



Department of
**Health, Social Services
and Public Safety**

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AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydènter Heisin
an Fowk Siccar**

**PROPOSALS
FOR
HEALTH & SOCIAL CARE
REFORM**

Consultation Response Questionnaire

CONSULTATION RESPONSE QUESTIONNAIRE

You can respond to the consultation document by e-mail, letter or fax.

Before you submit your response, please read **Appendix 1**, at the end of this questionnaire, regarding the Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises.

Responses should be sent to:

E-mail: hscreforms@dhsspsni.gov.uk

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RESPONSES CANNOT BE CONSIDERED AFTER MONDAY 12 MAY 2008

I am responding: as an individual on behalf of an organisation

(please tick a box)

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Q1. The Department is seeking your views on the functions, constitution and governance proposals for the new Regional Health and Social Care Board.

Response:

Functions

We endorse and support the proposed functions of the Health and Social Care Board.

Strong performance management and improvement

We welcome the commitment to maintain through the Board the improvements in waiting times and other previously intractable problems of the delivery of Health and Social Care in Northern Ireland.

We would see it as clearly implicit in what is said about the Board within this consultation, that it will be empowered and supported, to at least the same extent, as was necessary to achieve these results in recent years.

Financial management

We would welcome and will watch with interest the development of new arrangements for financial management. In particular:

- Attention to cost variations between services within Northern Ireland that provides public reassurance that the Northern Ireland Health and Social Care system is using its resources economically and efficiently to the benefit of the whole population of Northern Ireland
- A unified, regional approach to commissioning that empowers the Health and Social Care Board to allocate resources across Northern Ireland on the basis of agreed health and social care need and priority without being required to take account of the political and competitive aspects of a less unified system.

Q2. The Department is seeking your views on the functions, constitution and governance proposals for the Local Commissioning Groups, including membership.

Response:

General

We welcome and endorse strongly the nature of commissioning

envisaged in this document, particularly its emphasis on wider health and social care rather than the reactive and acute services. We welcome also particularly the acknowledgement of the need for links with local communities and for engagement with the community and voluntary sector.

We would support an organisational structure that places significant responsibility for commissioning with the Local Commissioning Groups. While reasonably clear within the document, it should be unequivocally explicit that the LCGs do not have autonomy but function as part of the Regional Health and Social Care Board to which they are fully accountable.

We acknowledge the need for effective commissioning to be rooted in local communities and visible to them but this should not be at the expense of regional strategic direction and accountability. The fragmented nature of service commissioning and delivery was one of the disadvantages of the old structures and should not be replicated in the new.

Local Commissioning should be responsive to and take account of the equality agenda in its widest sense, with clear attention paid to section 75 groups and clearly seek to engage with particular “communities of interest”.

We would support strongly the commissioning of some specialist services regionally.

We would welcome such a structure as one likely to ensure an equitable response to the needs of smaller, dispersed communities of need - communities that define themselves by condition, disability or ethnic background, rather than geography.

Constitution

We support the constitution of the LCGs outlined in the document. We note the inclusion of local elected representatives as an innovation beyond the current constitution of the LCGs in particular.

We note that, while the proposals outline 5 LCGs they refer also to potential change in light of reform of local government. This introduces an unwelcome ambivalence into the proposals for LCGs.

It would be our view as a Council that the principle of co-terminosity with Trusts is an important and strategically defensible one and that only where an equally forceful overriding argument can be made for increasing the number of LCGs should such a change be considered. We would have concerns about reducing lay representation to one

member.

Governance

We support the proposals for governance of the RHSCB and the assurances within the document on clear understanding being developed on its relationship to the Department, the Minister and the Assembly.

We welcome the clear statement that Trusts are accountable to the RHSCB. This is, in our view, the keystone of accountability in the new structures.

Q3. The Department is seeking your views on the process for obtaining local government representation on the Boards of the Local Commissioning Groups.

Response:

While we support and understand the appropriateness of the membership of councillors on LCGs – we would note the following:

- That Local Councillors appointed should be those with a proven interest or background in Health and Social Care
- That they should be bound (along with all other members of the LCG) by a code of conduct that ensures that the business of local commissioning is their primary concern when attending LCG meetings and that, therefore, party political or constituency interests are, in these circumstances, secondary
- That there should be appropriate sanctions on all LCG members for sustained failure to attend meetings.

We would note that the LCGs will be responsible for taking – on behalf of their local populations – some difficult decisions based on the availability of resources. We note, also that local councillors will be present on local forums of the Patient Client Council and will be represented on the Regional Public Health Agency.

Without robust arrangements for the governance of local councillors, in particular, therefore, we would be concerned that conflicts of interest and priority might arise that will be difficult to reconcile and that such conflicts might be augmented if party political or inappropriately narrow interests were allowed to intervene.

While it is reasonably clear within the document, we would stress that

as HSSCs we would not regard the constitution of these LCGs in total as representative in themselves of the views and aspirations for health and social care of their local community. We would expect to see LCGs develop and implement robust strategies themselves for direct engagement with the communities that they serve.

Communities in this sense means any group of people united by a feature or a combination of features such as sexual orientation, interests, needs, aspirations, beliefs, opinions, location, place of origin, ethnicity, language, culture or nationality.

Q4. The Department is seeking your views on the functions, staffing and governance proposals for DHSSPS.

Response:

We support the proposals for the Department of Health, Social Services and Public Safety and we welcome, in particular:

- The definition of an appropriate clear and strategic role for the Department and the separation of its function from operational management
- The streamlining of the organisation
- The clear accountability for the Department provided by the Minister and the Assembly
- The clear accountability of the Regional Health and Social Care Board to the Department and to the Permanent Secretary in particular.

Q5. The Department is seeking your views on the additional functions, staffing and governance proposals for the common services organisation.

Response:

We support the establishment of a Common Service Organisation and the functions that it will undertake in relation to other Health and Social Care organisations in principle. We would like to see the following points taken into account in its establishment:

- That there should be clear service standards that the

organisation is required to maintain and for which it is held fully to account by the RHSCB.

- That these standards should ensure that the creation of this central resource does not result in a reduction of service quality in comparison with what could have been provided locally.
- The organisation should be sufficiently resourced and enabled to ensure that the functions and operations of the organisations supported by the Common Service Organisation are not in any way hindered or impeded by a requirement on them to secure key support services through the Common Service Organisation.

Q6. The Department is seeking your views on the proposal to create a Regional Public Health Agency and the functions it would undertake.

Response:

We see the benefits of such an agency as being, primarily:

- That the role of health promotion and development – as well as primary public health initiatives in the overall securing of population health and well-being is appropriately recognised and asserted within the new structures
- That there is a substantial organisation within Health and Social service structures with a brief to engage local government and other government departments in actions that seek to promote and secure wider health and well-being for the population of Northern Ireland

The Agency should be accountable to the RHSCB.

Q7. The Department is seeking your views on the proposal to incorporate Health and Social Care Trust specialist health improvement functions into the Regional Public Health Agency.

Response:

There should be full engagement of those currently providing these functions in the development of a RPHA. We would not wish to see the creation of a Regional Public Health Agency leading to “silo thinking”

on public health, community development and similar issues. We support the maintenance of key functions within Trusts but recognise the need for strategic vision, which the RPHA should provide. Where these and related functions remain properly the responsibility of commissioning and providing organisations they should be clear and defined in the nature of the relationship between the RPHA and the rest of the HSC organisations.

Q8. The Department is seeking your views on the proposal that, in the future, local government could be required, through legislation, to consult with the Regional Public Health Agency when developing its community plans.

Response:

Given that the concept of community planning is relatively new to NI, it would be important that local government would be obliged to consult with the wider HSC in developing the community planning process.

Q9. The Department is seeking your views on the proposal that the Regional Health & Social Care Board and its Local Commissioning Groups would be required, through legislation, to seek advice from the Regional Public Health Agency when developing their commissioning plans.

Response:

We believe that the RPHA should be accountable to the RHSCB. See question 6.

Q10. The Department is seeking your views on the proposal to appoint the Chief Executive or a senior Executive of the Regional Public Health Agency as a non-Executive of the Board of the Regional Health and Social Care Board.

Response:

We support the proposed constitution of the Regional Health and Social Care Board. We support the inclusion of a senior executive of the Regional Public Health Agency on this Board.

Q11. The Department is seeking your views on the proposal of how to make the work of the Regional Public Health Agency fully multi-professional.

Response:

See response to Q 6 and 9.

Q12. The Department is seeking your views on the proposals for the Agencies referred to in Section 8.

Response:

We have no specific comment to make on the proposals for agencies of the Department. We would suggest, however, that the role of RQIA is one that should be promoted clearly in the public mind as the empowered independent monitoring and regulatory body for Health and Social Care.

Q13. The Department is seeking your views on the proposals for the two options, set out in Section 9, to replace the HSS Councils.

Response:

This response is based upon a joint consultation with primary stakeholders carried out by the four Health & Social Services Councils. This included HSSC members & staff, statutory health bodies, voluntary & community groups and political representatives. The views gathered through this process have shaped this response.

It is the consensus view of the four Health & Social Services Councils that the preferred option is Option 1, a single organisation strengthened by a local council of members associated with each of the 5 offices. We regard the establishment of effective and representative local councils of members as being essential to strong local influence and challenge and to the success of the proposed organisation. The legitimacy and credibility of the PCC will be achieved through its strong local links and knowledge. Furthermore the local offices should be adequately resourced and staffed to ensure that they fulfil all of the key functions of the Patient Client Council.

The PCC should be independent, based on principles of equity, have adequate powers, be properly resourced to carry out its functions and with good two-way communication between regional and local functions to ensure a “bottom-up/top-down” approach. The willingness to adopt Option 1 is based upon the presumption that this option will allow the local presence to be strengthened with the addition of local councils. Having a regional office will ensure good governance, communication and co-ordination for the PCC as a whole.

We favour the need for the local presence to have the ability to effectively engage with local people and communities and to be able to challenge the local Trusts and LCGs. However it is our view that the organisation must have a regional focus and be recognised and respected at Departmental and regional level and have the power to influence. Such a structure would allow the PCC to challenge policy makers, commissioners, service providers and regulators and provide a powerful voice for patients, clients and carers.

Q14. The Department is seeking your views on the constitution of the new organisation(s) under each of the proposed options, set out in Section 9, to replace the HSS Councils.

Response:

The PCC should be a single organisation with a regional office and 5 local offices all working to a clearly defined strategy and work objectives. The line management arrangements of staff in local offices should be through the regional office.

At local level the office and local council of members should carry out local activities, taking forward the agreed work plan locally, advocate for local communities, provide complaints support and capacity building, promote service user involvement, gather evidence of the service user experience, critically appraise local commissioning and service delivery, etc.

At regional level the body will be responsible for developing the strategic vision, governance and accountability, leadership, financial and workforce planning, research, policy analysis, communication/PR, challenging on and responding to regional health and social care issues.

We would stress that the membership of the PCC could not be regarded as fully representative of the views and aspirations for health and social care of the whole population of the local community. We would expect to see PCC develop and implement robust strategies themselves for direct engagement with the communities that they serve.

The proposal that elected representatives should be members of the local PCC councils recognises the importance of their skills and knowledge of the needs and aspirations of local communities. Any elected representative should only gain a place on the PCC by following the same selection criteria as other members. Appointments must be made on merit. Potential conflict of interests whereby elected representatives sit on a challenge body such as the PCC as well as on Local Commissioning Groups need to be recognised and dealt with. It would be important to ensure that conflicts of interests do not arise by putting in place robust arrangements for the governance of locally elected representatives.

Equity in response to geographical issues is required to ensure that the dual functions of managing the organisation and raising local health & social care issues at a regional level can be carried out appropriately.

Human Rights

Q15. The Department is seeking your views on the human rights implications of the proposals for Health and Social Care reform and any issues you think relevant.

Response:



Equality

Q16. Can you identify any additional relevance evidence or information which the Department should have considered in assessing the equality impacts of these proposals?

Response:

Q17. Can you identify any other potential adverse impacts, with supporting evidence, which might occur as a result of these proposals being implemented?

Q18. Can you suggest any other mitigating measures to eliminate or minimise any potential adverse impact on the staff concerned?

Response:

Q19. Have the needs of the Section 75 categories of people been fully considered in this EQIA? If not, please provide details and supporting evidence.

Response:

Q20. Do the proposals afford an opportunity to promote equality of opportunity and/or good relations?

Response:

General Comments

Response:

THANK YOU FOR TAKING THE TIME TO RESPOND TO THIS CONSULTATION