

# REVIEW OF PUBLIC ADMINISTRATION IN NORTHERN IRELAND

Response by Craigavon and Banbridge  
Health & Social Care Group



## CONTEXT

This major review of public administration throughout the region was begun in June 2002 with the aim of developing a model which could deliver "high quality and responsive public services" in the modern era and under the "new political arrangements".

The suspension of devolution led to a delay but the Secretary of State decreed continuance of the review process and views are now being sought on a number of models for change in public administration.

## SCOPE OF THIS PAPER

The Management Board of Craigavon and Banbridge Health and Social Care Group (CBHSCG) are clear that they did not attempt any consideration of the macro-political landscape. Our membership and our current role within the HPSS does, however, instil confidence in our view that we can identify a model for Public Administration which would enhance the capacity of commissioners and providers within the HPSS to plan and deliver quality services.

Given that we envisage such delivery in partnership with a range of other bodies, we believe that any model preferred by us will also represent "best fit" for those currently responsible for education, housing and environment, urban/rural regeneration and economic development.

## HOW THIS REVIEW WAS CONSIDERED BY CBHSCG

Rather than mechanistically responding to the questions highlighted in the Consultation Document, we first agreed the set of principles, akin to 2.12 of the document, which should underpin any acceptable model; and then used this to consider and then support the model laid out in the document which will be most in sympathy with our principles.

## FOUNDING PRINCIPLES

- (a) **The value of public service**  
This is not simply about maintenance of the public sector, though we do feel that the balance of public and independent at present is healthy, including GPs as independent contracted practitioners. Rather, it is also about a model of public service, free of paternalism, which aims to empower those who use that service through their involvement at all levels, from simply expressing consumer satisfaction to participation in strategic planning of that service.
- (b) **Acceptance of scrutiny**  
As a sub-committee of SHSSB, this Management Board has already committed itself to transparency and accountability, but we believe that this will be enhanced by the direct scrutiny of bodies representing both users/carers and their local political representatives.
- (c) **Stability**  
Longer-term continuity and continuous improvement are not mutually exclusive; an evolving organisation can manage change without constant upheaval. Once this Review is completed and plans implemented, the structure of the public bodies should be both dynamic and durable.
- (d) **Responsiveness and Best Value**  
The final model for public administration should ensure that bodies are responsive to the legitimate requirements of users/recipients; and do so within the parameters of Best Value. We define Best Value as the duty to deliver services to clear standards, covering both cost and

quality, by the most economic, efficient and effective means available. Within this framework, schemes can operate such as Charter Mark, with the emphasis on consultation with users and use of customer feedback; and Investors in People, with the emphasis on the role of staff in achieving the aims and objectives of the organisation. These are integral to Best Value and should be the cornerstone of any future model.

(e) Equity and Diversity

In health and well-being, the Management Board has committed itself to a commissioning process which "favours" those in greatest need. The mantra should be fairness rather than equality and this can be applied to public administration in general. There must be acceptance of this society as pluralist, with administration which respects ethnic minorities and rejects sectarianism and homophobia; and make their service accessible to citizens regardless of age or disability.

(f) Civic Leadership

The new bodies, in any configuration, must not only accept but champion the participation of local people who show willingness to contribute and who are put forward by that community, even by nomination. They represent no threat to locally elected political representatives but can be allies in the consolidation of a future administration.

(g) Subsidiarity

The delivery of service at the level of the natural community and, if possible, coterminous with local government boundaries. The planning for those services at the level at which the process will be "locally sensitive".

(h) Collaboration and Co-ordination

The former in policy making and latter in service delivery. "Co-ordination" is characterised by collective decision-making, yet retaining independent autonomous leadership; the focus is on effective communication to ensure reliable service delivery.

"Collaboration" requires shared vision at the strategic level and some inter-dependence (but not necessarily

joint) in systems; it also demands high levels of commitment on the part of leaders in all the party organisations. This kind of partnership working is potentially more effective; re-thinking as much as re-organising.

## CHOICE OF MODELS

The Management Board view Model 4, the Reformed Status Quo with Enhanced Local Government, as the most likely to meet the above, though with a number of provisos:

- A phased implementation where transfer of functions and rationalisation of public bodies is concerned.
- If rationalisation of councils is required, apart from small decrease in numbers, the adoption of a consortium approach so that some key functions are provided across neighbouring councils.
- There is scope for some devolution of functions from central government, as with the commissioning of regional services, which could be done by consortia of Trusts.
- Similarly, these consortia could develop framework specifications to ensure standardisation and equity across the region.
- On the other hand, the development of priorities for exceptional spending across the region can only remain with the Department/Executive.

The Management Board favours the consortia model rather than rationalisation since it fears that the latter would be inconsistent with the principle of subsidiary outlined above. Consortia can bring greater efficiency without losing some of the recent improvements in planning, commissioning and delivery.

## LOCAL INVOLVEMENT

In relation to the future structure of the HPSS specifically we have noted the comments by the Permanent Secretary at a recent conference:

“To take the Review of Public Administration first. The Review is under way and it is expected that a paper setting out proposals for change across the full range of the public sector will be issued by Easter. We have also got agreement that that paper will include proposals for change in the structure of the HPSS. Unfortunately, I am not in a position this morning to give you a definitive read out of what the shape of those proposed new structures might be, but I can tell you that it remains our intention that primary care should have a central role in any new arrangements.

To date our thinking has been that we will need to streamline the HPSS structure. We do not need the number of organisations we currently have. They are a legacy of previous times and different political philosophies. We need a set of structures which will better reflect the modern culture within the health and social services sector. Where I think we will end up is with a smaller number of organisations – possibly around 6 to 8 – which will embrace both health and social services and which will include the functions of Boards, Trusts and Local Health and Social Care Groups.

...We will therefore need to ensure that the work of the Local Groups is linked into the wider agenda of the new organisations and this means that we will want to continue with local involvement and local representation, both on the ground and in the work of the new organisations.”

We welcome this approach by the DHSSPS. For many years planning within the HPSS has been dogged by uncertainty about the future structure of the service. Early clarification of the structure of the HPSS would be welcomed.

We particularly welcome the Permanent Secretary’s comments that the Department wishes to continue with local involvement and local representation in the work of the new organisations. We feel this is essential. We have seen great benefits accruing from the local involvement mechanisms that local Health and Social Care groups have established over the past year.

We feel it is important that such a local approach is further developed in the new structures and believe that this can be achieved while still rationalising the overall number of separate

public administration bodies in Northern Ireland. The core functions for public administration will continue to be focussed around policy development, commissioning/planning and service delivery. As previously referenced, policy making requires a direct accountability framework through the local Assembly and should therefore remain under a government department but with greater collaboration and co-ordination. However there are no real barriers to locating responsibility for commissioning/planning and service delivery within one organisation. As long as these functions are developed in a way that maintains and develops local involvement in decision –making, transparency and accountability can still be ensured.

We would therefore support the approach implied in the permanent secretary's remarks above that, particularly within the HPSS, a smaller number of geographically based organisations can encompass a number of functions. The essential element will be to maintain structures within these organisations that facilitate locally responsive and locally accountable decisions.

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