



Law Centre (NI)

DHSSPS Transforming Your Care; From Vision to Action

Law Centre (NI)

January 2013

1. Law Centre (NI) is pleased to respond to the Department for Health, Social Services and Public Safety's *Transforming Your Care: From Vision to Action* (TYC).

About Law Centre (NI)

2. Law Centre (NI) is a public interest law non-governmental organisation. We work to promote social justice and provide specialist legal services to advice organisations and disadvantaged individuals through our advice line and our casework services from our two regional offices in Northern Ireland. Law Centre (NI) provides a specialist legal service (advice, representation, training, information and policy comment) in a number of areas of law, including community care and mental health law as well as social security, immigration and employment. Law Centre services are provided to approximately 400 member agencies across Northern Ireland.

Introduction

3. Law Centre NI is conscious that the current care system is often complex, focused on high level needs rather than prevention and creates regional variation in services.¹
4. We support the underlying principles outlined in TYC of personalisation; providing care in community based settings as appropriate and of ensuring that throughout the social care system people have choice and control about their care and support.
5. The model of care envisaged by TYC represents a radical overhaul of the current system and will require buy in from health care professionals and the provision of appropriate resources.

Population Health and Wellbeing

6. We welcome the emphasis placed on the importance of prevention and early intervention in the health service as well as the desire to manage the level of unnecessary hospital admissions. The promotion of well being through prevention strategies (as distinct from a focus on a more traditional approach of treating ill health) is potentially innovative, but must translate into measurable

¹ Gray, A-M & Horgan, G., *Social Care in Northern Ireland*, Ark Policy Brief (2010)

outcomes, including those that target health inequalities, underpinned with adequate funding.

7. We support, for example, the implementation of a falls prevention strategy. The consequences of injuries sustained in older age in particular are more severe than among younger people. Older people often experience longer hospital stays, extended periods of rehabilitation, a higher risk of subsequent dependency and a higher risk of dying.² Comprehensive risk assessment and multi-agency intervention represent the most effective strategy to identify those at risk and initiate multi-faceted management strategies to reduce the incidence and impact of falls for older people.
8. We are disappointed that other prevention activities or strategies have not been specifically outlined in the document. We would welcome details of the other activities or strategies that are planned within the framework of TYC.
9. We are concerned that TYC does not specifically address existing health inequalities across NI which are described by the DHSSPS report '*NI Health & Social Care Inequalities Monitoring System – Fourth update bulletin 2012*':

“Health outcomes are generally worse in the most deprived areas in Northern Ireland when compared with those witnessed in the region generally. Large differences (or health inequality gaps) continue to exist for a number of different health measures. Some of the largest gaps can be seen in both mortality and hospital admission indicators for certain related conditions.”³

Delivering Services at Home and in the Community: Integrated Care Partnerships

10. We note that the establishment of 17 Integrated Care Partnerships (ICPs) is a key facet of TYC. In addition, integrated planning, joined-up services, named key workers and improved communication within and between services are addressed in almost all of the ten areas of care in this review. Proposals for Integrated Care Partnerships should be driven by a desire to improve the patient experience as much as a desire to reduce hospitalization.

² Global Report on Falls Prevention in Older Age, WHO (2007)

³ Please see http://www.dhsspsni.gov.uk/inequalities_monitoring_update4-2.pdf

11. We note such partnerships are intended to assist people in clarifying what they can expect from the care and support system. We agree that a fully integrated system of care is essential to meet the needs of an ageing population, to transform the way that care is provided for people with long-term conditions and to enable people with complex conditions to live healthy, fulfilling and independent lives.
12. ICPs will be virtual networks of health professionals working together and GPs will be key players in their operation. With this new approach comes the need for better communication and information sharing among professionals. This will be paramount to the success of these partnerships.
13. The additional costs of providing for new services must be fully understood and addressed. In addition, important governance issues arise in the establishment of these networks such as questions about the where the balance of responsibility, including financial accountability will lie. These issues require careful analysis. We therefore recommend that the Department provides further clarification about how these ICPs will work on a day to day basis including how they will be managed and how they will interface with the Local Commissioning Groups.

Personalised Budgets

14. TYC proposes to increase self directed care and the number of people availing of personalised budgets. We welcome the opportunity for everybody who qualifies for social care to be offered a direct payment to procure their own service. We are cautious, however, of a “one size fits all” approach to personalisation. Some service users may not want the responsibility for managing their own budgets and could regard this development as an unhelpful burden which is neither attractive nor beneficial. Other issues to be considered include the risk of exploitation of vulnerable people and the availability of appropriate support in rural areas. We recommend that everybody in receipt of direct payments should have timely access to support services to enable them to secure and manage services to meet their needs.

Older People & Residential Care

15. The consultation document states that the number of statutory residential homes will be reduced by at least 50% in three to five years. For a number of reasons, however, residential care will remain, for significant numbers, the most appropriate form of care. The need therefore for residential care should be regularly monitored by the Department.

16. Any reduction of public provision resulting in proposals for closure of existing facilities should be accompanied by full and timely consultation with residents, their families and others as well as the broader community. Further, appropriate transition arrangements will be required and independent advocacy should be made available to those affected. We would welcome assurance that these arrangements are envisaged in these circumstances. We would also welcome further clarification about the proposed standards of care and safety which will apply to other providers as well as the arrangements for financial regulatory oversight of these providers.

Carers

17. Law Centre NI welcomes that TYC articulates the important role that carers play. We support a commitment to increase provision of respite services which is essential to carers' health and wellbeing. The majority of carers do not complete care assessments so often their needs are not identified. In addition, appropriate respite care is not always available. Carers for people with dementia, for example, have highlighted that there only a limited number of respite facilities available.⁴ Mencaps's *Breaking Point* report also found that there is a lack of provision for short breaks; information about what is available and that there is high demand and competition for particular facilities.⁵ It is essential that provision for respite is increased and that work is undertaken to promote access to respite to those who are not aware of what is available.

18. Law Centre NI recommends a more joined up approach between DSD and DHSSPS for the purpose of ensuring benefit entitlement for carers. It is important that carers receive information about benefits and can access benefits to which they are entitled. We are concerned that when a carer reaches pensionable age they lose their entitlement to Carers Allowance despite continuing to care for their relative. DHSSPS and DSD should explore this matter further with the Department for Work and Pensions.

⁴ Patient and Client Council *Respite (Short Breaks); The views of people with a learning disability, parents, carers and family members; and families and carers of people with Dementia August 2011*

http://www.patientclientcouncil.hscni.net/uploads/research/Respite_Short_Breaks_FINAL.pdf

⁵ Mencap *Breaking Point* A report on caring without a break for children and adults with severe or profound learning disabilities June 2003

<http://www.longtermventilation.nhs.uk/Rainbow/Documents/Breaking%20point%20report%20on%20short%20breaks.%20Mencap..pdf>

Mental Health

19. A more joined-up approach to the provision of mental health services and providing links across other services is to be welcomed. In the interests of early intervention and reducing stigma, opportunities to discuss mental health should be promoted during all contact with patients where it is practical and reasonable to do so. Better support for carers of mental health patients is vital. This should include emotional support.
20. The Law Centre does not hold a strong view in respect to the location of the 6 in-patient acute mental health units. The decision on where to locate the second unit in the Western area should be taken in consultation with service users in that area. Consideration should be given in relation to the travel burden on carers visiting patients who may be located a considerable distance from home in an acute unit. Visits from family and friends can have a significant impact on recovery for mental health patients and it is important that measures are in place to ensure that visiting is not impeded by the travel distance required.
21. Care should be taken in promoting the use of virtual programmes such as 'Beating the blues' as these are not suitable in all cases. In a recent evaluation report by the Patient Client Council, out of 32 users, 18 indicated a positive experience, 10 indicated a negative one and 4 had mixed reactions. The Report also indicated that patients experience of off-line support when using 'Beating the blues' varied considerably.

Resettlement

22. The Law Centre welcomes the proposal to reduce the number of people in long term institutional care in line with the Bamford recommendations. Patients and carers should be given choices about alternative accommodation that is appropriate to needs and adequate levels of support must be in place to ensure that the move from an institutionalized setting is a positive experience for the service user.
23. We would question why 116 people in a group targeted in 2007 still remain in institutional care 5 years later and that since 2007 the numbers of people experiencing delayed discharge for longer than a year has been allowed to grow. If these patients are to be moved to alternative community based living arrangements by March 2015 significant investment needs to be made. Alternative living arrangements should incorporate appropriate support mechanisms to ensure patient autonomy, safety and wellbeing. Support packages should be based on individual need.

Palliative and End of Life Care

24. Law Centre NI agrees that it is important that palliative care can be offered in a home and community setting, away from the hospital. We support holistic provision for patients as care should involve both practical and emotional support for patients, carers and families. We believe that the preference for home care over a hospital setting should be dependent on the wishes of the individual and their carer and on receiving appropriate support from community services.

Acute Care in Hospitals

25. TYC recommends substantial changes to the delivery of acute care in Northern Ireland with the proposal to move from ten to 'seven to five' major acute networks. There has been much discussion over the years about the number of acute hospitals required in Northern Ireland. We believe there is a need for clarity and timely information about these possible changes to acute services most notably about the facilities that will remain and those that will be altered.

Impact of Welfare Reform

26. Particular consideration should also be given to the impact of Welfare Reform on the future of the health and social care system, particularly in light of the move from DLA to PIP. A recent analysis by Disability Rights UK on the impact of the lower numbers of claimants who will be eligible for support found that there will be a knock on effect in other areas of government spending, including increased NHS and assessment costs.⁶

Impact Assessment

27. Law Centre NI is concerned that no Equality Impact Assessment has yet been published on the strategic policy direction of TYC. We recommend that there is robust equality screening from the outset rather than through Commissioning Plans and Population Plans at a later stage.

Conclusion

28. We are pleased to respond to this consultation. If there is any further way in which we can contribute to the consultation process we would welcome the opportunity to do so.

⁶ Disability Rights UK., *Impact Assessing the Abolition of Working Age DLA*, April 2012

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