

**HEALTH AND SOCIAL SERVICES COUNCILS OF
NORTHERN IRELAND**

Joint Response to the Review of Public Administration

The Future of Health and Social Services Councils

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Introduction

This document deals only with the future of Health and Social Services Councils (HSSCs) under RPA. HSSCs will make separate responses on the wider review.

RPA Statement on HSSCs

The RPA consultation makes a clear statement of DHSSPS thinking on HSSCs:

“DHSSPS proposes to replace the four Councils with a single regional body. This body would have a strengthened role in establishing and representing the views of the public on the priorities for health and social services and how they are delivered. It would also have a role in seeking to resolve individual complaints that cannot be resolved at the local level. The intention is that the new Regional Council would have a local office in the areas of each of the five/seven new HPSS agencies.”

Current Functions of HSSCs

In 2004, the HSSCs commissioned an evaluation of their operation. This resulted in a three-year action plan that distilled HSSC functions into the following interim objectives, which anticipated a move to a single Regional Council:

- To increase visibility and accessibility to members of the public
- To monitor the health and personal social services provided to the public
- To advise on health and personal social services strategies and operation
- To provide complaints assistance
- To develop a medium/long term strategy/plan
- To fulfil organisational requirements
- To respond to local issues in the provision of health and social services to the public

The evaluation noted that in the legislation establishing HSSCs, a series of functions had been defined, but no core purpose. The evaluation report suggested a possible expression of the aim of HSSCs:

“The aim of the Health and Social Services Councils is, by championing the interests of consumers and by representing their needs and views to the various service providers, to encourage and assist the health and social services system in Northern Ireland to work better for all its consumers, both now and in the future”

Issues for HSSCs

The same evaluation and subsequent work identified some core issues to be addressed by HSSCs notwithstanding RPA:

Mission

The lack of a single core purpose and a clearly defined role.

Resources

The original functions of the HSSCs, on which their resource allocation was based, foresaw a more limited role than that they fulfil at present. In particular, the relevant Board was the focus of activity. The existence of Trusts was not accounted for.

In recent years there has been strong emphasis on Patient and Public Involvement, greatly increasing requests from Boards and Trusts to the HSSCs for committee membership, consultation responses and similar.

HSSC Membership

HSSC members are volunteers and this restricts their ability to commit to sustained activity. The role of District Councillors and their level of commitment to the HSSC among competing claims for their time is an issue.

Name

The term “HSSC” is problematic in itself. It causes confusion for the general public and -in terms of perception –damages independent status.

Opportunities

The key opportunities for HSSCs arising from RPA include:

- a clear role
- stronger legislation for the performance of its role
- a review of Council membership
- a review of core functions
- a new name and image
- more explicit independence
- an augmented role in advocacy for individual patients and patient groups

- further development of community networks
- more effective working brought about by simpler HPSS structures
- greater autonomy in agenda and priority setting
- greater flexibility
- a more economic and effective HSSC structure through unification

Challenges

The key challenges for HSSCs arising from RPA include:

- Being active both regionally and locally – including with individuals - and being effective at all levels
- Communicating well enough to ensure a patient led agenda for the HSSC and an accessible HSSC for patients
- Clarity of role and purpose
- Effective planning and priority setting to ensure meaningful outcomes with limited resources
- Securing enough resources to respond to patients and to deliver a work plan
- Maintaining an HSSC whose members are committed, knowledgeable, experienced and representative of patients, service users, carers and communities
- Maintaining and asserting the independence of the HSSC
- Ensuring that the HSSC is acknowledged by top management in the HPSS notwithstanding the fact that it will be a small organisation in comparison with most HPSS agencies

Future Purpose of a Single Council

The HSSC will exist to ensure meaningful participation by patients, service users, carers and the general public in the planning and delivery of HPSS in Northern Ireland and ensure that such participation is a clear influence in the development of better, more responsive HPSS by those responsible for their delivery.

Areas of Function

In the fulfilment of this purpose, the HSSC will:

- Establish and maintain effective community networks that directly inform its agenda
- Provide advocacy for patients, service users, carers and the general public at strategic, local and individual level
- Establish and maintain effective working relationships at Senior Management level with HPSS agencies across the DHSSPS
- Develop, maintain and promote the independent challenge role of the HSSC
- Identify and promote best practice in Patient and Public Involvement across the DHSSPS
- Be accountable to the general public for its effectiveness through clearly defined work plans
- Develop and maintain a high level of public awareness of its purpose, including through the media

Composition of a Single Council

The current composition of Councils is a quota of nominated District Councillors, voluntary and community sector representatives and individuals with relevant interest/experience.

The future Council composition should be one that ensures the following:

- Representation of the views of local communities across the whole of Northern Ireland
- Representation of the views of the voluntary and community sector where there is an interest in health and social care related matters (e.g. mental health and children's charities)
- Representation of the views of each of the Section 75 groups

A member of the HSSC should have the following characteristics:

- An interest in health and social care related matters
- An ability to represent and/or express the views of communities of interest
- An ability to represent/appreciate the wider concerns of patients, service users, carers and the general public
- An ability/willingness to pursue and promote the agenda of the HSSC notwithstanding any other interest (e.g. membership of a political party)

It is necessary for the effective functioning of the Council to move from the current voluntary arrangements for membership of HSSCs to remuneration for Council members.

This would ensure accountability of members in the fulfilment of the core purpose of the Council and allow more effective workload planning for HSSC members.

Infrastructure of a Single Council

The RPA document foresees a HSSC presence in each of the areas covered by the proposed health and social care agencies of which there will be either five or seven.

Unlike for the majority of HPSS organisations and agencies this would require an increase in the resources of the HSSC.

The new HSSC would operate on the two-tier model set out in RPA. This would require a regional infrastructure as well as local resources.

The following paragraphs outline very broadly the likely resource requirement to ensure effective functioning of a single HSSC

Regional Level

Functions:

- Support for Council Members
- Strategic Planning and Coordination
- Work plan Production
- Finance, Human Resources, Statutory Compliances
- Response to Consultations
- Committee Memberships
- Research/Audit (Project Based)
- Liaison with DHSSPS
- Liaison with Regional Agencies
- Standards/Best Practice for Patient Public Involvement
- Data collection and routine monitoring
- Public Information Production and Maintenance
- Accountability Reporting
- Media Strategy

Resources

- Lead Officer
- Deputy Lead Officer (Operational Management)
- Deputy Lead Officer (Patient Public Involvement)
- Deputy Lead Officer (Advocacy Services)
- Information/Research Officer
- Office Manager/Senior Administrative Assistant

Outsourced:

- Finance
- Human Resources
- IT Support
- Communications Advisory
- Research/Audit (Project Based)

Local Level

Functions:

- Community Liaison
- Local Health Agency Liaison
- Voluntary and Community Sector Liaison
- Patient and Community Advocacy
- Response to Local Consultations
- Response to Local Issues
- Participation in Research/Audit Projects (centrally managed)
- Participation in Media Strategy (centrally managed)
- Informing the Regional and Strategic Agenda
- Informing the Regional and Strategic Work plan

Resources:

- Lead Advocate/Local Manager
- Advocate (Complaints Support)
- Advocate (Community Engagement)
- Administrative Assistant/Office Manager

Outsourcing

The new HSSC will be too small to justify its own departments/officers to deal with operational matters such as finance, human resources and IT.

These services will be bought in by the HSSC from an appropriate provider. If the current arrangement where such support is provided by HPSS organisations is to continue this would need to be done on a Service Level Agreement basis to ensure standards for the provision of these services can be maintained by the HSSC.

Finance

The infrastructure outlined above requires additional investment in the HSSC beyond the total £800,000 spent on the four Councils at present.

There is evidence from Scotland, Wales and England that the level of expenditure per head of population on equivalents to the HSSC is higher in these countries and, in the case of England and Wales relates only to health and in the case of Scotland does not include the complaints support role.

While an overall budget for the HSSC is not included in this initial response it should be noted that a significant uplift in expenditure – in the order of double current expenditure or more – will be necessary to deliver the functions outlined by this document.

Legal

The HSSC, its members and officers taken together will be a small organisation in comparison with the larger HPSS organisations envisaged by RPA.

The relative remuneration of the lead officers of the HSSC will not match those of the Chief Executives, Directors and other senior management of the HPSS agencies nor those of the lead officers of the DHSSPS. Yet it is to these decision making tiers of HPSS management to which the HSSC will need to relate in order to be effective.

Given this, the HSSC will need positive engagement with it to be a requirement on HPSS agencies and their officers and not an option. This should be enshrined in the legislation establishing new structures.

Any legal reinforcement provided to the HSSC by legislation should apply to all HSSC Members and Officers. If the Chief Executive of an HPSS agency seeks to engage – for example – only with the Chair and Chief Officer of the HSSC and not with the local lead, effective liaison and accountability requirements will become rapidly unworkable. The same applies to Committee memberships.

The current legislative parameters should be maintained and augmented:

- The right to be consulted
- The right to receive information in response to its requests
- The right to enter and inspect HPSS facilities

We would wish to add to this:

- the right to attend and speaking rights at all public meetings of health agencies
- the right to request a place on HPSS committees and subcommittees which requests, when made, shall not be unreasonably denied

Independence

The independence of the HSSC is of paramount importance in establishing its brief and in gaining the trust and support of patients, service users, carers and the general public.

With this in mind, it is important to be clear about two areas of possible interest for the HSSC that have arisen in discussion on RPA so far:

Council Role in Complaints

The HSSC will not seek a part in the formal delivery of any aspect/stage of the Complaints Process or associated policies and procedures. To do so would compromise its ability to advocate for patients at any stage of any process.

Council Relationship to HPSSRIA

The HSSC sees its role as necessarily distinct from HPSSRIA and as requiring it to be independent of it. The key factors are:

- There are circumstances under which a patient/service user might bring a complaint against HPSSRIA or HPSSRIA actions may be a factor in a complaint
- It is possible that HSSC may wish to influence/challenge HPSSRIA in the delivery of its function as part of the wider HPSS Quality System
- HSSCs relate to the DHSSPS through input to setting of standards by the Department. Given that these standards are those on which HPSSRIA will base its work, HSSCs would not see it as appropriate that it should be part of the process/organisation for monitoring delivery against these standards, the nature of which it will wish to influence and may seek to challenge on behalf of patients.

Conclusion

While it will be noted that substantial additional discussion will be necessary to translate these outline comments into a single effective HSSC for Northern Ireland, this paper nevertheless identifies many of the key characteristics of a single Council.

An organisation which:

- has a clear purpose
- is an advocate for patients, service users, carers and the general public
- promotes meaningful user participation in the HPSS
- has sufficient weight to fulfil an objective and impartial challenge role in the HPSS on behalf of patients, service users, carers and the general public
- is independent
- is representative

- is regional
- is active at individual and community level and responsive to individual and community concerns