



Health and Social
Care Board

Health and Social Care Board Paper on HSC Restructuring

February 2016

Contents

1	Introduction	1
2	Commissioning Health and Social Care Services.....	2
2.1	Assessing Need and Planning Services.....	2
2.2	Development of Service Models.....	3
2.3	Procurement of Services.....	3
2.4	Monitoring and Evaluation of Services	4
2.5	Specialist Hospital Services	5
2.6	Ensuring a Regional Perspective	6
3	Planning and Management of Family Health Services (FHS)	7
3.1	General Medical Services.....	7
3.2	GP Out of Hours Services	7
3.3	General Pharmaceutical Services and Medicines Management	7
3.4	General Dental Services	8
3.5	General Ophthalmic Services	8
3.6	Primary Care Infrastructure Development Programme	8
4	Financial Management and Control.....	10
4.1	Financial Control and Performance	10
4.2	Financial Management for Family Health Services.....	11
4.3	Regional Financial Functions.....	12
5	Performance Management and Service Improvement	14
5.1	Performance Management.....	14
5.2	Information Management and Analysis.....	15
5.3	Delegated Statutory Functions	16
5.4	Service Improvement.....	17
6	Ensuring the Safety and Quality of Services and Securing Learning.....	20
6.1	Serious Adverse Incidents (SAIs).....	20
6.2	Child Death Notifications (CDN).....	20
6.3	Safety and Quality Alerts (SQA)	21
6.4	Complaints	21
6.5	Emergency Planning.....	22
7	Partnership Working and Supporting System Reform.....	23
7.1	Providing System Leadership for major initiatives	23
7.2	Leading Multi-Agency Partnerships	24
7.3	Using eHealth to Support Better Health and Wellbeing.....	25
8	Conclusion.....	27
	Appendix: Summary of Key Issues for Future Delivery of HSCB Functions	28

1 Introduction

This document sets out the core functions currently carried out by the Health and Social Care Board (HSCB) to help inform the design of any new system. It does not seek to describe every function undertaken by the HSCB.

It also provides analysis on the key issues and opportunities in relation to each key function which need to be carefully considered, if we are to improve upon the current model of planning and commissioning and enhance care for the population in Northern Ireland.

2 Commissioning Health and Social Care Services

The HSCB is responsible for ensuring that the health and social care needs of the population are fully assessed, and that a wide range of services are put in place to meet those needs having cognisance of equity and fairness within a constrained budget.

The key functions include:

- Assessing need and planning services
- Development of service models
- Procurement of services
- Monitoring and evaluation of services
- Regional services

2.1 Assessing Need and Planning Services

The HSCB assesses patient and service user need across populations and conditions on a consistent basis at local, Trust-wide and regional levels. Needs assessment therefore forms part of the specification of SMART objectives and the evaluation framework against which the effectiveness of service delivery is measured.

Quantitative sources include demographic, epidemiological, health status and socio-economic data as well as information on the pattern of demand for and productivity and cost-effectiveness of existing services, including those provided by Trusts, primary care and non-statutory providers. Qualitative sources of information on needs include engagement with service users, carers and local populations.

The HSCB provides a common repository of information with data quality controls and staff with interpretive and analytical skills who can advise on the strengths and weaknesses of the data and how it can be integrated. The interpretation of primary care data registries in particular requires a high degree of analytical skill.

Key Considerations for Future Delivery

Any change to the existing structural arrangements must ensure:

- Needs assessments are coordinated and aligned regionally to avoid under or over provision, as populations and groups using services in any one Trust often extend beyond the Trust boundaries.
- Services are planned to meet statutory requirements and best practice standards.
- Avoidance of multiple engagements with each client group by different Trusts.
- Assurance of common standards of data quality and interpretive skills with appropriate integration and interpretation.
- There is effective engagement with service users, carers and local communities.

2.2 Development of Service Models

The HSCB works with patients, service users and providers to develop service models which are responsive to need and ensure equity of access across the region. In doing so HSCB ensures that models are evidence-based, cost effective and innovative, and are delivered in an appropriate setting by appropriate professionals as near to a patient's or service user's home as possible.

The HSCB seeks to maximise skill mix opportunities and synergies across primary/community/secondary care sectors which may include the delivery of services across established organisational and sectoral boundaries. In addition to developing new service models, the HSCB also determines the delivery of services by an appropriate organisation(s) which may include statutory, community and/or voluntary sector, and ensures appropriate governance arrangements are put in place.

Key Considerations for Future Delivery

Any change to the existing structural arrangements must ensure:

- Service models are introduced which are based on the best available evidence, and are co-designed by professionals, and service users and carers, with appropriate local involvement.
- Service models are designed around the needs of patients and service users, rather than around the objectives and priorities of organisations and professional groups.
- Facilitation/brokering role is fulfilled to enable cross sectoral/cross organisational development of services to meet whole population need.

2.3 Procurement of Services

In developing strategic service intentions (based upon needs assessment and best practice) there is a parallel requirement to consider what form provision should take and how this provision should be secured.

Most health and social care services are delivered through public sector bodies, usually local HSC Trusts, but also through NHS Trusts in the rest of the UK. However, services are also resourced from the voluntary sector, UK independent sector, providers outside the UK or some combination of these. At present the HSCB oversees the placing of services valued at £600m - £700m to non NHS/non HSC bodies. There are also many community based services that supplement those formally commissioned and procured.

Commissioning from the public sector involves the development and scrutiny of business cases, service development proposals and IPTs against strategic intentions and existing funded provision, and the formalisation of agreed changes to funding or service delivery by Trusts.

Procurement outside the public sector requires the development at a regional level of:

- Service specifications
- Tariff structures
- Performance standards and frameworks
- Contract documentation
- Tendering processes

- Contract management arrangements
- Oversight mechanisms to address the issues that arise where patient pathways move between HSC and non HSC providers

Key Considerations for Future Delivery

Any changes in existing structural arrangements must ensure:

- The development of policy and strategic guidance relating to different economies of provision (public, private, mixed).
- The coordination of regional procurement processes that are equitable, transparent, deliver value for money and are in line with national and EU regulations.
- Regional oversight arrangements are in place for the development and management of contracts and interface arrangements.
- Regional arrangements are in place to ensure the updating of specifications and standards where mandated by legislative changes, post contract evaluation or the evolution of good practice in the delivery of care.
- The continuation of regional forums designed to facilitate the sharing of good practice and the coordination of procurement or contract management processes across HSC Trusts.
- Effective arrangements are in place to scrutinise HSC Trust capital business cases, ensuring service models and associated revenue costs (RCCE) are appropriate.

2.4 Monitoring and Evaluation of Services

The HSCB ensures that the monitoring and evaluation of commissioned services is in line with agreed service models. Increasingly, the HSCB has incorporated outcomes measures into its specifications for commissioned services. This role is key in helping to ensure that services are delivered in a timely way, safely and sustainably, in a cost effective manner and where relevant in line with agreed standards and targets, including target outputs and outcomes.

The HSCB ensures that the monitoring and evaluation requirements are agreed with provider organisations across the region to ensure consistency. The frequency of monitoring depends on the service area and can be undertaken daily, weekly, monthly, quarterly or annually.

This monitoring and evaluation role helps to inform any amendments required to the service models commissioned.

Key Considerations for Future Delivery

Any changes in existing structural arrangements must ensure:

- Clear lines of responsibility for ensuring that relevant arrangements are in place to agree and then capture the correct information to allow the agreed service models that are procured to be monitored/evaluated across the different sectors (HSC providers, independent sector providers, voluntary/community service providers). This is particularly relevant in the context of different service delivery models being developed as part of the Transforming Your Care strategy where services are planned to move from one setting to another.
- Effective arrangements are in place across Trusts and other providers to ensure that services are delivered in line with requirements.

- Arrangements are in place to continue to share learning from issues identified through monitoring and evaluation in individual organisations and to routinely share this learning across all providing organisations.

2.5 Specialist Hospital Services

The HSCB ensures equitable access to highly specialist hospital services for the whole population of Northern Ireland, delivered to nationally accepted quality and safety standards through resilient service models. This role supports the retention, where safe and effective to do so, of specialist hospital care within Northern Ireland, supported by formally established networks, technological innovations, peer review, benchmarking and integration with larger tertiary and quaternary centres in GB, ROI and Europe. HSCB specifies and reviews the components, standards, access arrangements and outcomes expected in the delivery of specialist care in Northern Ireland, the efficient use of resources, and the strategic planning and budget planning, to ensure services remain modern and responsive to the challenge of delivering high quality clinically complex care to a geographically separate population of 1.8m.

Within Northern Ireland as a region, the HSCB aims to optimise access and equity to specialist care by establishing hub and spoke models, formal network structures and absolute equity in waiting times for services irrespective of where patients reside.

Outside Northern Ireland, HSCB works directly with specialist commissioners at national (UK) level in designing, agreeing and designating centres to offer highly specialist care at the leading edge of innovation and ensures that the people of Northern Ireland have equitable access and clear pathways to these services consistent with the populations of England, Scotland and Wales.

The HSCB identifies vulnerabilities in delivering highly specialist, low volume, high cost care in Northern Ireland and works with local Trusts, Departmental colleagues, the wider NHS and the HSE, to construct safe and resilient service models together with explicit quality indicators and associated monitoring frameworks.

The HSCB scans the global development of new and emerging highly specialist drug therapies and tracks their progress through formal licensing, national bodies such as NICE and the local managed entry arrangements. This is accompanied by the confirmation of local demand and costings to inform budget planning, and the development of infrastructure to deliver and monitor the timely and equitable availability of new therapies.

Key Considerations for Future Delivery

Any change to the existing structural arrangements must ensure:

- Demonstrable, transparent adherence to nationally recognised standards in the safe and effective delivery of highly specialist care.
- Early identification of variation from such standards or emerging vulnerabilities in service delivery with accompanying authority to challenge, address and take the necessary action to resolve same.
- Equity of access both within and outwith NI to highly specialist care including drug therapies consistent with other countries in the UK.

- Mechanisms are in place for early budget/infrastructure impact assessment to support financial planning (given the scale of resources needed in any given year).
- Formal participation in national and European policy development to ensure the views/challenges and needs of the Northern Ireland population for specialist care are represented and recognised consistent with other countries in the UK.

2.6 Ensuring a Regional Perspective

The HSCB ensures that models of service, underpinned by appropriate evidence of cost-effectiveness, are broadly consistent in localities across Northern Ireland, with minor variation in the context of particular local circumstances.

The HSCB translates broad Departmental policy directions into detailed implementation plans setting out how, where, and by which organisations services will be delivered equitably across NI. The HSCB also oversees the implementation of these plans providing support to providers and dealing with the myriad operational issues that invariably arise.

The HSCB undertakes reviews of existing service provision across NI and makes recommendations as to how services should be modernised to improve quality and cost effectiveness and/or address issues of safety and sustainability.

The HSCB facilitates cross-boundary working across individual Trusts ensuring that scarce resources and potential economies of scale within particular areas of service are maximised.

Key Considerations for Future Delivery

Any change to the existing structural arrangements must ensure:

- Broad consistency of service delivery across NI, avoiding a postcode lottery as unwarranted variation in services could bring risks to patients/users in terms of safety and desired outcomes.
- Effective arrangements are in place for the detailed planning and implementation of Departmental policy directions across providers and localities.
- Effective arrangements are in place to undertake robust reviews of service provision across NI.
- Opportunities for cross-boundary working including the centralisation and regionalisation of some services are maximised.

3 Planning and Management of Family Health Services (FHS)

The HSCB is responsible for strategic planning and managing general practitioner, dental, ophthalmic and pharmacy services. It is also responsible for the development of Integrated Care Partnerships, driving forward integration throughout the system, the Health and Care Centre development programme, medical informatics and providing business support. The key functions include:

- General Medical Services
- GP Out of Hours Services
- General Pharmaceutical Services and Medicines Management
- General Dental Services
- General Ophthalmic services
- Primary Care Infrastructure Development Programme

3.1 General Medical Services

The HSCB oversees all aspects of clinical governance, contract management and service development in relation to Northern Ireland's 348 GP practices. Each practice's contract varies dependent on the discretionary services that its partners elect to provide. This function requires budgetary management of some £250m and disputes with practices relating to payments, as set out in the Statement of Financial Entitlement. Clinical governance activity such as Serious Adverse Incident management, underperformance concerns, investigations and referral to the General Medical Council for all GPs is managed and the statutory medical revalidation of 1,750 GPs is overseen by the HSCB's Responsible Officer within the Directorate.

All service developments with GP practices must be set within a contractual framework and terms for Enhanced Services are negotiated regionally (with the NI GP Committee) and locally (with four Local Medical Committees). Northern Ireland scores highest in the UK on the Quality and Outcomes Framework system and cyclical QOF performance and governance visits to all practices contribute to this important quality measure, the process for which was developed and continues to be refined within the Directorate. Directorate staff have and will continue to contribute significantly to the development and support of the emerging GP Federations.

3.2 GP Out of Hours Services

The HSCB plans, prioritises, funds (£23m) and performance manages GP Out of Hours services provided by Northern Ireland's five providers and is leading implementation of the regional strategic framework. Managing contingencies and escalation of alerts for services under strain is now a priority. New skillmix, evening surgeries, indemnity support and improved terms and conditions have been implemented regionally. Emergency Department attendances have remained relatively flat since 2009 despite a 16% increase in out of hours contacts.

3.3 General Pharmaceutical Services and Medicines Management

The HSCB oversees all aspects of clinical governance, contract management and service development in relation to Northern Ireland's 530 community pharmacies. The primary care prescribing budget (£453m) has delivered some £200m of efficiencies since 2009 and has remained

flat since then despite annual drug cost inflation of 6% and demographic growth. The efficiency of having one regional pharmacist team deliver medicines management with GPs and community pharmacy contract, clinical governance and service development activity makes this a low cost 'shared services' approach.

The pharmacy team has led on the standardisation of safety, quality and cost effectiveness of medicines in the health service including a standardised mechanism for managed entry of medicines and the establishment of a single NI medicines formulary. The HSCB is required under regulation to appoint an Accountable Officer to ensure governance of controlled drugs in primary care (as a result of the Shipman Review) and is also required to establish the Local Intelligence Network for all Accountable Officers in Northern Ireland.

3.4 General Dental Services

The HSCB oversees all aspects of clinical governance, contract management and service development in relation to Northern Ireland's 379 dental practices, provides dental public health advice and commissions community and hospital dental services (eg oral medicine, oral surgery, oral and maxillo-facial surgery). Activity includes the development, negotiation and piloting of a new dental contract for high street dentists; the management of major clinical governance incidents such as the Royal Dental Hospital Inquiry; developing proposals to live within an HSC budget under strain due to a reduced public appetite for private dentistry; and public health advice, including taking a central role in the UK's biggest clinical trial to reduce dental caries in children.

3.5 General Ophthalmic Services

The HSCB oversees all aspects of clinical governance, contract management and service development in relation to Northern Ireland's 239 optometry practices. The Head of Service is the HSCB lead in implementing the Departmental policy, "Developing Eyecare Partnerships". This networked care and systems integration takes a pathway approach to high demand ophthalmic services: demand-managing in primary care, integrating primary and secondary care, and introducing quality improvements across the system. Advisers led the development of an improved glaucoma pathway in Belfast which reduced waiting times from nine months to two weeks through the use of quality improvement methodology. The current world first NI Ophthalmic Project ECHO promises to help transform systems still further, treating what can be safely delivered closer to home.

3.6 Primary Care Infrastructure Development Programme

The HSCB has led the development of a service model and regional Strategic Implementation Plan for the reconfiguration of primary care infrastructure since 2011. The need for colocation of GP with Trust community and outpatient services drove the development of the service model. The programme has also established innovative funding streams to deliver this service model eg Third Party Development and Financial Transactions Capital. Procurements are now complete for health and care centres in Newry and Lisburn with new developments in use in Ballymena, Banbridge, Omagh, Forestside and Queen's University Belfast. This programme is a key enabler for the reform programme as much of the primary care infrastructure is no longer fit for purpose and lacks the capacity to deal with the impact of service reforms envisaged under Transforming Your Care.

Key Considerations for Future Delivery

The unique nature of the functions undertaken to plan and manage Family Health Services (FHS) gives rise to a range of important considerations or activities which should be taken account of in the development of new models:

- There are significant legislative and regulatory issues relating to all four FHS areas.
- There is a patient safety role embedded within this function including the management of clinical underperformance and risk which should continue to be supported and directed by clinical advisers experienced in this area. This includes SAI reporting for primary care and referrals to regulatory bodies, the police service and evidence to the Courts, support of the FHS Disciplinary Committee, dental practice Enforcement Notices, management of Remedial Contract Notices (GPs), and the Medical Revalidation of Northern Ireland's 1750 GPs.
- Successful contract management is predicated on a team approach between clinical advisers and business support. Monies involved are significant and disputes around contracts usually involve a legal challenge or a quasi-legal process. The staff who defend the HSC position have a set of skills and knowledge which is unique in the HSC as FHS has no equivalent layer within Trust management.
- High level legal challenges such as the three pharmacy judicial reviews and disputes with the pharmaceutical industry require a short turn around response and a high level of clinical and business support expertise.
- New practitioner contracts are being developed for pharmacy, dental and optometry services in line with the GP contract. It would be important that the team supporting these developments retains its skills and knowledge within one team.
- The work of the support teams for Integrated Care Partnerships is dependent on links with FHS, clinical advisers and support staff. Whilst Trusts have sufficient management capacity to take forward new developments, ICP developments relating to the work of GPs (and GP Federations) and community pharmacists in particular require joint working between ICP teams and FHS core staff. It is important therefore that these staff be retained as one team.
- There is currently a £300m capital value programme of health and care centre developments which benefits from an integrated approach between planners in the HSCB and clinical advisers to ensure that the agreed service model is delivered across the region with buy-in from independent contractors.

4 Financial Management and Control

A central part of planning and commissioning effective services is sound and robust financial management. The HSCB provides a wide range of comprehensive support to enhance health and social care services. The main functions include:

- Financial control and performance
- Financial management for Family Health Services
- Regional Financial Functions

4.1 Financial Control and Performance

The HSCB leads on the financial management of a £4.3bn budget to ensure the best possible 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. This involves ensuring the necessary processes, systems monitoring and reporting mechanisms are in place to meet the highest standards of governance and probity.

Whilst a key objective of the HSCB is the financial target of breakeven across the HSC system each year, the financial support of Trusts and LCGs is required in order to manage the implications of the Trusts' financial plans. This requires a comprehensive assessment of the ongoing financial position of HSC organisations individually and collectively, aligning Trust financial performance with the regional position and identifying major areas of financial risk or opportunity, emerging pressures, savings proposals, and also involves the management of all available in year income sources. Trust savings proposals are subjected to challenge and scrutiny and HSCB finance officers provide support to the process whereby proposals are assessed and approved by commissioning and other officers and by LCGs. Widespread engagement with the Department and across the HSC is required. HSCB finance staff have available in depth knowledge, experience and expertise of all aspects of the HSC service including commissioning at regional and local level, financial planning and management at regional and local level, and of front line Trust service provision.

Regular monitoring and reporting of the Trust investments and the financial positions of Trusts ensures that plans are delivered within the overarching strategic financial plan and that remedial action can be considered and put in place. This brings off track performance back into line with regional targets and plans, ensures the balance is maintained between regional and local financial stability and regional and local service planning.

The finance function has honed and refined its processes and systems to ensure these responsibilities can be discharged efficiently and effectively. Single regional systems such as the resource allocation system now feed a range of functions and directorate reports. Similarly staff in the finance function work in a highly integrated manner across systems, processes and functions. This has enabled the reduction of staff from pre RPA by 40% delivering significant economies of scale.

The HSCB has responsibility for resource allocation to Trusts. This is managed through a streamlined process which ensures decisions to commit resources are made in line with appropriate governance, stewardship and value for money considerations, and also ensures that Trusts get monthly

notification of income essential for their own internal financial management. All decisions are subject to rigorous business case processes lead by the HSCB.

The HSCB is also responsible for the management, administration and control of a number of central resources to deliver a range of health and social services to other providers. This includes the Extra Contractual Referrals scheme for both acute and non-acute service provision as well as a range of contracts with voluntary and third party organisations. In addition, the HSCB has oversight for provision of the Sure Start and Bright Start schemes funding which is provided by the Department of Education.

Key Considerations for Future Delivery

- Transfer of functions could lead to loss of control given the materiality of resources currently controlled by the Board £4bn+, leading to governance and public accountability risk.
- Financial planning and resource allocation is inextricably linked to service planning whether at local or regional level, and therefore there needs to be clarity on the responsibility and accountability for financial decision making, and how this aligns to planning to ensure that we make the best use of all the resources we have over the longer term.
- The finance function is a service directorate whose roles and core activities can only be determined and designed around the revised structures.
- The economies of scale, experience and expertise that accompanied the formation of HSCB may be at risk if finance functions, staff and the systems are to mapped to (potentially up to 9) separate organisations.
- There may be financial efficiency issues resulting from not having a regional service framework for resource investment. This will occur if local Trusts duplicate services in a way that is not cost effective.

4.2 Financial Management for Family Health Services

The HSCB is currently accountable for all financial aspects relating to approximately £900m per annum of expenditure within primary care services in Northern Ireland. This includes leading on and providing specialist financial (management, governance, planning and performance including efficiency savings) services for the four distinct Family Health Services described in Section 3 above (medical, pharmaceutical, dental and ophthalmic).

This involves engaging closely and constantly with the Director of Integrated Care and his senior team and the BSO Family Practitioners Service payment function. The work carried out is essential to ensure a financial break-even position is delivered and statutory financial governance requirements are maintained. This is a fundamental role particularly during times of severe constraints to financial resource.

Key Considerations for Future Delivery

- There are significant financial and budgetary control considerations as the budget of nearly £900m is managed centrally and through close working between a number of teams.
- It is essential to ensure a financial break-even position is delivered and statutory financial governance requirements are maintained. This is a fundamental role which is specialised and requires knowledge of specific guidance, regulations and systems within FHS, particularly during times of severe constraints to financial resource.
- The efficiency savings which have been accrued over a number of years from the FHS budget has been heavily reliant on having clinical advisors challenging clinical practice and through the enforcement of guidance and onsite practice visits, as well as close working with a small team of finance officers with specialist knowledge and skills in order to avoid significant financial governance risk.

4.3 Regional Financial Functions

In addition to the financial management responsibilities set out, the HSCB is responsible for the development of the Regional Capitation Formula essential for the identification of the fair share of resources across local populations and Programmes of Care, requiring combined expertise and knowledge of statistics, finance and health and social care services.

The HSCB leads on regional financial strategic planning across the HSC by Programme of Care and key service areas, this is essential in ensuring financial planning is joined up, streamlined and affordable. This includes the provision of the annual Strategic Resource Framework and annual strategic equity reviews across populations and programmes of care, fundamental in ensuring fairness in expenditure, performance and access to services for service users and TYC financial plans.

The HSCB is responsible for a wide range of regional reports including Trust Financial Returns (TFRs) and Board Financial Returns (BFR) setting guidance, consistency reviews and consolidation. These provide the main source of costing data across the HSC. They are also crucial for performance management, highlighting improvement and productivity opportunities across the HSC when benchmarked against other UK countries and regions.

The HSCB provides a comprehensive financial support service for all commissioned services to ensure that the necessary financial planning, monitoring, reporting and governance processes are in place that facilitates the effective and robust financial management and control of the resources deployed.

Furthermore, HSCB finance is responsible for providing expert professional financial advice and support to all the HSCB and PHA Directorates. Typically this involves provision of financial advice, financial modelling on service reconfigurations, business case support, financial reporting. This requires significant knowledge of the HSC, its systems, processes and staff.

The financial support provided entails effective engagement with a diverse range of internal and external stakeholders, including HSCB Directorates, PHA, DHSSPS, other NI Departments, local Trusts, NHS providers, voluntary organisations and other service providers.

The HSCB is responsible for providing a financial management and financial governance service to the PHA which incurs expenditure of approximately £100m per annum. HSCB finance specialists work closely with the PHA Senior Management Team, to ensure a financial break-even position is delivered and the PHA's statutory financial governance requirements are maintained.

Key Considerations for Future Delivery

- It will be essential to maintain the equity and capitation functions to ensure fairness across local populations.
- The financial function has refined its processes and systems to ensure these responsibilities can be discharged efficiently and effectively.
- Single regional systems such as the resource allocation system now feed a range of functions and staff work in a highly integrated manner across a number of traditionally separate functions. This is also evidenced by the reduction of staff from pre RPA by 40% delivering significant economies of scale. This may be at risk if finance functions are mapped to separate organisations.

5 Performance Management and Service Improvement

The HSCB plays an important regional role in identifying and securing opportunities to improve the efficiency and effectiveness of service delivery by provider organisations, securing the best outcomes for patients, as well as value for money. It does this through the identification and sharing of good practice, and auditing the implementation of same; and through the application of effective performance management arrangements to support the delivery of Ministerial targets and standards and a wide range of other key service delivery indicators, including delegated statutory functions. Key to this is the development of consistent, accurate and timely management information, and the HSCB plays a key role in the development and provision of consistent and authoritative information regionally.

The HSCB is also responsible for providing assurance in relation to the quality and safety of services provided by Trusts and non-statutory providers.

Improving the quality and efficiency of services is a core focus which runs right across all work areas the HSCB is responsible for. However, there are a number of main functions which play a key role in helping secure these improvements. These include:

- Performance management
- Information management and analysis
- Service improvement
- Delegated statutory functions

5.1 Performance Management

The HSCB leads on developing and maintaining formal regular and rigorous processes to measure, evaluate, compare and improve the performance of HSC, including:

- Monitoring CPD standards, targets and indicators of performance
- Evaluating performance and assessing performance risks
- Reporting on performance and driving accountability processes
- Reporting on, and analysis of, performance on statutory functions

A range of proportionate arrangements have been developed to ensure the effective delivery of this function, including formal monthly meetings with Trusts at Director level to review key metrics, such as delivery of core capacity; and on-going regular discussions with Trusts on particular performance issues. There is also a monthly performance and improvement forum dedicated to improving cancer services.

The focus of the HSCB's performance management arrangements is increasingly on the early identification of risks to inform actions that can be taken to improve performance, rather than monitoring past performance. For example, in relation to 62-day cancer performance, discussion is focused on the actions to treat patients as quickly as possible who are currently on the cancer pathway, more so than completed waits.

Key Considerations for Future Delivery

- There needs to continue to be an effective regional function to hold providers accountable for the delivery of agreed volumes of activity, quality of services, and the achievement of Ministerial targets and standards.
- There needs to be continued integration with reliable, timely performance monitoring information across the full range of service delivery indicators to identify prospective actions to improve performance.
- There should be clear lines of accountability with a broad range of effective incentives and sanctions that are recognised as proportionate.
- There needs to be continued identification of the underlying reasons for performance variation to inform service improvement opportunities on a regional basis.
- Co-ordinated effort is required to implement best practice across the HSC with a planned and managed improvement approach.
- There needs to be specific service expertise to understand the delivery issues and provide meaningful challenge.

5.2 Information Management and Analysis

The HSCB has responsibility for the collation, analysis, interpretation and presentation of HSC data to inform effective assessment and decision making across Performance Management, Service Improvement, Commissioning and Financial Management. This covers acute services information and analysis and community services information and analysis. Key to the effective delivery of this function is ensuring that information staff are fully integrated with business requirements and the teams tasked with achieving successful outcomes, as well as being close to relevant service delivery issues. This helps ensure that information reports and analyses are relevant, accurate and help fully address business needs and priorities.

The HSCB also lead on driving the development of new and innovative automated IT means of accessing and presenting HSC management information and analysis including Data Warehousing, query tools, portals and dashboards to help assist better assessment of performance and service improvement objectives.

Regional direction and co-ordination is provided to develop new, relevant and standardised information indicators and currencies, as well as improving data definitions, standardised information and regional IT system technical guidance.

The HSCB also play a leading role in driving forward improved standards in data quality and clinical coding through provision of regional guidance, training, audits, monitoring and reporting.

Key Considerations for Future Delivery

- There is a need to maintain close integration with business teams to ensure that information requirements are well understood, relevant in order to meet business needs through better assessment of HSC performance, as well as delivery of service improvement and commissioning objectives.
- Close links also need to be maintained with business requirements and service delivery teams to help ensure that Business Intelligence and IT developments, aimed at improving access to service data and presentation of information analysis, are relevant and effective.
- There is a need for a regional leadership role in areas of clinical coding, data standards and quality to ensure consistency across all providers.

5.3 Delegated Statutory Functions

The HSCB has oversight of Trust compliance with statutory functions as set out in legislation which confers powers and duties on the HSCB which are delegated under an approved scheme. There are reporting responsibilities to the Department set out in a series of circulars across a range of service areas. The circulars, including “the role and responsibilities of Directors for the Care and Protection of Children” (Corporate Parenting) are currently under review and new versions have been issued in draft. The duties requiring compliance include children’s services, mental health and learning disability, older people and people with a physical and or sensory disability and adult safeguarding. This involves focussed information gathering; analysis and professional scrutiny of data; monitoring of regional and local action plans; benchmarking performance and promoting best practice. The data collection under these statutory functions contributes to agreed national data sets.

The Delegated Statutory Functions Scheme describes the fundamental principles, values and accountability relationships that will underpin the delivery of services. It specifies within the PSS programmes of care, including general services to people in need, the powers and duties which the Board has delegated to the Trusts under the following legislation:

- The Children (Northern Ireland) Order 1995
- The Adoption (Northern Ireland) Order 1987
- The Mental Health (Northern Ireland) Order 1986
- Disabled Persons (Northern Ireland) Act 1989
- The Chronically Sick and Disabled Persons (Northern Ireland) Act 1978
- The Carers and Direct Payments (Northern Ireland) Act 2002

Key Considerations for Future Delivery

- All aspects of the HSCB's work in relation to delegated statutory functions that are underpinned by statute need to continue into the future. The partnership arrangements that have been put in place to support the discharge of those functions are multi-agency and require a regional focus to ensure: consistency of reporting; dissemination of best practice; ensuring compliance with associated regulations and guidance; and quality assurance of national data requirements.
- A series of monitoring and accountability schedules will need to be adhered to which require annual, bi annual, quarterly and monthly monitoring.
- Reporting schedules change over time to reflect changes in service provision and delivery of legislation. This will continue to require ongoing review.
- The consistency of services is a key principle underpinning regional oversight of service delivery that needs to be maintained.

5.4 Service Improvement

The HSCB has responsibility for identifying best practice to improve the quality, efficiency and productivity of HSC services, and working with Trusts to ensure service changes in line with the best practice. This includes the use of service improvement methodologies, benchmarking, auditing current clinical systems and processes through the Senior Nurse Review Team and agreeing improvement goals for on-going monitoring and performance management.

Best practice is identified locally, from areas of strong performance, and nationally /internationally and is shared with all Trusts through a range of established mechanisms such as the regional arrangements for Unscheduled Care, and through other bespoke arrangements.

In relation to unscheduled care the following is in place:

- Regular monthly performance management meetings to identify good practice and challenges
- A seven day oncall system is in operation with experienced professional staff with unscheduled care experience. This involves analysis of a twice daily sit rep, and monitoring real time Emergency Department information to identify building pressures in the system, and liaising with Trusts and NIAS to ensure appropriate escalated action is taken.
- Teleconference calls with individual Trusts or regionally when there are system wide unscheduled care pressures.
- Regular audits by professional unscheduled care staff to establish if recognised good practice is being implemented and identify further opportunities for improvement.
- Through the joint HSCB/PHA Regional Unscheduled Care arrangements, provide direction and support on the design and development of optimum patient pathways.

In relation to scheduled care, the key areas of work currently undertaken include:

- Leading the Urology Planning and Implementation Group to agree best practice for lower volume specialist procedures and developing procedure based SBAs.
- Supporting the Regional Trauma and Orthopaedic Clinical Engagement Group to facilitate clinical teams to access current and future service demands and find regional solutions to T&O capacity problems.
- Supporting the Vascular Services group to identify the infrastructure required to deliver the new service model for regional vascular services.
- Facilitating the Modernising Radiology Clinical Network which provides solution focussed approaches to the provision of diagnostic imaging services.
- Assisting Trusts to maximise productivity from existing resources through the application of good practice including benchmarked activity volumes.
- Taking action to ensure regional resources are directed most effectively in response to specific and short term pressures to ensure the best outcome for patients, for example urology services in the Northern and Western Trusts, the temporary redirection of suspected breast cancer referrals and the transfer of long waiting patients between Trusts.

In relation to social care:

A critical function of the Social Care Directorate is building social capital. This is underpinned by four core objectives:

1. Empowering communities, families and people to take control for their health, social wellbeing and personal circumstances.
2. Improving outcomes through the systemic application of evidence based practice across social care.
3. Enabling partnership working through the co-design of care services (co-production).
4. Aligning resources on those interventions which reduce the impact of adversity across the life course to improve quality of life and reducing unnecessary demand on high cost intervention.

The work of the Social Care Directorate has been progressed through the development of “Standard Operating Frameworks/Models”. Standard Operating Frameworks enable the coherent organisation and integration of services into logical steps or care pathways. The application of this methodology has enabled the Social Care Directorate to unify a diverse range of stakeholders around an agreed vision, implement evidence and importantly simplify service systems.

The approach has been extremely influential in the improvement of Children, Mental Health, Learning Disability and Older People Services. The work in these areas is robustly supported by improvement and implementation sciences and crucially has enabled a reduction in variation, facilitated innovation and promoted cost effective ways of working.

The collaborative infrastructures supporting this approach eg the Children’s Service Improvement Board (CSIB), Bamford Mental Health and Learning Disability Implementation Teams, Regional Dementia Collaborative, Regional Children Young People Strategic Partnership, Regional Child and

Young Person Mental Health Partnerships, are an essential catalyst for regional planning, executing policy/strategy, facilitating and driving regional consistency in the delivery of services. It is important to note without this infrastructure significant disparity in services and models would have continued between providers.

The model has promoted a culture of co-operation amongst providers and is driving person centred, needs and evidence based reform. Because of the focus on early intervention and recovery models the Social Care Directorate has enabled providers to deliver improved outcomes for individuals and their families at scale.

Key Considerations for Future Delivery

- A continued regional approach is required to achieve standardisation and reduce variation in line with best practice.
- There needs to be continued integration with information monitoring and performance management arrangements to ensure the early identification of good practice and development of relevant service indicators.
- Recent and relevant service experience combined with expertise in established service improvement methodologies is required to provide regional advice and guidance on best practice and innovative solutions across providers, and ensure the continued development of new pathways of care.
- Regional collaboration on immediate actions need to be secured to make the most effective use of regional resources in the best interests of all patients.
- There is a need for strong regional leadership in the design and implementation of service models to achieve consistency.

6 Ensuring the Safety and Quality of Services and Securing Learning

The HSCB, in conjunction with the PHA, Trusts and key partners, plays a central role in ensuring the safety and quality of services, and identifying opportunities for learning right across the HSC system to ensure that best practice can be embedded into service delivery at every level.

The HSCB, through its social care and children's directorate, and professional medical and nursing colleagues from the PHA, ensures the highest standards of professional practice and holistic service delivery models. Professional colleagues provide case specific analysis and scrutiny in respect of audits; case reviews and SAIs, ensuring that the messages from reviews, inspections and research inform best practice and service design. This also involves producing guidance, action plans, implementation plans to translate policy into practice.

There are a number of key functions carried out by the HSCB working with the PHA to ensure that learning is identified and shared. These include:

- Serious Adverse Incidents (SAIs)
- Child death notifications (CDN)
- Safety and quality alerts
- Complaints

In addition, the HSCB, jointly with PHA, forms HSC Silver in the Emergency Preparedness response structure, leading on any incidents which have service implications.

6.1 Serious Adverse Incidents (SAIs)

Following transfer from the Department in 2010, the HSCB, working closely with the PHA, and where relevant RQIA, is responsible for the reporting and follow up of SAIs. The HSCB issued a procedure to manage this process in May 2010, which was revised and implemented in October 2013.

The current process provides a mechanism for regional oversight of all SAIs that occur across the HSC. This ensures trends, best practice and learning is identified, disseminated and implemented in a timely and meaningful way with a focus on safety and quality, leading to improvement in the safety and quality of services.

The process provides a coherent and consistent approach to what constitutes a SAI across the region and supports organisations by promoting a culture of openness and transparency.

6.2 Child Death Notifications (CDN)

The automatic reporting of all child deaths as SAIs was replaced in February 2016 with a new regional process for the reporting of CDNs. The new process for managing CDNs will involve all notifications being referred to the Board, maintained on the above regional database and reviewed by professionals within the HSCB/PHA.

6.3 Safety and Quality Alerts (SQA)

SQAs arise from a variety of sources, including serious adverse incidents, reviews by the Regulation and Quality Improvement Authority (RQIA), safeguarding reports, legislative changes, medicines regulators, equipment or device failures, national safety systems, and independent reviews. The Board, working in conjunction with the PHA, has developed robust regional arrangements to oversee the effective implementation of SQAs by Trusts, including actions relevant to primary care providers, so ensuring good practice is consistently applied.

6.4 Complaints

Since April 2009, the HSCB has had oversight of all HSC complaints and has been responsible for the monitoring of same - ensuring the effectiveness of the procedures, having an overview of patterns/ trends of concern, and having in place procedures for identifying and disseminating the learning from complaints to ensure the information is used to improve service quality.

Having a regional picture is important to identify themes across organisations. Information relating to over 7000 complaints is reviewed annually and mechanisms are in place for specific professional input in order to identify areas of concern at an early stage, as well as recognising good practice. The information reviewed has helped to inform change or to take steps to address issues of concern. In relation to continual monitoring of the effectiveness of the Regional HSC Complaints Procedure, the HSCB holds regular feedback focus groups with service users.

In addition, the Board provides an ‘honest broker’ role in relation to complaints regarding Family Health Service Practitioner complaints, whereby the Board acts as an intermediary in an attempt to resolve the complaint. This role involves, often working with independent experts or independent laypersons (appointed by the HSCB), a degree of mediation and engagement. This is a role welcomed by both complainant and those complained about.

In addition, the management of medical negligence cases predating the introduction of HSS Trust status (ie pre 1993) have been managed regionally by the HSCB since April 2009.

Key Considerations for Future Delivery

- It will be important that there continues to be regional oversight and co-ordination of the above activities (6.1, 6.2, 6.3 and 6.4), to ensure the timely identification of learning to improve the safety and quality of services.
- Access to relevant professional expertise is essential to identify themes, patterns and areas of concern.
- There should be independence to fulfil the ‘honest broker’ role.

6.5 Emergency Planning

The HSCB, jointly with PHA, forms HSC Silver in the Emergency Preparedness response structure, leading on any incidents which have service implications. This includes involvement in planning for major events, participating in multi-agency responses to adverse weather situations to ensure service continuity and vulnerable people continue to receive the services they require.

HSCB also plays an important role in regional and national testing of emergency plans through planning and participation on related exercises, for example the Board has recently led on testing the HSC response to a Paris-like mass casualty incident.

The HSC Emergency Response arrangements have consistently ensured a co-ordinated, effective and timely response to a wide range of incidents and events, and it is important that this continues.

Key Considerations for Future Delivery

- There needs to continue to be a regional co-ordination of the planning and response to incidents and major events involving one or more Trust.
- It is important to have clarification on the future Health Silver arrangements.
- Regional co-ordination arrangements need to continue to have the involvement of staff with experience of service delivery, including FPS Practitioners, to ensure the effective management of any potential implications on service provision resulting from an incident or major event.

7 Partnership Working and Supporting System Reform

Whilst not exhaustive we have set out below a number of the key ways the HSCB has helped provide strategic direction to drive forward reform to enhance improvement in the quality of care for patients and services users. This includes:

- Providing system leadership for major initiatives
- Leading multi-agency partnerships
- Developing technology to support health and wellbeing

7.1 Providing System Leadership for major initiatives

The HSCB plays a key role as a system leader and integrator bringing together partners from secondary and primary care, social care, independent sector, and the community and voluntary sectors to drive forward reform and key service changes.

This includes

- Development of Integrated Care Partnerships which have implemented over 40 'shift left' projects which are reducing demand in secondary care, and the risk stratifications of 92% of the population in terms of health risk. They are also supporting the work of the emerging GP Federations and co-ordinating Project ECHO, an integrated approach to guided practice using video-conferencing.
- Together with the PHA, leading the recently established network arrangements for the planning, reform and delivery of unscheduled care services.
- Development, and subject to funding, the implementation of a strategic plan for improving elective care waiting times, addressing key risks and maintaining the quality of care.
- Development and implementation of Care Pathways based on the Quality Improvement approach, with very strong multi-disciplinary and clinical leadership, and closely aligned with the work in Unscheduled Care.
- Completion of the first ever significant Regional Review of Domiciliary Care across Northern Ireland to assess the readiness of the service to meet future challenges. This included rigorous engagement, led by the HSCB, with all providers and stakeholders.
- Leadership of a Community Care Task Force to provide oversight and coordination of community care service development, including on-going work in relation to Reablement, Statutory Residential Homes and implementation of the recommendations from the Domiciliary Care Review.
- Together with the PHA, leading the implementation of the Northern Ireland Dementia Strategy, including development of care pathways across primary, secondary and community services.

Key Considerations for Future Delivery

- The complex nature of health and care provision means a system leader is essential in order to 'join the dots', manage competing interests, ensure equity of services across Northern Ireland and act as guardian of the care pathway.
- Reform will only be effective if all parts of the system, including community care, primary care and acute care, are planned for in a fully integrated way.
- The challenge of addressing frailty in the future will require innovation, the reduction of clinical risks across interfaces and the involvement of patients, clients and carers in service improvement and reform initiatives. Experience of how services work, as well as quality improvement and leadership skills to drive the change, will be vital in achieving this. Maintaining the corporate memory of those who currently provide these roles is important.
- Networks of providers function best when supported by staff whose role is to promote collaboration, see the 'big picture' and plan and target resources across the whole system of HSC and non-HSC providers.

7.2 Leading Multi-Agency Partnerships

The HSCB plays a leading role in the development and maintenance of numerous multi-agency planning processes to ensure that the full range of people's needs, health, social care, education, justice etc, can be met in joined up and comprehensive way. The HSCB also leads on developing a number of key strategies in conjunction with a range of partners.

This includes:

- **Northern Ireland Adult Safeguarding Partnership (NIASP)** - the HSCB have lead responsibility for the effective working of the Northern Ireland Adult Safeguarding Partnership (NIASP) which brings together membership from the main statutory, voluntary, community, independent and faith organisations involved in adult safeguarding across the region. In line with Departmental policy, and a Programme for Government commitment, NIASP is charged with delivering a package of measures to safeguard children and adults who may be at risk of harm.
- **Child Care Partnerships** - led by the HSCB, bring together a range of partners from the statutory, voluntary, community and independent sectors and have been highly effective in improving the quality of childcare; increasing access at local level; providing better information for parents about the availability of childcare; and making childcare more affordable.
- **Children & Young People's Strategic Partnership (CYPSP)** – the HSCB currently chairs the CYPSP which is a cross-sector, multi-agency strategic partnership, with responsibility for improving the wellbeing and safeguarding the rights of children and young people in Northern Ireland. Since its inception in 2011, CYPSP has successfully developed a network of 29 Family Support Hubs across Northern Ireland which have been very successful in

coordinating multi-agency early intervention family support and engaging communities to identify local need and provide imaginative solutions.

Key Considerations for Future Delivery

- Improving outcomes for marginalised individuals and communities is more successful if tackled on a multi-agency basis.
- Multi-agency planning can deliver more effective and efficient services where agencies are sharing resources, thus minimising duplication and targeting funding at things that make a difference.
- Strong leadership is required both at local and regional level to mandate close collaboration and decision making in support of a shared agenda.
- Engagement with service users, carers, families and communities on a multi-agency basis leads to better integrated services for local populations.

7.3 Using eHealth to Support Better Health and Wellbeing

The HSCB is responsible for developing the e-Health strategy which sets the direction on how technology supports better health and wellbeing across the HSC. The strategy sets out key objectives; supporting people, sharing information, using information and analytics and fostering innovation. These objectives underpin the transformation and reform agenda.

Care professional engagement and leadership is essential to deliver the strategy and to support effective implementation. This is achieved by the development and maintenance of an eHealth and Care Strategic Programme Board that includes strong care professional engagement. This Board forms an overview of the programme, including relationships to reform and planning work. The Board is supported by the HSCB eHealth team, who have responsibility for allocated strategy objectives, and provide a design and challenge functions. This includes the identification and commissioning of new projects, assurance on the progress and delivery of established projects, and project closures recommendations. The team also provides technical expertise on policy matters to the DHSSPS.

The level of funding for eHealth has increased year on year as the HSCB, in conjunction with a number of partners, has successfully delivered on long and short term investment plans, radically upgrading the ICT infrastructure for HSCNI, and funding developments that have included the establishment of an Electronic Care Record, single health and care number for N Ireland, NIPACS, and a modern GP infrastructure. The eHealth team provides a challenge function to ensure Trusts and other HSC bodies work together to deliver common solutions across N Ireland.

The team leads on the development of strategic proposals to realise a fully integrated health and care record for NI, building on the acknowledged success of the NI Electronic Care Record.

The HSCB eHealth team works with the PHA Connected Health team to identify international best practice and trends in technology developments and innovation, identifying opportunities to support reform in N Ireland. Recent successes include drawing on work done by NHS Scotland to develop electronic referrals, learning from European experience on national record initiatives and successful bids for European funding to support local reform.

Key Considerations for Future Delivery

- To manage investment in eHealth and ensure regional coordination of the eHealth Strategy to best meet the needs of the service, an overall 'once4NI' approach is required. An HSC eHealth planning function is a fundamental element of the strategic service planning function to ensure the alignment of eHealth investment with service delivery and reform objectives.
- It is important that the HSC maintains the capacity to survey international best practice to identify opportunities to support eHealth innovation in Northern Ireland.

8 Conclusion

This paper has outlined the scope and scale of some of the core functions currently carried out by the HSCB, as well as key opportunities and issues to be carefully considered as we begin to develop and design new structures and processes.

The HSCB is firmly committed to working constructively to shape any future structures to improve care for the population of Northern Ireland. In doing so it is essential that the extensive skills and experience of the HSCB is recognised and fully maximised in the design and implementation of any future system.

It is very important that as we move forward there continues to be constructive, collaborative working which puts the patient and service user at the centre of everything we do.

Appendix: Summary of Key Issues for Future Delivery of HSCB Functions

For ease of reference, this section provides a list of the opportunities and issues highlighted as important for consideration in the design and delivery of the future arrangements for the functions outlined in this paper.

In relation to the Commissioning of Health and Social Care Services:

Any change to the existing structural arrangements must ensure:

- Needs assessments are coordinated and aligned regionally to avoid under or over provision as populations and groups using services in any one Trust often extend beyond the Trust boundaries.
- Avoidance of multiple engagements with each client group by different Trusts.
- Assurance of common standards of data quality and interpretive skills with appropriate integration and interpretation.
- There is effective engagement with service users, carers and local communities.
- Service models are introduced which are based on the best available evidence, and are co-designed by professional, and service users and carers with appropriate local involvement
- Service models are designed around the needs of patients and clients, rather than around the objectives and priorities of organisations and professional groups.
- Facilitation/brokering role is fulfilled to enable cross sectoral/cross organisational development of services to meet whole population need.
- The development of policy and strategic guidance relating to different economies of provision (public, private, mixed).
- The co-ordination of regional procurement processes that are equitable, transparent, deliver value for money and are in line with national and EU regulations.
- Regional oversight arrangements are in place for the development and management of contracts and interface arrangements.
- Regional arrangements are in place to ensure the updating of specifications and standards where mandated by legislative changes, post contract evaluation or the evolution of good practice in the delivery of care.
- The continuation of regional forums designed to facilitate the sharing of good practice and the co-ordination of procurement or contract management processes across HSC Trusts.
- Effective arrangements are in place to scrutinise HSC Trust capital business cases, ensuring service models and associated revenue costs (RCCE) are appropriate.
- Clear lines of responsibility for ensuring that relevant arrangements are in place to agree and then capture the correct information to allow the agreed service models that are procured to be monitored/evaluated across the different sectors (HSC providers, independent sector providers, voluntary/community service providers). This is particularly relevant in the context of different service delivery models being developed as part of the Transforming Your Care strategy where services are planned to move from one setting to another.
- Effective arrangements are in place across Trusts and other providers to ensure that services are delivered in line with requirements.
- Arrangements are in place to continue to share learning from issues identified through monitoring and evaluation in individual organisations and to routinely share this learning across all providing organisations.
- Demonstrable, transparent adherence to nationally recognised standards in the safe and effective delivery of highly specialist care.

- Early identification of variation from such standards or emerging vulnerabilities in service delivery with accompanying authority to challenge, address and take the necessary action to resolve same.
- Equity of access both within and outwith NI to highly specialist care including drug therapies consistent with other countries in the UK.
- Mechanisms are in place for early budget/infrastructure impact assessment to support financial planning (given the scale of resources needed in any given year).
- Formal participation in national and European policy development to ensure the views/challenges and needs of the Northern Ireland population for specialist care are represented and recognised consistent with other countries in the UK.
- Broad consistency of service delivery across NI, avoiding a postcode lottery as unwarranted variation in services could bring risks to patients/users in terms of safety and desired outcomes.
- Effective arrangements are in place for the detailed planning and implementation of Departmental policy directions across providers and localities.
- Effective arrangements are in place to undertake robust reviews of service provision across NI.
- Opportunities for cross-boundary working including the centralisation and potentially regionalisation of some services are maximised.

In relation to the Planning and Management of Family Health Services (FHS):

- There are significant legislative and regulatory issues relating to all four FHS areas.
- There is a patient safety role embedded within this function including the management of clinical underperformance and risk which should continue to be supported and directed by clinical advisers experienced in this area. This includes SAI reporting for primary care and referrals to regulatory bodies, the police service and evidence to the Courts, support of the FHS Disciplinary Committee, dental practice Enforcement Notices, management of Remedial Contract Notices (GPs), and the Medical Revalidation of Northern Ireland's 1750 GPs.
- Successful contract management is predicated on a team approach between clinical advisers and business support. Monies involved are significant and disputes around contracts usually involve a legal challenge or a quasi-legal process. The staff who defend the HSC position have a set of skills and knowledge which is unique in the HSC as FHS has no equivalent layer within Trust management.
- High level legal challenges such as the three pharmacy judicial reviews and disputes with the pharmaceutical industry require a short turn around response and a high level of clinical and business support expertise.
- New practitioner contracts are being developed for pharmacy, dental and optometry services in line with the GP contract. It would be important that the team supporting these developments retains its skills and knowledge within one team.
- The work of the support teams for Integrated Care Partnerships is dependent on links with FHS, clinical advisers and support staff. Whilst Trusts have sufficient management capacity to take forward new developments, ICP developments relating to the work of GPs (and GP Federations) and community pharmacists in particular require joint working between ICP teams and FHS core staff. It is important therefore that these staff be retained as one team.
- There is currently a £300m capital value programme of health and care centre developments which benefits from an integrated approach between planners in the HSCB and clinical advisers to ensure that the agreed service model is delivered across the region with buy-in from independent contractors.

In relation to Financial Management and Control:

- Transfer of functions could lead to loss of control given the materiality of resources currently controlled by the Board £4bn+, leading to governance and public accountability risk.
- Financial planning and resource allocation is inextricably linked to service planning whether at local or regional level, and therefore there needs to be clarity on the responsibility and accountability for financial decision making, and how this aligns to planning to ensure that we make the best use of all the resources we have over the longer term.
- The finance function is a service directorate whose roles and core activities can only be determined and designed around the revised structures.
- The economies of scale, experience and expertise that accompanied the formation of HSCB may be at risk if finance functions, staff and the systems are to mapped to (potentially up to 9) separate organisations.
- There may be financial efficiency issues resulting from not having a regional service framework for resource investment. This will occur if local Trusts duplicate services in a way that is not cost effective.
- There are significant financial and budgetary control considerations as the FHS budget of nearly £900m is managed centrally and through close working between a number of teams.
- It is essential to ensure a financial break-even position is delivered and statutory financial governance requirements are maintained. This is a fundamental role which is specialised and requires knowledge of specific guidance, regulations and systems within FHS, particularly during times of severe constraints to financial resource.
- The efficiency savings which have been accrued over a number of years from the FHS budget has been heavily reliant on having clinical advisors challenging clinical practice and through the enforcement of guidance and onsite practice visits, as well as close working with a small team of finance officers with specialist knowledge and skills in order to avoid significant financial governance risk.
- It will be essential to maintain the equity and capitation functions to ensure fairness across local populations.
- The financial function has refined its processes and systems to ensure these responsibilities can be discharged efficiently and effectively.
- Single regional systems such as the resource allocation system now feed a range of functions and staff work in a highly integrated manner across a number of traditionally separate functions. This is also evidenced by the reduction of staff from pre RPA by 40% delivering significant economies of scale. This may be at risk if finance functions are mapped to separate organisations.

In relation to Performance Management and Service Improvement:

- There needs to continue to be an effective regional function to hold providers accountable for the delivery of agreed volumes of activity, quality of services, and the achievement of Ministerial targets and standards.
- There needs to be continued integration with reliable, timely performance monitoring information across the full range of service delivery indicators to identify prospective actions to improve performance.
- There should be clear lines of accountability with a broad range of effective incentives and sanctions that are recognised as proportionate.
- There needs to be continued identification of underlying reasons for performance variation to

inform service improvement opportunities on a regional basis.

- Co-ordinated effort is required to implement best practice across the HSC with a planned and managed improvement approach.
- There needs to be specific service expertise to understand the delivery issues and provide meaningful challenge.
- There is a need to maintain close integration with business teams to ensure that information requirements are well understood, relevant in order to meet business needs through better assessment of HSC performance as well as delivery of service improvement and commissioning objectives.
- Close links also need to be maintained with business requirements and service delivery teams to help ensure that Business Intelligence and IT developments, aimed at improving access to service data and presentation of information analysis, are relevant and effective.
- There is a need for a regional leadership role in areas of clinical coding, data standards and quality to ensure consistency across all providers.
- All aspects of the HSCB's work in relation to delegated statutory functions that are underpinned by statute need to continue into the future. The partnership arrangements that have been put in place to support the discharge of those functions are multi-agency and require a regional focus to ensure: consistency of reporting; dissemination of best practice; ensuring compliance with associated regulations and guidance and quality assurance of national data requirements.
- A series of monitoring and accountability schedules will need to be adhered to which require annual, bi annual, quarterly and monthly monitoring.
- Reporting schedules change over time to reflect changes in service provision and delivery of legislation. This will continue to require ongoing review.
- The consistency of services is a key principle underpinning regional oversight of service delivery that needs to be maintained.
- A continued regional approach is required to achieve standardisation and reduce variation in line with best practice.
- There needs to be continued integration with information monitoring and performance management arrangements to ensure the early identification of good practice and development of relevant service indicators.
- Recent and relevant service experience combined with expertise in established service improvement methodologies is required to provide regional advice and guidance on best practice and innovative solutions across providers, and ensure the continued development of new pathways of care.
- Regional collaboration on immediate actions need to be secured to make the most effective use of regional resources in the best interests of all patients.
- There is a need for strong regional leadership in the design and implementation of service models to achieve consistency

In relation to the Safety and Quality of Services and Securing Learning:

- It will be important that there continues to be regional oversight and co-ordination of the activities listed in 6.1, 6.2, 6.3 and 6.4, to ensure the timely identification of learning to improve the safety and quality of services.
- Access to relevant professional expertise is essential to identify themes, patterns and areas of concern.
- There should be independence to fulfil the 'honest broker' role.
- There need to continue to be a regional co-ordination of the planning and response to incidents and major events involving one or more Trust.

- It is important to have clarification on the future Health Silver arrangements.
- Regional co-ordination arrangements need to continue to have the involvement of staff with experience of service delivery, including FPS Practitioners, to ensure the effective management of any potential implications on service provision resulting from an incident or major event.

In relation to Partnership Working and Supporting System Reform:

- The complex nature of health and care provision means a system leader is essential in order to “join the dots”, manage competing interests, ensure equity of services across Northern Ireland and act as guardian of the care pathway.
- Reform will only be effective if all parts of the system, including community care, primary care and acute care, are planned for in a fully integrated way.
- The challenge of addressing frailty in the future will require innovation, the reduction of clinical risks across interfaces and the involvement of patients, clients and carers in service improvement and reform initiatives. Experience of how services work, as well as quality improvement and leadership skills to drive the change, will be vital in achieving this. Maintaining the corporate memory of those who currently provide these roles is important.
- Networks of providers function best when supported by staff whose role is to promote collaboration, see the ‘big picture’ and plan and target resources across the whole system of HSC and non-HSC providers.
- Improving outcomes for marginalised individuals and communities is more successful if tackled on a multi-agency basis.
- Multi-agency planning can deliver more effective and efficient services where agencies are sharing resources, thus minimising duplication and targeting funding at things that make a difference.
- Strong leadership is required both at local and regional level to mandate close collaboration and decision making in support of a shared agenda.
- Engagement with service users, carers, families and communities on a multi-agency basis leads to better integrated services for local populations.
- To manage investment in eHealth and ensure regional coordination of the eHealth Strategy to best meet the needs of the service, an overall ‘once4NI’ approach is required. An HSC eHealth planning function is a fundamental element of the strategic service planning function to ensure the alignment of eHealth investment with service delivery and reform objectives.
- It is important that the HSC maintains the capacity to survey international best practice to identify opportunities to support eHealth innovation in Northern Ireland.