

**Consultation Response submitted by
Association for Real Change, Northern Ireland (ARC NI)**

Temporary Amendment of the Health & Social Care Framework Document for the period of June 2020 – May 2022

DECEMBER 2020

ARC NI supports 46 cross-sector learning disability providers across Northern Ireland. ARC's Vision is to achieve real change that puts people with a learning disability at the centre of decision-making, and in the heart of their communities. This response was developed in partnership with, and on the behalf of, the membership.

Note: When the acronym 'hsc' lowercase is used throughout this response, it refers to all stakeholders operating in health and social care, not just statutory bodies. Uppercase 'HSC' refers to statutory bodies only.

Q1 Do you agree with the provisions in the new paragraph 2.4 in the HSC Framework Document which stipulate the Department of Health's decision to create a new temporary management board, the 'Management Board for Rebuilding HSC Services' which will come into being in June 2020 for a period of two years to be reviewed thereafter?

1. ARC NI welcomes scrutiny and governance structures that emphasise and support accountability in achieving real change to health and social care services going forward. Whilst this temporary 'Management Board' consists HSC representatives from public bodies the 'Rebuilding HSC Services Strategic Framework' refers to hsc services, which is heavily reliant on the independent sector. We believe that to be successful in driving targets to ensure necessary reform, all stakeholders are required to be involved.
2. Never before has the importance of relationships and partnerships in successfully reconfiguring services been required, affirming the Department's Guidance on Co-Production¹ of partnerships as being essential to transformational change in health and social care. *"Co-production ... reflects the need for distributed leadership and distributed ownership of policy, strategy and delivery within and across systems"*. Furthermore, and more recently, the Power to People Report² states a recommendation of the Expert Advisory Panel proposing the *"Department of Health oversees the introduction of a whole-systems approach to facilitating joint working between commissioners, health services and care providers which include a clear mechanism for involving people receiving services and carers within all the HSC Trusts."*
3. ARC NI noted the following sentence within paragraph 2.4 *'The Minister and the Management Board will obtain advice from experts working in health and social care fields to inform its work in the rebuilding of HSC services as required.'* It is the view of ARC NI that the breadth and experience of specialism and experience must be included within both the accountability and strategic planning structures and furthermore should be formalised and transparent.

¹ <https://www.health-ni.gov.uk/sites/default/files/publications/health/HSCB-Co-Production-Guide.pdf>

² <https://www.health-ni.gov.uk/publications/experts-report-adult-care-and-support>

ARC NI would advocate the need for Department of Health to go further in the provisions ensuring Senior Officials enable independent representatives to be routinely communicated with through the establishment of a formal advisory/reference group. Clear terms of reference should be developed, acknowledging their role and responsibility in collaborating and advising the work of the Management Board.

Q2 Do you agree with the provisions in the new paragraph 2.38 in the HSC Framework Document in which the Minister of Health has directed the Health and Social Care Board (HSCB), Public Health Agency (PHA), Health and Social Care (HSC) HSC Trusts and the Business Services Organisation (BSO) that for the two year period commencing in June 2020 they are to prioritise their service planning, delivery and deployment of resources to stabilise and restore service delivery as quickly as possible by achieving the right balance between delivering Covid-19 and non-Covid-19 activity?

4. COVID-19 created an unprecedented environment for the hsc sector as a whole. The workforce has and continues to demonstrate both resilience and commitment to the people they support. As the situation evolved, the community and voluntary sector were well equipped to diversify and reconfigure services at speed, with their statutory commissioners offering the required contractual flexibility. ARC NI welcomes the various reviews that have been completed, and recommend that this agility and commitment to ensuring continued provision of services be recognised in rebuilding services.
5. That said, for much of the NI population, COVID-19 forced and controlled many aspects of life, restricting people to their homes, with the suspension of some services and or support. ARC NI promotes human rights and choice. We therefore also recognise the need to take cognisance of the importance of the here and now, as people in receipt of social care may have changed their expectations of life and the services or support, they require. It will therefore be of critical importance when resetting and rebuilding services to uphold the promotion of human rights within decision making to ensure that any future plans take account of individual needs and aspirations.
6. COVID 19 unfortunately emphasised the systemic issues affecting hsc and the reform it desperately requires. ARC NI welcomes a renewed determination to transform the provision of the hsc, and in particular the reform of adult social care.

ARC NI would advocate the need to balance fairly and equally the prioritisation of resource to both:

- I. **Reinvigorate determination to reform; and**
- II. **Stabilise and restore service delivery through collaborative planning with the hsc as a whole to reset services**

Q3 Do you agree with the provisions in the new paragraph 3.7 in the HSC Framework Document which provide the overarching context for the implementation of the requirements in paragraphs 3.1 to 3.6, in the HSC Framework Document, during the two year period commencing in June 2020?

7. Inadequate levels of investment in adult social care have been well documented, as well as the significant financial impact of COVID-19 on available resources in NI. It is the view of ARC NI that more resources are required to achieve the reform of the hsc sector.
8. Transparency and collaboration are critical in building the trust necessary to progress positive change. Central to this is the ability to hold HSC bodies to account. A current

example of this is the Trusts Rebuilding Plans (Phase 3). These have been developed without any input from key stakeholders, people supported, their families and the service providers delivering on the ground. This example evidences the lack of meaningful collaborative planning by the HSC with the hsc and all its stakeholders.

9. A combined approach of collaboration at local operational levels, alongside the proposed Advisory/Reference group mentioned above would bring greater assurance and transparency. To do this a shared understanding of targets and achievements will offer greater scrutiny for the hsc sector.

ARC NI would advocate that in addition to the establishment of collaborative structures, the Department of Health publicly disseminates regular information via its website regarding performance targets and subsequent progress reports to offer greater scrutiny.

Q4 Are there any additional issues related to the temporary amendments to the HSC Framework Document that you would ask the Department to consider?

10. ARC NI would endorse the following responses received from other stakeholders and included in the summary table 2, as follows:

- Professional Bodies - “Consideration should be given to role Independent Sector can play in rebuilding”;
- NIHRC & ECNI - “Clarity needed on how coproduction will be embedded”;
- Commissioner for Older People - “Very important that the Management Board continues to seek the views of experts and enables the voices of everyone involved in social care to be heard”.