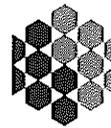


FROM THE MINISTER FOR HEALTH,
SOCIAL SERVICES AND PUBLIC SAFETY



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Our Ref: SUB/1497/2015

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Dear

FEARGHAL

Further to the Second Stage debate of HPSS Bill (Amendment) which took place on 1 December 2015, I agreed to respond to the questions you posed during the debate, in writing.

Please see attached a record of the questions you raised and answers to those questions (Appendix 1). I am also copying the response to the Chair of the Health Committee for information.

Yours sincerely

SIMON HAMILTON MLA

Responses to the Questions posed by Feargal McKinney

at 2nd Stage Debate 1 December 2015

1. Question:

Clause 1 refers to giving warnings or advice to registrants. I ask the Minister how the Bill will change that. What is the nature of advice and what levels of warning, informal and formal, will exist?

Answer:

Clause 1 will provide the Northern Ireland Social Care Council (Care Council) with powers to issue formal advice and warnings to registrants, similar to the provisions available to other Healthcare regulators here and in other parts of the United Kingdom, such as the General Medical Council.

Advice:

Advice is not a sanction. Advice will be issued as a letter from the Care Council to a registrant following an investigation of a complaint. It will be issued where the Care Council has determined that the registrant's practice has fallen short of expected standards but the complaint does not reach the threshold of impairment of Fitness to Practise and where there has not been any risk of harm to the public. Advice will be tailored to address the specific issues of each case and will remind registrants about the importance of working in accordance with the Care Council's Standards of Conduct and Practice.

Warnings:

Where a registrant has been found to have committed misconduct, but this does not reach the threshold for a more serious sanction, the registrant will be given a warning for a period of 1 year up to 5 years which will be placed on their registration record. The period of warning will be determined by the nature of the breach of the standards. A warning is at the lower end of the

scale of sanctions and therefore will not restrict the registrant's ability to practise.

2. Question:

Clause 2 refers to the ability of the NISCC to publish or disclose information in relation to a registrant's fitness to practise. At what stage will that be invoked? Does it afford the NISCC the power to publish details of workers who fall short of the standards expected? Once again, those are issues for further scrutiny in the Committee. Is a 14-day limit for providing relevant information to the Council the best-practice approach?

Answer:

Publication or disclosure of information

The Care Council like other healthcare regulators currently publishes the outcome of conduct cases in the interests of openness, transparency and public protection. The proposed Clause 2 will further strengthen the power of the Care Council to publish information about a registrant's Fitness to Practise and will make this power explicit to both registrants and the disclosure of information will take account of the public interest test. The Clause also provides the Care Council with the power to disclose information to other healthcare workforce regulators for the purpose of investigations into complaints.

At what stage will that be invoked?

The Care Council will publish information about a registrant's Fitness to Practise following the determination by the Fitness to Practise Committee to impose a sanction on a registrant who has fallen short of the standards expected.

Does it afford the NISCC the power to publish details of workers who fall short of the standards expected?

Yes. The Care Council will have the power to publish information about registrants who are subject to any sanction imposed by a Fitness to Practise Committee including a warning, a condition, suspension or removal. The Committee's decision will be published on the Care Council's website. The information published will be subject to the Care Council's information disclosure policy. The publication of such information allows the public and employers to be aware of registrants who have fallen short of the standards expected. This is in line with regulatory best practice and helps to safeguard service users and protect the public by ensuring information is available concerning a registrant's fitness to practise.

Power to obtain information – 14-day limit for providing relevant information to the Council

Clause 2 provides the Care Council with the powers in clause 2(1) and (2) to require persons and employers to provide the Care Council with information which will enable it to obtain the information needed to progress applications for registration and Fitness to Practise cases in a timely and efficient manner. At present the Care Council relies on the good will and co-operation of employers and others to obtain the information needed to progress investigations into complaints. The Care Council's experience to-date indicates that where information is not provided in a timely fashion this can create delays in progressing investigations.

If a person or employer fails to provide information within the 14-day limit the Care Council may apply to the County Court for an Order requiring the information to be provided. The 14-day limit is consistent with the requirements of other healthcare regulators, here and across the United Kingdom, such as the General Medical Council.

3. Question:

In clause 3, it is proposed that all those registered in England, Wales and Scotland be registered in one database in Northern Ireland. I ask the Minister whether there will be any consideration of those who are registered with CORU in the Republic of Ireland. What conversations, if any, have taken place with that organisation, which is the body in the South responsible for social-care workers? Would a greater syncing-up of services provide more effective care? Do they register domiciliary-care workers, and have any discussions been undertaken in that regard?

Answer:

Clause 3 does not propose that all those registered in England, Wales and Scotland be registered in one database in Northern Ireland. The current arrangements are that a social worker, registered with a recognised regulatory body in England, Scotland or Wales can practise in Northern Ireland without being registered with the Care Council. However, this amendment seeks to ensure that any social worker from England, Scotland, Wales, but wishing to practise in Northern Ireland, is registered with the Care Council.

The rationale for this amendment is to safeguard service users and the public in Northern Ireland by ensuring that the Care Council can take appropriate action in relation to *any social worker* practising in Northern Ireland who falls short of the expected standards. The current arrangements limit the powers of the Care Council in that it cannot take action against social workers who are not registered in Northern Ireland.

CORU

Current arrangements already require that social workers from the Republic of Ireland who wish to practise in Northern Ireland, be registered with the Care Council. This is in line with the provisions of EU Directive 2005/36/EC regarding social workers working in other jurisdictions within the EU.

These arrangements for the registration of social workers from EU countries remain unaffected as this Clause seeks to amend the current arrangements for the registration of social workers within the United Kingdom only who wish to practise in Northern Ireland.

Conversations with CORU

No specific conversations have taken place between the Care Council and CORU in relation to this provision as it does not impact on arrangements for the registration of social workers from the Republic of Ireland or other EU countries. However, there is a formal Network between the 4 Care Councils for in the United Kingdom and CORU in the Republic of Ireland which provides a forum for information exchange, discussion and sharing and learning from best regulatory practice.

Syncing-up of services to provide more effective care

As outlined above the formal Network established between the 4 Care Councils of the United Kingdom and CORU provides the opportunity to discuss common issues that arise in relation regulatory best practice which is the core business of those organisations.

Do they register domiciliary-care workers, and have any discussions been undertaken in that regard?

CORU does not currently register domiciliary care workers. However, CORU does register social workers as well as other health professionals. CORU has confirmed the establishment of a social care workers registration board to take forward plans for the registration of social care workers in the future. The Care Council has shared its plans and timeline for the roll out of registration to the social care workforce in Northern Ireland with CORU.

4. Question:

Clause 4 relates to extending power to give awards. The briefing paper mentions power to make provision for the payment of such fees. Who will pay the fees? What cost will there be to caregivers, especially those at the lower levels, such as domiciliary-care workers? If the council must provide a way in which a standard can be obtained, will that cost anything? Will current workers be automatically offered new training? If not, will that create a threat to, or issues with, jobs?

Answer:

The Health and Personal Social Services Act (Northern Ireland) 2001 currently gives the Care Council powers to award certificates to individual social workers who complete training courses approved by the Care Council. This is relevant for the post-registration training of social workers. The purpose of this Clause is to extend the powers of the Care Council to award certificates to social workers in recognition of learning achieved to the agreed standards through a wider range of learning and development activities such as engagement in research, other approved or accredited training courses, employer in-service training, e learning or open learning.

Specifically Clause 4 relates to the provision of awards to social workers only and **does not** apply to social care workers. Therefore, there will be no impact on caregivers or domiciliary care workers.

Who will pay the fees?

Clause 4 seeks to provide the Care Council with a rule making power to charge social workers fees for the assessment of the standards of proficiency, should the Department consider this to be an appropriate policy at some stage in the future. There is no policy intent to do so at this point.

What cost will there be to caregivers, especially those at the lower levels, such as domiciliary-care workers?

There is no cost to caregivers or domiciliary care workers as this Clause only applies to social workers. As highlighted above there is no policy intent to introduce assessment fees at this stage.

If the Council must provide a way in which a standard can be obtained, will that cost anything?

The Care Council has an existing framework by which social workers can attain standards of proficiency. However, the purpose of this amendment is to provide the Care Council with the power to recognise a broader range of ways in which social workers attain standards of proficiency that will include in-service training, e-learning and other innovative approaches to learning. This will provide an assurance to the public and employers that social workers are maintaining their knowledge and skills and also provides greater value for money in terms of individuals' or employers' investment in continuous professional development.

The only cost may be to increased activity within the Care Council who will have a system to recognise achievement; however, any additional cost will be met by the Care Council within its existing resources.

Will current workers be automatically offered new training? If not, will that create a threat to, or issues with jobs?

This amendment does not relate to the provision of training. The amendment should not pose a threat to, or issues with jobs. Recognition of learning by the Care Council will potentially enhance a social workers CV, their employability and career progression opportunities.