



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

www.dhsspsni.gov.uk

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydènter Heisin
an Fowk Siccar**

HEALTH AND SOCIAL CARE REFORM

DHSSPS

Modernisation and Improvement Programme Board (MIPB)

RHSCB AND RAPHSW - WORKING TOGETHER ON A DAILY BASIS

FEBRUARY 2009

MIPB 30/09

Introduction

This paper has been developed by the Commissioning workstream of the Regional Health and Social Care Board (RHSCB) 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

This paper outlines the roles of the two organisations, describes the purpose and business of Commissioning and concludes that both organisations will need to work closely together on a daily basis if each is to fulfil its core objectives. The close relationships will be reflected in a shared Commissioning Plan.

The paper goes on to propose how working relationships could operate on a daily basis. It describes the composition of multi-disciplinary teams and proposes that individuals will carry several port folios and will need to have both local and regional roles.

Work plans will need to be agreed on an annual basis for both individuals and teams with a Memorandum of Understanding between the two organisations to formalise these arrangements.

The paper contains a proposal for assigning a lead role ('first on call') to individuals for key high-profile issues and suggests a 'second on call' arrangement in their absence.

Arrangements are also described for close working on health improvement with arrangements for ensuring minimum duplication of functions between the two organisations

Further information on this document may be obtained from Anne Lynch
alynch@ehssb.n-i.nhs.uk Tel. 90321313x2305

Modernisation and Improvement Programme Board

The RHSCB and the RAPHWSW - Working together on a daily basis

1. The core roles of the individual organisations are summarised as follows:
 - **RHSCB:** commissioning and associated resource management, performance management and improvement and the performance of designated statutory functions. The RHSCB will also be accountable for the management of contracts for the provision of Family Health Services.
 - **RAPHWSW:** health and social well-being improvement, health protection, professional support to commissioning and policy development and the performance of designated statutory functions, In addition the Agency will work to create better inter-sectoral partnerships to tackle health and social well-being inequalities.
2. From a staff employment point of view, it is anticipated that the RHSCB will employ those staff with a skills background in finance, information, primary care including pharmacy and dentistry, planning, performance management and social services. The RAPHWSW will employ staff with a skills background in public health, allied health professions, nursing, health promotion and health and social well-being improvement.
3. The specific roles of the two organisations need to be very clear and have been set out in the paper prepared for the System Design Project – *‘Working Relationship between the Regional Health and Social Care Board(RHSCB) and the Regional Agency for Public Health and Social Well-being(RAPHWSW)*. The corporate organisations and the staff will need to work closely, indeed seamlessly, together if each is to fulfil its own core role. Neither organisation will be able to do its job effectively without close co-operation one with the other.

4. In relation to Commissioning and Health and social well-being Improvement, the relationships between the organisations will need to be by way of bespoke multi-disciplinary teams that interact on a daily basis.
5. In relation to the health protection and emergency planning roles of the RAPHSW, there will also need to be close and formalised working relationships, including links with social work out-of-hours and emergency response/planning services.
6. **Commissioning**, in the context of Northern Ireland Health and Social Care, should be seen as an 'end to end' process in a number of senses:
 - It is directed towards securing the provision of health and social services and other related interventions that address the needs of people from pre-conception to death.
 - It addresses the promotion of health and social well-being, maintenance of optimum independent functioning, acute intervention, rehabilitation, care and support for older people and people with chronic ill health or disability and palliative care.
 - It organises action around a 'commissioning cycle' (at least at a conceptual level), 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, evaluating impact and feeding back that assessment into the new baseline position in terms of how needs have changed. (In practice the actions are more iterative than smoothly cyclical).
7. For the purposes of helping to organise the work of the post RPA organisations, Commissioning has been defined as comprising the following:
 - Assessing the health and social well-being needs of groups, populations and communities of interest;
 - Prioritising needs within available resources;

- Building the capacity of the population to improve their own health and social well-being by partnership working on the determinants of health and social well-being in local areas;
- Engaging with patients/clients/carers/families and other key stakeholders at local level in planning health and social care services to meet current and emerging needs;
- Securing, through Service and Budget Agreements, the delivery of value for money services that meet standards and service frameworks for safe, effective, quality care;
- Safeguarding the vulnerable;
- Using investment, performance management and other initiatives to develop and reform services

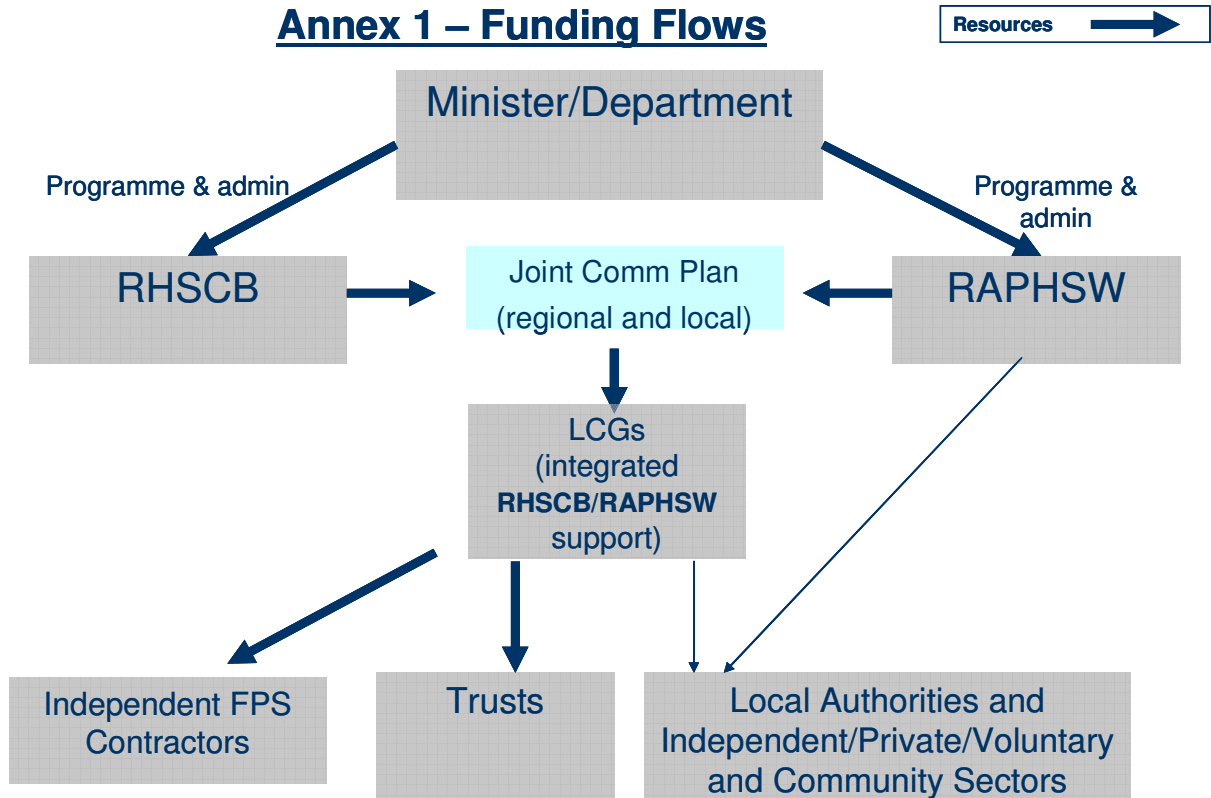
8. Given: -

- This range of activity;
- The core roles of the RHSCB and the RAPHSW;
- The range of skills and staff needed to support good processes and decision making within each organisation; and
- The alignment, in employment terms, of staff with these skills to one or other of the organisations;

Clear, corporate and operational processes will need to be established to link the work of the two organisations.

9. The role relationship between the two organisations that will need to be established and made operational, sustainable, effective and efficient is summarised in the diagram below:

Annex 1 – Funding Flows



(Ref. System Design Workstream)

- Minister/Department set statutory and strategic framework
- Minister has direct access to all HSC organisations
- RHSCB and RAPHSW are jointly responsible for developing an integrated commissioning plan for health and social well-being, which will be agreed by Minister.
- HSC programme resources flow through RHSCB and RAPHSW to the commissioning plan.
- Integrated working is facilitated by mutual Board representation and co-location of staff at a local level.
- RAPHSW and RHSCB, including LCGs, develop links and joint working relationships with Local government, Trusts and other partners in the interests of pursuing their core roles.
- LCGs draw on expertise from RHSCB and RAPHSW officers.
- Commissioning plan is used as a vehicle for accountability

Moving from Concept to Practice

The working arrangements for Commissioning Teams

10. Commissioning teams will consist of skilled, flexible yet focused individuals from the RHSCB and the RAPHWS who bring their personal contribution and blend it with that of others to make expert commissioners.
11. Staff will be recruited and developed to bring to their roles competencies from a range of disciplines – allied health professions, family practitioner services, finance, information, nursing, planning, public health, social services.
12. Their expertise will have been developed and will be maintained and improved because of their close working knowledge of service issues affecting local populations, provider organisations and views and priorities of other stakeholders in local areas.
13. Staff numbers in both RHSCB and the RAPHWS will be small relative to the scale of the HSC budget and span of responsibilities. The senior staff in both organisations will, for the most part, need to be able to carry more than one portfolio of duties, supporting for example - commissioning for more than one client group or programme area - both local and regional roles, both needs assessment and performance management, screening, emergency planning and regional services commissioning, health improvement and service procurement etc.
14. While the main day to day interactions between the RHSCB and the RAPHWS will be in relation to Commissioning and Health and Social Well-being Improvement, there will also need to be close collaboration in relation to health protection and emergency planning with the RAPHWS working out bespoke arrangements for how these interface issues will be addressed on an on-going basis especially where links need to be made via the main commissioning support process.

15. It is anticipated that staff from both organisations will be co-located and distributed geographically to allow them to fulfil their core roles effectively by being close to their key stakeholders and optimising their time by avoiding excessive travel time. Staff supporting devolved commissioning i.e. LCGs, will be organised into 'Commissioning Support Units' (CSUs) and, from a commissioning point of view, specifically designated multi-disciplinary teams with membership drawn from both RHSCB and RAPHSW and with a remit relating to a client group e.g. mental health or a function e.g. screening will have a responsibility to commission that service throughout the commissioning cycle. This will be done within a formal governance and accountability framework that will be drawn up to describe clearly the main roles and relationships of the RHSCB, the RAPHSW and the RBSO.
16. This local multi-disciplinary team will have a specific link (via one or more of its members) to other similar local teams based in other parts of Northern Ireland so that together this group of staff can support the strategic planning and regional commissioning aspects of commissioning for their particular client group.
17. Teams develop their own culture over time and those that function well generally operate in practice with few formal 'rules' but to a set of core values and behaviours that set the tone for the team and those with whom it interacts. It is useful, however, in the interests of corporate governance and as an aid to communication with stakeholders when questions arise as to 'who does what' that there is a more formal record of the job roles and work-plans of commissioning team members and the teams to which they contribute.
18. For each member of the team, therefore, there will be a clear agreement, reviewed annually, about the various team roles that he/she is fulfilling and a quantification of the approximate share of his/her time that can be devoted to each of the roles. Since many team members will be providing contributions to teams in an organisation that is not their employer, there will be a

Memorandum of Understanding between organisations to formalise and bring clarity to the arrangements in relation to the individuals providing their skills to teams and the anticipated time commitment.

19. There will also be both Local and Regional Team annual work-plans for the main multi-disciplinary teams that are operating. These work-plans will derive from the policies and priorities of the Minister, through the Commissioning Plan to the team work-plan and then to the individual's work-plan. These will help to give clarity about context and priorities both to the team members themselves and to those needing to see how work-plans come together in a Commissioning Plan that links local and Regional objectives with resources.

20. Because both the RHSCB and RAPHSW will be lean organisations with very small numbers of staff who will have specific skills, there is a high risk that the loss of an individual as a result of illness or even extended leave will make it difficult to cover the range of commissioning issues. This may not be avoidable in all instances since it is unlikely that standing back-up arrangements can be built into the establishment. In an effort to reduce the risk, it is proposed that for the most high profile issues there will be one senior person in Northern Ireland who is regarded as having the lead role for the issue and there will be at least one other person asked to act as 'next on call' for this topic in the event of the absence of the issue leader. It is also proposed that a portfolio of concise briefing documents on high profile issues is compiled, kept up to date and posted on a generally available e-network, so that corporate knowledge is more robustly and publicly maintained than in the heads of individual experts.

Integrating the responsibilities of LCGs and the RAPHSW for local partnership and health improvement commissioning

21. If LCGs are to do their end-to-end local commissioning job and the RAPHSW is to fulfil its role in health and social well-being improvement, they both need to form relationships with local partner agencies, including local Government and they also need to work closely with the community. This argues for a very close, clear, working relationship between the appropriate staff supporting both of the HSC organisations in the interests of efficiency of the use of staff time and skills and coherence of the plans that are developed and resourced. A Commissioning Team for health and social well-being improvement based in each CSU and with membership drawn from both the RAPHSW and the RHSCB will manage this process on an on-going basis.
22. LCGs cover, in most instances (with the exception of Belfast), geographical areas and populations that will be larger than any current or envisaged Local District Council area. The experience of IfH Partnerships and HSS Boards has been that health and social well-being improvement and the more 'upstream' aspects of commissioning are best organised at even more local areas than LCGs because of the need to interface with local communities and the staff of agencies who are working at the front line with these communities. The Minister has sought expressions of interest in piloting these even more local inter-agency working arrangements on the 'health and social well-being determinants' with the objectives of improving outcomes and reducing inequalities.
23. It is proposed that the HSC staff who work in these local arrangements need to have strong links into the Commissioning Teams supporting the LCGs so that they can influence that wider commissioning to be more 'upstream' orientated and so that they can help focus some of the significant resources available to LCGs on reforming services to take on more of a health and social well-being improvement agenda.
24. The RAPHSW staff will also have programme resources to bring to health and social well-being improvement planning. It is to be hoped that staff from other agencies who come to work in the local partnerships in due course, will also be able to influence the direction of investment by their parent agencies.

25. It is proposed that the HSC staff engaged with the local health and social well-being agenda, working with their partner agency colleagues and communities, develop a formal health and social well-being improvement planning document as a reflection of their partnership work. This would serve both stock-taking and planning purposes; the plan to be on a three year basis reviewed annually. This document would set out formally, the objectives to be met, the activity to be undertaken and the resources to be invested in the incoming year. The document would form an important component of the overall HSC Commissioning Plan.

26. Once the local players have developed their local plans, the health and social well-being staff from the RAPHSW will work back into the service procurement arrangements of the RHSCB to formalise any Service Level Agreements with third parties. It will be more practical and efficient to have a single Service Level Agreement or Service and Budget Agreement with a provider and to have the procurement management services consolidated in one management arrangement within the RHSCB even where there are multiple health and social care funders rather than have separate agreements and processes dispersed across LCGs and the RAPHSW.

Document History:

Anne Lynch	Commissioning sub-group of RHSCB Workstream
Owner:	Dr Andrew McCormick, MIP SRO
Client:	Modernisation and Improvement Programme Board (MIPB)

This document required the following approvals

Title	Name	Date of Approval	Version
Modernisation and Improvement Programme Senior Responsible Owner (SRO) and Modernisation and Improvement Programme Board (MIPB) members	Dr Andrew McCormick, Permanent Secretary Linda Devlin Julie Thompson Sean Donaghy Michael McBride, David Bingham Hugh Mullen Linda Brown Sean Holland Colm Donaghy Karen Meehan Tom Creighton, Philip Robinson Ken Jarrold, Bernard Mitchell George O'Neill	19 th February 2009	1.0

This document has been distributed to:

Title	Name	Date of Issue	Version
Chief Executives of HSC Boards, Trusts and Agencies.		26 th February 2009	1.0
Chairs of Boards & LCG Chairs, Trusts and Agencies		26 th February 2009	1.0
Departmental Board		26 th February 2009	1.0
MIP Project SRO's		26 th February 2009	1.0
MIP Project Directors		26 th February 2009	1.0
DHSSPS Website and Intranet		26 th February 2009	1.0