

A submission was made by the Social Justice and Theology (NI) Working Group in May 2008 to the consultation on Proposals for Health and Social Care Reform conducted by the Department of Health, Social Services and Public Safety, recommending a reduction in bureaucratic structures and increased funding of services

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

The present arrangements are too top-heavy and too bureaucratic and there is not enough financial accountability to ensure we get best value for the enormous sums of money spent in the health and social care system. We are anxious that the new regime should avoid complexity and duplication.

We welcome this attempt to address these short-comings through a more stream-lined structure. We welcome the commitment that the RHSCB will oversee the implementation of the Bamford recommendations but we hope that substantial progress will have been made in that direction before this new Board is in operation.

We welcome the emphasis on prevention, early intervention and health promotion.

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

We expect the proposals for Local Commissioning Groups to be revised following the announcement of new local government arrangements.

We think there is a need for input from local representatives but we would be anxious to avoid unnecessary bureaucracy and especially spending money on disputes between vested interests and endless talking shops.

We are conscious of the great contribution churches, charitable organisations and volunteers make in the health and social care sector and we ask the Department to consider seriously how their expertise and commitment might be used through participation in the LCGs if not the RHSCB.

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

We have no strong views on this pending clarification of local government structures

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

We agree with the proposal to have a smaller Department focussed on the range of responsibilities set out on pages 23 – 24 rather than the day-to-day operational management which is best left to the new bodies “on the ground”. It would be important, however, that the new Department or the Minister should not lose touch with the realities of the provision of health and social care. If the Department is remote in its ivory tower then that will be reflected in the quality of its decision-making so we would like to see more detail on how the relationship between the Minister, the Department, RHSCB and LCG etc. will operate.

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

We would expect the Common Services Organisation to bring improvements and cut costs in ancillary services such as finance and staff recruitment. Amongst the list of functions set out on page 29 we note that the Office of Research Ethics is included. We see this as different from the other administrative and business areas dealt with by the CSO and we think it should be within the direct responsibility of the Minister and the Department. There is much public concern at present about ethical issues in health and social services research and practice and this will grow with future technological and legislative developments so it is important that there should be informed public debate conducted and led at Minister level.

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

We welcome the proposal to set up a Regional Public Health Agency with 3 key functions, health improvement, health protection and public health support to commissioning and policy development.

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.

We would urge the new Agency to focus attention on effective measures dealing with better mental health, lower suicide rates and drug and alcohol abuse – all areas where the churches are engaged in the community. Again we note that the consultation paper does not properly recognise the work done in these areas by churches and voluntary organisations. Greater support through long-term guaranteed funding and also the provision of facilities, premises and equipment could allow us to make a real improvement in these areas.

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.

We would expect this consultation to happen as a matter of course, in order to achieve well-informed, evidence-based policy-making.

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.

See comments in response to Question 8.

There is a real need for government bodies to work across structural or organisational divisions. In particular, we believe that there are such close links between poverty, deprivation, poor housing, low educational achievement and family breakdown and physical and mental health problems that closer partnership working is vital.

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.

This is a sensible proposals for the reasons stated above.

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.

We agree with this proposal for the same reasons.

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

We have no strong views on this issue beyond emphasising the need to reduce expenditure on administration and avoid duplication. The complexity of the present system means that people cannot find their way through the procedural maze – for example, the present arrangements for complaining about standards of care in nursing homes are virtually incomprehensible with layer upon layer of bureaucracy.

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

Each option has advantages and disadvantages but it seems to us that Option 1 – a single independent, regional body with 5 groups operating in the 5 “Trust” areas – would provide better value for money than Option 2 with 5 separately constituted independent local bodies. It would be important, however, to ensure that Option 1 if adopted would still have genuine local consumer input and adequate autonomy to protect its independent voice.

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.

We welcome the recognition here that voluntary organisations have a role to play but we would stress that these organisations – including the churches – are not simply consumers but are essential providers of health and social care services. They play an important role in the delivery of these services to consumers, patients and clients.

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.

We note that the Department plans to work with key stakeholders in developing the human rights principles that will guide implementation of these proposals. In view of the tight timescale if these new bodies are to be in operation in 2009 this work must continue with all possible urgency.

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?

The consultation paper appears to cover all the issues arising in this area.

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

No comment.

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

No comment.

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.

Yes.

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

APPENDIX 1

FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS

The Department will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

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