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**Our Ref:** JC/Jw/tm/06

5 April 2006

Mrs Maura O'Brien  
Reform Unit  
Room D4.30  
Castle Buildings  
Stormont Estate  
BELFAST  
BT4 3SG

Dear Mrs O'Brien

**Re: Down Lisburn Trust Response to Review of Public Administration**

Please find enclosed Down Lisburn Trust's response to the recent RPA document.

If you have any queries or wish to discuss this response further, please contact me on (028) 9250 1309.

Yours sincerely

JOHN COMPTON  
Chief Executive

Enclosure:

- 1. Down Lisburn Trust's Response to RPA Consultation.



# **DOWN LISBURN TRUST RESPONSE TO RPA**

## **Down Lisburn Trust's Response to the Consultation on Draft Legislation to establish five new integrated Health and Social Services Trusts by the Review of Public Administration in Northern Ireland**

### ***Summary***

Down Lisburn Health and Social Services Trust welcomes the opportunity to comment on the draft legislation and paper put forward by the Review of Public Administration on the 9<sup>th</sup> of February 2006, following earlier consultations in 2003 and 2004. After considering this latest consultation paper, it is the Trust's view that the proposals outline a system for healthcare and social services provision that will improve the quality of public services available to the population of Northern Ireland. As such, the Trust welcomes the updated proposals and looks forward to the implementation of the new model and the benefits that it will deliver to both patients and clients.

Down Lisburn Trust specifically welcome the changes made to the model following the earlier consultation process. In particular, the Trust welcomes the decision of the Minister to include the Department of Health within the scope of the Review, as well as the decision to merge existing Trusts intact. The Trust strongly believes that these decisions will enhance the value of the new model while also removing unnecessary risk in relation to its implementation.

The Trust's response to the earlier consultation document was drafted following a lengthy process of staff and stakeholder engagement and on reflection, the Trust believes that these comments remain valid. However, the Trust recognises that the consultation process is nearing its end and that in this context, further changes are unlikely. As such, in its entirety, the Trust believes that the new model of healthcare and social services provision, detailed in the most recent consultation paper, will bring significant benefit to the population of Northern Ireland.

### ***Response on proposed boundaries for the new Trusts***

Down Lisburn Trust welcomes the Minister's decision to maintain existing boundaries to ensure that Trusts are merged in their entirety. The Trust fully support the three arguments put forward in the consultation paper for this decision, namely *Promoting Effective Service Networks*, *Impact on Front Line Staffing* and *Service Balance*. Specifically, it is the Trust's view that these new boundaries will create organisations that are more balanced in terms of both staffing and resources. The Trust also believes that this position will facilitate a balanced approach to service development across both acute and community sectors. Such a holistic view of health and social service provision will enable appropriate developments to occur across all settings, helping to achieve a person centred health and social care system.

In the context of ambitious implementation time-scales, we also believe that merging complete organisations will help maintain service delivery momentum across the wide range of health and social services that Trusts are responsible for, while also supporting the achievability of reform timescales.

In respect to the potential risk to managed clinical networks by the revised organisational boundaries, the Trust believes that the development of these networks across the region will continue to deliver benefits to patients, without the need to align to Trust boundaries. The Trust considers that the management of clinical networks, and associated professional relationships, will continue, as they do today, to work effectively across a variety of barriers: organisational, geographic and clinical. Managed clinical networks, by their very nature, transcend a variety of boundaries and we believe that the changing of organisation boundaries will have minimal impact on either existing or planned networks. The success of the regional cancer network is one of many examples whereby clinical networks succeed without the need to align organisational boundaries.

It should be noted, however, that Medical staff, providing acute services within Lagan Valley Hospital, have expressed a view that the proposed boundaries may undermine the future role for Lagan Valley Hospital, as set out in *Developing Better Services*. In their view, the proposed structural changes may not promote natural patient and professional flows. Consequently, they would wish to see strong statements and actions re-affirming that in its future role the hospital will be networked with Belfast through the further development of the existing clinical networking arrangements. The Trust recognises the right of any group of staff to make separate submissions as part the consultation process.

### ***Comments on other issues***

The Trust welcomes the invitation within the consultation document to provide general comments on the planned re-organisation of the 18 Trusts and to this end, the Trust has detailed two areas below:

#### *Promoting engagement with local communities*

The five new Trusts will be large organisations, not only in the context of Northern Ireland, but indeed in global terms. The Belfast Trust specifically will be the largest employer in Northern Ireland by far and will rank alongside other large Trusts within the UK in terms of scale. A benefit of this should be that significant economies of scale are generated, but the Trust believes that a danger of this consolidation is the potential diseconomies of scale, such as either a real, or perceived, remoteness from the local population that the Trust serves.

The Trust believes that an area of strength of Down Lisburn Trust has been its focus on promoting engagement with local communities and thereby of removing the barriers that exist between those who run the organisation and those who use it. Feedback from stakeholders has indicated that this effort has produced an organisation that is local and responsive. It is the Trust's view that this approach has delivered significant benefit to the many patients and clients who utilise the Trust's services. The Trust therefore suggests that a priority for the new organisations is to engage with the local communities whom they serve, at a variety of levels. As a practical manifestation of this, the Trust suggests that management structures should be designed in such a way as to facilitate engagement with local users and stakeholders. The Trust believes that such a focus on engagement would act to counter balance the pressure to centralise that may exist within the new organisations.

*Develop inter-connections and partnerships between Trusts and other bodies e.g. Education Boards.*

Down Lisburn Trust believes that the five new organisations must be seen as administrative vehicles through which a range of local services are delivered in a flexible way, rather than as organisational islands which deliver stand alone centralised services. Trusts must endeavour to work with other organisations and Trusts, at a variety of levels, to meet the needs of local communities. Specifically, the Trust believes that a priority for the new organisations will be to promote a children's agenda, a position that will require the development of close partnerships with a variety of bodies.

The fact that Northern Ireland in a UK context is a relatively small region compounds the need for interconnected working to ensure that services are adaptable and highly contextualised from a geographic perspective. The areas where Trusts connect must be seen as partnership boundaries rather than as borders. As a practical outworking of this, Down Lisburn Trust suggests that the new commissioning system be sufficiently flexible to allow such inter-connectivity at a local level. Specifically, the Trust believes that any performance management model should be complex enough to ensure that Trusts have sufficient flexibility to develop local partnerships, rather than a system that seeks to ensure that each Trust operate in isolation to allow simplistic performance comparisons to be made.

#### *Conclusion*

The proposal to form 5 new Health and Social Services Trusts from the 18 existing Trusts represents a major organisational development that will transform the way in which public services are delivered within Northern Ireland. Down Lisburn Trust strongly believes that the proposal is timely and to be welcomed. Moreover, in the Trust's view, the changes made to the proposal presented in March 2005 have enhanced the benefits that are likely to be generated from this new health and social services model.

In addition to the Trust's earlier responses, Down Lisburn Trust would make two suggestions as to the ethos and structure of the new organisations. Firstly, the Trust believes that engagement with local communities must be a core priority for each of the new organisations. Secondly, Trusts must work in partnership with one another to deliver a holistic, responsive and flexible healthcare and social services system across Northern Ireland. The Trusts must be viewed as administrative vehicles that are designed to facilitate the delivery of front line services in a way that is best suited to the needs of local communities.

The five new organisations will be large organisations novel to the Northern Ireland administrative landscape, which will deliver significant economies of scale and thus benefits to patients and clients. By taking on board the two suggestions outlined in this response, the Trust believes that any potential weaknesses of a conglomerated service, such as remoteness from those who run the organisation and those who use it, can be successfully addressed.