Data Workbook:
Health and Social Care in Northern Ireland

Introduction

This workbook has been created as a key resource to help in the building of three plausible futures describing social care in Northern Ireland in 2025: *'Conflict days'; 'Collaborative days'* and*; 'Compromising days'.*

The contents have been informed by (i) existing reports and research provided by NISCC (ii) a basic thematic search on the internet and (iii) materials from the Imagining the Future of social services in Scotland website (IRISS, 2014).

Purpose
The learning to emerge has been collated and re-presented in this data workbook. The data has been filtered through themed chapters. Obviously, there is crossover in the themes and material and the filter is not exact. The workbook is in no way meant to be exhaustive **and has been solely designed to help build the four scenario sketches, as a workshop resource. The scenarios are NOT predictions, but a stimulus for debate.**

Terms
The responses and the results of the thematic review set out below have been lightly edited with, for example, some personal pronouns remaining in the text for particular emphasis. Individual responses have been anonymised.

Prepared in October 2015

Chapter One: Drivers-of-change

Item	Source	Tags	Summary
1	The Right Time, The Right Place (Donaldson et al, 2014), p.3	Demography, population, health	The ageing population of today is a central consideration in a way that was not foreseen when modern healthcare came into being in the aftermath of the Second World War. Today, people are living much longer and developing not just one disease but several that co-exist. In old age, the twin states of multi-morbidity and frailty are creating acute and long-term health and social care needs on an unprecedented scale.
2	The Right Time, The Right Place (Donaldson et al, 2014), p.12	Community, health, disability	Over the last decade, there has been a major increase in the dependency levels of people being cared for in the community. For example, the use of PEG feeding (directly into the stomach through a tube in the skin) is now commonplace in community settings, whereas it used to be a hospital treatment. As a result, community nursing staff have much more complex caseloads. There is also greater complexity in the other forms of disability,

			as well as in the treatments that people are receiving and other technologies that are supporting them.
3	Improving and Safeguarding Social Wellbeing: A Strategy for Social Work in Northern Ireland (Department of Heath, Social Services and Public Safety, 2012), p.14	Wellbeing, life expectancy	Social Work and Social Wellbeing Improving and safeguarding social wellbeing involves social workers working with people in pursuance of the following outcomes: - keeping well and healthy and safe from harm; - having a home where they feel safe and have a sense of belonging; - having access to income and resources sufficient to meet their fundamental needs; - having supportive and trusting close relationships, including with family and friends; - having opportunities to enjoy positive life experiences, including engagement in social and community activities; - having opportunities to make a positive contribution, including participation in education, training, work or other purposeful activity; - exercising choice and control about their life and how they live it; - having the resilience and ability to cope when things change or go wrong; - having a sense of self-worth and self-efficacy; and - living a fulfilling life
4	Improving and Safeguarding Social Wellbeing: A Strategy for Social Work in Northern Ireland (Department of Heath, Social Services and	Knowledge, skills, social work	Expenditure on social work services is significant. It is important that this investment is targeted and used in ways that are effective in meeting people's needs. This requires social workers to keep their knowledge and skills up-to-date, to base their practice on evidence and research of what works, to be effective in their interventions and to be able to demonstrate the difference they make in

	Public Safety, 2012), p.28		people's lives. The evaluation of social work interventions must actively involve service users. The evaluation process must demonstrate stronger links between inputs, outputs and outcomes as well as the effective use of resources. All social work practitioners need access to up-to-date research and evidence to inform their practice decisions. They also need to be supported to reflect on, learn from and continuously improve their practice and to engage in both on-the-job learning and formal training. There needs to be more effective ways of linking and embedding the learning from research, inspections, CMRs, statutory inquiries and reviews into practice. Building the capacity and creating the conditions for social work practitioners to undertake audits or research can help create a dynamic learning culture in the workplace.
5	Drivers for Change in Social Care in Northern Ireland NISCC Council Session (Northern Ireland Social Care Council, 2015), p.1	Social care, regulation, state, community	1. Role of state in Social Care- Changing nature of Social Care services State less able to provide care Less state funding for care; state funding more targeted at particular areas Less state control- less regulation More local community response to need Direct payments and the individual as the employer- reduction in current

			employment/agency system- reduced role of regulation- reduced impact of regulator Rise in social enterprise for social care services- community asset based approach to service provision and prevention services More community based employment- communities as employers – different set of relationships with the state and with NISCC as regulator Provision of services moving increasingly to voluntary or private sector Care increasingly in the community and at home reducing use of institutional care
6	Drivers for Change in Social Care in Northern Ireland NISCC Council Session (Northern Ireland Social Care Council, 2015), p.1	Risk, community, protection	2. Shifting the risk from the state to the individual/family/community Increasing resource pressures due to increasing demand on services and increasing needs State provision vs. family responsibility and community capacity- increasing debate on where responsibility lies- may well be re-drawn with decreasing role for state in social care State role in the protection of the vulnerable- core work
7	Drivers for Change in Social Care in Northern Ireland NISCC Council Session (Northern Ireland Social Care Council, 2015), p.1	Services, planning	3. Northern Ireland In Northern Ireland will the new councils have an increasing role in social care as a result of their community planning responsibilities? Decrease in indigenous populations/increase in migrant populations Political instability in Northern Ireland will see a new move of young people away from here thus increasing the gap between social care needs and the availability of people to provide care Reduction in the number of family members to support older people (generation gap) Northern Ireland split between available services in urban areas and less

			access in rural areas A prolonged period of direct rule will introduce a different value base and view of social care- the English view of social care is very different than that currently in existence in Northern Ireland What we in this generation call current affairs in Northern Ireland, the younger generation call Modern History! Will be in the European Union?
8	Drivers for Change in Social Care in Northern Ireland NISCC Council Session (Northern Ireland Social Care Council, 2015), p.2	Class, social care, services	4. Culture Increase in class politics and care Increase in tough love care People are increasingly responsible for their own health; education /prevention; support/challenge Increased focus on lifestyle choices – a sanction based approach to health and care- the hierarchy of the deserving Increasing tension between social justice, equity and individualism Increasing call for legislation to support the right to die Market driven care Increase in an outcomes based whole system approach to care- policy, planning, commissioning and delivery Increasing valuable, fit for purpose approach to commissioning care with a robust value base Increasing public value of social care: enhanced value and recognition of social care as value is re-aligned in culture and society: What is the value of other jobs – social care at paid at living wage, many other jobs paid at living wage, will the value of social care work increase?

			What do people get paid for – mix of volunteer and paid work Part time/full time mix Jobs for life a thing of the past?
9	Drivers for Change in Social Care in Northern Ireland NISCC Council Session (Northern Ireland Social Care Council, 2015), p.3	Workforce, services	6. Workforce Increased risk of volunteer led social care as a result of economic drivers Impact of a living wage Transformation in social care towards more complex needs: Diabetes Dementia Co-morbidity Obesity Social care a more valued career Volunteering more of a norm- “formal” care more focused on high level needs Changing view of social workers as enablers in an environment of co-production, co design, personalisation Increased multi professional team working with social care workers at the heart of the team approach to service delivery
10	Quality 2020: A 10-Year Strategy to Protect and Improve Quality In Health And Social Care In Northern Ireland (Department of Heath, Social Services and Public Safety, 2011), p.19	Social care	INTEGRATING THE CARE Objective 9: We will develop integrated pathways of care for individuals. Why is it important? Northern Ireland already has an integrated health and social care system, but in order to be truly effective there should be seamless movement across all professional boundaries and sectors of care. This has implications for the timely transfer of information and how data is held. Improvements in this area will make a

			significant contribution to raising the quality of care and outcomes experienced by patients, clients and their families. What will be done? • More effective and secure information systems will be established to record and share information across HSC structural and professional boundaries (and with other relevant Departments and agencies as appropriate). • Service users will be given a greater role in, and responsibility for, information transfer (e.g. patient held records, patient smart cards, etc). • Barriers to integrated multidisciplinary and multisectoral working will be identified and removed. • Annual targets for use of personal care plans will be established. How will we know it is working? • Patients, clients, carers and HSC staff will collaborate in developing individual care pathways. • Patients and clients will be able to move between different sectors and specialties within health and social care without undue delay or the transfer resulting in avoidable information errors or resultant harm. • Patient and client information will be available to staff and carers when it is required. • There will be evidence of consistent quality of care experienced by patients and clients across all settings.

11	Transforming Your Care: A Review of Health and Social Care in Northern Ireland (McCreedy et al, 2011), p.19	Population, social care	Despite the many positive aspects of the current model of health and social care, compelling factors reflect the need for change: • a growing and ageing population; • increased prevalence of long term conditions; • increased demand and over reliance on hospital beds; • clinical workforce supply difficulties which have put pressure on service resilience; and • the need for greater productivity and value for money.

Chapter Two: Health and Social Care in Northern Ireland

Item	Source	Tags	Summary
1	The Right Time, The Right Place (Donaldson et al, 2014), p.7	Health, social care	Within any health or social care service, there are many potential threats to the quality and safety of the care provided: 1. Weak infrastructure - the range and distribution of facilities, equipment and staff is inadequate to provide fair and timely access to required care. 2. Poor co-ordination - the components of care necessary to meet the needs of a patient, or group of patients, do not work well together to produce an effective outcome and to be convenient to patients and their families. 3. Low resilience - the defences in place, and the design of processes of care, are insufficient to reliably protect against harm such as that resulting from errors or from faulty and misused equipment. 4. Poor leadership and adverse culture - the organisation or service providing care does not have clear goals and a philosophy of care that it is embedded in the values of the organisation and visible in every operational activity. 5. Competence, attitudes, and behaviour - the practitioners and care-providers working

			within the service lack the appropriate skills to deal with the patients that they encounter, or they are unprofessional in their outlook and actions, or they do not respect other team members, nor work effectively with them. 6. Sub-optimal service performance - the way that the service is designed, organised and delivered means that it does not deliver processes of care to a consistently high standard so that over time it chronically under-performs often in a way that is not noticed until comparative performance is looked at. 7. Slow adoption of evidence-based practice - the service does not conform to international best practice in particular areas of care or overall.
2	The Right Time, The Right Place (Donaldson et al, 2014), p.13	Health, social care, risk	The demand from patients who need emergency care, as well as those who require planned investigations and treatments, is extremely high. The pressures on emergency departments and hospital wards are very great. Over-crowded emergency departments and overflowing hospital wards are high-risk environments in which patients are more likely to suffer harm. This is because delays in assessment and treatment occur but also because staff have to make too many important and difficult decisions in a short space of time - what psychologists call cognitive overload. That they will make

			mistakes and misjudgments is inevitable, and some of them will be in life-and-death areas.
3	Improving and Safeguarding Social Wellbeing: A Strategy for Social Work in Northern Ireland (Department of Heath, Social Services and Public Safety, 2012), p.19	Social work, knowledge, skills	The growing awareness about abuse of children and vulnerable adults within society, particularly about institutional abuse of children in the past, is enabling more people to come forward to seek help. Many of the children who come into the care of the State will have experienced some form of trauma in their childhood. Understanding and responding effectively to the needs of those who have experienced trauma in their lives, of whatever nature, is essential in helping individuals towards recovery and living fulfilling lives in the future. Social workers need the knowledge, skills and expertise to help all those who have experienced trauma in their lives.
4	Improving and Safeguarding Social Wellbeing: A Strategy for Social Work in Northern Ireland (Department of Heath, Social Services and Public Safety, 2012), p.21	Government, media	The profession has changed significantly over the past 30 years. It has adapted to changes in society, government, social trends and public expectations and will need to continue to do so if it is to remain relevant in the future. Social workers need to be resilient to manage the challenges, pressures and uncertainties inherent in their work and able to adapt to and cope with change. In the past 10 years social work has become a regulated, graduate profession with a recognised career structure. Only those individuals who are registered with the Northern Ireland Social Care Council (NISCC) are entitled to practise as a social worker in NI.

			While these developments have enhanced the profession, this has not been reflected in the understanding or status of social work in the public domain. This reinforces the need for a stronger voice for the profession, particularly in the media.
5	Improving and Safeguarding Social Wellbeing: A Strategy for Social Work in Northern Ireland (Department of Heath, Social Services and Public Safety, 2012), p.26	Recruitment	Demand for social work services has been increasing and changing and is predicted to continue to do so. Robust information and planning models of service provision are required to ensure effective workforce planning and to predict future workforce needs. It is important within the context of rising demand that social work workloads are managed effectively and safely and that social workers can be deployed flexibly to areas where their skills and expertise are needed most. Recruitment and retention of high quality social workers is essential for a stable workforce. The introduction of a social work career structure with the establishment of both senior and principal practitioner grades is intended to retain experience and expertise in front-line practice. This career structure will strengthen professional

			practice and governance arrangements and ensure staff with relevant levels of expertise and at the appropriate grades are available to meet service demand.
6	Improving and Safeguarding Social Wellbeing: A Strategy for Social Work in Northern Ireland (Department of Heath, Social Services and Public Safety, 2012), p.34	Partnerships	Social work at its best relies upon effective partnerships. Firstly, and most importantly, partnerships with service users and at a wider level with local communities. Partnerships with other professions, agencies and sectors are equally important in order to meet the multi-factoral nature of peoples' needs and improve and safeguard their social wellbeing. Increasingly, services are being planned and delivered by multi-disciplinary teams or in collaboration with other agencies and sectors. On occasions, a social worker may be the sole representative of the profession within a multi-disciplinary context. It is critical that social workers are properly equipped to work effectively in the full range of partnerships; at a practice level with service users and communities, at a team level with other disciplines, and operationally and strategically with other agencies and sectors. Employers need to ensure that professional governance arrangements are in place to support social workers in all of these circumstances.
7	Improving and Safeguarding Social Wellbeing: A Strategy for Social Work in Northern Ireland	Capacity, recruitment	Workforce Capacity Key to the success of the strategy will be the capacity of the workforce to contribute to its implementation as well as to adopt new ways of working and changes in practice and service delivery.

	(Department of Heath, Social Services and Public Safety, 2012), p.66		55 Social workers may also need to develop new skills and knowledge to meet different expectations and to practise effectively across the practice continuum. They may also need practice toolkits and support to develop professional expertise in specific areas of practice. Workforce development will therefore be a critical building block in ensuring social workers have access to relevant learning and development opportunities at key stages to support the implementation of agreed priorities and the delivery of effective social work practice.
8	Corporate Plan 2012 – 2015 (Northern Ireland Social Care Council, 2012), p.7	Social work	Principles of Delivery – In strengthening public protection through the registration of the social care workforce we will ensure that: • Only those people who are judged to be suitable as social workers or social care workers form part of the workforce; • Social workers and social care workers are required to demonstrate that they have the training and competence to enter the workforce and to demonstrate that they remain competent, through ongoing training and learning; • Social workers and social care workers will adhere to high standards of conduct and practice
9	Quality 2020: A 10-Year Strategy to Protect and Improve	Staff, service users, community, design	Principles, values and assumptions The strategy identifies a number of design principles that should continue to inform

	Quality In Health And Social Care In Northern Ireland (Department of Heath, Social Services and Public Safety, 2011), p.6		planners and practitioners over the next 10 years. A high quality service should: • be holistic in nature. • focus on the needs of individuals, families and communities. • be accessible, responsive, integrated, flexible and innovative. • surmount real and perceived boundaries. • promote wellbeing and disease prevention and safeguard the vulnerable. • operate to high standards of safety, professionalism and accountability. • be informed by the active involvement of individuals, families and communities, HSC staff and voluntary and community sectors. • deliver value for money ensuring that all services are affordable, efficient and cost-effective.
10	Quality 2020: A 10-Year Strategy to Protect and Improve Quality In Health And Social Care In Northern Ireland (Department of Heath, Social Services and Public Safety, 2011), p.10	Workforce, social care	Setting strategic goals The mission statement summarises how we can realise the vision of being an international leader in the excellence of health and social care. But it is the specific actions taken during the life of this 10-year strategy that will drive that positive change. To that end the strategy identifies five strategic goals to be achieved by 2020. Achieving them will help make the vision a reality. 1. Transforming the Culture - This means creating a new and dynamic culture that is even more willing to embrace change, innovation and new thinking that can contribute to a safer and more effective service. It will require strong leadership, widespread involvement and partnership-working by everyone. 2. Strengthening the Workforce - Without doubt the people who work in health and social care (including volunteers and carers) are its greatest asset. It is

			vital therefore that every effort is made to equip them with the skills and knowledge they will require, building on existing and emerging HR strategies, to deliver the highest quality. 3. Measuring the Improvement - The delivery of continuous improvement lies at the heart of any system that aspires to excellence, particularly in the rapidly changing world of health and social care. In order to confirm that improvement is taking place we will need more reliable and accurate means to measure, value and report on quality improvement and outcomes. 4. Raising the Standards - The service requires a coherent framework of robust and meaningful standards against which performance can be assessed. These already exist in some parts, but much more needs to be done, particularly involving service users, carers and families in the development, monitoring and reviewing of standards. 5. Integrating the Care - Northern Ireland offers excellent opportunities to provide fully integrated services because of the organisational structure that combines health and social care and the relatively small population that it serves. However, integrated care should cross all sectoral and professional boundaries to benefit patients, clients and families.

Chapter Three: Impacts and favourable outcomes

Item	Source	Tags	Summary
1	The Right Time, The Right Place (Donaldson et al, 2014), p.21	Information technology	With focused effort, Northern Ireland could: build a cadre of skilled clinical leaders; develop a culture in which quality improvement is second nature; set big goals; establish the information technology systems required to measure quality locally and in real-time; and standardise processes substantially. If the care system makes these activities central to its quality and safety efforts, improvement will follow and will flourish.
2	Improving and Safeguarding Social Wellbeing: A Strategy for Social Work in Northern Ireland (Department of Heath, Social Services and Public Safety, 2012), p.49	Intervention, risk	Early intervention: working to improve life chances and outcomes and prevent the onset or escalation of problems at all ages and stages. Social workers can support universal services such as health, education and early years to pick up and respond to early signs of problems as well as tackling specific personal or social problems of individuals or communities. By being alert to indicators of neglect or abuse, social workers can intervene before situations deteriorate and become critical. They can connect people to appropriate services; they can help strengthen the supports available from family, friends and the wider community; and they can work with others to reduce or manage the risks.

3	Improving and Safeguarding Social Wellbeing: A Strategy for Social Work in Northern Ireland (Department of Heath, Social Services and Public Safety, 2012), p.49	Skills, management	Social workers need to be tenacious in pursuing their inquiries in these circumstances; knowledgeable about what the law permits; skilful in balancing competing rights in the context of the individual, the family and wider society; confident in initiating the required protective measures in a timely way as well as being skilled in managing difficult relationships and conflict in what are complex and challenging situations. Responses to risks should always be proportionate and balance the need to protect people without unnecessary intrusion into the lives of individuals and their families. There are risks for social workers in both overestimating and underestimating dangers in situations27 and they need to be rigorous in testing that their assessment of the risks is accurate and realistic. It is crucial that those in greatest danger get an immediate response and those whose needs can be safely met within the nuclear or extended family circle through a co-ordinated care and protection plan are identified.
4	Corporate Plan 2012 – 2015 (Northern Ireland Social Care Council, 2012), p.9	Social care	1.1 To maintain the Social Care Register and ensure it is fit for purpose. We will ensure the Social Care Register is maintained, accurate and up to date. We will ensure employers and the public are aware of the Public Facing Register, and know how to access it.

			We will maximise the new ICT registration system to meet the needs of our customers. Ø A Registration ICT system will be in place that meets our statutory obligations. Ø The Registration ICT system will be accessible by employers and the public to check whether social workers, students and social care workers are registered. Ø The Registration ICT system meets the needs of its users.
5	Corporate Plan 2012 – 2015 (Northern Ireland Social Care Council, 2012), p.9	Social care, assessment	1.2 To ensure that registration requirements are in place to appropriately regulate newly qualified social workers. We will ensure appropriate systems and standards are in place for the Assessed Year in Employment (AYE) to properly regulate newly qualified social workers. Ø Newly qualified social workers will be assessed as fit to practice.
6	Corporate Plan 2012 – 2015 (Northern Ireland Social Care Council, 2012), p.9	Social care	1.3 To roll out Registration in line with the Ministerial Programme. We will deliver the phased programme for rolling out compulsory registration to the groups as announced by the Minister for Health, Social Services and Public Safety and implement the programme in an economic, efficient and effective manner. Ø All those who are required to be

			registered are provided with the opportunity to register with the Council in line with the timetable.
7	Corporate Plan 2012 – 2015 (Northern Ireland Social Care Council, 2012), p.9	Social care	1.4 To increase the financial independence of the NISCC of its registration functions through income generation. We will review the fee structure for registration and undertake a consultation with key stakeholders and present findings to Council. Ø A fee structure will be in place that is fair and transparent, and is equitable. Ø The financial independence of the NISCC will be increased.
8	Corporate Plan 2012 – 2015 (Northern Ireland Social Care Council, 2012), p.11	Social work, education, training, employment	2.1 To ensure social work training at qualifying level is fit for purpose and meets the needs of employers and service users. We will ensure the Degree in Social Work and practice learning provision is fit for purpose through regulation. We will carry out a five year review of the Degree in Social Work during 2013/14. We will work with the Degree Partnership to ensure that the partnership arrangements deliver regional consistency in social work education and training. We will ensure the priorities for education and training are given strategic oversight and direction through the Strategic Advisory

			Group. We will publish an annual report on the regulation of social work education and training. Ø NISCC will provide assurance to government, employers, students and the public that the quality of social work education meets the required standards. 2.2 To continue to work in partnership with employers and the Higher Education Institutions to implement, co-ordinate, monitor and oversee the Regional Practice Learning Strategy. We will continue to implement the targets in the 2010-2015 Regional Practice Learning Strategy. We will ensure the information systems that support this work are robust, cost effective and aid the future development of practice learning provision. We will continually regulate all Designated Practice Learning Providers against the targets in the Strategy. Ø All students undertaking the Degree in Social Work will be provided with high quality practice learning opportunities which will support their learning needs. 2.3 To provide a professional framework for post

			qualifying education and training. We will effectively discharge our functions as the Awarding Body for professional post qualifying social work awards. We will work with the PQ Partnership to ensure the NI PQ Framework and its content remains fit for purpose and meets the diversity of workforce needs. We will provide access to the NI PQ Framework which is flexible, accessible and responsive to need. We will ensure the NI PQ Framework is fit for purpose through regulation. Ø NISCC will provide assurance to government, employers, social workers and the public that the professional framework for post qualifying education and training meets required standards. Ø The recommendations arising from the 2011/12 Review of Post Qualifying Education and Training Framework will be implemented.
9	Corporate Plan 2012 – 2015 (Northern Ireland Social Care Council, 2012), p.13	Social care, employment	Objective How we will deliver this objective Outcome 3.1 To contribute to the implementation of the Social Work Strategy as appropriate to the role and functions of the NISCC. We will work with the Department of Health, Social Services and Public Safety (DHSSPS) to implement the Social Work Strategy. Ø The NISCC will meet the targets

			agreed with the DHSSPS to support the successful implementation of the Social Work Strategy. 3.2 To develop National Occupational Standards (NOS) for social care and early years. We will work in partnership with employers, UK partners and others to ensure NOS are updated and meet the needs of the workforce. Ø The Qualification and Credit Framework (QCF) qualifications are underpinned by relevant NOS. 3.3 To work, as part of Skills for Care and Development, to ensure that NI skills needs are reflected in the UK context. We will work with UK partners and the Alliance of Sector Skills. Ø Northern Ireland is a respected partner and NI needs are reflected in the UK agenda 3.4 To ensure the priorities for social work and social care training align with government policies and strategies. We will work with government departments, employers and the Health and Social Care Board to identify priorities for training and qualifications. We will work in partnership with key stakeholders to co-ordinate, monitor and report on progress regarding the achievement of strategic priorities

			in the Personal Social Services Development and Training Strategy. Ø Training reflects government priorities and workforce needs. Ø The skills profile of the NI social care workforce is raised. Ø Regular reports to government, employers and the public on the outcomes of the Personal Social Services (PSS) Development and Training Strategy. 3.5 To provide information and guidance to employers and registrants to support continuous improvement of social work and social care practice. We will work collaboratively with other regulators and key stakeholders to identify trends and issues. Ø Lessons learned from regulation are disseminated to promote best practice. 3.6 To implement the new Continuous Learning Framework (CLF) for Social Care Workers. We will ensure the revised PRTL requirements for social care workers are informed by the new CLF. Ø A CLF is in place which supports registrants' competence to practise.

10	Corporate Plan 2012 – 2015 (Northern Ireland Social Care Council, 2012), p.15	Social care, service users	Objective How we will deliver this objective Outcome 4.1 To ensure that the Model for the Regulation of the social care workforce is proportionate and risk based and reflects best practice in regulation. We will put in place a programme of continuous improvement that is visible and accessible for all registrants and employers. Ø A Model for Regulation is in place for the social care workforce that is robust, risk based, proportionate and affordable and that will enable the NISCC to fulfill its statutory functions efficiently, effectively and economically. 4.2 To collaborate with Councils in Scotland, Wales and England and the Republic of Ireland to share information and best practice in respect of professional regulation. We will work with the Health Professions Council, the Scottish Social Services Council, the Care Council for Wales and the Health and Social Care Professionals Council in the Republic of Ireland (CORU) to develop a MoU and put systems in place to share information. Ø Close collaboration with the other Social Care Councils in the UK and the Republic of Ireland will ensure systems are in place

			to protect service users and the public. Ø A MoU is in place and regularly reviewed. 4.3 To work in partnership with the Regulation and Quality Improvement Authority (RQIA) to ensure that the standards of practice for social care workers and employers are upheld. We will work collaboratively with RQIA through an agreed MoU. Ø A joined up approach to regulation is in place to protect the public.

Chapter Four: Current issues

Item	Source	Tags	Summary
1	Transforming Your Care: A Review of Health and Social Care in Northern Ireland (McCreedy et al, 2011), p.20	Health care, social care	Reason 1 – The need to be better at preventing ill health The population of Northern Ireland can become a healthier society through prevention of ill health and the promotion of health and wellbeing. People wish to be responsible in taking decisions to support better personal health. In this regard it is important to communicate evidence to enable people to choose a lifestyle where healthier outcomes can happen.
2	Transforming Your Care: A Review of Health and Social Care in Northern Ireland (McCreedy et al, 2011), p.20	Heath care, social care, service users	Reason 2 – The importance of patient centred care Evidence suggests that people are best cared for as close to home as possible. It is also what people have told us through the Omnibus survey - 81% of people surveyed said that more health and social care services should be delivered in GP surgeries, local centres and in people's homes.

3	Transforming Your Care: A Review of Health and Social Care in Northern Ireland (McCreedy et al, 2011), p.21	Demography	Demography Northern Ireland has a population of approximately 1.8m people. It has the fastest growing population in the UK and it continues to grow. The number of people over 75 years will increase by 40% by 2020. The population of over 85 year olds in NI will increase by 19.6% by 2014, and by 58% by 2020 over the 2009 figure (see the figure below).
4	Transforming Your Care: A Review of Health and Social Care in Northern Ireland (McCreedy et al, 2011), p.24	Health, inequalities	Reason 4 – Current inequalities in the health of the population In Northern Ireland life expectancy increased between 2002-2009 from 74.5 years to 76.1 years for men and from 79.6 years to 81.1 years for women. However, against this positive overall trend, inequalities are evident when mortality rates are compared across geographical areas. People who live in the 20% most deprived areas are 40% more likely to die before 75 than the NI average. Life expectancy against deprivation level is shown in the figure below
5	Transforming Your Care: A Review of Health and Social Care in Northern Ireland	Demography, services	Given the increasing and changing nature of the population, changing practices in medicine and increased expectations of the public, the gap between demand for

	(McCreedy et al, 2011), p.27		services and current provision is widening. If we were to continue to provide services as they currently are, it would lead to unplanned and unmanaged collapse of key services. This would ultimately lead to detrimental impact on patients and clients. The choice is stark: it is not principally about money but about sustainability and clinical evidence. The conclusion is clear: plan and manage the transition or accept a more haphazard set of changes. In this regard there are no neutral decisions. Historically, in Northern Ireland, there has been an over-reliance on hospital services. Given its rurality and based on recognised norms, a population the size of NI is likely to have between 5 and 7 major acute hospital networks, each 27 serving a population of some 250,000 to 350,000. Currently we have 10 hospitals for a population of 1.8million, in other words one per 180,000. The rurality of Northern Ireland has historically influenced the number of hospitals provided, and this must also be taken into consideration when developing a new model of care. There is however

			evidence to show that whilst important in a Northern Ireland context that travel per se does not create worse outcomes.
6	Transforming Your Care: A Review of Health and Social Care in Northern Ireland (McCreedy et al, 2011), p.27	Services	Reason 7 – The need to deliver a high quality service based on evidence The responsibility of the HSC is to deliver a high quality, safe and accessible service to the population of Northern Ireland, with good outcomes. Currently there are indications that there is room for improvement in how things are done. There are increasing numbers of people with chronic conditions such as hypertension, diabetes, obesity and asthma. Yet evidence suggests lower than appropriate access to general practice is achieved. Although improving, daycase rates are lower when compared to England at 64.7% compared to the England average of 75.5%. The number of registered suicides rose from 146 in 2005 to 313 in 2010. The rates per 100,000 of the population vary greatly across the region with a rate of 24.9 in the most deprived area compared to 7.6 in the least deprived area. Treatment for cancer has been revolutionised over the past decade with

			survival rates improving across a range of cancers, but we still fall behind European survival rates in a number of cancers, so further work needs to be done.
7	Briefing Notes from the Northern Ireland Social Care Council (Northern Ireland Social Care Council, 2015) p.1	Training	Social Work Workforce There are 5,700 registered social workers in Northern Ireland. The profile of the social work profession in Northern Ireland, based on the Register data, is one of a mature, largely female and locally trained workforce which has remained relatively stable over the last ten years. • 81% of social workers are women • 63% of the workforce is aged over 40 years • 21% are aged over 55 years • 84% of social workers practising in Northern Ireland gained their social work qualification here. • 15% of social workers hold a social work qualification which they gained in England, Scotland or Wales and 1% qualified outside of the United Kingdom. • 70% of social workers work in Health and Social Care Trusts. • The remainder works in other sectors including: Justice (Probation Board and the Youth Justice Agency); Education and Library Boards (Education Welfare Officers) and the Voluntary sector. • Within the HSC Trusts, 54% of social workers are employed in family and childcare services (DHSSPS Northern Ireland Health and Social Care Workforce Census of March 2014).
8	Briefing Notes from the Northern Ireland Social Care Council (Northern Ireland	Training	Social Work Undergraduate Training Social work undergraduate training is provided by Queen's University and Ulster University on a full time and part-time basis. This training is regulated by NISCC.

	Social Care Council, 2015) p.2		There are 260 undergraduate training places available for social work students each year which provides a sufficient supply for the workforce. The number of applications received for places on social work training courses remains high with a ratio of 8:1 applications for each place for the September 2014 intake. • In September 2014, 85% of students enrolled on undergraduate training courses were women. • Over the last 10 years an average of 16% of men entered social work training, reinforcing the largely female profile of the workforce. • 61% of students enrolled on NI social work training courses in September 2014 were aged between 21-34 years. Social Work Postgraduate Training and Continuous Professional Development All social workers are required to undertake a minimum of 90 hours CPD during their three-year registration period and this can be achieved through a range of learning opportunities, both formal and informal. This requirement is audited on a sample basis by NISCC when social workers renew their registration. NISCC is responsible for the CPD Framework for social workers 'Professional in Practice' (PiP). NISCC delivers this in partnership with employers, commissioners and education providers. 'Professional in Practice' sets out the CPD standards for social workers from initial consolidation training for newly qualified social workers, through to specialist training in practice, and leadership training.

			Within the Framework, training courses are delivered by universities, employers and other training organisations and lead to professional PiP awards in social work. There are 28 training courses approved and regulated by NISCC. The Framework also recognises the learning which social workers undertake in the work setting through in-house training, by providing credits towards CPD achievement. • To date, 3800 social workers hold professional PiP awards in social work • 1611 social workers are currently actively engaged in formal training leading to PiP awards. Funding for social work CPD through the PiP Framework is made available to the HSC Trusts by the HSC Board through commissioning arrangements. The DHSSPS provides funding to the voluntary sector through a Training Support Programme.
9	Improving Dementia Services in Northern Ireland: A Regional Strategy (Department of Health, Social Services and Public Safety, 2011), p.2	Care, support, social services	We are becoming increasingly aware that the ageing of the population throughout the developed world will lead to a continuing increase in numbers of people with dementia. The most recent expert views on the prevalence in Northern Ireland indicate that the number of cases may be as high as 18-19,000. It is thought that this figure could rise to around 60,000 by 2051. The scale of the challenge makes it vital that we re-design the services provided now and start to work differently to

			support people with dementia and their families. Providing care for people with dementia already poses challenges for service providers, whether in the statutory or independent sectors. The increasing numbers of people with dementia will bring further pressure on care and support services and on those who provide informal care. It is clear that the human cost for people and their families living with dementia is huge and we must recognise that carers must also be cared for.
10	Improving Dementia Services in Northern Ireland: A Regional Strategy (Department of Health, Social Services and Public Safety, 2011), p.13	Care, support, social services	2.2 Over the next 40 years, as our society ages, dementia will become more common in Northern Ireland. Providing support and care for people with dementia already poses challenges for families and for service providers, whether in the statutory or independent sectors. Meeting the demands likely to arise from the projected increase in people -aged 65 and over - will compound these problems and there are significant implications, both personal and public. 2.3 At present, it is estimated that in Northern Ireland there are 19,000 people living with dementia; fewer than 1000 of these people have early onset dementia (ie are under 65 years of age)11. 2.4 An ageing population in Northern Ireland could see the numbers of people diagnosed with dementia rising from the current estimate of 19,000 to 23,000 by 2017 and around 60,000 by 2051. 2.5 The average life expectancy for a woman in Northern Ireland is currently 81 years and for a man is 76 years12. As dementia occurs more frequently in the older age groups and as women live longer than men, then women have a higher prevalence of dementia than men.

Chapter Five: Political changes

Item	Source	Tags	Summary
1	The Right Time, The Right Place (Donaldson et al, 2014), p.9	Community	Northern Ireland's health and social care system is subject to a high degree of political, as well as media, interest. This is a valid and expected feature of a publicly-funded system. Ironically, though, the way in which this interest becomes manifest often creates results that are counter to the true public interest. There have been many examples of local communities – and therefore their politicians – wanting to keep a local hospital open, contrary to the analysis of service planners.
2	The Right Time, The Right Place (Donaldson et al, 2014), p.35	Governance	Promoting openness and avoiding fear is about culture. Responsibility for this sits with many people, within and beyond the health and social care system. Governance may sound like a blunt tool and, used alone, it would be. But alongside other approaches, appropriate governance arrangements can promote openness and dispel fear.
3	Improving and Safeguarding Social Wellbeing: A Strategy for Social Work in Northern Ireland	Policy	Social workers need to be more effective in influencing policy decisions about the future direction and investment in social work services. The emerging public and political debate about the rights agenda, emerging notions of modern citizenship and the balance of responsibilities between the

	(Department of Heath, Social Services and Public Safety, 2012), p.16		individual and the State will have a significant bearing on the social workers' role and their relationship with individuals and communities. The public, including service users, expect greater levels of choice and control in the design and delivery of services to meet their individual needs. The social work role and approaches to practice will need to be redefined to reflect the shift in the power relationship between those who use services and those who provide them.
4	Improving and Safeguarding Social Wellbeing: A Strategy for Social Work in Northern Ireland (Department of Heath, Social Services and Public Safety, 2012), p.25	Governance, risk, accountability	Effective social care governance requires clear lines of professional accountability from the front-line of practice to the boardroom. This includes regular supervision, robust arrangements to oversee the discharge of relevant statutory functions, effective performance management and the development and use of agreed standardised tools to support professional analysis and judgement regarding need and risk. Everyone has a part to play in ensuring a co-ordinated approach to social care governance including individuals, teams, senior managers and employers. Governance and regulatory requirements have greatly increased over recent years with a commensurate increase in reporting and information requirements. It is important that duplication and unnecessary effort in information gathering is eliminated. Relevant information that is gathered should be collated, analysed and

			used to inform learning and decision-making to improve practice and service delivery.
5	Improving and Safeguarding Social Wellbeing: A Strategy for Social Work in Northern Ireland (Department of Heath, Social Services and Public Safety, 2012), p.41	Social work, governance	Public expectations of social work are high and political and media scrutiny has never been greater. While the majority of service users and their carers are satisfied with their experience of social workers, social workers are often represented negatively in the press as either interfering too much or not doing enough. Public understanding of the profession is largely based on media coverage of the small number of cases where things have gone tragically wrong. The positive side of social work is rarely profiled and clearly this affects the public's perception and trust in the profession. "Public trust and confidence in social work is at a crossroads. High profile cases where there have been tragic outcomes have given the press free rein to misrepresent and dismiss what social work achieves in bringing positive outcomes to people's lives." NIPSA The public needs to have an informed understanding about the role of social work, the challenges facing social workers in their day to day practice and the difference they can and do make in many people's lives. Social workers must be confident and articulate in explaining what they do and what can realistically be expected of them

			by society.
6	Transforming Your Care: A Review of Health and Social Care in Northern Ireland (McCreedy et al, 2011), p.11	Services	The Minister's over-riding concern is driving up the quality of care for clients and patients, improving outcomes and enhancing the patient experience. In initiating the Review, the Minister explained that he wanted it to ensure that health and social services are focused, shaped and equipped to improve the quality of care and outcomes for the population, and to provide value for money in financially challenging times. He wants to see a shift in care currently carried out in hospitals into the community with patients being treated in the right place, at the right time and by the right people. The Minister also made it clear that in deciding to have a Review no criticism was implied about staff working in the current system. Quite the reverse, he concluded that the current model was unsustainable going forward and that he wanted to see a service which was developing not declining, a service which built upon the commitment and expertise of those working in health and social care.

			OBJECTIVES Accordingly the objectives of the Review were to: • provide a strategic independent assessment across all aspects of health and social care services of the present quality and accessibility of services and the extent to which the needs of patients, clients, carers and communities are being met by existing arrangements in terms of outcomes, accessibility, safety, standards, quality of services and value for money; • undertake appropriate consultation and engagement on the way ahead with the public, political representatives through the Assembly Health Committee, HSC organisations, clinical and professional leaders within the system, staff representatives through the Partnership Forum, and stakeholders in the voluntary, community, independent and private sectors; • make recommendations to the Minister on the future configuration and delivery of services in hospital, primary care, community and other settings; and

			• set out a specific implementation plan for the changes that need to be made in the HSC, including proposals in relation to major sites and specialities.
7	Personal Social Services: Development and Training Strategy 2006-2016 (Department of Health, Social Services and Public Safety, 2006), p.5	Regulation	Regulation of the workforce 1.20 The social work workforce has had qualification requirements set by the Department of Health, Social Services and Public Safety (Department) for specific parts of the social work workforce since the mid 1970s and these remain in force. A recognised social work qualification is required by all: - Social Workers in fieldwork posts (1976); - Team Leaders in residential child care (1993); - Executive Directors of Social Work (1994); and - Directors of Social Services (1994). 1.21 It remains the Department's published policy aim that residential child care staff should hold the social work qualification and work is continuing to achieve this policy aim in the near future. 1.22 The implementation by the Department, of Protection of Title of social worker from 1 June 2005 means that all social workers in designated posts must be registered on the social work part of the NISCC Register in order to practise.
8	Personal Social Services: Development and	Policy	Policy statements A phased introduction of qualification or part qualification achievements will be

	Training Strategy 2006-2016 (Department of Health, Social Services and Public Safety, 2006), p.16		associated with continuing registration with the NISCC and will be introduced over time for those on the social care part of the Register. For those on the social work part of the Register, a phased introduction of post qualifying achievements will be associated with continuing registration with the NISCC and will be introduced over time. All qualifications should be underpinned by relevant National Occupational Standards and include assessment of competence in the workplace. Development and training provision should be based on recognised standards and comply with policy, legislation and service procedures. All staff, including temporary appointments, must receive induction appropriate to their post. All staff should have access to, and be expected to integrate into practice, all Departmentally endorsed Social Care Institute for Excellence (SCIE) good practice guidelines as well as messages from inspections. Staff should also make use of valid and reliable research.
9	Personal Social Services: Development and Training Strategy 2006-2016 (Department of Health, Social Services and Public Safety, 2006), p.18	Policy	Policy statements Employers will have in place a comprehensive development and training plan by 2008, for the social services workforce which identifies the need for competence and qualifications at all levels with a specified time frame for achievement linked to continuing registration. Employers will support all staff to acquire the core body of generic

			knowledge, skills and qualifications relevant to job function within specified timescales. Employers will support identified staff across all programmes of care to develop specialist expertise associated with relevant qualifications linked to job function and level of responsibility. Employers will support the flexible deployment and mobility of staff across programmes of care with appropriate training initiatives to support transferability of competence and acquisition of required specific and specialist knowledge. Access routes to facilitate entry into the Degree in Social Work by those seeking a career change or those without the required academic qualifications will be available across Northern Ireland.
10	Personal Social Services: Development and Training Strategy 2006-2016 (Department of Health, Social Services and Public Safety, 2006), p.31	Social services	Northern Ireland Social Care Council As part of the government's modernisation agenda, the NISCC was established as a non-departmental public body to secure national standards of competence and conduct in the social services workforce. As the regulator of both the workforce and training it must be and be seen to be independent of both the commissioner and providers of social services, including social services training. The NISCC's roles and responsibilities include: • regulating social work education, including practice learning and the postgraduate framework;

			• regulating the social work and social care workforce; • promoting education and training development; • providing information to prospective students and others to promote recruitment to social work training and to promote social care training; • functioning as the approved SSC; and • accounting to the Department and Minister for achievement of annual objectives.

Chapter Six: Economic changes

Item	Source	Tags	Summary
1	Improving and Safeguarding Social Wellbeing: A Strategy for Social Work in Northern Ireland (Department of Heath, Social Services and Public Safety, 2012), p.17	Investment	Economic Constraint on the public purse means there is an imperative to maximise the return on investment in all public services and improve outcomes for all users. This will involve a greater emphasis on evidence-based practice, a greater focus on prevention and early intervention and a greater commitment to partnership approaches and alliances between professional groups, agencies and sectors in order to harness resources and expertise to meet the needs of people effectively and efficiently.
2	Improving and Safeguarding Social Wellbeing: A Strategy for Social Work in Northern Ireland (Department of Heath, Social Services and Public Safety, 2012), p.17	Poverty	The current economic recession is also impacting on peoples' lives. Growing rates of unemployment, salary freezes and reduced working hours are putting pressure on many families, in particular, those already on low incomes. There are concerns that the number of children and vulnerable adults living in poverty will grow, the gap between rich and poor will widen and social polarisation of disadvantaged groups will increase. Financial worries can lead to stress, can affect the stability of family

			life and relationships and can undermine an individual's mental health and ability to cope. Public services need to be able to respond to increased demand.
3	Improving and Safeguarding Social Wellbeing: A Strategy for Social Work in Northern Ireland (Department of Heath, Social Services and Public Safety, 2012), p.18	Resources, legal	Social workers play an important role in assessing need, acting as gate keepers to finite resources, providing targeted social work services or signposting people to services that can help them. As gatekeepers, social workers need to maintain professional integrity in their assessments and decision-making; ensure transparency and fairness in decisions about access to services; and work within the relevant legal framework and organisational procedures. Social workers have an important role in identifying unmet need and should use this information to influence decisions about investment in and the development of services.
4	Transforming Your Care: A Review of Health and Social Care in Northern Ireland (McCreedy et al, 2011), p.82	Poverty, inequality	Maternity care is of a high standard and according to recent surveys, women are happy with the standard of care they receive71. However there is increasing potential for variation in the provision of maternity care across Northern Ireland. In addition there are significant inequalities in maternal and infant outcomes, particularly amongst women from socioeconomically deprived backgrounds.

5	Transforming Your Care: A Review of Health and Social Care in Northern Ireland (McCreedy et al, 2011), p.82	Investment	Income Generation Often a parallel is drawn with other UK regions in regards to NI. Citizens contrast availability of services elsewhere with those that they have access to. This is sharply focused when there is discussion about income generation. Other regions have access to resources from charging which is not available in NI. The Review does not offer an opinion on how this should be addressed but would state there are no neutral decisions. While income generation was not a matter for the Review, there needs to be a sensible debate about growing income within the spirit of the NHS principles. The Review recommends that this debate commences in NI in 4 areas: • Non-emergency transport – for example car parking for visitors and staff and travel to day centres; • Domiciliary care – DHSSPS has never applied the ability to charge for domiciliary care in the home; • Prescriptions – consideration of a contribution towards the cost of prescriptions; and • Social Bonds and their ability to support more diversity in community

			service provision. The Review would wish to restate that it is not supportive of any move away from core NHS principles.
6	Transforming Your Care: A Review of Health and Social Care in Northern Ireland (McCreedy et al, 2011), p.54	Prevention, services, health, social care	Prevention is integral to the delivery of sustainable health and social care. It enables individuals to make better health and wellbeing decisions. Additionally it is an important determinant in optimising health outcomes for the citizen. Investment in prevention also makes economic sense, for example, inequalities have been estimated in England to cost £5.5billion to the NHS alone.32 Total annual inpatient costs to health and social services in Northern Ireland as a result of smoking were estimated at £119million in 2008/9.33 Loss to the local economy as a result of obesity is estimated at £500million, with 59% of the population being either overweight or obese. This includes, for example, some £24.5million spent on prescribed anti-diabetic medication alone.34 The impact of alcohol on the health and social care system is estimated at some £250million. The additional social costs are estimated at almost £900million.

			Furthermore, it is estimated that alcohol is a significant factor in 40% of all hospital admissions, rising to 70% of Accident and Emergency attendances at weekends. Given the significant impact of these issues on the health of the population and the costs of care, strategic and bold action is required. No system can withstand the pressure of doing nothing, and the HSC has a duty to address the health inequalities in our population.
7	Transforming Your Care: A Review of Health and Social Care in Northern Ireland (McCreedy et al, 2011), p.60	Investment, community, services	The policy aim for some time has been to shift care from institutional settings to home and community settings. The current Health and Social Care Board (HSCB) target (from April 2011) is for at least 48% of care management assessments to recommend a domiciliary care package rather than a nursing home or residential care. However, the majority of expenditure still relates to institutional care. In 2009/10 residential and nursing home provision accounted for £190million, with domiciliary care accounting for £138million and hospital care for £115million. Suggestions on how to improve care, from the online survey, included more community services, person centred care and in-reach

			services.
8	Transforming Your Care: A Review of Health and Social Care in Northern Ireland (McCreedy et al, 2011), p.78	Disability, investment	Between 17-21% of the Northern Ireland population have a physical disability and around 37% of households include at least one person with a disability66. While many disabled people have no greater need for health and social care support than the rest of the adult population, some draw on specific support services provided by the statutory and voluntary and community sectors. At March 2010 there were 7,527 people with a physical or sensory disability (aged up to 65 years) in contact with HSC Trust disability services. In budgetary terms, adult disability services account for a small proportion of health and social care spend - 2.8% of the HSCB budget or £91million.
9	Transforming Your Care: A Review of Health and Social Care in Northern Ireland (McCreedy et al, 2011), p.78	Investment, revenue	Revenue Budget The current revenue budget for DHSSPS in 2011/12 is £4,383million. The Health and Social Care element is £3,904million and is split as follows: Hospital 41.8% Personal & Social Services

			21.8% Family Health Services/ Primary Care 21% Community 11.5% Management/ Admin 2.1% Other 1.9% To allow the implementation of the new model of care the funding available for HSC services will be re-allocated. There will be a shift of care from hospital settings into the community. Some of the key changes that will be seen in the community will be: • more care delivered in the home; • changing care packages for people in nursing homes; • increased role of the GP; • increased role of Pharmacy in medicines management and prevention; • a strong focus on prevention; • increased use of community and social care services to meet people's needs;

			and • outreach of acute services into the community. The revenue budget for DHSSPS in 2014/15 is £4,659million. The Health and Social Care element is £4,150million. The projected allocation, applying the new model, is illustrated in the figure below. Hospital 39.8% Personal & Social Services 22.3% Family Health Services/ Primary Care 21.5% Community 12.5% Management/ Admin 2.1% Other 1.9% The impact on investment of the potential redistribution of the budget is illustrated in the figure overleaf and is as follows: • reduction of the budget in hospital services, from £1,733million to

			£1,650million. This represents a £83million reduction, equating to 5% of the hospital services budget; • increase in Personal and Social Services (PSS), from £903million to £924million. This represents a £21million increase, equating to a 2% increase in the PSS budget; • increase in Family Health Services and Primary Care Services, from £871million to £892million. This represents a £21million increase, equating to a 3% increase in the FHS budget; and • increase in Community Services, from £477million to £518million. This represents a £41million increase, equating to a 9% in the Community Services budget.
10	Transforming Your Care: A Review of Health and Social Care in Northern Ireland (McCreedy et al, 2011), p.126	Funding, revenue, investment	In addition it is estimated that transitional funding of approximately £25million in the first year; £25million in the second year; and £20 million in the third year will be required to enable the new model of service to be implemented. We recommend this should be invested in: • Integrated Care Partnerships, with a focus on older people and long

			term conditions; • service changes; and • voluntary early release scheme. It is anticipated that after 2014/15 the model would be self-financing. The principles for implementation are set out in section 18 overleaf. Detailed implementation plans will be developed following this review to reflect the complexity of changes required.
11	Improving Dementia Services in Northern Ireland: A Regional Strategy (Department of Health, Social Services and Public Safety, 2011), p.15	Funding, investment, care	The Cost of Dementia Care 2.7 The cost of dementia care is substantial, both to the public purse and to those living with dementia and their families. The Alzheimer's Society report13 estimated the annual average cost of care for someone with dementia to range from £16,700 (2005/06 prices) for someone with mild dementia living in the community to £37,500 for someone with severe dementia living in the community. The average cost for someone in supported accommodation, including care homes, was estimated at £31,300. All of the costs quoted include informal care costs – the cost of the time informal carers spent on providing care -, health and social care costs and supported accommodation costs for those receiving this form of support. 2.8 Applying these to the Northern Ireland estimates of those with dementia and assuming the same distribution as the UK as a whole for the proportions with mild, moderate and severe dementia and for the proportion living in supported accommodation gives total NI costs (at 2005/06 prices) of just over £400m,

			which includes £150m of informal care costs.

Chapter Seven: Technological changes

Item	Source	Tags	Summary
1	The Right Time, The Right Place (Donaldson et al, 2014), p.3	Technology, health, social care	Technology has continued its rapid and beneficial advance, opening up new opportunities for diagnosis and treatment but bringing even greater numbers through the doors of hospitals and health centres. Citizens experience the benefits of an advanced consumer society and when they encounter the health and social care system, they rightly expect it to be commensurate with this. Rising public expectations are a further driver of demand for healthcare.
2	The Right Time, The Right Place (Donaldson et al, 2014), p.20	Information technology, health	The importance of data and goals are news to nobody. Yet in Northern Ireland, as in too many other healthcare systems, data systems are weak and proper goals are sorely lacking. Improving healthcare requires clear and ambitious goals. It requires a statement that preventable harm will be reduced to zero, or that the occurrence of healthcare associated infections will be cut in half within a year.
3	The Right Time, The Right Place (Donaldson et al, 2014), p.31	Technology, health	Technological solutions have an important role to play. Electronic prescribing systems, patient monitoring systems, and shared care records can address multiple patient safety issues

			simultaneously (although their implementation and use is not without risk).
4	Improving and Safeguarding Social Wellbeing: A Strategy for Social Work in Northern Ireland (Department of Heath, Social Services and Public Safety, 2012), p.19	Service users, tools	Technology is transforming how we communicate, how we live our lives and how we manage information. Technology offers opportunities to support and improve the lives of service users as well as opportunities to improve the efficiency and effectiveness of social workers. 9 Technology can be an aid to practice, an effective tool for recording and for keeping in touch with service users. It can also provide a forum for professional debate or as a gateway to the most up-to-date knowledge and research. Technology can also pose ethical dilemmas for social workers in respect of confidentiality, consent, disclosure and potentially reduce direct contact time with service users.
5	Improving and Safeguarding Social Wellbeing: A Strategy for Social Work in Northern Ireland (Department of Heath, Social Services and Public Safety, 2012), p.20	Social work	Technology also presents new challenges for social work practice. Social networking, as well as being a positive tool for communication, can increase the risk of grooming, bullying and peer on peer abuse for vulnerable young people and adults. Social networking also facilitates the sharing of information amongst communities of people who may pose a threat to children or vulnerable adults.

6	Drivers for Change in Social Care in Northern Ireland NISCC Council Session (Northern Ireland Social Care Council, 2015), p.3	Technology, communication	7. Technology Changing working practices- use of technology Positive shift in technology- not all or nothing Possible reduction or increase in isolation or uncertainty Technology- how much will this contribute to care Technology- increased real time immediacy of communication Social media: Increasing communication Potential for momentum building Potential for increasing the vulnerability of service users and of workers Role of regulator and social media Virtual communities Reduction in the value of human interaction due to the use of technology Care at the press of a button? 4 Reduction in the digital divide and experience, skills and competency improve in technology in all generations and all work gaps
7	E-health and Care Strategy For Northern Ireland (Health and Social Care), p.9	Technology, education	Why do we need an eHealth and Care strategy? Health and social care has seen many changes in recent years, but more needs to be done to make sure we continue to meet the needs of the people of Northern Ireland. Northern Ireland has strategies setting out what these changes should be, including 'Transforming Your Care'; 'Quality 2020'; and the new strategic framework for public health 'Making Life Better'. The changes we know we will face with a growing and ageing population, and an increasing

			burden of disease mean we need to find smarter ways of doing things. eHealth technology will support the vital changes in how health and social care is delivered to meet the challenges of the future. It can help to provide services remotely and also improve communications between care professionals and with patients, clients and their carers. By improving access to information both citizens and care professionals will be able to make better health and wellbeing decisions. A clear eHealth implementation plan to support care transformation will make it easier to develop partnerships with universities, colleges and industry that support better care. The Connected Health and Prosperity Board Task and Finish Group Report has outlined how this will develop opportunities for employment, business and export-led growth.
8	E-health and Care Strategy For Northern Ireland (Health and Social Care), p.12	Communication, social care, health	Where are we now? eHealth services for the public in Northern Ireland are currently limited. At the moment, we do not make it easy for people to seek out information for themselves or make decisions about their own health and wellbeing. We tend to rely on three methods of communication with patients: paper, phone and in person. Contacting health and social care services about appointments or test results for example, is still mainly done by telephone or letter. Where do we want to go?

			Supporting healthy citizens eHealth has a role in health promotion, protection and improvement. Using ICT well to provide quality information services is very important to this. People have told us they would like to use eHealth technologies to add to traditional ways of contacting and using health and care services. Trusted online health portals can provide access to a variety of health information and signposting services. Online booking can be used to make appointments. Mobile apps can be developed to help monitor health conditions and to supplement patient-held records.
9	E-health and Care Strategy For Northern Ireland (Health and Social Care), p.18	Information technology, data	Use of information and analytics Develop ways to transform data and information into knowledge (informatics) that supports care, from being able to suggest personalised preventative care through to supporting population-level health and care planning. Where are we now? Information about you and your care is gathered electronically in many parts of the HSC but some is still collected on paper. Some electronic information such as attendances at hospital, drugs prescribed by your GP and visits from community nurses is collected to help the HSC to support research, audit, service development and performance management. This information goes to a central database (the HSC Data Warehouse), where it is held securely and is pseudonymised or anonymised before use.

			Work is going on using limited, summary-level information from GP systems to let GPs find out who in their practice is at risk of starting to have problems with their health. This lets the GP offer additional support to these patients to help them stay healthy for longer. Where do we want to go? In future we will collect more information electronically. Health analytics is about making best use of this information to benefit the wider population by: • supporting better decisions about the services we provide to get the most benefits for patients and clients. • informing technical and medical evaluations of new therapies and treatment plans. • making sure the services we provide are equitable and high quality.
10	E-health and Care Strategy For Northern Ireland (Health and Social Care), p.23	Informaton technology	Maintain a modern, reliable eHealth infrastructure, including investment in supporting, modernising and replacing key systems and HSC networks and hardware as needed. Where are we now? We have developed a strong ICT foundation for eHealth over the last 10 years as a result of the 2005 HSC ICT Strategy and investment in many regional and Trust-level projects: • The Northern Ireland Electronic Care Record

			(NIECR) and the expansion of systems across the community sector, including the delivery of Community Information Systems and the development of the electronic Northern Ireland Single Assessment Tool (eNISAT) are bringing real benefits to patient and client care. They are a strong starting point for developing more tools to support high-quality integrated care. • Health and Care Number (HCN), the unique identifier for everyone in Northern Ireland. This unique identifier is important as it allows your health and social care information to be safely linked together and helps the HSC work together to keep your basic demographic details (name, address, date of birth) accurate and up to date. • Northern Ireland Picture Archiving and Communications System (NIPACS), our regional system for x-rays. • Theatre Management System (TMS), managing operating theatres in hospitals. • Cancer Patient Pathways System (CaPPS), improving cancer diagnosis and treatment. • Electronic Prescribing and Eligibility System (EPES), supporting primary-care medicines management. • ICT infrastructure improvements including secure HSC and GP networks, desktop and mobile devices and consolidated regional HSC data centres.

11	Transforming Your Care: A Review of Health and Social Care in Northern Ireland (McCreedy et al, 2011), p.33	Information technology	Technological change is both a driver and enabler for the future. The pace of change is incredible and our current model does not promote its absorption or benefit as it should. For example, NI has now one of the most sophisticated radiological systems anywhere but we need new ways of working to maximise the potential of this technology. The technology that enables 24/7 intervention in the care of strokes and coronary conditions can revolutionise the outcome for patients but to deliver it our current service pattern must change. There is overwhelming evidence that organising emergency care separate from elective care makes better use of the infrastructure in hospitals. Information is key. As a system we have a huge amount of data but poor data analysis, preventing professionals from having the evidence that is central to their work. For example, information from patient records could be used more effectively to monitor our local health needs and to assess what treatments are working well. Data needs to be used in a more effective way to ensure it is translated into information that we can use to plan our services.

			Communication with the public is not as modern as it should be, for example in arranging appointments, in explaining how to use the service and giving timely information. This leads at times to disorganisation in our response to the individual and inefficiency. The technological infrastructure in NI is good and it can promote more care closer to home but our service has not yet fully embraced the opportunity that exists. Connected health projects exist but have emerged in an ad hoc manner. If the service is to derive maximum benefit in this regard, development of connected health needs to be more coherent. Changes therefore will need to build upon the existing Memorandum of Understanding between Invest NI and DHSSPS in relation to connected health. A clear commitment to maximising the technological potential to service provision will be essential.
12	Transforming Your Care: A Review of Health and Social Care in Northern Ireland (McCreedy et al, 2011), p.77	Assistive technology	A key enabler in the introduction of the new model is technology. Greater support can be given to individuals and health care professional through telehealth monitoring. An individual will have the ability to better

			manage their own condition through a combination of assistive technology and access to information. The current duplication along with poor patient records slows down the system and causes frustration to the individual when forced to continually relay their particular situation and treatment. A solution to this would be the creation of a single Electronic Care Record (ECR) which follows the individual through different care settings and Trust boundaries.
13	Transforming Your Care: A Review of Health and Social Care in Northern Ireland (McCreedy et al, 2011), p.119	Technology	Technology is a key enabler of the delivery of the new model of care, in particular in supporting care closer to home and the ability of staff to work as an effective integrated multi-disciplinary team. A forum should be established to take forward how technology will support the new model of care linking the service to industry and academia to ensure the optimum and best value for money solutions are taken forward and opportunities are identified and considered. Where appropriate, development of technological support will be through a collaboration approach with

			the Department of Enterprise, Trade and Investment (DETI) in line with the Memorandum of Understanding agreed between the Minister for Health, Social Services and Public Safety and the Minister for Enterprise, Trade and Investment. The plans for technology to support the new model will come in the form of regional projects as well as technology solutions that will support the delivery of services to meet the specific needs of patients in a certain area. The population based planning approach will include plans for the use of technology to support how the model of care is delivered for that population.

Chapter Eight: Social changes

Item	Source	Tags	Summary
1	Improving and Safeguarding Social Wellbeing: A Strategy for Social Work in Northern Ireland (Department of Heath, Social Services and Public Safety, 2012), p.30	Education	As society changes and as peoples' needs become more complex it is essential that social work practice continues to evolve and develop and that social workers are equipped with the right knowledge and skills to deliver an effective service. High quality education and training linked to service needs is a key component in ensuring social workers develop the expertise necessary to improve outcomes for service users. There needs to be a better understanding of the level of competence and expertise that can be expected of practitioners at different points in their career. Social work education and training has to be planned in ways that support the progressive acquisition and development of skills and expertise, linked to changing needs, job roles and career structures.

2	Improving and Safeguarding Social Wellbeing: A Strategy for Social Work in Northern Ireland (Department of Heath, Social Services and Public Safety, 2012), p.32	Skills	Accessibility of services is about the balance between thresholds of need and levels of demand as well as the availability of alternative services to which people can be signposted. The majority of community based social work services are based on traditional office opening hours of 9 am to 5 pm between Monday and Friday. Many service users, including school-age children, are unavailable during these hours. Evidence confirms that personal or family crises, emergency admissions of children into care, attempts at self-harm, serious adverse incidents, emergency mental health assessments and applications for secure accommodation for young people can happen at any time, often at night or weekends. Under current provision, these crises are dealt with by an out-of-hours duty social worker often with little or no knowledge of the individual or their circumstances.
3	Qualification Profile on the Social Care Workforce in the Independent & Voluntary Sectors (Northern Ireland Social Care Council), p.7	Education, training	There are a number of employees who are reluctant to undertake training. Many do not consider that they have the educational ability to access training or may have had a negative experience at school. Lack of confidence is a major factor. Some employees have other commitments on their time and training is not a priority for them. A lack of funding for NVQ training has been identified as a barrier for undertaking training. The increasing cost of training and sometimes poor quality of training is concerning for employers. The level of access to training very much depends on the financial stability of an organisation at present. Many employers are reducing their funding for

			qualifications in the year ahead. Some employers have in-house trainers to deliver all training to employees. An advantage of in-house training means that training deficits can be identified and dealt with earlier.
4	Qualification Profile on the Social Care Workforce in the Independent & Voluntary Sectors (Northern Ireland Social Care Council), p.10	Education, training	There is no definitive number of staff employed in social care, it is estimated that there is a workforce of approximately 40,0004. It would be difficult to estimate the breakdown of this number between the 5 Health and Social Care Trusts, the voluntary and independent sector and it would be difficult to estimate the breakdown or level of qualifications in those organisations that did not respond or the Trusts as there was no obvious pattern across the responding organisations. Some had 100% of staff with a qualification; others showed a very low percentage or no staff with a relevant qualification
5	Drivers for Change in Social Care in Northern Ireland NISCC Council Session (Northern Ireland Social Care Council, 2015), p.2	Demography	5. People Balance of population becoming more extreme – young and old Demographic changes- larger older population Potential of increase in intergenerational tension People will be better informed about services, quality and safety with increased expectations and reduced gratitude People will be more demanding and challenging A more vocal older people's sector- more collective voice and more knowledge and experience in how to use that collective voice effectively 3

			Change of emphasis in care – from child minders to adult minders Where will the wealth be for the next generation- in the hands of older people? The definition or understanding of what it means to be old will be changing: more active lifestyles healthier choices not seen as a resource problem but a community asset Improved more positive view of older people and ageing – less dependence more independence, living life to the full, more self-management, self-knowledge, people as experts in their own condition As above for those living with long term conditions and disabilities
6	Quality 2020: A 10-Year Strategy to Protect and Improve Quality In Health And Social Care In Northern Ireland (Department of Heath, Social Services and Public Safety, 2011), p.10	Education, training	STRENGTHENING THE WORKFORCE Objective 3: We will provide the right education, training and support to deliver high quality service. Why is it important? No matter how good our systems and procedures are, they all rely on staff who are motivated, skilled and trained to implement them. This is fundamental to the delivery of safe and effective services. Increasingly these systems and procedures must include personal and public involvement in their design and operation. What will be done? • Opportunities for continuous learning by staff will be resourced and planned in order to continuously improve quality. • Increased knowledge and skills in the principles of PPI will

			be promoted among all HSC staff. • Arrangements will be made to involve service users and carers more effectively in the training and development of staff. • A customised Healthcare Quality training package for all staff working in health and social care (with mandatory levels of attainment dependent on job responsibilities) will be developed, with possible links to regulation and dovetailed with existing and emerging training and development strategies across HSC. • Better use will be made of multidisciplinary team working and shared opportunities for learning and development in the HSC. • Regular feedback from staff and service users and carers will be sought alongside commissioned research on quality improvement. How will we know it is working? • HSC service organisations will be recognised as employers of choice. • Evidence for improved outcomes for patients and clients will be published. • Increasing levels of competence among HSC professionals will be evidenced through professional revalidation and appraisal. • There will be evidence from research of reducing errors in service delivery arising from "human factors".
7	Transforming Your Care: A Review of Health and Social Care in Northern Ireland (McCreedy et al, 2011), p.60	Population	The proportion of older people in Northern Ireland living in nursing homes is 3.5 times higher than in England and Wales41 and is increasing. Between 2007/8 and 2009/10, the number of nursing home places increased from 6,392 to 6,694. This reflects the growing complexity of needs and high dependency levels among

			some of the older population – for example the growth in cases of dementia where currently there are an estimated 19,000 cases. 42 Meanwhile, the number of residential care places is slowly declining, reflecting the growth in supported housing schemes provided by Housing Associations which have replaced residential homes. Over the same period 2007/8 to 2009/10, the number of residential places fell from 3,096 to 2,983. Many of those using residential care are no longer permanent residents. The policy aim for some time has been to shift care from institutional settings to home and community settings. The current Health and Social Care Board (HSCB) target (from April 2011) is for at least 48% of care management assessments to recommend a domiciliary care package rather than a nursing home or residential care. However, the majority of expenditure still relates to institutional care. In 2009/10 residential and nursing home provision accounted for £190million, with domiciliary care accounting for £138million and hospital care for £115million. Suggestions on how to

			improve care, from the online survey, included more community services, person centred care and in-reach services.
8	Transforming Your Care: A Review of Health and Social Care in Northern Ireland (McCreedy et al, 2011), p.55	Health, lifestyle, behaviour	Alcohol Consumption in Northern Ireland Given the link between alcohol consumption and harm, and evidence that affordability is one of the drivers of increased consumption, price has become an important feature of prevention strategies. Alcohol is now 44% less expensive in the UK than it was in 1980. It is possible today to exceed the maximum weekly recommended intake of alcohol for men (21 units) for around £4. A University of Sheffield report, used by the Scottish Government, suggests that a minimum price of 45p and a complete ban on promotions would save about 50 lives in year one, rising to 225 lives in year ten. Moreover, it has been estimated for Scotland that the 45p per unit minimum price would have a total value to health, crime and employment in year one of more than £50million and over ten years of more than £700million. The submission to the Review from the Royal College of Psychiatrists in Northern

			Ireland also highlights its view that alcohol price control could be the single biggest act that Government could undertake to improve health and wellbeing in Northern Ireland. As NICE states: “There is extensive international and national evidence (within the published literature and from economic analyses) to justify reviewing policies on pricing to reduce the affordability of alcohol". Over the last ten years, it has become increasingly socially unacceptable to drink and drive. This has been via a mixture of enforcement, education and diversion. In this context, it is proposed that a reduction in hazardous and harmful drinking becomes a priority for Northern Ireland with associated targets such as a reduction in A&E attendances helping to drive performance. This could be supported by focused media campaigns to change behaviours/ culture along with evidence based interventions for reducing harmful and hazardous drinking across Northern Ireland.
9	Transforming Your Care: A Review of Health and Social Care	Health, lifestyle, behaviour	Smoking As detailed in the Case for Change, around 340,000 people aged 16 and over

	in Northern Ireland (McCreedy et al, 2011), p.55		smoke in Northern Ireland. Half of all smokers eventually die from cancer, or other smoking-related illnesses.35 A quarter of smokers die in middle age, between 35 and 69. These deaths could be avoidable. Reducing smoking is a high priority for public health and there is an ongoing programme of action to encourage people who smoke to stop and discourage people from starting to smoke. This includes public information campaigns and smoking cessation services. The model of care proposed by the Review offers the opportunity to take an integrated, areabased approach to these actions, targeting groups facing particular risks, such as pregnant women, and locations where smoking rates are known to be
10	Transforming Your Care: A Review of Health and Social Care in Northern Ireland (McCreedy et al, 2011), p.56	Health, lifestyle, behaviour	Obesity The Case for Change highlighted the rate of obesity in Northern Ireland and the challenges this presents. An estimated 59% of all adults are either overweight (35%) or obese (24%),36 which has a very significant impact on our population's health and wellbeing. We face a significant challenge in halting the rise in the proportion of the population who are

			overweight or obese. A regional Obesity Prevention Framework is being developed to set out the actions needed to reduce the rate of obesity. These include supporting the individual to take responsible decisions and helping to create an environment that supports healthy decisions about diet and physical activity. In relation to the lifestyle factors of diet, physical activity, smoking and alcohol consumption, it is important that we provide citizens with good information and that we create environments which make it easier for people to make healthy choices. 36 NI Health and Social Wellbeing Survey 2005/06, DHSSPS To support this, the Review would encourage the Northern Ireland Executive to consider the wider role of the state in taking decisions impacting on health outcomes. In addition to considering the emerging evidence on the potential benefits of minimum pricing for alcohol (for example, taking account of the outcomes of the Scottish alcohol pricing initiative), the Executive may wish to consider the issue of pricing of alcohol

			and ‘junk’ food and further controls on tobacco usage.