

Reform of Adult Social Care

Executive Summary

What is Adult Social Care?

“Place the quality of patient care, especially patient safety above all other aims
Engage, empower and hear patients and carers at all times.
Foster whole heartedly the growth and development of all staff, including their ability and support
to improve the processes in which they work.
Embrace transparency unequivocally and everywhere, in the service of accountability, trust and the
growth of knowledge” (Berwick, 2013)

‘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.*

Our current adult social care services 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**¹ includes a range of services put in place to support an individual in their own home.

¹ <https://www.health-ni.gov.uk/articles/domiciliary-care>

- ✚ **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.
- ✚ **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.**

Family Carers

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.

The Community and Voluntary Sector

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.

Social Wellbeing

Adult social care services seek to support social wellbeing. Social wellbeing is a broad concept applying to many areas of a person's life such as:

- ✚ the quality of people's relationships and their sense of belonging
- ✚ the choice and control people have about decision affecting them and their lives
- ✚ being able to trust others
- ✚ living purposefully and well
- ✚ how safe people feel about themselves
- ✚ how well they function and their overall quality of life

How Adult Social Care is delivered

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 the Health and Social Care Trusts (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 also provided under contract with HSCTs.

Vision for the Future Adult Social Care System

The Department of Health, Northern Ireland (*to be referred to as the Department in this document*) vision for the future of adult social care services is that we would have a system that;

- ✚ An evidence based, whole systems approach to the design and delivery of adult social care in co-production with service users and 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.

Social Care Services - Why We Need to Change

The adult social care system in NI is under significant stress. We are currently unable to provide domiciliary care services for all those who need them and we have problems with the range, choice and quality of service provision in other aspects of social care.

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.

How the Reform of Adult Social Care began.....

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 document*) on Adult Care and Support.

The Panel produced sixteen proposals in the Power to People Report², published in December 2017.

The Department has identified six strategic priorities based on the proposals.

Our Six Strategic Priorities

1. Sustainable System Building – *To build a stable, sustainable adult social care system.*

The Department wishes to implement significant reform to our adult social care systems and structures. This will involve improvements to our current commissioning, costing, funding, staffing and service delivery models.

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

The Department proposes to improve the stability and sustainability of the adult social care system in the following ways:

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

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

- 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.

- 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.

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

- 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 in paras 3.53-3.59 in the main consultation document.

- 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.

2. A Valued Workforce – Staff who work in Social Care will be valued, competent and resilient.

The social care workforce is the lynchpin that holds adult social care services together in Northern Ireland (NI). The pandemic has highlighted the commitment of social care staff to the people they support and the valuable service they provide. We are already seeing shortages in our social care workforce and as demand for social care services rises and our working age population declines, the problem is likely to become more acute.

A social care workforce plan is needed to promote, recruit and retain staff in the adult social care sector.

The Department acknowledges the need to improve the pay, terms and conditions for some sections of the social care workforce as a key part of a workforce plan.

The Department also acknowledges the need for improved training and development opportunities for the social care workforce.

It should also be remembered that there are also a range of professions who work within social care settings such as nursing and allied health professionals and the needs of that workforce must form part of adult social care planning.

The Department proposes to improve the support for the adult social care workforce in the following ways;

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

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.

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

Proposed Action 12 – The Department proposes improving a range of supports for Personal Assistants and their employers as described in paras 4.11 – 4.16 in the main consultation document.

- 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.
- 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.
- 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.
- 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.
- Proposed Action 22 –** The Department proposes that all staff working in social care will be required to meet the NISCC induction standards.
- Proposed Action 23 -** The Department proposes the development of a model which will identify safe staffing levels in social care settings.

3. Individual Choice and Control – *To ensure the individual has control over the decisions affecting their social wellbeing and their care and support needs.*

The Reform's Service User Engagement Group has stressed the importance of individual choice and control for people using services. People using services want to be in the driving seat when it comes to choosing and providing their services.

The provision of services must be both personalised and person centred.

While there are already a range of measures in place to promote individual choice and control, the Department recognises that these are not fully embedded and not fully utilised.

The Department proposes to improve the availability and take up of opportunities for individual choice and control in the following ways:

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 in paras 5.13 -5.21 in the main consultation document 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.

4. Prevention and Early Intervention – *A renewed focus on prevention and early intervention to support people to achieve their own social wellbeing.*

The need for adult social care services is often triggered when a crisis occurs or when a person has already developed significant needs which require more substantial service 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.

Prevention and early 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.

The Department proposes improving prevention and early intervention services in the following ways:

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.

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

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.

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.

Proposed Action 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 in the main consultation document.

5. Supporting Carers – Carers will be supported in their caring duties and entitled to support in their own right.

Family carers provide vital support to many adults with social care needs. Caring for a family member, a friend or a neighbour can be a personally rewarding role but it also has the potential to cause significant stress. We know that caring can have a significant adverse impact on health and wellbeing as well as bringing economic stresses.

The Department recognises the need for improved support for family carers. It is also recognised that we need to improve the involvement of family carers in the development and delivery of policy and service provision.

The Department proposes the following measures to support and involve family carers:

- 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 in para 7.11 in the main consultation document.
- 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.
- Proposed Action 32** – The Department proposes the introduction of an independent Carers' Champion role.

6. Primacy of Home – *The purposes 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.*

The Department recognises the importance of having a place to call home and wishes to support people to live in a home of their choosing. This could be in a person's own, original home, a care home, a supported living setting or in a community. The Department wishes to extend the range and choices of home that are available to people needing social care. The Department also wishes to provide a sense of home in all settings where adults with social care needs live.

In order to do so, the Department is proposing the following measures:

- Proposed Action 33** - The Department proposes a review of the NISAT and of the application of the NISAT.
- 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.
- 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 in paras 8.18 – 8.22 in the main consultation document.

- 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.
- 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 in paras 8.28 – 8.39 in the main consultation document.
- 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.
- 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.
- Proposed Action 42 -** The Department proposes measures described in para 8.48 of the main consultation document to reduce the possibility of any care home resident having to move home because of a change in their care needs.
- Proposed Action 43 -** The Department proposes introducing a right of appeal against a decision to give notice to leave to a care home resident.
- 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.
- 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.

Impact Screening

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. Also, please refer to **Annex A** on ways of how to respond to this consultation document.

www.haveyoursayni.co.uk

The way forward

The Panel referred to the nature and importance of adult social care and the contribution it makes to personal wellbeing, health services, society and the economy. In their words, *“A good system of social care can transform lives – it’s that simple. Not just for those who receive social care services but their families, friends and communities too”*. The aim of the panel’s report was *“to challenge the current approaches, attitudes and established ways of delivered adult care and support to embolden a genuine public movement for change and transformation”*.

This consultation seeks to hear your views about how we change and improve our adult social care system.

Annex A

How to Respond

We are seeking views on the draft strategy on the Reform of Adult Social Care and invite responses by no later than **18 May 2022** at 5.00 pm.

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

www.haveyoursayni.co.uk

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

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

The summary of all proposed actions is provided at **Appendix A** in the main consultation document. The full set of consultation questions are provided in **Appendix B**. A social media campaign has also been developed to accompany the launch of the consultation to raise awareness and encourage public participation and engagement and can be found at the link below:

www.haveyoursayni.co.uk

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

Privacy, Confidentiality and Access to Consultation Responses

We do not require you to provide any personal data, including contact details, when responding to this consultation.

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 categories³*

We will publish a summary of the consultation responses, which will be anonymous and will not contain any personal data, or identifiers.

³ <https://www.legislation.gov.uk/ukpga/1998/47/section/75>

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.

If you provide a paper copy of the consultation questionnaire, please do not provide any accompanying personal data, for example, name/address etc.

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.

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.

What Happens Next

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