



Department of  
**Health**

An Roinn Sláinte

Mánnystrie O Poustie

[www.health-ni.gov.uk](http://www.health-ni.gov.uk)

# REFORM OF ADULT SOCIAL CARE NORTHERN IRELAND

## Consultation Document



26 January 2022

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## Foreword by the Minister for Health, Robin Swann MLA



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***Social care is every bit as important as health care. Please join the conversation and help us build a world class social care system***

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The Covid 19 pandemic has highlighted the importance of adult social care services. Social care is not easy work even in ordinary times and these have been anything but ordinary times. Social care staff have shown real commitment to the people they support throughout the pandemic, responding to the situation with kindness, care and determination to reach the people who need them.

It is likely that the majority of us will need social care services at some time in our life, be it for ourselves or someone in our family. This could be someone coming to your house to help you get washed and dressed or it could be attending a day centre. For others, it could be a short break for a family carer or it could be choosing to live in a care home. No matter what the service is, it's about supporting your social wellbeing, helping you live life to the full with the right sort of supports at the right time in the way that you want to be supported.

Our current social care services do provide invaluable support for many people and we recognise the contribution of our existing workforce and of the family carers without whom the system could not work. However we know that there is growing demand for adult social care and that some aspects of the current system don't work the way we would like them to. We need to address this and that's why we need to change how social care is organised, funded, commissioned, delivered and led.

The Expert Advisory Panel set up to consider the adult social care system in NI in the Power to People Report<sup>1</sup> talked about "*encouraging the radical rethink or 'reboot' we believe is necessary to challenge the current approaches, attitudes and established ways of delivering adult care and support. In this way it can embolden a genuine public movement for change and transformation*". These proposals are intended to deliver that reboot. They are wide ranging and transformative. I recognise that such significant change will be neither quick nor easy but I believe it is important that we as a society grasp the challenge and work towards an adult social care service that we can be proud of.

My Department has gained much from the ongoing stakeholder engagement which has informed the priorities for this consultation document and I want to thank those who have provided this for bringing your voice and experience to its development. I

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<sup>1</sup> <https://www.health-ni.gov.uk/sites/default/files/publications/health/power-to-people-full-report.PDF>

am now looking forward to this wider public engagement and discussion on how best to get it right.

I want to encourage as many people as possible to join the discussion and give us your views on how we can build and sustain a better social care system that will meet our needs now and in the future.

A handwritten signature in black ink, appearing to read 'Robin Swann', written in a cursive style.

**ROBIN SWANN MLA**

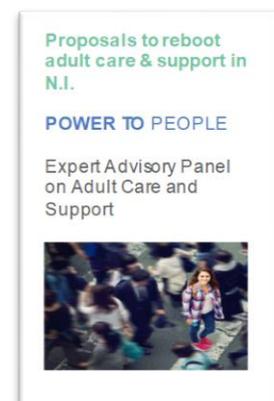
# 1. Introduction

## Purpose of Reform

- 1.01 This consultation sets out 48 proposed actions to reform our adult social care system over the next ten years. The consultation will inform the development of a new strategy for adult social care. The adult social care system in Northern Ireland (NI) is under significant stress. Population demographics and projections are such that we are faced with rising demand for services as our older population increases and our working age population decreases.
- 1.02 It is the intention that there would be a phased and incremental approach to the implementation of the proposed actions.
- 1.03 Estimated costings and an economic impact assessment for the proposed actions will be developed during the consultation period. These costings, impact assessments as well as the availability of funding will inform the future strategy and an implementation plan for the agreed reforms.

## The Power to People Panel Report

- 1.04 On 5 December 2016, former Health Minister, Michelle O'Neill, appointed Des Kelly OBE and John Kennedy, two leading experts in social care, to form an Expert Advisory Panel (*to be referred as the Panel in this paper*) on Adult Care and Support.



1.05 The Panel produced sixteen proposals in the Power to People Report<sup>2</sup>, published in December 2017. The Department of Health in NI (*to be referred to as the Department in this document*) has developed policy proposals aimed at implementing the recommendations in the report and has organised these under six themes and strategic priorities.

1.06 The six strategic priorities are:



<sup>2</sup> <https://www.health-ni.gov.uk/sites/default/files/publications/health/power-to-people-full-report.PDF>

## **Adult Social Care Reform in the UK and Republic of Ireland**

- 1.07 Northern Ireland is not alone in seeking to reform adult social care services to meet increasing demand and improve service provision. In England, the government launched the policy paper, “Building Back Better: Our Plan for Health and Social Care” in September 2021. The Scottish government announced an Adult Social Care Reform Programme in June 2021 and launched a “National Care Service for Scotland” consultation in August 2021. Wales published “A Healthier Wales: Our Plan for Health and Social Care in June 2018 and updated this in September 2021. In the Republic of Ireland, the National Services Plan was launched in 2021.
- 1.08 The Department has considered developments and approaches elsewhere and used the evidence and experience in other countries to inform the development of proposals that best fit the NI context.

## **Social Care Support during Covid-19**

- 1.09 The Covid pandemic has emphasised the importance of adult social care services and the dedication of the adult social care workforce who continued their frontline roles in very difficult circumstances. In response to the pandemic, the Department, the Health & Social Care Board (HSCB) and the Health & Social Care Trusts (HSCTs) have provided significant support to the adult social care system. This has included providing detailed guidance to care homes, domiciliary care providers and the supported living sector. Substantial financial support packages for increased costs such as PPE, cleaning, Covid related staff absence, equipment and staff training were provided. Income guarantees for independent sector providers were put in place and HSCT staff were redeployed to support the independent sector as necessary.
- 1.10 A number of measures aimed at protecting mental health and building mental resilience were put in place to support staff across the statutory and independent sectors. A Workforce Wellbeing Framework was published on 16

April 2020, in order to guide and support the wellbeing of health and social care staff and volunteers across all sectors throughout the current Covid 19 crisis. The Framework includes a range of measures to enhance the psychological wellbeing of staff, access to Psychological Support Helplines staffed by clinical psychologists and a broad range of online resources and drop-in services.

## 2. The Purpose of Adult Social Care

- 2.01 'Adult social care describes the activities, services and relationships that help us to live an independent, healthy and inclusive life. It is available to any adult with eligible needs who requires assistance due to disability, vulnerability, illness, incapacity or old age, and is designed to promote independence, social inclusion, safeguarding and wellbeing' - *DoH: Who Cares ? The Future of Adult Care and Support in Northern Ireland, Consultant Analysis Report, August 2013.*
- 2.02 The overarching purpose of social care services in response to this diverse range of needs is to improve and, where appropriate, to protect people's social wellbeing by empowering and strengthening the capacity of individuals, families and communities to bring about positive changes.
- 2.03 Social wellbeing is a broad concept applying to many areas of a person's life such as:



## How is Adult Social Care Delivered in Northern Ireland?

- 2.04 Adult social care services are delivered within a mixed economy of care in the statutory sector, private sector and the voluntary sector. Statutory services are those directly provided by HSCTs. The private sector are organisations and individuals that own and run services for a profit. Many of their adult social care services are provided under contract with HSCTs. The voluntary sector comprises of organisations, often registered as charities, which operate on a non-profit making basis. Many of their services are provided under contract with HSCTs.
- 2.05 This consultation set out a range of proposals for remodelling and strengthening our social care system. Ensuring equitable access to services for all is a key priority for reform and a cohesive regionalised approach is an important factor in achieving this. The best structures for achieving the necessary reform will be an important part of the implementation plan for these proposals.
- 2.06 Examples of services provided in adult social care include:
- **Care homes** which provide accommodation, personal care and, in some cases, nursing care.
  - **Day care and day opportunities** designed to meet the needs of individuals for ongoing learning, meaningful activity, employment preparation, care, support, supervision or rehabilitation.
  - **Domiciliary care**<sup>3</sup> includes a range of services put in place to support an individual in their own home.
  - **Supported living** is a housing service where housing, support and/or care services are provided to help people to live as independently as possible.
  - **Self-directed support** including direct payments and managed budgets is a way of providing social care that supports people to make their own arrangements.

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<sup>3</sup> <https://www.health-ni.gov.uk/articles/domiciliary-care>

- **Short breaks services** offer a break from the usual caring arrangements both for the person themselves and their family carers.
- **Provision of equipment and technology and, in some cases, transport** to allow people to access services.
- **Support for social and leisure activities.**
- **Adult Family Placement** - this service provides short breaks and long-term care for adults, usually with a learning disability, in a family setting.

## Family Carers

2.07 Family carers are the mainstay of support for the majority of those who need social care services and supporting family carers has to be a fundamental part of any adult social care system.

## Community and Voluntary Sector

2.08 The community and voluntary sectors also play an important support role for those in need of adult social care. The sector makes an important contribution in strengthening the resilience and capacity of communities, supporting volunteering and addressing many of the social factors that affect health and well-being.

## A new Integrated Care System

2.09 The Department has commenced the development of a new Integrated Care System model to replace the existing commissioning arrangements and processes in NI. The Department went out to consultation on this on 19 July 21 and closed on 17 September 2021<sup>4</sup>. This work will see the development of a new Integrated Care System (ICS) model in NI, whereby local providers and communities will be empowered to come together to plan, manage and deliver care for their local population based on a population health approach, with regional and specialised services planned, managed and delivered at a regional level. The proposed actions to reform adult social care planning and commissioning arrangements will take place within this new model.

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<sup>4</sup> <https://consultations.nidirect.gov.uk/doh-1/future-planning-model-integrated-care-system-ni/>

## The Closure of the Health and Social Care Board (HSCB)

2.10 The HSCB is due to close in March 2022. The functions of the HSCB will transfer to a new Directorate within the Department of Health, which will be called the Strategic Performance and Planning Group (SPPG). Where the HSCB is referenced in this consultation paper, the roles ascribed to it will become the responsibility of the new SPPG group.

## Engagement with Stakeholders

- 2.11 The Department established a Project Board chaired by the Chief Social Work Officer and involving Department of Health Policy Leads, representatives from other government departments, the Northern Ireland Social Care Council (NISCC), the Regulation and Quality Improvement Authority (RQIA), Trade Unions, the HSCB and HSCTs, independent and voluntary sector service providers and representatives from our Independent Expert Carers Panel and Service User Engagement Groups who provided the voice of lived experience.
- 2.12 The Panel's Power to People Report was first considered by a number of work streams involving a wide range of stakeholders that analysed each of the proposals and made initial recommendations. The members of the work streams remained involved as an Affiliated Reference Group as the work progressed.
- 2.13 The reform proposals have also been informed by extensive engagement with stakeholders with lived experience. An Independent Expert Carers Panel and Service User Engagement groups were established. Service users and family carers shared views, experiences and recommendations for change. Their expertise and involvement has made a significant contribution to these proposals.



2.14 The Department also held a number of engagement events with care home managers and with voluntary and community sector organisations.

### **Your views and opinions**

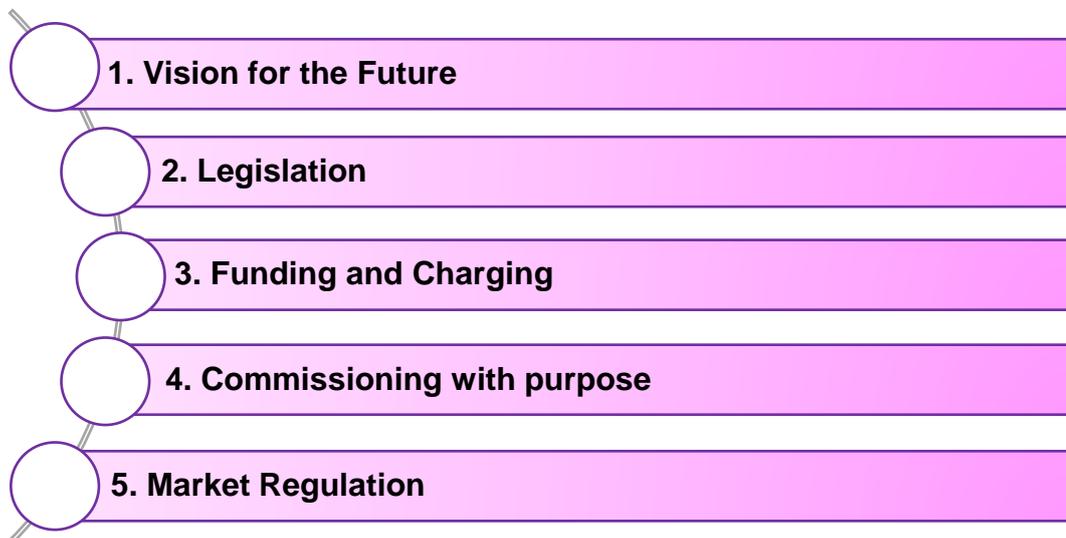
2.15 We have sought to consult and engage as broadly as possible during the development of these proposals. This public consultation is the next stage of engagement.

### **3. Strategic Priority 1: Sustainable System Building** *.....to build a stable, sustainable adult social care system*

3.01 Recommendations for building a sustainable system of adult social care are contained in 'Power to People' proposals 8, 9, 10, 13 and 14.

- **Proposal 8:** The Expert Advisory Panel proposes that commissioners and care providers work collaboratively and openly together to develop and introduce a framework based on an agreed true cost of care which includes agreement of a 'sustainable return' for providers. This should recognise the workforce considerations set out in Proposals 6 and 7.
- **Proposal 9:** The Expert Advisory Panel proposes that the Department of Health should ensure that charging arrangements should be based on the principle that where a person can afford to contribute to the cost of a service, they should do so. This principle should be applied consistently and equitably across all adult social care models.
- **Proposal 10:** The Expert Advisory Panel proposes that the HSC Trusts make explicit their commitment to a process for planning the supply of care and support services and which involve all stakeholders early in developing the strategic vision for future provision.
- **Proposal 13:** The Expert Advisory Panel proposes that the Department of Health oversees the introduction of a whole-systems approach to facilitating joint working between commissioners, health services and care providers which include a clear mechanism for involving people receiving services and carers within all the HSC Trusts.
- **Proposal 14:** The Expert Advisory Panel proposes that the HSC Trusts promote a collaborative, rather than competitive, ethos which fully involves all key stakeholders in the care and support system.

3.02 This chapter considers sustainability under five headings and seeks views on a number of issues and ideas.



## Vision for the Future

3.03 The Department's vision for the future is that we would have an adult social care system that delivers the following;

- An evidence based, whole systems approach to the design and delivery of adult social care in co-production with service users and family carers.
- A focus on locally based, collaborative and community based service provision.
- A human rights based system of service provision.
- The improvement of individual, family and community social wellbeing.
- Support for independence in accordance with people's wishes.
- Support for people to live in a home of their choosing.
- Support for family carers.
- Choice and control to service users and family carers.
- Equitable access to quality services for all.

- Prevention and early intervention services.
- Sustainable funding models.
- A sufficient, skilled and supported workforce.

## Legislation

3.04 The Department proposes the introduction of legislation to support the reform of adult social care. The legal underpinning for current adult social care provision is contained in multiple pieces of legislation developed at different times and some of it is very outdated.

3.05 Such new legislation would provide a cohesive, legislative basis for reform which could establish principles for adult social care services, confer rights to service provision and support the implementation of new policy direction.

3.06 Legislative provision would include the following;

- 
- **Duties to provide preventative and early intervention services.**
  - **Duties to sustain, promote and protect social wellbeing in the provision of adult social care services.**
  - **Duties to provide information, choice and control of service provision to service users and family carers.**
  - **Duties to provide equitable access to assessment of need for service users and family carers.**
  - **Duties to provide equitable access to services to meet eligible assessed need for service users and family carers.**
  - **New criteria for service eligibility for service users and family carers.**
  - **Duties to provide independent advocacy for service users and family carers.**
  - **Authority for market regulation, if required.**
  - **Authority for any additional powers of inspection required.**

**Proposed Action 1 -** The Department proposes the introduction of legislation to provide a cohesive legislative basis for adult social care provision.

## **Funding and Charging for Adult Social Care Services**

- 3.07 Current spending on adult social care in NI is significant. The personal social services spend for adult social care in NI in 2019/20 was 1268.2 million over four programmes of care, Elderly at 747.4 million, Mental Health at 94.2 million, Learning Disability at 332.8 million and Physical and Sensory Disability at 93.6 million.
- 3.08 Current service user and third party contributions to the cost of adult social care in NI can be estimated from the client contribution figures gathered by the Department from the HSCT financial returns. For 2019/20 service users and third party contributions amounted to 173.4 million.
- 3.09 Population demographics are such that we are facing rising demand for adult social care services and a smaller working age population. Northern Ireland Statistics Research Agency figures for October 2019 reported the following population projections for NI between mid 2018 and mid 2043, which estimated that:

**NI population in mid 2043 projected to be 1.99 million, - average annual rate of growth of 0.2% over the 25 yrs from mid-2018.**

**Population aged 65 and over projected to increase by 56.2%**

**Population aged 85 and over projected to increase by 106.4% between mid-2018 and mid-2043.**

**Mid-2028, projected to be more people aged 65 and over (385,500 people) than children (aged 0-15) (375,700 people) in NI.**

**NI projected to have the 2nd largest population growth (5.7%) between mid-2018 and mid-2043 across the UK.**

**Between mid-2028 and mid-2043, the working age population projected to decrease by 3.1% to 1,200,000.**

**The no of people of working age in NI is projected to rise by 5.2% from 1,177,400 in mid-2018 to a peak of 1,238,400 people in mid-2028.**

3.10 Increased funding will be required to meet the rising demands created by the demographic pressures alone. Proposals in this consultation document aimed at providing higher quality services, offering more choice and improving the terms and conditions for the adult social care workforce would create additional funding demands. Estimates for the amount of increased funding required are dependent on the model of care chosen.

3.11 Initial work has provided estimates based on 2018 service provision models and applied to 2040 population projections that indicate the potential increase in demand on resource and service provision as below.

#### Domiciliary Care

3.12 The number of domiciliary care recipients (excluding direct payments) could be 76% higher. This would mean a spend of £403 million instead of £228 million. The number of people needed to staff the service provision could be 23,900 instead of the current 12,600.

#### Residential and Nursing Home Care

3.13 The number of residential and nursing home residents could be 81% higher. This would mean a spend of £911 million instead of the current £502 million. The total number of residential and nursing home care clients could total 23,000 instead of the current 12,600.

#### Intermediate Care

3.14 The number of clients receiving a service falling under the four main classifications of intermediate care (bed based, reablement, home based, crisis response) could be 82% higher. This would mean a spend of £117 million instead of £65 million.

3.15 Some approximate costs for the implementation of the proposals in this paper are as follows.

## Social Care Workforce

- 3.16 The Department recognises the importance of improving the pay, terms and conditions for the social care workforce and has recently agreed an uplift to the domiciliary care regional average hourly rate to £18 per hour. This will allow employers to pay more to their staff and to offer enhanced terms and conditions such as paying mileage costs, improving sickness benefits and enhancing the career development and progression opportunities.
- 3.17 The government National Living Wage rate is set to increase to £9.50 per hour from 1 April 2022. In providing this uplift in the hourly rate, domiciliary care providers are encouraged to match this or go much further than that in pay, terms and conditions. The increase to £18 per hour will cost £9.4 million between now and 31 March 22. Thereafter, the annual cost of sustaining this increased rate would be £24.5 million. It is the hope that this increase will create more capacity to respond to the current waiting list for domiciliary care. However, the increased costs of providing more care packages are estimated at £5.9 million in year and £19.1 million recurrently which is a further pressure on funding.
- 3.18 In addition to the increased domiciliary care rate, the Department has also agreed to provide funding to bring the government National Living Wage rise into effect in the care home and supported living sectors now rather than wait for April. This will cost £7.6 million in year and £18.3 million recurrently.
- 3.19 Total expenditure for all the measures above is estimated at £22.9 million in year and £61.9 million recurrently. In the longer term, the Department will use the newly established Fair Work Forum to keep the pay, terms and conditions of the social care workforce under review.

## New Model of Adult Domiciliary Care

- 3.20 The recently announced additional funding for domiciliary care may be sufficient to cover increased costs of introducing a new model of domiciliary care. However, the evaluation of the pilot will inform future cost calculations and there may be additional costs for increased flexibility, responsiveness and personalisation.

### Increasing the Direct Payment Rate

- 3.21 The Department's proposal to uplift the Direct Payment rate to broadly match domiciliary care rates will take into account lower overheads and management costs for Direct Payments. However, for illustrative purposes, an uplift in the hourly Direct Payment rate to match the £18 domiciliary care rate would cost approximately £15 million per annum for existing packages.
- 3.22 Costs for other proposals are yet to be determined but some of those likely to require significant further funding. Further funding requirements would include meeting the demographic pressures, an expansion of the availability and range of small scale care settings, an expansion of the services available to family carers and any costs associated with revised tariffs for care.

### Funding for Adult Social Care in NI

- 3.23 Funding for adult social care in NI comes from the UK government block funding to the NI Executive using the Barnett formula. Individual NI Departments bid for funding to meet their needs and the NI Executive makes decisions about the distribution of the funding.
- 3.24 Northern Ireland does not have tax altering powers of its own. The Westminster government determines taxation policy for the NI population.
- 3.25 The Prime Minister has recently announced the introduction of a new UK wide 1.25 per cent Health and Social Care Levy, which will be ring-fenced for health and social care based on National Insurance contributions for all working adults.
- 3.26 The rate of Dividend Tax will also increase by 1.25 %.
- 3.27 The NI share of this funding is estimated at £300 million per annum for health and social care. However, it should also be noted that we are currently estimating a gap of £1.8 billion in NI Health and Social Care funding for 2022/2023.

## Charging Arrangements in the UK and the Republic of Ireland

- 3.28 In changes announced on 7<sup>th</sup> September 2021 in England, there will be an £86,000 cap on the lifetime amount anybody would need to pay towards the cost of their personal care. There will be an increase in the lower capital limit to £20,000 and an increase in the upper capital limit to £100,000. On 17 November the Government in England published further details, putting a cap on daily living costs in residential care at £200 per week (the contribution that people make towards their hotel and accommodation costs) and stating that only the contribution paid by individuals and not local authorities would count towards the lifetime cap on care costs.
- 3.29 Since 2019, free personal and nursing care has been available in Scotland to all in any setting. Prior to that, since 2002, it was for adults aged 65 or over. Personal care includes support with personal hygiene, mealtimes, immobility problems, medication and general wellbeing. Nursing care is care that involves the knowledge or skills of a qualified nurse and includes activities such as administering injections and managing pressure sores. For care home costs aside from personal care and nursing care such as accommodation and meals, you have to pay if your assets, which include the value of your home, are more than £28,750.
- 3.30 In Wales, for non-residential care, a person may have to pay up to a maximum of £100 a week if they have a high income and/or savings and investments over £24,000, not including the value of their home. In deciding charges for non-residential care, local authorities must apply a number of protections that ensure a person's charge is affordable and does not cause them financial hardship in meeting their daily living costs. For residential care, where a person has capital over £50,000 (including the value of their home) they will pay the full cost of their residential care. Where a person has capital at or below this limit, the local authority will help pay for a person residential care. How much a person pays towards this care will be calculated based on their eligible income, such as pensions or welfare benefit.

3.31 In the Republic of Ireland, the Home Support Service is free<sup>5</sup>.

#### Nursing Homes Support Scheme (NHSS)

- For residential or nursing home care you can apply for financial support to help pay for the cost of care in a nursing home through the NHSS and you will pay 80% (40% if you are part of a couple) based on your assessable income and you will also pay 7.5% (3.75% if you are part of a couple) of your assets such as land or property. The asset value of a resident's home is assessed for 3 years. After 3 years, the value of this property is no longer assessed.
- “Ancillary State Support” is an optional feature of the Scheme for people who own property/land-based assets in the State. It is a loan advanced by the Health Service Executive (HSE) to help people meet the portion of their contribution to the cost of care that is based on property/land-based assets which becomes repayable following the occurrence of a relevant event, most commonly after the death of the client.

#### Residential Support Services Maintenance and Accommodation Contributions (RSSMACs)

- Residential Support Services Maintenance and Accommodation Contributions are statutory contributions paid by certain recipients of non-acute residential support services provided by or on behalf of the HSE, primarily in intellectual disability and mental health residential settings. RSSMACs are contributions towards accommodation and maintenance costs, not charges for care services.
- Standard RSSMAC rates (sliding scales apply) are based on each recipient's personal weekly income band and accommodation category.

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<sup>5</sup> <https://www.hse.ie/eng/home-support-services>

3.32 The current charging arrangements in NI are as follows;

- i. **Domiciliary Care:** While there is a provision in place that would allow for charging for domestic services under the Home Help circular<sup>6</sup> this is not used and all domiciliary care is provided free of charge.
- ii. **Residential and Nursing Care Homes:** Under Articles 15 and 36 of the Health and Personal Social Services (Northern Ireland) Order 1972, HSCTs are required to assess and charge residents for their residential accommodation with the aim of securing an appropriate contribution towards the cost of a resident's accommodation. Articles 36(3) to (6) and 99(1) to (5) of the 1972 Order provide that, in assessing a resident's ability to pay, the HSCTs must use Regulations made by the Department. These are the Health and Personal Social Services (Assessment of Resources) Regulations (Northern Ireland) 1993.

Under the Health and Personal Social Services (Assessment of Resources) Regulations (Northern Ireland) 1993 (the charging rules), capital – which may include the value of a former home - and income is assessed to determine how much a person can afford to contribute to the cost of their care. The Regulations contain two capital limits, a lower (currently £14,250) and an upper (currently £23,250). Individuals who have less than £14,250 in capital are not expected to contribute to the cost of their care from this capital, but they will be expected to contribute from their income. Individuals who have more than £23,250 of capital are considered able to pay the full cost of their care. Where an individual has capital which lies between those two limits, that capital is considered to generate a weekly income at the rate of £1 per £250 of capital. This 'tariff' income is then added to the individuals other income before determining how much that individual should contribute to the cost of their care.

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<sup>6</sup> <https://www.health-ni.gov.uk/publications/home-help-and-domiciliary-care-guidance>

iii. The HSCB sets regional tariffs for care homes. These tariffs are as follows:

**Independent Sector Care Home Tariffs 2021/22**

	2020/21	2021/22
	£ per week	£ per week (rounded)
<b><u>Residential Care Homes</u></b>		
People with Physical Disability	<b>£663</b>	<b>£683</b>
Elderly	<b>£592</b>	<b>£610</b>
People with Mental Illness (or drug/alcohol dependence)	<b>£592</b>	<b>£610</b>
People with learning disability	<b>£592</b>	<b>£610</b>
<b><u>Nursing Care Homes</u></b>		
People with Physical Disability	<b>£798</b>	<b>£822</b>
People with Mental Illness (or drug/alcohol dependence)	<b>£743</b>	<b>£765</b>
People with learning disability	<b>£743</b>	<b>£765</b>
All other people	<b>£743</b>	<b>£765</b>

3.33 However, many homes charge more than the regional rate. These additional rates are called top up fees. HSCTs must contract with homes for services which meet the person’s assessed need. Guidance on top up payments states that “the rationale for the additional payment is fully transparent, for example, the rationale could be an optional additional services or an experience preference on the part of the service user.”<sup>7</sup> The Department is concerned however, that in some cases top up fees have evolved into a higher rate for particular homes with no obvious differentiation between standard care and any extras that may be available. Top up fees can range from £30 per week to £200

<sup>7</sup> <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hsc-eccu-1-2010.pdf>

per week. A top up fee should not be paid by the residents themselves. A third party, usually family member or friend has to pay this. This can severely limit choice of care facilities for people who may not have children or whose children do not have sufficient financial capacity to pay a top up fee. The Department is proposing a review of top up fees. The review will scope the current arrangements, decide whether or not a system of top up fees should be retained and if retained, develop regulations on their use.

- 3.34 HSCTs are obliged to offer someone a care home place that is deemed appropriate for their assessed needs or, if such a home is not available at the regional rate, to pay a higher fee, in line with Departmental guidance Circular HSC (ECCU) 1/2010 – ‘Care Management, Provision of Services and Charging Guidance. However, the weight given by HSCTs and service users/family carers to various factors in deeming a facility appropriate often differs.
- 3.35 In some areas there are many homes operating at the regional rate and in other areas there can be very few. Where there are very few, this again restricts choice for the service user and family carer.

**Proposed Action 2 –** The Department proposes a review of third party top up fees for care homes.

## Charging

- 3.36 Power to People highlighted the inequity in the current charging arrangements for domiciliary care and care homes and proposed a principle of parity in charging arrangements across care settings.
- 3.37 Parity could be achieved either by charging for domiciliary care or not charging for care homes. There are a range of potential charging approaches which include;
- No charging for adult social care services.
  - Introducing free personal care for all adult social care services whilst charging for other aspects of social care provision such as social support.

- Non means tested partial contribution to the costs of social care provision.
- Means tested partial contribution to the costs of social care provision.
- Non means tested charging for full cost of provision.
- Means tested charging for full cost of provision.
- Setting a maximum cap for total costs for care.
- Setting a floor for means testing where a certain amount of assets are disregarded for charging purposes.

3.38 Whilst recognising the current disparity in charging arrangements, the Department is concerned that introducing a charge for domiciliary care could have a range of adverse consequences that would mitigate against the policy intention of home based care where possible. Consequences could include financial pressures for some recipients and a reluctance to accept necessary services which could lead to a deterioration in someone's health and wellbeing.

3.39 In relation to care home charging, the Department recognises the understandable wish that people have to pass on an inheritance to loved ones. The Department will shortly be undertaking a detailed review to fully consider the advantages, disadvantages and impact of a variety of charging approaches. The review will come forward with recommendations for future charging approaches including any proposed changes to cap and floor thresholds. In the interim, the Department will continue to focus on improving the amount and quality of service provision. The Department will consult on the recommendations of this charging review.

3.40 The Department is developing estimated costings and an economic impact assessment for the proposed actions in this consultation paper. These will inform the development of an adult social care strategy.

3.41 Furthermore, the availability of funding will determine the pace and the order in which proposals can be actioned.

3.42 Funding, as it became available, would be allocated to a range of priority actions. Determining priority would require further assessment of the costs and impact of any change at the time in question. However, the Department is of the view that improving the pay, terms and conditions of the social care

workforce is a lynchpin to adult social care reform in NI and is a key priority. Other top priorities for funding would be meeting the demographic pressures for additional services, a change to the current model of domiciliary care, an increase in Direct Payment rates, an expansion of the availability and range of small scale care settings, an expansion of the services available to family carers and any costs associated with revised tariffs for care.

**Proposed Action 3 -** The Department proposes no changes to current charging arrangements at present pending the outcome of a detailed review of charging approaches. The review will make recommendations for future charging arrangements including any proposed changes to cap and floor thresholds.

## Commissioning with Purpose

3.43 The mixed economy of care was introduced in the 1990s under People First<sup>8</sup> with the development of community care to support a continued move from institutional based care. This led to the growth of community care infrastructure delivered through a range of provider and HSC organisations which was intended to provide meaningful choices for people accessing services. This included the development of an infrastructure to provide for the new demands for domiciliary care services which moved away from providing domestic tasks and towards the meeting of a broader range of needs including personal care. It enabled development of residential and nursing care community facilities providing housing with care outside of hospital and institutions. The mixed economy has further evolved and been developed through local and regional approaches to commissioning and contracting out of services. However there is little in the way of proactive market shaping or market regulation.

3.44 Contracted social care providers have, in many cases, provided innovation, a workforce, investment in buildings and made a significant valuable contribution to building the infrastructure of community care services. In many cases, they

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<sup>8</sup> [https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/people-first\\_0.pdf](https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/people-first_0.pdf)

have also provided adult social care services at a lower price than seemingly equivalent statutory services.

3.45 The involvement of the private and the not for profit sectors has developed unevenly across adult social care services.

3.46 Current procurement, contracting and monitoring processes can drive a short term, cost focused system of service provision with a focus on the transactional time for task arrangements rather than a personalised outcomes model of care. These systems are administratively burdensome and often inefficient.

3.47 Although the mixed economy of care has its strengths, in recent years it has also contributed to system difficulties with non-statutory provision when there has been business failure, procurement exercise failures or when providers have decided to leave the market. Availability of services to meet a variety of complex needs has also been limited or non-existent in some cases.

*“It is no longer sustainable to merely tinker at the edges of a broken system”*  
*Power to People Report*

3.48 The Department seeks views on retaining a mixed economy of care across the statutory, private and not for profit sectors. This means considering the ratio and balance of care provided by each sector, statutory, private and not for profit and the percentage to be provided by all going forward. Potential reasons for retaining a mixed economy could be as follows:

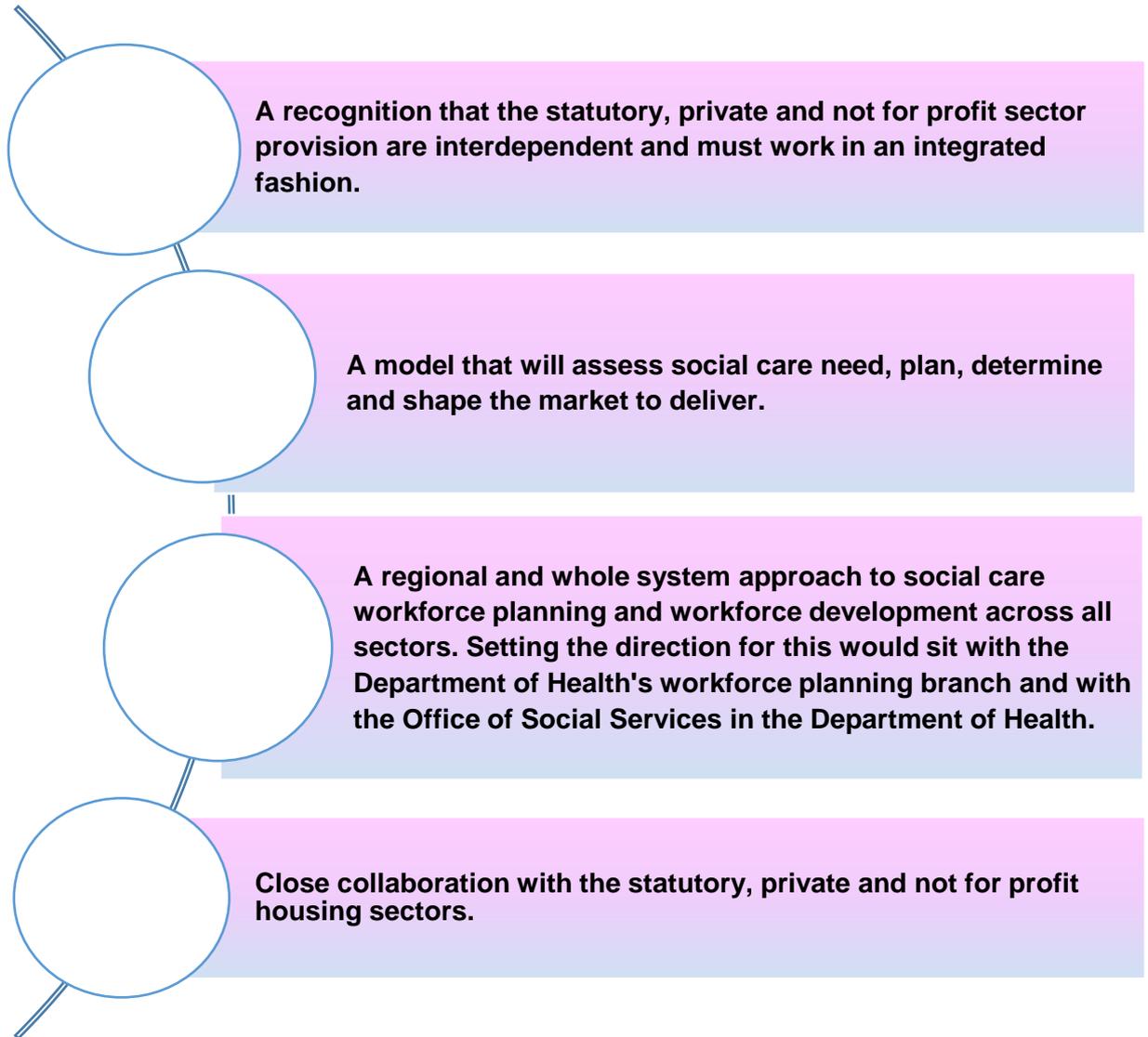
- To reduce any problematic over reliance on single or large scale providers.
- To support diversity of service provision that could enable choice.
- To support local, collaborative and community based provision.
- To support agility, innovation and creativity by bringing different perspectives and approaches to care.
- To retain statutory skill and expertise in the statutory sector in the provision of adult social care services.
- To provide a safety net in the statutory sector to meet need where other providers are not available.
- To take advantage of any benefits of private capital investment.

- To provide the stability that will be achieved by retaining existing services and existing providers.

**Proposed Action 4 -** The Department proposes to review the current balance in the mixed economy of care and make recommendations as to what balance between statutory and independent sector provision there should be.

3.49 The Department has commenced the development of a new Integrated Care System to replace the existing commissioning arrangements and processes in NI and undertook a targeted consultation exercise on a draft framework for the model which closed on 17 September 2021. This work will see the development of a new Integrated Care System (ICS) model in NI, whereby local providers and communities would be empowered to come together to plan, manage and deliver care for their local population based on a population health approach, with regional and specialised services planned, managed and delivered at a regional level. One of the cornerstone themes for the model is the adoption of an outcomes based approach to improving the health and wellbeing of our population. This approach will help remove organisational barriers and be a strong driver for the collaborative working practices that are needed to effect real and lasting change and improvement. The reform of adult social care commissioning will align with the new ICS model.

3.50 The whole system, cohesive approach to commissioning in the new model will support the development of a more balanced mixed economy of care and address the following factors that are particularly relevant to adult social care.



3.51 Adult social care commissioning objectives and outcomes would include:

- **Securing sufficient service capacity.**
- **Personalised service provision.**
- **Diversity and choice of service provision.**
- **The provision of preventative and early intervention services.**
- **Sustaining and improving the social wellbeing of individuals, families and communities.**
- **Collaborative planning with individuals, communities and service providers which is responsive to local population need and is aligned with other community planning processes.**
- **Home based care and support in a home of choice.**
- **Equitable access to publically funded services across localities, types of need and financial means.**

- **Local services which are responsive to local need including a geographical patch based approach to domiciliary care.**
- **Outcomes focused contracting and performance management.**
- **An agreed balance of provision across statutory and independent sectors.**
- **Adding social value to public spending including community wealth building principles.**
- **Support for family carers.**
- **Value for money.**
- **A collaborative approach between health and social care commissioning.**
- **Flexible service provision that can respond to changing need.**

3.52 The NI Executive recent announcement about achieving social value in public procurement contracts will support the commissioning objectives above.

**Proposed Action 5 –** The Department will reform how adult social care is planned and delivered within the new Integrated Care System model.

## Market Regulation & Tariff Setting in Adult Social Care

- 3.53 The 'Power to People' report noted that, *"the current 'market' of adult care and support is widely considered to be broken and no longer fit for purpose, it is failing to deliver for us and falls short in so many ways,"* and, *"(the) system of purchaser and provider heralded by the changes to community care more than 25 years ago sought to introduce competition around quality and price. This was intended to result in consumer choice, in other words a choice of services and provider. In reality there isn't one 'market' as such. More often it is effectively a collection of smaller markets based on geography"*.
- 3.54 In support of a whole system approach, the Department proposes achieving market regulation by revising and setting regional cost bandings for all forms of adult social care delivered by the private and not for profit sectors. Decisions on cost bandings would be informed by the following:
- The requirement for a minimum set standard for staff terms and conditions.
  - The requirements for a skilled, qualified workforce.
  - The level of staffing required to meet need.
  - The model of care being commissioned.
  - Costs associated with capital investment.
  - Regulated levels of profit.
  - Regulated levels of overhead and management costs. This level would be flexible enough to accommodate smaller scale providers who cannot offer economies of scale but can provide added value in other ways.
- 3.55 In order to promote self-directed care, Direct Payment rates would be broadly matched against an equivalent banding with possibly some reduction for fewer overhead and management costs.
- 3.56 A whole system commissioning approach would adopt a system where publically funded care would be provided at the agreed regional cost bandings with no provision for top up costs to be applied. This approach would support a system which would ensure that the same high quality care provision is available to all of the population regardless of means. To operate such a model,

the agreed regional bandings would have to reflect the true cost of providing the model of care that is being commissioned.

3.57 In such an approach, standards for the terms and conditions of the workforce would be informed by the newly established Fair Care Work Forum (see Valuing the Workforce chapter).

3.58 Regulating the market in such a way is likely to require powers of inspection and regulation in relation to;

- Overheads and management costs
- Profit
- Financial sustainability

3.59 The regulator would work closely with the commissioners of services to ensure that commissioning objectives, price setting and financial regulation were all closely aligned.

**Proposed Action 6 –** The Department proposes a revised system of regionally consistent tariff setting for adult social care services. The setting of the tariff would include all the factors outlined above.

**Proposed Action 7 -** The Department proposes increasing Direct Payment rates to broadly match the cost of equivalent directly commissioned services.

**Proposed Action 8 –** The Department proposes the introduction of increased powers of inspection and regulation in relation to overhead and management costs and levels of profit.

## **4. Strategic Priority 2: A Valued Workforce**

***- recognising the skills, values and attributes of people who work in adult social care in NI***

4.01 This chapter draws on 'Power to People' proposals 1, 6 & 7.

- **Proposal 1: The Expert Advisory Panel proposes that consensus on the need for, and direction of, transformational change is achieved and that the leadership responsibilities for the adult care and support system are made more explicit.**

**It is proposed that a cross-government initiative, led by the Department of Health, is undertaken to raise awareness of the purpose and value of adult care and support. The Panel also proposes that the HSC Trusts, together with other key bodies in Northern Ireland, take a specific lead in promoting the positive contribution of adult care and support.**

**This initiative will need to involve all the key stakeholders. It will also benefit from specific discussion with the media to inform and shape the next stage of the consultation process.**

- **Proposal 6: The Expert Advisory Panel proposes that the care and support sector should be, at least, a Living Wage sector as a first step to recognising it as a professional workforce. In the longer term the vision should be to equalise pay and conditions across the social care workforce.**
- **Proposal 7: The Expert Advisory Panel proposes that the Northern Ireland Social Care Council (NISCC) leads efforts to elevate the status of the social care workforce, through registration and the development of a shared induction, training and career development standards. That the NISCC further considers the representation of the social care workforce in the development of a professional body to ensure that the voice of frontline staff is effectively heard in the transformation of care strategy.**

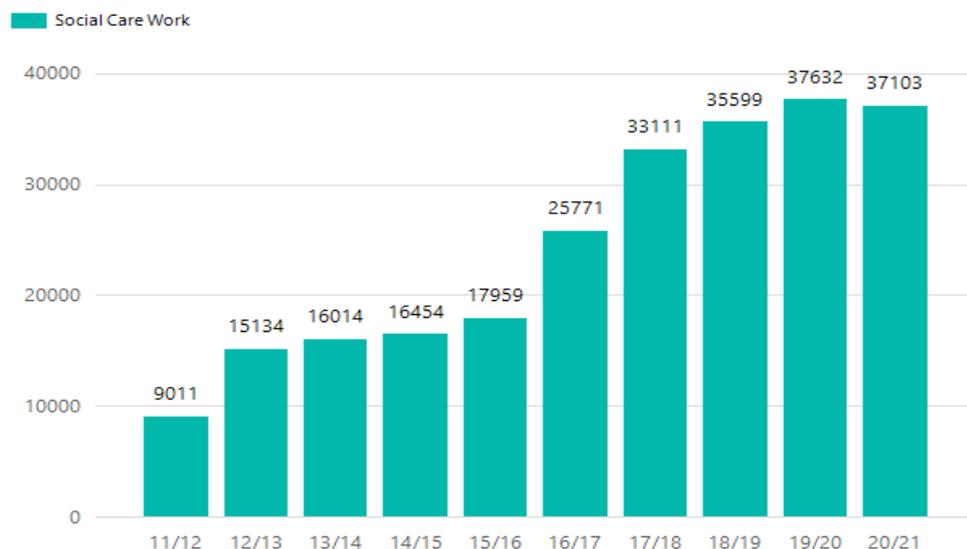
## The Current Registered Social Care Workforce

4.02 NISCC workforce data for August 2021 showed the following;

*\*Of the total of 37,103, below 34,153 are identified as adult residential care workers, domiciliary care workers, day care workers and supported living workers. The available data does not provide the working hours for these staff, some of whom may be part-time*

No of registrants	Sub part
<ul style="list-style-type: none"> <li>• Statutory: 7800</li> <li>• Non-statutory: 29,303</li> <li>• Total: <b>37,103</b></li> </ul>	<ul style="list-style-type: none"> <li>• Adult Residential Care Worker- 15,252</li> <li>• Domiciliary Care Worker - 14,439</li> <li>• Day Care Worker - 2,285</li> <li>• Supported Living Worker - 2,177</li> </ul>

### Social Care Annual Trends



4.03 The Panel recognised that people who work in social care choose to do so because they want to make a difference to people’s lives. The Panel stated that “(the) current system of commissioning and providing professional care and support had led to a form of exploitation. This exploitation has been due

*to low pay, public perceptions of care work and care workers and what is seen as a constant stream of bad news in the media.”*

- 4.04 The ‘Health and Social Care Workforce Strategy 2026: Delivering for Our People’<sup>9</sup> sets out ambitious goals for a workforce that will match the requirements of a transformed health and social care system. In relation to social care, it states, *“The workforce is also the most valuable asset in social care, and can, at its best, be at the forefront of empowering people’s independence and choice and improving their social inclusion, participation and social wellbeing. Delivering this vision requires a confident, capable and well-trained workforce.”*
- 4.05 The current pandemic has highlighted the vital contribution of the workforce to people using services, to family carers and to the system in maintaining essential services for people during the emergency. However it has also increased pressures on what was an already stretched workforce. Independent employers report issues with recruiting and retaining staff as they compete with other low paid sector employers such as retail or with the statutory social care services which have better terms and conditions. Workers also report feeling undervalued and express frustration at a limited career structure for progression. Challenges in the nursing workforce in adult social care services are also evident.
- 4.06 Social care services require a highly skilled workforce and creating a sustainable, well trained, competent workforce must be central to a reformed social care sector. It is our intention that all of the social care workforce will be valued and supported. Valuing the workforce will deliver an improved quality of care.

## **Pay and Conditions**

- 4.07 The Panel stated that, *“Commissioners and providers should be honest about the true costs of care and agree a funding tariff that sustains a properly paid and valued workforce, one that underpins a quality and professional sector”*.

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<sup>9</sup> <https://www.health-ni.gov.uk/sites/default/files/publications/health/hsc-workforce-strategy-2016.pdf>

Agreeing a fair, standardised system for pay, terms and conditions is complex in a mixed economy of care with over 500 employers. However, the Department believes that improved pay, terms and conditions for the lowest paid are a lynchpin to reform of the system. The Minister for Health has established a Fair Work Forum for Social Care which will take forward a regional, collaborative approach to pay, terms and conditions.

**Proposed Action 9 -** The Department proposes to improve the pay, terms and conditions of the lowest paid in the social care workforce.

## **Supporting and building the capacity of the workforce**

4.08 The Department is working on a Social Care Workforce Strategy which will support the development of the social care workforce and build pride and professionalism across the social care system in all sectors. This will include actions to develop career pathways, support the training and education of the workforce and to raise the profile and recognition of the social care workforce as a skilled and competent workforce.

The NISCC have begun work to;



4.09 The Department will develop policy/guidance for social care workers and employers which supports supervision and outlines a range of support and mentoring approaches. This approach will benefit staff and promote safety and quality in service provision.

**Proposed Action 10** – The Department proposes to continue developing a Social Care Workforce Strategy. This will include actions to develop career pathways, supervision and support, training and education of the workforce and to raise the profile and recognition of the social care workforce.

4.10 The Panel proposed that that the NISCC considers “*the representation of the social care workforce in the development of a professional body to ensure that the voice of frontline staff is effectively heard in the transformation of care strategy*”. The Department does not believe that it would be appropriate for the NISCC as a regulator to take on a role as a professional body or to be responsible for the development of such a body. However, the NISCC is well placed to contribute an understanding of the nature and needs of the social care

workforce to other stakeholders and it is the intention that they would continue to do so. The Department will also continue to engage with trade unions and other representative bodies to ensure that the voice of the workforce is heard. The Fair Work Forum will bring together a range of representative voices including the NISCC and trade unions.

## Personal Assistants

- 4.11 As outlined in the chapter on individual choice and control, it is intended to further progress the current policy for self-directed support. A competent and well trained Personal Assistant (PA) workforce is key to delivery of this objective.
- 4.12 Some PAs are employed through existing agencies but others are employed by individual employers who employ the PA directly. Individual employers can find this a daunting task and accessing appropriate training can be problematic. The Centre for Independent Living already provides support for employers using Direct Payments. The Department will explore any other additional supports that would be helpful. In other parts of the UK, small groups of individual employers have come together as a collective or cooperative to share employer responsibilities, training and support for the PAs. In collaboration with commissioners, HSCTs and recipients of direct payments, the Department will consider whether such an approach would be helpful within NI.
- 4.13 To further support people who employ PAs through direct payments, guidance on Codes of Conduct and Practice for PAs will be developed and the NISCC will collate resources to support recruitment and employment. HSCTs, in collaboration with employers, should ensure that Access NI checks are undertaken for all PAs.

**Proposed Action 11:** The Department proposes that HSCTs, in collaboration with employers, should ensure that Access NI checks are undertaken for all PAs.

- 4.14 HSCTs should support the recruitment of PAs through local advertising and recruitment campaigns.

- 4.15 The Delegation Framework for Social Care in Northern Ireland<sup>10</sup> highlights that most of the tasks that a PA or social care worker will carry out will be in line with their job description. However occasionally it will be necessary, particularly in complex situations, that a task will be delegated by another professional to the worker. The Framework outlines how this can be done safely but does require social care staff including PAs to receive appropriate training. In addition to training family members, HSCTs should, when delegating a task or providing a direct payment in lieu of a service, support access to any training necessary to ensure that the worker is competent. This training support should include general training such as adult safeguarding or Infection Prevention and Control as well as service user specific training.
- 4.16 The Department proposes that NISCC develop a support network for PAs.

**Proposed Action 12 –** The Department proposes improving a range of supports for Personal Assistants and their employers as described above.

## Information and Data

- 4.17 Northern Ireland was the first country in the UK to regulate the social care workforce and this provides us with an excellent opportunity to collect comprehensive information on the workforce that will help with workforce planning. The NISCC will be tasked with building on the existing data held on the social care workforce register to provide an annual analysis of the workforce report.
- 4.18 A regional workforce data set will be agreed to ensure consistency across the sector. This will include employment information, recruitment and retention trends, demographics, pay, qualifications and future workforce forecast.
- 4.19 The Department will use this workforce intelligence to plan, develop and build the capacity of the social care workforce. It is intended that a regional workforce

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<sup>10</sup> <https://www.health-ni.gov.uk/sites/default/files/publications/health/Circular-OSS-02-2018.pdf>

plan will be developed which will inform commissioning and planning arrangements.

4.20 There should be a regional approach to data collection for all social care services.

**Proposed Action 13** – The Department proposes that the NISCC will produce an annual social care workforce analysis report.

**Proposed Action 14** – The Department proposes that the regional workforce plan will inform commissioning and planning arrangements for social care services.

**Proposed Action 15** – The Department proposes that there should be a regional approach to data collection for all social care services to ensure consistency across the sector.

## Recruitment

4.21 Recruiting sufficient staff to meet increasing demand will continue to be a challenge. Developing a cross department strategic approach will be essential to ensure that a career within social care is promoted, supported and recognised for the important contribution of social care to the economy

*“We need to make sure that the people who care for us are paid properly, supported properly, respected and that they are given the space to allow their natural qualities to shine through”...John Kennedy  
Care Inquiry*

and population of NI. The Department will work with the Department for Communities to promote social care as a valuable and rewarding career choice and support individuals who may be interested in a career in social care. The Department will also work with the Department for the Economy to use the apprenticeship framework to reflect the needs of the social care sector. The NISCC will continue to promote social care work through the use of social care ambassadors within schools, attending work fairs, and working with other agencies to encourage recruitment.

4.22 The wide variety and diversity of job roles offers opportunities for social care workers to find a role that suits them best. However, the range of different job titles for similar roles causes confusion and can create a barrier to movement

across employers. The Department proposes to work in partnership with employers of regulated services to carry out a review of job titles and job descriptions with the aim of supporting consistency and transferability within similar settings and job roles.

- 4.23 There may also be a very small number of staff who are not registered with the NISCC as intended due to their job title rather than their role and function. It is proposed to remedy this and ensure that all people who work in social care roles within regulated services and who are not registered elsewhere are registered with the NISCC irrespective of job title or function.

**Proposed Action 16** – The Department proposes working with both the Department of Communities and the Department for the Economy to promote social care as a valuable and rewarding career choice.

**Proposed Action 17** - The Department will introduce a requirement to ensure that all staff working in social care settings must be registered with a professional body.

## Values

- 4.24 It is important that we recruit the right people with the right values and attitudes for this work. It is therefore our intention to require all social care employers to utilise values based recruitment processes that have been developed by the NISCC. The toolkit helps employers to consider the values and attitudes that are important within their organisation, to ensure they are reflected in job descriptions and recruitment processes and provides tools such as videos that can test people's attitudes and values to ensure they are a correct match for work in this sector.

- 4.25 As relationship based care is the cornerstone of social care work, all staff should have training that supports this as part of their induction. The NISCC will develop resources to support relationship based care.

**Proposed Action 18** – The Department proposes requiring all social care employers to use the values based recruitment processes that have been developed by the NISCC.

**Proposed Action 19** – The Department proposes requiring all social care employees to have relationship based care training during their induction.

## Leadership

- 4.26 Leadership for the social care workforce has for the most part fallen to individual employers and there has been a lack of clarity as to where strategic leadership lies. Policy responsibility for the social work and social care workforce sits with the Office of Social Services within the Department and it is proposed that Executive Directors of Social Work should have oversight of workforce arrangements for social care workers within their HSCT areas.
- 4.27 Often an indicator of a good quality service is the effectiveness of the leadership. Many of our regulated services require a professional qualification to be eligible for a management position but that does not ensure that the person has the right attributes or competency for leadership. We propose that by 2030, all managers of registered adult social care services must have either a level 5 qualification or have a plan in place to achieve a level 5 qualification in leadership irrespective of whether they have a professional qualification or not. It is recognised that services would need support to achieve this. The NISCC provides leadership support across the adult social care sector and it is recommended that this continues. The quality of the leadership and the running of the organisation should be a factor in commissioning.
- 4.28 As detailed in the Primacy of Home chapter, the roll out of My Home Life to all care home managers will also support the development of leadership.
- 4.29 To support innovation and to strengthen the effectiveness of social care practice in improving people’s social wellbeing, training in quality improvement methodology will be made available to social care staff. This implementation of quality improvement approaches within social care settings will be supported by Social Work Quality Improvement Advisors.

**Proposed Action 20** – The Department proposes that by 2030, all managers of registered settings must have either a level 5 qualification in leadership or have a plan in place to achieve such a qualification irrespective of whether they have a professional qualification or not.

**Proposed Action 21** – The Department proposes that quality improvement methodology training will be made available to social care staff.

## Multi-Disciplinary Teams

4.30 Although the social care workforce is the largest staff group working in social care, there are a range of professionals who work within social care. These are mostly social workers, nursing and allied health professions. Employers will be expected to support staff to meet the conditions and continuing professional development requirements to maintain their registration.

4.31 In addition, to support the unique culture and contribution of social care services, it is proposed that all staff working in social care will be required to meet the NISCC induction standards. These will be reviewed to ensure that they meet the requirements of all staffing groups working within social care.

**Proposed Action 22** – The Department proposes that all staff working in social care will be required to meet the NISCC induction standards.

## Safe Staffing

4.32 As NI moves to safe staffing legislation, safe staffing models for all professional groups will be implemented as appropriate. The Department will lead the development of a specific model to identify safe staffing levels for social care staff, in co-production with relevant stakeholders.

**Proposed Action 23** - The Department proposes the development of a model which will identify safe staffing levels in social care settings.

## **5. Strategic Priority 3: Individual Choice and Control**

***- to ensure the individual has control over the decisions affecting their social wellbeing and their care and support needs***

5.01 This chapter draws on 'Power to People' proposal 2.

- **Proposal 2: The Expert Advisory Panel proposes that models of self-directed support become the norm in order to empower citizens with effective demand. Further priority should be given to how Self Directed Support funds could be used as catalysts to create and shape a diverse market of care and support provision, and we propose that mechanisms to stimulate such models are facilitated as a matter of priority.**

### **Why is Individual Choice and Control Important?**

5.02 This chapter is focused on ensuring an individual has control over the decisions affecting their social wellbeing and their care and support needs. People, families and carers should be empowered to make meaningful and individualised choices about care. They should be able to plan and self-direct their own care.

5.03 Empowering people to self-direct their own care should result in more person-centred care which is better at meeting people's individualised needs.

5.04 Choice and control are core aspects of social wellbeing, enabling people to plan and take informed decisions regarding their care, to involve friends and family if they so wish, and to maintain independence.

5.05 Choice and control are enabled by access to information.

5.06 Choice and control are underpinned by rights; by knowing your rights, by respect for your rights, by the actions of others being based on your rights and by rights based assessment processes which are transparent and recognise the importance of self-determination for individuals.

5.07 Choice and control are enabled by fair and equitable access to resources and services.

5.08 The Department recognises that much of current policy is designed to promote individual choice and control. The concept of Self-Directed Support (SDS) is a mainstay of current policy direction. However, it is also recognised that there are a number of barriers which are preventing widespread and full implementation of SDS. These include;

- A lack of alternative to mainstream statutory care provision resulting in a lack of meaningful choice and control.
- Financial disparity between SDS rates and rates being paid by HSCTs for service provision. Financial disparity between the rates being paid by each HSCT.
- Lack of accessible, comprehensive information.
- Insufficient support for people wishing to use direct payments.
- Access to assistive technology being limited.

### **Improving Individual Choice and Control**

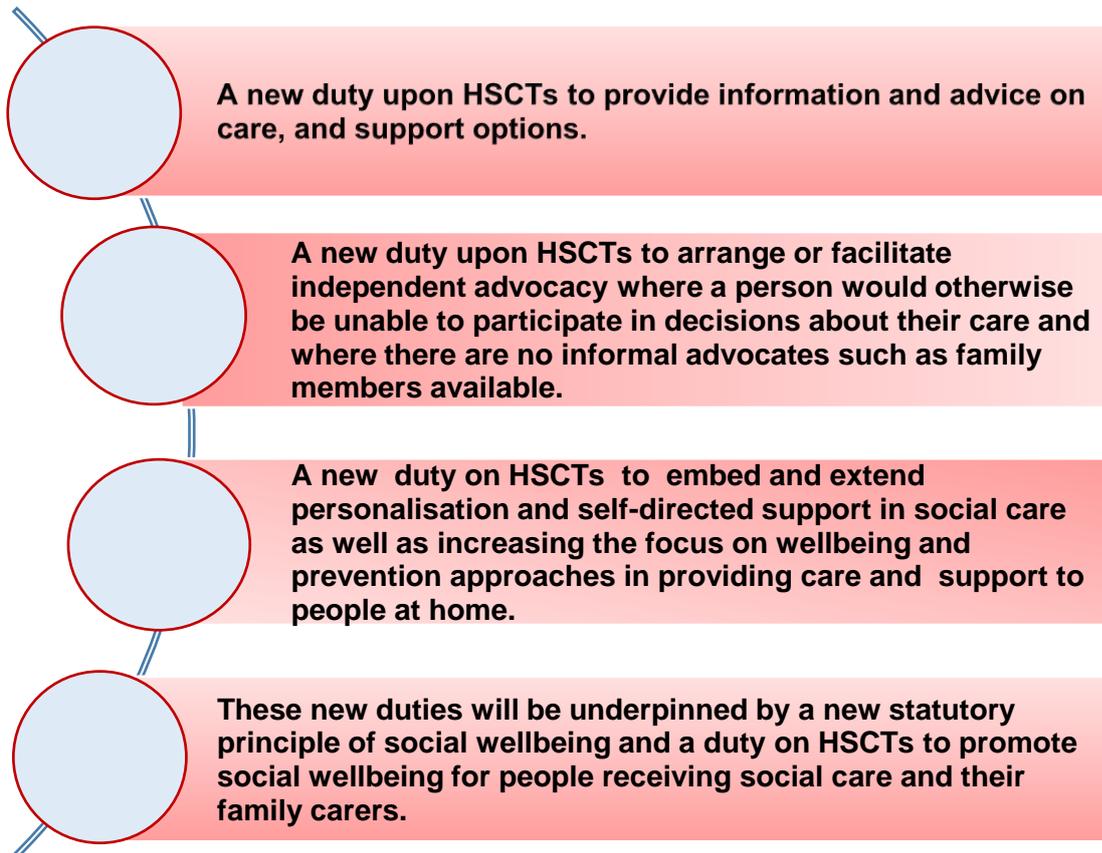
5.09 The Department suggests that it will further promote and enable individual choice and control in the following ways;

- Legislation
- An “In Control” Strategic Action Plan which includes:

- ***The Development of Service User and Carer Information Navigation and Guidance systems***
- ***Strengthening Care Management Standards and Procedures***
- ***Supporting Community***
- ***Promoting Self-Directed Support***
- ***To develop and promote digital and assistive technology that will support independence, choice and control.***

## Legislation

5.10 As outlined in the Sustainable Systems chapter, the Department is proposing the introduction of legislation which will promote individual choice and control in the following ways;



5.11 Individual Choice and Control will also be supported by the full implementation of the Mental Capacity Act 2016.

## An “In Control” Strategic Action Plan

5.12 The Department proposes developing a co-produced regional strategic “In Control” action plan that will develop and implement actions which promote individual control and control. The action plan should be closely aligned to the aims of planning and commissioning and should contain the following elements.

### The Development of Service User and Carer Information Navigation and Guidance systems

5.13 The Competition and Markets Authority (2017)<sup>11</sup> stated *“that many people find it challenging to make decisions about care under the stressful and time pressured circumstances which generally apply. Even when good information is available people rarely seek it or engage with it. Many people do not seek more information and in many cases they are confused by the social care system and funding arrangements, and do not know how to find and choose between homes”*.

5.14 People, families and family carers should be empowered to make meaningful and individualised choices about care and support through the provision of

*“We need a system of care where the individual and their family are in control of the nature of the social care provided, giving them realistic choice” ....NISCC*

accessible information, advice and advocacy about systems and processes related to assessment, eligibility criteria, care management, care pathways, financial contributions and available services. Support should be provided to people to help them navigate if necessary.

5.15 HSCTs should put in place accessible systems which provide comprehensive information available to support people to make informed decisions about their own care. This will include web-based information, digital portals and printed information.

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<sup>11</sup> <https://assets.publishing.service.gov.uk/media/5941057be5274a5e4e00023b/care-homes-market-study-update-paper.pdf>

## Strengthening Care Management Standards and Procedures

5.16 The Department has suggested in the Prevention and Early Intervention chapter that the Social Services Policy Group (SSPG) revise the current care management quality standards. A key objective for this review would be to increase the choice and control available to people and their family carers. Standards would include the following;

- i. The informed choices and decisions of individuals must be explicitly considered and given significant weight in assessment and service provision. People should be recognised as experts in their own needs and the right to make decisions contrary to professional recommendations must be respected.
- ii. Assessment outcomes must be shared with the person and family carers as applicable in a format accessible to them. Every effort should be made to agree assessment outcomes with all those involved.
- iii. Assessments and care plans must, where at all possible, be signed off by service users and family carers.
- iv. Care plans must be sufficiently detailed to allow all involved to be clear about how needs will be met.
- v. Care provided must be demonstrably tailored to promoting independence and to maximising individual choice and control about where and how care and support is provided.
- vi. The review of care provision should continue to promote individual choice and control. This should include the right for a person to change their mind about the service they want and for that decision to be supported.
- vii. Review should also include service user and family carer feedback on quality of the service provision they have been receiving.
- viii. Independent advocacy to be made available if a person would otherwise be unable to participate in decisions about their own care and where they do not have a family member or friend who is advocating for them.

- ix. An outcomes framework for care management should be developed and should adopt the “Making it Real”<sup>12</sup> Framework. This includes a set of statements which describe what citizen-focused, personalised care looks like from the point of view of the people themselves. The statements are as follows:



<sup>12</sup> <https://www.thinklocalactpersonal.org.uk/assets/MakingItReal/TLAP-Making-it-Real-report.pdf>

## Supporting Community

- 5.17 The Department's proposals in the Prevention and Early Intervention chapter about supporting community will strengthen the availability of choice and alternative provision to those in need of adult social care.

## Promoting Self-Directed Support

- 5.18 Self Directed Support is a way of providing social care support that empowers individuals to have informed choice about how support is provided to them with a focus on working together to achieve individual outcomes. Self-Directed Support enables individuals to choose how their support is provided and gives them as much control as they want over their Personal Budget. Direct Payments are only one of the options available to people self-directing their support and it is acknowledged that direct payments are not the preferred option for some people.
- 5.19 Both Reform of Adult Social Care Co-production groups, the Service User Engagement Group and the Independent Expert Carer Panel recognise and support the potential for SDS to offer and unlock flexible, responsive, personalised care and support which sustains wellbeing and transforms the quality of life for individuals. However, it is acknowledged that the SDS roll out to date has not achieved its full potential. To achieve this, the Department is suggesting the following;
- Resource Allocation – there should be a regional, transparent and consistent approach to the costing of equivalent HSCT services and the resulting budget allocation to individuals.
  - Direct Payment rates - There should be regionally consistent rates for Direct Payments which should be broadly equivalent to HSC contracted rates for similar provision. This is outlined also in the Sustainable Systems chapter.
  - Training and Support for Personal Assistants – The “Valuing the Workforce” chapter outlines the proposed measures to support the recruitment, retention, training and support of the Personal Assistant workforce.

- Direct Payment procedures should be reviewed with the objective of reducing the administrative burden on recipients, family carers, individual staff and HSCT systems.
- Services to support people with the management of Direct Payments such as that offered by the Centre for Independent Living should be made available regionally.
- The HSCTs should provide stimulus and catalyst to increase the option for people available as SDS. This should involve the inclusion of options for SDS in any new model of domiciliary care and in other contractual or direct provision arrangements for adult social care. The new Integrated Care System model should support this approach.

**To Develop and Promote Digital and Assistive Technology that will Support Independence, Choice and Control.**

- 5.20 The adult social care system needs to harness the potential of assistive and adaptive technology to transform social care services and the lives of people using services. The potential of technology to create capacity in service provision by reducing dependence on workforce models of care and to better enable control and independence for individuals is clear. However the importance of personal and social contact is fully recognised and the use of technology should not replace those needs.
- 5.21 The Department proposes the establishment of a HSC Adult Social Care Digital Innovation Forum to promote the development of digital and assistive technology projects on a regional scale. Such a forum would bring together service users, family carers, researchers, service providers and business to co design, test, pilot and evaluate digital and assistive technologies which could be scaled to promote independence and transform services.

**Proposed Action 24:** The Department is proposing the development of a co-produced regional strategic “In Control” action plan that will develop and implement actions which promote individual choice and control. The action plan would be closely aligned to the aims of the strategic commissioning

plan and would contain actions as described above under each of the following areas:

- The Development of a Service User & Carer Information Navigation and Guidance system.
- Strengthening Care Management Standards and Procedures.
- Additional Support for Community.
- Further promotion of Self-Directed Support.
- The Development and Promotion of Digital and Assistive Technology that will Support Independence, Choice and Control.

## **6. Strategic Priority 4: Prevention and Early Intervention – a renewed focus on prevention and early intervention to support people to achieve their own social wellbeing**

6.01 The Department’s proposals to renew a focus on prevention and early intervention are drawn from the ‘Power to People’ proposals 4 and 5.

- **Proposal 4: The Expert Advisory Panel proposes that neighbourhood based, preventative and citizen-focused community support models are encouraged and enabled. This should include the concept of a social worker-led Community Navigator role with such models available to every locality in Northern Ireland.**
- **Proposal 5: The Expert Advisory Panel proposes that the reform of adult care and support is fully aligned with the Community Planning responsibility of local councils. This should include consideration to the development of a more diverse range of funding vehicles, such as Social Impact Bonds to create incentives and capacity in the development of resilient communities.**

### **The Importance of Prevention and Early Intervention**

6.02 Statutory adult social care services are often only triggered when a crisis occurs or when a person has already developed significant needs which require more substantial provision, provision that is more disruptive to people’s lives and provision that is likely to cost more. A preventive approach to adult social care requires a significant balance shift away from transactional and reactive services to one which supports and sustains a whole ecosystem of both informal and formal support.

*“There needs to be a shift from reactive to preventative”* Power to People Report

6.03 Prevention and earlier intervention services could support people’s independence for longer, reduce the likelihood of complex needs being developed, help people to take measures to achieve their own social wellbeing,

improve opportunities for individual and societal wellbeing, reduce demand for complex needs provision and reduce costs.

- 6.04 Thresholds for access to statutory adult social care services are generally very high and eligibility criteria narrowly defined with a focus on functional needs. These thresholds and eligibility criteria do not support the aims of prevention and early intervention.
- 6.05 The 'Power to People' proposals 4 and 5 focus on the importance of resilient communities and networks surrounding individuals as a means to achieve prevention and early intervention aims.
- 6.06 Sustaining and improving social wellbeing is core to the role of adult social care services.
- 6.07 Supporting social wellbeing for both individuals and communities is a key component of a preventive/early intervention approach. It is important that the adult social care system recognises and responds to the impact of inequalities which often give rise to health and social care need. Social and structural factors include the impact of discrimination, marginalisation, poverty, social isolation, inadequate housing, and loneliness as well as the social, psychological and emotional impacts of ageing, illness and disability. They can profoundly impact on the quality of life and life opportunities for individuals, families, family carers and communities.
- 6.08 Key risk groups for social isolation or loneliness are older people, family carers, those with disabilities and those with mental health issues. SCIE (Social Care Institute for Excellence) research on loneliness<sup>13</sup> in older people refers to the impact of loneliness and social isolation on an individual's health and wellbeing and the attendant cost implications for health and social care services. The findings recommend investment in voluntary and community organisations and resources to prevent and alleviate loneliness and improve the quality of life of

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<sup>13</sup> SCIE research on loneliness: <https://www.scie.org.uk/prevention/connecting/loneliness-social-isolation#impact>

older people, reducing dependence on more costly services. The Covid pandemic has both created and exacerbated loneliness for many people.

## **Strengthening a System of Preventive Social Care**

6.09 The Department is suggesting improving Prevention and Early Intervention Services by the following means;

- Legislation
- Thresholds and Eligibility Criteria
- Preventive/ Support Visits for Older People
- Supporting Community
- Community Planning
- Strengths Based Assessment and Service Provision
- Supporting Family Carers
- Social Work and Community

### **Legislation**

6.10 As outlined in the Sustainable Systems chapter, legislation would place new duties of prevention and early intervention on services. Service commissioners and providers would be required to prevent, reduce or delay the need for care and support for people with eligible needs. They would be required to support people to be as independent as possible for as long as possible. This will require the embedding and extending of personalisation and self-directed support approaches in social care as well as improving the care and support available to people in their own homes.

### **Thresholds and Eligibility Criteria**

6.11 While the Department accepts that eligibility criteria will be needed for access to certain services, service commissioners and providers should ensure that preventive and early intervention services run alongside services for those with more complex needs. Eligibility for these services should be as open as is possible.

- 6.12 There should also be an emphasis on the provision of services that recognise and tackle root causes of social care need. This would include services which recognise and seek to ameliorate the impact of poverty and social deprivation.
- 6.13 The need to tackle loneliness and social isolation would be another priority for such services.

**Proposed Action 25 –** The Department is proposing that eligibility criteria for certain services for those with more complex needs must run alongside preventive and early intervention services which have lower access thresholds.

### **Preventive/ Support Visits for Older People**

- 6.14 Research carried out on behalf of the Commissioner for Older People in Northern Ireland recommends that all older people in NI, once they reach the age of 75 years, could benefit from the offer of a support visit by an appropriately trained professional. The support visit service has been successfully introduced in Denmark aimed at promoting well-being and independence and focused on developing personal resources and offering supports where needed. Positive outcomes reported include, reduced hospital admissions, improved mortality, improved functioning and reduced care admissions for older people.
- 6.15 The Department is suggesting that the model is introduced here and that everyone aged over the age of 75 is offered a health and social care support visit. The aim of the visit would be to;
- Provide a comprehensive and holistic facilitated discussion about current and future care and support needs. This would include early planning and signposting in relation to social support, family carer support, community connections and local resources, health and social wellbeing, finances, advance care planning and life stage planning.
  - Initiate early intervention and support plans for older people identified in need during the visit.

*“Make every contact count – focus on early intervention and prevention” Power to People Report*

6.16 It is suggested that this role may sit well within the new Primary Care Multi-Disciplinary Teams in which Social Workers, Mental Health Practitioners and Physiotherapists will work in conjunction with the existing practice team to provide enhanced access to health and social care services within a primary care setting. In this case referrals will be led by social work but with the support of the other disciplines. However, if the model is to be adopted, the Department would suggest co-producing its development with relevant stakeholders including older people themselves.

**Proposed Action 26 –** The Department is proposing the introduction of the offer of preventive/support visits for anyone aged over 75.

### **Supporting Community**

6.17 Community support is a further vital component of preventive and early intervention approaches.

6.18 Northern Ireland is fortunate to have a robust third sector and community sector. The strength of locally based and locally responsive services has been of particular importance during the Covid pandemic.

6.19 The third sector and the community sector have much to offer in terms of an understanding of community need and flexibility and creativity in responding to that need.

6.20 It is important that the relationship between the adult social care system and the community sector is that of a collaborative partnership. Adult social care services should adopt an asset based community development approach to working in real partnership with communities. The International Association Community Development (IACD) defines asset based community development, (ABCD)<sup>14</sup> as an approach that ‘recognises and builds on the strengths, gifts, talents and resources of individuals and communities to create strong, inclusive and sustainable communities’.

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<sup>14</sup> <http://apps.worldagroforestry.org/downloads/Publications/PDFS/PO20058.pdf>

- 6.21 While statutory services may well wish to access community support to meet individual need, it is essential that they also ensure that such services are sufficiently supported to be able to do that.
- 6.22 The Department acknowledges the difficulties small scale community projects have in obtaining longer-term sustainable funding and in mainstreaming innovative successful projects. Procurement processes are a significant burden for smaller scale, local projects. These projects often do not have the resources to put in successful bids and they can struggle to offer the economies of scale that larger projects can provide.
- 6.23 Competitive procurement processes can be counter-productive to attempts at co-operation, collaboration, co-production and co-design with local communities and local projects. They can also set small scale projects up in competition with each other.
- 6.24 The Department proposes that support for the community sector is improved in the following ways;

- **Commissioning objectives for social care services should seek to strengthen the connection of social care with a range of sustainable community based supports focusing on promoting positive social wellbeing and connecting people to supportive networks and communities.**  
As outlined in the Sustainable Systems chapter, commissioning and procurement processes should include the use of social clauses which promote neighbourhood based, preventative and citizen focused community support.
- **Also, as outlined in the Sustainable Systems chapter, commissioning and procurement processes should also help tackle the underlying poverty that gives rise to much social care need in communities through the promotion of community wealth building approaches.**
- **Service commissioners and providers should also develop participatory budget processes that support community involvement in funding decisions.**
- **An agreed proportion of available adult social care funding should be ring fenced for small scale, neighbourhood based, community sector projects.**
- **Short term funding should be avoided where at all possible. The financial sustainability and scalability of any community resources should be planned for from the outset.**
- **Where procurement processes are necessary, every effort should be made to reduce the burden of these processes for the community sector particularly in terms of monitoring and reporting requirements.**
- **Competitive procurement processes should be replaced by a grant making process for small scale local projects.**

- 6.25 The new model of planning health and social care services in NI, the Integrated Care System model proposes increased autonomy at a local level and as the model and partnerships mature, it would see local groups take more control over planning and funding for services delivered within their localities. This approach will seek to deliver the most appropriate services to meet the needs of local populations in line with agreed strategic objectives.
- 6.26 Work is being progressed to develop a new funding model to facilitate this approach and the points above will be considered in this work.

**Proposed Action 27** – The Department is proposing to explore and promote improved support to the community sector through work being taken forward to develop a new approach to planning, managing and delivering services.

### **Community Planning**

- 6.27 Sustaining and supporting community resilience as a key part of an adult social care system requires partnerships across the board with the statutory sector, independent sector, the third sector and also includes housing services, transport services, leisure services and education services.
- 6.28 Community planning partnerships led by local councils are now well established. It is important that these partnerships link well to planning for meeting social care need. To this end, the Department recommends that the HSCT representatives on these partnerships include those responsible for adult social care delivery. HSCT representatives in community planning should support other partners to understand social care and the role that they could play.

**Proposed Action 28** – The Department is proposing that HSCTs will include the needs of adult social care services and service users in their engagement in community planning processes.

## Strengths Based Assessment and Service Provision

6.29 The Social Care Institute for Excellence describe strengths based practice as working in a collaborative way that promotes the opportunity for individuals to be co-producers of services and support. Strengths refers to different elements that help or enable the individual to deal with challenges in life in general and in meeting their needs and achieving their desired outcomes in particular. These elements include:

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- Their personal resources, abilities, skills, knowledge and potential.
  - Their social network and its resources, abilities, skills etc.
  - Community resources, also known as social capital and/or universal resources.
  - Strength-based practice is about professionals exploring what is working well for people and how it can be maintained or enhanced rather than focusing on what people can't do. Importantly, it trusts people to know what is best for them.

6.30 The Department believes that strengths based practice and service provision are a key element of a preventative and early intervention approach.

6.31 The Office of Social Services has already produced a publication on 'Strength-based Practice Insights from Adult Services' (2018) for social care practitioners setting out a good practice guide for the use of strength-based approaches.

6.32 The Department wishes to further promote strengths based practice by making it a key objective of the review of NISAT (Northern Ireland Single Assessment Tool) and the review of Departmental Care Management Standards which are outlined in the "Primacy of Home" chapter. These reviews should incorporate the Reflections Strengths-Based Practice tool<sup>15</sup>.

<sup>15</sup> [https://www.health-ni.gov.uk/sites/default/files/publications/health/Are-you-Okay-Adult-Services-Reflections\\_0.PDF](https://www.health-ni.gov.uk/sites/default/files/publications/health/Are-you-Okay-Adult-Services-Reflections_0.PDF)

## **Supporting Carers**

- 6.33 Supporting family carers is another key element of a preventative and early intervention approach to adult social care.
- 6.34 The Panel acknowledged “*the significant contribution made by family, friends and other informal carers to the health, wellbeing and human rights of adults with support needs as well as to the adult care and support system as a whole. Currently, they may be seen as the bedrock of care as their contribution is the primary way that most people experience care and support*”.
- 6.35 The Panel’s view was that carers often feel out of sight, undervalued and neglected and that we must look at ways to strengthen their rights and to better support them.
- 6.36 The Department intends to improve the support available to family carers. Detail on this is contained in the Supporting Carers chapter but include the following preventative measures;
- A duty of prevention which applies to family carers as well as service users.
  - A duty to assess and meet family carers’ needs.
  - Improved identification of family carers who may need support

## **Social Work and Community**

- 6.37 Proposal 4 of the Power to People report includes the concept of a social worker-led Community Navigator role with such models available to every locality in NI.
- 6.38 The Department agrees with the Panel’s view that community cohesion, engagement and empowerment have long featured as a strand of social work and social policy but also accepts that this needs strengthened. Rather than the creation of a specific new role, the Department suggests that the focus should instead be on improving the opportunities for social workers across a range of

sectors and settings to use their skills and training in community focused practice. This would involve;

- Augmenting existing HSCT community development services with designated social work posts.
- Including the social work profession in community connection hubs and navigation schemes.
- Including community development/community engagement routinely in HSCT adult social work job descriptions.
- Increasing capacity for a community focus for more complex cases by introducing new social work posts within HSCT social work teams.
- A renewed emphasis in undergraduate social work training on community focused practice.
- Continued support for the newly developed post-graduate Social Work and Community professional development programme.
- Support for a role for the social work profession in neighbourhood, community and voluntary services by including this role in contracts and provide financial support for community and voluntary sector organisations providing such services.
- A full rollout of the new Primary Care Multi-Disciplinary Teams project with support for the community development aspect of the social work role within these teams.

**Proposed Action 29** – The Department proposes strengthening the capacity of the social work profession to support community focussed practice in the ways described above.

## **6. Strategic Priority 5: Supporting Carers – *Carers will be supported in their caring duties and entitled to support in their own right***

7.01 The relevant 'Power to People' proposals are:

- **Proposal 2: The Expert Advisory Panel proposes that models of self-directed support become the norm in order to empower citizens with effective demand. Further priority should be given to how Self Directed Support funds could be used as catalysts to create and shape a diverse market of care and support provision, and we propose that mechanisms to stimulate such models are facilitated as a matter of priority.**
- **Proposal 3: the Expert Advisory Panel proposes that the rights of family carers are put on a legal footing and that a strategy to bring them into the heart of transformation of adult care and support is adopted.**

7.02 The proposals in this chapter have been informed by the work of the Independent Expert Carers' Panel (IECP) who have provided very significant input and expertise to the work of the Reform of Adult Social Care project.

7.03 The Power to People report acknowledges "the significant contribution made by family, friends and other informal carers to the health, wellbeing and human rights of adults with support needs as well as to the adult care and support system as a whole. Currently, they may be seen as the bedrock of care as their contribution is the primary way that most people experience care and support". The Panel's view was that family carers often feel out of sight, undervalued and neglected and that we must look at ways to strengthen their rights and to better support them.

7.04 This chapter sets out proposals to improve support for family carers.

## Who is a Carer?

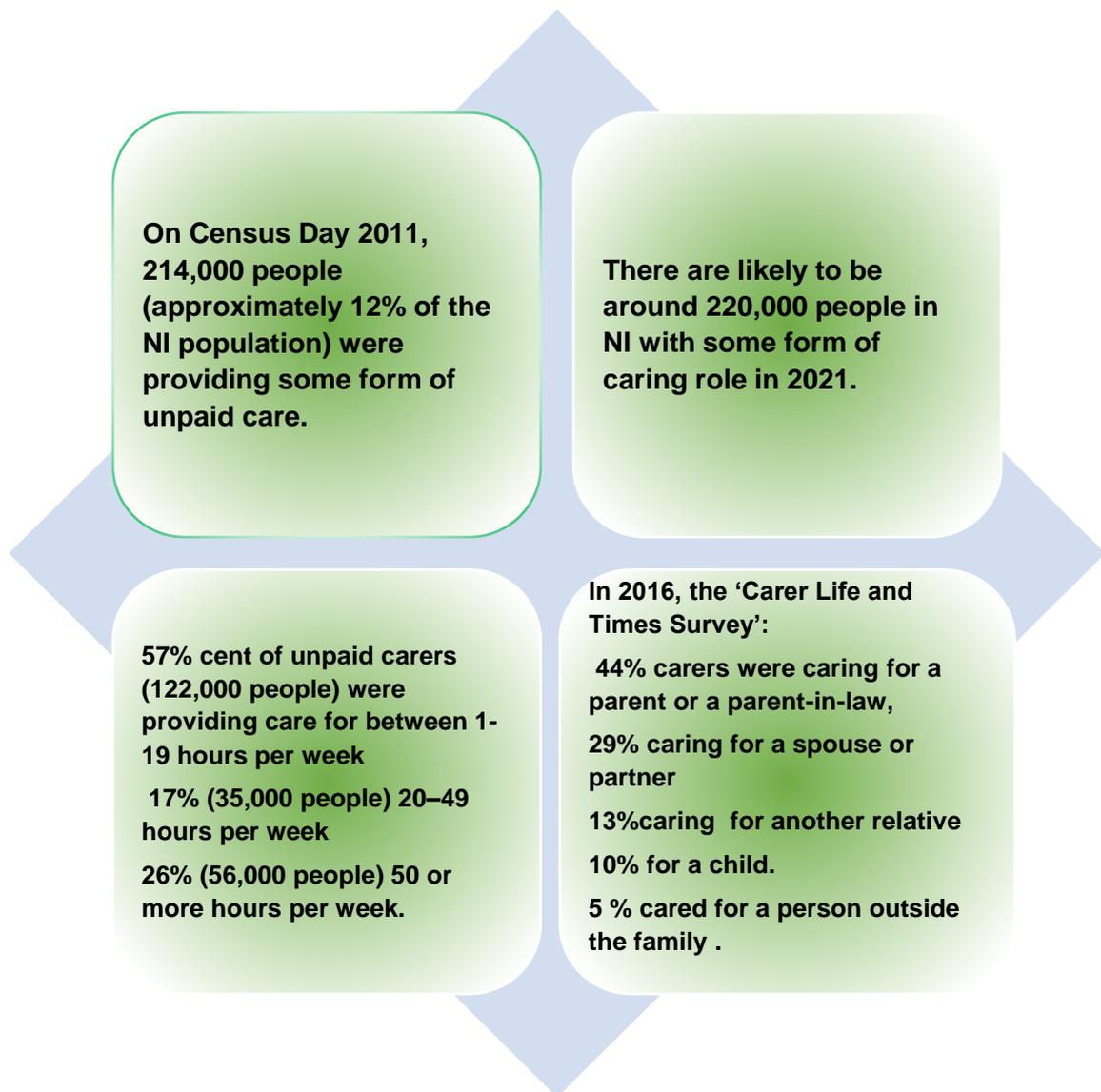
7.05 There are a variety of different definitions of a 'carer' which all provide useful insight to the role family carers can play.

- *Carers are people who, without payment, provide help and support to a family member or a friend who may not be able to manage without this help because of frailty, illness or disability. Carers can be adults caring for other adults, parents caring for ill or disabled children or young people who care for another family member (Department of Health NI, Carers Strategy 2006)*
- *“Carer” means an adult who provides or intends to provide care for another adult (an “adult needing care”) (Care Act 2014, England)*
- *A carer is defined as a person who provides unpaid help or support to family members, friends, neighbours or others because of long-term physical or mental health or disability, or problems related to old age (Census 2011).*
- *Carers are not a homogenous group. Carers can be all ages from children to the very elderly who are looking after family members (NI Human Commissioners Report, 2014)*
- *“As a carer, offering person-centred and dignified care requires you to be on a continuous and exciting journey of discovery, to keep learning, observing and listening, placing those you care for at the hearts of all that you do. The rewards can be many” (The Carer’s Bible written by Amanda Waring, 2018)*
- *The proposed new legislation will define a carer for eligibility purposes*

## Carer Statistics

7.06 Research on carers showed the following;

### NI Assembly Research<sup>16</sup>

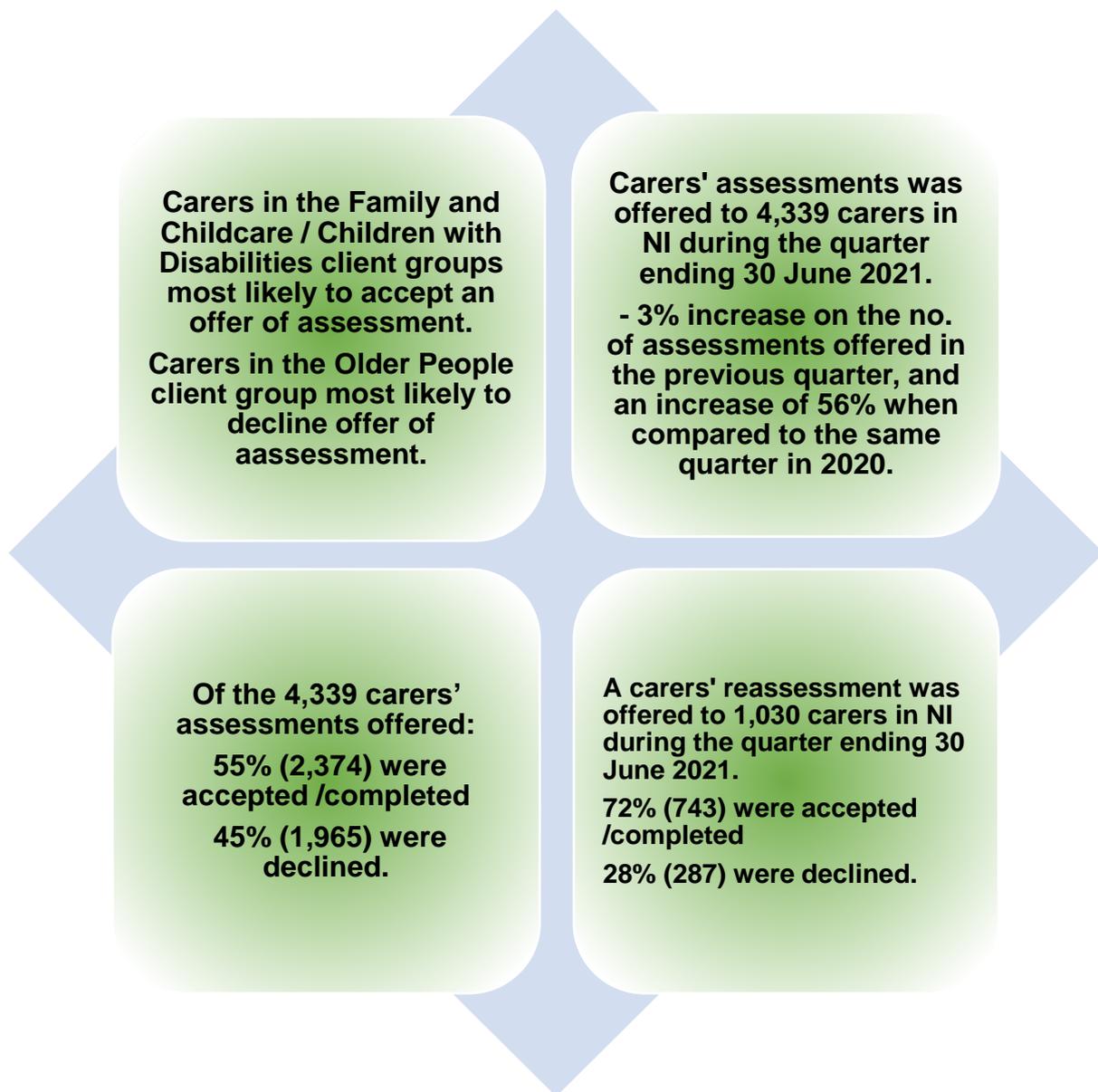


<sup>16</sup> <https://www.assemblyresearchmatters.org/2018/07/26/carers-in-northern-ireland-key-statistics/>

## Carers UK research

- Carers UK research report 2020<sup>17</sup> noted a 7% increase in numbers in NI in a caring role since the onset of the pandemic.

## Department of Health research<sup>18</sup>



<sup>17</sup> [https://www.carersuk.org/images/CarersWeek2020/CW\\_2020\\_Research\\_Report\\_WEB.pdf](https://www.carersuk.org/images/CarersWeek2020/CW_2020_Research_Report_WEB.pdf)

<sup>18</sup> <https://www.health-ni.gov.uk/news/publication-quarterly-carers-statistics-northern-ireland-april-june-2021>

## Impact on Caring

7.07 There is substantial research evidence that unpaid care can have a significant adverse impact on carers' health and wellbeing, household finances, employment, education and relationships.

*“Many carers undoubtedly offer care willingly because of love, affection or a sense of duty to the person needing support. However, there is a great deal of evidence that even when this is the case, the inadequacies of care available to the person with care needs combined with a lack of support and attention to the rights and needs of carers, often results in a situation that is detrimental to the carer in a number of ways”* Power to People report.

## Current Legislation, Policy and Guidance in NI

7.08 The Carers and Direct Payments Act (Northern Ireland) 2002 places a duty on HSCTs to inform carers of their legal right to a care assessment, provide family carers with the right to a carer's assessment of their own and to be considered for services that meet their own needs. The Act also provides HSCTs with the authority to provide personal, social services to directly support family carers and there is a duty to decide whether or not to meet family carer need. However, this falls short of a duty to meet need.

7.09 Caring for Carers 2006<sup>19</sup> is the current Department's strategy. However, a variety of subsequent guidance<sup>20</sup> has also been produced. The most recent “Advice for Informal (Unpaid) Carers and Young Carers during the Covid 19 Pandemic” was produced in April 2020 and updated in July 2021.<sup>21</sup>

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<sup>19</sup> <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/caring-for-carers.pdf>

<sup>20</sup> <https://www.health-ni.gov.uk/publications/carers-guidance>

<sup>21</sup> <https://www.health-ni.gov.uk/publications/advice-informal-unpaid-carers-and-young-carers-during-covid-19-pandemic>

## Legislation

7.10 The Department is proposing new adult social care legislation as outlined in the Sustainable Systems Building chapter. Of the measures proposed, the following are designed to improve support for family carers;

- **Duties to provide preventive and early intervention services.**
- **Duties to sustain, promote and protect social wellbeing for service users and family carers in the provision of adult social care services.**
- **Duties to provide information, choice and control of service provision to service users and family carers.**
- **Duties to provide equitable access to assessment of need for service users and family carers.**
- **Duties to provide equitable access to services to meet eligible assessed need for both service users and family carers.**
- **Criteria for service eligibility for both service users and family carers.**
- **Duties to provide independent advocacy for services users and family carers.**

## Carers' Strategy

7.11 The Department proposes an evaluation of the current 2006 Caring for Carers strategy to inform a new strategic approach. The Department proposes that this new strategic approach would include:

- The development and implementation of an integrated health and social care **carer support pathway**.
- The adoption of the **NICE Quality Standard** for Supporting Adult Carers<sup>22</sup>.

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<sup>22</sup> <https://www.nice.org.uk/guidance/QS200>

- The identification of **cross government approaches** needed to support family carers such as financial, employment and educational support.
- Actions to promote the recognition of **carers as a Section 75 group** and to improve the assessment, monitoring and response related to equality impacts on family carers.
- The inclusion of measurements related to family carer wellbeing in the **Programme for Government outcomes** assessments.
- A **Carers' Register** -The Department proposes building on the work of existing HSCT carers' registers to develop and maintain a voluntary central register of carers with the aim of improved identification and data availability of carers, especially those who may need support.
- A **Carer Navigation System** - The Department proposes the development and maintenance of a regional digital platform which would deliver accessible, consistent communications of relevance to family carers in NI.
- **Awareness Raising** - The Department proposes a comprehensive and co-ordinated awareness campaign amongst all staff working in health and social care services to promote the recognition of family carer contribution, family carer need and the importance of family carer inclusion. This should be complemented by an awareness raising programme for the public which recognises the importance of family carers and encourages family carers to seek support where needed.
- A plan to fully embed **co-production** with family carers as an integral part of the design process and implementation of adult health and social care services.
- A plan to fully embed **Personal and Public Involvement** with family carers as an integral part of the design process and implementation of adult health and social care services.

**Proposed Action 30** – The Department proposes to conduct an evaluation of the current 2006 Caring for Carers strategy to inform a new strategic approach which would include the areas listed above.

## Cross Departmental Senior Officials Group

7.12 Support for family carers should be a consideration for all government departments and in order to promote an integrated approach the Department is proposing a Cross Departmental Senior Officials' Group. This group would be guided by the voice of experts with lived experience and would be responsible for agreeing and implementing cross Departmental responses to the need identified in any new strategic direction.

**Proposed Action 31 –** The Department is proposing a Cross Departmental Senior Officials' Group which will be guided by the voice of experts with lived experience.

## Carers' Champion

7.13 The Department proposes the introduction of an independent Carers' Champion role modelled on the Mental Health champion role. This person would be a public advocate for family carers with a particular remit for ensuring the voice of lived experience was heard and bringing that to influence policy and give advice across government departments. The champion would also have a role to challenge policy makers and service providers.

**Proposed Action 32 –** The Department proposes the introduction of an independent Carers' Champion role.

## Carers' Assessment

7.18 The Department has proposed a review of the Northern Ireland Single Assessment Tool (NISAT) and the use of the NISAT in the Primacy of Home chapter. This review would include the family carer specific aspects of the NISAT, including the experience of the use of the Carers Conversation Wheel. The review would be informed by the lived experience of family carers.

7.19 The Department has proposed a review of Care Management Quality Standards in the Individual Choice and Control chapter. This review would include standards which would promote the inclusion of family carers in assessment and care planning as well as standards about assessing and meeting family carer need.

## **Self-Directed Support**

7.20 Proposed measures to promote the use of SDS in the Individual Choice and Control chapter include the need to improve the availability of and support for SDS options for family carers in their own right.

## **Prevention and Early Intervention**

7.21 Proposed measures in the Prevention and Early Intervention chapter also recognise support for family carers as a key element.

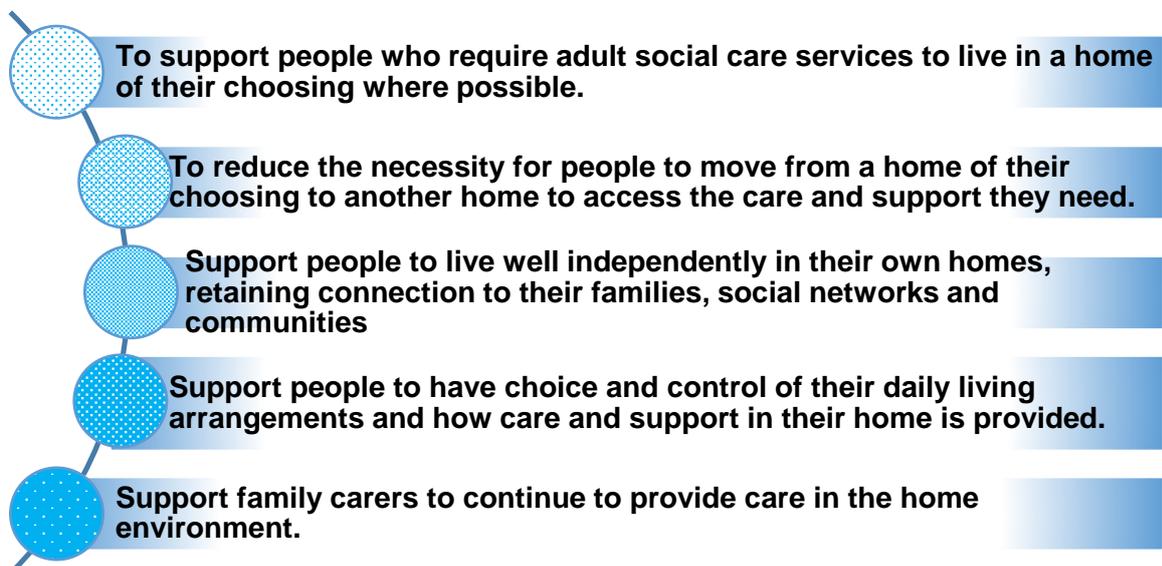
## **8. Strategic Priority 6 Primacy of Home** – *the purpose of adult social care, including group care services, is to support citizens to live well in their own home in connection to their families, social networks and communities, providing maximum choice and control of their daily living arrangements and their care and support provision*

8.01 The following proposals from the Panel are relevant to this chapter

- **Proposal 12** – The Expert Advisory Panel proposes that HSC Trusts are enabled to more effectively discharge market shaping responsibilities. In this way requirements to facilitate self-directed support and encourage community based models of intervention alongside formal systems of care and support can be monitored.
- **Proposal 15** – The Expert Advisory Panel proposed that the Department of Health and the HSC works more closely with the Department for Communities and NI Housing Executive around future strategies for specialist and supported housing to ensure more effective alignment between housing and social care.

### **Primacy of Home Objectives**

8.02 A place to call home and a safe, familiar and comforting home life are very important in most people’s lives. They are no less important for those who require care and support. The Department will continue its longstanding policy position that seeks to provide home based care where possible. The objective of these “primacy of home” proposals is to:



## Preventive/Support Visits

8.03 The Department is proposing that a preventive/support visit is offered to people from the age of 75. Such a model would be intended to support the policy objectives of home based care and prevention and early intervention.

## Assessments

8.04 Any decision about the need for adult care and support services should be based on a holistic assessment which encompasses the physical, mental and social wellbeing of the person concerned. The person's own wishes should be the most important factor in any assessment. Where someone lacks capacity, the wishes of relatives who are acting in the best interests of the person should be equally important. A separate family carer's assessment should also be carried out but the outcome of this assessment should integrate with assessment for the service user. Where someone lacks capacity to contribute to an assessment and does not have any relatives who can advocate for them, an independent advocate should be appointed.

8.05 The decision to move into a care home or a supported living scheme is a particularly significant decision requiring very comprehensive assessment and full consideration of all alternatives.

8.06 The NISAT was developed to provide a holistic, co-ordinated assessment of a person's needs. However there is some concern that it is not delivering well on that objective. The Department proposes to review the NISAT and the application of the NISAT to ensure assessment is strengths based, is fully informed by the wishes of the person and any relatives or friends who support them and supports a relationship based approach to assessment. Review of the NISAT and its application should be co-produced with all relevant stakeholders.

**Proposed Action 33 -** The Department proposes a review of the NISAT and of the application of the NISAT.

- 8.07 It is important that people and their relatives do not feel rushed into such a significant decision nor should they feel pressured to accept a particular option. Every effort must be made to ensure that a choice of a care option is fully informed and understood by the person and their relatives. People must be supported through the decision making process. This should be the case in both hospital and community settings where such decisions are being made.
- 8.08 This decision making should be supported by the availability of clear, comprehensive information in written form which fully details the process, all the potential options and the implications of various options.
- 8.09 Emergency admissions to a care home should be avoided where at all possible. If an emergency admission is unavoidable, the above comprehensive assessment process should start immediately on admission and be completed as soon as possible. The need for an emergency admission should not be seen as determinative of future choices.

## Domiciliary Care

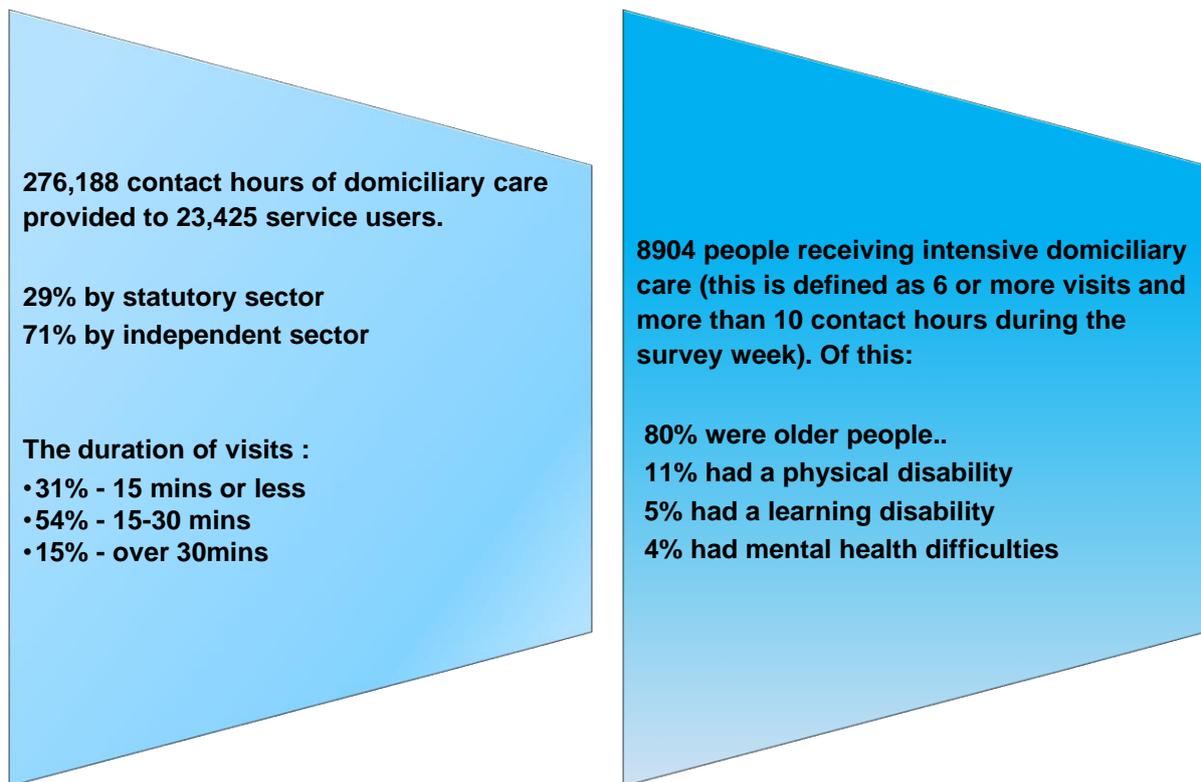
- 8.10 The current Department's definition of domiciliary care is: "It is the range of services put in place to support an individual in their own home. Services may involve routine household tasks within or outside the home, personal care of the client and other associated domestic services necessary to maintain an individual in an acceptable level of health, hygiene, dignity, safety and ease in their home."
- 8.11 However, over time, understanding of what is included within the definition of domiciliary care services has expanded to include increasingly complex tasks such as the administration of medication; support to people with advanced dementia; stoma and catheter care; support to people with dysphagia and end of life care. Domiciliary care also plays a key role in underpinning a more efficient healthcare system through supporting timely discharges from hospital.

8.12 Supported Living - Some forms of domiciliary care are provided in what are known as supported living services. Supported living provides extra housing support and/or an element of care to meet the support needs of individuals and help them lead as independent a life as possible. Settings may be shared between several people and have communal space or consist of separate units of self-contained accommodation – with or without communal space. Supported living services are delivered in people’s homes, involving tenure rights for renting or ownership with associated occupancy rights. In general, people move into specific housing in order to be able to access the support from a supported living scheme. This differs from a more traditional model of domiciliary care where the person receives the support in their existing home.

### **A Proposed New Model of Domiciliary Care**

8.13 The NISCC register in September 2020 showed 16,206 registered domiciliary care workers, 531 registered domiciliary care managers, 2,073 registered supported living workers and 120 domiciliary care managers.

8.14 The Department's annual domiciliary care survey in 2019<sup>23</sup> details the following figures for a sample week.

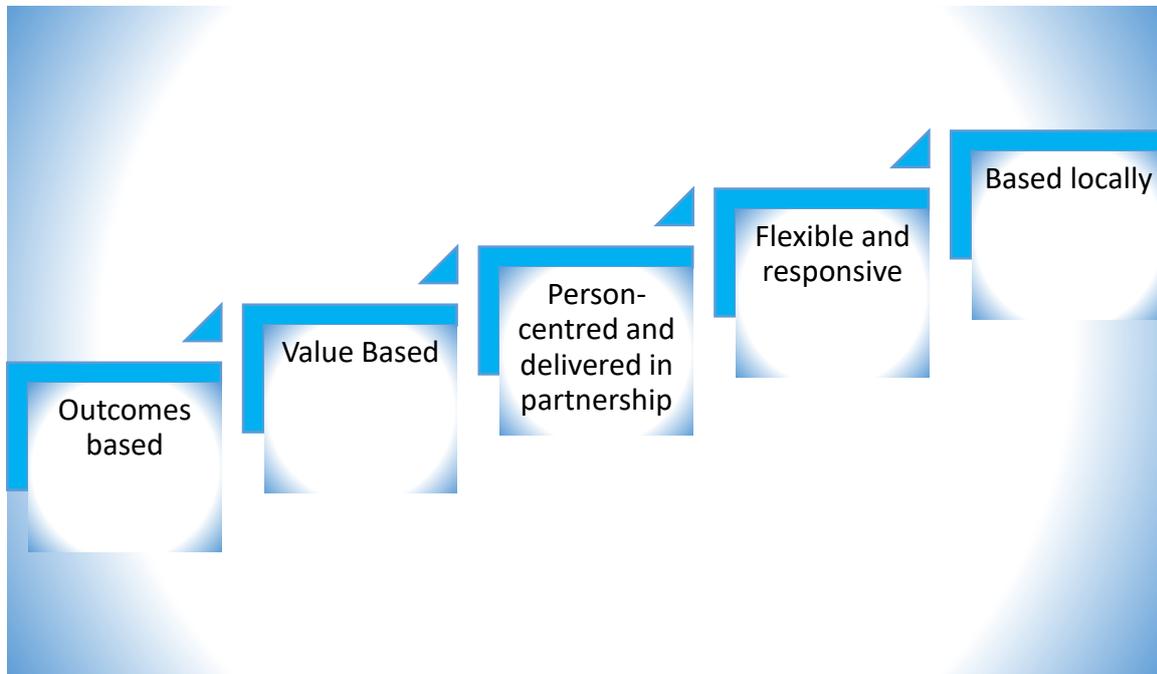


8.15 The Department recognises the significant difficulties with the current brokerage system in use for domiciliary care and as outlined in the Sustainable Systems chapter seeks to move away from a time for task model towards a more holistic approach to the entirety of someone's needs.

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<sup>23</sup> <https://www.health-ni.gov.uk/news/publication-domiciliary-care-services-adults-northern-ireland-2019>

8.16 A new model of domiciliary care has been operating in a pilot arrangement in the South Eastern HSCT. The principles of this model are that it is:



8.17 This model gives providers responsibility for a specific geographic area with the intention of creating stronger connections to the local community and existing local services such as GPs. It also aims to increase flexibility in response to changing need and better continuity of care for people. From a providers' perspective, it aims to reduce the necessity for travel time, create more certainty and reduce overheads. This geographic model could link well to council community planning arrangements. To date, this model has been very positively received by all stakeholders.

**Proposed Action 34 –** The Department wishes to see a regional, standardised model of domiciliary care. If the final evaluation of this pilot demonstrates successful outcomes, the Department proposes to adopt this model for regional use.

## Care Planning for Domiciliary Care

- 8.18 Domiciliary care services are only one aspect of the care and support that it may be necessary to provide at home. Needs for medical, nursing, allied health professionals, pharmacy, household management, home security, technological and social support may all also be necessary and will need to be fully integrated with any domiciliary care provision.
- 8.19 It is important that HSCT adult social care services reflect the full range of services that input into the service user's care to ensure they are integrated and co-ordinated. Using a self-directed support approach a unified care plan agreed in partnership with the service user, any family carers and all relevant services should be drawn up and agreed with all parties. This care plan must include arrangements for supporting mental health and social wellbeing in addition to personal care and physical health needs.
- 8.20 The role of family carers and any necessary supports for them should also be integrated into this unified care plan. (See proposals for carer support in the Supporting Carers chapter.)
- 8.21 Care planning should be supported by making detailed written and digital information available to people about the various possibilities for support.
- 8.22 While it is reasonable for HSCTs to consider the comparative costs of a range of care options and take these into account in service provision decisions, there should be no blanket rules or limits such as a maximum of four calls a day or a domiciliary care package costing no more than a care home place. Each situation must be assessed individually.

**Proposed Action 35 -** The Department proposes improving the quality of care planning including the co-ordination and integration of all aspects of someone's care as described above.

**Proposed Action 36 -** The Department proposes the removal of any set limits on the amount or cost of a service someone may receive. Each situation should be assessed individually.

## Care Homes

8.23 As of 08 July 2021, there were 16,055 registered beds in 247 nursing homes and 236 residential homes in NI (RQIA). The breakdown between statutory and independent care homes and supported living schemes registered homes is as follows:

Service Type	Independent	Statutory	Total
Domiciliary Care (Supported Living)	139 (73%)	51 (27%)	190
Nursing Homes	243 (98%)	4 (2%)	247
Residential Care Homes	193 (82%)	43 (18%)	236
<b>Grand Total</b>	<b>575 (85%)</b>	<b>98 (15%)</b>	<b>673</b>

## Commissioning Care Home Beds

8.24 The number, nature and location of care home beds that will be needed into the future will be decided by the proposed new proactive planning approach which will assess levels of need and shape provision accordingly.

8.25 The experience of the pandemic has altered patterns of usage of care home beds with more vacancies across the system. It is too early yet to see if these patterns will continue but any changes in care home demand and provision will be monitored closely to inform planning.

8.26 Technology and its potentially positive impact on supporting people to remain in their own homes may also be a factor.

8.27 Improved availability and responsiveness of home care options would also be a factor in determining numbers of care home beds.

## The Philosophy of Care in Care Homes



- 8.28 First and foremost, **a care facility is a home**. The understanding of a care facility as a person's home is the fundamental principle on which all else should be based.
- 8.29 While many people may wish to remain in their own domestic home, a care home should also offer a **positive option** for those who choose this. A care home can offer the right sort of support for people with complex needs and can provide companionship, mental stimulation and a sense of security for many people.
- 8.30 Care in a care home must be **person-centred and personalised**. Residents' choices and preferences must always take precedence over institutional regimes.
- 8.31 Care homes should operate a **participative decision making** model where residents and family carers have as much say in the operational running of the home as possible. This should include decision making about activities, meals, décor, visiting arrangements and staffing. Where possible, residents and/or family carers should play a role in staff recruitment.
- 8.32 Care homes should seek frequent **feedback** from residents and family carers on the care provided and use the information provided to address concerns and implement quality improvement measures.

- 8.33 Care homes should support residents who move in to retain their sense of personal identity, their family connections, their social networks and their community **connections**.
- 8.34 Care homes should protect and promote the **right of residents** to private and family life as per Article 8 of the European Court of Human Rights.
- 8.35 Care homes should strive to integrate themselves into the **local community**. Where possible, residents should be supported to use and enjoy local facilities including shops, bars, restaurants, museums, galleries etc. Care homes should actively seek partnerships with local churches, schools, nurseries, youth groups, leisure centres, libraries etc. Such partnerships should offer mutual benefits, to enrich the lives of the residents and to offer opportunities to local people perhaps to volunteer, to learn new skills, to join in social activities, to access facilities such as gardens or kitchens.
- “Care homes have the potential to be a major central ‘hub’ of our neighbourhoods and communities, a place where people come together, where relationship can flourish and where networks of support can be created for everyone”...John Kennedy Care Inquiry*
- 8.36 The Department would also like to see, where possible, care homes as a **resource** within their local community.
- 8.37 Where possible, residents should be supported to access **outdoors** to green spaces such as woods, meadows and parks, or blue space such as rivers, lakes and sea.
- 8.38 Every care home resident should have a **holistic, person-centred** care plan which is designed with the resident where possible and with family carers. The care plan must support the physical, mental and social wellbeing needs of each resident and consider each element as of equal importance.
- 8.39 Care homes should provide each resident and their relatives with a detailed statement of the service they can expect from the home. This should include arrangements for staffing, meals, laundry, personal care, activities, social opportunities, trips, clinical interventions, hairdressing etc.

**Proposed Action 37 -** The Department proposes that the RQIA and commissioning HSCTs should ensure that the care on offer is in line with the philosophy outlined above.

## Meeting Need in Care Homes

8.40 The Department recognises that those living in care homes have many, varied and complex needs. The Department wishes to support care homes to deliver high quality care to meet these needs and will do so by enhancing the skills and expertise of care home staff and by supporting in reach services to care homes.

8.41 The Department is currently working on a framework to enhance clinical care in care homes. This framework will involve the development of optimal clinical pathways that are integrated across the community, primary, independent and hospital sectors with the benefit of a stronger clinical model, and a robust partnership approach post COVID-19. It will include a Wellness pathway.

8.42 The Department proposes the development of a similar framework to enhance mental and social wellbeing in care homes. This will support and align with the Wellness pathway.

8.43 The Department also proposes the development of a positive behaviour support framework which will support care homes to deliver on this approach.

**Proposed Action 38 -** The Department proposes the development of a mental and social wellbeing framework for care homes to enhance that aspect of the care they provide.

**Proposed Action 39 -** The Department proposes the development of a positive behaviour support framework for care homes to enhance that aspect of the care they provide.

8.44 A skilled workforce is of the utmost importance in care homes as are good terms and conditions. The proposals for the social care workforce contained in the “Valuing the Workforce” chapter will support this.

- 8.45 In addition, the Department intends to continue the rollout of the “My Home Life” programme. This programme promotes the quality of life in care homes through relationship centred and evidence based practice.
- 8.46 The Department fully recognises the key leadership role of the manager in a care home, particularly in fostering the ethos of a home. The Department proposes introducing a phased requirement for all managers to have a vocational level 5 leadership qualification.
- 8.47 The Department also wishes to explore further whether there would be benefits in separating a nursing home manager’s role from a professional nursing lead.

**Proposed Action 40** - The Department proposes to continue the rollout of the “My Home Life” programme.

**Proposed Action 41** - The Department proposes assessing whether or not it would be beneficial to separate a nursing home manager’s role from a professional nursing lead in a care home.

## Moving Between Care Homes

- 8.48 The Department recognises the serious detrimental effect of moving care homes in certain circumstances and suggests the following;
- A move from one care home to another care home against the wishes of the resident or a family carer should be avoided where at all possible.
  - Where someone lives in a residential home and their needs become more complex, options for providing in situ care must be fully explored before a move to nursing care is considered.
  - A need for additional support for personal care such as someone needing two people to support them with transfers, toileting, washing and dressing etc should not be considered as justification in itself for a move to nursing care.
  - If a person needs direct care from a nurse, bringing that nursing care into the residential home must be fully explored in the first place.

- Only where someone's needs are such that they require a nurse to be on site at all times, should a move into a nursing facility be justified for that reason.
- RQIA standards and regulation should be flexible enough to allow someone to remain in a particular care home even when their needs have increased as long as the arrangements to meet that increased need are in place. HSCTs should support care homes to provide any additional care necessary.
- The relationships a resident has with other residents, staff and within the local community must be a significant factor in any decision making about a move of care homes and where a move is necessitated, opportunities to maintain those relationships must be built into the care plan in the new facility.

**Proposed Action 42 -** The Department proposes the measures described above to reduce the possibility of any care home resident having to move home because of a change in their care needs.

8.49 The Department recognises that the vast majority of care homes do not give notice to leave to their residents lightly. However where a notice to leave has been given, the Department is proposing the creation of a right of appeal against that decision for the resident or a family carer. HSCT contracts with the provider would detail the type of tenure a care home resident has, the circumstances in which a provider may terminate a placement and an undertaking by the provider to abide by the outcome of this new appeals process. Independent advocacy would be made available to the resident and family carer in such a process.

**Proposed Action 43 -** The Department proposes introducing a right of appeal against a decision to give notice to leave to a care home resident.

## Shared Homes in Supported Living

8.50 Many of the care home suggestions are likely to be equally relevant to people sharing houses in supported living services and should be implemented across these settings also where appropriate. The Department will work with Department of Communities, the housing sector and with supported living providers to further develop proposals on the above but with specific reference to supported living.

## Supported Housing/Living

8.51 The Department continues to be supportive of this model of care and wishes to increase the availability of such services. In particular, the Department wishes to expand the availability of this model to more people including those with complex needs who require more intensive support. The Department will continue its partnership and joint working arrangements with Department of Communities and housing providers to take forward the development of supported housing and supported living services to support the Reform of Adult Social Care.

**Proposed Action 44 -** The Department proposes to expand the availability of the Supported Housing model to more people including those with complex needs who require more intensive support.

## The Built Environment

8.52 The Department wishes to promote best practice design principles across all types of housing and settings where adult social care is provided. This would include the promotion of existing quality and best practice design standards and the development of new practice in this field.

8.53 To do this, the Department is considering the establishment of a panel of experts including service users, family carers, architects, occupational therapists, digital technology specialists, infection control specialists,

psychologists, interior designers and garden designers who could provide advice and guidance to providers.

8.54 Commissioners would factor these design principles into their commissioning frameworks for all new builds and adaptations and an innovative environmental design would be supported.

8.55 The Department considers that it is inappropriate to ask adults to share bedrooms in care homes and wishes to phase out the use of shared bedrooms over a three year period except for provision for couples who wish to share a room.

8.56 Commissioners should ensure that there is enough capacity in the system to facilitate couples who wish to share. Where a bedroom is large enough for a couple to share, RQIA should allow this room to be used either as a single or double depending on demand and should allow the registered places in a home to fluctuate accordingly.

8.57 The Department recognises that there is a balance to be struck between achieving economies of scale and creating a more domestic type, homely setting. However, a gradual move in commissioning from larger scale facilities to smaller scale facilities is proposed. Within larger scale environments, the Department will encourage sub divisions which will support a more domestic style of living and a more individualised approach to residents' wishes and choices.

*“We believe that the role of housing as an integral part of an aligned care and support system is a core area which requires significantly greater attention and encouragement”..... Power to People*

**Proposed Action 45 -** The Department proposes to promote best practice design principles across all types of housing and settings where adult social care is provided, by establishing a panel of experts who could provide advice and guidance to providers.

**Proposed Action 46-** The Department proposes the phasing out of shared bedrooms in care homes over a three year period except for the provision of couples who wish to share a room.

**Proposed Action 47 -** The Department proposes that there should be enough flexibility in registration to allow for a sufficiently large bedroom to be used as a single or a double that could accommodate couples.

**Proposed Action 48 -** The Department proposes a phased move in commissioning from larger scale facilities to smaller scale facilities.

## 9. Impact assessments and screening

9.01 A number of impact assessment screenings have been completed, and the outcome of these is available as part of the full suite of consultation documents and can be accessed via the following link.

[www.haveyoursayni.co.uk](http://www.haveyoursayni.co.uk)

## 10. How to respond

10.01 We are seeking views on the consultation of the draft Reform of Adult Social Care strategy and invite responses by no later than **18 May 2022 at 5pm**.

10.02 You can respond online by accessing the NI Government Citizen Space website and completing the **online consultation questionnaire** there. A link to the Citizen Space website can be found on the Department's website below.

[www.haveyoursayni.co.uk](http://www.haveyoursayni.co.uk)

**Easy read versions** are also available on this link and a **glossary** have been provided for the main consultation document (**Appendix C**).

10.03 We would encourage you to use Citizen Space, however, if you wish to send an email, please send to:

[Reform.Careandsupport@health-ni.gov.uk](mailto:Reform.Careandsupport@health-ni.gov.uk)

10.04 A hard copy of your response can also be sent to our office:

Department of Health  
Reform of Adult Social Care  
D2.19  
Castle Buildings  
Stormont  
Belfast  
BT4 3SQ

10.05 A series of short videos accompany the launch of the consultation and can be found at:

[www.haveyoursayni.co.uk](http://www.haveyoursayni.co.uk)

10.06 The summary of all proposed actions are provided in **Appendix A** to this consultation document. The full set of consultation questions are also provided in **Appendix B**.

10.07 If you have any queries, or wish to request a copy of the consultation document in an alternate format (braille, larger print), or language, please contact the Department using the email address below to make your request:

[Reform.CareandSupport@health-ni.gov.uk](mailto:Reform.CareandSupport@health-ni.gov.uk)

## **Privacy, Confidentiality and Access to Consultation Responses**

- 10.08 We do not require you to provide any personal data, including contact details, when responding to this consultation.
- 10.09 We will ask you to indicate whether you are an individual or organisation and indicate which describes you best from the list of options below:
- (i) *Member of the General Public/Service user/Family carer/Social Care Worker*
  - (ii) *Voluntary & community sector/Health and Social Care Trust/Other HSC organisation*  
*Public organisation/Independent social care provider/Trade union*  
*Regulatory authority/Professional body/Advocacy organisation*  
*Academic body/Other NICS departments or ALBs/Other*
  - (iii) *And if you are an responding as an individual if you live in a rural/urban area or if you responding as an organisation is it rural/urban based (or both).*

If completing as an individual you also can respond to questions based on the Section 75 categories, **however it is not compulsory:**

- (iv) *Section 75 categories<sup>24</sup>*
- 10.10 We will publish a summary of the consultation responses, which will be anonymous and will not contain any personal data, or identifiers.
- 10.11 The use of Citizens Space does not retain any email addresses. For emails received outside of Citizen Space, as part of consultation responses emailed directly to the Department, we will only retain the responses and will not store, or further process, your email address.
- 10.12 If you provide a paper copy of the consultation questionnaire, please do not provide any accompanying personal data, for example, name/address etc.
- 10.13 Any personal data inadvertently provided by you as part of consultation responses will be removed from the final copy of the response retained by the Department.

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<sup>24</sup> <https://www.legislation.gov.uk/ukpga/1998/47/section/75>

10.14 Consultation responses will be stored securely and will be appropriately access controlled.

**Please note that the Department will not respond individually to responses. However, a summary of all consultation responses will be published after the close of the consultation period.**

## **11. What Happens Next**

11.01 Following the close of the consultation on 18 May 2022 at 5.00pm, all responses and feedback will be collated for review by the Department and a consultation feedback report published.

**Strategic Priorities and Proposed Actions – RASC Consultation Document**

<i>Power to People Proposal</i>	<i>Proposed Action number</i>	<i>Proposed Action</i>	<i>Page</i>
<b>Strategic Priority 1: Sustainable Systems Building</b>			
<p><b>Proposal 8:</b> The Expert Advisory Panel proposes that commissioners and care providers work collaboratively and openly together to develop and introduce a framework based on an agreed true cost of care which includes agreement of a 'sustainable return' for providers. This should recognise the workforce considerations set out in Proposals 6 and 7.</p> <p><b>Proposal 9:</b> The Expert Advisory Panel proposes that the Department of Health should ensure that charging arrangements should be based on the principle that where a person can afford to contribute to the cost of a service they should do so. This principle should be applied consistently and equitably across all adult social care models.</p> <p><b>Proposal 10:</b> The Expert Advisory Panel proposes that the HSCTs make explicit their commitment to a process for planning the supply of care and support services and which involve all stakeholders early in developing the strategic vision for future provision.</p> <p><b>Proposal 13:</b> The Expert Advisory Panel proposes that the Department of Health oversees the introduction of a whole-systems approach to facilitating joint working between commissioners, health services and care providers which include a clear mechanism for involving people receiving services and carers within all the HSCTs.</p>	<b>1</b>	The Department proposes the introduction of legislation to provide a cohesive legislative basis for adult social care provision.	Pg 17
	<b>2</b>	The Department proposes a review of third party top up fees for care homes	Pg 25
	<b>3</b>	The Department proposes no changes to current charging arrangements at present pending the outcome of a detailed review of charging approaches. The review will make recommendations for future charging arrangements including any proposed changes to cap and floor thresholds.	Pg 27
	<b>4</b>	The Department proposes to review the current balance in the mixed economy of care and make recommendations as to what balance between statutory and independent sector provision there should be.	Pg 29
	<b>5</b>	The Department will reform how adult social care is planned and delivered within the new Integrated Care System model.	Pg 31

<p><b>Proposal 14:</b> The Expert Advisory Panel proposes that the HSCTs promote a collaborative, rather than competitive, ethos which fully involves all key stakeholders in the care and support system.</p>	6	The Department proposes a revised system of regionally consistent tariff setting for adult social care services. The setting of the tariff would include all the factors outlined in paras 3.53-3.59	Pg 33
	7	The Department proposes increasing Direct Payment rates to broadly match the cost of equivalent directly commissioned services.	Pg 33
	8	The Department proposes the introduction of increased powers of inspection and regulation in relation to overhead and management costs and levels of profit.	Pg 33
<b>Strategic Priority 2: A Valued Workforce</b>			
<p><b>Proposal 1:</b> The Expert Advisory Panel proposes that consensus on the need for, and direction of, transformational change is achieved and that the leadership responsibilities for the adult care and support system are made more explicit.</p> <p>It is proposed that a cross-government initiative, led by the Department of Health, is undertaken to raise awareness of the purpose and value of adult care and support. The Panel also proposes that the HSCTs, together with other key bodies in Northern Ireland, take a specific lead in promoting the positive contribution of adult care and support.</p> <p>This initiative will need to involve all the key stakeholders. It will also benefit from specific discussion with the media to inform and shape the next stage of the consultation process.</p> <p><b>Proposal 6:</b> The Expert Advisory Panel proposes that the care and support sector should be, at least, a Living Wage sector as a first step to recognising it as a professional workforce. In the longer term the vision should be to equalise pay and conditions across the social care workforce.</p>	9	The Department proposes to improve the pay, terms and conditions of the lowest paid in the social care workforce.	Pg 37
	10	The Department proposes to continue developing a Social Care Workforce Strategy. This will include actions to develop career pathways, supervision and support, training and education of the workforce and to raise the profile and recognition of the social care workforce.	Pg 38
	11	The Department proposes that HSCTs, in collaboration with employers, should ensure that Access NI checks are undertaken for all PAs.	Pg 39
	12	The Department proposes improving a range of supports for Personal Assistants and their employers as described in paras 4.11 – 4.16.	Pg 40

<p><b>Proposal 7:</b> The Expert Advisory Panel proposes that the Northern Ireland social Care Council (NISCC) leads efforts to elevate the status of the social care workforce, through registration and the development of a shared induction, training and career development standards. That the NISCC further considers the representation of the social care workforce in the development of a professional body to ensure that the voice of frontline staff is effectively heard in the transformation of care strategy.</p> <p><i>Strategic Priority 2: A Valued Workforce (continued)</i></p>	<b>13</b>	The Department proposes that the NISCC will produce an annual social care workforce analysis report.	Pg 41
	<b>14</b>	The Department proposes that the regional workforce plan will inform commissioning and planning arrangements for social care services.	Pg 41
	<b>15</b>	The Department proposes that there should be a regional approach to data collection for all social care services to ensure consistency across the sector.	Pg 41
	<b>16</b>	The Department proposes working with both the Department of Communities and the Department for the Economy to promote social care as a valuable and rewarding career choice.	Pg 42
	<b>17</b>	The Department will introduce a requirement to ensure that all staff working in social care settings must be registered with a professional body.	Pg 42
	<b>18</b>	The Department proposes requiring all social care employers to use the values based recruitment processes that have been developed by the NISCC.	Pg 42
	<b>19</b>	The Department proposes requiring all social care employees to have relationship based care training during their induction.	Pg 43
	<b>20</b>	The Department proposes that by 2030, all managers of registered settings must have either a level 5 qualification in leadership or have a plan in place to achieve such a qualification irrespective of whether they have a professional qualification or not.	Pg 44

	<b>21</b>	The Department proposes that quality improvement methodology training will be made available to social care staff.	Pg 44
	<b>22</b>	The Department proposes that all staff working in social care will be required to meet the NISCC induction standards.	Pg 44
	<b>23</b>	The Department proposes the development of a model which will identify safe staffing levels in social care settings.	Pg 44
<b>Strategic Priority 3: Individual Choice and Control</b>			
<b>Proposal 2:</b> The Expert Advisory Panel proposes that models of self-directed support become the norm in order to empower citizens with effective demand. Further priority should be given to how Self Directed Support funds could be used as catalysts to create and shape a diverse market of care and support provision, and we propose that mechanisms to stimulate such models are facilitated as a matter of priority.	<b>24</b>	The Department is proposing that the HSCB develop a co-produced regional strategic “In Control” action plan that will develop and implement actions which promote individual control and control. The action plan would be closely aligned to the aims of the strategic commissioning plan and would contain actions as described in paras 5.13 – 5.21 under each of the following areas; <ul style="list-style-type: none"> <li>• The Development of a Service User &amp; Carer Information Navigation and Guidance system.</li> <li>• Strengthening Care Management Standards and Procedures</li> <li>• Additional Support for Community</li> <li>• Further promotion of Self-Directed Support</li> <li>• The Development and Promotion of Digital and Assistive Technology that will Support Independence, Choice and Control.</li> </ul>	Pg 52,53

## Strategic Priority 4: Prevention and Early Intervention

<p><b>Proposal 4:</b> The Expert Advisory Panel proposes that neighbourhood based, preventative and citizen-focused community support models are encouraged and enabled. This should include the concept of a social worker-led Community Navigator role with such models available to every locality in Northern Ireland.</p> <p><b>Proposal 5:</b> The Expert Advisory Panel proposes that the reform of adult care and support is fully aligned with the Community Planning responsibility of local councils. This should include consideration to the development of a more diverse range of funding vehicles, such as Social Impact Bonds to create incentives and capacity in the development of resilient communities.</p>	25	The Department is proposing that eligibility criteria for certain services for those with more complex needs must run alongside preventive and early intervention services which have lower access thresholds.	Pg 57
	26	The Department is proposing the introduction of the offer of preventive/support visits for anyone aged over 75.	Pg 58
	27	The Department is proposing to explore and promote improved support to the community sector through work being taken forward to develop a new approach to planning, managing and delivering services.	Pg 60
	28	The Department is proposing that HSCTs will include the needs of adult social care services and service users in their engagement in community planning processes.	Pg 60
	29	The Department proposes strengthening the capacity of the social work profession to support community focussed practice in the ways described in paras 6.29 – 6.38.	Pg 63

## Strategic Priority 5: Supporting Carers

<p><b>Proposal 2:</b> The Expert Advisory Panel proposes that models of self-directed support become the norm in order to empower citizens with effective demand. Further priority should be given to how Self Directed Support funds could be used as catalysts to create and shape a diverse market of care and support provision, and we propose that mechanisms to stimulate such models are facilitated as a matter of priority.</p> <p><b>Proposal 3:</b> the Expert Advisory Panel proposes that the rights of family carers are put on a legal footing and that a strategy to bring them into the heart of transformation of adult care and support is adopted.</p>	30	The Department proposes to conduct an evaluation of the current 2006 Caring for Carers strategy to inform a new strategic approach which would include the areas listed in para 7.11.	Pg 70
	31	The Department is proposing a Cross Departmental Senior Officials' Group which will be guided by the voice of experts with lived experience.	Pg 71
	32	The Department proposes the introduction of an independent Carers' Champion role.	Pg 71

## Strategic Priority 6: Primacy of Home

<p><b>Proposal 12:</b> HSCTs are enabled to more effectively discharge market shaping responsibilities. In this way requirements to facilitate self-directed support and encourage community based models of intervention long side formal systems of care and support can be monitored.</p>	33	The Department proposes a review of the NISAT and of the application of the NISAT.	Pg 74
	34	The Department wishes to see a regional, standardised model of domiciliary care. If the final evaluation of this pilot	Pg 78

<p><b>Proposal 15:</b> The Department of Health and the HSC works more closely with the Department for Communities and NI Housing Executive around future strategies for specialist and supported housing to ensure more effective alignment between housing and social care.</p>		demonstrates successful outcomes, the Department proposes to adopt this model for regional use.	
	35	The Department proposes improving the quality of care planning including the co-ordination and integration of all aspects of someone's care as described in paras 8.18 – 8.22.	Pg 79
	36	The Department proposes the removal of any set limits on the amount or cost of a service someone may receive. Each situation should be assessed individually.	Pg 79
	37	The Department proposes that the RQIA and commissioning HSCs should ensure that the care on offer is in line with the philosophy outlined in paras 8.28 – 8.39.	Pg 83
	38	The Department proposes the development of a mental and social wellbeing framework for care homes to enhance that aspect of the care they provide.	Pg 83
	39	The Department proposes the development of a positive behaviour support framework for care homes to enhance that aspect of the care they provide.	Pg 83
	40	The Department proposes to continue the rollout of the "My Home Life" programme.	Pg 84
	41	The Department proposes assessing whether or not it would be beneficial to separate a nursing home manager's role from a professional nursing lead in a care home.	Pg 84
	42	The Department proposes the measures described in para 8.48 to reduce the possibility of any care home resident having to move home because of a change in their care needs.	Pg 85
	43	The Department proposes introducing a right of appeal against a decision to give notice to leave to a care home resident.	Pg 85

	<b>44</b>	The Department proposes to expand the availability of the Supported Housing model to more people including those with complex needs who require more intensive support.	Pg 86
	<b>45</b>	The Department proposes to promote best practice design principles across all types of housing and settings where adult social care is provided, by establishing a panel of experts who could provide advice and guidance to providers.	Pg 87
	<b>46</b>	The Department proposes the phasing out of shared bedrooms in care homes over a three year period except for the provision of couples who wish to share a room.	Pg 87
	<b>47</b>	The Department proposes that there should be enough flexibility in registration to allow for a sufficiently large bedroom to be used as a single or a double that could accommodate couples.	Pg 88
	<b>48</b>	The Department proposes a phased move in commissioning from larger scale facilities to smaller scale facilities.	Pg 88

## APPENDIX B

Details	
<p><b>Are you responding as an individual (or on behalf of) or an organisation :</b> (drop down options available)</p>	<p><u>Individual options:</u> - member of the General Public, Service user / Family Carer / Social Care Worker/Social Worker</p> <p><u>Organisation options:</u> voluntary &amp; community sector / health and social care trust/ HSC organisation/public organisation/ independent social care provider/ trade union / regulatory authority/ professional body / advocacy organisation / academic body /another NICS Departments/Arms Length Body/ and other)</p>
<p><i>If responding as an individual whether you live in a rural or urban area /If you are responding as an organisation, is it based in a rural/urban or both areas.</i></p>	
<p><i>If you are responding as an individual, do you wish to respond to questions on what <b>Section 75 categories</b> describes you best (<b>this is not compulsory</b>)</i></p> <p>Note: Section 75 of the Northern Ireland Act 1998 ('the Act')<sup>25</sup> requires the Department, in carrying out its functions, powers and duties, to have due regard to the need to promote equality of opportunity:</p> <ul style="list-style-type: none"> <li>between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation</li> <li>between men and women generally</li> <li>between persons with a disability and persons without</li> <li>between persons with dependants and persons without</li> </ul>	
<p><b>Chapter 1: Sustainable Systems Building</b></p>	
<p><b>Q1: Do you agree with the ethos and direction of travel set out under within this chapter?</b></p>	

<sup>25</sup> <https://www.legislation.gov.uk/ukpga/1998/47/section/75>

Fully Agree / Mostly Agree / Neither Agree nor Disagree / Mostly Disagree / Fully Disagree

Please add any further comments you may have:

**Q2:** Do you agree with the proposed actions within this chapter?

Fully Agree / Mostly Agree / Neither Agree nor Disagree / Mostly Disagree / Fully Disagree

Please add any further comments you may have:

**Chapter 2: A Valued Workforce**

**Q1:** Do you agree with the ethos and direction of travel set out under within this chapter?

Fully Agree / Mostly Agree / Neither Agree nor Disagree / Mostly Disagree / Fully Disagree  
*(delete as applicable)*

Please add any further comments you may have:

**Q2:** Do you agree with the proposed actions within this chapter?

Fully Agree / Mostly Agree / Neither Agree nor Disagree / Mostly Disagree / Fully Disagree

Please add any further comments you may have:

**Chapter 3: Individual Choice and Control**

**Q1:** Do you agree with the ethos and direction of travel set out under within this chapter?

Fully Agree / Mostly Agree / Neither Agree nor Disagree / Mostly Disagree / Fully Disagree

Please add any further comments you may have:

**Q2:** Do you agree with the proposed actions within this chapter?

Fully Agree / Mostly Agree / Neither Agree nor Disagree / Mostly Disagree / Fully Disagree

Please add any further comments you may have:

**Chapter 4: Prevention and Early Intervention**

**Q1:** Do you agree with the ethos and direction of travel set out under within this chapter?

Fully Agree / Mostly Agree / Neither Agree nor Disagree / Mostly Disagree / Fully Disagree

Please add any further comments you may have:

**Q2:** Do you agree with the proposed actions within this chapter?

Fully Agree / Mostly Agree / Neither Agree nor Disagree / Mostly Disagree / Fully Disagree  
(delete as applicable)

Please add any further comments you may have

**Chapter 5: Supporting Carers**

**Q1:** Do you agree with the ethos and direction of travel set out under within this chapter?

Fully Agree / Mostly Agree / Neither Agree nor Disagree / Mostly Disagree / Fully Disagree  
(delete as applicable)

Please add any further comments you may have:

**Q2:** Do you agree with the proposed actions within this chapter?

Fully Agree / Mostly Agree / Neither Agree nor Disagree / Mostly Disagree / Fully Disagree  
(delete as applicable)

**Q3:** Please add any further comments you may have:

**Chapter 6: Primacy of Home**

**Q1:** Do you agree with the ethos and direction of travel set out under within this chapter?

Fully Agree / Mostly Agree / Neither Agree nor Disagree / Mostly Disagree / Fully Disagree  
(delete as applicable)

Please add any further comments you may have:

**Q2:** Do you agree with the proposed actions within this chapter?

Fully Agree / Mostly Agree / Neither Agree nor Disagree / Mostly Disagree / Fully Disagree

Please add any further comments you may have:

**Impact Assessments/Screenings**

Do you agree with the outcome of the Impact Assessment screenings?

Fully Agree / Mostly Agree / Neither Agree nor Disagree / Mostly Disagree / Fully Disagree

Please add any further comments you may have:

## Glossary

<b>Strategic Priority 1: Sustainable Systems Building</b>	
<b>Adding social value</b>	To look beyond the financial cost of a contract and consider how the services they commission and procure might improve the economic, social and environmental well-being of an area.
<b>Commissioners</b>	In Northern Ireland commissioning is currently the responsibility of the HSCB and the HSCTs. HSCB is due to close in March 22 and the functions of the HSCB will transfer to a new Directorate within the Department of Health – the Strategic Performance and Planning Group.
<b>Community wealth building</b>	A new person-centred approach which redirects wealth back into the local community, and places control and benefits into the hands of local people.
<b>Market regulation</b>	A market over which government bodies exert a level of oversight and control and can determine who can enter the market and the prices charged.
<b>Mixed economy of care</b>	The provision of social care from a range of service providers from the statutory and independent sectors.
<b>Outcomes focused contracting</b>	Results which are focused on the outputs, quality and outcomes of a contract with the achievement of specific, measurable performance standards requirements and beneficial outcomes for the service user.
<b>Strategic Priority 2: Valued Workforce</b>	
<b>Delegated Framework for Social Care in NI</b>	A framework of the requirements for the social care workforce and their managers to undertake a complex task which is usually undertaken by another HSC professional.
<b>Northern Ireland Social Care Council (NISCC)</b>	The regulatory body for the Northern Ireland social care workforce who are also responsible for quality assuring the fitness to practice, professional standards, training and learning standards of the workforce.
<b>Primary Care Multi-Disciplinary Teams</b>	A new model of care within the GP setting where first contact Physiotherapists, Social Workers and Mental Health Practitioners work alongside the practice team to provide enhanced health and social care services.
<b>Safe staffing</b>	Having enough staff to deliver safe and effective health and care.
<b>Valued based recruitment processes</b>	Processes to help attract and recruit prospective employees whose personal values and behaviours align with working in social care.

<b>Strategic Priority 3: Individual Choice and Control</b>	
<b>Assistive technology</b>	Incorporates a wide variety of enabling technology and digital devices, which can be used by people to support their independence.
<b>Outcomes framework</b>	A set of indicators designed to measure and monitor the outcomes of social care services.
<b>Strategic Priority 4: Prevention and Early Intervention</b>	
<b>Asset based community development approach (ABCD)</b>	A sustainable community-driven development where communities drive the development by identifying and mobilizing existing, and often unrecognised assets.
<b>Co-designed*</b>	<b>Working with individuals and carers to plan services</b> that meet their needs.
<b>Community Navigator</b>	Helps people access local services and activities including voluntary services to improve their health, wellbeing and independence and supports HSCT staff by providing links to the community and voluntary sector.
<b>Community Planning</b>	The NI community planning model involves the formulation of long range visions, goals, policies and strategies for achieving social, economic and environmental sustainability in order to guide future community development.
<b>Co-production*</b>	Professionals, service providers, service users and unpaid carers working together to reach a collective outcome, the approach is value-driven and built on the principle that those who are affected by a service are best placed to help design and shape it.
<b>Eligibility Criteria and Thresholds</b>	A set of criteria used by HSC professionals to identify whether individuals are eligible to receive social care services.
<b>Participatory budget processes</b>	A democratic process in which community members and stakeholders directly decide how to spend part of a public budget.
<b>Social clauses</b>	a requirement within a procurement contract or process which stipulates that the contract should provide added social value
<b>Strategic Priority 5: Supporting Carers</b>	
<b>National Institute for Health and Care Excellence (NICE)</b>	NICE is a non-departmental UK public body, provides national guidance and advice to improve health and social care.
<b>Personal and Public Involvement</b>	The term used to describe the concept of involving ordinary people and local communities in the planning, commissioning, delivery and evaluation of the health and social care services they receive.

<b>Strategic Priority 6: Primacy of Home</b>	
<b>Brokerage system</b>	A system operated by HSCTs where all contracted independent care providers are offered the opportunity to provide packages of care. This is to ensure the fair allocation of packages of care across all provider organisations used by an HSCT.
<b>Enhance Clinical Care Framework</b>	A Department of Health framework being developed to ensure that people who live in care homes are supported to lead the best life possible.
<b>Nursing Home</b>	Nursing care takes place in a care home where qualified nursing staff provide nursing care alongside social care workers.
<b>Outcomes based</b>	Where the focus is on the impact of the support and care provided to a person and how this may affect the end result and affect their life.
<b>Participative decision making model</b>	This is a model which involves people who use services including residents in care homes having a say and being involved in the decision about the running of the home.
<b>Positive behaviour support framework</b>	<b>A framework for developing an understanding of challenging behaviour.</b> It focuses on the use of assessment of the social and physical environment in which behaviour occurs and the inclusion of the views and perspectives of care home residents and families.
<b>Residential Home</b>	A care home providing accommodation and care to the residents but where nursing care is not directly provided by the staff employed in the home.
<b>Tenure</b>	The legal right to live in a particular building.
<b>Time for task model</b>	Where domiciliary services are delivered in short time slots and focus on completing personal care tasks.