



# **A Vision for Community Care**

Report from the 2011 seminar series run  
by the Rights in Community Care Group



# Contents

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Introduction	3
Facing the Funding Challenges	5
Building the Community Care Workforce	7
Northern Ireland Single Assessment Tool (NISAT)	10
Care and Caring	12
Conclusions	15
Summary of RICC recommendations	16

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# Introduction

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The Rights in Community Care (RICC) group includes Age NI; Alzheimer's Society; Carers Northern Ireland; Disability Action; Law Centre (NI) and UNISON.

RICC supports a human rights-based approach to the delivery of community care. That is one in which provision of good quality community care is founded on a thorough understanding of the needs of the population in question: people in later life; people living with dementia; carers and people living with disability. It also requires community care to be delivered in an equitable way that upholds and protects the rights of care workers.

In July 2010 the newly formed Coalition Government at Westminster made a commitment to form a commission on Funding of Care and Support in England. Led by economist Andrew Dilnot the Commission was tasked with advising on an affordable and sustainable funding system for adult social care and support, judged against the four criteria of; choice, fairness, value for money and sustainability. The Coalition Government has also consulted on its Vision for Adult Social Care; Capable Communities and Active Citizens and more recently the Adult Social Care Quality Outcomes Framework document which supports it.

The Law Commission; an independent statutory body reviewed the law relating to adult social care in England and Wales and has made recommendations for its reform. The Law Commission proposes a unified, modern adult social care statute to ensure those with social care needs and those with obligations to provide for them, understand their respective rights and responsibilities.

All of these will form the basis of a white paper in the spring 2012 in England, and will inform the development of the Social Services Bill in Wales, which will be consulted on in early 2012.

In June 2011 Edwin Poots, Minister for Health, Social Services and Public Safety announced a review of health and social care in Northern Ireland. The review team was tasked with examining service delivery, including the configuration of acute hospitals, the development of primary health services and social care provision, maximising the scope of services that can be provided locally and outside of an acute hospital setting, and the interface between these sectors. The Review chairman, John Compton, presented the report "*Transforming Your Care - A Review of Health and Social Care in Northern Ireland*" to the Minister in December 2011 setting out 99 recommendations to improve how health and social care is delivered in Northern Ireland. One of the main recommendations in the report is a reduction in the number of hospitals providing acute care from the present 10 to between five and seven.

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The care of older people also features heavily in the review report. Promoting the home as “the hub of care” for older people, the document says the aim of the proposals is to “encourage independence” and to “help avoid unnecessary admissions of older people into hospital”.

An additional £70 million in funding will be required in the short term to implement the plans with some £83 million — currently spent in hospitals — eventually transferred to GP and other services. The five Commissioning Groups, working with the trusts and local communities, will now have a key role in developing plans by June 2012 for their areas to meet the parameters laid down by the review team.

It is likely that the Dilnot Review will also inform to some extent, decisions made about the funding of care and support in Northern Ireland. In this context and in order to broaden the conversation that needs to be had around adult social care in Northern Ireland the Rights in Community Care Group (RICC) held a series of seminars themed: ‘A Vision for Community Care.’

Each seminar explored a topic of particular relevance to adult social care and a range of speakers were invited to present their views or those of the organisation they represent. The object of the exercise is to stimulate discussion. All views documented here are those of individual speakers except where they are specifically attributed to RICC.

Given the pervasive evidence of economic constraints it seemed sensible to begin the series with a full and frank discussion on funding, which will have a significant impact on Government policy and its implementation.

For the first seminar Professor Derek Birrell and Gerry Maguire were invited to speak about funding, expenditure, priorities and delivery of services in community care.

RICC is convinced of the need to broaden the debate about funding of care services to include the impact of care and support on quality of life for those using them and consequences arising from provision of good care or lack of the same.

RICC sees a need for greater focus on preventative strategies and measures to assist people to live independent, fulfilled lives. In addition, RICC sees increased investment in community care as a long-term strategy for averting or avoiding unnecessary acute or long term residential/nursing care and consequent better health outcomes for those using care services and support.

Over 200 people attended the seminar series, including service users, statutory organisations, care workers and elected representatives.

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# Facing the Funding Challenges

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In the first of four RICC seminars on 10th September 2010, Derek Birrell, Professor of Social Policy at the University of Ulster and author of 'The Impact of Devolution on Social Policy in the UK' outlined how the Barnett Formula allocation of funding converts to budget expenditure for health and social care and the impact of the Comprehensive Spending Review on the allocation of this funding. He argued that current policy and service delivery in Northern Ireland, suffer from fragmentation and inadequate user and carer participation. Professor Birrell's view was that Northern Ireland could usefully evaluate and learn from experience and practice in other parts of the UK. His key priorities for action include; personalisation, user participation, and realising the full potential of an integrated Health and Social Care system, clearer and more cooperative governance and increased resources for social work.

Gerry Maguire, Social Care Commissioning Lead (Older People and Adults) of the Health and Social Care Board focused on the challenges in delivering community care and social services. The Health and Social Care Board has responsibility for translating the strategic Priorities for Action into a commissioning plan and each Health and Social Care Trust takes responsibility for its own action plan, which demonstrates how it will deliver services within its Trust area.

Current priorities in commissioning include supporting people to live independently at home, reducing or avoiding need for acute, residential and nursing care, assisting people to manage long term conditions better and supporting carers, within financial targets.

*“RICC group is keen to counter the assumption that everyone in the older age group will be in need of care and support.”*

Gerry outlined Northern Ireland demographics as follows: there are over 300,000 people of retirement age, representing 17% of the population. By 2030 it is estimated that older people will account for almost a quarter of the population (24%). The largest increase will be in the 'older old'. He is of the view that a growing number of older people and people with disabilities will rely on health and social care services to maintain and support their independence, as life expectancy increases. This will have consequences for delivery of high quality and effective community care services and will have a significant impact on the cost of care.

RICC group is keen to counter the assumption that everyone in the older age group will be in need of care and support. In fact many will be undertaking caring roles. It is also important to recognise that many adults living with disability and carers will use community care throughout their adult lives.

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## RICC recommends:

- There must be a greater focus on preventative strategies and measures to assist people to live independent and fulfilled lives
- Priority must be given to investment in community care as a means to better health outcomes for service users and reducing need for acute care
- More focus on multi disciplinary, cross-departmental communication and greater user and carer participation at each stage of development and implementation of policy and service delivery
- Service users must be asked for their views first and included in policy development at the earliest stage
- The provision of accessible information to facilitate effective engagement of service users with policy makers

# Building the Community Care Workforce

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The second of four seminars was held at the UNISON Centre, York Street, Belfast on 14 February 2011. It examined the components of a strategic plan for developing the community care workforce, including key issues of regulation, best practice in care delivery and skills development.

Patricia McKeown, Regional Secretary of UNISON chaired the event and in her opening address outlined the background of severe cuts to a social care system already characterised by historic under-funding and unmet need. She urged participants not to accept politically expedient references to economic constraints as justification for decisions about the future funding of health and social care. These decisions must be made on the basis of equality and fundamental human rights.

Social policy consultant Jonathan Swallow focused on key issues facing community care including huge challenges posed by continuing budget cuts. Jonathan stated that all the evidence points to the financial, social and health benefits of shifting investment into community care. Such a significant transition must be properly resourced. The immense contribution of health and social care services and the workforce must be acknowledged and valued. Not only must living longer be celebrated but community care users and health and social care workers must participate in their design and implementation as well as being supported to speak out about infringements of the rights of either.

*“The workforce faces increasing levels of stress arising from complex workloads and disparaging media scrutiny. Financial pressures will exacerbate unmet need.”*

Diane Taylor - Acting Director of Human Resources, DHSSPS gave the Departmental perspective on workforce development in challenging times. Diane stated that staff must have the requisite knowledge, skills, understanding, support, supervision and management, to perform a caring role. The workforce faces increasing levels of stress arising from complex workloads and disparaging media scrutiny. Financial pressures will exacerbate unmet need. The theoretical strength of having an integrated health and social care system could be undermined by decisions to ring fence only the health component of the budget. Northern Ireland already spends less on social care than England, Scotland or Wales. These challenges demand effective partnership approaches involving trade unions, employers, service users and other sectors such as education, in order to tackle health and other inequalities.

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Sarah Browne – Assistant Director of Older People’s Services, South Eastern HSC Trust; Pamela Dooley - Head of Organising & Development, UNISON; and Domiciliary Care Worker Dorothy McComish presented a case study on developing a high quality domiciliary care service through a collaborative partnership approach.

The project is working to meet the needs and support the independence of older people in the Trust area, whilst recognising the crucial role to be played by a highly trained, motivated and respected workforce. A core objective is to improve health and social care outcomes for those receiving care. To ensure that the voices of older people and staff inform the project, extensive survey and focus group research has been undertaken. Specialist teams and training will be developed on issues such as dementia. To attract new staff into the profession and to retain the existing workforce a career framework will be developed as well as other measures to improve the working lives of staff. A full evaluation of outcomes will take place in 2012.

*“Service users are worried about inadequate time and allocation for tasks, want consistent worker allocation, are concerned about possible cuts, are anxious about the consequences of complaints and seek constructive input into services apart from complaints.”*

During this session homecare workers talked about the challenges and issues they are currently facing. Caroline Rix and Lorna Conn RQIA detailed priorities for workforce development arising from the quality and regulatory framework inspection process that took place during 2009-10.

Caroline and Lorna reported that service users are worried about inadequate time and allocation for

tasks, want consistent worker allocation, are concerned about possible cuts, are anxious about the consequences of complaints and seek constructive input into services apart from complaints. The inspection process provided evidence of solid achievements along with some issues of concern focused on compliance with induction training standards.

Fidelma Carolan – Regional Officer (Lifelong Learning), UNISON spoke on the challenge of skill mix; the role of the Knowledge and Skills Framework and opportunities for the development of career pathways for domiciliary care workers.

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Patricia Higgins - Director of Registration, Northern Ireland Social Care Council (NISCC) concluded the event with a presentation on the role of the NISCC in the Quality Framework Patricia highlighted the role of NISCC as the regulatory body for the social care workforce in Northern Ireland. It is responsible for improving and regulating standards of conduct, training and practice in the social care workforce. Registration, which is now compulsory will be instrumental in setting clear standards of clinical and social care governance and ensuring they are maintained. Compulsory registration of managers of residential care, day care and domiciliary care services, and registration of residential childcare workers (not social work qualified) will take place from September 2011. In December 2012 social care workers in adult residential homes and nursing homes must register.

### RICC recommends:

- There must be a clear and collectively owned strategy for workforce planning and development in this sector by those who fund, commission and provide care
- That understanding of rights and equality should be a key module in all staff training
- The concerns of service users with regard to key issues such as; inadequate time and allocation for tasks, consistent worker allocation, impact of cuts, consequences of complaints and general input into services (as outlined in the RQIA perspective above) must be given priority in service development
- Measurable under-funding be prioritised for restoration instead of service reduction

# Northern Ireland Single Assessment Tool (NISAT)

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NISAT was the focus of the third seminar held on Friday 11th March 2011 at the Law Centre in Belfast. Quintin Oliver, in his capacity as Northern Ireland representative of Joseph Rowntree Foundation (JRF) chaired the meeting at which Prof Brendan McCormack, University of Ulster outlined the development of the Northern Ireland Single Assessment Tool (NISAT) and Joanne McConville, Regional NISAT Implementation Officer commented on the practical aspects of NISAT implementation.

Evidence suggests that many older people are subject to a wide range of assessment processes administered by different health and social care professionals, with unsatisfactory and fragmented outcomes. The Department of Health, Social Services and Public Safety (DHSSPS) commissioned Professor Brendan McCormack and Dr Brian Taylor of the University of Ulster to develop the Northern Ireland Single Assessment Tool.

NISAT has been designed to capture the information required for a comprehensive, person-centred assessment of the health and social care needs of the older person; an assessment that is focused on the person's abilities and strengths and which can be instrumental in supporting them to lead as independent and fulfilled a life as possible. Professor McCormack outlined the development of the NISAT with an emphasis on developing an appropriate approach for assessing older people's

*“Many older people are subject to a wide range of assessment processes administered by different health and social care professionals, with unsatisfactory and fragmented outcomes.”*

health and social care needs in Northern Ireland. Although the focus was on those over 65, including people with dementia, this tool was designed to be of use with other client groups too.

NISAT has been designed to standardise the principles of best practice, facilitate information sharing and to promote independent living. These are key issues for service users, professional assessors, carers and families.

The three primary components of the NISAT include; 1) Contact Screening; 2) Core Assessment and 3) Complex Assessment. The object is to build an holistic picture of the person and their needs and one which is appropriate to the level of assessment required.

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## NISAT Implementation Project

Joanne McConville, the Regional NISAT Implementation Officer outlined the process for implementation across all the Health and Social Care Trusts. Prior to NISAT the information was being gathered in a fragmented and duplicated way, by a variety of means and systems and information gathered differed across Trusts. Implementation of NISAT is being phased across Health and Social Care Trusts.

To achieve full and effective implementation of NISAT some key things need to happen in all referrals; process needs to be well communicated and thoroughly understood, staff need to be properly trained to use NISAT and

*NISAT should facilitate person-centred care and promote good assessment skills.*

have adequate support to do so, a systematic transition to the new system must be supported by NISAT specific documentation and regional ICT. However, Health and Social Care Trusts are developing their own ICT systems for NISAT.

Joanne concluded that there is widespread awareness and strong support for NISAT and the training programme is almost complete. NISAT as it is designed should facilitate person-centred care and through a 'whole systems' approach should promote good assessment skills.

### RICC recommends:

- The full implementation of the NISAT across NI to support an holistic, person-centred assessment of the often complex health and social care needs of the older person
- Standardisation of data and information collected across all the Health and Social Care Trusts
- The availability to service users and representative organisations, of non personal data and information in accessible formats, to facilitate effective participation and greater understanding of diverse and complex needs

# Care and Caring

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The fourth and final seminar in the series was held at Disability Action on 10th June 2011 and was chaired by Helen Ferguson of Carers Northern Ireland.

Imelda Redmond, Chief Executive of Carers UK, outlined the demographic and labour market changes that demand a radical rethink of care and caring. The UK population is living longer, spending more years in later life in poor health, tipping the balance of 'older-old' people against a shrinking younger population. This will have implications for delivery of social care, even given the increasingly significant contribution of many older people as providers of essential care across and within generations.

Because of the complexity and pressure of undertaking a caring role, carers may find their health undermined or balancing work and care may become unfeasible and lead to their giving up paid work in order to care. In these circumstances where working life has been curtailed to accommodate a caring role, people cannot earn enough over a lifetime to sustain them through their retirement, leading to poverty in later years.

*“Demographic and labour market changes demand a radical rethink of care and caring”*

Most carers want to work as well as care. Failure to offer support and incentives to families who provide care will lead to increased demand on public services, increased healthcare costs and welfare bills and reduced tax revenue and business competitiveness. We can learn from childcare initiatives over the last 20 years. Investment in good information, tax breaks for companies and families and expansion of private sector suppliers of childcare have supported parents to continue to undertake paid work alongside childrearing activities. Carers UK believes that similar initiatives could help support adult social care.

A range of measures may support people to combine work and caring roles including:

- Increased use of assistive technologies such as telecare and telehealth to support person being cared for and the carer
- More availability of flexible working patterns (which also brings added value to businesses) and tax breaks for carers
- Investing in flexible, high-quality care and support, making more use of self-directed care (e.g. direct payments, personalisation)
- Flexible and affordable care services for those who want or need to buy in help privately
- High quality advice and information in accessible formats

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Gerry Maguire (Social Care Commissioning Lead, Older People & Adults, NI Health & Social Care Board) set out the context for commissioning for improved support for carers, reminding the audience that the offer of a Carers Assessment has been a statutory duty since 2002. He said that investment in respite as a form of carer support in 2008-9 was £21m and while respite remains the foundation of support, it is often restricted to the offer of a residential/nursing bed for the person being cared for.

Outlining the challenges, Gerry commented that support provision is primarily a response system; Trusts are not proactive enough and need to improve early identification and referral. Carers are often seen as additional users rather than partners and caring itself perceived as a duty rather than 'freely chosen'. Resources are not always ring-fenced for areas of need such as respite and 'support' is commonly perceived as 'services'. Weaknesses in the system are both infrastructural (the way they are organised) and systemic (the culture of management and practice) and both need to be addressed. Consultation with and participation of carers are priorities, as is more carer involvement in staff training and development and greater focus on improving uptake of Carers Assessments.

*“There is a need for more innovation, particularly in thinking around respite or short breaks”*

Gerry suggested better use of existing money through targeting, inter-agency working and individual budgets. He also stressed the need for more innovation, particularly in thinking around respite or short breaks.

He warned that resources will be limited, even reduced, over the next 4 years but reiterated that more could be done with existing money. Voluntary organisations, users and carers will have to accept that partnership will mean sharing the hard decisions: 'what do we stop doing in order to do new and better things?'. Trusts will need to shift their culture and work on improving performance. The Health and Social Care Board needs to deliver on performance management, flexibility in investment and its promise of involvement.

Many of the audience questions focused on the need for transparency and accountability in planning, spending and decision-making in public services. Increased user and carer involvement, and greater public accountability were urged. There was also discussion about the balance between individual, family and state in relation to paying for care. It was noted that Northern Ireland has a different health and social care environment, and health and social care structures from other parts

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of the UK. This underlines the need to develop local solutions, rather than importing models wholesale from other parts of the UK and elsewhere. It was agreed that this seminar series was a useful beginning of what will inevitably be a long debate, and participants were encouraged to be part of the ongoing search for solutions.

### RICC recommends:

- Increased innovation and individualisation in developing care and support services for carers
- More interagency and genuine partnership working
- More transparency and accountability, accompanied by better and more accessible information systems for carers
- Greater participation of carers, as service users, in policy-making and the monitoring of services

# Conclusions

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Each of the four seminars has thrown some light on key issues for a wide range of people using community care services as well as for providers and commissioners of those services.

**RICC believes that community care can function as a preventative measure to avoid or delay need for unnecessary acute or long-term residential or nursing care.** It supports people to sustain independence and the best possible quality of life and it makes economic sense. Investing in community care, which supports people to live as well and independently as possible has a key part to play in accomplishing the shift from costly crisis care and acute hospital or long term institutional care.

**Involving service users in design and implementation of services they use, can ensure those services are responsive to actual need.** Holistic, person-centred assessment of need and service provision, which is the objective of the development of NISAT, is crucial to making best practice standard practice. It can also facilitate sharing of information across departments and disciplines and ultimately it supports people's capacity to live well and independently. Accessible, comprehensive and standardised information of this nature is a resource for service users, service providers and carers and it will encourage and underpin the authentic and meaningful participation of service users and carers in design, implementation and monitoring of community care services.

**The quality of care and support available to the range of adults who use community care is hugely dependent on the understanding, skills and expertise of the health and social care workforce** and the support that care workers can rely upon from their managers. Awareness of rights and equality issues as well as acquisition of skills that allow care workers to provide quality care, must be at the core of health and social care workforce training. These must include expertise relating to complex conditions such as dementia.

# Summary of RICC recommendations

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- There must be a greater focus on preventative strategies and measures to assist people to live independent and fulfilled lives
- Priority must be given to investment in community care as a means to better health outcomes for service users and reducing need for acute care
- More focus on multi disciplinary, cross-departmental communication and greater user and carer participation at each stage of development and implementation of policy and service delivery
- Service users must be asked for their views first and included in policy development at the earliest stage
- The provision of accessible information that facilitates effective engagement of service users with policy makers
- Those who fund, commission and provide care must have a collective strategy for workforce planning and development in this sector
- Understanding of rights and equality should be a key module in all staff training
- Concerns of service users with regard to key issues such as inadequate time and allocation for tasks, consistent worker allocation, impact of cuts, consequences of complaints and general input into services (as outlined in the RQIA perspective above) must be given priority in service development

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- Measurable under-funding must be prioritised for restoration instead of service reduction
  - The full implementation of the NISAT across Northern Ireland to support an holistic, person-centred assessment of the often complex health and social care needs of the older person
  - Standardisation of data and information collected across all the Health and Social Care Trusts
  - The availability to service users and representative organisations, of non- personal data and information in accessible formats, to facilitate effective participation and greater understanding of diverse and complex needs
  - Increased innovation and individualisation in developing care and support services for carers
  - More interagency and genuine partnership working
  - More transparency and accountability, accompanied by better and more accessible information systems for carers
  - Greater participation of carers as service users, in policy-making and the monitoring of services

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