Department of Health
www.health-ni.gov.uk

CONSULTATION ON THE REFORM OF ADULT SOCIAL CARE

Summary and evaluation of responses to Public Consultation

MAY 2023

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Executive Summary

1 Adult social care is a vital part of our health and social care system and impacts on the lives of people across society, including those who use social care services, those who work in social care and carers.

2 The Department recognises the contribution of our social care workforce and carers, without whom the system in Northern Ireland could not deliver. However, the system is under significant pressure. 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.

3 From 26 January – 1 July 2022, the Department undertook a public consultation on the Reform of Adult Social Care in Northern Ireland. During the consultation process, views were sought on a range of reform proposals. Respondents were able to take part by completing the online questionnaire available on the Northern Ireland Government Citizen Space website, sending a written response, or by attending an online engagement event.

4 Over 375 participants took part in the 17 online engagement events, and over 200 responses were received through the online survey and written responses.

5 This report represents an independent analysis of those responses and feedback, and was undertaken by the Social Care Institute for Excellence (SCIE) on behalf of the Department. This report will be used by the Department to help inform the next steps in the development of adult social care reforms.

6 Responses to the consultation have been broadly supportive of the reform proposals. However, the responses also reflect the challenges and realities that stakeholders are experiencing, which are vital to understand fully in any future reform work and the implementation of the proposed measures.

7 This report presents the key themes emerging under each of the six Strategic Priorities that framed the public consultation.

1.0 Introduction

1.1 In January 2022, the Department of Health published a public consultation document on the Reform of Adult Social Care in Northern Ireland, setting out 48 reform proposals under six Strategic Priorities: Sustainable Systems Building; A Valued Workforce; Individual Choice and Control; Prevention and Early Intervention; Supporting Carers; and Primacy of Home.

1.2 Through the consultation process, views were sought on each of the 48 proposals (**Appendix B**) and the wider package of reforms.

1.3 All responses and feedback received during the consultation period have been considered by the Department and will play a key role in informing the strategic reform of adult social care.

Engagement with Stakeholders

1.4 The Department sought to consult and engage as broadly as possible during the development of the proposals. A Project Board was set up, chaired by the Deputy Secretary, Social Services Policy Group and Chief Social Work Officer and involving Department of Health Policy Leads, representatives from other government departments, the Northern Ireland Social Care Council, the Regulation and Quality Improvement Authority, Trade Unions, the Health and Social Care Board and Health and Social Care Trusts, independent and voluntary sector service providers, and representatives from our Independent Expert Carers Panel and Service User Engagement Groups. The carers and service users who took part provided the voice of lived experience; their expertise and involvement made a significant contribution.

2.0 Public Consultation Process

2.1 The aim of the consultation process was to encourage as many people as possible to join the discussion and share their views on whether they agreed with the overall ethos and direction of travel of each of the strategic priorities, and the proposed actions set out under each; and how we can build and sustain a better social care system that will meet our needs now and into the future.

2.2 The consultation was initially scheduled to run for a period of 16 weeks until 18 May 2022. However, due to significant interest and participation in the engagement events, the closing date was extended twice and the consultation formally closed on 1 July 2022.

2.3 The Department published a number of Equality Impact Assessment screenings on the Department's website www.haveyoursayni.co.uk, along with the full suite of consultation documents.

2.4 People could respond to the consultation by:

- Completing the online questionnaire available on the Northern Ireland Government Citizen Space website **(Appendix A)**; or
- Submitting written responses; or
- By attending one of the publicised online public engagement events.

2.5 All responses were fully considered regardless of the format used.

Engagement Events

2.6 During the public consultation, the Department held 17 online engagement events. Over 375 participants took part from a wide range of stakeholder communities, including members of the public, service users, carers, community and voluntary sector representatives, independent service providers, health and social care staff and professional bodies.

2.7 A number of the consultation events were co-designed with stakeholder communities of interest (e.g., age, disability and carers groups) and were tailored to meet their specific interests and focus. The Department also engaged with stakeholders to identify any specific needs of attendees, so that adjustments could be made to ensure those with disabilities and/or other special needs could participate fully. For example, we provided sign language interpreters to allow for the inclusion of people with hearing impairments.

2.8 All views shared during public events and meetings were noted by the Department but not attributed to any individuals or organisations, to ensure stakeholders felt comfortable sharing their views in a public setting.

3.0 Consultation Responses

Online Consultation

3.1 The online survey hosted on Citizen Space contained the consultation questionnaire **(Appendix A).** This contained background questions and direct questions about each of the six Strategic Priorities. Respondents were asked:

Question One - Do you agree with the ethos and direction of travel set out within this chapter?

Question Two - Do you agree with the proposed actions within this chapter?

For both questions, respondents were asked to select one of the following options:

- Fully Agree
- Mostly Agree
- Neither Agree nor Disagree
- Mostly Disagree
- Fully Disagree

3.2 Respondents were also encouraged to provide further comments in relation to each question.

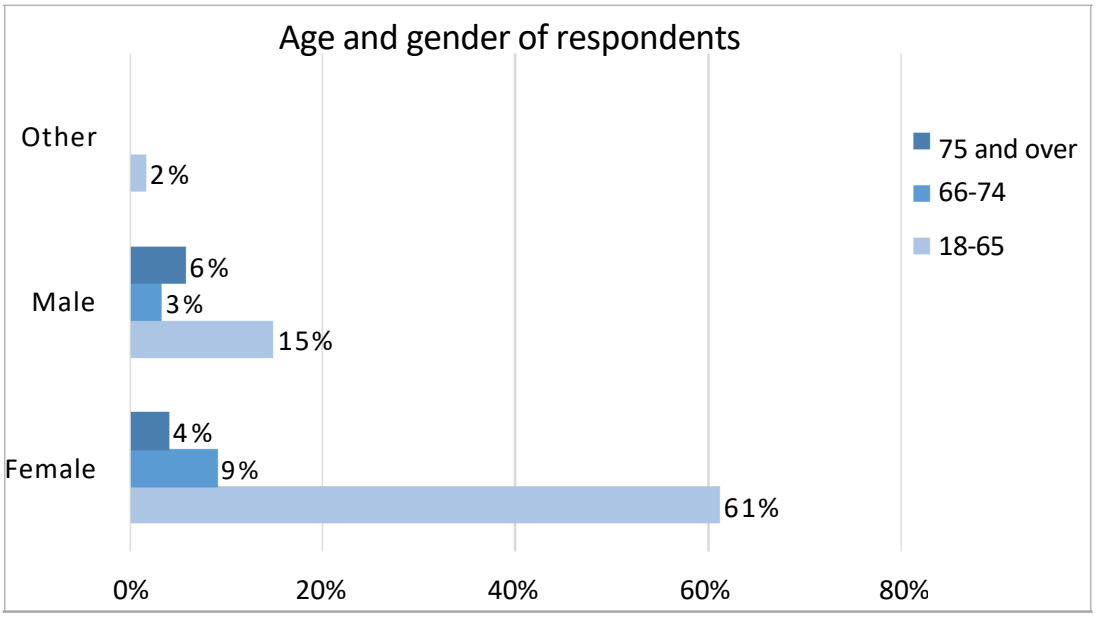
3.3 The online survey was completed by 153 people.

Age and Gender

3.4 In relation to age, 18 respondents did not answer and 8 indicated they would 'prefer not to say'. Of those who answered the question, none were aged under 18, 65% were 18–65, 10% were 66–74 and 8% were 75 and over.

In relation to gender, 21% preferred not to say or did not answer the question.

A breakdown of age and gender of respondents is shown below, where it can be clearly seen that the largest group of respondents were females aged 18-65 (61% of those who responded).

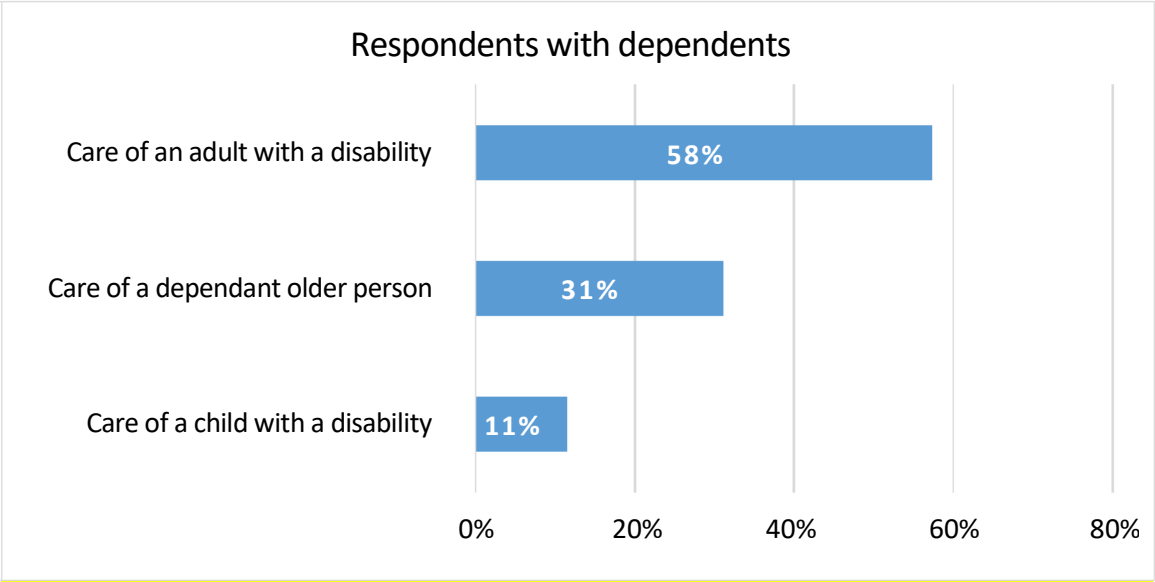


Disability

3.5 24% of respondents reported having a disability and 52% reported they did not have a disability, with 2% responding 'other' and 9% preferring not to say. 13% did not answer the question.

Dependents

3.6 Of the 135 respondents who answered the question, 12% preferred not to say and 43% responded it was 'not applicable'. Of the 61 (45%) who did have a dependent, the breakdown was as follows:



Political Opinion

3.7 16% of respondents identified as 'nationalist generally', 24% responded with 'unionist generally', 25% as 'other' and 35% either preferred not to say or did not answer the question.

Race

3.8 2% of respondents expressed a 'mixed ethnic background', 1% traveller, 75% white and 2% other. 20% either preferred not to say or did not answer the question.

Sexual Orientation

3.9 2% of respondents identified as bisexual, 2% as gay or lesbian, 65% as heterosexual and 1% as other. 30% preferred not to say or did not answer the question.

Religious Identity

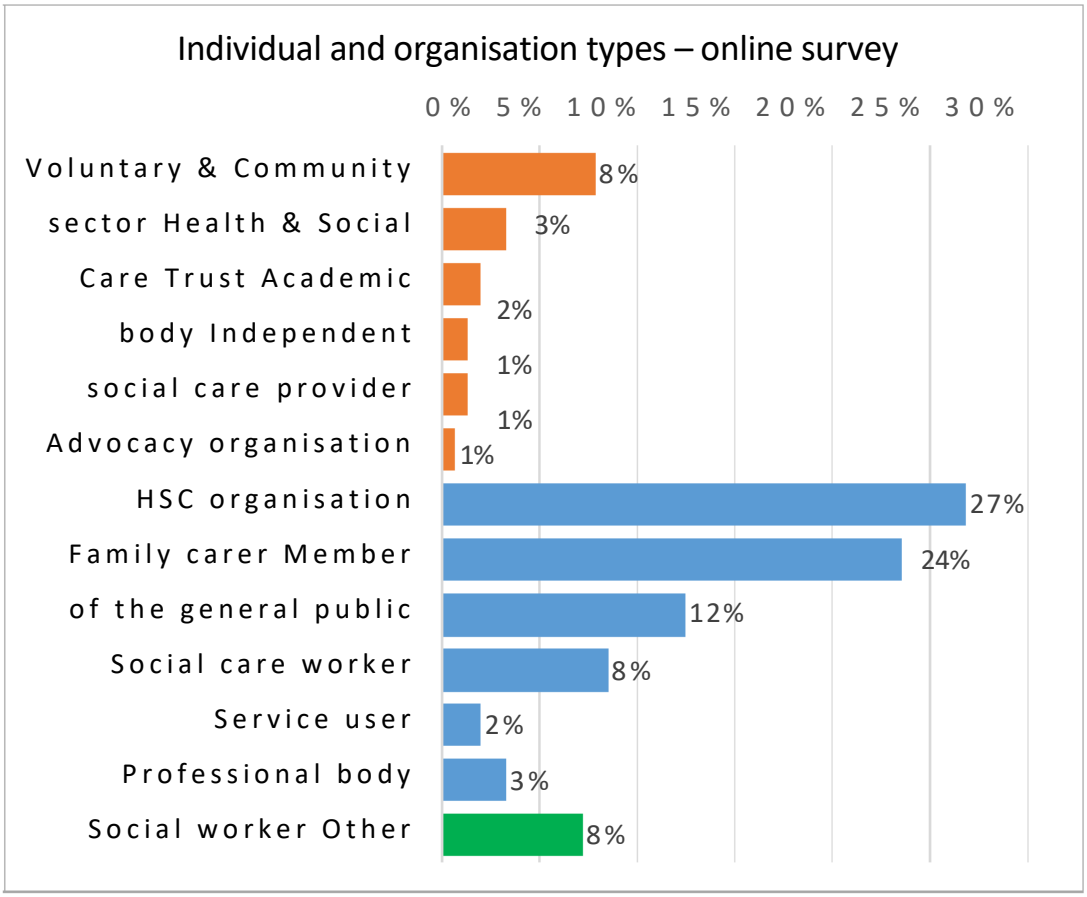
3.10 1% of people identified as Buddhist, 27% as Catholic, 45% as Protestant and 2% as Muslim, while 17% of people responded as having no religious belief and 8% as other. 25% of respondents preferred not to say or did not answer the question.

Marital Status

3.11 5% of respondents stated they were cohabiting at the time of taking the survey, 3% were divorced, 45% married, 4% separated, 17% single, 5% widowed and 2% other. 19% preferred not to say or did not answer the question.

Organisations/Individuals

3.12 16% of respondents did so on behalf of an organisation, 77% responded as individuals and 7% as other. The breakdown of type of organisations and individuals is shown below:



3.13 Of the respondents that represented an organisation, 13% were rural based and 22% urban based, while 64% reported being both rural and urban based.

Of those responding as individuals, 43% were from rural areas and 57% from urban areas.

Written Responses

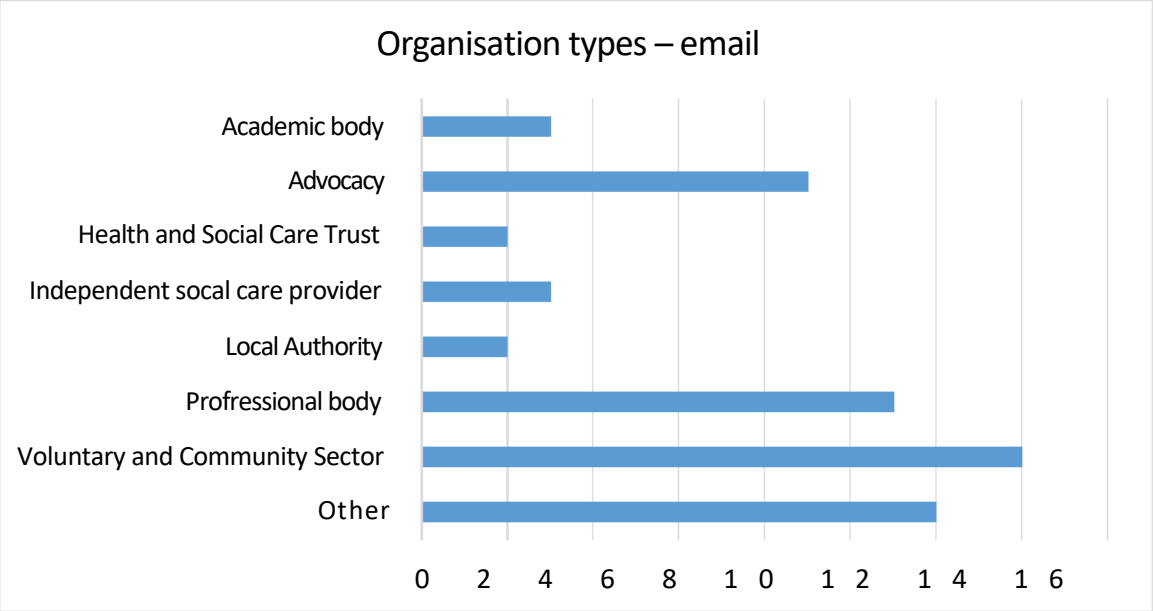
3.14 65 written responses were received: 62 by e-mail and 3 by post, with an additional 3 submissions being duplicates that were removed. These contributed the views of individuals and organisations in an open text format.

E-mail responses

3.15 56 e-mail responses were from organisations, 5 from individuals and 1 not identified. Of the 5 individuals, 3 were service users. The three written responses were received from; a collective of people on behalf of Residential/ Nursing Care Home Services, an Independent Nursing Home and an individual.

The responses were received from a diverse range of stakeholders, including individual service users and carers, the community and voluntary sector, as well as from social care service providers and associations, health and social care sector staff, professional bodies, Trade Unions, members of the public, local government, political parties and other organisations.

The different organisation types are shown below:



Analysis of Responses

3.16 Responses were analysed quantitatively and qualitatively where appropriate. Responses to the multiple choice questions in the online survey were analysed quantitively. Responses provided in written format by way of general comments through the online survey, or by way of feedback received at the engagement events, were analysed qualitatively using MAXQDA analysis software.

3.17 The findings from the analysis undertaken by the Social Care Institute for Excellence (SCIE) of the online survey, the engagement events and the written responses, is set out in the next chapter.

3.0 Data Analysis

4.1 The data analysis of all the response and feedback collected during the consultation is presented below.

Report Structure

4.2 This report sets out the consultation findings in six sections, one for each strategic priority. Each section contains:

- Key Points
- Direction of travel, containing:
    - Quantitative survey responses as to the extent of agreement with the direction of travel
    - A themes summary of the qualitative responses about the direction of travel from across the consultation (online survey, engagement events and email responses)
- Proposed Actions, containing:
    - Quantitative survey responses as to the extent of agreement with the Proposed Actions within that SP
    - A themes summary of the qualitative responses for each Proposed Action from across the consultation (online survey, engagement events and email responses).

The summary of respondent's comments is set out in tables with the following sections:

- **What people liked**

- **Things to consider and concerns**

What you told us about the reforms -

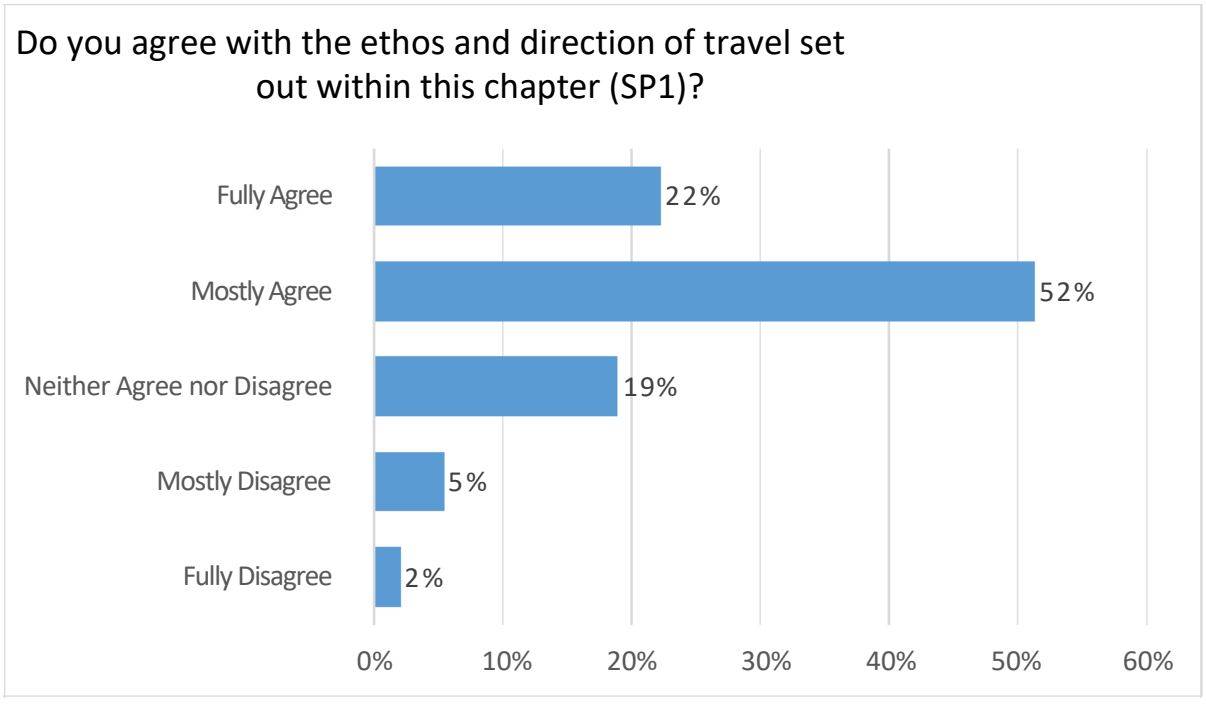
Strategic Priority 1: Sustainable Systems Building

The vision set out in this chapter was widely supported. Many aspects were highlighted as beneficial, including the creation of a cohesive legislative base, a rights-based approach, the focus on choice and control and supporting community-based services. Respondents highlighted a number of concerns, including the importance of legislation being clear and consistent.

A common concern in relation to SP1 was funding. Respondents highlighted that lack of funding leads to a lack of choice and control and wanted to know where funds will come from and which budgets have been identified for the different legislation. They highlighted the likely loss of some European Union (EU) funds. The concerns around funding were strongly linked to wider concerns about whether staffing will be available to implement the changes, given the staff shortage; ensuring resources are available; and making sure these changes were practicable at all levels. Respondents felt the positive vision would not come to fruition without additional, identified funding. Additionally, there were concerns about how long this would take, and some tension over whether the timeline would be practical, but also recognising the urgency of many of these actions.

Funding, resources and time are themes throughout the consultation, but particularly SP1 in relation to vision for the future, legislation and funding, charging and tariff-setting as well as across associated PAs (PAs 1, 3 and 5).

Direction of travel



Of the 148 online survey participants that answered this question, 74% either mostly or fully agreed with the ethos and direction of travel of SP1.

Vision for the future

- Focus on social work values.
- The vision is welcome, particularly the focus on a human rights approach, individual independence, and integration between services and sectors.
- The focus on choice and control, primacy of home, community-based services, prevention and early intervention.
- The proposal to build a sustainable, evidence based, whole system approach to the design and delivery of adult social care (ASC), co-produced with service users and family carers.
- A collaborative approach between health and social care commissioning.

- It is important that we build on the existing aspects of health and social care that currently operate well.
- Current resources could be better used with new ways of thinking, innovation and technology.
- The lack of availability and suitability of services for under 65s with complex needs is leaving people with no choice but to move away from their home, family and community.
- More focus on a range of equality activities, especially relating to gender and age, and overrepresentation of women in the workforce. Ensuring that the needs of LGBTQ+ and ethnic minority groups are met in any legislation and uptake is increased.
- The vision should provide a framework for evaluating the impact of changes to social care based on the values proposed.

Legislation

- The focus on a human rights-based approach to care which is needed for the system to have built-in accountability.
- Duties to provide equitable access to services based on assessed need.

- Clarity in the legislation as to the purpose, legal standing and precedence attached to regulations, guidelines, standards, professional codes of conduct, etc.
- Legislation can be a hindrance as much as a help, so be careful that any legislation does not put providers in a difficult position from a legal point of view.
- New legislation should encompass all existing legislation under one umbrella, so everyone knows where they need to refer to.

Funding, charging and tariff-setting

- Responds to the urgent need for a sustainable funding model.
- These changes will be key to deliver the first-class ASC provision in the vision.
- Shared responsibility in paying for care as there is too much expectation of free services.
- Acknowledging the need to improve pay and terms and conditions for the workforce, which will attract more skilled workers into social care.
- Agreement that Direct Payments should be increased to match the amount received by care companies (£19.50/hour).
- The use of the Fair Work Forum to keep pay and funding under review.

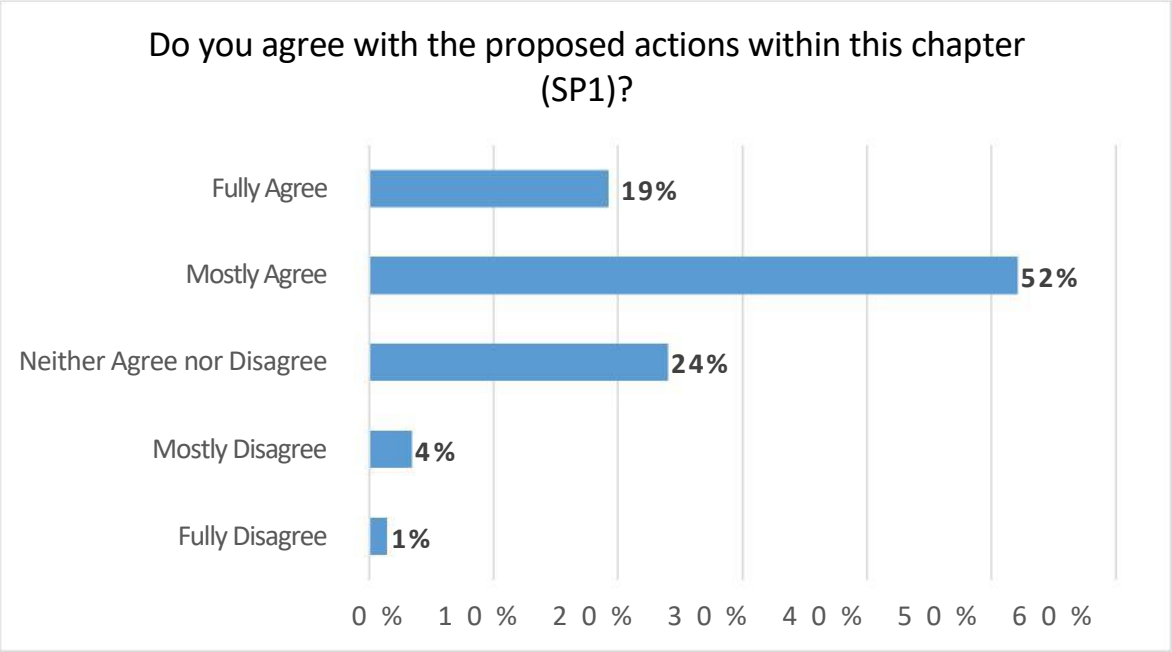
- Concerns around costs for ASC, especially care homes, being too high and the quality too low.
- Clarify where charges will be applied. Charging arrangements to residential care could lead to the introduction of charging for all ASC, including domiciliary care.
- Ensure the tariff-setting process takes affordability into account and considers the impact of inflation and cost of living increases on service users.
- Clarify the assumptions behind the figures referring to potential future need for domiciliary care, care homes and intermediate care (paragraphs 3.12–3.14). If there were a commitment to support people with higher levels of care need at home rather than in care homes, the number of hours of domiciliary care to be delivered would be higher.
- Housing is critical to care and support and is not mentioned.
- Make costings available for discussion. True choice and control are currently limited due to costs. The market should be regulated based on outcomes not cost.
- There should be a cap on ASC charges. In England, the introduction of an £86k cap on care costs from 2023 is a step forward, though it only benefits one in five people with dementia.
- A clear definition of the proposed ‘value for money’ in commissioning objectives.
- As part of market regulation and tariff-setting, providers are required to achieve safe service delivery, enable personal choice and ensure optimum outcomes for each individual. The setting of cost bandings will be complicated and the extent of funding required must be realistic.

Commissioning with purpose

- A mixed economy would stimulate competition, benefit the system, and increase the availability and range of services.
- A mixed economy approach could be the solution to the current imbalance between the community and voluntary sector (CVS), private and statutory services
- A proactive, joined-up approach is needed between relevant health and social care services to ensure that the appropriate provision can be put in place.
- The focus on increasing the availability and range of services that can meet more complex needs.
- The principle that adult social care commissioning should be closely aligned with the new Integrated Care System model. This would enable closer integration across health and social care services.
- Increase statutory provision rather than be over-reliant on the independent sector.

- The whole system commissioning approach would need to be flexible enough to recognise property and development costs in different areas, including the higher costs associated with newer buildings.
- Services should be built around people, not people fitted into available services (e.g. people inappropriately placed in nursing care because of the unavailability of residential care).
- Concerns that the for-profit sector cannot support a stable, sustainable ASC system and services should be returned to statutory provision. More control is needed over rising costs/profits of private sector.
- Family and individual health and social care needs an integrated and holistic approach, particularly for hospital discharge.
- Options to fast-track access to ASC packages upon hospital discharge, particularly for terminal patients.
- Commissioning models need to be transparent and bed occupancy compared to registration.
- Concerns that an outcomes-based procurement approach will not meet public need for ASC but shift the focus away from need to enabling access for private companies to maximise social investment payments.
- The transition between children's and adults' services should be seamless.

Proposed actions – SP1



Of the 146 online survey participants that answered this question 71% either mostly or fully agreed with the PAs.

PA1: The Department proposes the introduction of legislation to provide a cohesive legislative basis for adult social care provision.

- The creation of a cohesive legislative base is key for the ASC reform.
- Responds to need to develop new legislation to deliver ASC.
- It is an opportunity to align Northern Ireland (NI) legislation for ASC with the wider United Nations (UN) legislation.
- Opportunity to replace outdated legislative framework and make it as accessible as possible for service users, carers and service providers.
- A step forward in enforcing individual rights.
- The additional powers of inspection and the authority for market regulation.

- New legislation needs wording so that it is clear, unambiguous and definitive, with a definition of what social care is and what is required.
- The system cannot cope with the scale of change needed. Highlighting that Trusts are still implementing Mental Capacity Act (MCA) and safeguarding legislation.
- The shortage of staff needs to be addressed to support the implementation of legislation.
- Factor in time to allow the market to adjust.
- There is no reference to age discrimination.
- There need to be consequences for a failure to meet the law and the standards/responsibilities set out within it. Legislation alone is not enough. The role and powers of the Regulation and Quality Improvement Authority (RQIA) are crucial to ensure high standards of service.

- Clear mechanisms for complaints to an independent body, whistleblowing protection and independent advocacy are needed.
- A robust method of assessing dependency and the provision of criteria for minimum staffing levels is needed.
- Co-production is needed to develop standards of care and how these are communicated.
- It should include a fair, referenceable basis for commissioning social care, properly assessing the cost of delivery and funding it fairly.
- The rights of unpaid carers need to be explicitly protected in the legislation.
- Developing new legislation will take time and the reform should not wait that long to start.
- Effective training and information around new laws to build knowledge and understanding of rights, entitlements and responsibilities.
- Changing from the duty of the state 'providing services' to 'meeting needs' could further promote privatisation through marketisation of ASC services.

PA2: The Department proposes a review of third-party top-up fees for care homes.

- The review of top-up fees is welcome, necessary, and is being proposed alongside wider reform that is essential.
- There is inequality in access to care homes for those who lack funds to pay the top-up.
- At present people living in care homes are charged top-up fees and people living at home receiving the same support are not charged.
- There was support for an open and transparent system of charging for social care that would reduce the 'postcode lottery' regarding top-up fees.

- There is a need for a subsidised fund for families that cannot afford top-ups.
- The true cost of care review is needed with top-up fees only being charged for additional choice/services, not because funding does not cover the true cost of care.
- Top-up fees can exclude some people from accessing the most appropriate, available services.
- Changes to top-up fees may force private providers to make commercial decisions to 'cherry pick' services they will provide.
- It is difficult to find a care home which charges the regional rate as top-up fees are being used to make up the shortfall between the regional tariff for and actual care home costs.

PA3: 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.

- Transparency is needed and the review is necessary to address the inconsistency in charging arrangements.
- Recognition of the true cost of care through the review.
- Recognition that charging for domiciliary care could lead to reluctance to accept support, deterioration of wellbeing and encourage prioritisation of institutional support.
- Being clear about the resources required and the balance between state and citizen responsibility for funding ASC.

- Equity, transparency and fair access to services should be key values to guide the review.
- Social care services should be free and funded through taxation.
- 'Continuing care' status needs to be implemented. People have paid for their health care and they should not be discriminated against and have to pay for it again.
- Charges should be calculated in a way that is fair, reasonable and based on people's assets.
- Any new means-testing system should exempt households that cannot afford to pay for domiciliary care without a negative impact on their financial stability and quality of life.
- It should consider the impact of austerity and the cost of living crisis on disabled people.
- Charging would make services inaccessible and would lead to exclusion and unfairness.
- Includes the voices and experiences of unpaid carers and individuals using services.
- Define clear timelines and methodology for this review.
- Hold a public consultation once the review is complete, and recommendations presented.
- Funding care through general taxation may be perceived as unfair, with the burden falling on the entire population.
- Any domiciliary care services that are introduced to support an unpaid carer should be provided free of charge.
- Many carers are already paying for social care support. In 2019, 86% of local carers said they were regularly using their own income or savings to pay for care or support services.
- Many older people and their families feel aggrieved at having to sell their family home to pay for care.

- If charging is introduced for services, this would need to be matched with improvements in service delivery and availability.

PA4: 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.

- A mixed economy approach is supported to provide diversity of services, innovation and further options for individuals and families.
- Independent providers being supported as they often give local person-centred services to address local needs, particularly in rural communities.
- Being able to identify those areas with a high reliance on the private/for-profit sector.

- Include in the review: locally based planning; population needs assessments, including an assessment mapping exercise; uplift for domiciliary care; self-directed support (SDS) to be reviewed to reflect the true cost of care; support for strengthening personal choice through legislation; clarity regarding who is included in assessment, including carer's assessment.
- Include contracting arrangements, relationships between statutory and independent sectors, responsibilities and discharge.
- Consider the imbalance and inconsistency of the offer across types of service providers and between different user groups.
- CVS does a lot of what the statutory sector does (e.g. provides 75–80% of home care) but is not funded accordingly.
- Address short-term funding in CVS (e.g. one-year contracts).
- What could remove the imbalance between the statutory and independent sectors, with workers moving from the independent to the statutory sector for better pay and conditions?
- A two-tiered approach should be avoided.
- There is an imbalance of risk-taking, with the CVS/independent sector expected to take on the risks of service development and planning.
- A move away from crisis delivery to proper identification of need and planning.
- A culture of commissioning and procurement must be based on a rights-based model of care, encourage and resource collaborative delivery, include integrated models across health, social care and with CVS.
- Consider the efficiency and effectiveness of the independent social care sector and undertake a best value analysis

- Provider size is important to consider as big providers have more financial resources and can take advantage of economies of scale, forcing smaller providers out of the market.
- Trusts should monitor and limit the amount of funds passed to private companies.

PA5: The Department will reform how adult social care is planned and delivered within the new Integrated Care System model.

- ASC reform and delivery of the new Integrated Care System should be closely linked.
- Academic literature suggests that an integrated system has the potential to deliver a seamless service, a one-stop shop and mitigate issues around management, budgets and professional boundaries.
- This could help provide alignment and cohesion, and reduce fragmented care.
- The Integrated Care System has the potential to improve outcomes and experiences of care, particularly for those in contact with different services.

- Model older people's physical disability day care on current day care for adults aged 18–65.
- Concerns around commissioning care providers whose aim is profit. Not for profit organisations should be prioritised
- Involve unpaid carers in the proposed Area Integrated Partnership Boards (AIPBs).
- The objectives regarding participation seem incompatible with the centralised transfer of commissioning to the Department.
- For palliative support there is a lack of out of hours services. When someone is discharged from hospital, they need an appropriate care package, information and connected services.
- The system should also include health services. Draw on the role of occupational therapists (OTs) alongside social work staff. More integration of education and training to ensure a strong, collaborative relationship between professions.
- Promoting geographical consistency of eligibility criteria while adapting to reflect local conditions (e.g. higher costs in rural areas). Include portability of care to allow disabled people to easily move between Health and Social Care Trust (HSCT) areas.
- The system needs investment of time and money, and involvement of stakeholders in the workstreams to ensure it is fit for purpose and for the future.
- System reform should involve regulation and inspection of statutory and independent sector providers to ensure high quality provision.

- Include a robust complaints handling practice and a collective leadership approach to valuing and learning from complaints.
- Clarify the responsibilities of DoH, RQIA and others for reporting and pursuing evidence of improvement, progress and compliance.
- Care home managers may lack access to systems such as electronic care records, which is a barrier to communication between sectors.

PA6: 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.

- It is an opportunity to increase resources and improve pay, terms and conditions.
- Supported as an opportunity to increase access to ASC, particularly for those who cannot afford top-up fees and those in rural areas.
- The proposals around equitability in terms of the disparity between provision – especially between urban and rural areas – are welcome. In rural areas, people are often moved far away from their home.
- Having a fair cost of care, which allows for decent wages, supports recruitment and retention, and enables providers to have a fair level of profit to invest and be sustainable.
- This is an essential step to increasing the choice and availability of care options and ensuring an equitable service for all (e.g. a respondent could not place their mum in a home with en-suite facilities due to the need for third-party charges).
- Tariff-setting informed by human rights principles and

- Cost inflation is underestimated and can affect the delivery of care.
- Setting a cap and eliminating top-up could increase risk of financial failure for independent providers.
- Additional cost demands for social care provision in rural areas need to be recognised and funded.
- There should be provision for top-up costs to be allowed. Top-ups are important for creating an approach that is centred around the choices of the individual in care, receiving care in the way they need it and where they want it.
- There should be regular reviews that consider the rising inflation and cost of living pressures.

reflecting the true costs of delivering quality care.

- The principle that tariff-setting for ASC be fair, standardised and set at an affordable level.
- A review is essential to improve access and quality of service provision, especially during these uncertain times.
- We support the understanding that regional bandings would have to reflect the true cost of providing the care being commissioned.

PA7: The Department proposes increasing Direct Payment rates to broadly match the cost of equivalent directly commissioned services.

- Increasing DPs would increase people's choices.
- It could help recruit carers to DP roles if pay rates are attractive.
- It would be more equitable with recently uplifted domiciliary care rates.

- DPs should be one of the viable options for care, not a solution to the lack of care packages available through the Trust.
- There is a need for co-production with service users and carers.
- Increase DP rates and Shared Lives scheme rates to broadly match the cost of equivalent directly commissioned services.
- More training and support is needed as carers and service users take on an employer role with payroll, bookkeeping, redundancy, etc. Complexities and responsibility can put people off. Many adults with a learning disability cannot manage a DP.
- Individuals and families find it hard to recruit and retain carers, and often need to recruit more than one person to provide cover for annual leave, sickness and absence.
- Skill set of personal assistants (PAs) tends to be more extensive than that of domiciliary care workers, requiring the hourly rate to be higher.
- Regulation in terms of assuring the safety and quality of services being purchased directly by individuals. There is a need for mechanisms to provide assurance to be developed.

PA8: The Department proposes the introduction of increased powers of inspection and regulation in relation to overhead and management costs and levels of profit.

- The increased role of inspection and the Department taking control of the levels that can be charged by service providers.
- Further scrutiny across statutory provision to transparently determine value for money in the use of resources and establish a baseline for the true cost of care.
- It could provide reassurance that funds going into care are being used appropriately.

- Trusts are not subject to the same constraints in terms of cost to the state as is independent sector provision.
- This should be proportionate, focused on overhead and management costs associated with delivering care and support an informed process, engaging with providers throughout.
- Extended powers of inspection and regulation should be expanded to other areas such as service sustainability/continuity, appropriate use of funds and value for money.
- Alternative means of assessment of the quality of care being delivered, including regulated facilities.
- This could increase the risk of:
    - inspecting and regulating existing service providers out of the market either entirely or from some sectors
    - service providers 'gaming the system'
    - deterring new providers from entering the market
    - disadvantaging smaller providers and CVS
- ethics of directly commissioning providers whose aim is profit. There is no/limited room for profit in ASC. Providers must focus on quality.
- Include demonstrating that staff are adequately trained, and there is compliance with pay, conditions and career progression measures.
- CVS needs to ensure full overhead cost recovery, so setting a standard percentage, for example, may make those organisations less sustainable.
- Identify what powers and responsibilities Trusts have and what steps should be taken to avoid a service collapse when independent sector providers are failing.
- Add detail to the proposals concerning the future work of RQIA and its role as regulator within the wider health and social care system.

SP1: Summary

Levels of agreement with the overall ethos and direction of travel (online survey)

The majority of survey respondents supported the ethos and direction of travel of SP1 with 74% fully or mostly agreeing and 7% fully or mostly disagreeing, while 19% neither agreed nor disagreed.

Comments about the ethos and direction of travel (online survey, engagement events and email responses)

All four sections of this strategic priority received a wide range of comments. In the section funding, charging, and tariff setting a common theme was that improving the financial efficiency of the system, cost effectiveness and quality of services is key to delivering the first-class ASC provision set out in the vision. There were also concerns raised in this section both in relation to charging approaches and requesting more detail and clarity around charging aspects of the chapter. In relation to commissioning, respondents supported a mixed economy and a more joined up system. Concerns around commissioning were mixed, but a common theme is keeping the person central to commissioning.

Levels of agreement with the proposed actions of SP1 (online survey)

Of the survey respondents, 71% either mostly or fully agreed with the PAs, 5% disagreed and 24% neither agreed nor disagreed.

Comments about individual proposed actions (online survey, engagement events and email responses)

The PAs covered a range of topics with PAs 3 (charging arrangements) and 4 (mixed economy) receiving most comments followed by PA1 (legislation). While PAs 1 and 4 attracted support, PA3 received mixed feedback with no clear agreement regarding individuals and families paying for services and concerns that charging would affect accessibility and inclusivity of ASC. PAs 5–7 were mostly supported with suggestions of key points to be taken into consideration upon implementation with PA6 (regionally consistent tariff setting) seen as underpinning reform by understanding the ‘true cost of care’ to create a fairer system. PA8 (increased powers of inspection and regulation in relation to costs and profit) received some support in principle, as well as some criticism, but with less agreement regarding the rationale or the remit of the proposed regulation.

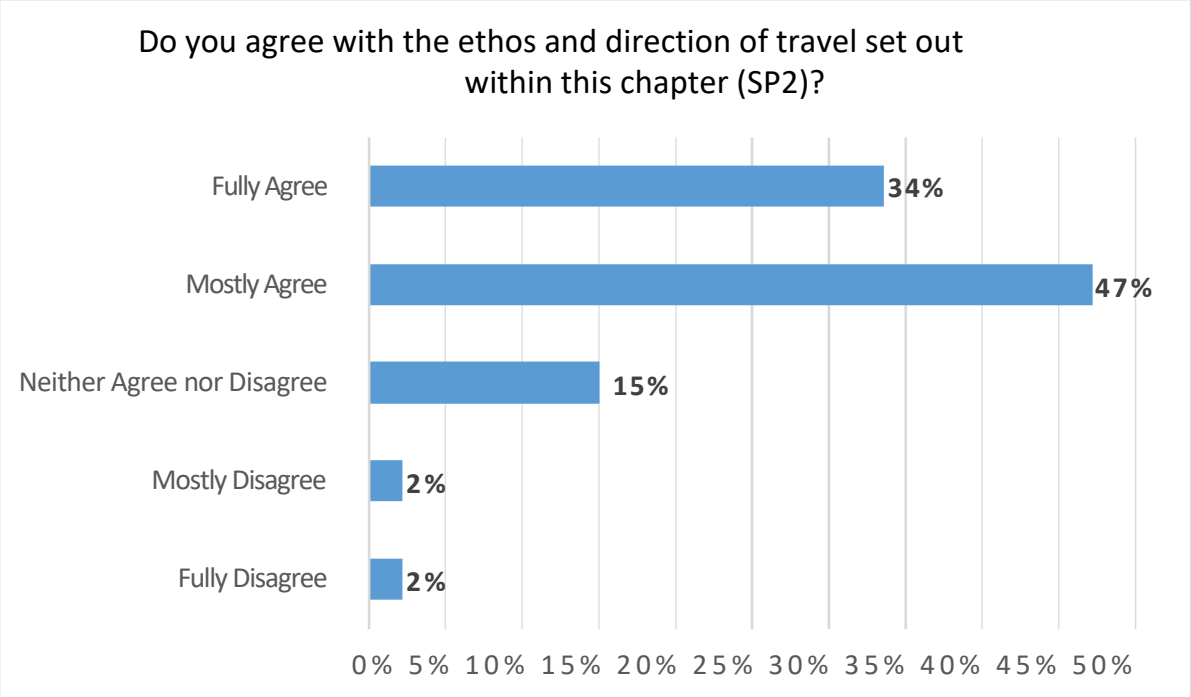
Strategic Priority 2: Valuing the Workforce

The need to value the workforce was widely supported, in terms of pay and conditions, creating career pathways in ASC, focusing on values, and leadership. ASC should be valued and recognised as important and demanding work, including following the pandemic. Respondents felt these aspects together are needed to improve recruitment and retention. The wider focus of the workforce to include PAs (personal assistants) was supported. For those who use or would like to use self-directed support or DPs to employ a PA, the additional support is seen as positive, but with some caution that it is not a 'one size fits all' approach and PA employers have considerable responsibility.

Cross-cutting themes in this section included co-production, with respondents highlighting the need to co-produce workforce strategies as well as training with people who draw on services, families and frontline staff. Pay and conditions are emphasised in responses throughout the consultation; this is seen as pivotal to recruitment and retention and as underpinning the wider reform, as it can only be achieved with the right staff. A common criticism in this SP is that the National Living Wage (NLW) will not be enough and does not reflect ASC skills or raise pay in line with other sectors. Career pathways are additionally considered essential to level the playing field between sectors, but also between statutory and private providers.

As with SP1 there were concerns that more funding is needed for improving pay, improved training, the creation of career pathways and supports for PAs.

Direction of travel



Of the 140 online survey participants that answered this question 81% either mostly or fully agreed with the ethos and direction of travel.

Pay and conditions

- Care workers are currently underpaid and the review of pay and conditions is timely.
- It will lead to lower turnover, a more stable sector and increased safety, directly benefiting individuals and families.
- Improving conditions will help to reduce staff exploitation.
- Encouraging social care employers to increase wages above the NLW.
- Better funding and conditions are vital for recruitment and retention of good staff. ASC should not just be a stepping stone, but a career.
- High turnover of staff and low staff morale impact on people living with dementia as they need consistency in their care and to develop relationships.

- Consider vacancy rates, staff burnout, mental health and career pathways in the context of the lived experience of ASC staff.
- A pay scale to reflect the different levels of responsibilities of care workers and encourage progression.
- Clear career pathways and an appraisal system.
- More worker representation from professional bodies.
- Include a clause in future contracts to ensure that organisations that win the contract are obliged, not 'encouraged', to pay the NLW.
- Equitable terms and conditions should be a core value, achieved through the realistic setting of regional tariffs, giving providers the opportunity to attract and develop their staff.
- Disabled people have not been able to afford to pay their PAs the increased NLW due to delays in receiving the uplift.
- Rates need to keep pace with other factors (e.g. COVID) to ensure providers can give standardised terms and conditions for staff.

Capacity, recruitment, values and information

- Improved pay and conditions are key to improving recruitment, capacity and quality of service.
- The ASC workforce should be valued, well trained and have options for career progression and further rewards.
- Positive focus on the ASC workforce and more action to see it appropriately supported and valued.
- Workforce planning linked to a model of safe staffing, reflecting a mixed economy of care and recognising the diversity of roles

- Consider providing pool vehicles, particularly for young and lower income staff as transport is a barrier to recruitment and retention.
- Problems of retention increase reliance on expensive agency staff, whereas paying staff better to start with would avoid this.
- Training and upskilling of staff in private care services through a standardised approach.
- Staff should undertake a further education course at a higher level, not just the basic training of the care agency.
- Northern Ireland Social Care Council (NISCC) workforce data can only report on those people eligible to register. Day care staff are not

needed – including roles outside the regulated workforce.

- Requirements for the induction, support, development and supervision of the workforce.
- Values-based recruitment can improve the quality of service provision.

required to register but should have access to the same opportunities.

- There should be an increase in provision for the private sector as it offers a better outcome-focused approach than the statutory sector.
- Address gaps in relation to regional workforce planning and development, data and research, IT and planning. This should link to recording of unmet need in care planning and delivery.
- Clarity is needed if nurses registered with the Nursing and Midwifery Council (NMC) will need to be registered with the NISCC.

Personal assistants

- Users of DP working together as a 'collective' could work well and help to overcome some of the difficulties with DP.
- Recognises PAs as a vital group who should be supported along with the wider social care workforce.
- DP can be positive for ASC as a whole.

- Issues in rural areas where the uptake of DP has been affected by the lack of available PAs.
- There is a need for a register of people available to cover DP hours.
- Statutory oversight is needed as the Centre for Independent Living is currently failing to support service users as stated.
- Align PAs with the rest of the workforce and provide access to the same training and support.
- Provide PAs with clear and uniform guidelines they can refer to and follow.
- To ensure PAs and others employed under SDS have fair pay, terms and conditions, their needs should form a substantive issue within the work plan of the Fair Work Forum.

Leadership

- Good leadership is essential to mentor, support, instil a good attitude and encourage staff.
- Leadership is key to driving change and the importance of leadership is highlighted when 'things go wrong', including in public inquiries.
- In ASC, individuals' needs are increasingly complex. It is

- In the document, leadership refers to managers of care homes, but there is a need for leadership across ASC. Formal structures need to be agreed and clear lines of leadership established.
- Professional qualifications should be balanced with experience in management positions. Professional bodies are skilled in providing schemes that recognise practical experience,

important that those in management roles have the professional capability, knowledge and leadership skills to ensure safe and compassionate care.

and in enabling training and continuous development of skills.

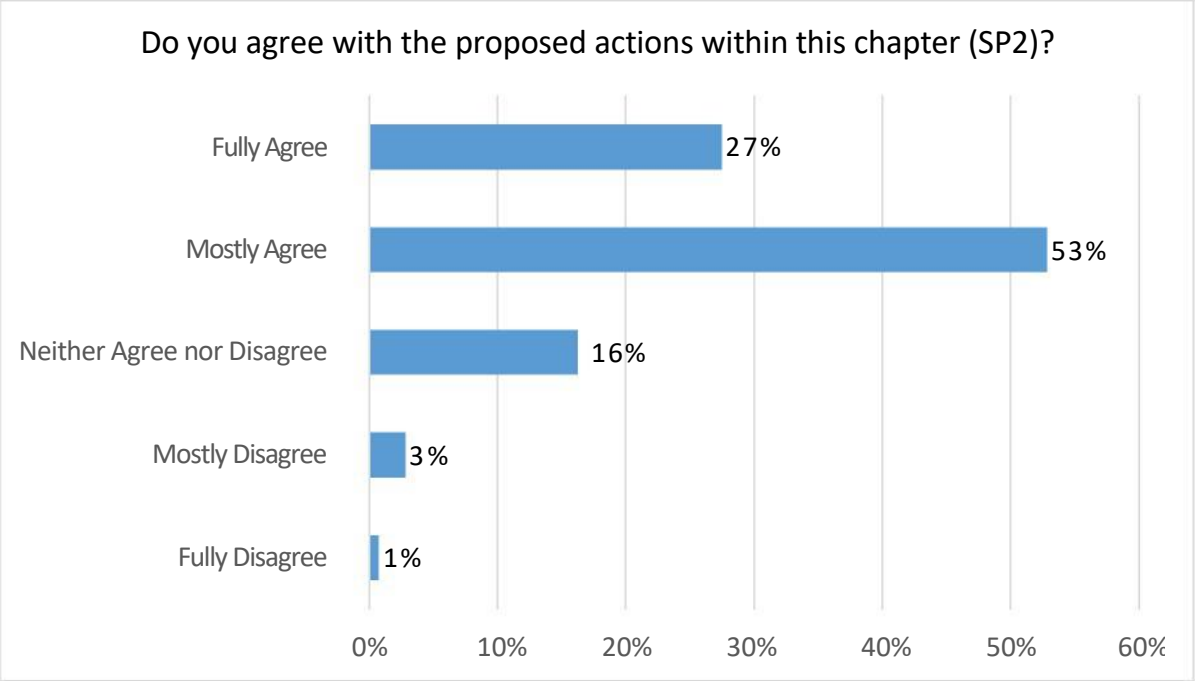
- A compassionate leadership approach is needed for senior leadership.

Multidisciplinary teams

- Support is urgently needed and welcome. Many multidisciplinary teams (MDTs), which were already understaffed, have been further decimated, losing experienced members.

- The availability of nurses in the community (such as learning disability nurse specialists) is crucial to maintaining the health and wellbeing of individuals with complex conditions.
- MDTs must learn to share information and work as partners with family carers whose expertise needs to be recognised, valued and respected
- It is key to have MDTs in inspection roles to expand the expertise within these teams and improve quality across services.
- There is no information in the consultation document on the numbers of Trust professionals entrusted with leadership, management, social work, OT, or other related allied health professional roles.

Proposed actions – SP2



Of the 142 online survey respondents that answered this question 80% either mostly or fully agreed with the PAs.

PA9: The Department proposes to improve the pay, terms and conditions of the lowest paid in the social care workforce.

- Better pay alongside good management of people and training and development opportunities.
- Careers in ASC being broadly promoted with salaries in line with NLW (at the least).
- This is vital for attracting staff with the caring skills, aptitudes, principles, behaviours and compassion that are essential to providing safe and effective care.
- With the cost of living crisis, professionals, including nurses, social workers, community workers, etc. are struggling to get by.

- Ensuring staff have long-term contracts not zero-hours.
- NLW rise to £9.50 per hour is still not enough. Workers paid the NLW need almost an extra £800 per year to bring earnings in line with the real living wage; the difference could pay for 13 weeks of food, or 10 weeks of housing costs.
- Need for equity in pay between statutory and independent sectors.
- Consider the overall structures of ASC delivery to support the pay increase.
- Concerns that pay improvements will not happen fast enough given the cost of living rise.
- Ensuring commissioners recognise the costs of care – including raising pay rates – as there is not a standardised approach to HSCTs.
- Regular benchmarking against careers in other sectors (such as retail and delivery) that currently receive a better wage than ASC staff.

- Pay rates should be reviewed across the sector, not only for the lowest paid. Rates should allow differentiation between pay band/grade levels of responsibility.
- A fuel cost allowance scheme is key and in line with other public sector workers. Domiciliary workers should be paid for travel time as well as full expenses.
- Improving pay to anything less than parity with Trust staff will not help to retain staff currently moving to independent and hospitality sectors.
- Longer time frames are needed to allow effective budget planning and meeting our aspirations for workforce development.
- Care homes identified the possible alignment with *Agenda for Change* but highlighted the difficulty in responding to wage increases without an increase in bed tariff.
- The Fair Work Forum should ensure that all staff receive fair and appropriate pay as well as equitable terms and conditions.

PA10: 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.

- The Workforce Strategy is welcome and training is essential to this.
- Efforts to elevate the status of the ASC workforce through improved recruitment, training, development and staff retention are very positive.
- Workforce development through training and education pathways starting at entry level. This will help attract people with caring skills and provide opportunities for progression.
- Data collection will provide an analytical framework to assess ASC's performance in a time of change.

- Include a review of the skills mix required for a flexible system.
- Governance must ensure consistency across CVS and the private sector and address gaps in training opportunity/take-up between statutory and independent sectors.
- Move away from test-based to experience-based qualifications to recognise years of experience. Concerns that not all staff want their role 'professionalised' and to take exams – this could be a barrier to recruitment and retention. Flexibility for part-time staff.
- Ensuring new staff are well supported and not so overwhelmed, so that they stay in their jobs.
- A range of (independent) training providers are needed for training ASC staff and reviewing training needs.

- Increased public understanding and support for social care will be a key factor in reform.
- Stable working conditions, supervision and management support, manageable workloads and career pathways are key to address workforce issues.
- The application of the NISCC's Values Based Recruitment Model.
- A workforce development strategy alongside the creation and revision of legislation. These two things are co-dependent.
- Better college/university registered training courses so that ASC is seen as a career pathway.
- Build on/look at existing training structures including apprenticeships and encourage further links with schools and colleges to encourage an ASC career pathway.
- A regional coordinated/co-produced approach with training providers and higher education.
- The responsibility for training should not only lie with the Department of Health (DoH) and care providers – other departments should pool their training budgets.
- Invest in IT resources for ASC staff to access online training, especially domiciliary staff.
- Include the expectation of a trained workforce in the commissioning model.
- Workforce development should be seen in connection with the Organisation for Economic Cooperation and Development (OECD) skills strategy of upskilling workforces.
- Training and development should be available to family carers.
- PAs should not be included in the social care workforce as the structure and context of the role is different.
- Increase funding for nurses trained through 'non-traditional routes' (e.g. independent care assistants pursuing a career in nursing).
- Consider the development of infrastructure needed to encourage, promote and deliver a person-centred model.
- Include measures to deliver greater levels of training in palliative and end of life care.
- Differentiate the needs of permanent and agency staff as there are concerns about offering long-term training to a non-permanent workforce with a high turnover. Parts of the sector are reliant on non-permanent staff and volunteers.
- The Enhanced Clinical Care Framework (ECCF) is an important way forward to support the development and career progression of all staff working in nursing and care homes.

- The strategy must examine and respond to any inequalities and discrimination across the system. Act on workforce gender stereotyping in society, schools and the curriculum to maximise the potential ASC workforce.
- The strategy should align with the workforce planning action in the Mental Health Strategy (Action 32).
- The strategy should include: harmonisation of job descriptions linked to *Agenda for Change* pay bands; access to appropriate training and paid time for this; access to the Open University; focus on flexible working models and policies.

PA11: The Department proposes that HSCTs, in collaboration with employers, should ensure that Access NI checks are undertaken for all PAs.

- PA (personal assistant) checks would help make the ASC workforce a safe, effective and regulated system.
- Further support to employers, such as that from the Centre for Independent Living, will help address current barriers
- Agreement with the proposal. Would like it to be introduced at pace.
- Access NI checks and support from NISCC would support the development of DPs as a viable option for some individuals.

- Access NI checks alone are insufficient. People employing PAs need access to learning materials, information and advice to support them with decisions about those they employ.
- Mandatory Access NI checks can undermine the PA employer's role and reduce their choice and control.
- The cost should not be placed on the individual requiring support nor on the potential employee.
- Support in the recruitment of PAs requires a dedicated structure and may be better placed with independent sector or CVS.
- Potential issues if vetting a trusted family member takes away individual choice and control if they did not get through checks.

PA12: The Department proposes improving a range of supports for PAs and their employers as described in paras 4.11–4.16.

- The system can be very complicated and support to families and individuals will facilitate the employment of PAs (personal assistants) and promote the use of DPs.
- More support, training and improved employment rights for PAs are all key to the reform.
- PAs should be vetted, registered and accountable.
- A list of registered PAs would be welcomed as finding a PA can often be difficult.

- PAs themselves may not welcome this and it may be seen as an extra administration burden on employers.
- We need to be careful we do not put people off. The idea of registration, formal training, qualifications, etc. may be a barrier for PAs.
- Ensuring a pool of PAs for both Trust and private packages.
- Individuals employing PAs should have access to 'bank staff' for emergencies or changes in situation.
- Develop these supports with PAs and respond to their circumstances and concerns, such as who pays for training days and who will arrange and pay for the alternative care.
- Additional resources are needed for HSCTs to empower PAs to carry out tasks for which they have been trained and assessed. Regular reviews through delegation panels in all HSCTs to facilitate shared multidisciplinary decisions.
- More detail and clarity regarding use of DPs, what personal budgets can be used for, clear and consistent regulations on financial record-keeping and guidance designed to manage more control being passed to individuals and their families.
- Training that is available to care workers should be available to PAs. Families are often not told of opportunities and are expected to pay for training from their own budget.

PA13: The Department proposes that the NISCC will produce an annual social care workforce analysis report.

- This is essential to build a complete picture of the social care workforce, and would support effective workforce planning.

- Populating and maintaining the database will be critical and a major challenge given the fluidity of the workforce and ambiguity of definitions.
- Gather and analyse data along Section 75 categories (religious belief, political opinion, gender, race, disability, age, marital status, dependents and sexual orientation).

- Collect information on number of care workers by Trust, by employer sector and by staff grades through to senior management.
- Measure turnover within and between Trusts and providers, gather information on number of vacancies by Trust and sector and collect qualitative data on positive and negative experiences in the workplace.
- The report should define social care provision within each area and review the tasks undertaken. Support needs are becoming more complex as is the role of social care staff.
- The NISCC is well placed to support this using data from the register.

PA14: The Department proposes that the regional workforce plan will inform commissioning and planning arrangements for social care services.

- Agreement with the proposal and would like it to be introduced at pace.
- A new plan is needed, particularly post-COVID.

- Needs to ensure that the data is accurate and reflects the fluidity of the workforce and the inequalities of provision in rural areas.
- Consider how recruitment challenges could impact on the ability to resource new services.
- Ensure that there isn't a two-tier system within ASC between statutory and voluntary and community/independent sectors.
- CVS has suffered from funding cuts. There needs to be a clear definition and differentiation between CVS and private sectors.
- Co-production is needed to involve CVS and individuals in developing the plan.
- Provide a timeline for these proposals and report progress to the NI Assembly Health Committee.
- The workforce must reflect the demand for services, with the right staff in the right places. A segregated approach to specific professions will lead to an imbalance in services.

PA15: The Department proposes that there should be a regional approach to data collection for all social care services to ensure consistency across the sector.

- This is positive as currently there is a lack of consistency in approach among different Trusts.
- This is crucial to all aspects of the reform and the consistency and standardisation of services.
- This will support better workforce planning and help address challenges with recruitment.
- The approach is more effective than individual Trusts producing the information.

- The data collection should include allied health professions.
- It will require a coordinated approach to what data, how and why it is collected.
- The data should be aligned with human rights protections and capture feedback from people who use services, including questions about: satisfaction with care; what is and what is not working well; if care helps people do the things they want to do; whether care is of good quality, compassionate, safe and well managed; if they would recommend the service to others.
- It should not only capture services, but the journey: how many people get their first-choice care home; how many get the care package they need, delivered in a way that suits them; how long it takes from assessment to delivery of packages of care.
- Include mental health and wellbeing outcomes, aligned with the Regional Outcomes Framework being developed in the Mental Health Strategy.
- Continue use of the Northern Ireland Single Assessment Tool (NISAT), as this is the only longitudinal data set for family carers in NI.

PA16: 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.

- This is essential to promote ASC as a valuable and rewarding career choice and to raise awareness of the purpose of ASC, helping to improve recruitment and staff retention.
- Activities to promote social care to school-leavers.
- Aligning this strategy with recognising social care as a professional workforce with career profiles, job

- Clarify the baseline for a ‘rewarding career choice’ and how ‘reward’ will be measured.
- Concerns about how this would be applied by for-profit organisations that prioritise profit.
- For social care to be seen as attractive, the whole package needs improving and will require more than a living wage to change the image of hard work and low pay with no prospects.
- The shared outcomes should be developed across departments, with regular monitoring and review processes built in.
- This needs to be reflected in the timely implementation of tariff uplifts, especially in the

descriptions, recognised qualifications, etc.

- Promoting the vocational nature of the work, encouraging staff to take pride in their work and to promote positive experiences for those who need help and support.

context of the cost of living crisis and increases to cost of service delivery.

- This must be long-term and resourced to ensure that the workforce is trained, supported and rewarded, giving more emphasis to the professionalism of the role, and making it more attractive to younger people.

PA17: The Department will introduce a requirement to ensure that all staff working in social care settings must be registered with a professional body.

- A welcome step that will impact positively in service delivery.
- Improves governance and accountability.
- Provides the public with a way to refer the ASC workforce to its respective professional regulator for unprofessional conduct (though they need to be made aware of this).
- This would assist with professional development and improve sectoral cohesion, communication and status.
- This is important for protecting people and promoting public confidence.

- Include the need to work with the NISCC, adhering to NISCC standards across the sector, and safe staffing levels.
- Requires joined-up approach. Staff working in ASC may be registered with a professional body that falls under the Health and Care Professions Council (HCPC) registration but not necessarily with NISCC.
- NISCC will need to be modernised and resourced to take on the additional responsibilities.
- Consider which posts require registration and their specific requirements for induction and training.
- Clarify who pays for registration: whether it is the employer, employee or another party. Given rising costs, consider lowering NISCC fees.
- Be aware of increased work or concerns of managers. Explain to managers how it will help them in their role and is not just an extra task.
- It is unclear what is meant by ‘the must be registered with a professional body’. Consider changing it to ‘registered with the appropriate regulatory body’.

PA18: The Department proposes requiring all social care employers to use the values-based recruitment processes that have been developed by the NISCC.

- Recognition of the importance of values-based recruitment.
- A way to make sure the care worker is someone who will care about service users.
- There is an urgent need to create and sustain workplace cultures that protect staff wellbeing.
- Caring is a highly skilled vocation, not to be compared with other low paid sectors.
- This would ensure the sector attracts the right people with the right values.

- There is still a need for competency assessment, however a values-based approach can be built into competency frameworks.
- Engage with RQIA to ensure alignment in relation to level of skill and experience.
- A framework would be needed along with a definition of job roles included.
- Apply across the sector including roles such as managers, schedulers, trainers, admin, etc.
- It would need a consensus across the sector to ensure consistency.
- Not only at point of recruitment but needs to be linked to education on emotional intelligence as a training and development focus.
- It may dramatically change recruitment processes with additional costs. Information, support and funding will be needed.
- There are other approaches to recruitment. Ensure flexibility to utilise new and potentially better frameworks if they emerge in the future.
- Recent work by Queen's University and Identity Exploration Limited on 'Nurse Match' and 'Social Work Match' may offer useful insights.

PA19: The Department proposes requiring all social care employees to have relationship-based care training during their induction.

- Recognition of the importance of relationship-centred care. This approach supports best practice and enhances relationships with those who live, visit and work in care homes.
- It is positive for staff to have relationship-based care training during their induction.

- Include the five communication standards to ensure good communication on the level of individuals, services and organisations.
- Include 'professional boundaries' training.
- Clear guidance around training objectives and a regional approach would be essential.
- Care staff need adequate time to provide relationship-based care. Staff have little time allocated (regularly 15 mins) and have many people to see.
- Consider how care staff can develop and demonstrate good working relationships with the

people they support, underpinned by a strong values base.

- The new geographic model may support the development of relationship-based care.
- Make training in trauma-informed care available to all staff, including training in brief psychological interventions to support people with specific needs.

PA20: 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.

- Developing leadership skills and good management of people is essential for the sector.
- This will help reassure staff and give them confidence in their managers.
- This is needed to develop leadership skills of managers given the increasing demands of their role.
- This supports an ASC career pathway.
- This will help to build capacity of the ASC workforce, developing better supervision and support systems, providing improved learning and development opportunities with an emphasis on relationship-based practice.

- Training in leadership should be offered at different levels, to demonstrate progression beyond level 5, in line with promotion.
- Provide clarification on funding to support this.
- Clarify whether a professional with qualifications that include modules in management or leadership would be required to complete a further qualification.
- Include a definition of what it means to have 'plan in place' to achieve the qualification.
- Registering all managers, across all ASC settings, is likely to be unachievable.
- The timescale for manager training requirements could be shorter.

PA21: The Department proposes that quality improvement (QI) methodology training will be made available to social care staff.

- An understanding of quality improvement (QI) methodology is important for staff and ideas for improvement should be encouraged from staff at all levels. This is part of a

- RQIA should engage with providers who have already implemented quality improvement frameworks to ensure consistency.
- The My Home Life programme has a strand of activity that specifically focuses on QI.

culture and staff having their role valued.

- This would raise the overall quality of service provision.

- Making it available will not necessarily increase uptake significantly – further action is needed.
- Further information on a time frame, resourcing and the implementation plan is needed.
- Clarify which methods will be used, whether the training will be available to CVS organisations and how the improvement will be evidenced.

PA22: The Department proposes that all staff working in social care will be required to meet the NISCC induction standards.

- This is likely to contribute to the improvement of quality of support offer.
- Implement as soon as practicable with further details and a timeline.

- This requires a joined-up approach between Health and Social Care in Northern Ireland (HSC), NISCC, and HCPC.
- It is important to ensure that standards are also met by professional bodies.
- Factor into planning and commissioning that NISCC may not be able to provide all the training required to support particular clients.
- Consider and clarify the definition of 'all staff' (e.g. does it include clerical staff; NISCC induction might not be relevant to all).
- Clarify when staff would complete this, and if it would be a retrospective requirement for existing staff, one-off or renewable requirement.
- Trusts need to be resourced to deliver the induction.
- More information is needed regarding OTs as they are regulated by the HCPC, with OT support workers, reablement support workers and rehabilitation support workers being registered with NISCC. Can NISCC generate a subdivision to differentiate between the domiciliary care workforce and the reablement support workforce?

PA23: The Department proposes the development of a model which will identify safe staffing levels in social care settings.

- The development of a model to identify safe staffing levels in social care settings is a priority.
- Inappropriate staffing levels increases the risk and opportunity for crisis situations, which can put the lives of individuals at risk.
- This is particularly welcome for day care services.
- ASC requires an evidenced-based acuity and dependency tool as a matter of urgency to inform workforce planning and other safe staffing initiatives.
- Developing the model with stakeholders, including providers, HSCTs, older people and family carers.
- Too often care staff and managers are taking risks regarding spreading the workforce too thinly because of the crisis in recruitment.

- This should include capacity to feed back the views of staff and service users, not only the managers/RQIA.
- Caseload management needs to be reviewed as staff remits are constantly increasing.
- Delegation frameworks need to be reviewed to reflect a better balance of tasks social care workers can deliver.
- This should include allied health professionals.
- Consider co-producing this with commissioners and CVS.
- Levels need to be based on individuals' needs, risk, environment and setting, and to be person-centred.
- Ensure consistency across the Trust areas.
- A similar initiative is underway through the ECCF, under the leadership of the Chief Nursing Officer.
- This links to recruitment and can only happen if more staff are available.
- Include both registered/regulated and unregistered/unregulated services, as well as community services which may not be buildings-based and not contracted by Trusts.
- This should be a model of best practice, with flexibility and choice built in, and designed around the needs and rights of individuals.
- Allow for flexibility around the needs of individuals, staff skill mix and building layouts.
- This may be difficult to implement in day care settings due to the variety of care/support given.
- It needs a definition of what a safe staffing level is, based on safe staffing legislation, and it needs to be regionally and consistently applied.
- It needs to be brought into effect via secondary legislation, placing duties on employers to apply the framework.
- Safe staffing should become a condition of the commissioning and procurement of services.

- Set out a clear budget and implementation timeline alongside monitoring and review procedures. Link this to regulation and commissioning with progress reported to the NI Assembly Health Committee.

SP2: Summary

Levels of agreement with the overall ethos and direction of travel (online survey)

The majority of survey respondents supported the ethos and direction of travel of SP2 with 81% fully or mostly agreeing and only 4% fully or mostly disagreeing, while 15% neither agreed nor disagreed.

Comments about the ethos and direction of travel (online survey, engagement events and email responses)

This was one of the most commented on SPs, particularly in relation to improving pay and terms and conditions for the social care workforce. There were no strong criticisms of the ethos of this SP but rather a high number of comments suggesting key points to be taken in consideration for an effective implementation.

Levels of agreement with the proposed actions of SP2 (online survey)

Of the survey respondents, 80% either fully or mostly agreed with the PAs, 4% disagreed and 16% neither agreed nor disagreed.

Comments about individual proposed actions (online survey, engagement events and email responses)

PA9 (improving pay and conditions) and PA10 (workforce strategy) were the two most commented on. These were widely supported, however there were questions around the funding available for these changes, concerns that the wage increases may not be enough relative to other sectors and that parity between statutory and private sectors was needed. These concerns were also raised in relation to promoting ASC as a career choice (PA16) as it was felt this would only work if the actual offer to the workforce also improves.

There was a lack of consensus for PA11 (compulsory Access NI checks for PAs) as some felt this should be the employer's choice. Another point where there was some divergence in opinion was regarding the level 5 qualification for managers (PA20) with some feeling this was much needed, and others being concerned that it could undermine nurse leadership in particular. There was further disagreement as to whether the timescale was too long or too short.

While the general idea of setting safe staffing levels was supported (PA23) there were concerns about the difficulty of creating a single approach covering a variety of settings and types of services.

The remaining PAs were largely supported, though with many suggestions for things to include or consider, particularly in relation to the Department developing further strategies, reports and plans.

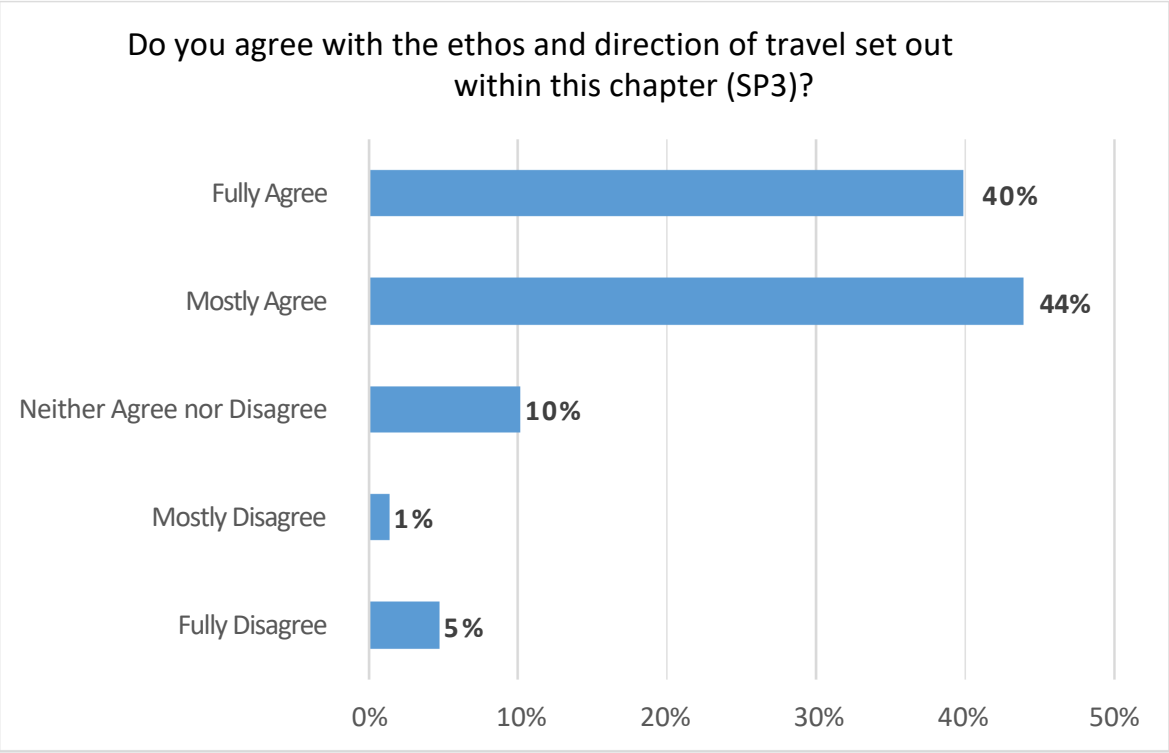
Strategic Priority 3: Individual Choice and Control

Enabling people and their families greater individual choice and control within the ASC system was widely supported. There was strong support for independent advocacy and more rights for people and families to be included in all steps of decision making about their care and support. This SP draws together and/or re-emphasises a number of other existing pieces of legislation relating to mental capacity and human rights. This alignment was considered important.

Concerns were raised within this SP regarding the level of resources and funding required to provide real choice and control. In relation to SDS it was highlighted that this can only give choice and control if there are a range of affordable options to choose from.

Advice and information were considered essential to choice, ensuring that information and support is accessible and considers the whole range of different groups so that no one is left out. Timing was also highlighted, so people know when they can expect support to be in place.

Direction of travel



Of the 146 online survey participants that answered this question 84% either mostly or fully agreed with the ethos and direction of travel.

Legislation and improving choice and control

- Considers capacity and best interests of specific groups (e.g. severe learning disability).
- Focus on independent advocacy and renewing the commitment to a full implementation of the MCA.
- Focus on control, choice, empowerment and individualisation.
- Legislation is essential to ensure that individuals have the necessary information to decide what care they require.
- A human rights framework that ensures respect, autonomy, the right to be heard and active involvement in care assessments.

- Improve funding and resourcing to effectively deliver choice and control.
- There are arguments in the literature that it is not possible to fully implement personal budgets during austerity. Provision of service needs to increase with options available for both service users and carers.
- Legislation should be explicit about being compliant with the MCA 2016 and UN Principles for Older Persons.
- MCA plays a critical role in any reform. The plan for full implementation of MCA is unknown and timescales have drifted.
- Legislation should consider the Committee on the Rights of Persons with Disabilities' observations and recommendations on independent living.

Information and navigation

- Resources, tools, and open access to information for people facing all types of impairment are essential.
- Service users and carers being able to state different views to those of health professionals.
- Empowering a person to make better informed decisions over their care and involving family and carers enables independence.
- Recognition of the limited progress in making SDS widely accessible, partly due to a lack of information and support.

- There will be a need for an IT system to help individuals and families to manage their care. The NI Direct website is too complicated.
- Ensure equal and open access to information; clarity of definitions without jargon; clarity of purpose and intent; consistency; and rigorous enforcement of the duty of candour.
- Include a system for gathering data on service demand and gaps.
- Advice should include the costs individuals face depending on the care they need now and may need in future, and a clear path to the care and financial support they are entitled to.
- There is too much focus on accessible information and support for people at a time of crisis rather than at earlier stages.
- Include rights in the strategic priority heading, (e.g. individual rights, choice and control).

Care management and supporting the community

- Families need their loved ones nearby in a setting that suits their needs.
- Being close to their community and having the support of family/carers is key to individual choice and control.
- Restructuring existing care management quality standards to increase the choice and control available to people.
- Initiatives to strengthen the involvement of individuals and carers in care plans.

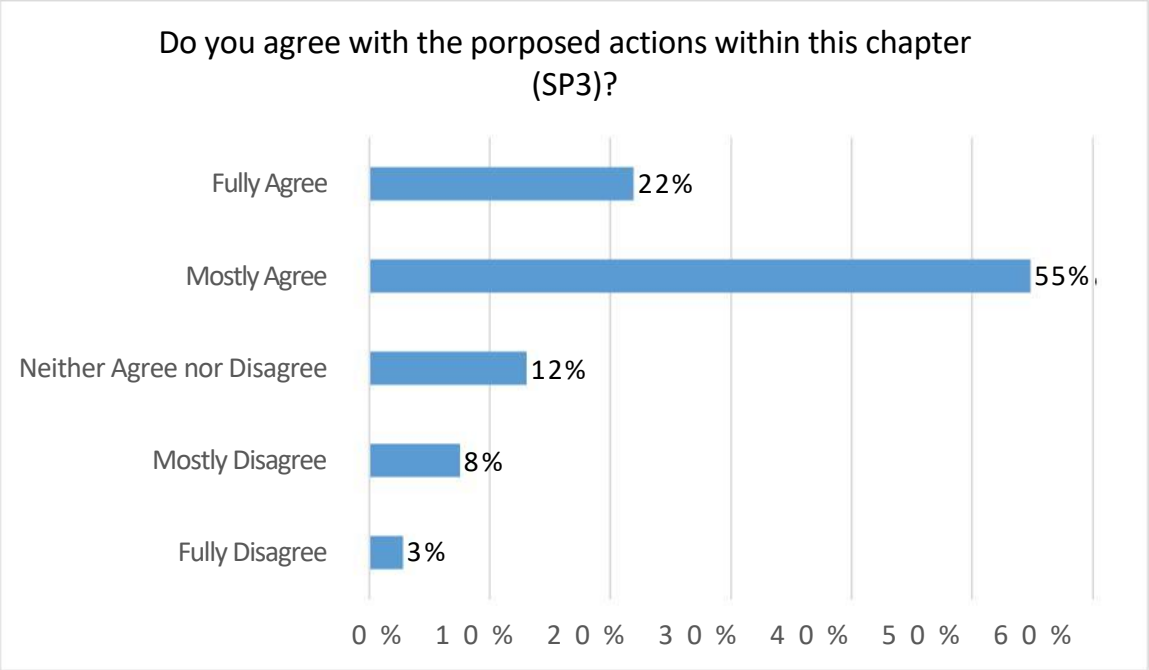
- On the statement about 'how much money is available', add 'what this amount will purchase, bearing in mind full costs of care provided'. On the statement about choice, include 'when' as well as 'how' support is provided. For too many older people, care is provided in a way that is manageable for the system or provider.
- Additional support for the community should ensure sustainability of CVS and sufficient funding so it can provide more choices.
- Include a statement about the responsibility of Trusts to deliver where community support is not available or not in a position to respond in the way described.
- Ensure the infrastructure of CVS is supported at local and regional levels to enable the resilience and capacity of CVS within ASC.

Promoting SDS and assistive technology

- There is poor awareness of SDS as an option. Looking at the budget set and pathway it is obvious why it is underutilised.
- At the heart of personalised care is user involvement and this is recognised in the consultation document.
- In a review of advice services for older people in Northern Ireland, older people identified choice as a key component in quality advice service delivery.
- Plans to develop and promote digital and assistive technology to support independence, choice and control with engagement and involvement of disabled people, families and carers.

- Everyone's situation is different. SDS is not for all and it is important give choice and flexibility.
- The further rolling out of SDS as the solution to ASC raises concern around further privatising care and rolling back the role of the state.
- Acknowledge that SDS does not always guarantee individuals the opportunity to experience a family life.
- Include Shared Lives in the SP and action plan.
- Clarify how SDS is defined. It has become synonymous with DPs, including in some parts of the consultation document. In other places there is reference to a broader view of self-directed support.
- Concerns that the way in which SDS has been rolled out means that users have more opportunity for consumer choice rather than rights to quality services.

Proposed action – SP3



Of the 146 online survey participants that answered this question 77% either mostly or fully agreed with the PA.

PA24: 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 under each of the following areas:

PA24 A: The development of a Service User & Carer Information Navigation and Guidance system.

- Having a rights-based approach as people should understand their rights to information, choice and control.
- A choice of central information would be of value to families. It would help to demystify and navigate the system and see what is out there for them.
- The ASC system is confusing and complicated, so easier access to information and navigation support is welcome.
- Carers reported that they do not always receive information in a timely way and the terminology used can be confusing.

- Include information sharing between agencies/teams who are supporting individuals.
- Include information and advice on SDS options and navigation of the financial services.
- Social workers are not always aware of DPs and do not always link in with providers if DPs are involved.
- Make sure that rural areas have access to information systems. There are limited resources available in rural areas, and it is unclear how this would be prioritised.
- Information and service choices, especially for day services, should not be influenced by the availability of places a provider has at that time.
- The information should include what SDS funding will enable them to 'purchase' (i.e. not just the model but the level and extent of support, including training and other PA/Shared Lives

- The proposed duty on HSCTs to arrange or facilitate independent advocacy is essential to the reform.
- This is the lynchpin of individual choice and control. People need the right information at the right time in an easily accessible place and format.

host carer requirements; service options in their location; sources of support to assist them through the process, including advocacy).

- Co-produce the system with families and individuals with lived experience and ensure monitoring and accountability.
- Ensure HSCTs maintain up to date information as services change. Information should link to/include all models, such as social prescribing platforms by general practitioners (GPs) and health care professionals.
- Include transitions from youth to adult services.
- Proactively identify people requiring support to access relevant information and enable older people and their family carers to be informed about their rights, options and eligibility.
- Provide information both electronically and hard copy to support people unable to access IT.
- Fully engage with deaf and blind people, those with mental health, physical and communication issues, and learning disabilities. Include communities that speak different languages.
- Ensure people do not feel pressured to make a decision or to take the first option presented.
- A recent review of Advice Services for Older People identified that it is essential that:
    - individuals have choice of how to access their advice services
    - advisers have specialist knowledge of the needs of older people and are based within their community
    - people are referred to their advice services by someone they trust.

- Based on this review, recommendations are:
    - to develop a ‘go-to’ portal of information and resources
    - to develop a robust marketing and communications plan to raise awareness of advice services
    - to co-produce the system and resources

- for the advice sector to work together to ensure resources and infrastructure are in place
- to start with the individual's needs and wishes rather than service available.

- Lack of clarity regarding eligibility is another barrier, along with inequality of access in rural areas, and barriers faced by minority groups.

PA24 B: Strengthening care management standards and procedures

- Improving individual control in the management of care is important to ensure appropriate and adequate care.
- It will be good to see more consistency in care management approaches across NI. People should have access to the same services in different regions.
- This will help to ensure that people have choice and control over the decisions that are made, including decisions around the assessment of needs and concerning their preferred level and location of support.
- The importance of an effective support plan is often highlighted by disabled people.
- It is important to create a support plan which is robust, and person centred. An individual's support plan is like a passport, a document allowing the person to travel down all eventualities of life.

- For an effective co-produced care management process, individuals will need further support to understand and navigate the ASC system.
- Ensure that the care management framework aligns to outcomes frameworks already in use across both statutory and CVS services.
- The right to an assessment must be followed by a right to have an assessed need met.
- Improve communication and a person-centred approach in support plans, ensuring both the individual and the support plan successfully transition from children's to adults' services.
- Transition planning for young adults with learning disabilities should focus on their day activities and only include out-of-home accommodation if there are specific issues.
- Care plans must clearly record unmet needs, and inform wider strategic planning and commissioning processes.
- Consider the duration and type of support required, with validated tools to measure impact of longer-term interventions.
- The links between care plan, service delivery and outcome are important. Age NI designed bespoke impact tools for individuals and families, involving observation and feedback from older people and/or family carers.

- Ensure the quality standards are actively implemented by care management staff in a consistent manner across Trusts and hold to account anyone not meeting standards or following procedures.
- Make independent advocacy available if a person is unable to participate in decisions about their care and where they do not have a family member or friend to advocate for them.

PA24 C: Additional support for community

- The focus on MDTs is positive.
- Providing training packages, quality assurance and consistent support to VCS organisations is vital.
- A supporting community can give people more options than living in a care home.
- Links to early intervention, prevention and reducing loneliness.
- CVS can intervene early and provide a wider range of options and alternative service provision for individuals and families. Supporting CVS is key to this reform.
- CVS is expanding and developing innovative ways to enable local delivery and optimise local community assets.

- Clarify how collaborative partnerships between statutory and VCS would be meaningfully achieved.
- The Community Foundation NI Carers Project found there are some great services for carers looking after people with a brain injury, but inconsistency across areas.
- Concerns about meeting needs of people in rural areas which often lack a range of services and have a small CVS offer.
- Those with sight loss living in rural areas are not well supported in the community.
- More help for community organisations to navigate the contracting system because for-profit organisations have more resources.
- A system navigator role is essential, should be community-based and not be a social worker.
- Transport in rural areas is an issue for service access. Transport providers argue that Trusts' expectations and demand are both too high and there is no provision in care plans for transport.
- CVS must be firmly underpinned by sound governance and safeguarding, and strong independent oversight.
- Continue making existing services, including day centres, an available option.

PA24 D: Further promotion of self-directed support

- The promotion of SDS is essential to support individuals' choice and control.

- Review evidence on how SDS has been implemented to date in NI and in other parts of the UK.

- Important to ensure that support is in place to remove barriers to SDS such as recruitment and management of staff and discrepancies in costings across HSCTs.
- Reducing the administration and paperwork for SDS service users is welcomed.
- The focus on providing support for PA (personal assistant) employers.
- The intention to create a network of support for PAs.
- Services to support people with management of DPs being made available regionally.
- Focusing on SDS puts pressure on individuals and families to find carers, etc. For some people this works – for others, it is an additional burden. Availability of services is inconsistent across regions, and it is not easy for people to get the services they need.
- Making sure people are not disadvantaged by not using SDS (e.g. having to wait longer for care).
- Concerns that progress would be limited by resources and by the size of the workforce including lack of social workers.
- Concerns that giving the money for care directly to the individual/family will transfer the risk and responsibility to the individual and reduce oversight on the quality of care.
- Concerns regarding terms and conditions for individuals employed via DPs, such as sick/holiday cover and payments.
- There should also be regionally consistent rates for Shared Lives and these should be broadly equivalent to HSCT contracted rates.
- Carers have reported that the SDS system does not match the theoretical benefits it should provide, putting greater pressure on them and creating a care gap that they, or other family members/friends, had to fill. This is supported by research.
- Consider funding for SDS champions/facilitators to drive uptake and be an additional support. Setting up DPs uses up more time and energy than standard provision and can be more fragile.
- Monitor levels of uptake of DPs and if a lower uptake is identified in rural areas, undertake further work with carers to understand why.
- Clarify how the support network for PAs would include PAs who are not registered with the NISCC and so have no access to resources to support this activity.
- Even when they are able to overcome difficulties and set up DP, women reported challenges in finding someone with the right skills to provide the care needed for their loved one.

PA24 E: The development and promotion of digital and assistive technology

- It is important to keep the sector up to date with digital assistive technologies.
- Digital and assistive technologies are a key part of choice and control and are effective when applied correctly.
- The move away from the model of task- and time-orientated care into a truly person-centred approach would include incorporating trusted technology into care home packages.
- There will not be enough people to deliver high level personalised care so we must build a blended support system with technology-enabled care.
- Technology should allow staff to spend time doing the things that are important to people, such as talking and activities that matter to them.
- Technology can help people to live independently in their own homes and communities and to feel less lonely.

- The use of technology should not replace the importance of personal and social contact.
- There should be more involvement of allied health professionals in the reform, particularly OTs. They would be central in implementing supportive technologies.
- Technology is not accessible to everyone and will depend on abilities and reluctance or anxiety. Deliver tech-enabled care in consultation with users and carers.
- Have more focus on a wider range of innovation and technology.
- Address digital exclusion, access to technology, access to broadband, data poverty, and digital skills and confidence, particularly in rural areas.
- It should be resourced in the long term rather than by project-type investment.
- Concern that technology may be used to reduce costs, particularly overnight support. Reducing face-to-face support may increase loneliness and have negative consequences for the workforce.
- Everyday equipment and running costs should be included and resourced by HSCTs, as this will have to be purchased for many individuals.
- Digital and assistive technology should also include the use of digital mental health promotion and early intervention.
- Invest in assistive technology to upskill workers and improve quality of care.

SP3: Summary

Levels of agreement with the overall ethos and direction of travel (online survey)

The majority of survey respondents supported the ethos and direction of travel of SP3 with 84% fully or mostly agreeing and 6% fully or mostly disagreeing, while 10% neither agreed nor disagreed. Along with SP5, this SP received the highest support.

Comments about the ethos and direction of travel (online survey, engagement events and email responses)

The sections on legislation, improving SDS, information and navigation, care management and supporting the community received a range of positive comments, often expressing the importance of these to individual choice and control and to ASC more generally. Regarding legislation, respondents commented that any new legislation should be aligned with existing relevant legislation such as the MCA, UN Principles for Older Persons and human rights frameworks. Respondents also gave many suggestions regarding the types of information and support that should be available.

While there was support for promoting SDS, there were also concerns that SDS is not for everyone, and that flexible alternatives should be offered.

Levels of agreement with the proposed action of SP3 (online survey)

This SP has one proposed action that 77% of survey respondents fully or mostly agreed with, that 11% disagreed with and 12% neither agreed nor disagreed.

Comments about the proposed action (online survey, engagement events and email responses)

For a more detailed analysis, this PA was divided into five parts (A–E). The sections on developing information navigation guidance, strengthening care management, support for the community and promoting digital assistive technology received overall positive responses along with comments on key points to be taken into consideration on implementation.

The promotion of SDS received mixed comments with some respondents questioning the effectiveness and accessibility of SDS. This related to concerns regarding the additional responsibilities for PA (personal assistant) employers and that once set up it was more fragile.

Strategic Priority 4: Prevention and Early Intervention

Most respondents supported the inclusion of prevention and early intervention, considering it an important aspect of ASC that will enable people to retain more independence for longer.

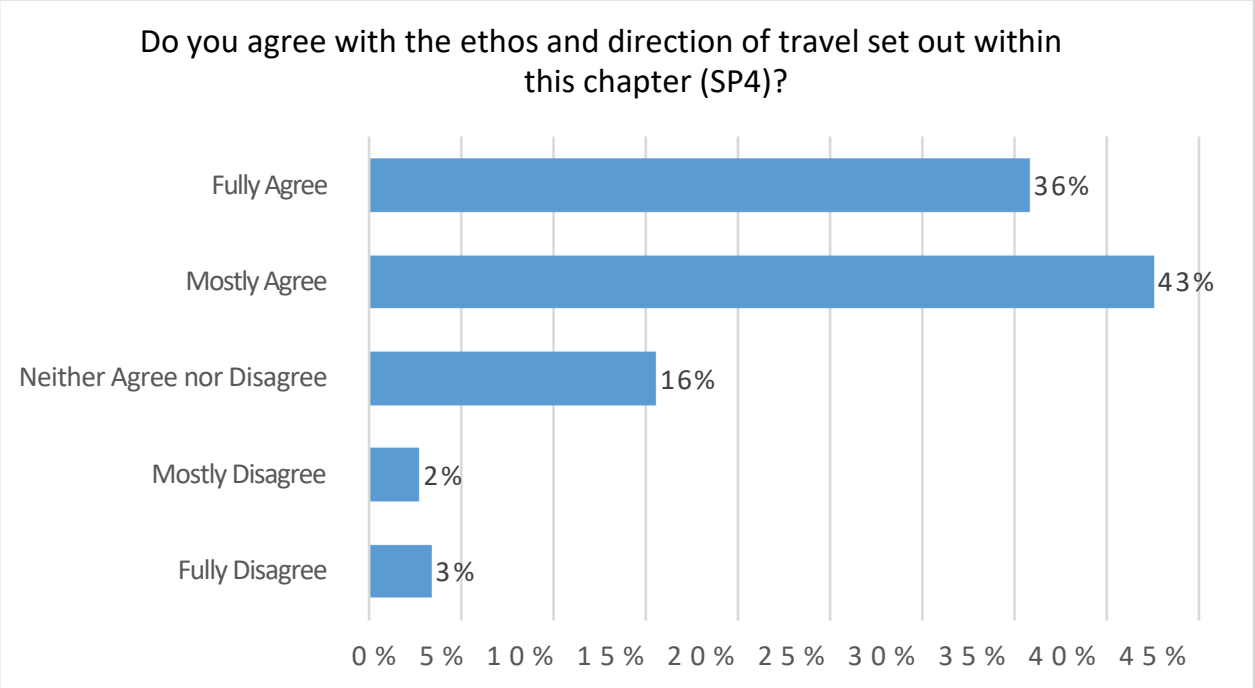
A recurring theme in this section was that the transition from children's to adults' services should be included as part of prevention and early intervention. This transition is mentioned throughout the consultation, but especially in SP3.

The CVS is felt to have unequal and short-term funding compared with other parts of the sector and the focus on the essential role of this part of sector was welcomed.

To make these PAs a reality, the need for inter-agency and MDT working was emphasised, highlighting the value of a range of ASC, social work and healthcare related job roles. Funding and staffing levels were again a concern, with respondents additionally highlighting that the focus tends to be on immediate need, not prevention, and that long-term stable funding would be needed.

Respondents liked the focus on people and their families being listened to as part of assessments.

Direction of travel



Of the 148 online survey participants that answered this question 79% either mostly or fully agreed with the ethos and direction of travel.

The importance of prevention and early intervention

- This was welcome as ASC does not typically include enough prevention work, though there are nurses who are active in preventative interventions.
- Prevention and early intervention will enable people to live more safely and to live in their homes for longer with higher levels of independence.
- Services working on loneliness, isolation and loss of functional abilities as well as mental and physical disabilities.
- This ties in with the World Health Organization's (WHO) E4A Approach for Advancing Health and Sustainable Development, concerning engagement, assessment, alignment, acceleration and accountability.

- The Department needs to consider work in children's services as integral to a preventative approach.
- Include data from earlier complaints as learning points to gauge what interventions will be needed. This will also gain public confidence.
- Complex cases should be referred to MDT with needs identified, and appropriate services referred. This allows all options to be communicated.
- Include an outcomes-based action plan for various transition points in a person's life that would involve cross-departmental input and financial support. Importance of government and Trust departments working together, not in silos, to achieve this.

Legislation, thresholds, eligibility and preventative or support visits

- Being consistent in this approach could promote significant health benefits and improve quality of life.
- Prevention is particularly important in rural areas.

- Is there a role for MDTs to suggest individuals for assessment before age 75?
- There is a lack of 'independent living' housing options, so families are unable to consider and plan for transition to such housing. Families feel the need to hang on as main carers because of the lack of options.
- The workforce needs to be supported to be preventative with tailored job descriptions, liaising with others in the workforce about how to do that. Ensure that there are trained staff to carry out the prevention and intervention work.
- Ensure collaboration between ASC and CVS to deliver this priority.
- Look at other areas in the UK where this is implemented for best practice examples and what to look out

- Concerns around the best use of money for preventative and intervention work when there are limited resources for current patients.

Supporting community and community planning

- Community planning can prevent the need for support by developing policies that promote active lifestyles and good quality, safe and accessible housing units.
- This is a more innovative approach to planning, managing and delivering services.
- A whole systems approach that moves ASC from the perimeter into being part of an MDT. There is an opportunity to collaborate and align ASC with other services (e.g. housing).

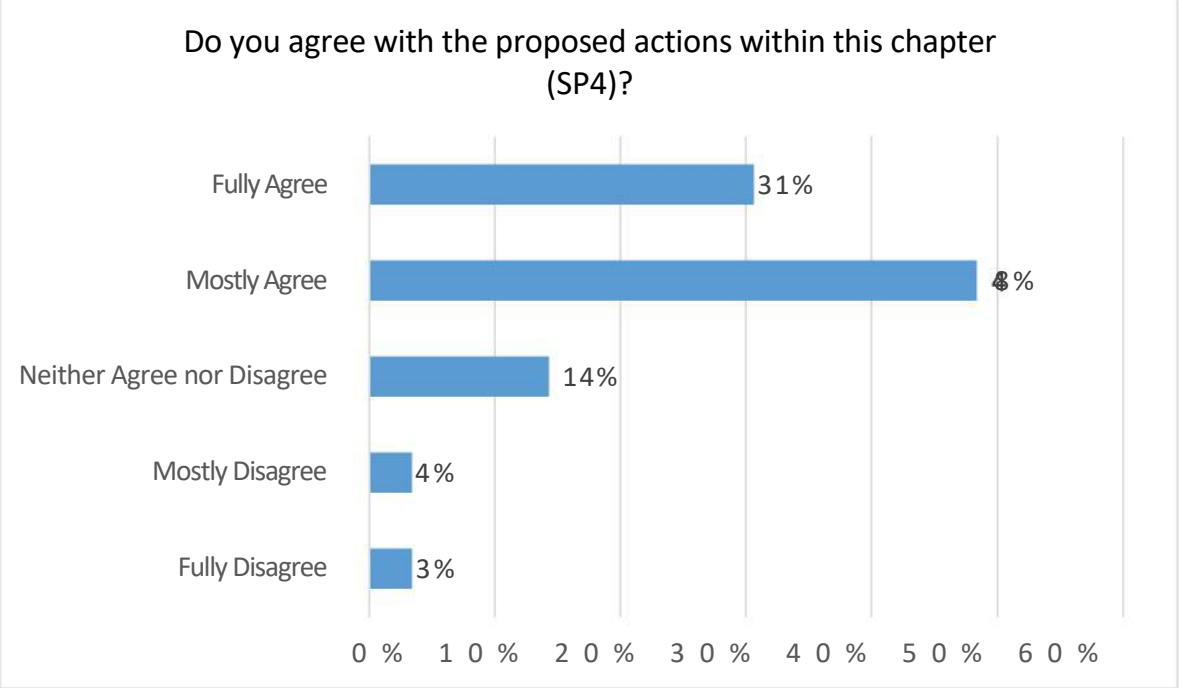
- Instead of 'community capacity', statutory services provided by Trusts should focus on carer and family needs.
- Include GP and health centre roles in community actions. This is a role for MDTs.
- Involvement from other departments, such as the Department of Communities and community services in general, to support people to live at home in the community.
- Consider inequality of community services available and treatment between different regions for adults with social care needs, their carers and families
- In some places there is a lack of transport provision for people to attend services.
- Review processes for commissioners and providers to increase opportunities for support in localities.
- It is not clear how sustainability of CVS organisations will be supported.

Strengths-based assessment and provision, family carers, social work and community

- At the start of their caring role, carers need to be recognised and made aware of how to access support.
- Supportive of social workers being based in the community, close to the individual and their support network. This will enable inclusion of disabled people as equal citizens.
- The strengths-based approach to services and provision.
- Changes that ensure people and families/carers are listened to and included in decisions are welcome.

- There should be legislation to ensure independence of social workers to practise in the community within a human rights framework, and what their roles and responsibilities are.
- Making sure that having social work support was not just about choice but care and wellbeing needs.
- Highlighting that GPs were currently a key support for many older adults who do not have a social worker and that access to GPs was restricted due to COVID.
- Ensure the co-production of services and carers' support is inclusive for people living with more severe conditions who would benefit from different and more accessible engagement processes.

Proposed actions – SP4



Of the 147 online survey participants that answered this question 79% either mostly or fully agreed with the ethos and direction of travel.

PA25: The Department proposes that eligibility criteria for certain services for those with more complex needs must run alongside preventative and early intervention services which have lower access thresholds.

- People welcome the commitment to establish budgets with support.
- Early intervention services welcomed as they will relieve pressures on health and social care services.
- Good opportunity to administer DPs with families and carers.
- Services promoting social inclusion can prevent isolation, loneliness and increased social anxiety.

- Consider the needs of all groups who need intervention (e.g. people with disabilities and special health conditions, ethnic minorities, people living in deprived areas, protected groups and inclusion health groups). Ensure interpreters, translators and staff who speak languages of residents are present in homes.
- Previous preventative support visits were carried out by a GP, so it would be beneficial to have a team that works closely with GPs and families to help in offering these visits. GP hubs will be useful for signposting community resources as alternatives to statutory care.
- Ensure people of all ages and living anywhere are supported to access support and have clear pathways to support.

- Potential gaps in processes for those with younger onset of health conditions and their families.
- The system must bridge the gap between services with different thresholds of need. It is not clear if the Department wants to lower thresholds to promote earlier support or change the definition of complex needs.
- A commitment to needs-based assessments.
- It is difficult to predict impact as it depends on how soon support can be offered and the eligibility criteria. This depends on available resources. Include the steps to be taken when a condition further deteriorates and implications for service planning.
- In an example in Scotland, the community navigator role in social work caused staff to be overwhelmed with crisis intervention due to existing pressures piling up. It may be best for third/independent sector to take the lead.
- Include specific references to housing.
- Include supportive employment as a preventative measure.
- Include how to best capture people who are outside the system (e.g. unregistered carers).

PA26: The Department proposes the introduction of the offer of preventative/support visits for anyone aged over 75.

- Preventative and support visits are strongly welcomed.
- Proactively meeting with people aged 75+ to let them know what support is available in the local area.
- This will lead to early planning, especially for those who will otherwise not be noticed if they don't engage in services or if they are isolated. Fair approach to give more people attention they might need.

- Concern age 75 is too high, with a suggestion of periodically reviewing the most appropriate age.
- Have voluntary early check-in visits from age 60 and more intensive visit at 70/75.
- Include vulnerable people under this age group as well, such as younger people with complex needs. Detailed planning and co-production for this proposal to ensure there is a genuine approach to early intervention rather than ticking boxes.
- Important that third sector colleagues are involved in design and delivery of this proposal.
- There is a strong need for workforce planning. It is important that those carrying out the visits are suitably qualified to do so.

- This may reduce referrals to primary and secondary care services.

- Having prevention and early intervention in children's services/earlier stages of life will support future health and social wellbeing.
- A prevention/early intervention grant paid directly to individuals to support those at higher risk much earlier on in their support journey.

PA27: The Department proposes 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.

- An effective strategy in providing early intervention.
- Community awareness and support is welcomed, and community GPs should be central to this proposal.
- Some organisations have existing partnerships with local CVS. It will be beneficial to strengthen these relationships further.
- Co-production of the new approach:
  - having a range of service users involved in community planning processes
  - seeing CVS as equal partners.
- This will be a good step in tackling mental health challenges, loneliness and isolation earlier on.

- Co-production from the earliest stage. Build on existing knowledge, networks and best practice that already exists.
- Partnership should be equal and equitable and include expertise and contribution of each party.
- Community/prevention workforce can help collect data that will shape what is needed. They have a lot of knowledge that can help with future planning.
- For prevention and early intervention, we need more CVS services (e.g. tending gardens; 'learn to grow' projects with schools; home repairs; falls prevention; spending time with people to explain choices).
- Comprehensive mapping of CVS support and services which is shared with carers and providers to link people together. This is essential as community planning is at different stages of development in NI.
- The Department should engage regularly with the community sector.
- If service provision will be delivered through CVS, there should not be any charges for service users.
- We need secure funding for organisations.
- There is insufficient staffing to keep up with assistive technological support.
- Ensuring student social workers have training/support in community development.

PA28: The Department proposes that HSCTs will include the needs of adult social care services and service users in their engagement in community planning processes.

- Agreement that this was important and pointing out this should already be happening as a matter of course.

- Many organisations and agencies are already doing this, but HSCTs need to improve through the use of assistive technology.
- Lack of 'unmet need' data such as services not being able to meet assessed needs, or people not meeting eligibility criteria for support.
- Qualitative and quantitative data is needed for Trusts to use when engaging with community planning. Will data be collected by health and social care or through academic research?
- Must be a genuine engagement and consultation and not a tick-box exercise. Make sure that representation of services users is equitable and appropriate and not driven by a 'medical model'. Ensure participation from marginalised groups of people to engender trust in the engagement process.
- Ensure that social care needs are informed by other organisations and professionals.
- Groups should include CVS representation so that these voices are included in planning stages.
- The value of the CVS workforce needs to be recognised and respected, including in the wider health and ASC sector. Trusts need more staff.
- Concerns that community services would be run by unqualified people.

PA29: The Department proposes strengthening the capacity of the social work profession to support community-focused practice in the ways described on pages 62–63 of the consultation document.

- Strengthening capacity of the social work profession is welcomed.
- Caring and values-based individuals to be placed in the community.
- Increasing social worker knowledge regarding community hubs and voluntary sector.

- Co-produce changes with clients and carers.
- Provide the evidence for a strengths-based approach.
- Need a specific outline of social worker and community navigator roles as there is a risk of staff feeling overwhelmed.
- There could be specific roles within social work organisations that have community development as their focus.

- Proposal highlights importance of community-focused practice.
- Social work departments should be fully supported by the HSCT to deliver focused practice.
- Ensuring care management standards are clear and aligned. Outlining the protections that will be put in place so staff are able to undertake this work safely.
- Concerns that it is not clear how capacity will increase.

SP4: Summary

Levels of agreement with the overall ethos and direction of travel (online survey)

The majority of survey respondents supported the ethos and direction of travel of SP4 with 79% fully or mostly agreeing, 7% mostly or fully disagreeing and 14% neither agreeing nor disagreeing.

Comments about the ethos and direction of travel (online survey, engagement events and email responses)

There was considerable focus in the comments received on the proposal to offer preventive/support visits for people aged over 75. These included suggesting the need for a younger age and for periodically reviewing the best age for visits.

The involvement of MDTs in the planning process of support, from an early point, also attracted comments regarding the benefits and some challenges of MDTs. Respondents indicated interest in introducing preventative visits, with perceived benefits being building capacity in community services to respond earlier to individual needs.

Levels of agreement with the proposed actions of SP4 (online survey)

Of the survey respondents, 79% either mostly or fully agreed with the PAs within SP4, 7% disagreed and 14% neither agreed nor disagreed.

Comments about individual proposed actions (online survey, engagement events and email responses)

While respondents tended to support for PA25 in relation to eligibility criteria, there was a range of suggestions as to what could be included within this action.

PA27 noticeably had the most positive comments regarding involving the community sector and developing stronger relationships with GPs and local services. Responses to PAs 27 and 28 (inclusive community planning processes) and PA29 (strengthen capacity of social work profession) emphasised a desire for a genuine co-produced and holistic approach for all stakeholders.

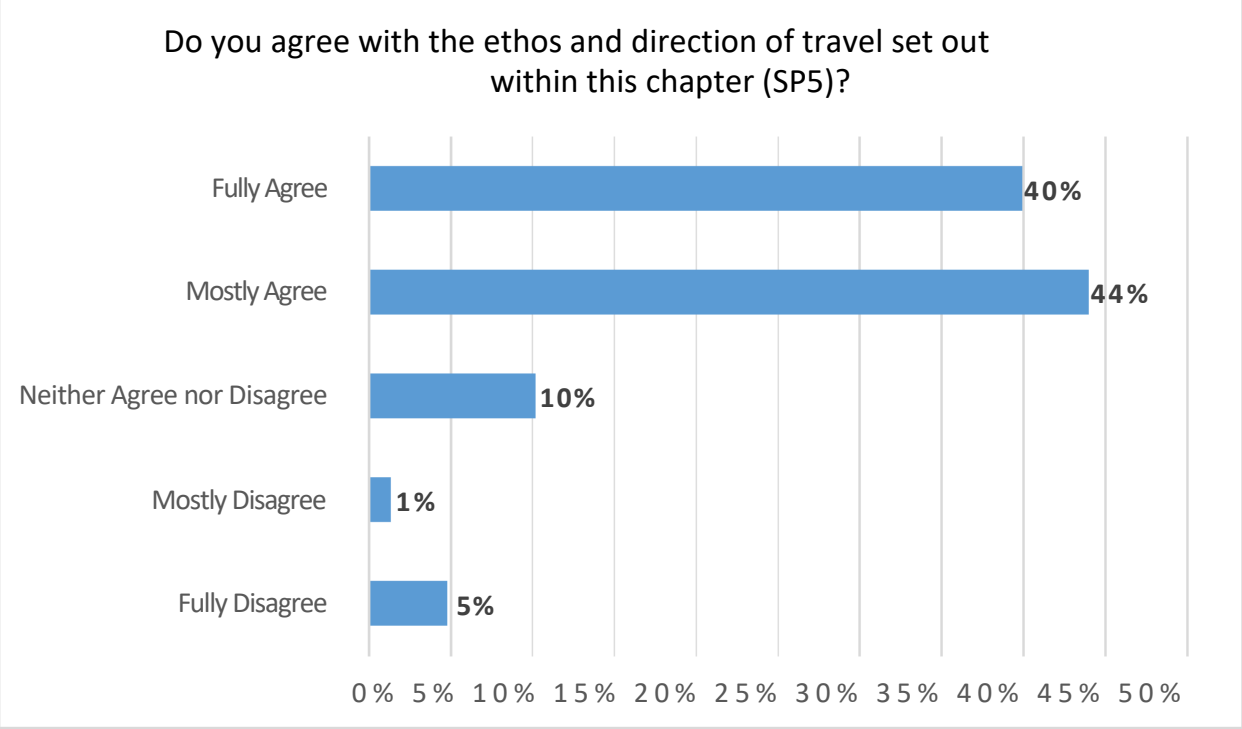
Strategic Priority 5: Supporting Carers

Respondents advocated for support for carers throughout the consultation as well as specifically within SP5. Ensuring that carers have specific rights that are then upheld and providing suitable support options in a timely manner were seen as essential, with carers and carers groups highlighting the stress and pressure many carers are under. Carers described how the lack of support they receive has caused them to break down as well as personal experiences of financial hardship. Respondents emphasised the central role of carers to the wider ASC system and that supporting carers at all stages supports that wider system.

Co-production of services, carers having their experiences and needs heard and acted upon, and representation for all carers, not just a narrow range of voices, was a central theme in this SP.

As with other SPs, comments included concerns about who would fund some aspects of this priority, with carers and advocates highlighting that assessments can only be effective if there are available services to then provide the support.

Direction of travel



Of the 148 online survey participants that answered this question 84% either mostly or fully agreed with the ethos and direction of travel.

Legislation, strategy and governance

- Support the promotion of carers' rights and new carers' legislation and strategy.
- Strong carer voices are presented through co-production methods.
- Similar role to Care Acts in England, Scotland and Wales.

- Legal definitions of carers and unpaid carers need to be clearer.
- Broaden inclusion of rights beyond family members as there may be neighbours and friends who are carers.
- Recognise carers of all ages need support, not just older carers.
- Help more people identify themselves as carers and signpost to appropriate support.
- Carers need easy access to information and support and a timeline for receiving support.
- Include help with bereavement, employability, finances and planning for the future including emergency situations.
- Facilitate true co-design with unpaid carers in the policymaking process.
- Greater mental health support for carers, dedicated mental health funding and actions to address loneliness and social isolation.
- Services for carers' physical health, including health screening and access to flexible appointments. Consider the deconditioning of carers and those cared for.
- Reopening and boosting of day services, respite and short breaks in every HSCT.
- Make respite a right and ensure that carers get breaks when needed. Clarify who funds respite and the governance of carers' legislation.
- Concerns about lack of staff in health and social care to support carers when they need it.
- Include transitioning across services (e.g. from children's to adults 'services) as this is extremely difficult for carers to negotiate.
- DPs should be paid to all carers as many have had to give up their employment to care for a family member.
- Social prescribing to link carers with the local community needs to be strengthened.

Support and advocacy

- The ‘Carers Champion’ role and the Cross Departmental Senior Officials’ Group.
- Welcome the duty to provide advocacy.
- Supporting carers’ organisations to expand their direct work with carers.
- The importance of carers’ voices in discussions about assessments and planning for care.

- Address the lack of signposting and information for respite services.
- A qualified and knowledgeable member of staff should be allocated to a person to advise and advocate for support at an early stage.
- Services and programmes to be offered at flexible times to increase opportunities for carers to be able to attend and participate.
- Offer training to carers so they are enabled to deliver proper care.
- Independent advocacy can help people to articulate their views and wishes, secure their rights, have their interests represented and influence the services they receive according to their interests and preferences.
- Offer training to social care staff on the purpose and role of independent advocates.
- Employers should have legal obligations to accommodate carers. Carers need flexible workplaces.
- In Lancashire, there is an ‘Alzheimer’s Rapid Response Team’ that can be contacted to assist carers. They come out and help calm and reassure the person. This would be of great benefit in NI and would help alleviate the stress of caring for someone with dementia.

Carer’s assessment

- Approach to ensure equitable access to assessments welcomed.
- Agree that carers’ voices must be taken seriously when performing assessments. This proposal values family carers and their need to be heard.
- Supportive of respite, day centres and travel services to

- The term ‘assessment’ can be intimidating and feel like an exam, or people fear care packages changing. Many carers do not want to engage and fill in forms. Reassure people about the assessment and focus on ways to encourage engagement (e.g. contact carers annually to discuss changes in circumstances and support needs).
- Mental capacity assessment needs to be embedded in carer’s assessment.

return to pre-pandemic capacity.

- Supportive of regional carers register to identify and support carers.

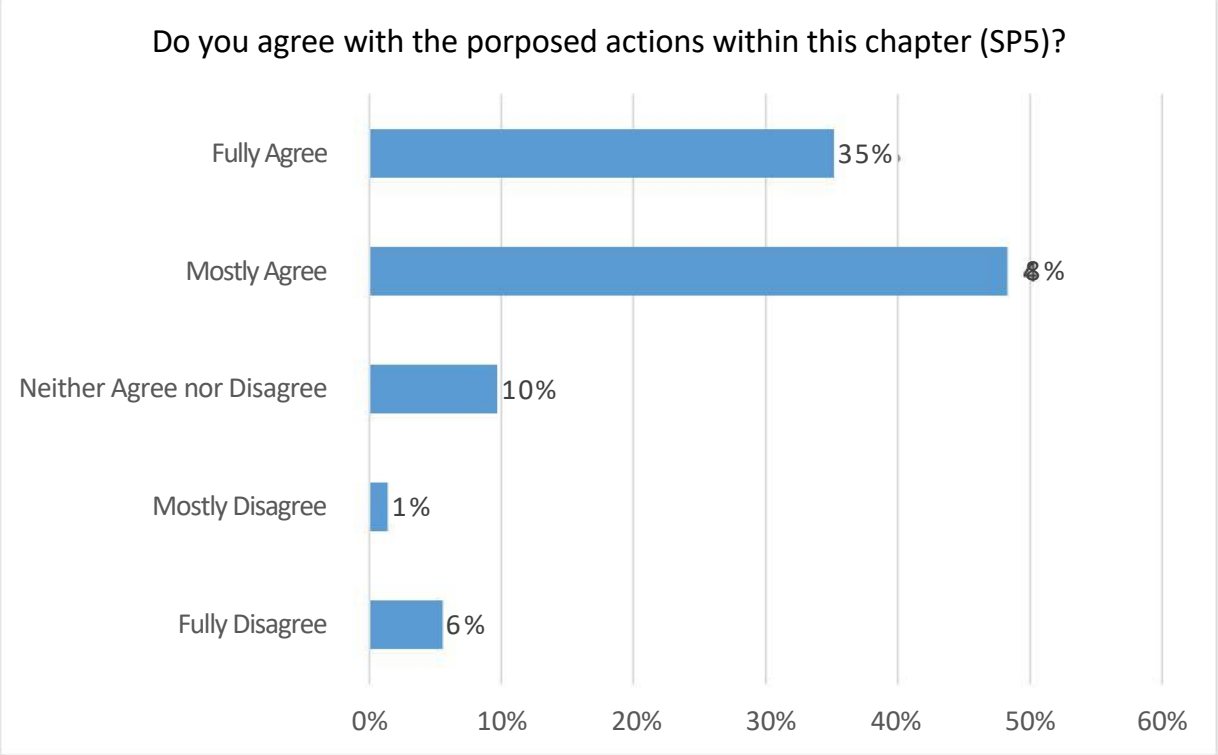
- Ensure carer stress is acknowledged in assessments.
- The NISAT (Northern Ireland Single Assessment Tool) is not very useful. A simple approach is needed where we ask people their needs, not a multi-page document that puts people off.
- Need further clarity on how carer's assessments and support plans will be funded.
- Ensure carer's assessments are acted on by Trusts and social workers. There need to be actions after assessments as situations and needs frequently change but the level of support stays the same.
- Address carers' needs in the outcomes framework.
- Patient Client Council is not adequately working with people with lived experience nor liaising with decision makers.

Prevention and early intervention

- Information, advice and advocacy for carers and a central point of contact for carers would be welcomed.
- Agree that early intervention will be useful to identify carers and the support they need.
- Welcoming the promotion of social wellbeing for individuals and communities. This will prevent longer-term costs.
- Public campaign is welcomed for a coordinated approach on how to refer someone to relevant support.

- Suggestion to encourage employers to be trained in caring responsibilities of health and care professionals and provide support.
- Making processes faster when immediate intervention is needed.

Proposed actions – SP5



Of the 145 online survey participants that answered this question 83% either mostly or fully agreed with the PAs.

PA30: 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 on pages 69 to 70 in the consultation document.

- Carer support pathway and carers' register will encourage family carers to seek support.
- A review leading to tangible, fit for purpose and co-produced changes including people with lived experience.
- A review of the 2006 Carers' Strategy to be a priority.
- Already exists in England, Scotland and Wales.

- A comprehensive review is necessary, including people with lived experience and academic researchers.
- A revised Carers' Strategy developed along with Action 9 of the Mental Health Strategy which describes embedding carers into mental health policy and decision making.
- Clarify who will ensure this new indicator is designed and signed off (e.g. the senior officer).
- Clarify responsibility for monitoring and reporting improvements made to services, as well as who has authority to report breaches of the equality legislation.

- Provide information about initiatives to support and provide respite for carers, and if these projects are available in rural areas.
- More support for carers after the person they cared for has passed away.
- Clarification needed on how these standards will be adopted across health and social care.
- The strategy needs to include improved financial support. Clarification needed on funding for training of staff, information production and audits.
- Concerns that reviews do not always result in action and that another review is time consuming and likely to cause further delays to ASC reform. Propose an immediate development of a new Carers Strategy.

PA31: The Department proposes a Cross Departmental Senior Officials' Group which will be guided by the voice of experts with lived experience.

- Families and carers having their views and experiences listened to directly by decision makers.
- Departments working together will benefit carers and ASC.
- It is a vital step in delivering a more strategic, cross-departmental approach to carer policy.
- In agreement that support for family carers should be the responsibility of all government departments. Also potential for improved communication between departments.
- This proposal seeks a consistent approach and shared responsibility to ensure carers are fully involved and supported across all the services they engage with.

- It would be helpful to have more detail on the terms of reference, recruitment criteria, membership and purpose of the group.
- Ensure diversity of carers and families. Family carers need to be specified rather than 'experts with lived experience' as the term may not be understood.
- It should be led by experts by lived experience not 'guided'.
- Necessary that the group has the power to influence policy and access higher levels of government (e.g. meeting with executive on a bimonthly basis to raise awareness of activities among ministers, highlight challenges facing carers and discuss potential policy solutions). Avoid it being a forum for raising issues and talking about them without concrete action from those with authority.
- Housing providers should be consulted in this.
- Include co-commissioning across services.
- Clarification as to whether it is similar to the Cross Departmental Mental Health Working Group.

- The group could: focus on addressing needs and gaps identified in the Carers' Strategy; identify and mitigate adverse impacts of Department policies; and monitor and report on improvements in outcomes for carers and people cared for.

PA32: The Department proposes the introduction of an independent Carers' Champion role.

- This proposal is strongly welcomed.
- Carers want to be supported by carers, not social workers as their role can feel judgemental. Forums for carers to support each other are essential and should be supported.
- Carers report that their voices are ignored, and feel strongly their voices should be listened to and considered. A carers champion would therefore be welcomed. Carers will be able to identify someone they can go to for help and support, including help to navigate the system.
- Using voices of people with lived experience to influence policy will produce better results.
- This role may help assess and provide evidence on the current impact of caring.
- Within learning disability, a carers champion has been piloted and has proved successful.

- Carers voiced what changes were needed on previous platforms, but nothing was done. Clarity is needed as to how these roles will be enacted and what difference is expected.
- Clarify how carers' champions will interact and engage with professionals in health and social care and regulators.
- A carers champion cannot be expected to represent all carers' voices, rather they need to be capable of reflecting the needs and views of wide spectrum of carers, making sure they are not just the 'loudest voice' but someone who can speak on behalf of others and act as a conduit.
- Carers are a very diverse group so perhaps a champion for each area is needed.
- Ensuring the roles are independent of health Trusts and have influence for decision makers.
- Ensuring that carers champion role is not tokenistic and is cross-departmental in delivery
- This should not be a long-term role for an individual but rotational to ensure the role draws from the diverse carer community.
- The role should be outcomes-driven with clear strategic objectives.
- Concerns it will be difficult to challenge service providers especially if the champion does not have statutory powers and a team of staff to respond to complaints and requests. Suggestion these are addressed through RQIA, Patient and Clinic Council and Commissioner for Older People for Northern Ireland.
- There is an expectation for carers champion to be recruited at a senior level, and have a fully

funded policy, research and communications team to support their work. Ensure the role is fully funded and supported by every department and that there are ongoing resources to sustain the role.

- Consideration to be given to an independent commissioner for social care whose responsibilities would include carers. They would have the authority to review progress and deal with complaints.
- Concerns that if a champion is militant or disenfranchises other carers, this could harm the system.

SP5: Summary

Levels of agreement with the overall ethos and direction of travel (online survey)

The majority of survey respondents supported the ethos and direction of travel of SP5 with 84% fully or mostly agreeing, 6% mostly or fully disagreeing and 10% neither agreeing nor disagreeing. Along with SP3, this SP received the highest support.

Comments about the ethos and direction of travel (online survey, engagement events and email responses)

The comments reflected support for the ethos and direction of travel, as well as some common concerns. In their responses, carers highlighted that they know what they do and do not need. They are a skilled and experienced workforce, and their voice is important in developing services as well as in decision making regarding individuals. Respondents commented positively about having a central point of contact, where people can get the information and support they require and reported personal experiences of the system being too complex and unsupportive.

Levels of agreement with the proposed actions of SP5 (online survey)

Of survey respondents, 83% fully or mostly agreed with the PAs, 7% disagreed and 10% neither agreed nor disagreed.

Comments about individual proposed actions (online survey, engagement events and email responses)

The evaluation of the current Carers' Strategy (PA30) was generally supported, with a range of suggestions as to what could be included. Where there were concerns, these reflected respondent's desire to see urgent change without further delay.

There was a lot of interest the Cross Departmental Senior Officials' Group (PA31) and the carer's champion role (PA32), with suggestions for how these could be most helpfully developed. Key to both was to ensure active participation from a diversity of carers and families. The co-production of policy and services was supported, though carers wanted to feel that their 'champion' could be effective and truly represent the wide range of carers. Respondents voiced concerns that these roles would be tokenistic and not be credible for meaningful change.

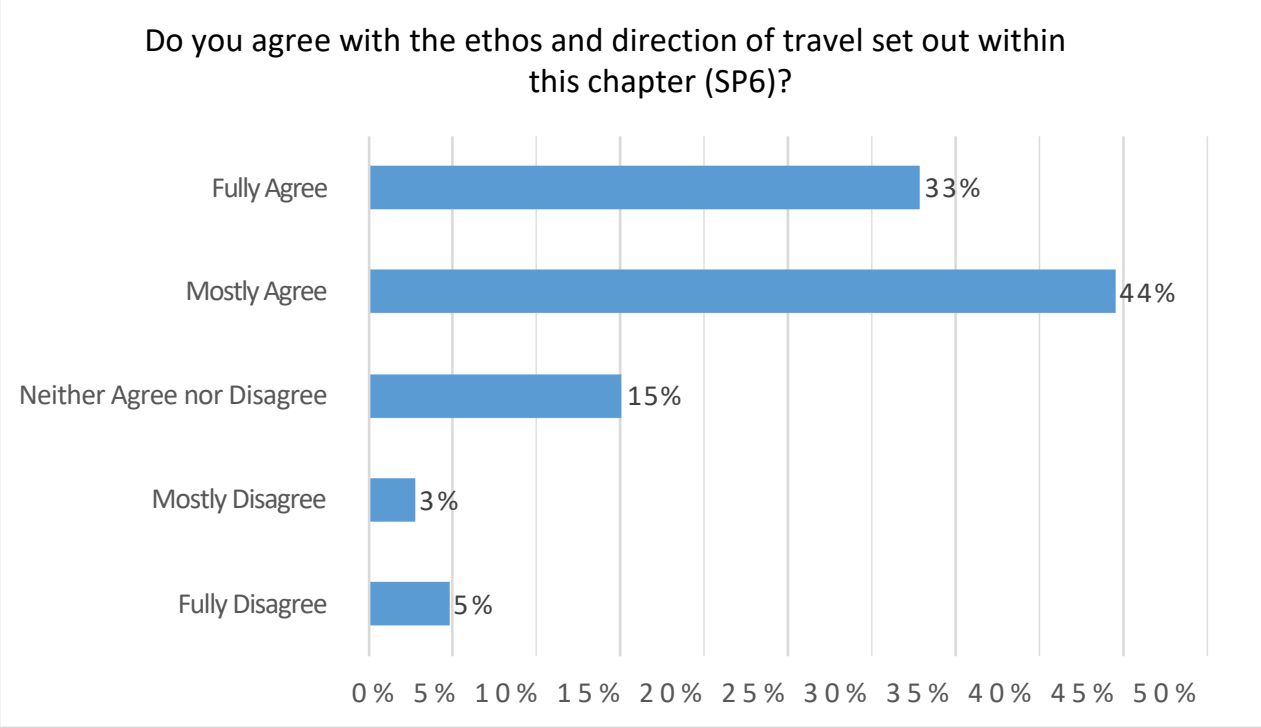
Strategic Priority 6: Primacy of Home

The concept of primacy of home had many positive comments, including within the wider vision set out in SP1. This SP had a large number of PAs and while most were agreed with, there were also requests for further information so people could 'properly consult'.

Respondents requested further information on the cost implications for the different PAs within SP6 and clarity as to how these would be funded. This was particularly so for PA35 (improving the quality of care planning), PA36 (the removal of set limits of costs), PA45 (a panel of experts to promote best practice design) and the PAs related to care homes generally, including PA46 (phasing out shared bedrooms) and PA48 (move away from larger facilities to smaller).

In relation to care homes, there were wider concerns about the quality of care, profit-making and whether these more 'traditional models' should be the focus going forward. A common theme in relation to care homes was whether the proposals would be more difficult for smaller homes to implement.

Direction of travel



Of the 146 online survey participants that answered this question 77% either mostly or fully agreed with the ethos and direction of travel.

Primacy of home objectives

- The ethos of carers supporting family members to continue to provide care in the home environment is welcome.
- Choice and options enable people to stay in their homes for longer. In agreement for home to be safe, familiar and comforting.
- The chapter is aspirational in tone and promotes participatory decision making.
- Primacy of home is of central importance.

- Carers needs are identified too late, so assessments need to be timely. Ensure that carers are involved in every decision with communication at every stage.
- Consider early intervention programmes for adults of all ages who may need it.
- It will be challenging to design a model reliant on primary care MDTs.
- In acute hospitals there is a lack of time for lengthy decision making or having various opinions due to pressures.
- Focus on implementation and monitoring. Best practice guidelines and standards are already available from the National Institute for Health and Care Excellence (NICE), but not enforced.
- All types of housing and services should be required to get regular feedback from people using services and families and take actions where necessary.
- New systems need to be easy to access, manage and explain.
- There should be more falls prevention in all settings as this is a common reason for moves into a care home.

Domiciliary care

- Recognising the importance of domiciliary care in ensuring that people can remain in their own home, while receiving the care and support they need.
- Promoting a person-centred approach.
- Addressing the complex needs people have in this setting.
- Carers feel that support for their role should be high priority.

- Clarify how enhanced domiciliary care crosses over with community nursing and healthcare worker roles.
- There need to be better terms and conditions in place to ensure the workforce is valued.

Care homes

- Agreement that care homes should not serve notices when a person is admitted to hospital.
- Keeping movements between homes to a minimum.

- Need more options for night-time care to prevent admissions into care homes.
- Assessments in care homes to be compliant with Section 75 (equality).
- An assessment of an individual's condition is important, particularly for those with low incomes as in some cases they would benefit from living in a nursing home.
- If assessment needs will be more healthcare related, how will people in nursing care homes be entitled to continuing healthcare?
- There are concerns about residents and family members having an input into care home staffing. Sometimes residents and/or family members simply take a disliking to staff.
- More transparency from commissioners and providers is needed about care home capacity. Concerns that smaller care homes may not be able to meet all the new legislation and will go out of business.
- A care home champion can link people in care homes to the community.
- A more intergenerational approach with care homes being seen as part of the wider community. Consider moving away from traditional care settings.
- This chapter needs to be reviewed with RQIA.
- Many care homes are unfit for purpose.

Shared homes in supported living/supported housing

- Consideration for supported living facilities for adults with a learning disability in rural areas.

- The definition of supported living details a homelike environment rather than support in a person's home, which may not accord with what people with disabilities and their advocates have campaigned for.
- Needs more work on reducing movement between different homes, including shared and supported living.

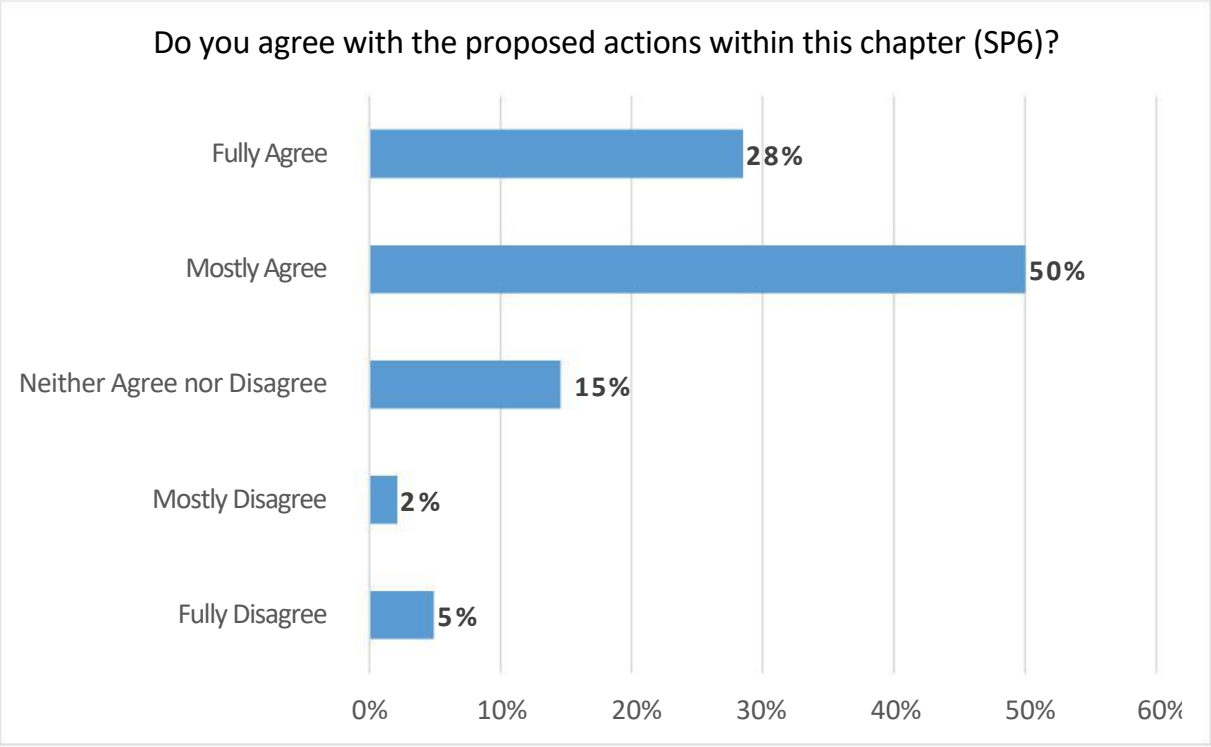
- Ensure employment of appropriate staff and inclusion in wider ASC workforce plans.

The built environment

- Keen on alternative models of care.
- Welcome the concept of built environment and proposed interdisciplinary panel of experts.

- Consider how to speed up home adaptations and applications as they can take some time.
- Provide a central point of contact to raise and handle grievances.
- Clarify how service users and family carers will be recruited onto the proposed expert panel and if the application and recruitment process will be made public, giving all family carers the opportunity to be involved.

Proposed actions – SP6



Of the 144 online survey participants that answered this question 78% either mostly or fully agreed with the PAs.

PA33: The Department proposes a review of the NISAT and of the application of the NISAT

- Co-producing the review of NISAT – organisations are keen to be included in the review.
- A review should be fully informed by the wishes of the person and any relatives or friends who support them; it should be person-centred.
- This will be a good action as long as disabled people and their family carers are included properly from the start.
- There is agreement that NISAT assessments should be strengths- and relationships-based.
- A review is needed as NISAT is no longer fit for purpose and does not capture comprehensive assessments, nor is it holistic.

- Ensure a co-design or co-production approach. Include peer advocates and OTs.
- There should also be a review of all the assessment tools to be used across programmes of care.
- Ask people why they need to stay at home to get more meaningful responses.
- NISAT forms should include ‘any other relevant information’.
- Focus more on how to improve clinical and care pathways through both statutory and independent sectors.
- All health professionals to be fully trained to take NISAT assessments clearly so that information is not misinterpreted.
- The NISAT form should only be completed by ASC staff. Nursing staff should not be responsible for completing the NISAT form.
- Social workers in their Assessed Year in Employment (AYE) should not carry out the assessment alone.
- Make assessments electronic, and allow physical therapists and carers to contribute.
- Any amends to the NISAT form must be completed as part of the Encompass work. Any information about individuals that is collected by non-ASC staff should be automatically populated into the form (electronically) to inform a multiprofessional assessment and care planning approach.
- Needs should be prioritised over costs and a plan of action which details how needs will be met should be included.
- One response showed support for NISAT in the current format.

PA34: 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.

- Agree with a new domiciliary model of care.
- Moving away from time and task with a locally based and holistic service. A model of care based on what service users and carers need and prefer.
- Domiciliary care being recognised as having a key role in a more efficient healthcare system through supporting timely discharge from hospital.
- It would ensure that both users and providers know what is required.

- Develop a definition of 'home'. Clarify what it means: to retain a sense of 'my own home' if domiciliary care is introduced; and to take a personal sense of home into a care facility.
- Domiciliary care needs a definition similar to that in Scotland as one size does not fit all. An enhanced definition may improve choices for people with disabilities or reduce it. It should include supported living and other housing options with care and support. Recognise domiciliary care happens in different settings.
- The brokerage system for domiciliary care is not suitable.
- CVS organisations should be identified as 'service providers', while providing domiciliary care and acting as social navigators.
- This PA has a heavy focus on older adults and should include other age groups and programmes of care.
- More information is needed on model audit, especially as rural needs are different to urban areas, and concerning having adequate staff.
- Concerns that the pilot may not be suitable for rural areas.
- Include citizens in quality proofing the model audit. Ensure it is person-centred and not time-focused.
- Concerns about the sustainability of the pilot and the challenges expected. Keep the public informed about the outcomes of the pilot and the likelihood of regional implementation.
- Clarity as to what the new model would look like, the next steps, timescales and what arrangements will be made.
- Define which services are core services.
- This needs to be supported with more time for calls, better pay, training, support and supervision. There needs to be better flexibility and workforce planning to support recruitment.
- Domiciliary care needs to be means tested.

Any additional requirements

standardised care should be carefully considered before any implementation.

- The model should include digital solutions.
- Package costs need to be reviewed.

PA35: The Department proposes improving the quality of care planning including the coordination and integration of all aspects of someone's care as described in paras 8.18–8.22 in the consultation document.

- In agreement with the PA.
- The coordination and integration of different bodies and people in creating a holistic care plan and supporting them as needed.
- The integration of carers' support into care planning will improve the quality of care planning.
- The proposed changes will necessitate cross-sectoral and inter-agency working.
- No blanket rules on costings – people staying in their communities is best for care and wellbeing.

- Care homes do not always have the capacity to have additional staff available immediately. What measures will be in place (e.g. on-call staff)?
- It is unclear if acute care at home and virtual wards have been assessed.
- Include inter-agency and cross-sectoral intentions.
- Where people lack capacity to make decisions, families should have a greater say over care rather than social services.
- Consideration as to training and development of staff and carers for assessment tools and care planning. Clarity needed on how carers will be supported as team members.
- Clarify if this will mean using the Promoting Quality Care risk assessment model which is currently used in mental health and learning disability.
- Concerns the proposal is too idealistic.
- Financial support is unclear.

PA36: 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.

- In agreement with this approach.
- Welcome the flexibility on the cap of support for people with complex needs and ending blanket rules.
- Removal of limits would give social workers more freedom in

- A person's care and support should not be provided by for-profit companies or depend on how much money commissioners are willing to provide. Ensure equity – everyone needs equal access.

care planning and the ability to tailor packages to meet individual need.

- Some requests for very large packages cannot be sustained under the current restraints of domiciliary care legislation, so this change will ease the flow of care provided.
- Create uniformity between home care provisions for mileage allowance awarded to that of the independent sector.
- HSCT services need to prove they are effectual and economical given concerns about budgets. Trusts need clarity on budget constraints and what the eligibility criteria are.
- Legislation is needed for private sector overseeing carers travel and expenses with transparent estimates on the time a job takes.
- Concern that guidance to remove limits without resourcing could increase complaints and stress.
- Care homes do not need additional money, but effective regulation.

PA37: 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 consultation document.

- This philosophy of care is welcomed and should be a standard across all ASC settings.
- This philosophy will enable care homes to have a meaningful relationship with the community and promote positive outcomes for people living in them.
- The need for care homes to seek frequent feedback from residents, families and visitors on their experience.
- Agreement with participatory decision-making models.
- Rights of residents to family and private life.
- Having a person-centred approach is critical to decisions about where care is received.
- The term ‘care home’ is welcomed as it better describes the provision being provided, with a focus on the provision of care in a person’s home.
- The improvements suggested, for example phasing out shared

- The general public should be made aware of this philosophy.
- Clarify how Trusts will measure the quality of philosophy of care.
- Smaller homes will need support to develop this philosophy and make better links with the wider community.
- Care homes could adopt a process to provide anonymised feedback and consider an independent review process on a regular basis.
- Ensure there is funding to enable trusts to quality assure and support care homes where improvements will be needed.
- This will only work if staffing and workforce issues are addressed, or care will not be person-centred. Consider how support from training, professional development and improvements in pay and conditions for the workforce can embed this philosophy of care across the whole social care system.
- No further policies are needed as nursing homes already have a numerous legislation and rules regulated by RQIA. RQIA regulations do not allow supported living providers to employ nurses.

bedrooms, and enabling couples to remain together, are essential to the provision of respectful and person-centred care.

- Concerns that current RQIA inspection process is not fit for purpose as it does not hold authority in private/unregistered homes.

PA38: The Department proposes the development of a mental and social wellbeing framework for care homes to enhance that aspect of the care they provide.

- This proposal is welcome as long as disabled people and their family carers are involved from the start.
- In agreement with the proposed action.

- More explanation and information given to family members through the process of moving into a care home. Care homes should be near to family and friends.
- Nursing homes provide services already allocated by RQIA. A care category cannot be enhanced as it becomes a different care category.
- Provide strategies to support positive mental wellbeing and behaviour, as well as communication training.
- Residents of care homes should enjoy social amenities, including access to outdoor spaces as they would living in their own home – partnerships with organisations and charities may be needed for this.
- More details are needed about this to fully consult.

PA39: The Department proposes the development of a positive behaviour support framework for care homes to enhance that aspect of the care they provide.

- A welcome proposal to develop a behaviour support framework.

- The framework should be co-produced and include emotional wellbeing.
- A regional training framework will be required for this to be achieved while also ensuring that standards and competencies are established.
- More details are needed about this to fully consult.
- Disagreement with the proposal. If a resident in a nursing home shows behaviours that cannot be managed within the category of care for which the home is registered, new accommodation must be found.

PA40: The Department proposes to continue the rollout of the 'My Home Life' programme.

- This proposal will be helpful for achieving person-centred care.
- 'My Home Life' is relationship-centred and evidence based.
- The 'My Home Life' programme is making real change in the relationships around care homes.
- It is good to recognise the benefits to residents and care home life for those managers who have completed the course.
- This is an effective programme for managers.

- This can only be applied to statutory homes as independent sector operates its own policies and procedures. This should be extended to all settings and not just care homes.
- More detail is needed regarding how this proposal will work and how it will be monitored and regulated.
- Concerns that some private care home providers are more focused on profit margins than the service being provided and this needs to be countered as much as possible.
- When rolling out this programme, consider that family members of people in care homes feel residents are often forgotten.

PA41: 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.

- This would free nurse leads from administrative responsibilities of home management.
- A sensible proposal to help address nursing workforce pressures, especially with potential conflict between profit vs best interest of residents.
- Agreement that there should be two job descriptions and two professional bodies.
- Southern Trust staff have reported positive outcomes in nursing homes where this structure exists. Many nursing homes are already implementing this model as they have both a registered nursing home manager and a clinical lead.

- Separation is easier for larger providers that can afford separate roles, but will be financially challenging for smaller homes.
- Consider the suitability of other professions for the management role as it does not have to be a nurse or professional with a nursing background – OTs are equipped for this role.
- There is no guarantee that a level 5 leadership qualification will ensure home managers have the right attributes or competency for leadership. Registered nurses with a degree already have a level 6 qualification that includes leadership skills.
- Concerns that district and community services are already at breaking point and this will add to pressures and workload. Para. 8.48 in the consultation document needs to be explained as it asserts that district nursing and other community nursing staff should compensate for any existing capacity shortfall within the social care sector. This is already happening and there is not any due consideration for this.
- Consider if there is scope to train non-nursing staff into more 'paramedic' roles.

PA42: 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.

- People should have the right to live in a home of their choice until they choose another location.
- A person should not have to move home because their needs change, the supports around them should change to meet their new needs. Relocation can cause stress for people and adverse health effects, so this proposal is welcomed.
- This reflects the wishes of people living with dementia.
- Example given of residents being moved to cheaper accommodation due to changing needs rather than option of more staff funding to keep the residents in the same place.

- When behaviours and needs change, people must move to a more appropriate setting where they can be safely supported. Examples given of people encouraged to stay at home when this was no longer suitable.
- Need to ensure that the needs of one or two residents do not adversely impact the rest of the residents. Sometimes moving is most appropriate.
- Ensure that people always have the right to choose where they want to stay.
- To make this work, RQIA will need to review its standards and regulations and ensure flexibility to allow for the additional supports needed.
- This would require an adjustment to staffing and skill mix, with additional costs. There are concerns that this would be difficult to achieve due to staffing needs and heavy involvement of private sector.
- There is a need for more registered nurse managed care homes to reduce the likelihood of people having to move home if their needs change. Cases can be very complex and there will need to be a clinical judgement made.

PA43: The Department proposes introducing a right of appeal against a decision to give notice to leave to a care home resident.

- Independent, legal advice is needed.
- It is important that individuals are not forced into situations by financial limits or by a lack of alternative homes available. People should have the right to appeal and have a choice.
- Placements should not be compromised due to care issues.

- Peer advocates should be considered during the process of appeal. Friends and neighbours can also be advocates for a person's legal rights and help a person in choosing how and where to live.
- Clarify the appeal process and how independent advocacy will be resourced.
- The rights of residents need to be transparent and easily accessible.
- Include wider structures and supports to outline a pathway and escalation process for

all stakeholders. Appeal should be part of this process.

- Concerns that Trusts may use this against providers to prevent a person from moving from a place that is no longer suitable for them, while no additional funding or support is being given to the home.
- This will give false hope to people who wish to appeal decisions and may escalate to legal aid and going to court – concern that this might be too much for service users and carers to deal with.

PA44: 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.

- A Supported Housing model can be a more appropriate option for people who do not need the level of care provided in a care home setting but need more help than living alone in their own homes.
- Options for supported housing that can support more complex needs.
- A good option if assessments are done properly and with the right information.
- Supported living allows more community and interaction in communal areas, removing the isolation that can occur in general housing.
- Smaller and more bespoke living than a care home and can be a good option for downsizing.
- Good option for younger adults, giving them more independence.
- Agreement with this proposal as it requires considerable investment and collaboration with housing bodies and specialist care providers. It may be more economical to run than registered residential care.

- Clarify what supported living and supported housing entails and how it is different to other settings. It is misunderstood as being domiciliary care and smaller scale residential settings.
- There would need to be alternative provision when supported housing is no longer suitable for an individual.
- There is currently a planning requirement for supported housing in England for Northern Ireland to adopt and follow – this will work for supported care.
- Bespoke housing that meets people's needs should be a requirement at the design stage.
- Look more broadly at the availability of suitable housing and the lack of it. There needs to be a willingness to look at alternative models. Good housing keeps people healthy.
- More Band 3 level staff in supportive living would prevent people from needing nursing care in the future.
- We see increasing complex needs with a need for rehabilitation services. Need recognition that the transition to supported living takes time, or people can be 'set up to fail'.
- Ensure employment of appropriate staff and inclusion in wider ASC workforce plans.
- There is no planning or communication between Children's Disability Services and

Adult Services. Children with complex needs should have their future housing situation planned so that they are in suitable housing when they become adults.

PA45: 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.

- Welcome the proposal to have an expert panel to include service users and family carers.

- Include experts by lived experience, service users, carers, OTs and community clinics.
- Link with disability forums who can advise on adaptations and suitable housing arrangements.
- Provide age-friendly training for housing and housing support personnel.
- Consider intergenerational housing models.
- Promote best practice design principles across other settings as well.

PA46: 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.

- This proposal will benefit residents.
- Most people want their own flat or home with support available. Few adults would choose to share accommodation with adults unrelated to them.
- Every resident has the right to have their own space and privacy.
- Nursing homes are already phasing out shared homes.

- Consider proposing limited rooms for service users wanting to continue sharing rooms.
- Concern this will impact the financial viability of some homes, particularly smaller homes.
- Concern this will reduce availability of beds in care homes and is best left to market-driven choices.
- Consider the need to reduce number of shared toilets and rooms without ensuite facilities.
- Include a ban on people's bedrooms being used for respite for another person while they are in hospital.

PA47: 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.

- Agree that couples staying together should be non-

- This flexibility requires adequate staffing.

negotiable as long as it is their preference and in their interests.

- This proposal should not be used to increase numbers of people due to extra rooms without homes receiving additional funding.

PA48: The Department proposes a phased move in commissioning from larger-scale facilities to smaller-scale facilities.

- This should support provision of smaller care homes and living facilities.
- More support to encourage more small care homes can provide person-centred care in a way it was felt larger homes find hard.
- Carers prefer smaller-scale facilities as larger facilities do not replicate a home environment.
- Understanding that smaller settings are likely to cost more.

- Expert planning should lead on this proposal.
- More information is needed on the timescale, resources and plans for co-production.
- Clarity is needed as to the ideal size of facilities and the staffing requirement.
- Concerns about the rising costs per home in different areas. This cannot be done at financial cost to disabled people and their families.

SP6: Summary

Levels of agreement with the overall ethos and direction of travel (online survey)

The majority of survey respondents supported the ethos and direction of travel of SP6 with 77% fully or mostly agreeing, 8% fully or mostly disagreeing and 15% neither agreeing nor disagreeing.

Comments about the ethos and direction of travel (online survey, engagement events and email responses)

As this chapter has a wide range of PAs, the general feedback given was that more information was required to define each type of home and how differentiation will be made in assessments. There was a positive consensus on the philosophy of care within this chapter, especially in considering community outcomes and having a person-centred approach.

Levels of agreement with the proposed actions of SP6 (online survey)

Of survey respondents, 78% agreed with the PAs within this chapter, 7% disagreed and 15% neither agreed nor disagreed.

Comments about individual proposed actions (online survey, engagement events and email responses)

There are a large number of PAs in this chapter and some did not have many respondents commenting on them, possibly reflecting SP6 being last in the consultation document.

There was divergence of opinions in relation to some of the PAs focused on care homes, with not everyone feeling care homes are a good model of care. There was concern that smaller homes would struggle to implement some of the PAs without significant support. PA41 (consider separating a nursing home manager's role from a professional nursing lead) did not have full agreement, with concerns this would penalise smaller homes and may not be a positive step. There was seen to be a lack of consensus regarding PA42 (reducing care home moves due to a change in care need) as while there were positive comments regarding the idea of fewer moves between homes, others were concerned homes would be expected to provide a different category of care to the one they are registered to provide.

Although the comments for PA43 show there is support for the right to appeal there were concerns regarding the lack of transparency of appealing against decisions and notices given to care home residents. There were positive comments supporting proposals on personal space and privacy of older residents and phasing out shared bedrooms, but concern regarding financial viability for some homes.

The comments for PAs relating to domiciliary care tended to have more agreement than those for care homes, with a wide range of suggestions regarding PA34 on developing a standardised model of domiciliary care.

A further area where there was a lack of consensus was the PA on reviewing the NISAT. While there were mainly positive comments regarding the review there was some disagreement over who should undertake NISAT assessment.

5.0 Conclusion

5.1 The Department is encouraged by the high levels of interest and engagement during the consultation process and is grateful to all the individuals, groups and organisation that took part.

5.2 Responses and feedback to the reform proposals have been broadly supportive. However, feedback also reflects the challenges in delivering these reforms, particularly in relation to funding, resources and the quality of services. It is important to note that all the proposed reforms are subject to confirmation of funding and will therefore require prioritisation and planning to ensure realistic delivery.

5.3 In that context, the Department has recently established a Social Care Collaborative Forum, the purpose of which is to provide a formal mechanism for the Department and representatives of the Social Care Sector, across the statutory, voluntary/community and private sectors, to work together as partners to build shared values and deliver improvements that will support and sustain social care now and into the future.

5.4 The Collaborative Forum will work to implement proposals arising out of the consultation on the Reform of Adult Social Care. Adult social care is diverse in its approach and ranges from providing personal care to those who are frail or unwell, to supportive and rehabilitative care which enables people to live independently. The Reform of Adult Social Care recognises this diversity, and the Collaborative Forum will embrace this diversity in its work.

5.5 The Collaborative Forum will also support opportunities for greater co-operation, co-production and joined up working between the Department, the social care sector, and across Government, to advance the proposals for the reform of adult social care.

5.6 In conjunction with the work of the Collaborative Forum, the Department is also developing a strategic Funding Analysis and Delivery Plan for the implementation of the reform proposals over the next 10 years, reflecting the long-term systemic change that is required.

ACKNOWLEDGEMENTS

This consultation would not have been possible without the support, hard work and dedication of the following:

> The Project Board chaired by Sean Holland, former Deputy Secretary, Social Services Policy Group and Chief Social Worker, Department of Health. Members included a large number and wide array of stakeholders from across Departments, HSC Trusts, Northern Ireland Social Care Council (NISCC), Employers Bodies, Trade Union and Professional Bodies, Trade Bodies, Expert Carers Panel and Service User Engagement Group and Community and Voluntary Sector representatives that oversaw the Department's analysis of the Power to the People Report and the development of the proposed actions for change;

> Two expert groups of service users and family carers supported the Project Team and the Project Board and fostered a strong co-production ethos;

> All those who took the time to participate and share their expertise and experience in the 17 public consultation engagement events, completed the online survey hosted on Citizen Space and submitted written responses;

> The independent facilitators (Siobhan Kearney and Marie McGrath) who facilitated at a number of the engagement events.

> The Social Care Institute for Excellence (SCIE) for their great work carrying out a full analysis of all the data and responses received during the public consultation.

> And finally, all of you – the readers of this report – for the interest you are showing by taking the time to read this report. Many of you, if not all of you, will have taken the time to engage in the consultation process and shared your invaluable thoughts and experience with us.

A big thank you to everyone concerned.

Appendix A: Consultation Questionnaire

<table>
<tr><th colspan="2">Details</th></tr>
<tr><td>Are you responding as an individual (or on behalf of) or an organisation :
(drop down options available)</td><td>Individual options: - member of the General Public, Service user / Family Carer / Social Care Worker/Social Worker

Organisation options:
voluntary & 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)</td></tr>
<tr><td colspan="2">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.</td></tr>
<tr><td colspan="2">If you are responding as an individual, do you wish to respond to questions on what Section 75 categories describes you best (this is not compulsory)

Note: Section 75 of the Northern Ireland Act 1998 (‘the Act’) [25] requires the Department, in carrying out its functions, powers and duties, to have due regard to the need to promote equality of opportunity:

between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation

between men and women generally

between persons with a disability and persons without

between persons with dependants and persons without</td></tr>
<tr><td colspan="2">Chapter 1: Sustainable Systems Building</td></tr>
<tr><td colspan="2">Q1: Do you agree with the ethos and direction of travel set out under within this chapter?</td></tr>
</table>

25 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
Pleases add any further comments you may have:

Appendix B: Consultation Proposals

Strategic Priority 1 – Sustainable Systems Building *Proposed Actions*

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

2 The Department proposes a review of third party top up fees for care homes

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.

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.

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

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

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

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

Strategic Priority 2 – A Valued Workforce *Proposed Actions*

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

Information within consultation document on the Fair Work Forum

Social Care Workforce – *Within the Sustainable Systems Building chapter*

- **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.

Pay and Conditions – *Within the Valued Workforce chapter*

- **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*". 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.

Supporting and building the capacity of the workforce – *Within the Valued Workforce chapter*

- **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.

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.

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

12 The Department proposes improving a range of supports for Personal Assistants and their employers as described in paras 4.11 – 4.16.

Paras 4.11 -4.16

- **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.
- **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[1] 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.

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

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

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.

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.

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

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

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

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.

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

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

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

Strategic Priority 3 – Individual Choice and Control *Proposed Actions*

24 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;

- 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.

Strategic Priority 4 – Prevention and Early Intervention *Proposed Actions*

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.

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

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.

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.

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.

Strategic Priority 5 – Supporting Carers *Proposed Actions*

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.

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

32 The Department proposes the introduction of an independent Carers' Champion role.

Strategic Priority 6 – Primacy of Home *Proposed Actions*

33 The Department proposes a review of the NISAT and of the application of the NISAT.

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.

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.

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.

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.

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.

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

40 The Department proposes to continue the rollout of the "My Home Life" programme.

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.

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.

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

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.

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