



***Western Health and Social Services Council
Response to
Review of Public Administration***

February 2004

The Western Health and Social Services Council response to the Review of Public Administration

Introduction

The Western Health and Social Services Council welcomes the opportunity to respond to the Review of Public Administration in NI.

It must be stated from the outset that those who contributed to this response were of the opinion that the subject of public administration is an enormously complex one. This requires a certain level of the understanding of the current administrative system and an appreciation of the role and functions of Government departments.

Notwithstanding the historical social and political context that gave shape to our current administration system, there was some disquiet that the review did not include looking at the 11 government departments. This was particularly true when issues such as complexity, efficiency, accountability, de-centralisation and joined up government were regarded as being important.

There was also a belief that not only is the subject matter complex but that the design of the way in which to respond was difficult and likely to be inaccessible to members of the public. It was felt that individuals might lack the capacity, knowledge or skills to make a response. Most organisations, on the other hand, have a collective capacity and indeed one might argue an apparently greater vested interest in the outcome of the review.

This led to a view that it was possible that the majority of those who would respond would 'belong to' or come from the various sectors of public administration. If this is what happens then it might potentially lead to considerable bias.

We do however acknowledge that efforts were made by the review team Chairman through the media to encourage members of the public to engage in this process. It seems unfortunate therefore that the design of the response document did not reflect this desire. We were impressed with the design of the pre-consultation exercises that sought to engage with individuals and in particular representatives of the marginalised in our society. It seems, however that this stage of the consultation was designed to find out what needed to be examined in the review. It is our hope that that information finds expression in the final aggregated response and due weight is given to those opinions.

Our final concern relates specifically to the field of Health and Social Services. We would be concerned that if in fact the weight of responses does come from the sectionalised interest of the public sector that this might unfairly or unrepresentatively influence the shape and possible outcome of the HPSS structural review expected within the next stage of Developing Better Services.

The Western Health and Social Services Council (WHSSC)

The WHSSC is a relatively small body made up of 24 Council members from throughout the Western Health and Social Services Board area. Approximately one-third of its membership is reserved for Local Government elected Councillors, the remaining two-thirds representing the business, community and voluntary sector interests. Its primary aim is to provide a platform for and give voice to the public interest in health and social services in the Western area.

Health and Social Services could rightly be described as the WHSSC's vested interest.

Response Process

All members were given an opportunity to participate in the response. This led to the setting up of a representative sub group to address the issues/questions raised in the document.

The Chief Officer attended the launch of the review document and participated in a workshop hosted by the Western Health and Social Services Board and introduced by Mr Tom Frawley Chairman of the Review group. She also sought out the views of a number of interested individuals and groups.

Members were kept up to date on the information derived from such activities. All of the documents available on the RPA Website were also downloaded to aid the process. A draft of the response was made available to all members to ensure that there was a consensus on the submission.

In attempting to respond through systematically answering the individual questions it became apparent that members felt that this approach was not appropriate for them. Many felt ill-equipped to provide informed answers and "didn't know enough" about how the various public bodies operated. Even, as fairly well informed members of the public many were unsure as to the responsibilities, remit and authority of the wide number of public bodies and agencies.

In fact the exercise itself served to illustrate and confirm how 'over administered' NI is. This, in the members view, impacts on; public access to information and services and leads to the public perception of lack of accountability, inherent duplication and the consequent wasteful use of scarce public resources.

The ensuing discussions, using some of the document's prompts, has elicited a thematic response that by its nature often cuts across other themes. These themes together with a choice of model, form the submission to the RPA group.

Themes

Value base for all public services.

Each of the values were discussed and held to be important as a whole.

It was felt to be invidious to separate them and give any one priority or importance over the other. Quality and Access were however thought to be the pre-eminent values but were not weighted against each other. For example we felt that services such as health care must of course be of the highest quality but are of little use if they cannot be fairly accessed by the public. Conversely good access without high quality service would not meet the needs of service users.

In agreeing with the values illustrated in the document we would wish to add the following:

Cross-border concerns
Valuing the role of the Community and Voluntary Sector valued
Right of Redress

Accountability

Members of the public either as individuals or through their representatives have both the desire and a right to hold public services to account. Navigating through administratively complex and geographically incongruent systems becomes a mammoth task and is one that has led to public weariness, apathy and cynicism.

In a public sector culture, containing the rhetoric of greater empowerment for citizens, systems must be designed to allow the individual to be able to hold organisations to account particularly at point of contact service delivery without necessarily having to have recourse to their public representative to negotiate or advocate on their behalf. This does not take away the right of elected public

representatives, individuals and citizen bodies to influence, scrutinise and hold to account public bodies for their actions.

The public sometimes are unable or unwilling to differentiate between the different functions of apparently similar organisations. Very few people for example appreciate that the Ambulance Service is organised separately from local Trusts and Health and Social Services Boards. Therefore when the public are concerned about emergency ambulance provision, they may have to negotiate with at least three bodies and more if there is competition for resources from other Trusts. This does not include the possibility of negotiation with the Department or indeed the responsible Minister.

There appears to be a lack of clarity and transparency about whom to hold to account and what standards are being used to judge how well the public is being served.

We believe in an administration having fewer bodies, with greater clarity of role and function and more transparent systems that lead to better public scrutiny and greater accountability. There needs also to be a system of sanction for poor performance.

Where elected representatives have power to make decisions and spend public money it is theoretically possible for citizens to exercise their displeasure at the ballot box. However we are not convinced that this would necessarily happen. Northern Irish voters are firmly wedded to party politics with the effect of insulating individual politicians from voter sanction.

New Structural Arrangements

In broad terms we can envisage and would welcome greater responsibility for service provision being devolved to local government level but on condition that there were far fewer Local Councils. The divisions should reflect natural human and traditional boundaries. Greater account must be taken of the land mass of any new boundaries in the context of access and rurality as well as the other indicators of deprivation when allocating resources for public service provision.

However we were strongly of the opinion that the service delivery of Health and Social Services as well as Education should remain outside the control of local government. It is our view that these services, which have the greatest impact on individuals, often at their most vulnerable, should not be subjected to the vagaries of parochial party political interest.

The Assembly should hold the democratic accountability for these services and should determine policy. We believed that there was some evidence that politicians operating at this level, were able, through the Assembly's in-built checks and balances to work collectively for the good of all its citizens.

Health and Social Services

As members of what is commonly regarded as a watchdog body the Council wished to reflect the views of service users in our description of a new arrangement for health and social services.

The public do not make the distinction between the service commissioners and service providers. We therefore propose that there should be sub-regional Health and Social Services bodies having the combined responsibility for service planning and delivery of services.

It has been our view based on the concerns of service users, that there are far too many Trusts each with their own legitimate vested interests. Each holds the authority to act independently of each other and their HSS Board. This has created the impression that not only is it difficult to hold them to account but worryingly perhaps is that there is a competitive culture existing between them. There are concerns also that there may be an inequitable meeting of service needs across Trust areas. A robust sub- regional, fully accountable body would go some way towards allaying these concerns. There would be added value in such an approach through more integrated policy implementation and planning leading to greater efficiency and effectiveness. Such changes would still need high quality management to ensure delivery of services.

We do believe that individuals, citizen bodies and elected public representatives have a legitimate interest in health and social care and this should be reflected through a variety of methods for meaningful involvement with these new HSS Boards. With their local knowledge and direct access to the public they are an important resource especially when planning services. Any such arrangements should include the power to influence decisions on service improvement and provision.

De-centralisation

We were mindful of the historical social and political context, that gave rise to the current design of public administration. We believe that it is too early yet to dismiss the importance of this when looking at the redesign of public administration.

This is especially important when considering centralisation, which has a 'Belfast bias'. The East/West divide is a real issue for the public, particularly in the allocation of resources and the geographical positioning of influential and decision making bodies. Such issues go way beyond service provision and can have serious political, social and economic impact on a geographical area.

In a time of technological advances in communication and infrastructure, there is in our opinion no valid reason against de-centralisation. We do appreciate that there may be some resistance from those currently employed within centralised systems. Again with appropriate incentives and sensitive management there is little reason not to succeed in such a change.

Joined up Government and Partnerships

There is a growing realisation that joined up policy initiatives often taken forward through partnership working are an effective way to provide particular public services for the good of all.

Such thinking recognises that individuals are not parts to be fitted and pushed into different systems to meet their needs. Rather there is the realisation that partnership working can offer the best possibility of meeting the complex needs of people and particularly of those who are disadvantaged in society.

The Investing for Health initiative is an excellent example of this long overdue recognition of the whole persons needs and the circumstances that can affect people's health and well-being. This initiative is led by the health and social care sector working in partnership with a wide spectrum of public, private, voluntary and community sector agents.

Although relatively new such a model is to be welcomed. However members have raised the importance of full buy-in from bodies outside health and social care. Individuals within these bodies have shown considerable commitment to the initiative. But their efforts will be stymied if there is a lack of political will for joined up government, followed through with organisational buy-in. We would want to see any new administrative system reflecting this policy with structural and resource capacity for increased partnership working.

Cross-Border Working

There is a strong desire to build on the many good examples of cross- border working especially in the arena of health and social care. Any new administrative system must take account of the need to sustain and grow these initiatives.

Evidence of this desire and perhaps shift in public opinion supporting closer working arrangements is best exemplified through the arguments and counter arguments around the placing of the new Acute hospital in either Enniskillen or Omagh.

The Role of the Community and Voluntary Sectors

Over the last twenty years these sectors have grown and developed. They have offered a platform for those who are marginalised and have frequently been the driver for change.

It is time, in our view to fully acknowledge the Community and Voluntary Sectors' contribution to society and support their continuing work. Many of the Voluntary groups in particular provide community services often in difficult circumstances.

We would want any new arrangements to include these sectors and properly resource them in a sustained fashion in order for them to continue to fulfil a much needed role.

Whilst we would want evidence of good governance, accountability and quality outcomes we would not want bureaucratic strictures placed on them that would deny them their independence and limit their ability to remain responsive to local need.

We would want to ensure that they are fully involved across all aspects of the public sector. This includes participation at the level of policy planning and evaluation.

The Right of Redress

Our own experience in the area of complaints, borne out by the research commissioned by the RPA team, paints a fairly negative picture of the experience of service users when it comes to complaining.

There are a myriad of reasons for this picture, including:

- organisational culture
- resistance to meaningful engagement
- inaccessibility of the system
- too many systems
- poor outcomes when complaints are made.

We very strongly believe that citizens have the right to be heard and have their concerns acted upon.

Changes must be made to our public services that proactively facilitate service users making complaints. There needs to be more personal engagement in the complaints process and a genuine meaningful dialogue about the issues raised. There needs to be a willingness to apologise for poor work or bad experiences. The apology should not be couched in terms designed to abdicate responsibility. Contrary to popular belief, most people who complain are not contemplating litigation, rather they are looking to have their dignity respected and their concerns acknowledged. They also want to know how the services through it's systems and processes will be improved in the future so that others don't have to share their experience.

It was interesting to note in the RPA research that most service providers felt they were doing well in the area of complaints, whilst most service users took a contrary view. We would argue that having a system in place is only the beginning and not the end of the complaints process. Dealing with complaints can be difficult and time consuming, however if lessons are learnt and acted upon they bring benefits not only to the individual but also to the whole population, and therefore the organisation itself.

We would argue that there is a need for a much stronger health and social care watchdog body, with an independent statutory function. It should be resourced to maintain an appropriate regional and sub regional presence and should fulfil both a strategic and operational role.

Choice of Model

Model 1 Status Quo

For the reasons described earlier we did not believe that retaining the status quo would meet the needs and expectations of public services users.

Model 2 Centralised

A centralised model which had responsibility for delivery of services was thought to deny the appropriate level of accountability and sensitivity to local need.

Model 3 Regional and Sub Regional Public Bodies

and

Model 4 Reformed status quo with Enhanced Local Government

We were of the opinion that somewhere between these models best reflected our view on changes to Public Administration.

Therefore we would wish to see a hybrid of 3 and 4 which by implication excludes Model 5 again for the reasons described earlier.

Hybrid Model 3 and 4 - Model 6

Model 6

We would wish to see a smaller number of public bodies operating regionally and sub regionally. Local government would have an enhanced delivery role through a smaller number of Councils.

Central Government

The Executive and Assembly would exercise the same roles and functions at present. However we would want to see a rationalisation of government departments and a reduction in the role of departments in service delivery.

Public Bodies

We would welcome a reduction in public bodies and an end to the Commissioner/Provider split in Health and Social Services. Bodies with responsibility for the major public services should where practical and useful operate along coterminous traditional geographical boundaries.

Bodies previously known as Trusts should operate under the direction of Health and Social Services Boards and should reflect its stakeholders in composition. There should be an open and transparent competition to join these boards based on competence and knowledge of the specific environment.

There should also be appropriate formal arrangements for input from local politicians and citizen representatives especially in the areas of service planning and public accountability.

Local Government

A much reduced number of Local Councils with an enhanced role in some areas of service delivery but not including Health and Social Care or Education.