



The Royal College of
Midwives

Response

Response to

The Review of Public Administration in Northern Ireland

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**UK Board for Northern Ireland
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The Royal College of Midwives' response to the Review of Public Administration in Northern Ireland.

The Royal College of Midwives (RCM) is the professional association and trade union representing 95% of all practising midwives in the United Kingdom. The vast majority of midwives work within the NHS, and the RCM is recognised in every Trust that provides a midwifery service.

In responding to this paper, the College has consulted widely with its members and seeks to represent their views in commenting on the further consultation on the Review of Public Administration in Northern Ireland.

Our response will deal mainly but not exclusively with issues related to maternity care.

Chapter 1

We note the background to the Review and the progress to date. We are disappointed that there was no extension given to the consultation period following the publication of the Appleby Report on 31st August 2005, bearing in mind the relevance of the recommendations of that report to the proposed future arrangements for the planning and delivery of healthcare in Northern Ireland. Given that our members are required to consider both documents in some detail, this has left us with a difficult timescale in which to carry out an effective consultation with our members in order to comply with a response date of 30th September to the RPA consultation.

Chapter 2

We note also the responses to the initial consultation exercise and the research that has been carried out both before and since the initial consultation. We agree with the principles outlined in paragraphs 2.6 and 2.7 which outline the responses to the first consultation in relation to health and the trade union responses in relation to public sector employment.

Chapter 3

We agree with the two tier model of public administration proposed in Chapter 3. We agree also that where possible there should be common boundaries for

public sector service providers, which may help to ensure that services are provided in an integrated fashion, using where possible shared local offices or delivery hubs. We welcome the proposals for a community planning process, encompassing strong civic leadership and active participation of service users.

We welcome also the proposal to establish a formal liaison mechanism to ensure an effective relationship between central and local government.

We note the comment in paragraph 3.16 in relation to public sector employment in Northern Ireland.

Chapter 4

We have no strong view as to the number of new enhanced local councils, although we would be generally supportive of the concept of co-terminosity of service provision. We do however feel that the concept of 'natural communities' should be adhered to in determining the configuration of future district councils.

We agree that the issue of the dual mandate requires to be addressed and support the proposals contained in paragraphs 4.55 – 4.57.

Chapter 5

We note the context and background to the need for change in the Health & Personal Social Services and in particular the fact that there is considerable local public and political support for change to be made to the current administrative arrangements. We note the drivers for change as described in paragraph 5.7 however as stated previously we are dismayed at the inconsistencies in recommendations relating to the HPSS that have emerged following publication of the Appleby Report.

We support the guiding principles outlined in paragraph 5.9. We agree that any new structural arrangements should facilitate co-ordination between primary, secondary and community care (paragraph 5.9(v)). Midwives are one of the few professional groups to work flexibly across the hospital/community interface, providing an integrated service to women and their families. We consider that it is impossible to look at hospital maternity service provision in isolation from the service provided by midwives working in the primary care sector. We also believe that it is imperative that hospital and community midwifery services are managed together, with hospital and community midwives sharing the same employer and working freely across hospital/community boundaries to provide a seamless service for mothers and babies.

We note a divergence of opinion between the RPA Consultation and Professor Appleby's recommendations with respect to the commissioning and delivery of services. Whilst the RPA Consultation proposes that the commissioning and delivery of services need not be separated organisationally, Professor Appleby (Recommendation 24) states that "separation of the tasks of service provision

and commissioning is an important factor in sharpening incentives". Bearing in mind that Appleby is critical of the current performance management arrangements within the HPSS where service provision and commissioning are currently two separate activities, we are of the view that it is almost irrelevant whether commissioning and delivery of services are separate or integrated provided that robust performance management mechanisms are put in place to ensure effective service delivery. We are however of the view that whilst commissioning bodies need to be small enough to assess local need, they also need to be large enough to commission effectively.

We agree with the proposal contained at paragraph 5.10 to create structures that will support partnership between those responsible for commissioning and those with responsibility for the delivery of healthcare, predicated on adopting a locality based approach to needs assessments and service delivery.

As stated previously we have no strong views as to whether there should be five or seven new HPSS Agencies, however we recognise that there are benefits inherent within co-terminosity with future council boundaries and suggest that if the RPA exercise results in seven local councils then this should be reflected in the future arrangements for the HPSS. In the event however that a decision is reached that there should be 11 or 15 local councils then it would be acceptable to have either five or seven HPSS Agencies as we would consider eleven or fifteen to be too many.

The Royal College of Midwives has argued for many years for the development of a single, strategic planning body for maternity services in Northern Ireland and we support the proposal at paragraph 5.17 that the DHSSPS will remain responsible for determining regional policy and strategy. We consider it essential that there is a strong strategic approach to the planning and provision of maternity care in order to ensure the equitable development of maternity services that are flexible, accessible and responsive to the range of women's needs. It has been our experience that the current system of maternity services commissioning by the four Health & Social Services Boards has created a situation where each Board acts independently of the others, and often in a competitive rather than a co-operative fashion, thereby restricting women's choice with regard to accessing inpatient maternity care.

We support the proposal to replace the current four HSS Councils with one regional body. We are of the view however that this body should encompass a diverse range of consumer opinion and that input should be sought from non-statutory groups for example the National Childbirth Trust in relation to the provision of maternity services.

It is suggested in paragraph 5.18 that the proposed changes should make significant savings in management costs. It is unlikely that there will be any savings in management costs in the short term given that salaries for those displaced as a consequence of the restructuring will require to be protected in the short to medium term. Other savings related to a reduction in the number

of staff employed within the HPSS are likely to be offset by the requirement to provide redundancy payments for those staff faced with this situation.

We note the proposed composition (Paragraph 5.20) of the Boards of the new HPSS Agencies and would seek an assurance that service users will be represented on the Boards. We note also that consideration will be given to the special status of the Mater Hospital.

We note the proposals in relation to the current 15 Local Health & Social Care Groups. Given the non participation of GPs on LHSCGs we are of the view that these groups will not function effectively unless all of those concerned with the planning and provision of local healthcare services are involved with these groups.

We agree that the guiding principles for the development of management structures as proposed in paragraphs 5.23 and 5.24 are appropriate. There may however be a need for capacity building amongst service users if they are to contribute effectively within these new structures. We welcome the proposal that there should be clear lines of accountability to the Department and the Minister for expenditure, quality and performance.

In relation to the statutory responsibilities for public health, nursing and social services outlined in paragraph 5.24(viii) the Royal College of Midwives is strongly of the view that statutory supervision of midwives should be provided on a pan-Northern Ireland basis with a single Local Supervising Authority Midwifery Officer appointed to discharge the statutory supervisory responsibilities in line with the standards set by the Nursing & Midwifery Council (NMC).

We agree with the proposals in respect of the provision of regional services.

The Royal College of Midwives as the professional organisation and trade union for midwives would wish to contribute to the work of the proposed Regional Forum, either by inclusion on appropriate working groups or by formal consultation/negotiation with the Regional Partnership Forum.

We welcome the recognition (paragraph 5.35) that “communities are not prepared to accept decisions about the planning or design of services without being involved in the making of those decisions”. We welcome also the expectation that the new HPSS Agencies will develop innovative and imaginative processes to involve service users, careers and the public in drawing up their plans and priorities for delivering services. There is a well established network of Maternity Services Liaison Groups within Northern Ireland and we feel that this model could be replicated in other areas. There may however be a need for capacity building if service users are to contribute effectively to the planning of services and training programmes such as the ‘Voices’ programme provided by the National Childbirth Trust may be helpful in developing service users skills and confidence.

Whilst we agree with the proposal to replace the current four HSS Boards and 18 of the 19 HSS Trusts with 5 or 7 new HPSS Agencies, we are concerned with the proposed time scale. Because of the anticipated delay in passing the primary legislation necessary to replace the four Boards, a two tier approach may be adopted with regard to restructuring. It is in our view unacceptable and indeed counter productive to restructure at trust level in advance of any restructuring at Board level. This will lead to a prolonged period of uncertainty with change being followed by more change and a consequential detrimental effect on staff morale. It will also lead to a second 'pool' of displaced personnel who will require to be relocated within the new structures. We agree that it is essential that changes are taken forward in a way that is equitable and transparent and that protects the rights of staff. We intend to work with the DHSSPS in managing this change and welcome the proposal to establish a Human Resources Steering Group. We note the proposal (paragraph 5.42) to 'consult' with the DHSSPS Partnership Forum however as a trade union we reserve the right also to negotiate on behalf of our members where this is appropriate.

Chapter 6

We have no comment on this chapter.

Chapter 7

We note the proposals in respect of public bodies and executive agencies. We agree with the second option proposed in paragraph 7.9 that public bodies should continue to exist but that every effort should be made to improve their accountability. As an organisation whose members are largely female and who provide care to women and their families we would wish to see an increase in the number of women appointed to serve on public bodies.

Chapter 8

We welcome the recognition in paragraph 8.1 that the extent of structural change emerging from the RPA will be significant and that it will affect a large number of staff throughout the public sector. In relation to maternity care it is unlikely that midwives and other professionals providing frontline clinical care will be affected by the RPA. The provision of maternity services is much more likely to be affected by the continuing, acute shortage of qualified midwives within Northern Ireland. Whilst the RPA consultation document does not explicitly refer to human resources issues other than those arising from the proposed structural changes, it is recognised in the Appleby report that "there is a strong case that the main reason for past and predicted labour shortages has been an insufficient number of training places" and the Royal College of Midwives is of the strongly held view that any proposed future system of healthcare delivery must be underpinned by the recognition that sufficient numbers of appropriately qualified staff are essential for the safe delivery of frontline services.

We recognise however that much of the administrative and ancillary support that is provided to midwives and others comes from a largely female workforce. We are concerned that those employees providing non clinical support may be adversely affected by the structural changes consequent to the RPA. We are concerned in particular that women employees may not be able to relocate and feel that they should be provided with the option of cross-sectoral transfer that will enable them to continue to work close to home, and welcome the proposal (paragraph 8.10(iv)) in relation to this issue. We would support the proposal to establish a Public Service Commission to assist with this.

We note the proposal (paragraph 8.5) that “everything that is reasonable and practical should be done to afford protection to the employment and the pay and conditions of service of public service staff, and to recognise the personal circumstances of individuals affected by the changes taking place”.

We welcome also the assertion (paragraph 8.10(ii)) that every reasonable effort must be made to avoid compulsory redundancies and keep the number of voluntary redundancies to a minimum.

Bearing in mind the significant number of senior management posts likely to be affected by the RPA it is essential that a robust recruitment and selection process is put in place to manage the redeployment of staff throughout the HPSS. Whilst we agree that the treatment of staff must be founded upon the provisions of the TUPE Regulations we would consider this to be the absolute minimum legal requirement to be met.

We agree with the proposals contained within paragraphs 8.11 and 8.12 in relation to compensation and protection arrangements. Consideration should also be given to the provision of protected travel time to ensure that women with childcare responsibilities are not adversely impacted on if they are required to relocate with a consequent, significant longer travel time to work.

The Royal College of Midwives welcomes the informal dialogue that has already been initiated between the DHSSPS and the professional bodies/trade unions that represent the majority of HPSS employees. We would wish to continue to participate in both formal and informal dialogue with the DHSSPS.

We agree that strong leadership will be required at all levels within the public sector if the enormous change proposed by the RPA is to be successful implemented. We agree also that partnership working will also be an essential feature of the implementation of the RPA. We feel it is timely to consider the appointment of a Chief Midwifery Officer to the DHSSPS team. This will ensure effective multi-disciplinary representation at strategic policy making level within the DHSSPS.

We agree also that effective performance management will be critical to the successful reform of public administration and see a role for bodies such as the Health & Social Care Regulation and Improvement Authority in this context.

Chapter 9

We note the importance attached to achieving efficiency and effectiveness as a result of the RPA however as stated previously we remain to be convinced that there will be significant financial savings at least in the short term. Whilst some efficiencies may be achieved through the merger of corporate service functions of organisations it is unlikely that there will be any 'front office' savings.

We note the proposal in paragraph 9.7 that all savings released would be available for reinvesting in health and education. This implies that the current HPSS funding is adequate and indeed that there is scope for further savings as a result of more effective delivery of healthcare services. This is in direct contradiction to the findings within the Appleby Report that the HPSS within Northern Ireland will require at least a 7% greater level of spending and Professor Appleby's assertion that "it will be unsustainable for the additional resources for health & social care to be entirely sourced from within Northern Ireland".

We consider the indicative timetable (paragraph 9.9) to be somewhat optimistic bearing in mind the requirement for primary legislation to be enacted to reform the Health & Social Services Boards.

Chapter 10

We welcome the proposal to carry out equality impact assessments in relation to the implementation of the RPA. It is our view that women as workers and as service users should be given particular consideration when establishing the impact of the RPA. We welcome also the proposal to 'rural-proof' the changes proposed by the RPA. It has been our experience in the past that women, both as service providers and as service users living in rural areas have been significantly disadvantaged by previous policy decisions in relation to healthcare provision. This is borne out by the finding (paragraph 10.25) that "women feel they have much less influence than men on decision on public services, and they also feel that public services do not keep them well informed".

We note the proposals for further consideration of equality issues and for a targeted consultation specifically aimed at gathering the views of groups within the Section 75 categories. We note also that a more detailed impact assessment will be carried out on a sectoral basis as the RPA is implemented.

Conclusion

We conclude by pointing out that any restructuring of the health service has major human resources implications, and that the uncertainty generated by change can be extremely detrimental to staff morale if not handled sensitively.

We are aware that the rapid pace of change within the health service elsewhere in the UK has created difficulties for some health professionals as they are required to develop the skills and expertise necessary to enable them to implement new systems and work within new structures. It is our view that the management of change in Northern Ireland must be sensitive to the needs of both service users and staff if confidence and morale are to be maintained during what could be a protracted transition period.

Royal College of Midwives, UK Board for Northern Ireland
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