

How we propose to purchase domiciliary care provided by non- statutory providers

A response from
the Commissioner for Older People
for Northern Ireland

November 2021

The aim of this consultation is to obtain views from stakeholders and the Trust would be most grateful if you would respond by completing a questionnaire, which is available on the Trust website or from the Equality Unit (details below). The closing date for this consultation is **29 November 2021** and we need to receive your completed questionnaire on or before that date. You can respond to the consultation document by e-mail, letter or fax as follows:

Equality Unit, Route Complex, 8e Coleraine Road, Ballymoney, Co Antrim BT53 6BP

Tel: 028 2766 1377 Fax: 028 2766 1209 Mobile Text: 07825667154

E-mail: equality.unit@northerntrust.hscni.net

So that we can acknowledge receipt of your comments please fill in your name and address or that of your organisation. You may withhold this information if you wish but we will not then be able to acknowledge receipt of your comments.

| | |
|---------------------------------------|--|
| Name: | Clare Mullen - Robert Dempster |
| Position: | Clare Mullen Head of Policy COPNI Robert Dempster – Policy and Research Officer |
| Organisation (if appropriate): | Commissioner for Older People for Northern Ireland |
| Address: | Equality House, 7-9 Shaftesbury Square, Belfast, BT2 7DP |

I am responding: as an individual

On behalf of an organisation

Question 1: Do you agree with the reasons and the need for change outlined in the document?

Yes x No Not sure

Provide any comments below:

COPNI understands the reasoning behind the need for change as outlined in the consultation document as well as the legal requirements under the Public Contacts Regulations (2015).

COPNI hopes that these changes will help address issues with Domiciliary Care (DC) services experienced by both employees and service users. Some examples of these include:

A report into DC by the Department of Health (DoH) in September 2020 'Rapid learning review of domiciliary care in Northern Ireland', found that there were number of issues highlighted by the DC staff surveyed. For example, only 54.6 % of staff stated that they had received enough support from their manager about Covid related concerns, and 53% reported that they were able to recognise when they felt pressured and could take steps to help them cope with the demands of their role¹.

COPNI agrees that the issue of continuity care needs addressed and would support improvements to that process for the client and staff involved.

COPNI's 2015 report on DC², and supported by additional research³, concluded that some of the most important issues for older users of domiciliary care are:

- Continuity of care and the wellbeing of older persons in transitional care situations.
- Shortened hospital stays and lack of continuity of care when older persons transition from hospital to home have been identified as serious challenges with negative implications, such as increased readmission rates and adverse medical events.
- A high level of staff turnover will impact upon this meaning there may be only a small pool of care workers, making it difficult to allocate care workers to service users and build and maintain effective relationships.

COPNI would hope that the implementation of the proposals will also help alleviate the issue of waiting times for care packages currently affecting all Trusts.

1. https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-rli-dom-care-report_0.pdf

2. <https://www.copni.org/media/1119/domiciliary-care-in-northern-ireland.pdf>

3. <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-019-4035-z>

Question 2: Do you agree with the Trust's proposed model for purchasing services from non-statutory providers?

Yes x

No

Not sure

Provide any comments below:

COPNI is broadly supportive of the proposed model. COPNI would seek assurances that the new model will improve current services for users and the experience of DC staff. The most important of these being the availability and quality of services with a particular focus on continuity.

The proposal to have an initial short-term service for up to 6 weeks for all users does present the potential to contribute to a lack of continuity of care and its contribution to increased re-admission rates and adverse medical events and distress caused to users and family members. It is therefore essential that the initial short-term service does not result in re-admissions, and that appropriate steps are taken to ensure continuity for clients who require long-term care, particularly those who are particularly vulnerable.

COPNI would remind the Trust to be mindful of the findings of the above mentioned DoH report, and the issues affecting DC employees, and addressing these issues will be an important factor in the implementation and delivery of the proposed changes.

In respect to ensuring a robust quality monitoring processes that provides evidence of high quality and safe care delivery, COPNI would again support this but ask that the trust is mindful of the effective handling complaints and response times.

In the recent complaints report published by DoH 2020/21, of the 549 substantive complaint responses provided by the Northern Trust, 163 of these took more than 30 working days to respond to⁴. Delays in responding to complaints can add to the stress experienced by clients and their families and impede identifying issues with the delivery of services and consequently affect the wellbeing of clients.

4. <https://www.health-ni.gov.uk/sites/default/files/publications/health/complaints-20-21.pdf>

Question 3: Do you agree with the creation of geographical areas or lots within the Trust area?

Yes

No

Not sure

Provide any comments below:

Given that the Northern Trust is the largest of the trusts in terms of geographic area, COPNI understands the need to adopt a suitable approach to address the logistical and service delivery issues inherent in covering a large area.

COPNI would ask that in implementing this model, that the trust is mindful that DC staff need to be adequately supported financially in terms of transport expenses and that appropriate measures are in place to ensure that those in rural areas receive the same levels of service as those in the larger towns and cities.

COPNI's 2015 report into DC provision in Northern Ireland found that many DC staff had issues with travel expenses, and this was an issue of concern for many employees and that this negatively impacted staff morale and service delivery⁵.

The new proposals should incorporate initiatives to address the needs of DC workers and travel expenses and related issues.

5. <https://www.copni.org/media/1119/domiciliary-care-in-northern-ireland.pdf>

Question 4: An outcome of initial equality screening considerations is available on the Trust website. Do you agree with the outcome of this screening?

Yes

No

Not sure

Provide any comments below:

COPNI broadly agrees with the principles as laid out in the section-75 screening and its recognition of the needs of older service users.

Regarding section 1.8, COPNI would ask that COPNI's 2015 report on Domiciliary Care and the DOH's recent report 'Rapid learning review of domiciliary care in Northern Ireland' be considered as part of the screening process.

COPNI would recommend further work on the screening aspects regarding DC workers. Given the rurality of NI, and the potential, additional travel requirements for staff the Trust should consider lone working for DC workers and gender related factors. Many DC workers in Northern Ireland self-identify as female⁶. Lone working or working with vulnerable adults or those with cognitive health issues can present significant potential risks to all workers especially if this involves visits to private residents in remote locations.

COPNI would recommend that the Trust engages further with the Equality Commission on Section 4.1 of its screening document, and additionally, it reviews relevant policy documents such as Unison's guidelines on 'Gender, safety and health'⁷ and be mindful of the recent work of the Health and Safety Executive in this area⁸ as well as the in-progress UK Government initiative on 'Safety of Women at Night Fund'⁹

6. https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-rli-dom-care-report_0.pdf

7. <https://www.unison.org.uk/content/uploads/2013/06/On-line-Catalogue213613.pdf>

8. <https://www.hse.gov.uk/vulnerable-workers/gender.htm>

9. [Safety of Women at Night Fund - guidance to bidders \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/411111/safety-of-women-at-night-fund-guidance-to-bidders.pdf)

Question 5: The Rural Needs Act NI 2016 places a duty on public authorities, including government departments, to have due regard to rural needs when developing, adopting, implementing, or revising policies, strategies and plans and when designing and delivering public services. Do you have any evidence to suggest that the proposal within this document would create an adverse differential impact?

Yes No

Not sure: X

Provide any comments below:

As detailed above it is important that given the wide geographic area and higher levels of rurality, due care is given to ensure that both service users and DC workers are not unduly impacted by these new proposals. It is vital that the Trust ensures that the new service approach provides equal access to those who need it within rural and remote areas, and that those providing care do not receive a lower quality of care than those in larger towns and cities.

General Comments: Please provide any other comments.

COPNI would like to thank the Northern Trust for the opportunity to contribute to this consultation. A summary of our recommendations has been listed below:

- COPNI welcomes the review of Domiciliary Care and its attempt to improve the services approach and delivery currently being offered.
- That the Trust ensures that the needs of those requiring Domiciliary Care are fully met and that there is consistency in both the level of service provided and the personnel involved.
- Ensure that staff are adequately trained and supported, and that the plan to separate delivery of services into geographical "lots" does not impact upon the welfare of staff and the quality of service provided.
- That regard be given to the Rural Needs Act NI 2016, to ensure that service users in more rural areas are not disadvantaged by living in more rural areas.
- That a robust and transparent performance review structure is in place to ensure continuous and ongoing improvement in service delivery.

- That the S75-screening proportion of the document is reviewed further to consider the Section-75 needs of DC staff as well as service users.

Before you submit your response, please read the following section on Freedom of Information Act 2000 and the confidentiality and commercial sensitivity of responses to public consultation exercises.

Trust Response and Freedom of Information Act (2000)

The Northern Health and Social Care Trust will publish an anonymised summary of the responses received to our consultation process. However, under the Freedom of Information Act (FOIA) 2000, particular responses may be disclosed on request, unless an exemption(s) under the legislation applies.

Under the FOIA anyone has the right to request access to information held by public authorities; the Northern Trust is such a public body. Trust decisions in relation to the release of information that the Trust holds are governed by various pieces of legislation, and as such the Trust cannot automatically consider responses received as part of any consultation process as exempt. However, confidentiality and commercial sensitivity issues will be carefully considered before any disclosures are made.

Thank you for taking the time to complete this questionnaire.