

**A Response to DHSSPS Consultation:**

**“Proposals for Health and Social Care Reform”**

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## **Introduction**

### **Women's Support Network**

The Women's Support Network (WSN), established in 1989, is an infrastructural umbrella organisation, which provides support services to, and represents over 40 groups (see Appendix 1 for full member and associate member listing) including; community-based women's centres, women's projects and women's infrastructure groups.

WSN aims to achieve social, political and economic justice through the promotion of the autonomous organisation of women. The Network aims to strengthen the collective voice of women's groups and to promote and develop networking opportunities, to enable collective action and to impact upon policy and decision making processes. The WSN provides an accessible, feminist, relevant and high quality support service and resource for its member groups. The Network is also an important information resource on issues relevant to community-based women's organisations and for other infrastructure groups, nationally and internationally.

WSN welcomes the opportunity to respond the Department of Health Social Services and Public Safety (DHSSPS) proposals for health and social care reform.

### **General Comments**

The proposals are well structured and accessible, however WSN notes that there is a questionnaire accompanying the consultation document outlining issues which the department is seeking feedback. **WSN would suggest that these issues are prescriptive and narrow and we would recommend that groups would be allowed to respond to consultations according to their own perception of priorities.**

WSN notes that there is very little reference to the role of the voluntary/community sector in the new structures. WSN would contend the voluntary and community sector should have a greater role to play than those contained within the proposals as a great number of organisations in the sector have been actively involved in the delivery of health and social care services and have knowledge and expertise of the needs in their localities and **we would recommend that further consideration is given to the role voluntary and community organisations can play in the new structures.**

WSN also notes that there is no reference within the proposals as to how greater representation of women will be achieved in the proposed structures. **WSN would recommend that further consideration is given to the role and representation of women in the new structures.**

### **Specific Comments**

WSN would like to make a number of comments relating specifically to the following: Regional Health and Social Care Board; Local Commissioning Groups; the Department of Health; Social Services and Public Safety; Regional Public Health Agency; Health and Social Services Councils; and the Equality Impact Assessment accompanying the proposals.

## **1. Regional Health and Social Care Board (RHSCB)**

1.1 WSN notes proposals to establish a streamlined Regional Health and Social Care Board to undertake to functions of the four current Health and Social Services Board.

1.2 WSN notes that in section 4.2 the proposals state that “the constitution of the proposed RHSCB must reflect the cardinal principles of good governance, the focus being on the quality of care for patients and clients, accountability, transparency, efficiency and effectiveness.”<sup>1</sup> **WSN would agree that these principles are important for good governance but would contend that equality is central to good governance and we would recommend that consideration should be given to this principle in the constitution of the proposed RHSCB.**

1.3 WSN notes in section 4.3 the Board of the RHCSB would include: a chair appointed by the Department; non-executive directors appointed by the Department; including a senior representative of the RPHA; a Chief Executive and other such officers as may be prescribed having regard to the above principles of good governance. **WSN ask DHSSPS to outline if it would envisage a place on the Board for RHSBC for representatives of voluntary and community organisations, for example could senior representatives of voluntary/ community organisation be classified as officers having regard to principles of good governance?**

1.4 WSN would also wish to highlight that there is no reference in the proposals as to representation of communities and particularly women on the Board. **WSN would urge the department to consider how it will ensure the Board of RHSBC will be representative of communities and in particular women.**

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<sup>1</sup> DHSSPS “Proposals for Health and Social Care Reform”, Pg 15.

1.5 WSN notes proposals in section 4.5 for RHSBC to employ 400 Staff to undertake the functions of commissioning, performance management, finance, statutory functions and corporate services and notes that the majority would transfer from existing HSS Boards. **WSN would ask DHSSPS to outline what arrangements would be put in place to enable women to take advantage of employment opportunities in RHSBC, particularly those women with childcare/caring responsibilities.**

## **2 Local Commissioning Groups**

2.1 The document proposes in section 4.4.3 (Pg 18) establishment of Local Commissioning Groups (LCG's) which will have responsibility for addressing the needs of their local population while working within coherent regional policy. **WSN would like the department to clarify if this means that the role of Trusts in commissioning services from service providers in the voluntary and community sector will be transferred to LCG's.**

2.2 It is proposed that there will be five LCG's to reflect the same geographical areas as the five provider HSC Trusts. WSN notes that these proposals were made in the absence of confirmation of local government reorganisation, as it has since been confirmed that there will be 11 Councils. **WSN would also urge the department to clarify that there will be 5 LCG's in light of the recent announcement that there will be 11 Councils or will there be co-terminosity with Trusts.**

2.3 The document proposes that LCG's will be comprised of a number of members from the health profession (including 4 GP's), 4 elected local representatives, 1 lay person and 1 Regional Health and Social Care Board Representative. WSN notes that the proposals highlighted that the Direct Rule arrangements for LCG'S did not include elected local representatives and state that inclusion of elected representatives and local people "*would ensure a much more democratic and accountable process, while retaining the strong*

*benefits of primary care led commissioning.*<sup>2</sup> WSN accepts that it is indeed important to include members of the multidisciplinary health team and locally elected representatives on LCG's, however notes that the number of lay people have been reduced from 2 under the Direct Rule arrangements to 1 in the current proposals. **WSN would contend that a greater balance of lay people on LCG's would ensure a more democratic and accountable process and would urge DHSSPS to consider increasing the number of lay representatives on LCG's to at least two representatives as previously proposed under direct rule arrangements.**

2.4 WSN also notes there is no reference to representatives of the voluntary/community sector in the proposed arrangements for LCG's which is concerning to WSN as we would contend that many voluntary/community are actively involved in the delivery of health care programmes and have specific expertise and knowledge of the health and social care needs in their local areas. **WSN would therefore request that DHSSPS would clarify where it would see a role for the voluntary and community sector on LCG's and would recommend that consideration is given to ensuring a role for the voluntary community sector.**

2.5 WSN would also draw attention to the lack of reference to the representation of women on LCG's and **would ask the department to give consideration to ensuring women are represented on LCG's.**

### **3. Department of Health, Social Services and Public Safety (DHSSPS)**

3.1 The document proposes that the DHSSPS will be significantly reduced, but retaining a number of functions. In particular, WSN notes in section 5.2 that the responsibilities of the new smaller Department of Health, Social Services and Public Safety include strategic policy development including policy development of community, voluntary and private sector capacity and service

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<sup>2</sup> Ibid, Pg 19.

delivery. **WSN notes that there is no reference to working with these sectors in policy development and we would recommend that DHSSPS outline how they will engage these sectors in developing policy in these areas.**

3.2 WSN notes the proposed functions of the new DHSSPS, particularly cross governmental initiatives and programmes that are focused on longer term health and well being outcomes set out in section 5.4. WSN notes that there is no reference to the OFMDFM Gender Equality Strategy in the proposals and we would wish to highlight that one of the objectives of the Gender Equality Strategy is to *“improve the health of women and men, including their reproductive health, using gender sensitive decision-making and priority setting, including in relation to research, access to services and delivery of health and social care services.”*<sup>3</sup> **WSN recommends that the Department takes forward the health focused objectives in the Gender Equality Strategy as part of its functions and we look forward to the Departments publication of their Gender Action Plan in implementing the Gender Equality Strategy.**

3.3 WSN notes in section 5.9 that the staffing of DHSSPS will be reduced to a staff of around 600 by the end of the CSR period and that a number of staff will be transferred to new organisations. **WSN would ask DHSSPS to outline in the proposals how they will ensure that that the Department will achieve gender balance in its workforce. Whilst WSN understands that the restructuring of staff for a new Department is necessary, WSN would wish to seek assurance from DHSSPS that women, especially those with childcare/caring responsibilities would not be adversely affected by such proposals and would urge that the Department outlines how women particularly those with caring/childcare responsibilities who will be transferred to other organisations will be matched to positions**

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<sup>3</sup> OFMDFM “Gender Equality Strategy”, Pg 19

**matching their experience and skills, without being adversely affected in grading or pay.**

#### **4.0 Common Services Organisation**

4.1 The document proposes a new integrated common services organisation to bring together services common to health and social care organisations such as finance and recruitment of staff. It is proposed that there will be employment of 2100 members of staff. **WSN would urge the Department to outline how equality of opportunity will be achieved and to set out how it will help women to enter into employment, particularly those with childcare/caring responsibilities in the CSO, for example, flexible working hours, etc.**

#### **5.0 Regional Public Health Agency (RPHA)**

5.1 The document sets out the proposals for a new Regional Public Health Agency (RPHA) which has three key functions: health improvement; health protection and public health support to commissioning and policy development.

5.2 WSN notes with concern that it is proposed in section 7.10 that the new RPHA will incorporate functions of the Health Promotion Agency, the health and well being functions of the existing HSS Boards, including Community Development and Investing for Health, and the Health Action Zone functions of HSC Trusts and HSS Boards. **These proposals are particularly concerning to WSN, particularly moving Community Development to a regional body, as it would appear logical that this should remain at local level. We would ask the department if it has considered as to how the transfer of function relating to Community Development to a new Regional Health Agency would affect links with local communities.**

## **6.0 Health and Social Services Councils**

6.1 The document proposes in section 9.5 arrangements which would give patient, clients and carer representatives a regional voice and ensure a local focus. The document proposes two possible options, either a single independent regional body with five groups operating in the same groups as Trusts or five independent local bodies. **WSN contends that whatever model is selected that consideration needs to be given as to how women are represented in these organisations and we would urge the department to consider this in their deliberations.**

## **7.0 Equality Impact Assessment (EQIA)**

7.1 WSN welcomes the publication of an Equality Impact Assessment along with consultation document.

7.2 The EQIA contains data relating to gender, however it appears there are some gaps in data. For example, WSN notes that there is particular emphasis on personnel in health and social care structures, however there is no data included on women in decision making positions in current structures or at Board level.

7.3 The EQIA identifies that there is a potential adverse impact on women in the proposed reduction in posts and redeployment to new organisations, particularly those with family or caring commitments. WSN welcomes some of the measures taken to mitigate adverse impact such as flexible working arrangements, consideration of relocation close to current work base, reasonable adjustments to assist those with caring responsibilities in attending training courses, accessibility of work to public transport and payments to defray additional travel costs.

**However WSN would stress to the Department that care needs to be taken that women are assigned to position in new structures matching skills and experience and should not be adversely affected**

**by redeployment to new organisational structures for example in grading or pay.**

**WSN would also ask the Department if they have considered the use of childcare vouchers as a means of mitigating a potential adverse impact, particularly those with childcare responsibilities.**

### **Conclusions**

WSN welcomes the opportunity to respond to the DHSSPS Proposals on Health and Social Care Reforms. WSN has offered some constructive suggestions as to how the proposals can be improved and has highlighted some concerns. We hope that these will be given consideration in the department's deliberations on the proposals.

## Appendix 1

### **WSN Member groups**

Ardoyne Women's Group  
ATLAS  
Al Nisa Women's Group  
Ballybeen Women's Centre  
Ballymurphy Women's Group  
Belfast Travelers' Support Group  
Carrickfergus Women's Forum  
Carew II Newtownards Road Women's Group  
Causeway Women's Aid  
Clan Mor Women's Group  
Derry Women's Centre  
Falls Women's Centre  
First Steps Women's Group  
Footprints Women's Centre  
Foyle Women's Information Network  
Greenway Women's Centre  
Lesbian Advocacy Services Initiative  
Lesbian Line  
Lenadoon Women's Group  
Ligoneil Family Centre  
Markets Women's Group  
Northern Ireland Women's Aid Federation  
NIWEP (NI Women's European Platform)  
Newry & Mourne Women  
Older Women's Network  
Shankill Women's Centre  
Strabane & Lifford Women's Centre  
Windsor Women's Centre  
Women's Aid  
Women's Aid Federation  
Women into Politics  
Women's Information Group  
Women's News  
Women's TEC  
WRDA

### ASSOCIATE MEMBERS

Ballymena Community Forum  
EBCEC  
Newtownabbey Community Voice  
Parents Advice Centre  
WEA  
Rasharkin Women's Group