

NILGA response to Assembly Health Committee Call for Evidence on the Health and Social Care Bill

23rd April 2021

1.0 INTRODUCTION

NILGA, the Northern Ireland Local Government Association, is the representative body for district councils in Northern Ireland. NILGA represents and promotes the interests of the 11 Northern Ireland district councils and is supported by all main political parties. The Association thanks the Assembly Health Committee for the opportunity to participate in the Call for Evidence on the proposals made in the Health and Social Care Bill, and we trust that the views outlined below will be taken into account as this legislation is developed and finalised.

2.0 INITIAL COMMENTS

NILGA is aware of the need for contemporisation and rationalisation of health and social care structures in Northern Ireland to ensure improved efficiency and effectiveness across the region. We believe that councils play a vital part in prevention of both mental and physical ill-health through the provision of open space, leisure and play facilities, health promotion and protection services, and through council-led community planning, provide a viable mechanism to support central-local working and delivery on locally identified health priorities.

We support the Minister in his drive for change, and in his democratic oversight of our health and social care services, however we believe that inclusion of local councillors in commissioning discussions and decisions adds value and will ultimately assist the Minister and his officials in achieving their aims, acting as a counter to the centralisation which seems to be the current direction of travel.

NILGA would like to take this opportunity to thank the elected members who have served on Local Commissioning Groups (LCGs) across the region, since 2008. They have provided valuable input and scrutiny of health provision, influencing the services delivered in every Trust. They have provided insights and voices from outside the health and social care sector, supporting local service users, and by building productive relationships with Trusts, GPs and

services in their local areas, have assisted in the development of the collaboration necessary to ensure that pilot programmes and prototypes for service improvement have been successful. (Our members particularly note the Northern Trust prototype model and the work ongoing to improve the efficiency and effectiveness of Accident and Emergency Services such as the ‘telephone triage’ pilot, as great examples of what can be achieved.)

Given the knowledge and experience of these elected members, NILGA recently convened an online meeting (20th April 2021) to bring current LCG members together to discuss this Bill and to air their views on the issues it raises. These views are detailed below; however the overarching issue for our members is the current lack of clarity on replacement arrangements. NILGA is keen to ensure that there is no ‘vacuum’ in terms of local input and to avoid the development of a democratic deficit in this vital area of work.

3.0 CLAUSE BY CLAUSE EVIDENCE

NILGA has limited comment to Clause 1, as our concerns are focussed on this clause.

Clause 1: Dissolution of the Regional Health and Social Care Board

It is not evident from the wording of this clause, but is an outworking of it, that the dissolution of the Health and Social Care Board will bring with it an end to Local Commissioning Groups. There is no replacement mechanism suggested in the Bill, and no clarity on replacement structures. NILGA understands that this work is ongoing and that several elected members - currently LCG chairpersons – are involved in discussions within a ‘Draft Framework Group’ on a new planning model for Trusts, refocussing direction and outputs.

NILGA is clear that contemporised and effective replacement arrangements will be required regionally and, particularly sub-regionally/locally, where there is a perceived gap looming in arrangements, with ‘shadow arrangements’ for LCGs being discussed. We believe that the work of the LCGs is going to continue in all but name, but that engagement needs to be increased – particularly on the development of replacement mechanisms and structures.

Local councils must be able to influence provision in their local areas, to ensure there is timely and dynamic local response to what can be a fast changing situation. This has been particularly evident during the ongoing pandemic, and the consequent increase in mental health issues being experienced by the public.

We are aware that the Integrated Care Partnerships are developing as an important model for service delivery and that more focus is being given to GP Federations. NILGA emphasises the willingness of councils to work closely with Health and Social Care partners to ensure that the eventual commissioning delivery models put in place are appropriate, and maintain meaningful democratic input. The elected members currently involved in LCGs have concern that a separate forum will be created for councillors, with minimal value, to pay lip

service to their role, and they are understandably keen to ensure that this is not the outcome of the changes brought about by this Bill.

They are equally keen to ensure that health commissioning and local community planning priorities are aligned, and add value to the collaborative ambition being developed by the Executive Office in relation to the Programme for Government. Councils are best placed, as local leaders with responsibility for social wellbeing, and by convening Departments, statutory partners and others, to agree and deliver on local priorities, and to achieve agreed outcomes through collaboration and joined-up working.

Massive changes to our health system are underway, and the value added by properly communicating with the civic leaders in our local councils must not be discounted. It will be vital to ensure communication at local level is improved, and that there is no disconnect between the Department, Trusts and councils at this important time. We are aware that relevant Departmental officials have been meeting with the council Chief Executives, and we trust that as local services and community plans align, local elected members will be materially involved in influencing change.

We are keen to see the variable experiences of councillors in terms of their time on the LCGs, be improved and become more consistent through the development of new mechanisms and structures. Our members would like to see enabling at local level, in relation to meaningful involvement in commissioning and focussed spend on priorities.

NILGA, and our members, emphasise the importance of improving the efficiency of health and social care services and we are aware that each council will be considering how best to influence health initiatives locally. As government departments and councils move away from 'silo' working, we want to encourage focus on outcomes; the success of this will greatly depend on local and sub-regional relationships, and confidence in each other – particularly when it comes to allocation and use of resources. Local commissioning, and consequently service delivery, will only be as strong as we collectively make it.

4.0 CONCLUSION

NILGA and councils are ready, willing and will be able to work substantively with wider government, business and the public to begin to meet the challenges for local government presented by this Bill. We wish the Committee well in its deliberations and look forward to the finalisation of the Bill to better inform, and focus efforts. This important work and policy enablement will require sustained central and local government and societal collaborative proactivity over a considerable period of time, with long term generational benefits for the wellbeing of our community. NILGA asks that the Committee assists in ensuring material involvement by this Association and wider local government on the realisation of the goals required.

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