Northern Ireland Assembly

Committee for Health, Social Services and Public Safety

OFFICIAL REPORT (Hansard)

Residential Homes — Proposed Closures: Briefing from the Minister of Health, Social Services and Public Safety

9 May 2013

NORTHERN IRELAND ASSEMBLY

Committee for Health, Social Services and Public Safety

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Members present for all or part of the proceedings:
Ms Sue Ramsey (Chairperson)
Mr Jim Wells (Deputy Chairperson)
Mr Roy Beggs
Mr Mickey Brady
Ms Pam Brown
Mr Gordon Dunne
Mr Kieran McCarthy
Mr Conall McDevitt

Witnesses:

Mr Edwin Poots	Minister of Health, Social Services and Public Safety
Mr Seán Holland	Department of Health, Social Services and Public Safety
Dr Andrew McCormick	Department of Health, Social Services and Public Safety
Mr John Compton	Health and Social Care Board

The Chairperson: Minister, John, Andrew and Seán, you are very welcome. Minister, you rescheduled your diary a wee bit to accommodate us, which I appreciate. We then had to reschedule our diaries to suit you because of certain changes, but we are here. I hand over to you to make a 10-minute presentation, after which I will invite members to ask questions.

Mr Edwin Poots (The Minister of Health, Social Services and Public Safety): It will probably take less than 10 minutes, but you will hardly object to that.

What has happened over the past two weeks is not something that I, as Minister, the Department or our officials would have desired; the distress caused to elderly people was something that I found wholly unacceptable. We have to look at how we did things and how we ensure that that does not happen again in any field.

The concept remains the right one: we want to provide better care for our elderly population. We want to ensure that they have the greatest independence, while having robust support, which ensures that they remain as safe and as well as possible. Transforming Your Care (TYC) sets out a clear pathway for how we can do that through the support and the help that will be offered to people, with home as the hub of care and more supported living.

We did not see all the residential homes that we have as the future; for that reason, Transforming Your Care said that we would lose more than half of them. We have many empty spaces in residential homes, and some trusts have adopted a non-admittance policy. I have heard some people describing

that as closure by stealth. To be perfectly honest, if those buildings are not fit for purpose and the conditions that people are spending their latter years in are undesirable — and they are — we intend to close those facilities. However, we do not, and never did, intend to do that by causing stress to the individuals in those facilities. That is where the fundamental breakdown happened. The proposal by the two trusts to close all their facilities and the proposal by one trust to close 80% of its facilities caused a great deal of stress and concern to people when it happened so quickly. Therefore, we have appointed Fionnuala McAndrew to lead a team that will look at that on a regional basis. The issue has been moved away from the trusts. Fionnuala will take charge and report directly to the Health and Social Care (HSC) Board, which will report to me. It is still a very sensitive issue that we need to handle with care and sensitivity.

I give a clear assurance that each elderly person will be dealt with sensitively in the first instance. Secondly, the views of each individual will be listened to and taken into account in all the decisions that we make over the next number of years. We will not have elderly people being told that they have to move out of a facility because it will close on a certain date. That is not the way forward for us. I am not sure that that did happen, but the situation was not explained as well as it could have been to elderly people. As I said, they have felt stressed and distressed as a consequence, and that is something that we do not want to happen again.

The Chairperson: Thanks very much for that. I agree that the distress caused was totally unacceptable. It is important that we remember at every opportunity that we are talking about people's parents or grandparents and not just numbers. We have seen that over the past number of weeks.

On the issue of accountability, the role of the Department, you and the trusts and where that relationship fits in, when did the Department become aware that the three trusts were planning to go out to consultation on the proposals to close all their residential homes?

Mr Poots: I became aware of the Northern Trust's plan on Wednesday; it gave us the heads up that it was taking it to the board on Thursday. I was not aware of the Southern Trust's plan; I received no e-mails or correspondence from it. The Western Trust e-mailed us on Monday, and it happened on Thursday. Andrew, Seán and John would have to answer for themselves on whether they received anything earlier. However, those are the days on which I was first made aware of anything.

Dr Andrew McCormick (Department of Health, Social Services and Public Safety): Each of the trusts contacted us at the point that they were going to the trusts' boards. That is not surprising, as the statement on 19 March said that, following consultation, the broad approach had been endorsed. That was all discussed at the plenary meeting and at this Committee, but they were then moving to their own proposals. They gave us details a day or two in advance of the trust boards. That is what happened. What was missing was the regional overview of what was happening.

The Chairperson: We will get into that, Andrew. The Minister knew on Wednesday about the Northern Trust's plans, he was not aware of the Southern Trust's plans, and he was made aware of the Western Trust's plans the following Monday. Was it similar for you?

Dr McCormick: The Southern Trust had not brought a formal proposal to its trust board; it was contacted because of the information that has gone public about the others. Therefore it was at a different stage of the process: each trust was working to its own timetable. A question was then put to the Southern Trust about what it was thinking of proposing. It had not got to the final stage of making a formal proposal to its board. Therefore, it was not so far along in the process.

The Chairperson: Minister, you said that you got an e-mail. Did you get an e-mail as "Edwin Poots" or did it go to your private office?

Mr Poots: It came to my special adviser, who informed me later that evening.

Dr McCormick: We got phone calls from the Western Trust on Monday; the trust board was meeting on Thursday. Therefore, it contacted us before it had begun discussion with residents. It was a normal process in that sense.

The Chairperson: It was basically presented as a fait accompli, with the trusts saying, "We are letting you know that we are bringing this proposal to our trust board."

Mr Poots: It was not a request to do it; it was a heads up of their intention.

The Chairperson: In the programme implementation document, the rules state that the Minister has overall responsibility for the roll-out of change and that he should approve all major decisions. This was a major decision and change in policy. You got a bloody nose, as I said to you in the Chamber the other day, and you have had it hard all week, so I assume that there will be changes. What lessons have been learnt from this?

Mr Poots: The group met and reported to me on its meetings up until 19 March. That culminated in my bringing the proposals before the Assembly. I do not think that it has met since 19 March. Has it, John?

Mr John Compton (Health and Social Care Board): No, it has not.

Mr Poots: That is where there has been a problem. To some extent, those regional meetings should have continued to take place. If trusts had intended to do that, the information would have been flowing and someone might have said, "Do you not realise that there will be significant problems in handling if that is your intention? You really need to draw back from that." That did not take place. Therefore, a lesson has been learnt about communication. On Transforming Your Care, we had a gap in meetings that allowed that to happen.

The Chairperson: I will come back to some of those points, but I want to let other members in.

Mr McDevitt: Following that line, when did the HSC Board become aware that the three trusts were planning go out to consultation on proposals to close all residential homes?

Mr Compton: Pre-19 March, all the trusts were reflecting on what to do with residential care and whether they should decide to approve the consultation process. In the document that went out on the consultation, it was made clear that the consultation should be locally led. Therefore, we became aware some time during March.

We were aware that the organisations were reflecting on it before March. We knew in March that they were formulating proposals, and, as I told the Minister, we were aware in April that they were preparing to go to consultation on the future shape of residential care. The commissioning plan, which came before you, made it explicit because they were asked in the commissioning plan to develop proposals for new services for older people, including the reshape of their elderly persons' facilities, so that is unremarkable or unsurprising. We were alerted to the fact that that was happening during April and were alerted to the fact that they would be going to consultation. Closer to the date and to the timescale, we received the actual dates of when they would be going out to consultation. One or two organisations wanted to go much sooner in the year, but we told them that they could not go to consultation until the Minister had endorsed the process about TYC, which would not occur until 19 March. We knew in April that they were planning to go to consultation; there is no question about that.

Mr McDevitt: Just for clarity, John, you are telling us that you knew in April that they were going to consult on proposals to close all their residential homes.

Mr Compton: No. I knew that they were going to consult on the nature and shape of residential care into the future, which might include all homes, some homes or whatever. From our point of view, they were following the process. Between 2009 and 2013, nine such facilities have closed in Northern Ireland, and they were following exactly the same process.

Mr McDevitt: When specifically did you know that they proposed to go to consultation on the proposal to close all their residential homes?

Mr Compton: Mid- to late April.

Mr McDevitt: You knew in mid-April, which is three weeks ago now.

Mr Compton: Yes.

Mr McDevitt: When did you tell the Department?

Mr Compton: All the information that we have is shared with the Department. Therefore, the Department was aware of the information that we had.

Mr McDevitt: That is not what the Department has just told us.

Mr Compton: No. I think that you have to be clear —

Mr McDevitt: When did you know that the trusts proposed to go out to consultation on proposals to close all their residential homes?

Mr Compton: Not all the residential homes. I knew that they were going out to consultation on the future shape of residential care in their various areas in the middle of April.

Mr McDevitt: And you told the Department?

Mr Compton: The Department was made aware of that information, but if you mean did I say to Andrew or one of his colleagues, "Here is a summary proposal of each trust area, and this is what we are doing in each area", then no. We would share information regularly, and that would have been known.

Mr McDevitt: The Chair has just asked the Department when it became aware of the proposal in the Northern and Western Trusts, and it has explained the situation around the Southern Trust area, which were proposals to close the overwhelming majority of residential homes. I am asking you when you were aware. When were you aware of those two?

Mr Compton: I have been aware for some considerable time that all the trusts would be putting forward proposals about changing the shape of residential care —

Mr McDevitt: I am asking you specifically when you were aware that those proposals meant that the overwhelming majority of their homes were going to be closed?

Mr Compton: In the Northern Trust area, I knew in the middle of April that they were going to go out to consultation. I did not have the full detail of —

The Chairperson: Is that for all the homes?

Mr Compton: In the Northern Trust area. I was aware that the Southern and Western Trusts were going to consultation, but I needed the detail of what that was —

Mr McDevitt: Let us just deal with the Northern Trust area. You knew in the middle of April, but the Department has just told us that it did not know until last week.

Mr Poots: No. I do not have the e-mail in front of me, but I think that it was probably around 23 or 24 April.

Mr Compton: It was 24 April.

Mr McDevitt: It was 24 April, and you told the Department as soon as you knew?

Mr Compton: Yes. It was a normal exchange of correspondence; it was not a remarkable exchange. I did not say, "You had better know that something very different is happening". This was our normal business contact arrangement.

Mr McDevitt: For the sake of clarity, Chair, can I ask the Department whether it acknowledges that John told it in or around the middle of April?

Dr McCormick: Just to go back to what you are asking: the word "all" is being used. The issue is the group of homes that are for residential care of the elderly, if you can term it “mainstream elderly”. Part

of the confusion and part of what has happened in the process that has caused some of the difficulty is that the totality of residential homes include ones for elderly and mentally infirm, homes for mental health patients and homes for the learning disabled. The 56 homes that were mentioned in the consultation document from last October included all those facilities. What that document suggested was that about 50% of those homes would be closed. Something went wrong in that process, and there was a lack of clarity around it. The implication that anybody would take from the document was that it meant 50%, or at least 50%, of the mainstream homes, but the numbers did not accord with that. That is part of why this went wrong.

Mr McDevitt: But —

Dr McCormick: Bear with me a moment; I want to try to draw this out. When the trusts were considering what to do after 19 March, as far as they were concerned, they had an authorisation to proceed. Therefore it is not surprising that they moved forward with a series of proposals for reconfiguring services for the totality of their mainstream residential care for the elderly. It was not that surprising that the Northern Trust would consider closing all its homes over quite a few years — it was considering closing a small number of homes within six months and the other closures would extend out to 2018. That was neither surprising nor unauthorised. Similarly with the Western Trust, it was —

Mr McDevitt: OK. What was surprising, Andrew?

Dr McCormick: What was surprising, and what caught us all, was that when you added up the Northern Trust's proposals, the Western Trust's proposals and the rest, it looked as if 90% of mainstream residential homes would close. That is where we did not give the Minister good information, and I apologise to him for that.

Mr McDevitt: So, that surprised you.

Dr McCormick: It surprised us all.

Mr McDevitt: John, going back to mid-April, when you were getting details in your capacity as chief executive of the board, when did you begin to get worried that this might be getting a little bit out of control?

Mr Compton: It got out of control when it got out of control. Ahead of it getting out of control, I thought that we were following the normal process; we followed exactly the same process that we had followed on every previous occasion. For me, it would be normal business until the consultation had run through. I thought that the consultation would conclude at a trust/board level and that the trusts would say that they had gone out to consultation to do this and had amended their decision following consultation. I thought that the trusts would talk to us as a commissioner and that we would either agree or disagree that it met the needs of the population. At that point, there would be active decisions, and we would either refer the matter to the Minister for a final decision or the Minister might decide that the decision should be made between a commissioner and a providing organisation. For us, it started out as normal business.

There had been an imprimatur that there was to be a major shift in how we provided care and residential care for older people. The key issue was not the policy, but how it was done. Our expectation was that it would have been done with maximum sensitivity, and I had no reason to believe that it would not be done in that way. We had done it before; the system had done it nine times before in the past four years without the massive explosion of noise that there has been in the past week to 10 days.

On a personal level, I want to put it on record that I am deeply sorry about what happened to individuals; it should never have happened. It is not what Transforming Your Care set out to do. It set out to improve the quality of people's lives, not cause distress and make their lives miserable.

Mr McDevitt: I acknowledge that. Finally, John, what will you do differently at board level in the months ahead to make sure that we do not end up in this situation every time?

Mr Compton: First, I think that the regional co-ordination task that has been given to us by the Minister will take place. We know that there will be other areas in Transforming Your Care where there will be potentially significant changes, and they will all be handled with the same principle and

method. Where there are changes — in intermediate care beds, the step-up/step-down facility for long-stay hospital beds, bed closures in hospitals and changes in mental health systems — in the middle of that there will be a much more assertive regional control. Many of those things must be done locally, and we must support local commissioning in doing them. However, we have to have stronger co-ordination so that what appears to happen in one part of the Province is analogous to other parts and everybody understands that the rules are the same right across the Province.

The Chairperson: OK. I am going to bring in Roy for a quick supplementary question. However, just before I do, I do not mean to be flippant, but you are four very clever guys. Well, you claim to be.

Mr Poots: Three anyway. *[Laughter.]*

The Chairperson: Convince me about what happened over this past number of days. Had the proposals been made more quietly, who knows where we might have been? So, fair play to people power. We give the media a hard time, but I give credit to them as well because they broke the story.

Minister, how can you convince me that the lessons of the past few weeks have been learnt and that nothing like this can happen again?

Mr Poots: When we were drafting TYC, we had long discussions about elderly people's care, the fact that we still had many people in residential care facilities and how that would be managed. Chairperson, you represent West Belfast. Over the last period of time, the Belfast Trust has reduced the number of residential homes to three. I cannot remember the last time that there was a major news story about Belfast Trust closing a residential home, but it happened.

The Chairperson: There was such a story, but it did not hit the regional media.

Mr Poots: Nevertheless, those closures happened. We need to look at how we manage this process of change, which will bring about better care for our elderly population in future, without causing distress to individuals who are enjoying the care and service being provided to them.

I was in a room last week that was little more than a box room; it was very small and narrow. The person whose room it was has to share a bathroom, so facilities are not ideal. However, because of the quality of care and the quality of the staff, that person is content to be there. The individuals are doing a brilliant job. I have no doubt that, in another facility, they would receive the same brilliant care, but they would receive it in better surroundings. However, that care makes an individual content with where they are, and, often, once you go into a residential care home, you can become almost institutionalised, and there is not the desire to look for or want anything else. In fact, you are very clear that you do not want anything else. Therefore, we have to draw breath and allow things to take their course. If there is a non-replenishment policy, whereby there are no new admissions, that will allow homes to have their numbers run down significantly before we take any decision to close such a facility. That is something that we need to take cognizance of.

I do not mind people saying, "You are closing that facility by stealth." We are closing the facility because it is not fit for purpose, and in such a way that it minimises distress to any individuals who happen to be in it. That is not a policy that I am ashamed of.

Mr Beggs: I want to talk about this issue of being surprised at the speed at which the trusts wish to close residential care homes. Given that four or five years earlier some of the trusts wanted to close all the homes, why did it surprise you that some of them wanted to go to the max of their capability in TYC?

Mr Compton: We thought that because we had process that had worked locally in the South Eastern and Belfast Trust areas, where we closed homes that tended to be very local and have a very local debate about the particular issue, we agreed that the closure of homes would be handled on a local level. That was clearly what was said. We should have been more regionally co-ordinated; that just is a fact of life.

I was not surprised that people wanted to close elderly persons' homes. I was at most of the consultation meetings across Northern Ireland, and 70% of the discussion was about future services for older people. Most people considering the consultation document made it quite clear that they

wanted to be able to remain at home for as long possible or something close to home if they had to move away. Residential care or nursing home care was their last choice.

It is important to differentiate between residential care and nursing home care because, in the eyes of the press and the public, the two are sometimes seen as synonymous. They are not; they are very different services. There is no particular change in nursing home care here. It is a change in residential care, and that is because there is falling demand. The falling demand is not a consequence, exclusively, of a restriction for entry. In the Southern and Western Trust areas they do not have that; they still have a large number of places.

Mr Beggs: You have acknowledged the sensitivity of the issue. Given that, why did you not manage it better?

Mr Compton: We set out to manage it in the best way possible, which was how we had done it previously. We had done it successfully nine times in the past four years, so there was nothing to suggest immediately that it would not happen successfully or correctly. In the Northern Trust area, for example, in the two stages, as I am sure you are aware, there has been quite a degree of consultation about the facilities in Ballycastle and Greenisland and housing with care. There has been extensive work with residents and their families over the past couple of years. There was no reason to suggest, for example, that that would not have continued and that that consultation would not deliver a successful transition.

Ms Brown: Thank you, Minister and your officials, for your attendance today. Minister, in your statement on Tuesday, you said that the process of engagement with older people, their families and the public has to change. Can you tell us how you see that changing?

Mr Poots: When people are communicated with, they need to be clearly of the view that the opinions that they express are taken into account. I visited the Westlands facility in Cookstown, for example, and it was expressed to me that people were being told that that home would close in six months' time and that they should look for other accommodation because it would no longer be available. It may not have been put as crudely as that, but, whether that is how it was given, that is how it was received. I do not think that there is a word magician who can create wording that makes it easy. However, we need to demonstrate that it was a consultation process and that consideration is being given to the facility being closed, although it may not be closed. There is a range of options available to people, including the option of expressing their strong opinion that that facility should not close and that that is where they wish to remain. There is a range of options that they might want to look at.

I do not think that that message was put across strongly enough; I certainly did not receive that from the people who were using those homes. However, the message was put across, elderly residents felt that they were being pushed out of what they regarded as their home, and that caused them great upset. If there is a facility that people are considering closing, they also have to recognise that that is only a consideration, and people are well within their rights to say that they do not want to move anywhere, and even that they do not want to move into something quite luxurious because they are very happy where they are. It is their right to say that, and it is their right to be heard when they say it.

Mr Seán Holland (Department of Health, Social Services and Public Safety): We know from research that there are elements to relocating people from residential homes that can be stressful for them. It is important that we are honest and say that any move is stressful, and for older people, it can be particularly stressful. Therefore, it is important that great care be taken. Among the things that add to stress are if the move is sudden or unplanned or if there is a failure to assess and attend properly to the medical and psychosocial needs of the individual. Two elements are recognised as having the potential to cause stress: if the consultation is not done thoroughly and if the information provided in the consultation is not sufficient.

The Chairperson: Or the thought of getting old; that causes stress. It seems that that is what has happened in the past two weeks.

Mr Holland: Yes. Sorry, Chair. I am sure that a lot of the staff involved in the process over the past couple of weeks have put a great deal of effort into consulting and providing information, but what was clear, from when the Minister spoke directly to some people and from the media representation, was that it was not as good as it could have been. There were clearly gaps. So what would be done differently? I have been talking to Fionnuala McAndrew about how we make sure that all those

elements of the change process that can cause stress are attended to. In particular, we must ensure that information is provided to the people who need it in the best way possible and in a timely manner.

Mr Poots: Everybody who has been admitted to an elderly care residential facility has been placed there because an individual care assessment has been carried out on their needs. Taking a block decision that affects those 330 people in three trust areas at one time did not appear to me to recognise fully that this was about individuals and individual care needs. When we discuss the future, we are talking about those people's futures; it is not our future, it is theirs. We always need to take individual care needs into account because those needs mean that some people will have to move out of a particular facility because it is a residential care facility, and they require nursing care. We cannot provide nursing care in residential homes. We cannot do that legally. On those occasions, people will have to move, sometimes against their will because they may not necessarily recognise that they need nursing care support, and that decision will have to be made. It is important that whatever we do in the future recognises that people are there because of their individual care needs. As we look to the future, we need to consider how best we can meet their individual care needs through discussion with them.

Mr Wells: In Limavady, I learned that there is a private provider who is applying for permission to build a private residential home to meet the needs of that area. Some supported housing schemes are either up and running or are planned. Why did the message not get out that there are suitable alternatives available either outside the statutory sector or in some form of housing that, in the overall scheme of things, are much better? People were interviewed, and everyone was very happy with that provision and felt that it was the best thing possible for their needs. That message did not seem to come across at all during the whole furore.

Mr Poots: I am aware that there is an excellent private care facility in Limavady, which is well regarded locally. Many people use the Thackeray Place facility in Limavady. The private residential facility is three miles outside Limavady so elderly relatives living in the area find access to Thackeray Place considerably easier than to the other facility. There other local issues that people will take into account. Again, we are back to the thought: that home might be better than mine, but I am content where I am. Lots of us might drive past a very nice house and admire the house and its location, but we are content where we are and do not want to change. Although many elderly people know that they would not have to share a bathroom in a new facility and would have a larger room, better accommodation, and so on, they are happy where they are. That is simply the case for many older people, and we have to respect their views.

Mr Wells: The decision would seem to be infinitely more reasonable if it were couched in terms of there being very suitable — better, in fact — facilities available. It is not a question of someone not having a facility; there were all sorts of options, yet that did not come across in the debate. It is not an either/or situation; there were better alternatives.

Mr Poots: I read siren headlines about people being cast onto the streets and made homeless. You can commend the press media for some aspects of the coverage, but for other aspects, we have seen gross irresponsibility by individuals in the press and beyond. No one would have been made homeless or cast onto the street.

Mr Holland: Jim, your point is well made. However, in a number of the facilities that have been subject to discussion and consideration, there are residents who are planning to move to those alternative services because they have been discussed with them. They have looked at those facilities and said that that is for them. There are many such people, and they did not appear in the media reports. I am not answerable for the media. Some of those residents were definitely available to the media on certain occasions but were not called on. There are people in those homes who are happily making plans to move to an alternative, better and different provision.

Ms Brown: I assume that, in all or most of these cases, the consultation and engagement with these older people and their families was purely verbal? I assume that there was no backup with a fact sheet or something that could be looked at afterwards? I am thinking about the Minister's response and the perception of what was said, and what was taken out of what was said.

Mr Compton: What normally happens is that someone will meet an individual and a family and will give a careful, sensitive explanation. We would issue that instruction. To be fair to many staff, they do that very sensitively and carefully. The people who were most hurt in this escapade were obviously

the older people, but a lot of staff are quite shaken by it because they spend their time working with older people in a very caring and sensitive way.

There would then be a series of meetings, discussions would take place, and there could be opportunities to visit facilities. All that would be individually tailored. It would not be a case of there being 20 people in a certain facility and all 20 being moved. It would be a case of there being 20 individuals. What are the 20 individual needs? What are the circumstances? Would sheltered housing suit? Would sheltered housing at a certain location suit? Would the individual like to visit it and spend some time there? All that would go on. That is the normal course of events and how this is normally handled. People are asked: "Do you object to it? Are you upset about it?" Independent advocates would be appointed, perhaps using Age NI or the Patient and Client Council (PCC). Material that is published by the trusts specifies the alternatives and the type of things that have been worked on. I return to the Northern Trust. In two places, from 2009, they were working for the housing with care situation with the stakeholder group — that is, the residents and their families. This has been happening for a long period, and there has been a lot of detailed and intense discussion. Unfortunately, this seems to have been presented as though people were going to be made to go back to their own home in a haphazard manner, or they were going to be lifted and placed somewhere else. That has never been the case.

The Chairperson: It did not "seem" like it, John, because you have had to apologise. The Minister has had to apologise on a number of occasions, so you got it wrong.

Mr Compton: Absolutely, and at no point here today would I suggest that this looks like success. This is not an example of success.

The Chairperson: The reality is that some people were told that all homes in certain trusts were being closed, so it was not about phased closing or residential versus nursing care. We are talking about residential care today. We are all wise enough to know the difference between the types of care.

Mr Holland: Can I make a point of clarification?

The Chairperson: On how residents are told or were told?

Mr Holland: Were told.

The Chairperson: OK.

Mr Holland: I have information that there was certainly some written communication with some residents. In January, there was communication with residents in a particular home in the Northern Trust. It was on the Transforming Your Care proposals, in their generality, not the specifics of closing their facility.

The Chairperson: Seán, the information that we have is that residents were told that they needed to be out of their home by October.

Mr Holland: Subsequently, those residents also received a letter in April, specifically about proposals relating to their facility.

The Chairperson: OK.

Mr Dunne: Thank you very much, Minister and gentlemen, for coming along. I will follow up on Jim's point. One fear that people have is the risk of cost and top-up fees in relation to alternative private accommodation. Will you clarify that publicly here? How is that proposed to be handled? Is it an issue, and will it be an issue for people moving out?

Mr Poots: Anyone who is in transitional arrangements or in an existing facility of ours will not have to pay top-up fees if they choose to move to a private residential home.

Mr Dunne: Which may be of a higher standard of care, and so on?

Mr Poots: It could well be, and in many instances, it will be. The bottom line is that no one was going to have to pay additional money.

The Chairperson: Be careful, Gordon, I am not going to allow this to develop any further because we do not want to get into the argument about privatisation.

On that point, where does that additional money come from? Does it come from the Department or from the trust?

Mr Poots: It comes from our elderly care budget.

The Chairperson: From the Department?

Mr Poots: The trusts.

The Chairperson: Will they get additional money?

Mr Poots: No.

The Chairperson: We will not go down the road of privatisation versus —

Mr Dunne: No. I wanted to clarify that point because people were raising it.

Mr Poots: It is a concern for elderly people.

Mr Dunne: That is right. Minister, you are going down the route of a regional approach to the provision of statutory residential care. What is the difference between a regional approach route and the existing trust structures? What will the benefits be for older people?

Mr Poots: If one trust had said that it was closing all its facilities, it would still have been an issue. Certain trusts have borders with other trusts, and the closure of facilities, particularly when they are close to each other, in two different trusts may have a significant impact on what might be available elsewhere and on what other options people have. The truth is that if, on occasions, people are to move, they need the option of staying in their own locality. I will make it absolutely clear here today that I believe that a huge number of people who are in these facilities will see out their days in these facilities, and some of them will move to nursing home care as and when that needs to happen. It will be a smaller number than would otherwise have been the case. The Northern, Western and Southern Trusts have borders with one another. You do not want that impact to be felt so closely beside each other, where a better alternative might not be available locally.

Mr Dunne: It could mean more alternatives for older persons.

Mr Poots: It means providing the best possible options for people who are in residential care and looking at how we provide that care for people in the future. Some trusts do not have as much supported living care as others do. We need to ensure that that expands and that people have those opportunities. When people have their independent home, and it gets beyond them, we have to ensure that they can have that step-down arrangement, which does not mean that they will be going into residential care and having all their needs met in that type of care, but that they can have all the support and retain some independence in their own home at the same time.

Mr Dunne: You said that a number of older people could see out their days in their existing home.

Mr Poots: I believe that that will be the case.

Mr Brady: I have one point, initially. When I contacted the Southern Trust after its statement came out, it said that the statement had been issued in response to a query from 'The Stephen Nolan Show'. It appears that the "Nolanisation" of health policy continues. It seemed to be a peculiar way of responding to a radio show and putting out a statement, which, presumably, you would have had word about at some stage. That is what I was told, which I find —

Mr Poots: I think that that is what we said here today. That is the case. I heard it publicly as opposed to through the normal channels. It is not satisfactory.

Mr Brady: Absolutely not, but I am making the point that surely it was incumbent on people to let you, as Minister, know rather than Stephen Nolan. That is the point.

Mr Poots: Yes, one would have expected that to have been the case.

The Chairperson: Maybe you are not the biggest Minister in the country. *[Laughter.]*

Mr Poots: I think that John O'Dowd is. *[Laughter.]* I have the biggest Department in the country.

Mr Brady: On Tuesday, you said that you would want assurances from the board that the pace of change would be clear, appropriate and in line with policy. Can you outline your policy on the pace of change?

Mr Poots: We were looking at a five-year programme. That does not mean that everything happens in five years' time, but it does not mean that everything is happening in six months' time. I think that there was a public perception that every older person who was in a residential care home run by the state was going to be out of their home by the end of this year. That was not true, but that is the perception that people were beginning to pick up. I thought that it was important to calm everything down, to stop the process and to allow people to draw breath. I also thought that it was important, in the first instance, for older people to be reassured because distress could not be resolved unless people felt reassured. That is why I do not like people continuing to wind things up when we are trying to deal with the issue — I am not talking about anybody in this room, by the way. We got it wrong in the first place, but that does not give anybody the right to keep causing distress to elderly people. We started it, and it was our fault, but others may wish to keep things going for other reasons. It is incumbent on all of us to ensure that older people are not further distressed in this process.

Let us be quite clear: the home closure process has stopped. We will go into a new process in which we will identify how we will take things forward and how we will best provide those care needs. I go back to the issue of doing it individually. We should ask each individual in those facilities what their care needs are, how best they can be met, whether they are best met in that facility and whether that is what they want.

Am I giving a veto to every single person in every single residential home? If there are 14 people in a residential home now and only two in two or three years' time, will that mean that we will not close that facility? No; I am not giving that veto. It would be foolish to do that. However, I am making it very clear that every individual's views have to be taken into account. We have to give them due regard, respect their views and try to facilitate their views as far as possible. Fionnuala will lead that course of work and will give due cognisance to that.

Mr Brady: I think that you have accepted that the peace of mind of those residents has to be paramount.

Mr Poots: I assume that we all have elderly relatives. They can be very resilient people, but at the same time, they can become distressed about quite minor issues. We can all understand that telling elderly people that they are to be removed from a facility that has been their home for a number of years in six months' time can cause a huge amount of stress. We need to take great care to avoid that situation in the future.

The Chairperson: Minister, for the sake of clarity: you said that the process has now stopped and that there will be a five-year programme. Will that be a phased closure of 50% over five years or 100%?

Mr Poots: 'Transforming Your Care' refers to "at least 50%". My thought process was never 100%. However, we need to look at each area and each facility. We also need to look at respite care and whether the statutory sector remains in the business of providing respite care. If it does, we need to look at the sites that are best located to do that, and whether that will involve a mixture of respite care and permanent residents. As we look to the future, we also have to consider whether we want to rely solely on the private sector, as is the case with nursing homes. There is also the issue of whether there are any private facilities that do not require a top-up, and whether we are making it more difficult

for people who require residential care and who do not have the financial capabilities to pay for that top-up in the future. We have to consider all those issues. I am comfortable with the notion of over 50%, but I never had the notion of 100%. As we move forward, we will look at that.

Mr Beggs: 'Transforming Your Care' states that "at least 50%" would close within three to five years. That gives the impression of half the homes being closed, which is how most people read it. However, as has been pointed out, it could mean between 50% and 100%. What figure do you think you will deliver within that range?

Mr Poots: I honestly do not know. There are options for people who have become frail. They could be placed in a private residential care home, they could have the option of supported living when they move into a facility, or they could have greater support in their home. We need to start focusing on how we provide care for people in their homes, rather than a carer calling four times a day for 20 minutes each time. We need to look at the options that we can provide. As we provide them, the requirement for statutory residential care will diminish. Does that have an impact on the staff in those places? It does, to the extent that they are no longer working in those facilities. However, I have absolutely no doubt that, within the statutory sector, we will be able to offer alternative employment that will involve similar types of employment in domiciliary care with elderly people or other people with care needs. However, I have absolutely no doubt that we can support people who are currently our employees and treat them with respect.

As we look to the future, I cannot say definitively, Roy, that it will be 60%, 70% or 80% — or 51% or 50%, for that matter, or indeed slightly less. I can say that we need to work very hard to ensure that people have as wide a range of options as possible so that they can make the best possible choice for themselves. That is what I want for my family and, in due course, what I will want for myself. I do not want to be in a second- or third-rate facility.

Mr Beggs: Do you think that it was a mistake to use the term "at least 50%", or would it have been better to have stated "no more than 50%"?

Mr Poots: I do not have an issue with the term. The trouble that we had was not with the document; the trouble was with its implementation. We have held up our hands on that one.

Mr Beggs: You mentioned that residents could be in small rooms, and so on, and your plan is to provide bigger rooms and en suite accommodation. However, for people's well-being, it is also important for facilities to be within easy reach of family and friends. I am aware of some families in Carrickfergus being offered alternative residential accommodation 40 miles away. I am also aware of families in Larne for whom no residential alternatives were available, and the alternative residential accommodation that does exist does not have en suite facilities and much of it comprises shared rooms. What planning has gone into ensuring that there is practical alternative accommodation, whether that be residential or supported housing?

Mr Poots: That is one reason why I think that the regional planning element has potential. John will pick up on that.

Mr Compton: Quite a bit of work has been done. We now have a joint forum with the Housing Executive, and I am on record here in Committee as saying that, over the same period of time, we are expecting about 500 places to be developed on supported housing, about half of which will be for older people: that is, 250 places or thereabouts throughout Northern Ireland. We work very closely on the planning, locations and geography of those facilities and places. You are right that that is one of the issues on a regional level. There is a tension point here. These services are inevitably very local, and there needs to be a strong local flavour to the way in which you think about and provide alternatives. However, you need much more assertive regional control, which the Minister has now put in place as far as all that is concerned.

The objective is that we will not allow people to go from one standard of care to a reduced standard of care. Our position is that if people move, the standard of care should be at least equivalent to their current one. We hope that, in many instances, they would move to an improved standard of care. So this is not about saying to someone, "You are in home X, and the only alternative for you is home Y, and, by the way, you used to have your own room but now you are in a shared room" or something of that nature.

Clearly, we have to talk about those issues and establish regionally what is best practice, what is assessed need, how families and individuals are being dealt with and whether there is an equivalence about how that is happening across Northern Ireland. There will be a lot of local debate and discussion because the solutions are often local ones for individuals and their families. As a principle, it is about an improved, not a reduced, service. A material factor when a decision is being made to move an individual or to open or close a facility will be whether there is a realistic alternative.

Mr Beggs: Will you allow existing residents to determine whether what they are being offered is better than what they already have? In other words, will they be able to decide voluntarily whether to move or remain where they are?

Mr Compton: I go back to past performance. Have we closed units successfully in the past? I believe that we have. That was because we listened and talked to individuals and spent time with them. We have not been driven by a timescale to close a particular facility on a given date. If a given date has to move because it does not suit individuals, it will move. We want to establish clearly, and be driven by, those principles. In the past, that is what has happened. I believe that it happened successfully in a range of areas across Northern Ireland. I have no reason to believe that we cannot do that. We may have started out badly, and things may have gone wrong in one or two places. However, I believe that the vast majority of staff who handle such situations do so with a lot of sensitivity. They are skilled in listening to and working with families.

Mr McDevitt: The Minister said that the trouble was not with 'Transforming Your Care' but its implementation. John just said that there needs to be much more assertive regional control. How will you ensure that there will be no more misinterpretation of TYC, and how will you guarantee to the House that there is regional control?

Mr Poots: John will give you the structure of how we intend to maintain some oversight of the implementation of TYC.

Mr Compton: We will have a regional TYC board, which I will chair. That will include the trusts and any other related individuals who need to be at that board to give us information. We will have work streams, one of which might concern the shape of residential care. Fionnuala will lead that work stream and report to the TYC board. We will report regularly on any issues to the Department and to the Minister in a very straightforward manner. If the Minister deems an issue to be important and wants to bring it before the House, he will be equipped to do so in a timely and responsible way.

On the other hand, over three to five years, we are about to make large-scale changes. Inevitably, a variety of views will be expressed at various times about how all this is happening. I give you a guarantee that we have learned a very salutary and uncomfortable lesson in the past two weeks. As I said, it is a lesson that I would have preferred not to have learned because we caused a lot of unnecessary distress in the middle of it all. We will endeavour not to get into that position again.

Mr McDevitt: That tells us that there will be a more robust process for dealing with the process of change. However, a lot of this is about the substance. How will we ensure that the substance does not mean one thing to the Minister when he is speaking in the House, another thing to the departmental board when it is thinking about it from a corporate point of view, another thing to you at board level, and something totally different to individual trusts? How will we make sure that this becomes a very specific, clear and agreed way forward?

Mr Compton: There will be much greater clarity about what we mean about timetabling. With the timetabling of the residential care element, it is about what it means, the consultation arrangements and whether we are all marching to the one drum beat rather than in a fragmented and disordered way. Exactly the same process will apply to other services that are part of the TYC changes. That needs to be a matter of public record and in the public domain. Much of what we have been talking about is in the public domain. The lesson that we have learned is that, although there is a lot in the public domain about how we plan to do this and the support for that planning, when it comes right down to how it is done, we need to spend a huge amount of time making sure that it is done carefully, sensitively and with cohesion so that it does not appear disordered.

The Chairperson: John, how is what you are talking about different from the TYC implementation group? What is its role?

Mr Compton: I was asked what is different. We have a process that worked in the past, and said it would do for how we handle elderly person's homes. That, however, was a local process: trusts did what they did, and they did so because that was the way they were expected to it. That was what was asked of them, and it was how they were meant to handle it.

The Chairperson: Who sits on the implementation group? Do the trusts sit on that?

Mr Compton: The trusts' chief executives do, yes.

The Chairperson: So will the same people who sit on the implementation group sit on the TYC board?

Mr Compton: Yes.

Dr McCormick: That reports to the Department.

Mr Compton: It is the one system reporting into —

The Chairperson: With all due respect, under your control is a TYC implementation group that the trusts sit on, and it should report to the Department anyway. What will the TYC board do differently from what the implementation group could or should have done? Do we need another group?

Mr Compton: I do not think that we do because we want to make this sensible. It is just for clarity on who takes executive decisions about where and when. At present —

The Chairperson: I do not mean to be flippant, John, but if the same chief executives sit on a Monday under the banner of the TYC implementation group, do they not have the same roles and responsibilities as on a Tuesday when they sit under the banner of the TYC board? Is it not the same?

Mr Compton: It is the same thing.

Dr McCormick: All those people have to play their part. The Minister has introduced a regional process that Fionnuala will lead, and, as mentioned in the statement on Tuesday —

The Chairperson: Just on elderly care?

Dr McCormick: Yes, on elderly care, so Seán will provide quality assurance —

The Chairperson: I am talking about the TYC implementation board in general.

Dr McCormick: We have to look at appropriate processes for each of the different sectors of change. In each case, we have to be able to provide assurance to the Minister that the substance of what is being developed, and the process of implementation and engagement, are being done in line with good practice, and we can rely on each of the organisations to play its part.

The Chairperson: My question is whether you need another group when the TYC implementation group is already there and made up of similar people. Will that not do it?

Dr McCormick: I do not think that it is about groups. The groups need to be clear that this is part of their responsibility and remit, and we then need to draw on our professional oversight; in this case, that is Seán, and other lead professionals can do that in other sectors. We also have the Patient and Client Council, which is there to understand and listen to the views of patients and clients. I meet them regularly to make sure that I hear what they hear, and we have regulation and inspection through the Regulation and Quality Improvement Authority.

The Chairperson: I do not want to go down this road, but I will give you an example. I have raised the general point about how one trust's decision impacts on another trust. We have seen the debacle with A&Es. Whatever the issue with Belfast City A&E — I am not opening this up to questions — we have seen the impact that it has had on A&Es in different trusts. Should that not have warned us that

we need to take a regional approach to some of these issues? John says that there will be a TYC board and we already have the implementation group, so does that mean that it did not get the care home issue right?

Dr McCormick: Going back to my analysis of what went wrong at the level of process and regional consideration, I think that we missed a trick in spotting what was happening, adding up the numbers —

Mr McDevitt: You missed a trick in not having a specific policy. The Minister makes a statement to the House, which is generally content because the Minister assuages any concerns that it may have about creeping privatisation or other aspects of this that could be deeply polemic from a political point of view, and then the system responds to the statement and to what TYC says. The system seems capable of reading TYC in absolutely the opposite way to the way in which the Minister interprets it and relays it to the House. I am asking, as one of the people elected to legislate, take decisions and hold you guys to account, how, specifically, we will know what the substance of change will be. It is not about a process; it is about substance. What formula will we use to be able to definitively articulate the substance so that there is no further misunderstanding at board level, trust level, TYC board level, TYC implementation group level or anywhere else in the system?

Dr McCormick: John and I have been discussing that very point in the past 24 hours, and we are clear that, for all the emerging issues that have a significant impact on public services, there needs to be regional co-ordination and clarity of information coming from trusts to board to Department to Minister to ensure that, before things are settled or proposals even brought together, there is a knowledge of what they are about and a chance to examine and question. The substance will be brought together, and we will know that we will be able to assure everybody that any action being taken is in line with what the Minister wants.

Mr McDevitt: Andrew, forgive me. What I am hearing from you is that we will hear the bad news a little earlier. I want to hear from you that this will be TYC as the Minister has articulated. We have never voted on this matter, so we have never formally taken a decision in the Assembly, but the sense is that the Assembly might support it. However, what we are getting is not TYC as the Minister articulated and absolutely not in a way that the Assembly would support.

Dr McCormick: I am saying that, as proposals emerge that are in line with what we have been instructed to do by the Minister and in line with what has been discussed openly through the consultation process and in all the engagement with the Committee and in the Assembly, the direction of travel and the substance of what is happening is known and understood and that, and only that, is what the system will implement.

In this case, there was some misunderstanding. Trusts thought that they were doing what had been authorised, but, when added up, it was out of line, and there had been a misunderstanding and misinterpretation of the figures. That was wrong and needs to be corrected, and we need to make sure that it never happens again. As the process unfolds in the different sectors, there will be a clear process by which, as local commissioners initiate processes to deliver the process of change, that will be co-ordinated and managed, and, where there are potential problems or misunderstandings, we will identify them in advance. However, we are doing what we are required to do, and our role and our job is to deliver the Minister's policy.

The Chairperson: I think, Minister, that you have a lot of work to do through your Department because, for a long time, very few people knew what TYC was about, and there was a selling mechanism to get the community to buy into it. This is the first big Transforming Your Care issue that people have heard about, and it has been all negative. Will a regional approach to Transforming Your Care, through the implementation group or the TYC board, be for all aspects of it? The current one is led by Fionnuala. Will there be a regional approach to all programmes of care under Transforming Your Care?

Mr Compton: We will follow the same principles as for this one. If, for example, there are changes in the acute sector or in the mental health sector, we will follow —

The Chairperson: Will there be a regional approach?

Mr Compton: The same approach will apply.

Mr McCarthy: Chair, you are absolutely right. I do not think that Transforming Your Care will be delivered because we have fallen at the very first step. John is saying — this is happening all the time — that he is engaging other people to come along to see what is being done right and wrong. That cannot be right. As Sue said, there is an implementation group, a board and a PCC. How many more people do you need to get Transforming Your Care right? I do not think that it is deliverable. I support what the Minister said about our elderly population. People have described their experience as harrowing and horrendous. In my opinion, the trusts — I think that Seán said this — thought that they could get away with their proposal to close 100% of homes. Did they not read the 'Transforming Your Care' document to which we gave a guarded welcome? In my opinion, it was because of the furore that took place at the beginning of the week. The Commissioner for Older People was very scathing of the Department for not listening to what she had said on behalf of the people for whom you work. Those elderly people should not have had to suffer that indignity and all that went with it. The three trusts thought that they could get away with closing 100% of care homes.

The Chairperson: Kieran, may we have your question?

Mr McCarthy: First, Minister, are you apologetic that you did not take more cognisance of what the Commissioner for Older People said on behalf of the residents? If we have made a mess of this, how can we guarantee to the public, as the Chair said, that there will not be crisis after crisis after crisis, given that Transforming Your Care will go on for quite some time? Will you be spending Thursday afternoons with us, chasing after moonbeams until we get it right?

Mr Poots: On your first point about the Commissioner for Older People, I have spoken to Claire by telephone, I met her, and we have had conversations about what went wrong, how it went wrong and how we can avoid a similar situation in future. The board had been working up a regional element to this and, unfortunately, the trust had not had sight of that. That is one of the problems that we had. It was not that we had not listened to the commissioner. The problem was that implementation was running behind the trusts' thought processes. The commissioner raised with me the issue of independent advocacy, for example, which is very important because, if you want to change the living circumstances of an elderly vulnerable person who has no family member, carer or support, it is important that he or she has an independent advocate. That is one of the issues that I was paying attention to. I have asked Claire to meet the trusts directly to discuss the issues. She has expressed a willingness to do that, and I think that that will happen.

The Chairperson: Sorry, but, for the record, she has also a requested a meeting with us, and we are facilitating that.

Mr Poots: At the moment, I have not found anything to disagree with her on, so that is positive. We need to pay a lot of attention to what she has to say.

As to whether we can be assured that everything we go to do under TYC will not end up being a Horlicks, which is really what you are suggesting —

Mr McCarthy: That is right.

Mr Poots: — we have already quite successfully worked through the independent care partnerships (ICPs), so, over the next number of weeks, those will start to be rolled out. Those are significant because people from a wide range of disciplines will identify how we can deliver care differently. The outworkings of the ICPs are critical. I believe that we have some very good people in our system, and we need to use and maximise their skills as best we can. This has not been a good experience. I did the salesman's job. Somebody pointed out that I sold it to the Assembly — yes, I did. When the vehicle arrived, it did not go very well, and I am a bit embarrassed about that. However, I am more annoyed for the people who were distressed than about any embarrassment that I feel.

Mr Wells: Who would be Health Minister?

Mr Poots: Who in their right mind would be Health Minister? I think that is the question.

In truth, our failing was that we failed the vulnerable and elderly, and that is far and away the worst aspect of this. Everything else we can recover from, but we cannot undo the damage that was done, even if it was for a short period. We can only try to ensure that we do not do it again.

Mr McCarthy: Finally, Minister, you talked about there already being empty spaces in some care homes. Are those the ones that you referred to, in which people have to share bathrooms? Are they the poorer care homes that have been run down?

Mr Poots: Across our system, a lot of care homes were developed years ago. If you took a structural engineer into those facilities and said, "We want to have rooms of the following size and all of them to be en suite, so what do you need to do?", in many instances, he or she would tell you that you would have to knock the facilities down and rebuild. That is the reality of where we are.

Rather than allowing care homes to remain empty, we can fill spaces with respite care for others so that we do not have two peas in a pod knocking about in a large building. We can fill the spaces, ensure that people are not left feeling isolated or lonely and allow things to take their course without causing distress by closing facilities that are not fit for purpose.

Mr Beggs: I want to go back to supported housing, which has been presented as one of the alternatives that will enable people, with support, to live longer in their home. Certainly, Barn Halt Cottages, which you visited, Minister, is a good example of that. However, the Lisgarel residential home, scheduled for closure in 2016-17, provides supported housing in its annexes. Why on earth was a document issued proposing its closure without presenting the vulnerable adults there with any alternatives? As far as I am aware, there are no supported housing alternatives in Larne.

Dr McCormick: We will have to come back to you on the specifics of that.

Mr Poots: That is a perfectly reasonable question, Roy, and the trust is probably best placed to answer it. I think that we are looking at a supported housing facility in Greenisland if things proceed.

Mr Beggs: People want their friends and families to be able to visit them.

The Chairperson: Will you come back to us in writing on that?

Mr Poots: You are asking why a facility, which provided supported care in mixed use with residential care, is being closed. That is a perfectly reasonable question.

Mr Beggs: The issue —

The Chairperson: You did very well to get a constituency issue in, Roy.

Mr Beggs: Indeed.

Mr Poots: That was highly unusual.

Mr Beggs: On trying to work on a regional basis, has there been buy-in from the Department for Social Development (DSD) to ensure that capital funds are available in the future to facilitate the widespread provision of supported housing and alternatives? I am aware that there was quite a fight to get Greenisland House on to the capital build schedule. It got on to the schedule only last year, even though its closure was announced three years ago, and it still does not have planning permission. Is there buy-in from DSD to ensure sufficient capital funds to provide alternatives in every local area where they are needed?

Mr Compton: Yes, there is. We have a very strong planning arrangement. Obviously, every Department's budget has its parameters and limits, but we have no issues with how we work with the Housing Executive. Its desire is to work jointly with the health sector and provide the maximum amount of supported and sheltered housing across Northern Ireland. There will, of course, be limits, just as there are limits to the services that the Health Department can provide. However, I do not detect any lack of willingness or commitment on the part of DSD. As I said, planning for the 500 places over the next three to five years is a very significant commitment and will mean a very significant investment.

Mr Beggs: I did not ask whether DSD was willing. Is the budget there, and has it been earmarked for this?

Mr Compton: My understanding is that the budgets have been earmarked for the schemes that I am talking about.

Mr Beggs: I think that we should pursue the matter, Madam Chair.

The Chairperson: I have a slightly different point on the same issue. A number of weeks ago in the Assembly, the Minister for Social Development, in answer to a question, said that he was failing to live up to his commitment to provide supported housing under Bamford.

Mr Compton: Yes, I understand that.

Mr Poots: In fairness to the Minister for Social Development, that is not because of DSD; it is because of the Health Department. DSD had the money available, but we did not have the capacity.

The Chairperson: That clarification is useful. If the money is available, the Minister of Health needs to get his act together on that.

Mr Poots: I will take the blame because I think that the blame for that lies with our Department rather than DSD.

The Chairperson: You can understand our concern when another Department tells us that.

John, you say that 500 places have been earmarked over the next five years and that possibly 250 of those will be for older people. Will you give us —

Mr Compton: Of the 500 places, 250 are for older people.

The Chairperson: Is that at least 250?

Mr Compton: My understanding is that that is the number.

The Chairperson: Will you get us more detail on that?

Mr Compton: Sure.

The Chairperson: Minister, I just have a couple of general points on TYC. Will any future proposals for residential homes be subject to an equality impact assessment (EQIA)?

Mr Poots: I do not know whether individual facilities would be subject to an EQIA. I am not sure.

The Chairperson: Will you come back and let us know? I have raised this with you a few times, but will TYC ever be subject to an EQIA?

Mr Poots: I look to my officials, who have expertise in these matters.

Dr McCormick: There was consideration of that in the consultation in October. Let me just confirm —

Mr Poots: I am sure that it was equality screened.

The Chairperson: Yes. It is quite easy to screen stuff out before you screen stuff in.

Mr Poots: Nice try.

Mr McDevitt: This is an important issue. If it is policy, it must be subject to an EQIA. If TYC is policy, it will be subject to an EQIA; or if it is the case that a whole load of policies arise from TYC, they will all be subject to an EQIA. The House and the Committee need to know when we will get to scrutinise the detail of this and in what manner.

The Chairperson: You can come back to us on the specifics of that.

Dr McCormick: We will get you the details, but, on many counts, the policies were confirmation of pre-existing policies that had been subject to an EQIA at a previous stage.

The Chairperson: I do not know whether you have these figures available, but can you give us the current number and age of all residents aged 60 and over in the statutory residential care sector?

Mr Wells: Was it 330?

Mr Poots: It was more.

The Chairperson: The figure that I have is 313.

Mr Poots: I think that the number affected by the proposals was 330. I think that the total number is higher.

Mr Compton: I am reluctant to quote numbers. I have numbers, but I want to validate them, given what has happened. Once you quote a number, if you change that number even by one —

The Chairperson: You can send the information to us.

Minister, another issue in the Assembly was children's paediatric cardiac care. You had a meeting yesterday with James Reilly and have agreed to give us a quick update on some of the outworkings of that.

Mr Poots: We had what I thought was a useful discussion yesterday. I did not put the recommendation from the board to James Reilly because I am not satisfied at this point that we cannot sustain some surgical service in Belfast. I would like there to be a main surgical service in Dublin, which would do the more complex procedures. I would like that skill base to expand so that, in the future, we would send fewer of our children to Birmingham and more to Dublin. I see that as an advantage to Dublin because it currently sends children to England as well. Could we send those cases to Dublin but continue to carry out the less complex surgical procedures in Belfast? Could we provide a service for children, particularly in border county areas, the likes of Donegal, Monaghan, and so forth, which would mean children from there coming to Belfast as opposed to Dublin for less complex procedures? As for the cardiology work that is carried out, we were looking at an offer of some being done at Altnagelvin, the South West Acute Hospital and Craigavon, and much of that will be done through telepresence. If children required surgical services, they could then be immediately sent to the appropriate facility, be that Belfast or Dublin.

I asked what the potential would be if we were successful in getting a second surgeon. Realistically, we cannot do this with one surgeon; it is not sustainable. However, with a second surgeon and the other complement of the team required, is there the potential for that to be part of a network with Dublin? The surgeons based in Belfast would be able to carry out surgery in Dublin so that their skill base would not be restricted to carrying out only the simpler procedures. I should say "less complex" rather than "simple" procedures — there are no simple procedures on these children. Those surgeons would carry out more complex procedures in Dublin than would be the case in Belfast. In certain cases, such as when it was not suitable for a child to travel, would the Dublin team be available to carry out emergency procedures in Belfast? I have to say that James Reilly was quite open-minded about that. He said that the way in which they carry out their services, and the way in which he wants to continue carrying out their services, is for hospitals to carry out the top-grade, more complex work, with a step-down for the work that could be done locally. He could see that such an approach to paediatric congenital cardiac services had potential.

That said, I want to be absolutely clear that I do not wish to raise expectations in any way, shape or form. I am seeking to exhaust all possibilities of retaining surgery in Belfast in the first instance and to do that in a way that provides the optimum solution with the maximum safety. It is clearly not the optimum solution to have one surgeon carrying out complex surgery in Belfast with only a bit of support, not an entire support team. In those cases, the optimum solution is very clearly Dublin.

The other question then is this: is it an optimum solution for all our children to travel outside Northern Ireland? The issue is less important in Belfast. However, if you live in the north-west or northern part

of Northern Ireland, it is very significant. It is also an issue for people in Donegal, as we may have the potential to provide them with a better service than they currently have.

So that is the nature of the discussion. Nothing is agreed, our civil servants will want to look at the issues, and we would need a fair wind from the Republic of Ireland's Government. However, Mr Reilly did not say anything yesterday to the effect that none of this was possible. Everything will be researched and looked at, and all of that that will take more time.

The Chairperson: I will not open this up to questions. I appreciate your giving us that update and that you said in the Chamber that you would look at other options. Minister, I ask that you keep us in the loop. It was all over the media that you were meeting Mr Reilly, and then there were interviews, but try to get a wee line to us so that we are also in the loop.

Mr Poots: I did not really deviate from what I said in the House on Tuesday.

The Chairperson: I appreciate that, but, as you said, it is a very emotive issue, and people ask us to read into what you are saying.

Mr Poots: I do not want to make old people cry or kill babies. I did not come into this job to do either, so we will try to avoid that.

The Chairperson: This was an additional meeting, and I thank you for accommodating us.