

16th June 2020

Permanent Secretary

Department of Health

Castle Buildings

Upper Newtownards Road

BELFAST,

BT4 3SQ

CC: Minister of Health, Robin Swann MLA

Dear Permanent Secretary,

**REBUILDING HSC SERVICES**

I write in response to your letter of 9th June to trade unions informing us of the decisions that the Minister of Health has taken to temporarily change the current governance and accountability arrangements in the Health and Social Care Framework Document (September 2011) on foot of the publication of the Strategic Framework for Rebuilding Health and Social Care Services.

This letter is in response to the ‘‘*initial time limited taking of soundings*’’ of 1 week you refer to in your letter of 9th June. You are aware of the obligations that exist on the Department to engage and consult with trade union representatives in the development of policies, not only under our collective bargaining agreements, but also under section 75 of the Northern Ireland Act 1998 and the principles of co-production and co-design. At a time of crisis these become even stronger obligations to enhance co-operation between us and form the framework for necessary constructive engagement.

Instead we are very concerned and disappointed at the complete lack of engagement that has taken place in relation to the changes to the Framework Document prior to this point. A short briefing by Departmental officials with the trade union bargaining structures immediately prior to these changes being publicly announced on 9th June is not adequate engagement or consultation.

In recognition of the fact that trade unions are social partners, the Partnership Forum that exists between the Department, the employers who will be represented on this new Management Board, and trade unions could have been convened in advance of this announcement to hear the views of trade unions on such a key policy issue. Despite the ongoing Covid-19 emergency similar fora involving the trade union movement have been convened across the NI Executive Departments.

We further note there is no commitment here to engage trade unions in the review processes of the new Management Board described in your letter.

To seek our views in this fashion after the Minister has announced the creation of the Management Board (and indeed after we understand it has already met for the first time) does not give us confidence that our views will be listened to or that the nature and purpose of this new Board will be reconsidered in light of them.

**A meeting of the Partnership Forum should be urgently convened to discuss the changes to the Framework document and the new Strategic Framework for Rebuilding HSC services.**

**Workforce engagement by Management Board**

We note from the Terms of Reference for the new Management Board that it will be comprised largely of senior Departmental officials (with you as chair), and the Chief Executives of the Trusts and arms-length bodies. The Minister’s Special Adviser will attend meetings.

We are immediately concerned as to how the voice of the workforce will be heard by this new Management Board. There is no reference whatsoever in the Terms of Reference as to how workforce involvement will be facilitated, contrary to the principles of co-production and co-design that the Department purports to be at the heart of the transformation programme around health and social care. There is no clear linkage to trade unions as the representative voice of the workforce set out within the Terms of Reference. This is unacceptable.

Our members are at the frontline in dealing with the current Covid-19 pandemic and will take the lead in rebuilding HSC services, whilst at the same time preparing for possible further surges of the virus.

Prior to Covid-19 the HSC workforce was already significantly overstretched due to the thousands of vacancies that existed across Northern Ireland, issues which led to the industrial action undertaken by our members at the end of 2019. A commitment to deal with those issues by the Department was at the heart of the resolution of that industrial dispute. Given the undoubted major impact that Covid-19 will have had on the workforce, their views must be central within any plans to rebuild services.

If you wish to avoid the Management Board becoming simply a bureaucratic structure without any real connection to the HSC workforce then a clear route to engage the workforce via representative trade unions must be established.

There must be full openness and transparency as to the operation of the Management Board. It must be subject to independent scrutiny with full access to the data and information it will rely upon in its deliberations.

**Innovation, challenge and rigour**

We note that under the Terms of Reference, the remit of the Management Board will include the embedding of innovation. We are challenged as to how the embedding of innovation across the HSC system will be taken forward via this structure without a clear commitment to engage in partnership with the workforce and their representative trade unions.

For nearly 20 years, UNISON has engaged in unique, innovative partnership projects alongside both HSC and private sector employers producing real outcomes on improved care and satisfaction for patients, clients and health and social care workers alike. This collaborative model utilised within each partnership has been described by the King’s Fund as ‘ground breaking’ and is based on true inclusion; real equality of decision-making, resources and support; as well as trust and respect for UNISON members.We were initially encouraged by the reference within ‘Health and Wellbeing 2026’ to the need to work in partnership. However as of yet we do not believe that partnership working has moved from the fringes to become part of thesystem’s core business.

**These projects have repeatedly demonstrated that true innovation in the delivery of services comes from partnership working, where the views of frontline staff are heard and acted upon to improve the delivery of care. It is concerning that we see no obvious route for such an approach to be embedded within the new Management Board.**

We are also concerned as to the lack of genuinely independent expertise within this structure in relation to key issues such as public health, health inequality, poverty and economic inequality, and human rights. Whilst the remit of the Board states that it will provide challenge and rigour in the decision-making process, it is not obvious how such challenge and rigour will present itself within a Board comprised largely of the accountable officers of the HSC system, chaired by you as accounting officer for the Department.

**Commissioning**

We note the insertion of new paragraph 2.38 into the Framework Document. It states:

‘‘*The Minister directs the HSCB, PHA, HSC Trusts and BSO that for the two year period commencing in June 2020 they are to prioritise their service planning, delivery and deployment of resources to stabilise and restore service delivery as quickly as possible by achieving the right balance between delivering Covid-19 and non-Covid-19 activity. In pursuance of this priority the Commissioning Plan Direction (CPD), Commissioning Plan and associated Service and Budget Agreements (SBAs) for the 2019/20 financial year will be rolled forward into the years 2020/21 and 2021/22 and updated to reflect Departmental budget allocations in each of these years.*’’

Can you confirm that this effectively is the suspension of the current annual Commissioning process initiated by the Department via the Commissioning Plan Direction, and that the 19/20 Commissioning Plan will effectively be rolled forward for the next 2 years?

Noting that the intention is that the two years period of operation of this new Management Board will be followed by a consultation on substantive and longer term changes to the Framework Document, I would highlight here that it is the position of both UNISON and the Irish Congress of Trade Unions that the commissioner/provider split and the resultant local commissioning groups should be abolished. In place of the current system, which is clearly not fit for purpose, we need a single unified health and social care system which is resourced to be a public health system, delivered on NHS founding principles within the public sector, and which has eradicating health inequalities as its central goal.

The abolition of the internal market in health and the costly commissioner/provider split, with its associated transaction costs, would free significant resources within the system at a time when they are clearly needed.

UNISON has repeatedly requested that the Department of Health publish data outlining the true cost of the commissioner/provider split to the HSC system in Northern Ireland. We would repeat this request here, so that there can be clarity and transparency around the resources that could be made available to the system through abolishing the commissioner/provider split.

I attach our substantive responses to both the Donaldson Review (2015) and the consultation on ‘Health and social care: reform and transformation - getting the structures right’ (2016) which fully set out our views on the reform of the structures that is required.

**UNISON expects to play a significant role in any forthcoming process for the reform of the health and social care structures and this should form a major topic for discussion at the urgent meeting of the Partnership Forum I have called for above.**

**Transformation Advisory Board**

We note from your letter of 9th June that the Management Board’s role in relation to other vehicles, such as the Transformation Implementation Group (TIG), will be reviewed in due course. We note that the Management Board has a similar composition to TIG.

As you will be aware, UNISON currently chairs the Health Committee of the Northern Ireland Committee of the Irish Congress of Trade Unions. We represent the Committee on the Transformation Advisory Board (TAB) established to act in an advisory capacity to the Minister, and oversee the direction of reform and the work of the TIG.

UNISON is of the view that TAB is of major importance and can play a significant constructive role moving forwards. TAB fulfils an important role in ensuring that the transformation process is undertaken within the statutory duty of Personal Public Involvement, co-production, co-design and partnership working that ‘Health and Wellbeing 2026: Delivering Together’ aims to accomplish.

**There should be urgent clarity as to what the relationship of TAB will be in relation to the new Management Board.**

**Section 75 of the Northern Ireland Act 1998**

We are very concerned that the policy decision to amend the Framework Document has not followed the procedures in the Department’s equality scheme.

We note no reference to, or inclusion of, any equality screening of the amendments to the Framework Document. As you are aware, the Department’s Equality Scheme clearly provides that all policies will be screened at the earliest opportunity in the policy development process (section 4.5). The changes to the Framework Document clearly represent a ‘policy’ for the purposes of section 75 within the terms of the Department’s own Equality Scheme (section 4.1). Please provide a copy of the Equality Screening in relation to the amended Framework Document by return.

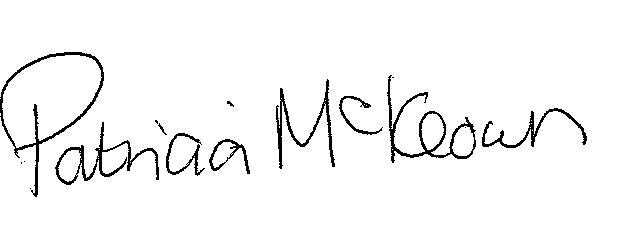
Further to my specific points above with regards to trade union engagement, we are also very concerned that the Department is not conducting a consultation on these amendments in line with the commitments within the Equality Scheme. In your letter of 9th June, you have stated that the amendments will be subject to *‘‘a 12 week consultation as soon as possible in the light of any significant matter that emerges from the soundings.’’* This is not an unequivocal commitment to undertake proper consultation on significant changes to the Framework Document that may last for up to 2 years, and potentially may become permanent.

In particular, we are very concerned that consultation will be delayed until after these arrangements have already come into effect, contrary to the requirements under the Department’s Equality Scheme to take consultation into account when making decisions in relation to policies.

As I have consistently stated throughout the period of the pandemic , UNISON is ready to work with the HSC system at all levels to meet the crisis in our health service. However there must be considerably greater co-ordination and engagement between the respective parts of system and trade unions.

I look forward to your response.

Yours sincerely



**PATRICIA McKEOWN**

**Regional Secretary**