FROM THE MINISTER OF HEALTH



Männystrie O Poustie

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Dear Andua

Thank you for your correspondence of 25 November inviting me to meet with you to discuss Covid-19 planning, and for Ms Toman's invitation to meet with the Permanent Secretary on the same issue. I propose that both invitations are dealt with in this reply.

Firstly, it is widely known and accepted that the Covid-19 pandemic disproportionately affected the most vulnerable in our society, and in particular the elderly and disabled. This is why from the onset of the pandemic, I put in place measures to ensure the safety of our most vulnerable citizens. I am very aware for instance, that the pandemic has had a profound effect on the ability of domiciliary care providers to deliver services, both through staffing challenges and through service users and their families suspending their care packages in the early stages of the pandemic.

There is currently significant pressure on domiciliary care services as demand outstrips supply. I have recognised the need for immediate action to support the sector over the coming months and I was therefore pleased to recently announce a £23 million funding package for domiciliary care and care home staff. I am confident this funding will facilitate increased capacity across the social care sector for the remainder of 2021/22.

There is immediate work to be done given the crisis that we find ourselves in, but there is clearly also a need to address issues in the long term. The work of the Reform of Adult Social Care will inform the long term reform of the sector, including domiciliary care. I hope to launch a full public consultation on the Reform of Adult Social care in the near future.

With regard to the co-production of services in co-operation with service users and their representatives, my Department will continue to engage directly with d/Deaf and disabled people during the ongoing Covid-19 Pandemic, including regarding the potential re-opening of the Independent Living Fund in NI; the Reform of Adult Social Care; the rollout of Advanced Care Planning, and the Department's Regional Health and Social Care Disability Forum.



As part of the Department's response to the COVID-19 pandemic, a COVID-19 HSC Clinical Ethics Forum was established with the aim of developing COVID-19 Guidance: Ethical Advice and Support Framework document. The Framework was published in May 2020 and has been updated since and diagnostic overshadowing is covered in the Framework. With input from Disability Action, plain English and easy read versions of the Framework have also been developed.

The COVID-19 HSC Clinical Ethics Forum has been reconstituted to become the HSC Regional Clinical Ethics Forum and has responsibility for reviewing and updating the COVID-19 Guidance: Ethical Advice and Support Framework document, as required. The Forum also has access to a number of 'reference groups', which include Disability Action representation and they were invited by the Forum to comment on specific issues. These organisations do of course represent or advocate on behalf of specific groups or interests. The HSC Regional Clinical Ethics Forum membership is drawn from a wide range of clinical and social care staff, individuals with expertise in ethics, faith representatives, as well as wider community interests, including service users, carers and families

In continuing support of an approach based on co-design and co-production of services, which are both user focused and practical, a Regional Health and Social Care Disability Forum is being established for people with a physical/sensory disability and communication difficulty. This is also consistent with the values of Delivering Together 2026 with regard to the co-production of services. The establishment of the Forum underscores my Department's continued commitment to working alongside people with a wide range of real life experiences of using disability services.

In addition, my officials from Physical and Sensory Disability Unit represent my Department on the Department for Communities' Disability Strategy Working Group which also is working, on a co-production and co-design basis, with service user representatives and representatives of disability groups.

Finally, the United Nations Convention on the Rights of Persons with Disabilities, UNCRPD was ratified and came into force in Northern Ireland in 2009, with the Equality Commission (ECNI) and the Northern Ireland Human Rights Commission (NIHRC) taking on the role of the independent mechanism tasked with promoting, protecting and monitoring the UK and devolved governments' implementation of the Convention. In addition, disabled people are one of the groups covered under Section 75 of the Northern Ireland Act 1998, which places a statutory obligation on Public Authorities, including my Department and its Arm's Length Bodies, to carry out their functions with due regard to the need to promote equality of opportunity and good relations for the prescribed groupings.

In light of the above information and ongoing engagement I do not feel that a meeting at this juncture would prove helpful. That said, I do acknowledge and greatly value the work which Disability Action carries out on behalf of service users, their families and carers, right across NI. I would encourage you to continue to engage with my officials on any issues of concern which may arise in the future.

Please accept my best wishes.

Personal Data

ROBIN SWANN MLA

Minister of Health

