Introduction

This document describes the roles and functions of the various health and social care bodies and the systems that govern their relationships with each other and the Department of Health, Social Services and Public Safety. The Health and Social Care (Reform) Act (Northern Ireland) 2009 provides the legislative framework within which the health and social care structures operate. It sets out the high level functions of the various health and social care bodies. It also provides the parameters within which each body must operate, and describes the necessary governance and accountability arrangements to support the effective delivery of health and social care in Northern Ireland.

In Northern Ireland, the National Health Service (NHS) is referred to as HSC or Health and Social Care. The current structures date from 2009, however changes are currently being implemented as a result of the Transforming Your Care (TYC) policy. The Department of Health, Social Services and Public safety has overall authority for health services and also provides social care services, such as home care services, family and children's services, day care services and social work services. Services are commissioned by the Health and Social Care Board and provided by five health and Social Care Trusts - Belfast, South Eastern, Southern, Northern and Western.
With overall authority, and allocation of Government funding the Department of Health, Social Services and Public Safety for Northern Ireland (DHSSPSNI) is one of 11 Northern Ireland Government Departments created in 1999 as part of the Northern Ireland Executive.

The three main business responsibilities of the Department are:
- Health and Social Care (HSC), which includes policy and legislation for hospitals, family practitioner services and community health and personal social services;
- Public Health, which covers policy, legislation and administrative action to promote and protect the health and well-being of the population; and
- Public Safety, which covers policy and legislation for fire and rescue services.

The Health and Social Care (Reform) Act (Northern Ireland) 2009 placed a general duty on the DHSSPSNI to promote an integrated system of:
1. health care designed to secure improvement:
   - in the physical and mental health of people in Northern Ireland, and
   - in the prevention, diagnosis and treatment of illness; and
2. Social care designed to secure improvement in the social wellbeing of people in Northern Ireland.

In terms of service commissioning and provision, the Department discharges this duty primarily by delegating the exercise of its statutory functions to the Health and Social Care Board (HSCB) and the Public Health Agency (PHA) and to a number of other HSC bodies created to exercise specific functions on its behalf. All these HSC bodies are accountable to the Department which in turn is accountable, through the Minister, to the Assembly for the manner in which this duty is performed.

The CSP engages with the DHSSPSNI in a number of ways. Directly with the Minister, Permanent Secretary, AHP Adviser, Chief Medical Officer and Director of Human Resources on a individual basis, and collectively through the Allied Health Professions Federation Northern Ireland. In addition the CSP will engage with the Department through the Northern Ireland Partnership Forum which brings together trade unions, employers the Minister and the Permanent Secretary as well as the Director of Human Resources.

**Health and Social Care Board**

The Health and Social Care Board sits between the Department and the five HSC Trusts and is responsible for commissioning services, managing resources and performance improvement. The Board is directly responsible for managing contracts for family health services provided by GPs, dentists, opticians and community pharmacists. These are all services not provided by Health and Social Care Trusts. The Health and Social Care Board has a range of functions that can be summarised under three broad headings.

**Commissioning** – securing the provision of health and social care and other related interventions that is organised around a “commissioning cycle” from assessment of need, strategic planning, priority setting and resource acquisition, to addressing need by agreeing with providers the delivery of appropriate services, monitoring delivery to ensure
that it meets established safety and quality standards, and evaluating the impact and feeding back into a new baseline position in terms of how needs have changed.

**Performance management and service improvement** – monitoring health and social care performance against relevant objectives, targets and standards and addressing poor performance through interventions, service development and, where necessary, the application of sanctions and identifying and promulgating best practice. Working with the Public Health Agency, the Health and Social Care Board has an important role to play in providing professional leadership to the HSC.

**Resource management** – ensuring the best use of the resources of the health and social care system, both in terms of quality accessible services for users and value for money for the taxpayer. The Health and Social Care Board is required by the Health and Social Care (Reform) Act (Northern Ireland) 2009 to establish five committees, known as Local Commissioning Groups (LCGs), each focusing on the planning and resourcing of health and social care services to meet the needs of its local population. LCGs are co-terminus with the five HSC Trusts.

The CSP engages with the Health and Social Care Board uniprofessionally and collectively through the AHP Federation Northern Ireland. In addition the Transforming Your Care (TYC) project team is located within the Board and the CSP will continue to engage with the Director of TYC on a regular basis. Furthermore the CSP through the Partnership Forum will have regular contact with representatives from the Health and Social Care Board.

**Local Commissioning Groups**

Inside the Health and Social Care Board there are five Local Commissioning Groups (LCGs) focusing on the planning and resourcing of services. The LCGs cover the same geographical area as the five HSC Trusts. LCGs will have overall responsibility for directing the work of Integrated Care Partnerships.

LCGs have a lead role in the strategic commissioning process, to apply it locally on behalf of their populations. They have responsibility for assessing health and social care needs in their areas, planning to meet current and emerging needs and securing the delivery of a comprehensive range of services to meet the needs of their populations. They have full delegated authority to discharge these responsibilities, including the ability to direct resources. The capitation formula identifies funds for the populations of each LCG area, and the Health and Social Care Board is accountable for ensuring that they are used for that purpose. LCGs identify local priorities taking account of the views of patients, clients, carers, wider communities and service providers. They forge partnerships and involve a range of stakeholders in designing and reshaping services to better meet the needs of their local communities.

Some services, by virtue of their specialist nature, restricted volume or statutory accountability, must be commissioned collaboratively on a regional basis, and hence the LCGs’ decisions and recommendations will include contributions to the commissioning of regional services. The Health and Social Care Board is responsible for establishing appropriate mechanisms for this process, which will ensure that fair shares from the capitation-based budgets are committed to regionally commissioned services.
As committees of the Health and Social Care Board, LCGs work within strategic priorities set by the Department, the Health and Social Care Board, regional policy frameworks, available resources and performance targets. The Health and Social Care (Reform) Act (Northern Ireland) 2009 requires LCGs to work in collaboration with the Public Health Agency and have due regard to any advice or information provided by it. To ensure a joint approach to commissioning, LCGs are supported by fully integrated, locally based, multi-disciplinary commissioning support teams made up of staff from the Public Health Agency and Health and Social Care Board. Professional staff from both the Health and Social Care Board and the Public Health Agency are included in the membership of LCGs. Each LCG has an AHP representative from the Public Health Agency on its management committee.

Each year the Health and Social Care Board determines, in consultation with LCGs, the range of services to be commissioned locally and regionally and identifies the budgets from which such services are to be commissioned. LCGs prepare local commissioning plans, in keeping with the priorities and objectives of the Health and Social Care Board. LCG commissioning plans are incorporated within the overall commissioning plan, which must be approved by the Health and Social Care Board and the Public Health Agency.

The CSP engages directly with the Chairs of the LCGs and with the AHP representative from the Public Health Agency. In addition the CSP, through the Long Term Conditions Alliance NI, will have contact with the LCGs in various locations.

**Integrated Care Partnerships**

More recently, under the Transforming Your Care (TYC) policy there are plans to establish 17 Integrated Care Partnerships (ICPs). These collaborative networks will include GPs, health and social care providers, hospital specialists and representatives from the independent, voluntary and community sector.

It is proposed that ICPs will be established around natural communities (approximately 100,000 people). The introduction and establishment of ICPs will be on a phased approach across the Local Commissioning Group areas. ICPs will work in partnership with emerging Community Planning structures being proposed within the reorganisation of local government. ICPs are initially to focus on the following key areas, Frail Elderly, and the following long term conditions: respiratory conditions, diabetes, stroke and end of life care in respect of these conditions (FREDS).

Each ICP has a GP Commissioning Lead and each ICP will have an AHP representative included in the network, appointed by the Trust where they are located. The CSP will engage with the ICPs through both the GP Commissioning Leads and through the AHP representative.

**HSC Trusts**

There are five Health and Social Care (HSC) Trusts which provide health and social services across Northern Ireland. While the Health and Social Care Board commissions services, it is the Trusts that actually provide them ‘on the ground’. Each Trust manages its own staff and services and controls its own budget.
HSC Trusts, which are established under Article 10 of the Health and Personal Social Services (Northern Ireland) Order 1991, are the main providers of health and social care services to the public, as commissioned by the Health and Social Care Board. There are now five HSC Trusts operating in Northern Ireland:

- Belfast Health and Social Care Trust (covering local council areas of Belfast and Castlereagh);
- South Eastern Health and Social Care Trust (covering local council areas of Newtownards, Down, North Down and Lisburn);
- Northern Health and Social Care Trust (covering local council areas of Coleraine, Moyle, Larne, Antrim, Carrickfergus, Newtownabbey, Ballymoney, Ballymena, Magherafelt and Cookstown);
- Southern Health and Social Care Trust (covering local council areas of Dungannon, Armagh, Craigavon, Banbridge and Newry and Mourne);
- Western Health and Social Care Trust (covering local council areas of Derry, Limavady, Strabane, Omagh, and Fermanagh)

HSC Trusts are established to provide goods and services for the purposes of health and social care and, with the exception of the Ambulance Trust, are also responsible for exercising on behalf of the Health and Social Care Board certain statutory functions which are delegated to them by virtue of authorisations made under the Health and Personal Social Services (Northern Ireland) Order 1994. Each HSC Trust also has a statutory obligation to put and keep in place arrangements for monitoring and improving the quality of health and social care which it provides to individuals and the environment in which it provides them.

**Public Health Agency**

The Public Health Agency (PHA), incorporates and builds on the work previously carried out by the Health Promotion Agency, the former Health and Social Services Boards and the Research and Development Office of the former Central Services Agency. Its primary functions can be summarised under three broad headings.

**Improvement in health and social well-being** – with the aim of influencing wider service commissioning, securing the provision of specific programmes and supporting research and development initiatives designed to secure the improvement of the health and social well-being of, and reduce health inequalities between, people in Northern Ireland.

**Health protection** – with the aim of protecting the community (or any part of the community) against communicable disease and other dangers to health and social well-being, including dangers arising on environmental or public health grounds or arising out of emergencies.

**Service development** – working with the Health and Social Care Board with the aim of providing professional input to the commissioning of health and social care services that meet established safety and quality standards and support innovation. Working with the Health and Social Care Board, the PHA has an important role to play in providing professional leadership to the HSC.

In exercise of these functions, the PHA also has a general responsibility for promoting improved partnership between the HSC sector and local government, other public sector organisations and the voluntary and community sectors to bring about improvements in
public health and social well-being and for anticipating the new opportunities offered by community planning.

The CSP has regular engagement with the Public Health Agency through the Assistant Director of Nursing and AHPs. In addition, the PHA through the LCGs has an important role to play in relation to the commissioning process and each LCG has a dedicated AHP consultant on its management board.

**Patient Client Council**

The Patient and Client Council (PCC) replaced the previous Health and Social Services Councils with five local offices operating in the same geographical areas as the HSC Trusts. The overarching objective of the PCC is to provide an independent voice for patients, clients, carers, and communities on health and social care issues through the exercise of the following functions:

- to represent the interests of the public by engaging with the public to obtain their views on services and engaging with HSC organisations to ensure that the needs and expectations of the public are addressed in the planning, commissioning and delivery of health and social care services;
- to promote the involvement of patients, clients, carers and the public in the design, planning, commissioning and delivery of health and social care;
- to provide assistance to individuals making or intending to make a complaint relating to health and social care; and
- to promote the provision of advice and information to the public by the HSC about the design, commissioning and delivery of health and social care services.

HSC bodies must have regard to advice provided by the PCC about best methods and practices for consulting and involving the public in health and social care matters.

The PCC’s relationship with the other HSC bodies is therefore characterised by, on the one hand, its independence from these bodies in representing the interests and promoting the involvement of the public in health and social care and, on the other, the need to engage with the wider HSC in a positive and constructive manner to ensure that it is able to efficiently and effectively discharge its statutory functions on behalf of patients, clients and carers. It also has considerable influence over the manner in which consultations are conducted by the HSC.

The CSP has engaged with the Patient Client Council through public events around the commissioning process and through various consultations involving services to patients and public engagement. This will continue to be the case for the foreseeable future.

**Regulation & Quality Improvement Authority**

The Regulation and Quality Improvement Authority (RQIA) was established under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. It is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services.
Although accountable to the Department, it is an independent health and social care regulatory body, whose functions include:

- Keeping the Department informed about the provision, availability and quality of health and social care services;
- Promoting improvement in the quality of health and social care services by, for example, disseminating advice on good practice and standards;
- Reviewing and reporting on clinical and social care governance in the HSC - the RQIA also undertakes a programme of planned thematic and governance reviews across a range of subject areas, reporting to the Department and the Health and Social Care Board and making recommendations to take account of good practice and service improvements. Such reviews may be instigated by RQIA or commissioned by the Department;
- Regulating (registering and inspecting) a wide range of health and social care services. Inspections are based on a new set of minimum care standards which ensures that both the public and service providers know what quality of services is expected.

The Department can ask the RQIA to provide advice, reports or information on such matters relating to the provision of services or the exercise of its functions as may be specified in the Department's request. The RQIA may also advise the Department about any changes which it considers should be made in the standards set by the Department.

The CSP’s contact with the RQIA has been minimal to date, however the CSP did respond to the RQIA’s consultation on its previous corporate plan.

**National Institute for Health and Care Excellence**

As of April 2013, the National Institute for Health and Care Excellence (NICE) is a Non Departmental Public Body. At this time it took on responsibility for developing guidance in social care.

The Department has a formal link with NICE, under which NICE guidance, published from 1 July 2006, is reviewed locally for its applicability to Northern Ireland and, where found to be applicable, is endorsed by the Department for implementation in the HSC.

Engagement to date with NICE has been limited, however since 1 April 2013 regular consultations on NICE guidelines have been issued for consultation on their applicability to Northern Ireland. Demands for input to the consultation process for NICE is likely to increase in the future.

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