NIACRO Response

Health and Social Care: Reform and Transformation

Date: 12th February 2016
Dear Sir/Madam,

I am writing on behalf of NIACRO in response to the consultation on Health and Social Care: Reform and Transformation.

We welcome the opportunity to provide comment on the proposed structures for Health and Social Care in Northern Ireland. NIACRO is a voluntary organisation which has been working for more than 40 years to reduce crime and its impact on people and communities. NIACRO provides services for, and works with, children and young people, families and adults, whilst working to influence others and apply our resources effectively. NIACRO receives funding from, and works in partnership with, a range of statutory departments and agencies in Northern Ireland, including health, social services, criminal justice, housing and others. Some of our services, particularly those providing early intervention to children and families at risk of or affected by offending behaviour, receive support from Health and Social Care Trusts, the Board, or the Public Health Agency.

NIACRO agrees that there is too much complexity and bureaucracy in the current system and welcomes the intention to create more flexible and responsive structures. However, we believe more information is needed to carry out a meaningful consultation on a proposed replacement system. For example, it is unclear under the current proposals exactly what role the Department will play and what the new structures would mean in practice. We therefore recommend that more information is presented for meaningful consultation with stakeholders, including the voluntary and community sector. Other points we wish to raise refer to joined-up working, regional services, and commissioning.
Whilst we recognise the need for a more cohesive system and welcome the focus on this, what will be most important in any structure is effective communication and cross-agency working. We have found that too often people – particularly children – can slip between the cracks in the current system. For example, our early intervention service for children received a referral where the young person was experiencing significant difficulties across their home, school and community environments. The young person had previously been referred to community paediatrics for an ADHD assessment, but this referral was refused due the child being aged over 11 years old. They were then referred to CAMHS, only to be discharged as no mental health issues were presenting, though it was acknowledged at this point that ADHD traits were present and significant. We have since been informed that ADHD assessments are not available for young people in the Belfast Health and Social Care Trust aged over 11 who have no co-morbidity of poor mental health. This represents a critical gap in service, which could be resolved by the proposal to reduce bureaucracy, but primarily requires joined-up working and more flexibility to respond to need. In addition, clarification is needed as to where emerging issues will be located in a new structure; our understanding is that the Public Health Agency is the current lead in responding to such need, but it is unclear where (or indeed if) such flexibility would exist in any new structure.

We recognise that the Health and Social Care Trusts are well placed to determine local needs and there is therefore an argument that Trusts should have a greater level of responsibility and autonomy for planning services in their area. However, we are concerned that this could lead to a regional variation of services, or ‘postcode lottery’, with some services available to those in need in one area and not in another. On the other end of the spectrum, there is the potential for services to be commissioned which will benefit all of Northern Ireland, yet with a minority of Trusts supporting it. We recommend that services are standardised across Northern Ireland to ensure equality of access, with Trusts working together and meaningful mechanisms to feed in service ideas in response to local need, as identified through partnerships between the Trusts and the voluntary and community sector. This would ensure an equal service and robust quality control, and ultimately the shared learning would be likely to reduce costs.
Leading on from this point, there is the wider issue of developing appropriate services and commissioning them in a sustainable way. We agree that the full, competitive commissioning process is too complex and transactional for an area as small as Northern Ireland, with often too much emphasis placed on the MEAT principle as opposed to social value and effectiveness alongside cost-efficiency. As noted above, flexibility is required in services to meet the needs as they present. Moreover, year-long contracts deny the opportunity to make meaningful impact, as service deliverers such as those in the voluntary and community sector are unable to deliver services that are truly focused on the individual in such short time frames, and are instead forced to invest time and resources into continuous procurement cycles, which are often complex and overly bureaucratic, rather than delivering a consistent and tailored service. We therefore recommend that social value is a standard criterion in Health and Social Care procurement exercises. In addition, we recommend that there is a thorough review of the commissioning processes, with a view to standardising the process across the Executive to ensure consistency.

In summary, NIACRO agrees there is a case for change but recommends that more detailed proposals are consulted on first. Any new structure must be mindful of the need for joined-up working, equality of access to services and effective, efficient commissioning which recognises social value. We thank you for this opportunity to provide comment and look forward to the next stage of this consultation process.

Yours faithfully,

Olwen Lyner
Chief Executive