Social Care Reform in Northern Ireland: A review of the reform of social care in Northern Ireland

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1. **Social Care Reform in Northern Ireland: A review of the reform of social care in Northern Ireland**

**Introduction**

This briefing paper outlines the current and proposed proposals for the reform of social care and support in Northern Ireland: Transforming Your Care (TYC) or Compton as it is often referred to, published in December 2011: and the forthcoming ‘Who Cares? The Future of Adult Care and Support in Northern Ireland,’ from the DHSSPS.

A short section background and context and information on reforms in Great Britain will be covered. A brief outline of the potential impact on older people is also included.

**Background**

‘People First: Community Care in Northern Ireland in the 1990’s,¹’ is the current public policy framework for the provision of social care. It was a response to developments in Great Britain around community care. Under People First, the provision of high quality community care services should be to, “identify and assess individuals need, taking account of personal preferences and design packages of care best suited to enabling the consumer to live as normal a life as possible².”

A number of principles were developed to underpin departmental policy on community care:

- Respond flexibility and sensitively
- Treat clients with dignity and respect
- Focus on enabling people to live at home
- Intervene no more than necessary
- Encourage and equip client’s to play an active part
- Concentrate on those people whose needs are greatest

Launched in 1993, People First continues to underpin the provision of community care in Northern Ireland in 2011.

There have been a number of other reports that are significant not only in relation to the reform of social care but health care generally in Northern Ireland over the years:

- Professor Appleby³ in 2005 carried out a review of health and social care services in Northern Ireland;
- McKinsey and Co published their report, Reshaping the System in 2010⁴

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¹ DHSS, (1990) People First: Community Care in Northern Ireland in the 1990’s
² Ibid, page 25, DHSS, Belfast
⁴
• Professor Appleby carried a Rapid Review on funding needs and productivity in 2011.

Context

Age NI believes that our social care system is broken and that a new revised system is long overdue. The current system is no longer sustainable or capable of meeting the needs of older people today or in the future.

There is no doubt that demographic shifts bring economic and social challenges not least for health and social care policy. Older people in Northern Ireland make up 16.7% of the population and by 2031, it is expected that the percentage of older people will increase to 28%6. By 2021, it is projected that there will be more than 93,000 people over the age of eighty in Northern Ireland, a 35% increase from 2011, accounting for 5% of the population.7

But while life expectancy has increased, it is not clear that life without disability and ill health has increased to the same extent. Therefore, a growing number of older people may be living longer with conditions that can seriously reduce their quality of life, such as arthritis, the effects of a stroke or dementia. Current trends such as obesity and other lifestyle-related diseases, left unchecked will also increase the need for care. Their reliance on health and social care to maintain their independence with appropriate services will become paramount.

The Caring Conundrum?

Social care services are under growing pressure and put simply we have two challenges: Firstly, the cost of treating older people is expected to grow by 30% over the next ten years; Secondly, the numbers of older people, especially those over 85 who are most likely to need social care will increase.

The debates on health and social care for older people have, to date not focused on the right of older people to live their lives with maximum autonomy and dignity. It is important that a rights based approach to increase the voice, choice and control that older people have over any support they may need to stay healthy and independent is embedded in social care reform.

Age NI’s Vision of Social Care

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7 NISRA 2011 Population Projections 2010 Base
Age NI has a vision of what social care should look like – ‘quality integrated social care that recognises the rights, aspirations and diversity of us all, and is based on the right to live with dignity, independence, security and choice.’

At the heart of our vision is a system that enhances wellbeing and independence, so that older people can continue to engage socially and maintain self-esteem, dignity and purpose. These ideas have been informed by older people and by a range of experts working in the field.

In order to realise this vision, we have developed the following set of principles and values that should underpin the provision of social care:

- **Valuing care**
  This means valuing older people, the choices they make about the care that they want and receive. It also refers to the value that we as a society place on care and the role of the carer.

- **Autonomy and Respect**
  Recognising the uniqueness and individuality of older people is essential if we are to promote and deliver culturally appropriate social care services.

- **Citizenship**
  The provision of social care needs to be driven by a clear and unambiguous set of legal rights and entitlements and that older people, if needed, are supported in making decisions by the provision of independent advocacy.

- **Belonging and Inclusion**
  It is important that the provision of social care is also about older people maintaining links to their communities and families, as these meaningful relationships are important for combating isolation and exclusion.

- **Independence and Self-determination**
  It is important that the focus is on older people remaining independent and that the emphasis is on the outcomes that they want for themselves, instead of a list of pre-determined services.

Therefore, the language of care should shift from one of services to one of rights, needs and outcomes. This means that assessments should be a consideration of a person’s social care needs and the outcomes they wish to achieve and should not focus on the person’s suitability for a particular service. The current narrow reach of a needs assessment ignores the outcomes that older people want from the provision of care, such as housing, transport, and broader issues such as personal identity, self-esteem, social and intimate relationships and a sense of belonging to and participating in their community. Incorporating human rights and equality principles into social care can reinforce the importance of these broader issues.
Age NI’s Four Key Priorities:

i. A fundamental review of social care in Northern Ireland based on our vision of social care

ii. Older people’s voices and experiences must be central to this social care reform

iii. A new system must prioritise preventative services, both to improve the quality of life of those who use a service and also to intervene before care needs become high and expensive

iv. A public debate about fairness and sustainability in relation to social care
2. **Transforming Your Care: A Review of Health and Social Care in Northern Ireland (TYC) – ‘COMPTON’**

**Background**

In June 2011, the Minister for Health, Social Services and Personal Safety (DHSSPS), announced that a Review of the provision of health and social care would be undertaken. The Minister when announcing the review said, "It is clear that the full range of health and social care services is unsustainable in its current form…"

He appointed John Compton, Chief Executive of the Health and Social Care Board (HSCB) to complete the task. A number of other independent experts were appointed to assist him in this task. The report, 'Transforming Your Care: A Review of Health and Social Care in Northern Ireland,' was published on Tuesday 13th December 2011.

**What the Report Says?**

The Report, 213 pages with 99 recommendations outlines a) the principles for change, which should underpin the shape of the future model of health and social care: b) the proposed future model for integrated health and social care and c) ten major areas of impact.

**a) Principles**

- individuals should be at the centre
- Outcomes and evidence to shape services
- Right care in the right place and at the right time
- Population based planning
- Focus on prevention and inequalities
- Integrated care
- Promote independence and personalisation
- Safeguarding the most vulnerable
- Sustainability of service
- Value for money
- Technology
- Incentivise innovation at local level.

**b) Future Model for Integrated Health and Social Care**

- Individuals will have the opportunity to make decisions that help maintain good health and wellbeing
- Services will be provided locally
- Services will regard home as the hub of care
- Professionals will be required to work together
- Patients will be discharged to local services after specialist hospital services
- Some specialist services will be provided in RoI and in other parts of the UK.

c) Major Areas of Care

- Population health and wellbeing
- Older people
- People with long term conditions
- People with a physical disability
- Maternity and child health
- Family and child care
- People using mental health services
- People with a learning disability
- Acute Care
- Palliative and end of life care.

Structural Changes

The Report envisages a number of structural changes to enable their model of integrated health and social care to be implemented. There will be a major shift to care delivered within people’s homes and a greater access to care in the local community. There will be a shift away from residential care and those who need 24 hour care will be cared for within nursing homes.

Acute hospital services will be re-profiled to mean between five and seven major acute hospitals or networks. There will be an enhanced role for the Ambulance Service and technology will be used as a key enabler.

The report envisages an enhanced role for the independent sector in terms of nursing accommodation and a major reduction in statutory residential accommodation.

Resources

To allow the implementation of the new model, funding allocated to health and social care will be re-allocated as follows:

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<tr>
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<th>2011 / 2012 (£3,904m)</th>
<th>2014 / 2015 (£4,105m)</th>
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<tr>
<td>Hospital</td>
<td>41.8%</td>
<td>39.8% (-5%)</td>
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<tr>
<td>Personal &amp; Social Services</td>
<td>21.8%</td>
<td>22.3% (+2%)</td>
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<tr>
<td>Family Health</td>
<td>21%</td>
<td>21.5% (+3%)</td>
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<tr>
<td>Community</td>
<td>11.5%</td>
<td>12.5% (+9%)</td>
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<td>Management &amp; Other</td>
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Transitional Costs years 1 to 3

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<th>2011 / 2012 (£3,904m)</th>
<th>2014 / 2015 (£4,105m)</th>
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<tr>
<td>£25m</td>
<td>£25m</td>
<td>£20m</td>
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Older People

The section on older people refers to the high level of dependence on institutional and hospital care, and inconsistencies in the quality and range of services available. The Report also details that services are not meeting expectations and highlights that the service focus is on acute events and crises points, with no emphasis on proactive or preventative that can support and maintain the health and wellbeing of older people.

Next Steps

The Report details a roadmap for the successful delivery for the steps needed to move from the current model of care to the new model of care. A Strategic Implementation Plan will describe the planned approach for the delivery of the TYC recommendations and each Local Commissioning Group and Trust will develop a comprehensive understanding of the impact of TYC at Trust level by developing Population Plans. An Implementation and Engagement Plan will set out how the changes will affect users, families and staff.

The Minister and the DHSSPS will lead the programme of change. The Programme Board will be chaired by the HSCB and consist of representatives from the HSCB and the Trusts. The Programme Board will be responsible for steering the implementation through the commissioning process. A number of other bodies will be established to ensure implementation of TYC such as the Expert Panel.

Age NI, through the CEO, Anne O'Reilly is on the Expert Panel. The Expert Panel will have an advisory function to support the Programme Board and the local health economies (Trusts) as appropriate to ensure that:

- Standards and policy requirements are met
- Improved outcomes are achieved
- Patients are better served.

A table outlining in more detail the reforms of TYC and the accompanying Strategic Implementation Plan and the Population Plans for each Health and Social Care Trust is included at Appendix1.
3. **WHO CARES? The Future of Adult Care and Support in Northern Ireland, DHSSPS**

**Background**

The DHSSPS have indicated that they plan to undertake a review of the future direction of adult care, funding and support over the next two to three years. A discussion paper is due to be published in August 2012. The Minister in response to a question recently said,

"It is widely accepted that issues such as an ageing population, increased public expectations and a difficult financial climate are putting adult social care provision in Northern Ireland under increasing pressure. If we are to meet the challenges that these issues present, change is needed, and that is why I have committed to a three stage process of reform to identify the future direction of adult social care.” (AQW 1357/11-15)

**Key Themes of the Review**

The key themes are likely to centre on why care and support is under growing pressure and suggest that changing demographics, the lack of understanding of the existing system of social care, the fiscal environment and expectations of people are the reasons for this pressure. The initial discussion paper is also expected to highlight the role that other departments and agencies play in the provision of social care, including housing and benefits, as well as private, independent and voluntary sector providers.

**Balance of Responsibility**

The initial discussion paper is likely to include how social care is funded and where the balance of responsibility lie in the future. The paper is likely to highlight that some service users face potentially high care costs, while other users pay nothing and questions whether disability benefits should contribute to the costs of social care. The paper will refer to the necessity of finding a fair, sustainable and efficient way to fund and provide care and support in the future.

**Stages of the Review**

The DHSSPS have indicated that this is a three-stage process of reviewing the current social care system and establishing the strategic direction of reform:

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8 DHSSPS Engagement Event *The Reform of Adult Social Care in NI*. January 2012
I. Discussion Document
   This is due to be published shortly and a number of public consultation events will take place.

II. Proposals Document
   This will take account of the responses and comments from the above exercise on the discussion paper.

III. Strategy
   A strategic document will be produced later in 2013 and subject to a further public consultation exercise with a final strategy expected by the end of 2013 early 2014.

Link to Transforming Your Care (TYC) - Compton

It is unclear at this stage how the recommendations from the ‘TYC Report’ link into this review. However, TYC is a ‘service review’ whilst the DHSSPS Review is pitched at the strategic policy level. It is this Review that has the potential to provide the comprehensive package of legal, policy and social reform that is needed for a fundamental review of social care.
4. Social Care Reform in Great Britain

Introduction

There have been numerous attempts in Great Britain to establish a framework for the funding and provision of social care services since the 1990’s. The Royal Commission on Long Term Care 1999\(^9\); the Wanless Review in 2002\(^{10}\); and Shaping the Future of Care Together, (2009) have all suggested reforms in the area of social care.\(^{11}\)

The Coalition Government published its long awaited White Paper and Draft Social Care Bill to reform the care and support system in GB on 11\(^{th}\) July 2012\(^{12}\).

The Coalition Government is proposing major reform of the social care system in England and Wales. This reform builds on the recommendations from the Law Commission’s\(^{13}\) review of adult social care legislation and the Dilnot Commission’s\(^{14}\) recommendations on funding long-term care and support, as well as the Department of Health’s consultation on a vision and outcomes framework for adult social care\(^{15}\).

The key points are:

- **Long term funding reform**: The principle of the approach of the Dilnot Commission of capping lifetime contributions and an increase in the means test has been accepted. However, there are no clear commitments on implementation of these funding proposals.

- **The Law Commissions Review of Adult Social Care Law**: The draft Care and Support Bill retains and clarifies most of the current rights of older and disabled people and adds important new legislation, including rights to services for carers and legislation to safeguard adults at risk of abuse.

- **A new eligibility criteria and a national eligibility threshold**: These will be developed alongside a new assessment system and will replace the Fair Access to Care Services.

- **Measures to improve information and advice**: A commitment to develop a single national online portal and further developing local authority websites.

- **Prevention practice and early intervention**: Local Authorities will have a new duty to incorporate prevention and early intervention into care commissioning and planning.

- **Increased legal rights for carers**: This will apply to both assessment and services, and strengthen their entitlements to support.

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\(^9\) *Long Term Care – Rights and Responsibilities*, Royal Commission on Long Term Care (1999) HMSO

\(^{10}\) "Securing Good Care for Older People", Wanless Report, 2002, London Kings Fund


\(^{12}\) *Caring for our Future: reforming care and support*, Cm 8378 & Care and Support Bill July 2012. London, HMSO

\(^{13}\) *Adult Social Care*, The Law Commission, (LAW COM No 326), May 2011

\(^{14}\) *Fairer Funding for All – The Commission’s Recommendations to Government*, The Report of the Commission on Funding of Care and Support, July 2011

• **Personalised Services:** This will be the underlying principle for the provision of care services through entitlement to personal budgets or the right to request a direct payment.

• **Other key points:** Improved access to aids; enhance co-ordination and integration by local authorities and national minimum standards for workforce training.

Age UK warmly welcomed the policy proposals in the White Paper and the legal reforms as they recognise that these have the potential to significantly improve the quality of care available and help create a care system that is fairer and more straightforward for older people and their families. However, they have outlined their concerns that these reforms cannot be fully realised until the funding issue is resolved,

“**More than a year on from the publication of the Dilnot Commission’s report, we are left asking just how strong the Government’s commitment is to implementing his two key recommendations: to raise the means-test threshold and to set a cap on costs.**” (Age UK, 11th July 2012)

**Impact on Northern Ireland**

Although these proposals relate to England and Wales only, there is potential for these proposals to influence and impact directly on older people and their families.

In the first instance, any changes to increasing the **means test threshold** for entitlement to care will be directly relevant in Northern Ireland. The means test is currently set at £23,250 for institutional based care across the UK. The Dilnot Commission proposed changing this to £100,000.

In addition, changes to **capping the costs of care** over one’s lifetime (£35,000 as suggested by Dilnot) and proposed changes for those who reach adulthood with a care and support need and those who acquire a care and support need throughout their adult life may leave disabled and older people at a serious disadvantage in Northern Ireland.
5. Social Care Reform and the Impact on Older People

Age NI has been calling for a fundamental review of social care for a number of years and as such we welcome Transforming Your Care and the proposed reform of social care and support by the DHSSPS.

The key proposals in TYC in relation to older people are similar to the key calls that Age NI has been progressing: care at home; prevention; re-ablement; a shift in spend from acute to social care; quality and consistency of social care and older people’s expectations. In addition we have been calling for a public debate on funding social care to ensure that it is fair and sustainable which is also recognised within TYC and is being progressed through the DHSSPS review of social care.

The proposals for social care reform from the DHSSPS must be a comprehensive package of legal, policy and funding reform with the voices and experiences of older people central.

Areas of Concern

- Transforming Your Care

The TYC Report whilst taking on board the majority of Age NI recommendations, we remain concerned over some aspects. For example there appears to be an over emphasis on nursing care in preventing admissions to acute care, managing end of life care and taking on a great clinical role. In addition, there is a suggestion that residential care is slowly declining, those in residential care are not permanent residents and this is due to the provision of supported housing schemes.

An examination of the Strategic Implementation Plan and the Population Plans appear to focus on reablement as the means to reduce emergency department admissions and reduce the need for continuing long term care. Whilst we are supportive of reablement this needs to be located within a broader overarching strategic framework of prevention. Reablement alone will not deliver the necessary changes to enable older people to remain independent and to live at home.

However, one our major areas of concern is the issue of rights and entitlements. We can clearly see how the concept of ‘benevolent prejudice' in the TYC report has influenced the section on older people. Compare the two statements below and you can see how the language in the latter statement (physical disability) and the first statement (older people) differs.

Older People

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16 Age Concern stress that this term, ‘benevolent prejudice’ can be seen where older people are pitied, marginalised and patronised and seen as incompetent.
“When people are provided with information and advice on the services that are available to them, they are in a position to make an informed choice as to the most appropriate care delivery for their particular needs.” (page 67)

Physically Disabled
“The current service-led approach should be replaced by a more person-centred model in which statutory health and social care acts as an enabler, working in partnership with the disabled person and their family / carers to help people access the support that meets their individual needs. This may include some of the traditional residential and daycare services, but will increasingly reflect a wider range of needs.” (page78).

It is vital that we do not allow stereotype typical views of older people as frail, vulnerable, dependent and in need of services and support to obscure the potential of older people. The statement above clearly displays these stereotypical views of older people. This paternalistic attitude masks the contribution of older people and therefore constrains the TYC in its direction for older people. .

- Who Cares

Although at an early stage of discussion the forthcoming paper from the DHSSPS on the reform of social care and support must ensure that rights and entitlements are upfront and centre of this discussion. We have called on the Law Commission to undertake a similar exercise as their counterparts in GB on legal reform as outlined at page XX. The legal framework surrounding adult social care is out of date, fragmented and complex, for both the user and professionals.

In addition, the balance of responsibility needs to be carefully considered to ensure that we have a fair and sustainable system for funding social care. The Dilnot Commission made detailed recommendations on the funding of social care for England and Wales, a similar exercise must be carried out to consider the particular circumstances for Northern Ireland.

And as highlighted above we must not let our assumptions of older people as frail and dependent to determine the scope of this review. The social model of disability and concepts of independent living apply equally to everyone in need of care and support and age should not be the determining factor.

Age NI’s Tests for Reform / Indicators of Success

It is important that the future reform and funding for adult social care will propose radical and realistic reforms that will be capable of delivering the transformational change that is needed. We have developed a number of simple tests based on our vision and underlying principles and values for this reform:
Quality: It must ensure delivery of high quality, personalised services that promote the dignity and rights of older people and place a stronger emphasis on prevention.

Clarity: It should promote simplicity and clarity be based on rights and entitlements and build in the advice and support people need to navigate the system.

Equality and Human Rights: It should be founded on human rights and equality principles to secure equal participation for older people.

Independence: It must promote independence, enable older people to exercise informed choice and control over the services they receive.

Sustainability: It must provide a long term funding settlement that strikes the right balance between the individual and state funding.

Affordability: it should deliver a settlement that is affordable to prevent disproportionate costs for those on moderate to low incomes and those with long term or high cost disabilities.

Therefore it may be helpful to frame the debate about the future direction and funding of adult social care in terms of finding the answers to these three questions:

1. What quality and outcomes should services achieve, how can they do this, and how much will this cost?
2. What should be the scope of services that everyone is supported to access, from ‘that little bit of help’ through to nursing and end of life care?
3. How should the cost of the system be allocated between individual and collective responses, and what mechanisms can be utilised to facilitate this?

Although most of the focus to date has been on funding social care, the third question above, it is in fact impossible to answer before there is a consensus on the first two, which will determine the cost of the system.

Conclusions

Many of Age NI’s key calls have been incorporated into the TYC report. However, we have a long way to go before our vision becomes the reality for those of us who receive care and support.
### Transforming Your Care (TYC)

<table>
<thead>
<tr>
<th>Context</th>
<th>Key Points - Older People</th>
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| • Review in June 2011 and published in December 2011  
• Major review of health and social care  
• 99 recommendations across major areas of care  
• A significant shift from hospital to community for treatment and services – *Shift Left*  
• 17 Integrated Care P’ships – user input  
• 5% shift from acute care and reinvested in primary, community and social care = £83million over 5 years  
• £70 million needed for transitional funding over 3 years (Invest to Save) | • Home is the hub of care  
• A major reduction in residential accommodation over the next 5 years  
• Introduction of reablement  
• A greater role for nursing care in avoiding hospital admissions  
• More community based step-up-down care provided by the independent sector  
• A focus on healthy ageing, resilience and independence  
• More integrated planning and delivery across health and social care  
• Holistic and consistent approach to assessments (NISAT)  
• Diverse choice of provision  
• Personalised care, increasing control over budgets and access to advocacy  
• Policy review of carers assessments  
• Overhauled financial model for procuring independent and statutory care; price regulator; certificate of need scheme and financial bonds. |

Other major areas of care have a significant impact on older people such as:  
• Population health and well-being; Long Term Conditions; Physical Disability; Mental Health; Learning Disability; Acute and Palliative Care.
# Draft Strategic Implementation Plan (SIP) of TYC

## Context
- The HCSB are responsible for the delivery of the TYC recommendations
- The Draft SIP describes the planned approach for the delivery of the TYC recommendations
- Presents key themes for Programmes of Care across the 5 local health economies (Trusts)
- Details the service transformation initiatives over the 5 HSCT
- Workforce Planning and engagement
- This SIP will sit alongside the annual Commissioning Plans
- Refreshed annually
- Subject to Section 75, including consultation

## Key Points - Older People

<table>
<thead>
<tr>
<th>Specifics</th>
<th>Population health and well-being: Implement Public Health Strategy. Extend programmes which tackle fuel poverty and maximise access to benefits and services</th>
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<tr>
<td></td>
<td>Local Services – at home and in the community: Integrated Care Partnerships (ICP) will be the main driver for the change in the delivery of services. Targets include - 30% reduction on Emergency Department (ED) admissions for older people; 20% reduction in ED attendances; 10% reduction in unscheduled admissions for people with long term conditions.</td>
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<td></td>
<td>Acute Care: 5-7 Networks; Expansion of Orthopaedic Services: Enhanced Ambulance Services.</td>
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<td></td>
<td>Collaboration with RoI and GB: Accessing specialist services in other jurisdictions.</td>
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<td>Specifics</td>
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<td></td>
<td>24/7 District Nursing services and social inclusion</td>
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<td></td>
<td>Reduction in statutory residential care homes and significant reduction in nursing and residential care packages overall</td>
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<td></td>
<td>Roll out falls prevention programme</td>
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<td></td>
<td>Reablement rolled out to reduce the number of newly referred older people who need long term care by 45%</td>
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<td></td>
<td>Improve support for carers including new models of respite care</td>
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<td></td>
<td>Increase the number of people dying at home</td>
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<td></td>
<td>Full implementation of the Dementia Strategy</td>
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<td></td>
<td>Procurement: Greater diversity of provision; and standardisation of procurement of domiciliary services and nursing home places.</td>
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Population Plans

Context: Local commissioning groups and HSC Trusts developed population plans in May and June. The focus was to develop a comprehensive understanding of TYC at a local level and identify key initiatives, which would support the delivery of TYC around population groups. For the purpose of this table 8 of the 10 population groups were examined – older people; population health and wellbeing; long term conditions; physical disability; mental health; learning disability; acute and palliative and end of life.

McKinsey, Appleby 1 & 2 and PEDU Reviews have influenced the sections in the population plans on Finance, Workforce and Enabling Transformation. There is a Regional Social Care Group, which will develop a commissioning strategy in the medium term. The Quality Improvement and Cost Reduction Workstreams include social care reform.

Plans reveal the extent of savings from reducing demand and the shift to lower cost social care provision

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<tr>
<th>Belfast HCST</th>
<th>Key Points - Older People</th>
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<tr>
<td><strong>Context</strong></td>
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<tr>
<td>- 4 Integrated Care Partnerships (ICP)</td>
<td>- Devolved Allocation Panels for new requests/referrals and increases in care packages to assess each client; negotiate care rates to align with median NI market rates</td>
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<tr>
<td>- 45 Residential Homes</td>
<td>- HASP: Extend support for Voluntary &amp; Community Sectors to meet psycho-social needs and practical support</td>
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<tr>
<td>- 1270 Residential care places available</td>
<td>- Establish contact centre for wider services for signposting</td>
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<tr>
<td>- 6454 Domiciliary care packages in place</td>
<td>- Preventative strategies in place: falls, nutrition, medication reviews</td>
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<tr>
<td>- 2667 people registered with GPs with Dementia</td>
<td>- 8 cross multidisciplinary primary care teams – referrals for reablement</td>
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<tr>
<td>- Significant health inequalities</td>
<td>- Extend supportive housing and assistive technology</td>
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<tr>
<td>- 87 GP Practices with 423,863 patients</td>
<td>- Review disease registers for early identification of onset of dementia</td>
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<td>- Extend Direct Payments</td>
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<td>- Falls prevention</td>
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<td>- Food first programme in nursing homes</td>
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<td>- End of life and palliative care close to home and choice of place of death.</td>
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</tr>
<tr>
<td>• 4 ICP’s</td>
<td>• Develop targeted prevention programmes for older people: falls, active living, low level support, nutrition, benefit maximisation</td>
</tr>
<tr>
<td>• 53 GP Practices</td>
<td>• Develop (Partnerships for Older Peoples Projects (POPPS))</td>
</tr>
<tr>
<td>• Projected</td>
<td>• Implement MUST nutrition tool</td>
</tr>
<tr>
<td>• 3,029 available places in residential accommodation</td>
<td>• Develop reablement programmes</td>
</tr>
<tr>
<td>• 8,036 care packages in effect</td>
<td>• Expand mobile e-Northern Ireland Single Assessment Tool</td>
</tr>
<tr>
<td>• 466 meals on wheels</td>
<td>• Implement Falls and Osteoporosis Strategy</td>
</tr>
<tr>
<td>• Significant health inequalities</td>
<td>• Strengthen safeguarding arrangements</td>
</tr>
<tr>
<td>• Population change 09-20 +6%</td>
<td>• Introduce telecare</td>
</tr>
<tr>
<td></td>
<td>• Improve identification of palliative and end of life care</td>
</tr>
</tbody>
</table>

**Productivity**

• Reduce demand for services
• 20% of reablement clients diverted from statutory service to community services
• Reductions year on year on attendances at ED and length of stays
• 45% of new referrals through reablement will not require long term dom care
• 10% reduction in admittances to residential care
• 5% reduction in the length of stay for people who have had reablement (166 bed days)
• Reduce statutory residential capacity in years by 15% in years 1 and 2 (80 beds)
• Reduction in patient related travel costs
- % of staff trained in falls prevention
- Increase no of older people availing of telecare
- Reduce no of end of life attendances at ED and number receiving care in acute settings

### Southern HCST

<table>
<thead>
<tr>
<th>Context</th>
<th>Key Points - Older People</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 ICP's</td>
<td>Range of health and wellbeing initiatives for older people: falls, malnutrition, mental health social inclusion and support</td>
</tr>
<tr>
<td>77 GP Practices</td>
<td>Explore social enterprise models across all programmes</td>
</tr>
<tr>
<td>360 placements in residential accommodation</td>
<td>Pilot in ICP on enabling those over 75 to remain independent etc</td>
</tr>
<tr>
<td>1,297 Nursing Home Placements</td>
<td>Review of statutory residential care services</td>
</tr>
<tr>
<td>17,141 clients in receipt of domiciliary care</td>
<td>Reablement available across Trust localities</td>
</tr>
<tr>
<td>Significant health inequalities</td>
<td>Increase diversity of domically care provision</td>
</tr>
<tr>
<td>Projected Population change 09-20 +15%</td>
<td>Increase use of personalised budgets</td>
</tr>
</tbody>
</table>

### Productivity
- Reduced ED / Hospital admissions
- Reduce the number of people in residential care and the number in statutory facilities
- Reduce demand for mainstream domiciliary care following reablement
- Increase in numbers of carers assessments
- Achieve a 12% shift to mixed economy of providers
- Increase in direct payments
- Increase options for partnership with V&C sectors
- Increase carers assessments
- Increase palliative and end of life support
- Introduce a retail model for simple aids
### Northern HSCT

<table>
<thead>
<tr>
<th>Context</th>
<th>Key Points - Older People</th>
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</thead>
</table>
| • 4 ICP’s  
• 78 GP practices with 465,601 patients  
• 1,410 residential places – 14 statutory and 45 independent  
• 2,967 care home placements  
• 948 meals on wheels  
• Significant health inequalities  
• Projected Population change 09-20 +7% | • Focus on health and wellbeing of older people; falls, malnutrition and mental and emotional wellbeing  
• Create reablement service (Trust Owned)  
• Reform and reduce residential care and replacement of statutory homes  
• Reform of intermediate care  
• Reprovision of statutory EMI services (Moylinney and Ferrad)  
• Raise awareness of palliative and end of life care  

**Productivity**  
• Reduce no of falls and ED attendances  
• 20% after reablement will require no domiciliary care and 30% reduction in size of long term care  
• Reductions on residential care places  
• Closure of 11 statutory residential home – 4 with advanced plans underway  
• Increased range of support to people in their own homes and supported living  
• Reduce length of stays for older people with dementia etc  
• Reduce admissions, attendances and length of stay in hospitals  
• Reduce no of people receiving end of life care in acute settings and inappropriate admissions to ED |

### Western HSCT

<table>
<thead>
<tr>
<th>Context</th>
<th>Key Points - Older People</th>
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</thead>
</table>
| • 2 ICP’s  
• 57 GP Practices  
• 1941 available places in residential | • Revised contractual arrangements and the role and capacity of the V&C sector  
• Healthy Ageing: extend existing older people’s networks. Pilot currently being tested  
• Establish reablement model  
• Re-balance the provision of domiciliary care – reduce statutory care provision |
<table>
<thead>
<tr>
<th>accommodation</th>
<th>Reform model of day-care and active ageing provision</th>
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<tbody>
<tr>
<td>4521 Care packages in effect</td>
<td>Review provision of respite services</td>
</tr>
<tr>
<td>1026 meals on wheels services</td>
<td>Reduce use of long term care institutional placements: (from 8 to 5) and cease statutory residential provision</td>
</tr>
<tr>
<td>Dementia set to increase by 46% by 2021</td>
<td>Focus on carers support</td>
</tr>
<tr>
<td>Significant health inequalities</td>
<td>Development of Memory Service</td>
</tr>
<tr>
<td>Projected Population change 09-20 +6%</td>
<td>Reduce hospital stays</td>
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<tr>
<td></td>
<td>Falls Prevention Service</td>
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<td></td>
<td>Re-design palliative and end of life care services and consider providing a day hospice</td>
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</tbody>
</table>

**Productivity**
- Reductions in secondary care referrals
- Reduced ED / Hospital admissions
- Fewer continuing care packages and reduce demand on residential homes
- Reduce growth rates in long term care expenditure
- Increase in numbers of carers assessments
- Reduce length of stay and bed days