HEALTH AND WELLBEING 2026

DELIVERING TOGETHER

Consultation on Criteria for Reconfiguring Health and Social Care Services

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

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1. MINISTERIAL FOREWORD

We are embarking on a time of major change in Health and Social Care (HSC) in the North. Sometimes, due to a rapid change in factors which affect the sustainability of a service, a change will happen urgently. This can result in disruption of access to services for people, and often creates uncertainty for staff who provide the service. Service change doesn't have to be like this nor should it be. I want to prevent urgent unplanned change as much as possible in the future and all the associated risks and concerns.

I want change in health and social care to be carefully thought through and planned with the input of as many stakeholders as possible in co-designing the future models of care. That is why my predecessor asked an Expert Panel (the Panel), led by Professor Rafael Bengoa, to recommend criteria for assessing the sustainability of HSC services.

The criteria, proposed by the Panel, are the subject of this public consultation document. The criteria, if adopted by my Department, will be at the heart of informing future decisions to be taken about reconfiguring HSC services that are not able to meet the standard and experience of care we all rightly expect, with the potential to replace these services with new models of care delivering better health and wellbeing outcomes for patients.

I want people to receive the best care available the first time every time, even if that means travelling further for treatment. Better patient outcomes results in better future health for the patient and for many, less need for follow-up care. Better outcomes, put simply, are outcomes which are as good as possible that allow patients to recover quickly or get as well as possible preventing avoidable complications. Better outcomes are also secured from models of care which prevent people from becoming ill in the first place.

I am therefore asking everyone across the North, people who use the health and social care service, their families, those who work in the HSC and all stakeholders to take part

in this public consultation on the proposed criteria. Please take time to read this document and complete the enclosed questionnaire. Your views are important to me and will be given full consideration in reaching my decision on whether to adopt the criteria as part of my Department's policy guidance on reconfiguration of services in the future.

Michelle O'Neill MLA
Minister of Health

2. INTRODUCTION

The Department of Health ("the Department") is proposing to introduce new criteria for the Department and Health and Social Care (HSC) organisations to use in future to assess how the delivery of services, should be reconfigured in the future.

HSC services need to be changed or withdrawn (this is known as reconfiguration) in circumstances where either continuation in their present form is unsustainable or where their future delivery could be improved to give better health and wellbeing outcomes for the people who use the service.

By unsustainable we mean that the HSC cannot continue to deliver the service in its current form because it has lost its capacity to recover quickly from difficulties and its long term viability is often challenged by changes outside of its control. These challenges include:

- concerns about the quality or safety of the service;
- changes in the local population resulting in reduced or increased demand for the service;
- continual difficulty in recruiting the necessary workforce to deliver the service;
- the introduction of new clinical or professional standards which the service is unable to meet; or,
- the service no longer provides value for money.

In these circumstances improvements to the service could be achieved by changing the organisational arrangements for managing and supporting its delivery through reconfiguration of the service at the local or regional level. This means that by scaling-up the service, i.e. managing and delivering the service at the regional level or by changing the local catchment area, we can deliver better health and wellbeing outcomes for patients.

Better outcomes might also be secured by redesigning the service through the introduction of new patient pathways which respond to some or all of the resilience

challenges described above, or by using innovations in technology, clinical or professional practice.

An example of this is the 24/7 primary Percutaneous Coronary Intervention (pPCI) [1]service which the HSC introduced in 2014 to provide 4,000 procedures annually for the entire North from only two acute hospital sites: Altnagelvin Area Hospital in the north west, which also provides the service for Donegal, and the Royal Victoria Hospital, Belfast.

The state of the art pPCI cardiac catheterisation facilities can be of enormous benefit to patients having a heart attack, allowing them to bypass the emergency department and go straight to the cardiac catheterisation laboratory for treatment. It is an exemplar of a modern, responsive, 24-hour, seven days a week service that provides the right care in the right place at the right time on a regional basis, operating across HSC Trust boundaries, by responding to local needs within a network of cardiac catheterisation laboratories located in hospitals across the north.

Improvements to services and the health and wellbeing of people in the north might also be achieved by delivering services in a different way and in a different setting. For example, by moving delivery from a hospital to a primary care practice to provide alternative treatment pathways, or by integrating the delivery of support, treatment and care within a collaborative arrangement involving secondary, primary, community, social services, local government and voluntary sectors. Again, the aim of this integrated approach is to secure better health and wellbeing outcomes for patients by:

- responding to some or all of the service resilience challenges described above;
- improving access to services through new treatment pathways or processes designed to reduce waiting times for treatment and social care services;
- using innovations in technology and clinical or professional practice to improve the quality of the service; and/or,

[1] Primary PCI is a state-of-the-art medical technology that clears blockages in the arteries which are stopping blood from flowing to the heart. When the artery is blocked, typically by a fatty deposit and blood clot, a person will suffer from a particular form of heart attack. The pPCI service carries out around 4,000 procedures annually.

- harnessing the opportunities for local government and voluntary organisations to support the HSC's delivery of care.

This integrated approach will in the future provide the basis for the new accountable care system model for the delivery of HSC services recommended by the Expert Panel in its report, '*Systems not Structures: Changing Health and Social Care'* published in October 2016.

3. THE PROPOSED CRITERIA FOR ASSESSING SUSTAINABILITY OF SERVICES

In his speech of 4 November 2015, the then Minister for Health, Simon Hamilton MLA, announced that in response to recommendation 1 of *The Right Time, The Right Place* report by Sir Liam Donaldson, he would appoint an expert, clinically led panel to consider and lead an informed debate on the best configuration of Health and Social Care services in Northern Ireland. Sir Liam's report stated:

"A proportion of poor quality, unsafe care occurs because local hospital facilities in some parts of Northern Ireland cannot provide the level and standards of care required to meet patients' needs 24 hours a day, 7 days a week. Proposals to close local hospitals tend to be met with public outrage, but this would be turned on its head if it were properly explained that people were trading a degree of geographical inconvenience against life and death. Finding a solution should be above political self-interest".

The Panel was appointed in January 2016 and comprised local and international members. The Panel was given the remit to:

- Produce a set of principles to underpin reconfiguration of health and social care services;
- Support and lead debate including at a political summit to be held in early 2016 to agree the principles;
- Use the results of the political summit to develop a clinically informed model for the future configuration of health and social care, which will ensure world class provision for everyone in Northern Ireland; and
- Clearly quantify the specific benefits in health outcomes that will be derived from the new model, both for individuals and the Northern Ireland population as a whole.

The Panel engaged extensively with stakeholders in health and social care, and with the five main parties at a political summit held on 17th February 2016, to discuss the need for change and a set of principles that would guide the Panel in structuring a new model of health and social care for the people of the North.

The Department published the Panel's report in October 2016. The report considers a wide range of issues impacting on the current and future delivery of health and social care including the basis for reconfiguring services. In this context, the Panel has recommended that the Department should introduce criteria for assessing the sustainability of services. The Panel refers to this process as "rationalisation" which it has described in its report under Recommendation 13 as follows.

Rationalisation

Recommendation 13

"The Panel recommends that the Department should formally endorse the criteria and apply them to 5 services each year to set out the future configuration of services. If applying the criteria leads to the conclusion that the service is vulnerable, plans for reconfiguration should be developed and actioned within this twelve month period".

"If the model proposed in this report (sic the Panel's report) is to be successfully implemented, then it is inevitable that the way services are currently provided will need to change. The evidence contained in the burning platform shows the clear impact of inaction. Furthermore, changing these services is not optional; it is inevitable. The choice is not whether to keep services as they are or change to a new model. Put bluntly, there is no meaningful choice to make. The alternatives are either planned change or change prompted by crisis. Focusing resources on specialist sites means that:

- *Patients are seen in the right place and by the right person as soon as possible. Evidence shows that having all the services available on the same site improves the care delivered to the patient and the clinical outcomes;*
- *Staff have the necessary support and equipment to allow them to deliver the highest quality care to patients;*
- *It is possible to attract and recruit sufficient staff to deliver a safe, high quality, 24/7 service;*
- *The services are more stable and there is a better environment for patients and staff;*

- *There are the right conditions for professional development, quality improvement, leadership, teaching and other activities that are essential to a vibrant workforce expert in delivering care to acutely unwell patients;*
- *There is capacity for research and a greater ability to engage with academia and industry in generating new solutions and accelerating testing, adoption and introduction of existing solutions; and*
- *This achieves the Triple Aim of better population health, better quality care and better use of resources.*

However, it is not appropriate for this report to dictate to people in different parts of Northern Ireland what services they should and should not expect to be located in their area or local hospital.

Furthermore, in the course of the many meetings, seminars, events and visits that the Panel has held and attended, it has become clear that clinicians and managers here already have a strong vision of what needs to be done to make services sustainable. The difficulty does not lie in deciding what needs to be done. The difficulty lies in doing it.

This Panel has developed a set of criteria for assessing the sustainability of services. We believe that those taking the decisions on the sustainability of a service should apply the following criteria:

- *There is evidence that the outcomes for patients using these services are below acceptable levels either in the services as a whole or in particular hospitals, or where there are safety concerns.*
- *There is a clear clinical pathway for the patient population. Co-created with patient groups.*
- *The service cannot meet professional standards or minimum volumes of activity needed to maintain expertise.*
- *The permanent workforce required to safely and sustainably deliver the service is not available/cannot be recruited or retained, or can only be secured with high levels of expensive agency/locum staff.*
- *The training of Junior Doctors cannot be provided to acceptable levels.*

- *There is an effective alternative 'out of hospital' care model or an alternative 'shared care' delivery model.*
- *The delivery of the service is costing significantly more than that of peers or of alternative 'out of hospital' alternatives due to a combination of the above factors.*

The Panel has developed a list of specialties that should be prioritised for review and that this should be worked through systematically from this point".

4. THE DEPARTMENT'S POSITION ON THE NEW CRITERIA

The Department believes that the criteria recommended by the Expert Panel for assessing the sustainability of services provide an appropriate basis for the HSC to assess and take decisions on future proposals concerning the sustainability of a health and social care service in circumstances where the service needs to be reconfigured to give better health and wellbeing outcomes for patients.

Therefore subject to public consultation the Department proposes to:

- formally endorse the criteria recommended by the Panel and apply them to 5 services each year to set out the future configuration of services. If applying the criteria leads to the conclusion that the service is vulnerable, plans for reconfiguration should be developed and actioned within this twelve month period; and,

- amend its extant policy guidance on change or withdrawal of services ('Change or Withdrawal of Services - Guidance on Roles and Responsibilities' published in November 2014) to include the criteria, where appropriate, as part of a new approach to reviewing services and developing proposals to reconfigure services. A copy of the extant policy guidance is provided at Annex A attached.

The Department has established this position following consideration of the criteria within the context of the Expert Panel's overall report and by examining the appropriateness of each criterion in assessing and taking future decisions concerning the sustainability of health and social care services in circumstances where the service needs to be reconfigured. The Department's position on each criterion is set out below.

Criterion 1

- **There is evidence that the outcomes for patients using these services are below acceptable levels either in the services as a whole or in particular hospitals, or where there are safety concerns.**

The Department's Position

The Department proposes to accept Criterion 1 on the basis that:

- it aligns with the Department's extant policy on ensuring and safeguarding the quality and safety of services provided by the HSC as set out in our 'Quality 2020 Strategy', published in November 2011, and if adopted by the Department this criterion would reinforce the extant policy.

'Quality 2020' defines quality under three main headings:

- Safety – avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.
- Effectiveness – the degree to which each patient and client receives the right care (according to scientific knowledge and evidence-based assessment), at the right time in the right place, with the best outcome.
- Patient and Client Focus – all patients and clients are entitled to be treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

'Quality 2020' also identifies a number of design principles that should inform service planners and practitioners over the 10 years of the strategy including guidance that a high quality service should:

- promote wellbeing and disease prevention and safeguard the vulnerable; and,
- operate to high standards of safety, professionalism and accountability.

A key indicator for the Programme for Government is to improve the quality of the healthcare experience so it is critical to consider users satisfaction of the service being considered alongside some key performance indicators.

Therefore if there is evidence that the outcomes for patients using a particular service are below acceptable levels either in the experience of individuals, the services as a whole or in particular hospitals, or where there are safety concerns, it is the Department's view that it would be appropriate for the HSC to take account of Criterion 1 in assessing whether such services should be reconfigured.

Criterion 2

- **There is a clear clinical pathway for the patient population. Co-created with patient groups.**

The Department's Position

The Department proposes to accept Criterion 2 on the basis that it would reinforce our extant policy on ensuring that HSC services have appropriate clinical pathways, co-created with patient groups, for the patient population.

Paragraph 7 in the Department's extant policy guidance on change or withdrawal of services ('Change or Withdrawal of Services - Guidance on Roles and Responsibilities' published in November 2014) states that:

> *"Patients, clients, carers and communities should be at the centre of decision making in health and social care. This means that they must be meaningfully involved in the planning, delivery and evaluation of their services. HSC bodies are accountable to people and communities for the quality, accessibility and responsiveness of the services they plan and provide. Sections 19 and 20 of the Reform Act place a statutory requirement on specified[2] organisations to involve and consult the public about proposals and decisions in the planning, commissioning and delivery of health and social care services".*

Objective 2 in the Department's 'Quality 2020' strategy commits the HSC to:

[2] Section 17(8) of the Health and Social Care (Reform) Act (Northern Ireland) 2009 specifies the Department, the HSCB, the PHA, HSC Trusts and Special Agencies as the organisation to which the statutory requirement in Section 19 applies.

"promote and encourage partnerships between staff, patients, clients and carers to support decision making. Patients, clients and carers will be involved in the design and delivery of education and training to all staff working in health and social care.

The Ministerial document, *'Health and Well Being 2026: Delivering Together'*, published in October 2016 also commits the HSC to the principle of co-production and to not making decisions without this. This requires the HSC to build on the model that sees service users and those responsible for providing services, working as real partners who collaborate and co-create the North's health and social care. Patients, service users, professionals and managers will therefore be supported to co-design services and plan how best to allocate resources to serve the population.

Therefore it is the Department's view that it would be appropriate for the HSC to take account of Criterion 2 in assessing whether clear clinical pathways for the patient population, co-created with patient groups, are in place in circumstances where the service is considered vulnerable in terms of its sustainability.

Criterion 3

- **The service cannot meet professional standards or minimum volumes of activity needed to maintain expertise.**

Criterion 4

- **The permanent workforce required to safely and sustainably deliver the service is not available/cannot be recruited or retained, or can only be secured with high levels of expensive agency/locum staff.**

Criterion 5

- **The training of Junior Doctors cannot be provided to acceptable levels.**

<u>The Department's Position on Criteria 3, 4 and 5</u>

For some considerable time there has been a problem with a shortage of doctors and nurses in the North. Indeed, HSC Trusts are currently running international recruitment

campaigns to fill vacancies for both doctors and nurses. The most pressing shortages are in: paediatrics; emergency medicine; general surgery; core medicine; anaesthetics; obstetrics and gynaecology; oncology and psychiatry.

Not having sufficient doctors, particularly those in the junior and middle grades is making it difficult to maintain safe medical rotas in some specialties. This results in some services becoming vulnerable because without enough doctors the number of patients an individual doctor is responsible for increases and can become unmanageable. In addition, the number of duty hours increases and the length of individual shifts may lengthen beyond what are considered safe levels. No-one wants to run or work in services which are potentially unsafe, and where patients could come to harm as a result. Furthermore, the doctor and nurse shortage sometimes reaches a point where urgent unplanned changes can occur.

Features of the current doctor workforce include:

- not having sufficient numbers of generalists, particularly in the smaller hospitals, to adequately staff rotas;
- doctors who specialise must treat a minimum number of cases each year to ensure they can maintain and develop their specialist skills in order to maintain the safety of care and the best outcomes for patients. This means services cannot be spread too thinly, or these expert teams will not remain sustainable; and
- in specialties such as Trauma and Orthopaedics or General Surgery, modern clinical standards require that a minimum number of Consultants are needed for a viable rota.

Thus, for services to meet these standards requires that they serve a large enough population with sufficient incidence of various conditions in the local population, based on studies throughout the world, so that clinical teams can provide high quality on an ongoing basis.

The combination of the above features particularly impact on the sustainability of services in smaller hospitals which are less attractive to some doctors as a result. This makes it difficult to fill vacancies in the smaller hospitals resulting in insufficient

caseloads which impacts on our ability to provide appropriate junior doctor training contributing to the vulnerability in some services at the local level.

These factors have also led to an escalation in the costs of actions taken to maintain services. This is because in order to ensure that rotas have the necessary number of staff the HSC has had to resort to using expensive agency and locum staff too regularly. The nursing vacancies have also led to a reliance on agencies, which as well as being expensive, leads to reduced continuity of care for patients which ultimately affects their experience of the health service.

The Department is proposing to accept the Expert Panel's recommendation that it will be essential to address service specialty areas impacted by the workforce issues described above. Criterion 3, 4 and 5 are key factors which contribute to unsustainable services and therefore need be assessed in future service reviews. These service reviews will also provide the opportunity to look at expanding the role of nurses to take on more specialist duties and to use Allied Health Professional staff in more productive ways.

Criterion 6

- **There is an effective alternative 'out of hospital' care model or an alternative 'shared care' delivery model.**

<u>The Department's Position</u>

The Department is aiming to introduce new 'out of hospital' and 'shared care' models to deliver better integration of treatment and care through a more joined-up approach across secondary, primary and community care. These new models of care will aim to provide more effective and accessible pathways for patients resulting in better outcomes and better use of HSC resources. This will require the HSC to develop new approaches to how patients and users move through the HSC system and co-design with users what they want from a more integrated system of care. The Department therefore accepts Criterion 6 as a further key factor to be assessed in future service reviews.

Criterion 7

- **The delivery of the service is costing significantly more than that of peers or of alternative 'out of hospital' alternatives due to a combination of the above factors.**

The Department's Position

Services which are effective and efficient help people get better faster, don't waste resources and generally provide better value for money. The Department is therefore aiming to introduce new 'out of hospital' and regionalised models of care which will provide better value for money and improved outcomes for patients. These new models of care will aim to:

- prevent patients from getting ill in the first place to the extent that treatment in hospital is the only available option. This should reduce current and future demands on hospital-based services;
- prevent patients from spending more time in hospital than they need to freeing-up beds for other patients; and
- provide alternative treatment pathways delivered by primary and community care teams.

The Department is proposing to accept Criterion 7 as a further key factor to be assessed in future service reviews.

5. HUMAN RIGHTS AND EQUALITY IMPLICATIONS

Equality Implications

Section 75 of the Northern Ireland Act 1998 requires Departments in carrying out their functions relating to the North 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 those without; and,
- between persons with dependants and those without.

In addition, without prejudice to the above obligation, Departments should also, in carrying out their functions relating to the North, have due regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group. Departments also have a statutory duty to ensure that their decisions and actions are compatible with the European Convention on Human Rights and to act in accordance with these rights.

The Department has carried out a preliminary screening of the proposed policy decision to adopt the Criteria to assess the sustainability of services recommended by the Expert Panel, with the final Criteria to be informed by this public consultation, and as part of this screening process has concluded at this stage that an Equality Impact Assessment is not necessary.

Human Rights

Article 8 of the European Convention on Human Rights guarantees a right to privacy which can only be interfered with when it is necessary to meet specified legitimate

needs. The Department recognises that any use of patient information for the proposed Criteria will only be considered in prescribed conditions, and in circumstances which clearly have a legitimate need.

Privacy

The Department acknowledges that any use of patient information for the proposed Criteria will be within required safeguards and the control of access should therefore mitigate the concerns and risks involved.

Rural Proofing

Patients who reside in rural areas are likely to be impacted by service reconfiguration that is likely to arise from assessment of secondary care specialties, using the proposed Criteria, which indicates that the delivery of particular specialties, using current models of treatment and care, are not sustainable and that new service delivery models should be developed and implemented. In such situations where there is likely to be major service changes Health and Social Care organisations will fully engage in consulting rural communities before finalising the service change. It is anticipated that rural communities are likely to benefit from any proposed reconfiguration of services as this should provide patients with access to services that are on a more sustainable footing.

Health Impact

It is considered that the introduction of new sustainable models of care, following reconfiguration of services, will have a positive impact on the health of patients by providing better health and well being outcomes for patients.

Sustainable Development

It is considered that there are no negative impacts on sustainable development opportunities.

Regulatory Impact Assessment

The Department does not consider that a Regulatory Impact Assessment is required as the development of new models of treatment and care does not have any significant new impact on business. Better health and well being outcomes for patients may, in the longer term, result in added social and economic benefits.

Freedom of Information Act 2000 – Confidentiality of Consultation Responses

The Department will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances.

Before you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Department in this case. This right of access to information Includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity, should be made public or be treated as confidential. This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor's Code of Practice on the Freedom of Information Act provides that:

- The Department should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department's functions and it would not otherwise be provided;
- The Department should not agree to hold information received from third parties "in confidence" which is not confidential in nature; and,
- Acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see website: https://ico.org.uk/).

6. HOW TO PROVIDE YOUR VIEWS ON THE CRITERIA FOR ASSESSING THE SUSTAINABILITY OF HEALTH AND SOCIAL CARE SERVICES

We would be grateful for your views to help the Department finalise its policy on the Criteria proposed by the Expert Panel for assessing the sustainability of Health and Social Care Services.

You can respond to the consultation document by e-mail, letter or fax using the **Questionnaire Response Form** on the Department's website:

https://www.health-ni.gov.uk/consultations/health-and-social-care-transformation-consultation-criteria-reconfiguring-health-and-social-care

The questions in the Questionnaire Response Form may help you in providing your views on the Criteria, but are not intended to limit your comments.

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 the above advice 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: Reconfig.criteria@health-ni.gov.uk

Written: Reconfiguration Criteria Consultation, Department of Health, Room C3.6, Castle Buildings, Stormont Estates, Belfast, BT4 3SQ

Tel: (028) 905 20020

Fax: (028) 905 22335

If you have any questions please contact Gail Clarke. Thank you for your assistance.

The closing date for responses is 20 January 2017

ANNEX A

DEPARTMENT OF HEALTH POLICY GUIDANCE CIRCULAR

CHANGE OR WITHDRAWAL OF SERVICES – Guidance on Roles and Responsibilities

Introduction

1. The purpose of this circular is to update the guidance on change or withdrawal of services to reflect the new structural and governance arrangements that came into effect on 1 April 2009. Since the original guidance was issued in 1993, the advice on consultation has been superseded by the statutory duties imposed on Health and Social Care (HSC) bodies by section 75 of the Northern Ireland Act 1998 and sections 19 and 20 of the Health and Social Care (Reform) Act (Northern Ireland) 2009. Nothing in this in this circular affects those statutory duties or the associated guidance on compliance. Circular HSS (OP1) 1/93 is cancelled.

2. Against a backdrop of organisational and service change it is essential to maintain a clear line of accountability through the DHSSPS Minister to the Assembly for changes to the type or scale of services delivered and any associated closure or change of use of facilities. The respective roles and responsibilities of all organisations within the HSC system are set out in the HSC Framework Document and in individual Management Statements. However, the Principal Accounting Officer and the Minister are ultimately responsible to the Assembly for the efficient and effective deployment of public money in health, social services and public safety. This means there are likely to be occasions when decisions about services, properly arrived at by the relevant Arms Length Body (ALB), will need the final approval of the Department/Minister because they are major or controversial in nature.

Role of Department

3. Under the Health and Social Care (Reform) Act (NI) 2009, the Department has an overall duty to promote an integrated system of health and social care designed to improve the health and social well-being of the people in Northern Ireland. In exercise of the powers conferred on it by section 8 (3) of the Reform Act, the Department sets out the Minister's instructions to commissioners in an annual commissioning plan direction. The commissioning plan direction sets the framework within which the Health and Social Care Board (including its Local Commissioning Groups), working in conjunction with the PHA, must commission health and social care.

Role of the Health and Social Care Board and the Public Health Agency

4. As the lead commissioner, the Health and Social Care Board, working with the Public Health Agency, has the primary responsibility for assessing the needs of the population at local and regional level and for setting the strategic direction for service provision in response to those needs.

5. Local Commissioning Groups are committees of the Health and Social Care Board, whose membership includes a range of local practitioners, political representatives and voluntary sector representatives. One of their principal roles is to engage with patients, clients, carers and local representatives about the appropriate service response to assessed needs and to explain, where necessary, the rationale behind the need for change so that people affected may have a genuine opportunity to influence the planning, delivery and evaluation of health and social care services.

Role of Health and Social Care Trusts

6. Health and Social Care Trusts, including the Northern Ireland Ambulance Service, are required to provide services in response to the commissioning plan and must meet the standards and targets set by the Minister. Service and Budget Agreements provide the administrative vehicle for demonstrating that these obligations will be met. SBAs are established between the HSCB and Trusts setting out the services to be provided and linking volumes and outcomes to cost. Health and Social Care Trusts are responsible for managing their facilities and ownership of their physical assets is vested in them.

Personal and Public Involvement

7. Patients, clients, carers and communities should be at the centre of decision making in health and social care. This means that they must be meaningfully involved in the planning, delivery and evaluation of their services. HSC bodies are accountable to people and communities for the quality, accessibility and responsiveness of the services they plan and provide. Sections 19 and 20 of the Reform Act place a statutory requirement on specified[3] organisations to involve and consult the public about proposals and decisions in the planning, commissioning and delivery of health and social care services. The organisations affected, including the Department, are required to set out in a consultation scheme how patients, clients and carers will be involved in the planning of their care. Detailed guidance on public involvement in health and social care, including the development of consultation schemes, is set out in Circulars HSC (SQSD) 29/07, 1/12 and 3/12.

8. Similarly, section 75 of the Northern Ireland Act places a range of statutory duties on public authorities, including the requirement to produce an equality scheme. Detailed guidance on compliance with section 75 is set out in the Equality Commission's Guide for Public Authorities.

[3] Section 17(8) of the Health and Social Care (Reform) Act (Northern Ireland) 2009 specifies the Department, the HSCB, the PHA, HSC Trusts and Special Agencies as the organisation to which the statutory requirement in Section 19 applies.

9. In accordance with the relevant guidance described above and their equality and consultation schemes, HSC bodies aim to provide a minimum consultation period of twelve weeks to allow adequate time for groups to consult among themselves as part of the process of forming a view. However, in the following exceptional situations, this timescale may not be feasible:

    - Changes (either permanent or temporary) which must be implemented immediately to protect public health and/or safety;

    - Changes (either permanent or temporary) which must be implemented urgently to comply with a court judgement, or legislative obligations.

10. In such instances, a decision may need to be taken to shorten timescales for consultation to eight weeks or less. HSC bodies should seek to outline the reasons for a shorter timescale in the consultation document, or in correspondence relating to the changes, as appropriate. However, having considered the need to consult, the organisation may decide that it is imperative, in the interests of patient safety for example, to implement the change immediately.

11. In circumstances where consultation has not been possible in advance of a change or withdrawal of service, it is recommended that consultation should be carried out following the event with the clear intention of re-opening or reinstating the service if an alternative viable means of preventing the change or withdrawal is identified by the consultation. In such circumstances a consultation timescale of 8 weeks is recommended. Also, in such circumstances the consultation process should be reasonable and proportionate; however, the organisation must be satisfied that the process is in compliance with statutory requirements, its PPI Scheme and the overall guidance in this circular.

Involvement of the Department in operational decisions

12. Individual proposals about change or withdrawal of services from the HSCB/PHA, HSC Trusts or other ALBs will not normally require departmental approval unless they are judged by the Department to be major and/or controversial. Since it would not be practicable to develop definitive criteria for these terms, the Department should be notified before consultation begins on proposals for closure or change that are likely to be regarded by the local community as major and/or controversial. In cases where this only becomes apparent during the consultation process, the Department should be notified at that point. When proposals may have an impact on the wider system, the ALB concerned should also provide the Department with details of its engagement with the other affected organisation(s). The Department will indicate, at that point, whether the proposals are likely to require its approval following the consultation process.

13. All referrals to the Department from HSC Trusts on these issues must be made through the HSCB/PHA, who, as the lead commissioners, will have a key role to play in determining what is major and/or controversial. Referrals from other HSC

bodies may be made directly to the Department in accordance with established accountability arrangements.

14. In considering whether to approve a proposal to change or withdraw a service, the Department will take account of the following factors::

- the extent to which the proposal is consistent with the Minister's priorities as set out in the commissioning plan direction;
- the impact of the proposal on the quality, sustainability and accessibility of services, and assurance in relation to adherence to established standards of service;
- the views of public and local community representatives.

These factors must, therefore, be at the heart of any decision to refer to the Department for approval in the first place. However, ALBs are expected to exercise judgement about what is major and/or controversial. As was the case under the previous structures, it is not the Department's aim to take upon itself final approval for all operational decisions about service provision.

Temporary changes

15. The Department must be informed in advance of major temporary withdrawals or changes to service provision under the terms of paragraph 9, particularly where these are likely to prove controversial. Temporary changes must not be used either to avoid the requirement for proper consultation or the necessary impact assessments. HSC Trusts must secure commissioner support for any proposed closures or change of use, whether temporary or permanent.

16. Where changes are temporary in nature and may be considered as part of the day to day management of services and non-contentious, the requirements for consultation and referral to the Department do not apply.

26 November 2014