

## **LEADERS IN SOCIAL CARE PARTNERSHIP**

### **TERMS OF REFERENCE**

<b>Revised</b>	<b>October 2019</b>
<b>Revised</b>	<b>April 2025</b>
<b>To be revised</b>	<b>2027</b>

## **1. INTRODUCTION**

1.1 The Northern Ireland Social Care Council (Social Care Council) is responsible for the regulation and registration of the Social Care workforce in Northern Ireland and is established under the Health and Personal Social Services Act (Northern Ireland) 2001 as a non-departmental body, sponsored by the Department of Health (DOH). To discharge its functions effectively, the Social Care Council has established a number of Partnerships to engage its key stakeholders in the development and delivery of its business.

1.2 The Leaders in Social Care Partnership was established in 2015 and is a Committee of the Social Care Council.

## **2. PURPOSE**

2.1 The Leaders in Social Care Partnership is a strategic partnership of senior managers from the statutory, voluntary and private social care sectors. The purpose of the Partnership is to work with the Social Care Council to support and influence a strategic framework for the transformation and development of the social care sector in Northern Ireland that will ensure the sustainability of a skilled, competent and fit for purpose workforce.

## **3. SCOPE**

3.1 In support of its programme of work, the Leaders in Social Care Partnership has identified with the Social Care Council five strategic priorities. The LCSP will seek to:

- Advise and support the social care transformation in adults and children's services in NI.
- Advise and support the implementation of the Social Care Workforce Strategy.
- Agree a communications strategy and ensure that social care is championed, and the social care sector is informed and engaged in transformation.

- Influence the wider evidence and data plan for social care in adults and children's services.
- Influence an agreed definition of social care in NI and ensure the LSCP's membership is enhanced to reflect the diversity of the social care sector.

3.2 The Leaders in Social Care Partnership will provide advice and guidance to the Social Care Council on matters of relevance to the social care sector and will ensure that the workforce development requirements of the social care workforce are represented within the Social Care Council's corporate and business plans.

## **4. MEMBERSHIP**

4.1 The Leaders in Social Care Partnership will consist of senior representatives of employers of social care practitioners from adult and children's services in the statutory, voluntary and private sectors and regional employer representative bodies. Representatives from Government Departments, Education Organisations and other relevant constituencies may be invited to attend meetings or become members of the Partnership as deemed appropriate.

4.2 The Chair and Deputy Chair of the Leaders in Social Care Partnership are members of the Board of Social Care Council appointed by the Social Care Council's Chair. The Chair of the Social Care Council may also appoint other members of the Board to sit as members of the Partnership.

4.3 The Chair, Deputy Chair and Members of the Leaders in Social Care Partnership are required to participate in a biennial review, support the Terms of Reference, undertake induction and be available to support the work of the Leaders in Social Care Partnership throughout the year.

4.4 Members of the Leaders in Social Care Partnership will act constructively and in line with the Nolan Principles, to inform the Social Care Council's activities.

## **5. FREQUENCY AND TIMING OF MEETINGS**

5.1 The Leaders in Social Care Partnership will meet at least three times a year. Additional ad-hoc meetings (and/or representation at other Social Care Council events) may also be required. Members are required to liaise with the Chair of the Partnership or the Executive Team in advance if they are unable to attend a meeting for any reason.

5.2 The Social Care Council will support the arrangements for the Leaders in Social Care Partnership meetings by providing the secretariat who will arrange for the distribution of agendas, papers 5 working days in advance of the meeting, and ensure an accurate note is taken of the meetings. The Chief Executive, or their nominated deputy, will directly support the Chair in the management of the Leaders in Social Care Partnership.

## **6. REPORTING, GOVERNANCE AND ACCOUNTABILITY**

6.1 Minutes of the Leaders in Social Care Partnership will be forwarded to the meeting of the Social Care Council Board following each Partnership meeting. As a formal Committee of the Social Care Council, minutes (and agendas) of the Leaders in Social Care Partnership meetings will also be published on the Social Care Council's website.

6.2 Members of the Leaders in Social Care Partnership will be required to comply with governance practice in their undertakings with the Social Care Council, attending relevant training sessions as required and working collaboratively with the Social Care Council and other Partnership members.

6.3 The Terms of Reference of the Leaders in Social Care Partnership will be reviewed by the Partnership on a biennial basis as part of their programme of work for approval by the Board, including an assessment of the extent to which the Partnership is complying with its scope and purpose set out in in these Terms of Reference.

6.4 The work of the Partnership will be made available to review by the Internal Audit Service (Business Services Organisation) as and when required to inform Internal Audit's audits of Social Care Council's business.

## **7. ENDORSEMENT**

7.1 These revised Terms of Reference were approved by the Leaders in Social Care Partnership on 6<sup>th</sup> February 2025 and endorsed by the Board of the Social Care Council on 30<sup>th</sup> April 2025.

Review date

2027

## Leaders in Social Care Partnership Workshop

### Introduction

The Leaders in Social Care Partnership (LSCP) is a Committee of the Social Care Council. It was established in 2015 and was previously called the Workforce Development Partnership.

The Leaders in Social Care Partnership is a strategic partnership of senior managers from the statutory, voluntary, and private social care sectors. The purpose of the Partnership was to work with the Social Care Council to establish a strategic framework for the transformation and development of the social care workforce in Northern Ireland that will ensure the sustainability of a skilled, competent, and fit for purpose workforce. The Partnership has three subgroups, which are.

- Workforce strategy
- Data intelligence
- Communication subgroups

The partnership has played a leadership role in the sector, promoting the value of social care, and building recognition for the contribution of workforce. Early in the journey the Partnership worked collaboratively with the Social Care Council to produce [Social Care Matters](#), (NISCC 2017), around the same time the Social Care Council worked with partners across the Skills for Care and Development UK Alliance to produce a report on the economic value of social care and at the DoH Jackie McIlroy, Deputy Chief Social Work Officer began work on a workforce strategy for social care. Today, social care is recognised as an important workforce, the largest in the health and social care system with over 40,000 people on the register. The workforce has grown significantly and there has been much promotion of a social care career and sharing of workforce stories. This has built recognition of the value of social care and the need for support in the development of a career framework in the sector. It is important to move towards a cohesive workforce that see themselves as part of an identity that sits across a range of sectors and settings and across a full career spectrum.

The LSCP had given leadership and voice to the work needed in the development of a workforce strategy. The DoH has recognised that leadership and commissioned the Social Care Council to undertake the development of proposals for continuous learning and development framework that would support a career structure and lay the foundations for progression towards a qualification-based register. The group has deepened the understanding of the workforce and the role of social care workers, and sought to bring an evidence base by undertaking a discovery approach with a series of papers and videos. This evidence has been used to inform the development of the Care in Practice Framework, a CPD framework for the social care workforce that recognises and values both formal qualifications and in-service learning and development across the career spectrum from entry level to specialist practice, management, and leadership. This framework has been developed in line with the DoH Social Care Workforce Strategy launched on 12 December. The strategy sets out priorities that, as well as including the CiP Framework, will require on-going collaboration with the Social Care Council and its partnerships to achieve full implementation. The strategy and the framework introduce the Level 2 Certificate in Safe and Effective Practice. This qualification will be available at entrance level to the workforce and lays the foundation for qualification-based registration to evolve from the function-based register.

A further achievement of the LSCP has been the achievement of data to help build understanding of the impact of social care. This work has contributed to a new Skills for Care and Development report<sup>1</sup> on the economic and social value of adult social care. It is estimated that there is £1.5 Billion gross added value to the economy from social care [when considering direct, indirect, and induced impacts](#), which is higher than ICT and Finance sectors. The social return on investment in NI was £2.82 for every £1 invested. Across the UK, the gross value added in 2023 was £74.1B.

In Northern Ireland, the DoH as part of its programme of reform of social care established the Collaborative Forum (for Adult Social Care) and the Children's Strategic Reform with 8-9 workstreams across both.

Credit has been given to LSCP for their contribution to these developments. As a Committee of the Social Care Council the Partnership has had a direct link and report to the Council which in turn reports to DoH. There is now the potential to take a workplan from the workforce strategy. However, there are key questions to be considered at this point:

- What are the priorities that the LSCP should take forward?
- Are the existing Terms of Reference appropriate?

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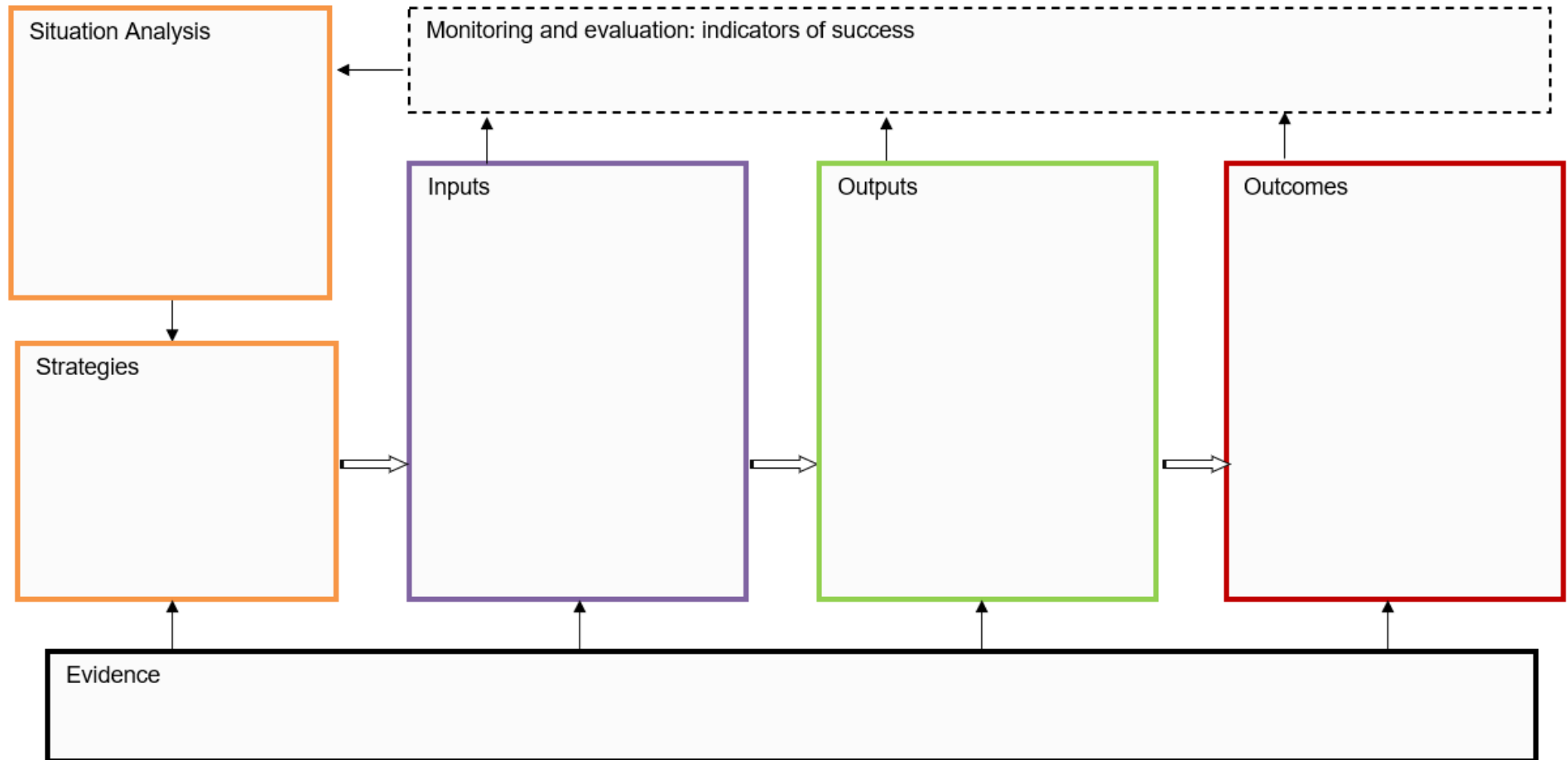
<sup>1</sup> [https://skillsforcareanddevelopment.org.uk/wp-content/uploads/2019/03/10\\_-\\_The-economic-value-of-the-adult-social-care-sector\\_FINAL-whole-report-with-addendum2.pdf](https://skillsforcareanddevelopment.org.uk/wp-content/uploads/2019/03/10_-_The-economic-value-of-the-adult-social-care-sector_FINAL-whole-report-with-addendum2.pdf)

Where are we now? (Situation analysis)	How will we achieve the changes? (Outputs)	What changes do we want to contribute to? (Outcomes)
<p><b>CHALLENGES</b></p> <p>The social care workforce is the largest workforce in the HSC sector, with practitioners working across statutory, private, C&amp;V settings, in adult and children SC services. SC operates within a complex and challenging environment, with practitioners providing care and support to people with multi-faceted and complex needs. SC has been challenged by an inequality of spending between health &amp; SC within the HSC system and competition for staff within and between sectors. The LCSP has provided a leadership role in promoting the value of SC and building recognition for the contribution of the sector. This influencing work has resulted in DoH developing a workforce strategy outlining plans for SC reform. Specific challenges include;</p> <ul style="list-style-type: none"> <li>• Describing roles and settings for the purposes of contracting</li> <li>• Providing clarity of professional boundaries</li> <li>• Educating political understanding of SC</li> <li>• Staying competitive with other sectors</li> <li>• Keeping pace with workforce expectations</li> <li>• Meeting regulatory expectations</li> <li>• Staff asked to do more for less, more complex needs and challenge re: what is safe practice.</li> </ul> <p><b>OPPORTUNITIES</b></p> <p>There is a positive moment of change for SC with the transformation agendas in Adults and Children's SC. This could be an opportunity to showcase positive stories and the value and impact of the sector. It could also offset negative</p>	<p><b>SOCIAL CARE REFORM</b></p> <p>Build productive relationships and develop understanding of DoH work on social care reform. Ensure government continues to understand the significant role and contribution of social care. Identify the work &amp; roles of all relevant SC reform workstreams. The LSCP advises on the promotion of fair &amp; just culture in SC commissioning (FWF and SCCF commissioning workstream, children's SC reform). The LSCP contributes to work to implement a framework for the delegation of complex tasks to SC.</p> <p><b>SOCIAL CARE WORKFORCE STRATEGY</b></p> <p>Support and influence implementation of SC workforce strategy:</p> <ul style="list-style-type: none"> <li>• Consider the 7 priorities and the role of the partnership in influencing and supporting these.</li> <li>• Action plans developed with contribution from LSCP.</li> <li>• Agree, with the SCWS workstreams, a mechanism for updating and engagement between the workstreams and LSCP (e.g. updates on progress and presentations)</li> </ul> <p><b>DATA, COMMUNICATION, INFLUENCING</b></p> <p>Identify key evidence-based targeted messages with SCCF comms workstream and children's social care reform board. Identify and influence key stakeholders (incl. policy makers) who can help champion sector at policy/ commissioning level.</p>	<p><b>SOCIAL CARE REFORM</b></p> <p>The LCSP understands and influences the wider social care reforms. The LSCP influences a fair &amp; just culture in SC commissioning. The LCSP influences the implementation of a delegation framework.</p> <p><b>SOCIAL CARE WORKFORCE STRATEGY</b></p> <p>The implementation of the SC workforce strategy is positively influenced by the experience and expertise within the LSCP.</p> <p>LSCP contributes to the SC workforce strategy's vision that the social care workforce will be a highly motivated, skilled, confident and value driven workforce that is recognised and feels valued for the contribution it makes to service users and to society.</p> <p><b>DATA, COMMUNICATION, INFLUENCING</b></p> <p>SCCF comms workstream, the children's SC reform board, and other relevant partners are positively influenced to champion social care issues in order to:</p> <ul style="list-style-type: none"> <li>• Increase understanding of SC.</li> <li>• Better promote what SC does well.</li> </ul>



<p>messages about SC. The LCSP recognised the wider potential opportunities for SC, including;</p> <ul style="list-style-type: none"> <li>• raised profile of social care sector</li> <li>• New models of Home Care</li> <li>• to increase the no. and achieve better retention of registrants</li> <li>• Potential of commissioning for Innovation in SC</li> <li>• A unified commissioning process and level playing field</li> <li>• Building collaboration and cohesion in whole system</li> <li>• Exploration of other jobs involving care &amp; support to be included on register</li> <li>• Digitalisation</li> <li>• The impact of CIP/Certification</li> </ul> <p><b>Wider Context</b></p> <ul style="list-style-type: none"> <li>• A need to tell the story of SC, including ongoing development of KPIs and a voice of SC</li> <li>• Understanding what works in SC – stats &amp; stories.</li> <li>• Need for a Definition of SC, considering the unintended conseqs. of setting a definition</li> <li>• What data is collected –navigating the difference in what providers provide.</li> <li>• Demographic challenges in servicing need.</li> <li>• Increased take up of personalised packages of support via Direct Pays/personal assistants</li> <li>• Increased diversity of workforce.</li> <li>• Silos in the system present opportunities &amp; challenges.</li> </ul>	<p>Build engagement with SPPG &amp; Commissioners &amp; also link to SCCF commissioning workstream and children's SC reform. Agree communications out to the SC sector about the role and work of the LCSP.</p> <p><b>ACCESSING EVIDENCE</b> Influencing an evidence and data agenda. Request updates and access to data from the Data, Research and Evidence workstreams in adults and children's SC e.g. through LCSP members who are involved in the workstream.</p> <p><b>THE PARTNERSHIP</b> Develop proposals for a definition of social care. Identify gaps in membership of the LCSP and seek to close those gaps.</p>	<p>The social care sector is better informed about the influencing role of the LCSP.</p> <p><b>ACCESSING EVIDENCE</b> The LCSP influences the wider evidence and data plan for social care. The LCSP is better equipped with evidence and data to perform its influencing role.</p> <p><b>THE PARTNERSHIP</b> The LCSP has influenced an agreed definition of SC. The LCSP has an increased reach across the social care sector. There is an increased commitment and diversity of sectors and providers represented in the partnership. Increased knowledge and information sharing among members of the partnership. There is increased awareness among LCSP of developments within the SC sector.</p>
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## Logic Model template



## Where are we now? (situation analysis)

### **Challenges** describing roles and settings for contracting

- Providing clarity of professional boundaries
- Educating political understanding of SC
- Staying competitive w other sectors
- Keeping pace workforce expectations
- Meeting RQIA expectations
- Staff asked to do more for less, more complex needs and what is safe – where is the line?
- Inequality of H to SC in HSC system

### **Opportunities**

- Showcase stories / offset negative msgs
- Show value/impact of the sector
- Transformation to SC
- Commissioning for Innovation
- Standardised personal contracting & commissioning – level playing field
- Build collaboration
- Raised profile of Home Care
- Opportunities for meeting right people
- Build cohesion in whole system
- Unified commissioning process
- Exploration of other jobs on included on register involving care & support
- Partnership performing well, collaborating
- Digitalisation
- Impact of CIP/Cert

### **Landscape**

- Telling story of SC - KPIs? Voice of SC, What works – stats & stories. Definition of SC. Unintended conseqs. Data collection. What diff providers provide.
- Demographic challenges
- Outsourcing and inequal landscape
- Costs of different providers of SC
- Increased take up of personalised packages of support via Direct Pays/personal assistants
- Increased diversity of workforce.
- SILOs – opp & challenge

## How will we achieve these changes? (outputs)

- Build productive relationships and understand the work of the Department in the implementation of the strategy and roles
- Examine and unpack the 7 priorities
- Identify the work and roles of the other workstreams.
- Request updates on progress

- Increase strength of the partnership - increase commitment and diversity of sectors/providers.

- Identify outcomes in SC – service users, staff.

Develop data around value of SC.

- Decide what the database can and needs to tell the sector. Set targets?

- Identify key stakeholders (incl. policy makers) who can help champion sector at policy/commissioning

- Identify key targeted messages.

- Presentation from SCWS group to the partnership

- SPPG & Commissioning engagement

## What do we want to change? (outcomes)

- Support implementation of the SC workforce strategy.
- Contribute to action plans.

- Increase in no. and better retention of registrants
- CIP framework implemented.
- Transfer in level 2 cert between employers.
- Improvement in portal to link registration number to qualifications.
- Increase the duration of the stay on the register.
- Review registration of unregulated workforce - understand and extend the unregulated workforce with legislative framework.
- Improved promotion of fair & just culture.

- Review and separation of Regulations for Supported Living and Domiciliary Care (2007 DoH)

- Agreed definition of SC.
- Increase understanding of SC.
- Better information systems.
- Make better use of existing evidence.
- Better promotion of what SC does well.

- Digitisation – challenges of disenfranchising.
- Better investment in digitisation.
- Increased confidence in the sector – new, safe algorithm for costing communicated in advance.
- Increase in sustainability.
- Increase in non-health leadership in SC.
- Improved constructive workforce planning.