



**PROPOSAL FOR A DRAFT ORDER:**

**Response from**

**Southern Health & Social Services Council**

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**The Health & Social Services (Reform)  
(Northern Ireland) Order 2007**

1. The Southern Health & Social Services Council (SHSSC) was established in 1991 to represent the views and opinions of the public with regard to health and social care services. The SHSSC is independent from those who manage, plan and provide health and social care.
2. The SHSSC welcomes the opportunity to comment on the Draft Order. This response seeks to provide a broad public interest view on the Order. The methodology for gathering public views included in this response are as follows:
  - a. Facilitated focus group meetings with representatives of local community groups in the Southern Area.
  - b. Regional workshop facilitated in partnership by the HSSCs and DHSSPS for members from the four HSSCs and representatives of key voluntary organisations.
  - c. Debate within the SHSSC based on the progress of the reform process to date.
3. This response will concentrate on the detail of the Draft Order. However, to put the Order into context, it is necessary to preface it with some introductory remarks:

- a. One of the primary drivers of the reform process was to re-direct funds to front line services. The SHSSC is concerned that this element of the reform process should not be lost in all the activity of amending structures. The DHSSPS should maintain a clear overview of the development of the new structures. This should ensure that overheads relating to new HSC headquarters (temporary or otherwise), management, co-ordinating and administrative functions are kept to a reasonable level and that one of the outcomes of the reform is indeed the re-directing of resources to direct patient and client care.
- b. The centrality of patient, client and carer interests should be reflected not just in the letter of the new bodies' law but also in their spirit. In relation to the secondary legislation, clear messages in relation to scope of public engagement would be valuable.
- c. The role of non-executive directors in all bodies is pivotal. There should be a clear emphasis on their functions in relation to public representation as part of their governance responsibilities.
- d. The SHSSC is concerned about the potential for loss of co-terminosity in relation to boundaries with District Councils. We believe that where possible there should be flexibility within the HSC structure to ensure that there is maximum co-terminosity when final decisions are made in relation to local government.
- e. The public and service users are not necessarily interested in structures per se. They demand that the new HSC structures should facilitate timely and safe access to treatment and care.

4. The SHSSC makes the following comments on the Draft Order:

- a. **Article 11 HSS Authority to provide guidance and directions to HSS Trusts.** The SHSSC welcomes this clear relationship. We assume that 'guidance' and 'directions' with which the Trust must comply include the engagement with the public and local communities in relation to service needs analysis and engagement.

- b. **Article 13 Public involvement and consultation.** The SHSSC suggests that the term 'engagement' should be used instead of 'involvement' and that secondary legislation should clarify the meaning of 'consultation'. The SHSSC would welcome a clarification that there is a 'duty of engagement' with the PCC and services users.
  - c. **Article 14 Consultation schemes.** The SHSSC welcomes this Article but is concerned that this could become a tokenistic exercise. We suggest that this area needs to be subject to performance monitoring.
  - d. **Articles 15, 16, 17 The Patient Client Council.** The SHSSC endorses these Articles. We believe that secondary legislation should consider the structure and functions of the PCC to ensure robust engagement with local communities and a strong ability to represent public opinion in a credible manner.
  - e. **Schedule 2 Membership of PCC.** The SHSSC is concerned that the function of public representation should not be lost through the appointment of a regional board. Due consideration should be given within the secondary legislation as to how the structure of the PCC will facilitate community engagement and put in place formal arrangements for ensuring local community input to the PCC's functioning.
5. The SHSSC welcomes the Draft Order and believes that the proposed reform of the HPSS has the potential to deliver improved services to the population of Northern Ireland in a cost effective way.
6. Attached are notes from the community focus groups undertaken by the SHSSC as part of this consultation process. We believe that these offer an important perspective from local communities.

S Cunningham  
April 2007