

Reconfiguration Criteria Consultation
Department of Health
Room C3.6
Castle Buildings
Stormont Estate
Belfast
BT4 3SQ

18/01/17

Dear Sir / Madam

The Northern Ireland Association of Social Workers (NIASW) welcomes the opportunity to respond to the consultation on criteria for reconfiguring Health and Social Care (HSC) services.

NIASW recognises there is a clear need for restructuring HSC services to ensure the sustainable delivery of services on a long term basis, particularly in light of the region's aging population. NIASW is concerned however, that the criteria for reconfiguring HSC services focus predominantly on healthcare, rather than social care services and **we believe there is a need to address this imbalance if the criteria are to prove useful for assessing the sustainability of social care services.**

The Bengoa review was conducted to develop a *clinically informed* model for the future configuration of health and social care. The Bengoa report, *Systems not Structures*, explains its focus was not on how to deliver adult social care on a sustainable basis and it acknowledges the Department of Health is undertaking a separate exercise to consider these issues.

The Minister's 10 year vision for restructuring services, *Health and Wellbeing 2026*, highlights the forthcoming Reform of Adult Social Care and Support will consider the nature, size and skills of the social care workforce needed to deliver social care in the future. However, this reform process will not include children's services, which account for 53% of social workers employed by the HSC Trusts.

Given the clinical focus of the seven criteria taken from the Bengoa report NIASW questions their usefulness for assessing the sustainability of social work services and believes further information is needed to clarify the extent to which the criteria will be applied to these services. The interdependency of health and social care highlights the need for social care factors to be at the centre of any structural reform.

The following paragraphs provide NIASW's views on each of the seven criterion in turn.

Criterion 1 – There is evidence that the outcomes for patients using these services are below acceptable levels either in the services as a whole or in particular hospitals, or where there are safety concerns.

NIASW accepts the inclusion of the criterion in principal on the basis it aligns with the Department's current policy on ensuring and safeguarding the quality and safety of services set out in the *Quality 2020* strategy. However, it is essential the wording is amended to include reference to service users as well as patients to correct the focus which is currently predominantly on medical care.

Criterion 2 - There is a clear clinical pathway for the patient population. Co-created with patient groups.

NIASW fully supports the co-production of social work services, to include participation from service users as well as service providers and commissioners. However, the focus on clinical pathways for patients, will mean the criterion may not be suitable for assessing the involvement of service users in the coproduction of social work services.

Criterion 3 – The service cannot meet professional standards or minimum volumes of activity needed to maintain expertise

NIASW recognises that in certain instances there may be a need to centralise healthcare services where there is an insufficient volume of patients to warrant localised services. Given the community based nature of many social work services NIASW believes it would be inappropriate to centralise services in a similar manner to healthcare and therefore contests the appropriateness of applying this criterion to provision of social work services.

Criterion 4 - The permanent workforce required to safely and sustainably deliver the service is not available/cannot be recruited or retained, or can only be secured with high levels of expensive agency/locum staff.

NIASW accepts this criterion could appropriately be used in assessing the sustainability of social work services.

Although the spend on agency social work staff by the HSC Trusts is fairly low – below 4% of the total social work paybill in each Trust, it increased in each Trust in 2015/16 compared to the previous year. NIASW recognises reliance on agency staff to fill posts can lead to reduced continuity of care and has encouraged the Department to ensure vacant posts are filled on a permanent basis.

Criterion 5 – The training of Junior Doctors cannot be provided to acceptable levels

This criterion is specifically focused on the delivery of healthcare services and is not applicable to assessing whether there is need to reconfigure social work services.

Criterion 6 – There is an effective alternative 'out of hospital' care model or an alternative 'shared care' delivery model.

NIASW recognises the Minister's 10 year vision focuses on provision of acute care at home, with hospital admissions only in instances where treatment can't be provided in the community. NIASW welcomes this approach as it will benefit service users who are vulnerable for whom hospital admissions can be challenging. However, as delivery of acute care in the community is implemented there will be a need for the services currently delivered by hospital social workers to be replicated in the community context as there will remain a need for the provision of care packages for some patients following the cessation of treatment and in some instances for the duration of treatment.

Nonetheless, given the majority of social work services are community based, there would be little use in applying this criterion to assess the need to reconfigure services.

Criterion 7 – The delivery of the service is costing significantly more than that of peers or of alternative 'out of hospital' alternatives due to a combination of the above factors.

Social Work plays a key role in early intervention, community development work and supporting carers to prevent people from becoming unwell and requiring secondary or acute care. It is important this criterion recognises the role of social work in this regard if it is to be used to assess the sustainability of social work services.

Hospital social workers also play a key role in preventing patients from spending more time in hospital than is necessary by facilitating care packages for patients prior to their discharge. It is essential sufficient funding is provided by HSC Trusts to ensure adequate numbers of hospital social workers are employed and that there are sufficient resources for the provision of care packages.

If you would like any further information please contact Andy McClenaghan, NIASW Campaigns Officer, on 02890 648873 or a.mcclenaghan@basw.co.uk.

Yours sincerely



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