, or the Health and Social Care Trusts;
- the Department would take firmer strategic control of the system;
- Trusts would have more responsibility for the planning of care in their areas and have the operational independence to deliver it; and
- the PHA would be retained with a renewed focus on prevention and early intervention.

This statement can be found at the link below:

<https://www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/hamilton-announces-vision-for-hsc-in-ni.pdf>

This announcement was followed by a public consultation. The consultation document “Health and Social Care reform and transformation - Getting the structures right” was published on 15 December 2015. The consultation to hear the public’s views on these important issues ran for eight weeks until 12 February 2016 and 181 responses were received. The consultation questionnaire is included at Appendix A and Appendix B shows the list of respondents to the consultation exercise.

This report summarises the responses to the consultation and sets out the Department’s response and next steps.

SECTION 2: SUMMARY OF CONSULTATION

There were 181 consultation responses from a broad range of stakeholders including family health practitioners, individuals, voluntary community/third sector bodies, professional bodies, unions, MLAs, Political Parties, public/statutory bodies and the independent/private sector. Seventy of the responses took the form of a standard template representing a single view from General Practitioners (GPs). Not all respondents used the response questionnaire nor did all respondents choose to respond to every question.

The assessment of responses gives 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.

However, the majority of respondents disagreed that responsibility and autonomy for planning services at local level should be devolved to Trusts. There was a similar level of disagreement as to whether the structural changes outlined would streamline and simplify the system with some respondents commenting that more detail would be required on the structures in order for them to make an informed assessment. A significant proportion of those who disagreed were GPs who made clear their view that should the Health and Social Care Board be abolished, the commissioning of General Medical Services (GMS) should remain centrally managed and they would not support any movement of GMS contract management into Trusts.

SECTION 3: SUMMARY OF CONSULTATION RESPONSES TO EACH QUESTION AND DEPARTMENTAL RESPONSE

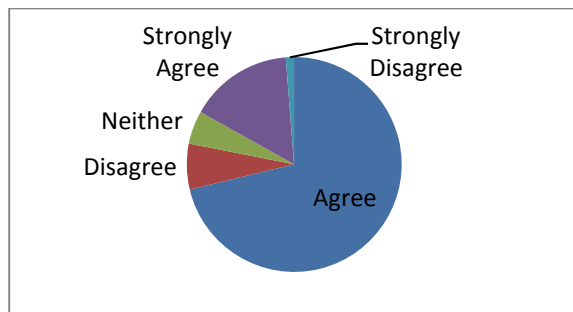
The consultation asked:

Do you agree that there is too much complexity in the current system and that it is not working to its optimum capacity?

Response

87% of those who responded (139/160) either agreed or strongly agreed while 8% (13/160) either disagreed or strongly disagreed.

Agree	114
Disagree	11
Neither	8
Strongly Agree	25
Strongly Disagree	2
(blank)	
Grand Total	160



DHSSPS response

The Department welcomes the significant agreement that there is too much complexity in the current system and that it is not working to its optimum capacity.

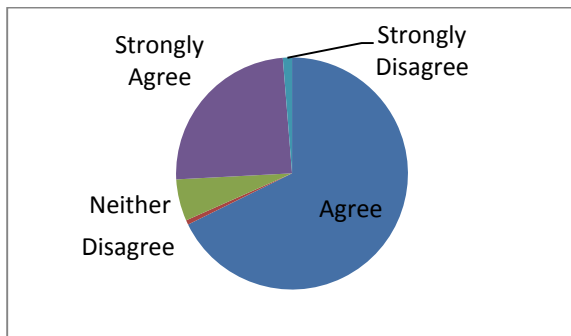
The consultation asked:

Do you share the Minister’s view that the system needs to be better at enabling and supporting innovation?

Response

92% of those who responded (143/155) either agreed or strongly agreed while 2% (3/155) either disagreed or strongly disagreed.

Agree	105
Disagree	1
Neither	9
Strongly Agree	38
Strongly Disagree	2
(blank)	
Grand Total	155



DHSSPS response

The Department welcomes the significant agreement that the system needs to be better at enabling and supporting innovation.

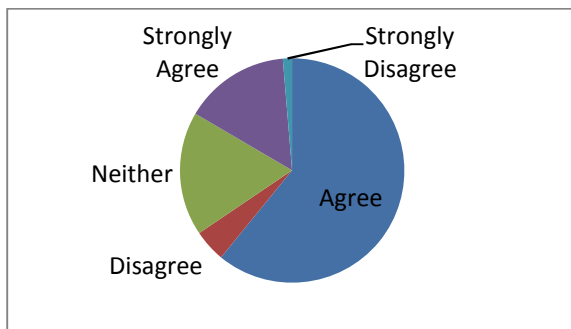
The consultation asked:

Would reduced bureaucracy in terms of HSC structures allow the system to respond more quickly to changing demands?

Response

76% of those who responded (115/151) either agreed or strongly agreed while 6% (9/151) either disagreed or strongly disagreed.

Agree	92
Disagree	7
Neither	27
Strongly Agree	23
Strongly Disagree	2
(blank)	
Grand Total	151



DHSSPS response

The Department welcomes the significant agreement that reduced bureaucracy in terms of HSC structures would allow the system to respond more quickly to changing demands.

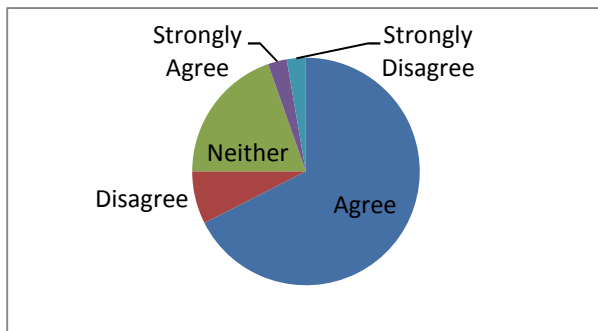
The consultation asked:

Will bringing performance management into the Department help to improve lines of accountability?

Response

70% of those who responded (105/149) either agreed or strongly agreed while 11% (16/149) either disagreed or strongly disagreed.

Agree	101
Disagree	11
Neither	28
Strongly Agree	4
Strongly Disagree	5
(blank)	
Grand Total	149



DHSSPS response

The Department welcomes the significant agreement that bringing performance management into the Department will help to improve lines of accountability.

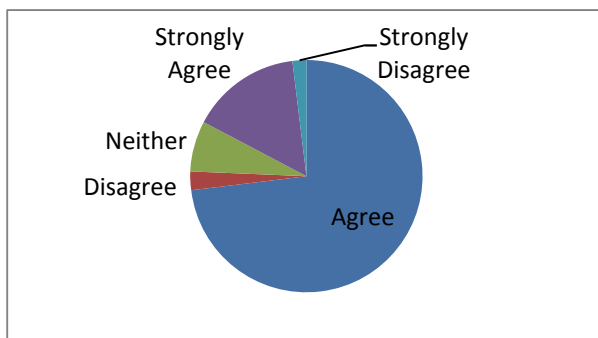
The consultation asked:

The Donaldson report and the Department's Review of Commissioning both concluded that a full, competitive commissioning process is too complex and transactional for an area as small as Northern Ireland. Do you agree?

Response

88% of those who responded (138/156) either agreed or strongly agreed while 4% of respondents (7/156) either disagreed or strongly disagreed.

Agree	114
Disagree	4
Neither	11
Strongly Agree	24
Strongly Disagree	3
(blank)	
Grand Total	156



DHSSPS response

The Department welcomes the significant agreement that a full, competitive commissioning process is too complex and transactional for an area as small as Northern Ireland.

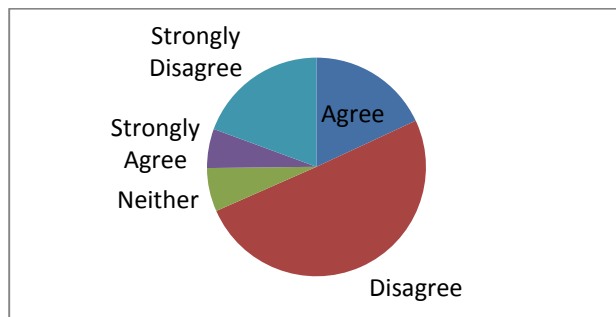
The consultation asked:

Do you agree that Trusts are best placed to assess local needs and should therefore have a greater level of responsibility and autonomy for planning services in their area?

Response

70% of those who responded (108/155) either disagreed or strongly disagreed while 24% (37/155) either agreed or strongly agreed.

Agree	28
Disagree	78
Neither	10
Strongly Agree	9
Strongly Disagree	30
(blank)	
Grand Total	155



In the main respondents expressed concerns that:

- Trusts may be too heavily focussed on the delivery of acute care which could result in resources being redirected from other areas such as primary or social care;
- assigning planning and commissioning powers to Trusts may introduce unnecessary layers of bureaucracy;

- devolving a greater level of responsibility and autonomy for planning services to Trusts may be a real governance issue and simply exacerbate existing failings and inconsistencies;
- it was not clear how regional services would be agreed, commissioned and funded and about how currently under resourced services such as mental health and learning disability and care of older people would be appropriately prioritised;
- there may not be equity of provision of services to all irrespective of where they live and the potential for a “postcode lottery”;
- there may be unnecessary duplication of services across Trust areas;
- patients, carers, and community may not be at the centre of or excluded from the decision making process;
- there may not be equality of opportunity to tender for services;
- regional planning is essential for large number of hospital specialities including rare conditions; and
- a standalone organisation is best placed to assess need and allocate resources and there should be an entity independent of the Trusts to have an overview of assessed need to give direction and ensure an equitable access to resources.

DHSSPS response

The Department welcomes the breadth and range of response from respondents. Further engagement with stakeholders and consideration of issues will inform the future model.

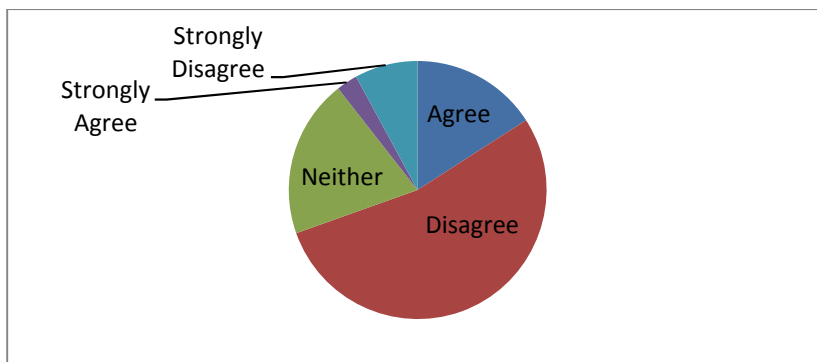
The consultation asked:

Do you agree that these are the right structural changes to make to streamline and simplify the Health and Social Care system?

Response

62% of those who responded (93/151) either disagreed or strongly disagreed while 19% of respondents (28/151) either agreed or strongly agreed. Some respondents commented that more detail would be required on the structures in order for them to make an informed assessment.

Agree	24
Disagree	81
Neither	30
Strongly Agree	4
Strongly Disagree	12
(blank)	
Grand Total	151



DHSSPS response

The Department welcomes the breadth and range of response from respondents. It is recognised that insufficient detail has been provided at that stage to allow respondents to come to an informed view about the future structure.

Further engagement with stakeholders will be taken forward to inform the future model.

SECTION 4: EQUALITY IMPLICATIONS

Four questions were asked in respect of equality and human rights. There were 120 responses to Question 1, 120 responses to Question 2, 115 responses to Question 3 and 117 responses to Question 4.

Equality Question 1

Are the actions/proposals set out in this consultation document likely to have an adverse impact on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998? If yes, please state the group or groups and provide comment on how these adverse impacts could be reduced or alleviated in the proposals.

Of the 120 responses to this question 14% of respondents (17/120) answered 'Yes' and 86% of respondents (103/120) answered 'No'.

Equality Question 2

Are you aware of any indication or evidence – qualitative or quantitative – that the actions/proposals set out in this consultation document may have an adverse impact on equality of opportunity or on good relations? If yes, please give details and comment on what you think should be added or removed to alleviate the adverse impact.

Of the 120 responses to this question 10% of respondents (12/120) answered 'Yes' and 90% of respondents (108/120) answered 'No'.

Equality Question 3

Is there an opportunity to better promote equality of opportunity or good relations? If yes, please give details as to how.

Of the 115 responses to this question 12% of respondents (14/115) answered 'Yes' and 88% of respondents (101/115) answered 'No'.

Equality Question 4

Are there any aspects of these recommendations where potential human rights violations may occur?

Of the 117 responses to this question 7% of respondents (8/117) answered 'Yes' and 93% of respondents (109/117) answered 'No'.

The responses to these questions will be taken into account in completing the Equality Screening for the HSC Reform and Transformation Programme. Every new strategy, policy or piece of legislation will be subject to appropriate equality (and other) screening.

SECTION 5: CONCLUSION, NEXT STEPS AND WAY FORWARD

The primary purpose of this consultation was to test opinion on whether transformation within the HSC was required. The responses received has affirmed Minister's view and endorsed moving ahead with the transformation agenda.

Given the scale of change it is not unexpected that concerns would be raised particularly in relation to the detail of the new operating model. The Department welcomes this input and is committed to re-engaging stakeholders throughout the process of developing and implementing the optimum delivery model.

APPENDICES



HEALTH AND SOCIAL CARE: REFORM AND TRANSFORMATION

GETTING THE STRUCTURES RIGHT

CONSULTATION RESPONSE QUESTIONNAIRE

RESPONDING TO THE CONSULTATION

You can respond to the consultation document by e-mail, letter or fax using this questionnaire.

If this document is not in a format that suits your needs, please contact us and we can discuss alternative arrangements.

Before you submit your response, please read Annex A about the effect of the Freedom of Information Act 2000 on the confidentiality of responses to public consultation exercises.

Responses should be sent to:

E-mail: HSCReform@dhsspsni.gov.uk

Written: HSC Reform

DHSSPS

Annex 1, Room1

Castle Buildings

Stormont Estate

Belfast, BT4 3SQ

Tel: (028) 90522177

Fax: (028) 90522244

The closing date for responses is 12 February 2016

PERSONAL DETAILS

I am responding: as an individual
 on behalf of an organisation
 (please tick a box)

Name: _____

Job Title: _____

Organisation: _____

Address: _____

Tel: _____

Fax: _____

e-mail: _____

BACKGROUND

On 4 November 2015, the Minister for Health, Social Services and Public Safety, Simon Hamilton MLA, announced his intention to reform the administrative structures for Health and Social Care in Northern Ireland. The accompanying document sets out the case for change and seeks views on the preferred option for reform. This questionnaire should therefore be read in conjunction with the full report.

The questionnaire can be completed by an individual health professional, stakeholder or member of the public, or it can be completed on behalf of a group or organisation.

Part A: provides an opportunity to answer questions relating to specific proposals and/or to provide general comments on the proposals.

Part B: provides an opportunity for respondents to give additional feedback relating to any equality or human rights implications of the proposals.

PART A

Q1. DO YOU AGREE THAT THERE IS TOO MUCH COMPLEXITY IN THE CURRENT SYSTEM AND THAT IT IS NOT WORKING TO ITS OPTIMUM CAPACITY?

Strongly agree Agree Neither Disagree Strongly disagree

Comments:

Q2. DO YOU SHARE THE MINISTER'S VIEW THAT THE SYSTEM NEEDS TO BE BETTER AT ENABLING AND SUPPORTING INNOVATION?

Strongly agree Agree Neither Disagree Strongly disagree

Comments:

Q3. WOULD REDUCED BUREAUCRACY IN TERMS OF HSC STRUCTURES ALLOW THE SYSTEM TO RESPOND MORE QUICKLY TO CHANGING DEMANDS?

Strongly agree Agree Neither Disagree Strongly disagree

Comments:

Q4. WILL BRINGING PERFORMANCE MANAGEMENT INTO THE DEPARTMENT HELP TO IMPROVE LINES OF ACCOUNTABILITY?

Strongly agree Agree Neither Disagree Strongly disagree

Comments:

Q5. THE DONALDSON REPORT AND THE DEPARTMENT'S REVIEW OF COMMISSIONING BOTH CONCLUDED THAT A FULL, COMPETITIVE COMMISSIONING PROCESS IS TOO COMPLEX AND TRANSACTIONAL FOR AN AREA AS SMALL AS NORTHERN IRELAND. DO YOU AGREE?

Strongly agree Agree Neither Disagree Strongly disagree

Comments:

Q6. DO YOU AGREE THAT TRUSTS ARE BEST PLACED TO ASSESS LOCAL NEEDS AND SHOULD THEREFORE HAVE A GREATER LEVEL OF RESPONSIBILITY AND AUTONOMY FOR PLANNING SERVICES IN THEIR AREA?

Strongly agree Agree Neither Disagree Strongly disagree

Comments:

Q7. DO YOU AGREE THAT THESE ARE THE RIGHT STRUCTURAL CHANGES TO MAKE TO STREAMLINE AND SIMPLIFY THE HEALTH AND SOCIAL CARE SYSTEM?

Strongly agree Agree Neither Disagree Strongly disagree

Comments:

PART B

EQUALITY IMPLICATIONS

Section 75 of the Northern Ireland Act 1998 requires the Department to “have due regard” to the need to promote equality of opportunity between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation; between men and women generally; between persons with a disability and persons without; and between persons with dependants and persons without. The Department is also required to “have regard” to the desirability of promoting good relations between persons of a different religious belief, political opinion or racial group.

The Department has also carried out an equality screening exercise to determine if any of these recommendations are likely to have a differential impact on equality of opportunity for any of the Section 75 groups. At this stage, it is considered that a full Equality Impact Assessment will be required. We are waiting for some supporting information to complete the Screening. It will be published on the Department’s website when complete.

We invite you to consider the recommendations from a section 75 perspective by considering and answering the questions below. Answering these questions will contribute to the completion of the Department’s Screening template and the screening outcome.

Q1. ARE THE ACTIONS/PROPOSALS SET OUT IN THIS CONSULTATION DOCUMENT LIKELY TO HAVE AN ADVERSE IMPACT ON ANY OF THE NINE EQUALITY GROUPS IDENTIFIED UNDER SECTION 75 OF THE NORTHERN IRELAND ACT 1998? IF YES, PLEASE STATE THE GROUP OR GROUPS AND PROVIDE COMMENT ON HOW THESE ADVERSE IMPACTS COULD BE REDUCED OR ALLEVIATED IN THE PROPOSALS.

Yes No

Comments:

Q2. ARE YOU AWARE OF ANY INDICATION OR EVIDENCE – QUALITATIVE OR QUANTITATIVE – THAT THE ACTIONS/PROPOSALS SET OUT IN THIS CONSULTATION DOCUMENT MAY HAVE AN ADVERSE IMPACT ON EQUALITY OF OPPORTUNITY OR ON GOOD RELATIONS? IF YES, PLEASE GIVE DETAILS AND COMMENT ON WHAT YOU THINK SHOULD BE ADDED OR REMOVED TO ALLEVIATE THE ADVERSE IMPACT.

Yes No

Comments:

Q3. IS THERE AN OPPORTUNITY TO BETTER PROMOTE EQUALITY OF OPPORTUNITY OR GOOD RELATIONS? IF YES, PLEASE GIVE DETAILS AS TO HOW.

Yes No

Comments:

Q4. ARE THERE ANY ASPECTS OF THESE RECOMMENDATIONS WHERE POTENTIAL HUMAN RIGHTS VIOLATIONS MAY OCCUR?

Yes No

Comments:

Organisations who responded to the consultation:

Action for Children NI
Action on Elder Abuse NI
Action on Hearing Loss NI
Age NI
Albinism Fellowship UK and Ireland
Angel Eyes NI
Ards and North Down Borough Council
Arthritis Care NI
Association of the British Pharmaceutical Industry
Belfast City Council
Belfast Health City
British Medical Association
British Dental Association
British Diabetic Association (NI Board)
British Geriatrics Society
British Psychological Society
British Red Cross
Children in Northern Ireland
Coalition on Deafness NI
College of Occupational Therapists
Commissioner for Older People NI
Community Development and Health Network
Community Pharmacy NI
Derg Valley Care
Diabetes UK NI
East Belfast Community Development Agency
Environment Link NI
Equality Commission
Federation of Royal Colleges of Physicians UK
Fermanagh and Omagh District Council
GlaxoSmithKline PLC
Guide Dogs NI and Blind Children

Guild of Healthcare Pharmacists NI
Hearing Link
Home Start
Information Commissioner's Office
Integrated Care Partnerships
Leonard Cheshire Disability
Lisburn and Castlereagh City Council
Macmillan
Marie Curie
Mencap
Mid and East Antrim Agewell Partnership
Mid East Antrim Borough Council
Motor Neurone Disease Association
Multiple Sclerosis Society NI
National Pharmacy Association
Newry Mourne and Down District Council
NI Affairs Committee of the UK Faculty of Public Health
NI Association of Social Workers
NI Cancer Registry
NI Chest Heart and Stroke
NI Hospice
NI Rare Disease Partnership
NIACRO
Niamh
NILGA
NIPSA
NSPCC
Optometry NI
Parenting NI
Parkinson's UK
Pharmacy Forum NI
Positive Futures
Positive Life
Praxis Care
Royal College of GPs

Royal College of Midwives
Royal College of Nursing
Royal College of Paediatrics and Child Health
Royal College of Psychiatrists NI
Royal National Institute of Blind People
RQIA
Sinn Fein
Southern Area Hospice Services
The National Deaf Children's Society
UK Homecare Association
Ulster Chemists Association
UNISON
Unite
Visual Impairment Sector Forum
Volunteer Now
Women's Aid Federation NI

Individuals who responded to the consultation:

A Farrington	C Ferguson
A Glendinning	C Kelly
A Keown	C McLaughlin
A McShane	C Mullan
A Shields	C Mulligan
A Sterne	C Rodgers
A Troughton	D Barbour
Anonymous	D Barker
B Bartholome	D Birrell
B Gallagher	D Galbraith
B Tempny	D Gardiner
C Boylan	D Heron
C Dalzell	D Longmore
C Devlin	D MacDonagh
C Duffy	D Quinn

E Crothers	M Nagle
F Dobbs	M O'Donnell
F McConnell	M O'Neill
F McGrady	M Quinn
F Nawaz	M S Hamilton
G Doran	M Slane
G R Field	M Steele
Group of GP Medical Advisers, HSCB	M Toland
I Wales	N Barton
J Begley	N Greer
J Brogan	N Hanif
J Goodrich	N Hart
J Hoben	N Henry
J McAughey	N McKeon
J McCollum	N White
J McIlfatrick	P Cusick
J O'Kelly	P G Haire
J Rowney	P Hill
J Winter	P Hunter
K Cairns	P Magowan
K McGarry	P McCurry
L Agnew	P Mullan
L Campbell	R Carlile
L Dorman	R Coulter
L Douglas	R Curran
L Ferguson	R Doggart
L Foy	R Ringland
L Rusk	S Fannin
M Smith	S Knox
M Armstrong	S McClure
M B Boyle	T Boyce
M Christy	T Moore
M Gaston	V Takkolu
M McKenna	
M McLister	