



Department of
**Health, Social Services
and Public Safety**

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AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÄNNYSTRIE O

**Poustie, Resydënter Heisin
an Fowk Siccar**

Health and Social Care reform

DHSSPS

Modernisation and Improvement Programme Board (MIPB)

**Working relationship between the Regional Health and Social Care
Board (RHSCB) and the Regional Agency for Public Health and
Social Well-being (RAPHSW)**

January 2009

MIPB 05/09

Introduction

This paper has been developed by the Systems Design project. It has been approved by the Modernisation and Improvement Programme Board and is now free for circulation to HSC staff and other relevant stakeholders. A copy of the paper will be placed on the Health and Social Care Reform section of the departmental website - www.dhsspsni.gov.uk/index/hss/rpa-home.htm

Summary

The paper outlines the working relationship between the Regional Health and Social Care Board and the Regional Agency for Public Health and Social Well-being. It sets out the roles of the two organisations including their core functions and the joint commissioning arrangements including funding flows between both organisations and the Department.

Both organisations would be fully accountable for the creation and approval of a joint 3 year rolling Commissioning Plan for annual approval by the Department, and ultimately the Minister, but managerial responsibility for the operation of the LCGs and service and budget agreements arising from the Commissioning Plan, would rest fully with the RHSCB. Any failure to agree such a Plan, which cannot be resolved by the two organisations, would be referred to the Department, and ultimately the Minister. The principal elements of the proposed funding flows are as follows:

- Each organisation will receive its funding directly from the Department and each organisation's board and Chief Executive would remain separately accountable for the funds allocated to it.
- It is anticipated that the RHSCB's funds would be devolved to LCGs under agreed governance protocols; committed to regional commissioning; or used for staffing and goods and services.
- The RAPHSW will directly fund initiatives related to its core functions of health improvement, screening or health protection activity; staffing and goods and services; or partnership working with local government. It will therefore

produce its own annual plan in respect of these funds for the Minister's approval.

- In respect of services to be provided by Trusts with funds from the RAPHSW, the latter would transfer the money to the RHSCB for allocation to LCGs and inclusion in RHSCB contracts with Trusts/GPs. The finance accounting line in that scenario is therefore from the RAPHSW to the RHSCB. The RHSCB and its LCGs are then accountable for how they allocate that money to Trusts/GPs.

The RHSCB and RAPHSW will work together closely in supporting providers to improve performance and achieve the desired outcomes. Proposals are also under consideration which would develop further existing partnership arrangements as a key vehicle for health and social well-being improvement reflecting a stronger role for local government, working closely with the RAPHSW.

Further information on this document or the System Design Project may be obtained from the Programme Director, Bernard Mitchell – Tel: 028 90523266 Email - Bernard.Mitchell@DHSSPSNI.GOV.UK

CONTEXT

Introduction

1. In June 2008, the system design project identified a number of options concerning potential financial flows between the Department, Regional Health & Social Care Board (RHSCB) and Regional Agency for Public Health & Social Well-being (RAPHSW). The purpose of this paper is to develop this discussion to include the totality of the working relationship between the RHSCB and RAPHSW. In due course, this will inform the proposed 'Framework Document' provided for in the Bill.

2. The responses to the public consultation reflected considerable support for both bodies but concern was expressed about a number of perceived risks in the relationship between the proposed new RHSCB and RAPHSW, including:
 - the interdependence of the two bodies both at a regional and local level;
 - the importance of a single commissioning relationship with providers;
 - the potential isolation of public health from the main commissioning agenda and vice versa; and
 - the potential duplication in senior personnel and functions.

3. Respondents emphasised the importance of absolute clarity in roles and responsibilities and the need for arrangements to mitigate the risks identified above and ensure that the two bodies operate seamlessly in pursuit of a common agenda. Neither organisation will be able to do its job effectively without close co-operation with the other.

4. The core roles of the individual organisations are summarised in the following paragraphs.

RAPHSW

5. The primary objective of the RAPHSW is to protect and improve the health and well-being of the Northern Ireland population. It will coordinate health and social care (HSC) action to prevent and control communicable disease, and respond effectively to emergency incidents. It will develop an evidence-based strategic direction for health improvement, facilitating partnerships with key organisations, local government and other sectors to improve health and well-being and reduce inequalities. It will provide professional support to the commissioning function of the RHSCB and its Local Commissioning Groups (LCGs). RAPHSW staff will be full and active members of the commissioning teams tasked with designing, commissioning and assuring the appropriateness, quality and safety of services across all programmes. The RAPHSW will also create opportunities for the public to be actively engaged in issues which affect and influence their health and well-being and will provide the public with credible information and advice.

6. This primary objective will be delivered through three core functions:

Improvement in Health & Well-being

- Provide strategic direction to the development of programmes and projects which will achieve Ministerial health improvement policies and priorities.
- Work in partnership with local government, the RHSCB, LCGs, Trusts and other stakeholders to develop and implement health improvement programmes and projects.
- Support local government in its community planning role and in its other areas of responsibility that relate to health and well-being.
- Ensure that health improvement programmes and initiatives are evidence-based and reflect good practice nationally and internationally.
- Provide and/or fund public health and social well-being programmes at a regional and local level.
- Analyse health and well-being trends to monitor progress against key public health goals.

- Act as a source of information and centre of expertise for Trusts, other public sector bodies and the general public.
- Incorporate the functions of the Health Promotion Agency and Health Action Zones.

Health Protection

- Lead the coordination of HSC action to implement Ministerial health protection policies.
- Provide strategic direction to the development and maintenance of robust arrangements for health protection and emergency planning across the HSC.
- Ensure that health protection and emergency planning arrangements in the HSC meet recognised national and international standards and evidence-based good practice guidelines.
- Provide the statutory health protection functions currently held by Directors of Public Health in Health & Social Services Boards.
- Co-ordinate regional and local surveillance, and the prevention and control of communicable disease and environmental hazards with support from councils, Trusts, primary care and all other relevant organisations.
- Provide a 24-hour response to the management of communicable disease incidents, including outbreaks.
- Lead the coordination of emergency planning preparedness for the HSC system to ensure that the emergency response of individual organisations is integrated, comprehensive, and timely.
- Provide a 24-hour response to the management of emergency incidents.
- Provide advice on issues relating to environmental hazards and specifically, Integrated Pollution Prevention and Control (IPPC).

Service Development – Professional Input to Commissioning

- Working through the Commissioning Teams, assess the health and well-being needs of the population and of communities and advise the RHSCB and LCG on commissioning to meet those needs.
- Appraise research and evidence of good practice from elsewhere.
- Ensure that the RHSCB and LCG commissioning plans reflect the evidence-base and will enable the HSC system to meet standards for good quality care.
- Through commissioning teams, provide professional input to assuring the extent to which commissioning plans have been implemented and outputs delivered.
- Advise the RHSCB and LCGs on the strategic development and redesign of services.
- Support development, implementation and evaluation of service frameworks.
- Support development of clinical networks and provide professional commissioning input to those networks.
- Lead the coordination of action to introduce new screening programmes, working with providers, RHSCB, RBSO, RAPHSW health improvement staff and relevant others.
- Provide the quality assurance function for existing screening programmes and ensure that action is taken if quality falls below recognised standards.
- Provide specialist public health input to a regional specialist commissioning group for screening.
- Provide the statutory function on supervision of midwives.

RHSCB

7. The new RHSCB, together with its LCGs, will be the key mechanism for translating the Minister's vision for health and social care into a range of services that deliver high quality and safe outcomes for users, good value for the taxpayer and compliance with statutory obligations. In line with Departmental policies, it will commit annual expenditure of some £4bn through annual service and budget agreements with providers that will drive and shape

service improvement in a coherent way across Northern Ireland. A key role of the new RHSCB, working with the RAPHSW, will be effective engagement with providers, PCC, local government, service users, local communities, other public sector bodies, and the voluntary and community sectors.

8. The three core functions of the RHSCB are summarised in the following paragraphs.

Commissioning

- 8.1 Effective commissioning aims to secure the provision of health and social services and other related interventions that address the needs of people from pre-conception to death. This includes acute intervention, rehabilitation, care and support for people with chronic ill health or disability, palliative care and family practitioner services. It organises action around a 'commissioning cycle' that moves through from assessing needs, strategic planning, priority setting, securing resources to address needs, agreeing with providers the delivery of appropriate services, monitoring that delivery, and evaluating impact and feeding back that assessment into the new baseline position in terms of how needs have changed.
- 8.2 The commissioning process will have due regard to the views and input of the RAPHSW and other key stakeholders and will:
- ensure that commissioning decisions deliver objectives and targets determined by the Department;
 - ensure that resources are spent in line with allocation decisions;
 - assess the health and well-being needs of groups, populations and communities of interest;
 - prioritise needs within available resources;
 - build the capacity of the population to improve their own health and well-being by partnership working on the determinants of health in local areas;

- involve patients/clients/carers and other key stakeholders at local level in planning health and care services to meet current and emerging needs;
- secure, through Service and Budget Agreements, the delivery of value for money services that meet standards and service frameworks for safe, quality care;
- deliver family practitioner services;
- safeguard the vulnerable; and
- use investment, performance management and other initiatives to develop and reform services.

Resource Management

8.3 Resource management includes:

- financial management and accountability arrangements for RHSCB and LCGs;
- ensuring the best possible use of the budget allocated for the commissioning of health and social care;
- achievement of RPA savings for RHSCB; and
- advise the Department for its approval on improvements to the Capitation Formula and the impact of capitation on local population.

Performance Management and Service Improvement

8.4 In the interests of patients and clients, the RHSCB will seek to develop a culture of continuous improvement so that the health and care system is among the best of its peers. The Performance Management function will lead and facilitate this drive for achievement by:

- designing and maintaining Performance Management and Improvement Systems;
- developing effective performance and clinical information systems including effective analytical and reporting systems;
- developing provider capabilities;
- supervising the ICT development strategy and implementation;
- encouraging benchmarking of processes, outputs and outcomes;

- developing accountability mechanisms and links to the wider accountability framework;
- performance information and ICT strategy; and
- Incentives and sanctions to support the commissioning function.

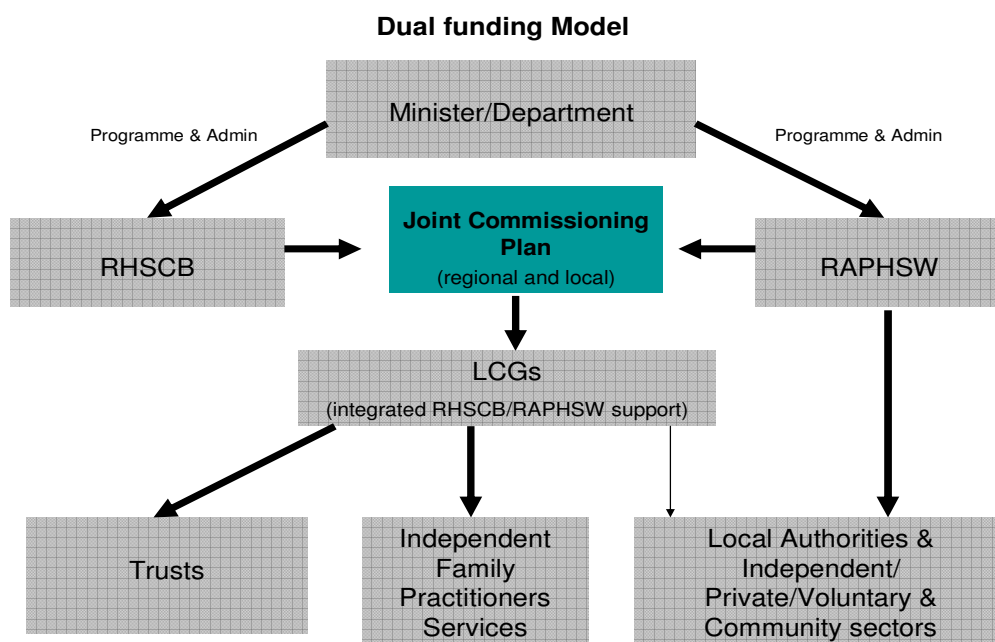
PRACTICAL IMPLICATIONS

Commissioning Arrangements

9. One of the critical elements in effective joint working between the RAPHSW and RHSCB, in implementing policy direction by the Minister, is the commissioning cycle and particularly accountability for the development, approval and implementation of an annual commissioning plan and associated service and budget agreements with providers (**Annex 1**).
10. Both organisations would be fully accountable for the creation and approval of a joint 3 year rolling Commissioning Plan for annual approval by the Department, and ultimately the Minister, but managerial responsibility for the operation of the LCGs and service and budget agreements arising from the Commissioning Plan, would rest fully with the RHSCB. Any failure to agree such a Plan, which cannot be resolved by the two organisations, would be referred to the Department, and ultimately the Minister.

Funding Flows

11. Consideration has been given to a potential model of resource allocation from the Department to the RHSCB and RAPHSW as outlined overleaf:



12. The proposed funding flows are outlined in greater detail in **Annex 2**. The principal elements of the proposed arrangements are as follows:
- Each organisation will receive its funding directly from the Department and each organisation's board and Chief Executive would remain separately accountable for the funds allocated to it.
 - It is anticipated that the RHSCB's funds would be devolved to LCGs under agreed governance protocols; committed to regional commissioning; or used for staffing and goods and services.
 - The RAPHSW will directly fund initiatives related to its core functions of health improvement, screening or health protection activity; staffing and goods and services; or partnership working with local government. It will therefore produce its own annual plan in respect of these funds for the Minister's approval.
 - In respect of services to be provided by Trusts with funds from the RAPHSW, the latter would transfer the money to the RHSCB for allocation to LCGs and inclusion in RHSCB contracts with Trusts/GPs. The finance accounting line in that scenario is therefore from the RAPHSW to the RHSCB. The RHSCB and its LCGs are then accountable for how they allocate that money to Trusts/GPs.

Performance Management

13. The proposed approach to performance management and service improvement is based on the following principles:
 - Alignment across all levels
 - Integration of activities
 - Integration of staff
 - One interface with providers; avoid duplication of effort or roles
 - Minimise the information burden
 - Clear accountability for programmes or projects
 - Effective relationships
 - Earned autonomy
 - Safety and quality visible in the new arrangements.

14. The proposed new planning and accountability processes include accountability for performance of the Department, the RHSCB, the RAPHSW, LCGs and Trusts, as follows:
 - The Department must maintain appropriate monitoring arrangements in relation to the RHSCB and the RAPHSW to ensure that resources are used to ensure the achievement of agreed strategic objectives and targets.
 - The RHSCB and the RAPHSW must maintain appropriate monitoring arrangements in respect of provider performance in relation to agreed objectives, targets, quality and contract volumes.
 - Local Commissioning Groups must have appropriate monitoring arrangements to confirm that services are delivered, to benchmark comparative performance and to ensure that quality outcomes are obtained and that user experience is satisfactory.
 - Providers need detailed monitoring arrangements to ensure that they are meeting the requirements of Commissioners and performing efficiently, effectively and economically.

15. The RHSCB and RAPHSW will work together closely in supporting providers to improve performance and achieve the desired outcomes. The RHSCB will be

the lead organisation for supporting providers in relation to the delivery of a wide range of health and social care services and outcomes, with support provided by RAPHSW professional staff. The RAPHSW will be the lead organisation for supporting providers in the areas of health improvement, screening and health protection, with support provided by performance, commissioning, finance, primary and social care staff of the RHSCB. The RHSCB and RAPHSW will therefore establish a number of programme teams consisting of relevant staff from each organisation.

16. Within any given programme area, e.g. acute services, mental health, health improvement, health protection, there will be a range of projects, some of which may relate to PfA targets.
17. Where the RAPHSW is the lead organisation for a programme or project that relates to a PfA target, the RAPHSW will lead the service improvement work for that programme or project, and the RHSCB will take the lead on performance managing the required outcome. This will include the development of target definitions with input and support from the RAPHSW, the establishment of monitoring arrangements, and the ongoing monitoring of performance and assessment of risk. The RHSCB and RAPHSW will work closely in reviewing performance in those areas for which the RAPHSW is the lead organisation and any escalation of performance risks in these areas will be jointly agreed by relevant RHSCB and RAPHSW staff.
18. The RHSCB will be responsible for the ongoing monitoring of performance and assessment of risk for all PSA, PfA and other key performance indicators, including, as outlined above, those for which the RAPHSW is the lead organisation.

Complementary Working

19. The interdependence of the two organisations will be reflected in organisational arrangements as follows:

- both organisations will be required through legislation to work collaboratively at all levels and this will be reflected in the proposed framework document;
- there will be a joint RHSCB and RAPHWS approach to commissioning through LCGs, with fully integrated, locally based, multi disciplinary commissioning support teams;
- there will be a legislative requirement to secure ministerial approval to both an agreed commissioning plan and a separate RAPHWS plan for the funding that it receives from the Department;
- professional staff and functions will be shared between the two organisations based on agreed protocols with attendance and speaking rights provided for in relevant standing orders;
- there will be a single service and budget agreement with providers; and
- both the RAPHWS and the RHSCB will receive a range of corporate services from the RBSO. In respect of those corporate services which the RHSCB and RAPHWS will provide in-house and which both are mutually dependent on each other, every effort will be made to avoid unnecessary duplication and ensure value for money.

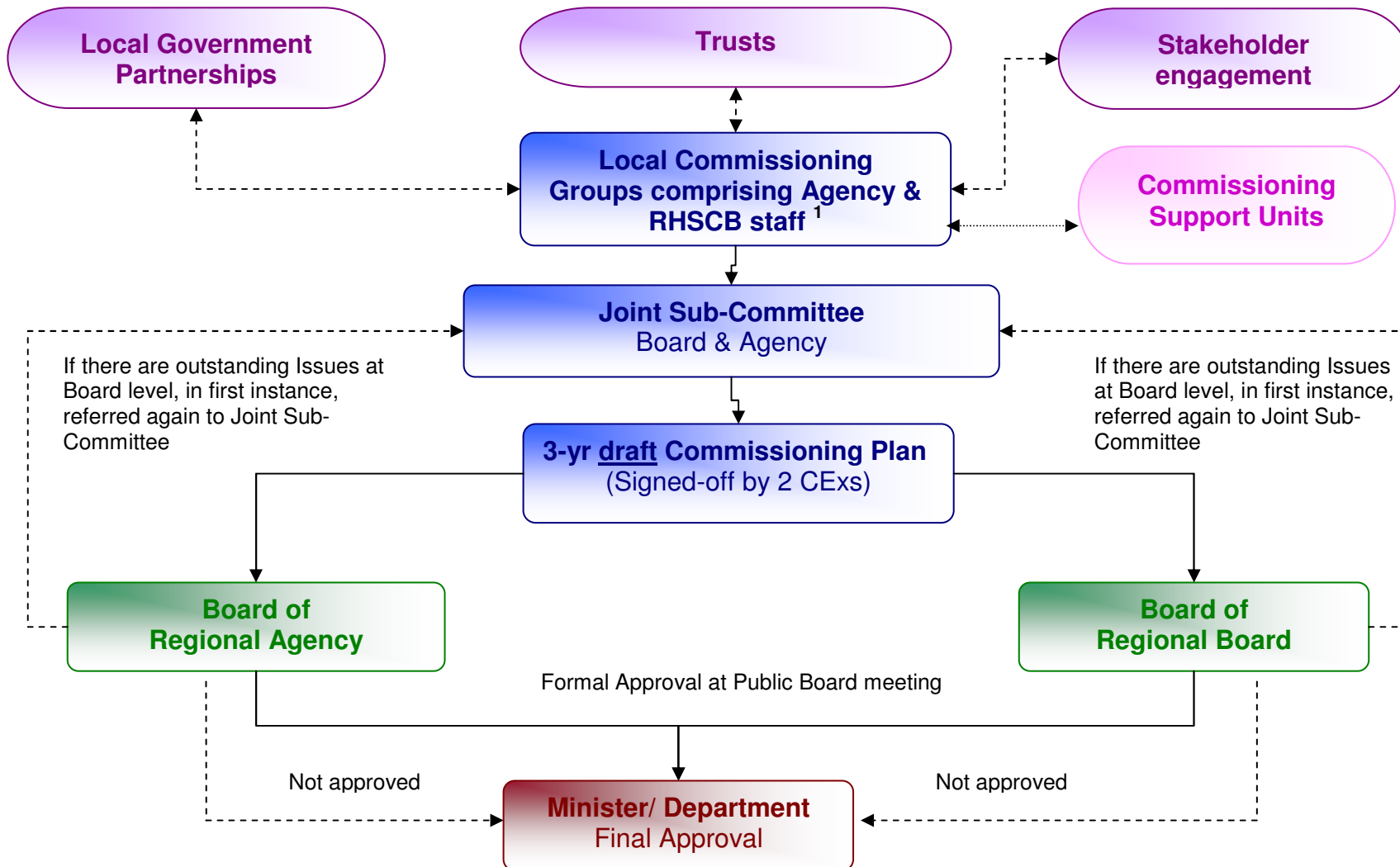
Partnership with local government to improve health and social well-being

20. Proposals are under consideration which would develop further existing partnership arrangements as a key vehicle for health and social well-being improvement reflecting a stronger role for local government, working closely with the RAPHWS.
21. It is proposed to have RAPHWS input to the development of local government plans to improve health and social well-being, prepared with close involvement of LCGs, in order to provide a framework for closer working and alignment of shared priorities.
22. This would be supported by a number of locally based core teams of RAPHWS and relevant local government staff. Whilst staff would have different

employers they would work to plans, outcomes and accountabilities agreed between local government and the RAPHSW.

23. These teams would support partnerships and be a resource for developing and implementing agreed proposals for longer term structures, frameworks and performance arrangements across and within partner organisations.
24. In the longer term there may be scope for other statutory and independent sector bodies (e.g. planning, police, regeneration, education, and housing) to locate relevant staff within a core team in order to ensure that local health improvement plans are delivered.

Joint Commissioning Model



Note 1: LCGs develop 5 local, fully integrated Plans

Funds Flow proposals

Under the joint commissioning model described in the main document both the RAPH SW and the RHSCB would hold the administrative and programme resources appropriate to their respective roles and responsibilities (whilst producing an integrated commissioning plan and adopting a joint approach to commissioning through LCGs). The proposals in this paper are based on the decision that the joint commissioning plan will be formally approved through the board of the RHSCB and of the RAPH SW.

The key factor supporting this approach and influencing the composition of the proposed RAPH SW budget is the Ministerial direction that: “Improving and protecting our health will be a key aim of our new system and I have decided that a dedicated agency is the best way to drive this forward. The Regional Agency for Public Health and Social Well-being will therefore work closely with local government to bring real improvements on the ground and tackle health inequalities.”

The Minister has further affirmed his view that there is a need for a “renewed and energised focus on public health and well-being and that a dedicated agency is the best way to achieve this”.

Under this proposed approach all public health monies previously retained in the Department should in future go to the Agency, apart from the funding necessary for continued DHSSPS involvement in cross-departmental or UK-wide initiatives such as emergency planning, drugs stockpiling, or central purchase of vaccines as part of a nationally agreed contract.

New money

A further principle is that new money that is clearly related to Agency functions e.g. to reduce healthcare associated infections, introduce a new vaccine, or introduce a new screening programme, should be allocated to the Agency. The Agency, supported by the Regional Board, would determine how that money is to be spent.

The Agency would then transfer that money to the Regional Board for allocation to Trusts/GPs and inclusion in Regional Board contracts with Trusts/GPs. The finance accounting line in that scenario is therefore from the Agency to the Regional Board. The Regional Board and its LCGs are then accountable for how they then allocated that money to Trusts/GPs.

As new money for 2009/10 will already be committed by April 2009, it would be 2010/11 before the Agency would receive new money relating to its functions.

Proposals for Agency Budget

It is proposed that the constituents of the budget (at 2008/09 budgetary levels) that will be vested directly in the RAPHSW are as set out in the table below. These are illustrative and subject to ongoing review:

	£m	£m
<i>Programme and Admin Transferred from Board funding baseline</i>		33.1
Additional Funds to be attributed from DHSSPS:		
<i>Health Protection</i>	6.2	
<i>Health Improvement</i>	12.4	
<i>Screening Programmes</i>	6.3	
<i>Research & Development</i>	12.0	
<i>Sub total</i>		36.9
Total		70.0

In respect of Health Protection this budget element covers a number of areas including:

- Funding for HISC (Healthcare Associated Infection Surveillance Centre) and CDSC (Communicable Disease Surveillance Centre).
- Vaccination Programmes –Funding for some aspects of delivery of HPV programme, childhood immunisation programme and flu immunisation programme.
- Contribution to the Health Protection Agency for certain national services which cannot be provided in NI.

- Running Costs of small registries including Northern Ireland Cancer Registry and Cerebral Palsy Registry for research purposes.

In respect of the Health Development/Health Improvement Policy budget lines, this funding is currently given to the Boards for the development and implementation of local health improvement programmes in support of a range of Government public health strategies. These include programmes and activities in support of:

- New Strategic Direction for Alcohol and Drugs including the delivery of the Substitute Prescribing Programme and Needle and Syringe Exchange Scheme.
- Tobacco Action Plan including prevention and smoking cessation programmes.
- Investing for Health strategy with an emphasis on addressing health inequalities but also supporting other cross-government initiatives such as Neighbourhood Renewal and Fuel Poverty.
- Suicide prevention strategy “Protect Life”.
- Sexual health and teenage pregnancy strategies.
- Fit Futures (childhood obesity) covering physical activity and food and nutrition and also adult obesity.
- Promoting Mental Health Strategy.
- Home Accident Prevention Strategy.

In addition, funding is provided to the HPA for regional programmes, initiatives, research and public campaigns in support of all the above strategies plus the Breastfeeding Strategy.

Screening Programmes

This encompasses administrative costs for antenatal and neonatal screening programmes, extension to breast screening programme and bowel cancer screening, as well as existing cervical and breast cancer screening programmes. It also includes funding for Chlamydia testing.

Document History:

Author:	System Design
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This document required the following approvals

Title	Name	Date of Approval	Version
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