



Northern Ireland Council for Voluntary Action

**NICVA'S RESPONSE TO DRAFT
HEALTH AND SOCIAL SERVICES
(REFORM) (NORTHERN IRELAND)
ORDER 2007**

April 2007
CONS:742

1.0 BACKGROUND TO NICVA

- 1.1 NICVA (the Northern Ireland Council for Voluntary Action) is the umbrella body for the voluntary and community sector in Northern Ireland. It provides over 1,000 members with information, advice, training and support services on a wide range of issues, together with representation for the sector as a whole.
- 1.2 NICVA works to achieve progressive social change, based on equality and equity, working through a community development approach, to empower local communities to pursue their own needs and agendas.

2.0 COMMENTS

- 2.1 NICVA welcomes the opportunity to respond to this consultation. We welcome many of the changes resulting from the Review of Public Administration. However, we currently fear that many of the benefits of co-terminosity will be lost if it is decided in the near future that seven will not be the number of local councils. The structures proposed in the legislation, particularly those relating to commissioning, will only make sense if they are co-terminous with other statutory services. We note that the legislation makes provision that the number of Community Commissioning Groups may be varied in regulations. This provision should be used if the number of councils is to change.
- 2.2 Northern Ireland needs a system of health and social care that can tackle the wider determinants of health and wellbeing. To this end, the new systems should promote and reward prevention. It is therefore disappointing that the public health function is not mentioned in the legislation. It would also be a backward step were the model being developed to revert to being a purely medical model when there is now so much evidence to support the fact that the social gradient in health is determined by factors far beyond those traditionally encompassed within medical services and approaches.
- 2.3 NICVA has concerns about the proposed new commissioning model, which it has already communicated to the Department. While we welcome moves towards more devolved decision making, we wish to see genuine community involvement and participation in new bodies. This will require genuine lay representation on Local Commissioning Groups and a period of proper consultation on the proposed Community Commissioning Associations. The separation between commissioning and service delivery may disadvantage the voluntary and community sector, both in terms of being able to participate on commissioning structures while seeking to provide services, and in terms of relationships with new Trusts which may themselves be service providers and subcontractors of services to voluntary and community organisations.
- 2.4 The new system proposed in the legislation must facilitate joined up working across the different health and social care bodies, and between health and social

care and other statutory services. There must also be clear lines of accountability between the new bodies and the Department.

- 2.5 NICVA welcomes the new duty of public involvement and consultation. This must not become a tokenistic exercise, but should be developed, building on existing consultation good practice, into a genuine engagement between health and social care bodies and the public. It should be wider than just patients or service users and include carers and other citizens with experience of the services. Guidance should be provided across health and social care services as to what constitutes good practice and how the new duty should be approached.
- 2.6 We welcome the Department's power to direct any body to submit a revised scheme if an original scheme is not appropriate. We also welcome the involvement of the Patient and Client Council in the process.
- 2.7 NICVA also welcomes the requirement to produce a statement setting out which comments submitted as a result of consultation have been accepted and which have not, with accompanying reasons. This is good practice and means that organisations and individuals who have put time and effort into responding to consultation can see that their comments have at least been heard.
- 2.8 Although the actual structure has yet to be finalised, it will be essential that the new Patient and Client Council is easily accessible right across Northern Ireland. While it may have limited resources, it should have a physical presence in as many places as possible, perhaps only at specified times in the month and using existing premises of other bodies such as advice agencies. In this way users will be able to have face to face access to the information and advocacy services. We welcome the fact that health and social services bodies must cooperate with the Council.
- 2.9 The Patient Client Council should have the autonomy to publish its reports without the direction of the Department, as specified in 16 (5) (c).
- 2.10 In terms of membership of the new bodies, NICVA would recommend that users are represented on the HSS Authority and on the Patient Client Council.