

**HEALTH AND  
WELLBEING  
2026**

**DELIVERING TOGETHER**

## **CONSULTATION RESPONSE QUESTIONNAIRE**

# **Consultation on Criteria for Reconfiguring Health and Social Care Services**



Department of  
**Health**

An Roinn Sláinte

Mánnystrie O Poustie

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

## CONSULTATION RESPONSE QUESTIONNAIRE

### RESPONDING TO THE CONSULTATION

You can respond to the consultation document by e-mail, letter or fax using this questionnaire. The questions in the Questionnaire Response Form may help you in providing your views on the Criteria, but are not intended to limit your comments.

If this document is not in a format that suits your needs, please contact us and we can discuss alternative arrangements.

Before you submit your response, please read Annex A about the effect of the Freedom of Information Act 2000 on the confidentiality of responses to public consultation exercises.

Responses should be sent to:

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**The closing date for responses is 20 January 2017**



**Views are sought on Criterion 1:**

**Criterion 1**

- There is evidence that the outcomes for patients using these services are below acceptable levels either in the services as a whole or in particular hospitals, or where there are safety concerns.

**Question 1. Do you agree with Criterion 1 as an appropriate factor to assess the sustainability of health and social care services?**

Yes  No

**If 'no' please feel free to comment below, providing evidence to support any alternative proposal.**

**If 'yes' please feel free to comment further below.**

The Office of the Commissioner for Older People for Northern Ireland is an independent public body established under the Commissioner for Older People Act (Northern Ireland) 2011.

The Commissioner has an extensive range of general powers and duties which provide the statutory remit for the exercise of the functions of the office. In addition the Commissioner may provide advice or information on any matter concerning the interests of older people. The wide ranging legal powers and duties include amongst others:

- To promote and safeguard the interests of older people (defined as being those aged over 60 years and in exceptional cases, those aged over 50 years);
- To keep under review the adequacy and effectiveness of law and practice relating to the interests of older people;
- To keep under review the adequacy and effectiveness of services provided for older persons by relevant authorities (defined as being local councils and organisations including health and social care trusts, education boards and private and public residential care homes);
- To promote the provision of opportunities for and the elimination of discrimination against older persons;
- To review and where appropriate, investigate advocacy, complaint, inspection and whistle-blowing arrangements of relevant authorities;
- To assist with complaints to and against relevant authorities;
- The power to bring, intervene in or assist in legal proceedings in respect of relevant authorities;
- To issue guidance and make representations about any matter concerning the interests of older people.

The Commissioner's powers and duties are underpinned by the United Nations Principles for Older Persons (1991) which include Independence, Participation, Care, Self-fulfilment and Dignity.

The Commissioner believes that these criteria appear to be appropriate factors to assess the sustainability of health and social care services against. But they all need to be supported by adequate data, some of which will require substantial additional data development by the department. Additionally, when making judgement having applied these criteria, those doing so need to be mindful of how they will affect older people specifically, and take account of the impact of the changes on older people, who may find it more difficult to travel to services provided at a centralised location.

Ensuring adequate infrastructure and support is in place for older people to access these locations before the reconfiguration is completed is essential, as projections indicate that older people will be the single largest age group accessing these services. As the Bengoa report commented, older people are the largest users of acute hospital beds, care homes and domiciliary care.<sup>1</sup> NISRA population projections indicate that the numbers of people aged 60 and over will increase from 400,000 in 2017 to 620,000 in 2041.<sup>2</sup> Northern Ireland's changing demographics and who the service is being provided to must be integral to the planning for reconfiguration of services. A larger older population will have a greater likelihood of disability, dependency and illness, with

<sup>1</sup> Systems, Not Structures: Changing Health and Social Care'

<sup>2</sup> NISRA, 'Northern Ireland Level Projections', <http://www.nisra.gov.uk/demography/default.asp20.htm>

increased age increasing the likelihood of living with co-morbidities. This is, and will, create a different demand for services, which reconfigurations of services should be directly addressing.

**Views are sought on Criterion 2:**

**Criterion 2**

- There is a clear clinical pathway for the patient population. Co-created with patient groups.

**Question 2. Do you agree with Criterion 2 as an appropriate factor to assess the sustainability of health and social care services?**

Yes  No

**If 'no' please feel free to comment below, providing evidence to support any alternative proposal.**

**If 'yes' please feel free to comment further below.**

The involvement of older people through co-creation with patient groups should be encouraged, as should initiatives which in a wider sense use the experiences of older service users. However, there needs to be a substantial culture change to create the best environment for older people to participate meaningfully in this process. In the Ministers response to the Bengoa report she commented that *“everyone who uses and delivers our health and social care services must be treated with respect, listened to and supported to work as real partners within the HSC system.”* This document states that when change to a system or services is embarked upon, *“all relevant individuals or groups will be brought together, including those who use and those who deliver our services. A clear terms of reference will be developed collaboratively, ensuring all parties are clear about the task at hand, and how we will work together.”* A commitment is also made to *“maximise the patient voice across our system, and align it much more closely to the quality improvement, and inspection and regulation.”* As part of this, in early 2017, there is a commitment to consult upon the design of a new feedback

platform open to those who deliver and use HSC services. This feedback platform should be set up in a way which makes it accessible to the most amount of older people possible. It therefore should include a substantial offline element, as many older people in HSC settings will not be able to practicably access online feedback systems.

An emphasis on an open, co-produced system can, if consistently applied, make older people feel more of a part of the system. COPNI's *Changing the Culture of Care* report stated that whistleblowers in the social care system should be better supported, and complaints processes should be made clear to all users. COPNI's response to the Donaldson report referenced the difficulty older people have in knowing who to complain to or speak with when there have been issues or complaints, with the process of making formal complaints excessively cumbersome and formal. To achieve the fully involved, co-produced system the Minister aspires to, there needs to be substantial changes in approaches taken and to the culture – in order to really welcome the feedback they are seeking.

**Views are sought on Criterion 3:**

**Criterion 3**

- The service cannot meet professional standards or minimum volumes of activity needed to maintain expertise.

**Question 3. Do you agree with Criterion 3 as an appropriate factor to assess the sustainability of health and social care services?**

**Yes**

**No**

**If 'no' please feel free to comment below, providing evidence to support any alternative proposal.**

**If 'yes' please feel free to comment further below.**

This appears to be a suitable factor to assess the sustainability of health and social care services. The Commissioner believes that it is not acceptable for a service that cannot meet professional standards to continue to operate unchanged. In COPNI's report *Changing the Culture of Care*, the Commissioner stated that there must be rigorous enforcement procedures and halting of placements in care homes when services are not meeting minimum standards.<sup>3</sup>

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<sup>3</sup> COPNI, 'Changing the Culture of Care Provision in Northern Ireland: Commissioner's Advice to the Minister for Health Social Services and Public Safety'.

**Views are sought on Criterion 4:**

**Criterion 4**

- The permanent workforce required to safely and sustainably deliver the service is not available/cannot be recruited or retained, or can only be secured with high levels of expensive agency/locum staff.

**Question 4. Do you agree with Criterion 4 as an appropriate factor to assess the sustainability of health and social care services?**

Yes  No

**If 'no' please feel free to comment below, providing evidence to support any alternative proposal.**

**If 'yes' please feel free to comment further below.**

This appears to be a suitable factor to assess the sustainability of health and social care services. It is better for individual older people that they are treated by a permanent workforce who are more likely than agency or locum staff to build up a relationship with patients and really get to understand their personal needs and wishes. This would provide continuity of care to older people and their families. In the COPNI report *Changing the Culture of Care*, it was emphasised that there should be a commitment by Government to a “*well trained and registered social care workforce, which is respected, valued and properly remunerated with opportunities for career progression.*”

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<sup>4</sup> COPNI, 'Changing the Culture of Care Provision in Northern Ireland: Commissioner's Advice to the Minister for Health Social Services and Public Safety'.

**Views are sought on Criterion 5:**

**Criterion 5**

- The training of Junior Doctors cannot be provided to acceptable levels.

**Question 5. Do you agree with Criterion 5 as an appropriate factor to assess the sustainability of health and social care services?**

**Yes**

**No**

**If 'no' please feel free to comment below, providing evidence to support any alternative proposal**

**If 'yes' please feel free to comment further below.**

This appears to be a suitable factor to assess the sustainability of health and social care services. Training is absolutely central to the provision of a high quality service, whether in the health or social care parts of the system. As the range of conditions people will be living longer with continues to increase, staff training becomes more important. Therefore the inability of a service to provide the training of Junior Doctors who work in the service to acceptable levels would be a situation that demands urgent change.

**Views are sought on Criterion 6:**

**Criterion 6**

- There is an effective alternative ‘out of hospital’ care model or an alternative ‘shared care’ delivery model.

**Question 6. Do you agree with Criterion 6 as an appropriate factor to assess the sustainability of health and social care services?**

**Yes**

**No**

**If ‘no’ please feel free to comment below, providing evidence to support any alternative proposal**

**If ‘yes’ please feel free to comment further below.**

This appears to be a suitable factor to assess the sustainability of health and social care services. However it needs to rely upon an adequately resourced and trained workforce as part of the new delivery model. One obstruction to this has been the hereto absence of a fair tariff for domiciliary care. The COPNI report, *Domiciliary Care in Northern Ireland*, highlighted that a regional tariff for domiciliary care in Northern Ireland should be established, and that it should be sufficient to allow for adequate payment to workers to cover costs associated with the needs of the job, and provide for the adequate provision of the service.<sup>5</sup> In the absence of a competitive rate, suppliers will not remain in the market to participate in a “*shared care*” model. Would HSC Trusts retain the ability to provide the services, if not available, in the community?

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<sup>5</sup> COPNI, ‘Domiciliary Care in Northern Ireland: A Report on the Commissioner’s Summit’.

**Views are sought on Criterion 7:**

**Criterion 7**

- The delivery of the service is costing significantly more than that of peers or of alternative 'out of hospital' alternatives due to a combination of the above factors.

**Question 7. Do you agree with Criterion 7 as an appropriate factor to assess the sustainability of health and social care services?**

Yes  No

**If 'no' please feel free to comment below, providing evidence to support any alternative proposal**

**If 'yes' please feel free to comment further below.**

This appears to be a suitable factor to assess the sustainability of health and social care services. However, it is important that change on this basis is conducted appropriately. Firstly the data on what the delivery of a service is costing must be comprehensive and accurate (as should be the case with all of these criteria). The Commissioner is also concerned that this process could have severe negative impacts for older people if it results in services curtailed with the implementation of 'out of hospital' alternatives being implemented. Appropriate leadership to drive these changes will be needed, otherwise they may be counter productive. As the Donaldson and Bengoa reports highlighted, previous strategies, most notably Transforming Your Care, set out the need for reallocating resources to social care, and even criteria for service reconfiguration, but were not applied in a systematic way to services.

Overall there has been little progress in attempting to shift the focus away from an acute service model. Any change made under this criterion must not be left 'incomplete'. From

this perspective, the Commissioner is encouraged that the Minister has committed to politically leading change, and “*developing leadership at all levels.*” This must be accompanied by clear points of leadership in the system, and making it simple for the public to see how decisions are made and who is making them.

The Commissioner would like to see a re-prioritisation of resources within the Health and Social Care system - for too long Acute Care has been seen as the main priority without focusing on how people can end up in Acute Care, or how they can be supported to remain in their own homes. Not even 20% of the total HSC budget is allocated to Social Care. Is this realistic when 81% of the 12,368 care packages in effect<sup>6</sup> in Northern Ireland this year were in the Elderly Care Programme of Care, and 77% of the clients receiving intense domiciliary care services are in the elderly client group.<sup>7</sup> The Commissioner remains concerned that relevant outcomes and delivery plans in the recently published draft Programme for Government did not comment upon this issue, nor link proposed actions to those set out in *Delivering Together*.

There is still much progress to be made in these areas. The development of an HSC wide Leadership strategy in the next year, that will consider a 5 year approach, is important, as is the introduction of a Transformation Board. A genuine commitment to resourcing the change and a shift in resources are also essential. The Commissioner is encouraged that the Minister has commented that the Executive realises ‘transformation costs money’<sup>8</sup>, and that any additional funds received for transformation “*should go to transformation, it should not be used to prop up an outdated system.*” But the Commissioner would like to see further commitments to definitive budgets for reconfiguration change that will run alongside current operating budgets. As Professor Bengoa has commented, “*it is necessary to have a transformation fund and to continue investing in health and social care.*”<sup>9</sup>

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<sup>6</sup> Department of Health, ‘Statistics on Community Care for Adults in Northern Ireland 2015-2016’, <https://www.health-ni.gov.uk/sites/default/files/publications/health/cc-adults-ni-15-16.pdf>

<sup>7</sup> Department of Health, ‘Domiciliary Care Services for Adults in Northern Ireland (2015)’, <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/dcs-adults-ni-2015.pdf>

<sup>8</sup> <https://www.theyworkforyou.com/ni/?id=2016-10-25.2.1>

<sup>9</sup> <http://data.niassembly.gov.uk/HansardXml/committee-19527.pdf>

**Please use the text box below for any additional comments you wish to provide regarding the proposed Criteria as appropriate factors to assess the sustainability of health and social care services.**

The Commissioner is encouraged by the willingness shown so far to consider change to the system and not to continue the present way of running what Bengoa has called the “*acute care model*.” This model is letting older people down, specifically in instances of poor quality of care, and more generally in a bias towards Acute Care. While being encouraged by the actions of the Minister since the Bengoa report, and not finding any of the criteria for reconfiguration inappropriate, the Commissioner would comment that there have been reports making similar recommendations that have not been followed through in the past (most notably TYC), and much more needs to be done on securing the financing and leadership to make a process of reconfiguration that works for older people happen.

The Commissioner also hopes that these criteria allow for consideration of how older people will access reconfigured services successfully, and that this consideration should overlay all these factors. For example, the increased rates of mobility difficulties among older people may make it more difficult to access reconfigured services that are further away from their home. Those aged 60 or over represent the largest proportions of the population who have difficulty with travel due to a physical disability or a long standing health problem - 36%.<sup>10</sup>

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<sup>10</sup> Conor Breen, CARDI, ‘Public and Community Transport for Older People in Rural Ireland – North and South’.

## EQUALITY OF OPPORTUNITY QUESTIONS

The Department aims to advance equality of opportunity for a range of groups in respect of the proposed criteria for assessing the reconfiguration of Health and Social Care services. Under Section 75 of the NI Act 1998; nine groups of people are identified and consideration of their different needs is important. These groups are:

1. Age (older and younger people);
2. Gender (including transgender and men and women generally);
3. Marital Status (including Civil Partnership);
4. Religion;
5. Ethnicity;
6. Political Opinion;
7. Dependant Status;
8. Disability; and
9. Sexual Orientation.

**Question 8. Based on belonging to any of the Section 75 groups, do you have any particular requirements with regard to the proposals?**

Yes  No

Comments:

**Question 9. Generally, do you think there are any particular requirements for any of the Section 75 groups? If so, what would you consider as a potential solution?**

Yes  No

Comments:

The Commissioner believes that in reconfiguring services there should be consideration around how this will affect how older people practicably access them. If a proposed reconfiguration does adversely affect access, there should be a range of mitigations applied. COPNI have previously emphasised that older people experience many barriers to a range of health services, and to accessing health and social care services effectively. Difficulty accessing hospitals through available public transport, the lack of clarity over who to make complaints to, and the inability of staff to devote adequate time to provide person-centred care, have all prevented older people from accessing the services best suited to their needs. Appropriate resourcing must be in place to produce improvements in these areas. This would support improvements like increasing the amount of public or community transport routes into services, or designing/re-designing them so to facilitate the best access for older people.

The Department will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances.

**Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Department in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor's Code of Practice on the Freedom of Information Act provides that:

- The Department should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department's functions and it would not otherwise be provided;
- The Department should not agree to hold information received from third parties "in confidence" which is not confidential in nature;
- Acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see their website at: [www.ico.org.uk](http://www.ico.org.uk))