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CMM

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From the Editor

Editor, Emma Morriss explores this month's issue and considers how far we've come without forgetting what's important.



When I start to put together an issue of CMM, I consider many different elements to bring you something I hope will help you run your business. This issue was no different, but as it began to come together, I realised how far social care has come, yet how important the most straightforward considerations still are.

POSITIVE CONVERSATIONS

For example, Ewan King and Professor Martin Green have written a very important piece about keeping the conversations positive around social care now that it has risen up the political agenda.

That's been a long time coming but we need to keep pushing the positives of social care as an important player in a difficult climate and increasingly integrated market.

INTEGRATION

It is that drive to integration and the important role of social care that is expanded upon by Jeremy Porteus, who advocates the need for social care and integration to include housing to help drive prevention and reduce the pressure on services. Debbie Sorkin then takes over the integration mantle with new models of care that are emerging thanks to the NHS Five Year Forward View. Debbie explores the importance of providers in helping achieve the vision for the NHS.

INNOVATION

Innovation is mirrored by Helen Allen's article on community enterprises and their role in truly personalising care and support.

It is fantastic to sit here and read about the innovation that is happening, the important role

social care is playing at such a crucial time.

However without well-run, quality services this cannot be achieved and in the current climate of local authority budget cuts and pressure on fees it undoubtedly impacts on operations.

OPERATIONS

It is with this in mind that Chris Tarry explores the importance of marketing in moving from local authority contracts to the self-funding market, something which increasing numbers of providers

are doing. Whilst David Waters considers recent changes to health and safety which have given the Care Quality Commission extensive new powers.

SUMMER BREAK

It is with this balance of innovation, progression and operational considerations that CMM heads into its summer break.

The next issue will land on your desks in late August where I'm certain to have lots more to help you and the sector keep moving forward. Let's keep the momentum.

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Is it just me...?

Editor in Chief, Robert Chamberlain considers the current nonsensical approach to improve health and social care for our ageing population.



Newspaper readers are frequently met with headlines such as 'Can the NHS be saved?' or even 'Who can save the NHS?' Valid questions indeed, but just how much worse would the NHS's predicament be right now if informal carers ceased their roles and the underfunded social care sector collapsed?

There are an estimated 6.5m unpaid carers, saving the Government approximately £119bn according to the latest research from Carers Week. One would, therefore, think that everything possible was being done to support these caring individuals to continue their invaluable roles, especially in austere times. But no, this is not the case. The research shows that two thirds of carers consider one or more local services are not carer friendly and that 60% felt that a lack of services was having a negative impact on their health. Bear in mind that a reported 87,000 carers are themselves aged over 85 with this number expected to reach 200,000

by 2030 (Carers UK and Age UK, 30th April 2015). This 'invisible sector' is creaking like the others in health and social care.

IN CRISIS

The social care sector is undoubtedly in crisis. The under-funding of care homes is well-documented, especially for generalist residential care providers. Recipients of homecare are receiving shorter and less frequent visits of varying quality. According to research by The Good Care Guide, 39% of reviews from those receiving homecare report bad or poor standards.

Sizeable operators including Saga (Allied Healthcare) and Care UK are withdrawing from the domiciliary care market due to the lack of financial viability of local authority contracts. This is a particular worry for commissioners, many of whom have made ends meet in recent times by reducing the number of contracted homecare providers

in favour of a smaller number of larger outfits. What will be the impact on already stretched local authority budgets if the big players stop tendering for their business? Will there be a sufficient number of smaller operators in existence to fill

***"Back to the headline 'Who can save the NHS?'
A well-supported army of informal carers and
a properly-funded social care, that's who."***

the void, after having been starved of council funding for a prolonged period?

The Association of Directors of Adult Social Services' (ADASS) Annual Budget Survey reports that 56% of its directors have 'genuine concerns' relating to the financial predicament of care providers with implications for quality of care. Yet there are further reductions to the social care budget (£13.3bn 2015/16 compared to £14.9bn in 2010/11) and greater demand for services. Of

the promised additional money from the Better Care Fund (BCF), ADASS President Ray James commented, 'It is palpably absurd to believe that the money being transferred from the NHS via the BCF is anywhere near sufficient to mitigate these spending disparities.'

WHO CAN SAVE THE NHS?

Back to the headline 'Who can save the NHS?' A well-supported army of informal carers and a properly-funded social care, that's who. A broken support system will most definitely lead to greater pressure on health services and to ignore this link is beyond naive. Furthermore, a well-functioning carers network and social care intervention would save even greater sums from NHS budgets. Isn't this blindingly obvious?

The planned funding reforms for social care from 2016 will fall far from the required mark in terms of financial support and will, in fact, place even greater pressure on local authority budgets and resources.

Yet I fear that the 'carrot dangling' of the reforms is the Government's justification for leaving social care's plight unaddressed.

The Government has the opportunity to take necessary and urgent action to inject greater funding into the very services that keep people out of hospitals in the upcoming Spending Review. A failure to do so will put the wellbeing of the most vulnerable in our society at risk, undoubtedly resulting in increased demand on NHS services.

Have you seen how the Social Care Commitment can benefit your business and staff development?



The Social Care Commitment is for all employers and employees in adult social care.

Made up of seven statements, and tasks that help put those statements into practice, signing up to the commitment is a public pledge to deliver high quality care.

It can also be used as a tool to help support the achievement of the Care Certificate and to generate evidence to demonstrate meeting CQC key lines of enquiry.

To find out more about how signing up can benefit you and to hear from others who have signed up visit www.thesocialcarecommitment.org.uk



NEWS

The 'cuts are deepening'- ADASS Budget Survey 2015

The Association of Directors of Adult Social Services (ADASS) has released its annual budget survey. More people are living longer with more complex needs that require vital care, support and protection from adult social care in councils. But this year (2015/16) councils are running out of 'efficiencies' and will make service reductions of £420m to people needing that care and support and their carers.

There have been five years of funding reductions totalling £4.6bn and representing 31% of real terms net budgets. In 2015/16 adult social care budgets will reduce by a further £0.5bn in cash terms. Taking the growth in numbers of older and disabled people into account, this means that an additional £1.1bn would be needed to provide the same level of service as last year. There are more than 400,000 fewer

people receiving social care services since 2009/10 and of those who are still supported, a significant number will get less care. Most directors expect that still fewer people will get access to services over the next two years. ADASS warns that only 7% of directors are fully confident that planned savings can be met in 2016/17 and 5% in 2017/18.

ADASS predicts more fragile care markets as a result. In the context of providers selling up, staff turnover, quality, wages and the need for a million more care workers in the future; maintaining a caring, compassionate and trained workforce in a sustainable provider market is now a key concern. 56% of directors report that providers are facing financial difficulties now. Additionally there are concerns about the quality of care: in the Care Quality Commission's published

data in April 2015, 8.7% of adult social care providers inspected were rated as 'inadequate' and a further 31.9% as 'requiring improvement'. Most local authorities are not going to be able to make further savings by squeezing the prices that providers are paid.

ADASS wants to see a social care system that is protected, aligned and re-designed. To achieve this, it is calling upon the Government to urgently ensure that social care funding is protected and aligned with the NHS, including making provision for the social care funding gap alongside the funding gap for the NHS. This is paramount to securing adequate health and wellbeing outcomes for individuals and their carers and to ensuring that councils do not run out of money. For more on the ADASS Budget Survey, see In Focus on page 15.

'Lottery of support' damaging carers

Huge variation in the support received by those looking after an older, disabled or seriously-ill loved one is having a damaging impact on the health of carers and their ability to look after the person they care for, according to new research launched for Carers Week 2015.

Two-thirds (65%) of carers characterise one or more of their local services as not being carer-friendly as it fails to recognise and support them in their caring role.

As a consequence six in ten (61%) carers say this lack of support is having a negative impact on their health.

What's more, two-thirds (65%) of carers say the experience of local services that fail to consider or support them has made it more difficult to look after the person they are caring for.

The support provided by the UK's 6.5m unpaid carers saves the country £119bn a year; a saving that is at risk if a lack of carer-

friendly communities continue to make it hard for carers to look after their partners, relatives or friends.

This lottery of local support has driven the six charities behind Carers Week to call on individuals, organisations and services to build more 'carer-friendly communities' to improve the lives of local carers.

The six charities behind Carers Week 2015 are Age UK, Carers UK, Carers Trust, Independent Age, Macmillan Cancer Support and Multiple Sclerosis Society.

APPOINTMENTS

BARCHESTER

Barchester Healthcare has appointed Dominic Kay as its new Group Commercial Director.

ROYAL COLLEGE OF NURSING

The Royal College of Nursing has appointed Janet Davies, its Director of Nursing and Service Delivery, as its next Chief Executive and General Secretary.

VOYAGE

Voyage Care has appointed Andrew Cannon as Chief Executive Officer.

DIMENSIONS

Dimensions has promoted Executive Director of Practice Development, Lisa Hopkins, to the newly created post of Managing Director.

PJ CARE

PJ Care has appointed George Otto as Finance Director.

CQC

Camilla Cavendish has been appointed Head of the Policy Unit at 10 Downing Street. David Prior, the Chair of the Care Quality Commission has also left the regulator as he has been appointed Parliamentary Under Secretary of State at the Department of Health.

DANSHELL

Danshell has appointed Andrew Murray as Chief Executive. Efi Hershkovitz, current Chief Executive and founder of Danshell will take on the role of Executive Chairman.

HALOW

The halow project has appointed James Davies as its new Head of Services.

The state of the nursing workforce

As the UK population is growing older, living longer and with an ever-increasing range of conditions, the need for quality care has never been higher. In a report *The UK Nursing Workforce: Crisis or Opportunity* Christie + Co looks at the main issue affecting the care sector, staffing.

Staffing is one of the most important factors in the delivery of high-quality care and, following a number of staffing-related scandals in health and social care, has moved into the spotlight of both operators and regulators in recent years. Frequent reference has been made to a shortage of nurses in both the NHS and adult social care while operators have also reported a dramatic increase in the use of agency staff and staff costs.

The report looks at the key factors influencing the fluctuating number of nurses over the past 10 years including: the number of publicly-funded nurse training places at UK universities; UK Government policy concerning immigration from outside

the EU; the EU economic situation influencing immigration from within the EU; and an upward shift in the average retirement age.

In the report, Christie + Co looks at the true extent of the staffing problem, with insight from a survey shared with 12 of the largest nursing home operators in the UK. Key findings of the survey are:

- The use of agency staff has risen by 55% over the past two years. The cost of agency staff typically exceeds the cost of regular staff by over 100% on a per hour basis.
- The total agency share of staff costs increased at a lower rate than the agency share of hours, 51% and 55% respectively, indicating that wages for regular, non-agency, nursing staff have risen at a faster hourly rate than agency rates.
- The growth in agency usage, together with high wage increases have increased staff cost ratios.

Christie + Co forecasts that the most

likely scenario over the next five years is that the shortage in nurses will stay at its current rate of 15,000, but will require a system-wide innovation in staff usage in order to cope with an ageing population. In the worst case scenario, the shortage could grow to over 60,000 nurses, however this would require a combination of negative factors including a lack of innovation, a substantial reduction in immigration and a high number of nurses leaving the register.

In order to close the gap between demand and supply, Christie + Co suggests a combination of four things need to happen; the industry needs to significantly optimise the way nurses and care practitioners deliver care; every measure needs to be undertaken to entice nurses to enter, or re-enter the industry and keep them from leaving; the number of funded university places need to be substantially increased; and immigration needs to be encouraged and the barriers to overseas recruitment reduced.

CQC Provider Portal opens further

The Care Quality Commission (CQC) Provider Portal is an online system that allows registered care providers to complete transactions with CQC quickly and efficiently. Users of the Provider Portal can submit statutory notifications and apply to make variations to their registration via easy-to-use, responsive online forms. Forms submitted using the Provider Portal are nearly twice as likely to be submitted correctly as equivalent forms sent by post or email says CQC. More CQC registered providers will soon be able to submit statutory notifications and apply to make variations to their registration via easy to use, responsive online forms. CQC will begin to issue invitations to providers during June.

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Government 'acted unlawfully' over disability payments

A High Court judge has ruled that the Government acted unreasonably toward disabled people by delaying payments of personal independence payment (PIP), the benefit introduced to replace disability living allowance (DLA).

The Court found that Work and Pensions Secretary Iain Duncan Smith acted unreasonably and unlawfully by not awarding PIP to disabled people within a reasonable timescale.

The judgment follows a full hearing at the High Court at which

two unnamed test case claimants, known as C and W, asked the court to declare that the Government had taken an 'unlawfully long time' to provide claimants with the new benefit.

Figures released at the end of March 2015 revealed that 3,200 people making new claims had been waiting for more than a year to receive the new payments.

Law firm Irwin Mitchell represented the claimants and Leigh Day represented the intervener The Zacchaeus 2000 Trust (Z2K).

UK's first mayor with learning disabilities

Gavin Harding MBE has been elected as Mayor for the town of Selby, North Yorkshire. This appointment makes him the UK's first mayor with learning disabilities.

Mr Harding is also a prominent expert by experience in the social

care sector, having worked with the Care Quality Commission, he is co-chair of the National Forum of People with Learning Disabilities and co-chaired the Winterbourne View transforming care board with former Care Services Minister Norman Lamb MP.

Dementia-friendly financial services charter

A dementia-friendly financial services charter has been designed by Alzheimer's Society to help financial services organisations recognise, understand and respond to the needs of customers living with dementia and their carers.

Alzheimer's Society research has shown that 76% of people with dementia experience difficulties

using a bank, and 80% of carers say banks need to understand lasting powers of attorney better.

Financial services also face challenges when dealing with customers who have dementia and can find themselves walking a tightrope between their legal obligations, industry guidance and customers' specific personal needs.

Social Care Nursing Taskforce

The Department of Health has created a new Social Care Nursing Taskforce. This taskforce has emerged following a top-level symposium held earlier in the year which considered the supply

of, and recruitment and retention of nurses in adult social care. It will feed into the Department of Health's Adult Social Care Workforce Development Programme Board.

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CQC's Experts by Experience

More members of the public will be taking part in Care Quality Commission (CQC) inspections of hospitals, care homes, GP practices and other types of services from November this year. Around 475 people already take part in CQC inspections every month under their Experts by Experience programme, but this is set to rise significantly when new contracts for providing this service are procured.

These contracts, worth an

estimated £7m per year, represent the largest procurement by CQC to date. The new contracts will be divided into four regional lots allowing a consortia of both small and large organisations to join together to bid for the work.

Earlier this year CQC made commitments in its new public engagement strategy to agree new contracts for the provision of Experts by Experience which would make better use of their unique experience and expertise.

Manorcroft turnaround

After an unannounced inspection by the Care Quality Commission (CQC), Manorcroft Care Home in Dewsbury, has achieved an overall rating of 'Good' for care home services.

This is a significant improvement from the previous inspection in September 2014 which highlighted the need for improvement in many

areas of the care home's operation.

The Silverline Care Group took over management of Manorcroft in January this year. Since the last inspection Silverline has worked with the CQC to affect improvements in service delivery to Manorcroft's residents including hiring a new management team for the home.

Care home radio show

An innovative radio production created in collaboration with residents at a care home in Cornwall is the latest refreshing art intervention by the Home Service Project.

Home Service is a three-year initiative funded by Arts Council England and The Baring Foundation, which aims to bring a variety of arts experiences into care home settings in Cornwall and Somerset.

Led by Arts for Health Cornwall & Isles of Scilly in Penryn, Home Service unites local arts institutions, practitioners and care home providers in order to enrich the lives of older people living in care - many of whom have conditions such as dementia. This latest strand of the project saw artist, writer and editor Mac Dunlop producing a unique piece of radio at Woodland Care Home in St Austell, which is run by Cornwall Care.

Care UK disposes of assets

Care UK has finalised the refocus of its services with the sale of its learning disability and domiciliary care divisions.

The company sold its learning disabilities division to Lifeways for an undisclosed sum. The learning disabilities division provides supported living, residential care and day services to around 1,000 individuals.

The move is part of a larger

divestment strategy by the company which saw it also put up its mental health assets and domiciliary care division for sale. Partnerships in Care recently acquired Care UK's mental health assets.

Meanwhile, Mears Group has agreed to purchase the Care UK's domiciliary care business.

For more information, see Business Clinic on page 28.

Talking Together

A new handbook *Talking Together: facilitating peer support activities to help people with learning disabilities understand about growing older and living with dementia* has been launched. Talking Together comprises 20 participative activities to talk together, share experiences and have fun whilst developing

understanding: this approach encourages empathy and active involvement rather than simply giving information. The handbook should be particularly useful for staff in day centres or residential care, health practitioners in community teams and personal assistants.

New care home in Redcar

The opening of a new care home in Redcar will create around 80 new jobs, including registered nurses, carers, facilities management staff and administrative staff, thanks to support from Yorkshire Bank.

Sand Banks Care Centre is currently being developed by The Prestige Group, which operates a number of homes among other property and construction investments in the UK. Yorkshire Bank has provided a substantial support package to help fund the development of the centre. The

finance deal was delivered by Gail Fielding, Director of Healthcare at Yorkshire Bank and Richard Jackson, Relationship Manager at the Bank's Business and Private Banking Centre in Stockton on Tees.

The new 77-bed care centre will be staffed by workers from the local and surrounding community, and The Prestige Group is also working with businesses in Redcar as part of the supply chain process where possible, providing a welcome boost to the local economy.

Four Seasons pioneers customer feedback technology

Four Seasons Health Care is pioneering the use of technology to collect immediate feedback about care so it can find and fix issues quickly and give residents the experience they want.

Its new *Quality of Life Programme* is unique amongst major care

providers. Purpose-designed software systems are accessed via iPads that are being put into all of its 350 homes, so at any time residents, their families and visiting health professionals can tell the company what they think about any aspect of the services they receive.

The iPads are programmed with a touch-screen satisfaction questionnaire together with space for additional comment. It is easy and convenient and takes just a couple of minutes to provide feedback. The information is transmitted in real time to the Home

Manager and Regional Manager for immediate review to find and fix any issues or consider suggestions for improvements.

Each home will have an iPad on a stand in reception for use by visitors and another that is available to residents and staff.

New Policies & Procedures linked to the Care Act 2014

Are you ready for the New Regulations?

“ *It is an understatement to say that the legislative changes coming into place on the 1st April 2015 signify the biggest change to adult health and social care this century.* ”

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New West Yorkshire homecare

The Driving up Quality initiative is beginning to see examples of the use of the Code as a contributing factor to achieving an outstanding rating from the Care Quality Commission.

The *Fundamental Standards and Regulations* now use 'Quality' as a measure of improvement,

and inspectors are looking for providers to show they are strong in listening to, responding to, and changing services according to the service user's voice. The open and transparent reporting commitment can demonstrate a Duty of Candour that is a requirement for all providers.

Deprivation of liberty resources

In March 2014, the Supreme Court issued a judgment on deprivation of liberty, which clarified what may constitute a situation whereby someone can legally have their liberty taken away.

The judgment has a big consequence for those people working in the area of mental capacity. As with any change, there's likely to be some confusion over the future direction of practice in light of the judgment.

That's why two new films and an updated briefing will help those professionals in the frontline, and others. The resources, from

the Social Care Institute for Excellence (SCIE), look at how sometimes there's a case for depriving people of their liberty; for instance, when someone lacks the capacity to consent to their care and treatment. The case for the decision is taken in order to keep them and others safe from harm.

The new resources can be used by care home managers, registered managers, care providers, hospital managers, social workers, best interest assessors and independent mental capacity advocates, along with people with care and support needs and their families.

Government's Heatwave Plan

The Government has published its annual Heatwave Plan. The Heatwave Plan for England aims to prepare for, alert people to, and prevent, the major avoidable effects on health during periods of severe heat in England.

It recommends a series of steps

to reduce the risks from prolonged exposure to severe heat for:

- the NHS, local authorities, social care, and other public agencies;
- professionals working with people at risk; and
- individuals, local communities and voluntary groups.

Speech therapists giving voice to people with dementia

The Royal College of Speech and Language Therapists (RCSLT) has released a series of videos to raise awareness of the communication and swallowing needs of people with dementia.

The videos look at what life is like for people with dementia, and for their carers and families, while highlighting the role speech

and language therapists play in helping those living with the condition and those who support them.

The series also advises those who come into contact with a person with dementia – such as family members, carers and care home workers – how to recognise the signs of the condition.

IN FOCUS

ADASS Budget Survey 2015

WHAT'S THE STORY?

Councils are rapidly running out of ways to make efficiencies as they struggle to meet the increasingly complex needs of people who are living longer and need vital care and support. It means that local authorities will need to make service reductions of £420m to people who require care and support and their carers. That is the stark warning issued by the Association of Directors of Adult Social Services (ADASS) alongside their annual budget survey. The survey is an authoritative analysis of the state of adult social care finance providing in-depth analysis on how social care is coping with the twin challenges of meeting increased demand whilst managing reducing resources.

WHAT DID THE SURVEY FIND?

ADASS achieved a 97% response rate having been completed by 147 councils. It found that the five years of funding reductions have totalled £4.6bn. This represents 31% of real terms net budgets.

The key messages of the budget results are:

1. The cuts are deepening and services will reduce.
2. More fragile markets for care have resulted from these pressures.
3. Spend on prevention continues to be squeezed.
4. Councils have tried to protect social care spending at the cost of other services but are running out of ability to do this.
5. Future funding needs to be protected and aligned with funding for the NHS.

AND THE CONCLUSIONS?

Health and social care services are not aligned and are funded differently despite calls for greater integration. Health funding has increased from £97.5bn in 2010/11 to £116.4bn in 2015/16, while over the same period, social care funding has decreased from £14.9bn to £13.3bn - more in real terms when demography is taken into account.

Ray James, ADASS President wrote in a blog to coincide with publication of the budget results, 'Over the last several years we've heard many warnings that the NHS has only weeks left in which to be saved. We have been less alarmist in social care. But the evidence now makes us duty bound to sound that alarm indicating imminent danger unless the Government acts in the coming Budget and Spending Review.'

WHAT HAPPENS NEXT?

ADASS wants the social care system to be protected, aligned and re-designed. To achieve this, ADASS has called on the Government to protect social care funding urgently. It also wants funding to be aligned with the NHS. As part of this ADASS wants the Government to make provision for the social care funding gap alongside the NHS funding gap for the NHS. Without this it won't be possible to secure adequate health and wellbeing outcomes for people needing care and their carers, argues ADASS. This view is widely supported across the social care sector including by provider representative bodies. The outcome of the forthcoming Spending Review will be crucial.

First Gracewell home opens since takeover

Gracewell Healthcare has opened its first home since the operator was acquired by Sunrise Senior Living.

Oakwood House in Birmingham provides residential, nursing and dementia care for 70 residents. The home, which is in the Edgbaston area of the city, has been created keeping the individual needs of older people in mind – each room has an en-suite bathroom, and there is a salon and beauty spa on site for residents and their families to use.

Around 100 people attended the opening ceremony of Oakwood

House, among those was the former Warwickshire and England cricketer, Dennis Amiss MBE. The ribbon on the home was cut by H.M. Lord Lieutenant of the West Midlands, Paul Chandrasekharan Sabapathy CBE.

Sunrise Senior Living took over the running of all Gracewell Healthcare homes in August last year, following the acquisition. There are now fifteen homes operating under the Gracewell Healthcare brand with new developments underway.

Amanda Scott, Managing

Director of Gracewell Healthcare, said, 'We're delighted to have opened this beautiful home. We have already welcomed several new residents – and we're looking forward to even more arriving over the coming weeks.'

'Gracewell Healthcare prides itself on providing compassionate and dedicated care, and Oakwood House will be no different. You can see that in the attention paid to every small detail – from the quality of the design, right through to the different foods available at breakfast, lunch and dinner.'

Care group refinanced

Christie Finance has advised on the refinancing of Resimed Ltd, trading as Safe Harbor Residential Care Homes.

The Group owns and operates six care homes offering high-quality residential care, nursing care and specialist dementia care services. Christie Finance were instructed to restructure the portfolio whilst refinancing existing facilities with three different lenders, as well as releasing capital for a new development project.

A choir in every care home

Launched in May 2015, *A Choir in Every Care Home* is an ambitious new initiative to explore how singing can feature regularly in care homes across the country. Funded and initiated by the Baring Foundation, it is a unique collaboration between 25 leading

national organisations from the worlds of adult social care, music and healthcare research. The initiative is being led by Live Music Now with Sound Sense and The Sidney De Haan Research Centre and supported by 22 other national organisations.

Howden acquires CHIS and PrimeCare

Howden has announced the acquisition of Brighton-based Care Home Insurance Services (CHIS) and PrimeCare, both brands of PrimeCare Insurance Services Limited. The broker is a well-

known specialist in the provision of insurance to the care sector. This acquisition brings further strength to Howden's existing care team, which offers the full range of expertise across the entire sector.



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NICE guidance – behaviour that challenges

There needs to be a shift away from an over-reliance on antipsychotic medication given to people with a learning difficulty to manage challenging behaviour, the National Institute for Health and Care Excellence (NICE) said in new guidance.

'A significant proportion of the antipsychotic medication given to people with a learning disability is for the management of behaviour that challenges,' said Professor Mark Baker, Director of the Centre for Clinical Practice at NICE. 'Too often medication is the first resort in attempting to manage what is often the result of a complex interaction between multiple individual and environmental factors. This guideline highlights the need for these factors to be considered systematically and comprehensively so that interventions to address behaviour that challenges in people with a learning disability can be tailored and appropriate to the individual.'

Prevalence rates for behaviour

that other people find difficult or upsetting are around 5% to 15% in educational, health or social care services for people with a learning disability. Rates are higher in teenagers and people in their early 20s, and in particular settings (for example, 30% to 40% in hospital settings). People with a learning disability who also have communication difficulties, autism, sensory impairments, sensory processing difficulties and physical or mental health problems (including dementia) may be more likely to develop behaviour that challenges.

Behaviour that challenges may serve a purpose for the person with a learning disability, for example, by producing sensory stimulation, attracting attention, avoiding demands and communicating with other people. This behaviour often results from the interaction between personal and environmental factors and includes aggression, self-injury, stereotypic behaviour (such as rocking or hand flapping),

withdrawal, and disruptive or destructive behaviour.

The areas covered include the support and interventions that should be available for family members and carers which aim to improve the health and wellbeing of the family and carers.

The guideline also covers the identification of those at risk of developing behaviour that challenges as well as the assessment of people who have already developed behaviour that challenges (including assessment of the physical and social environment, parent, carer and staff attitudes and skills and staff competence).

Recommendations on interventions to reduce and manage behaviour that challenges are also included in the guideline. These include environmental changes, psychosocial and pharmacological interventions, and support for family and carers (including paid carers) which aim to improve the health and wellbeing of the family and carers.

POLL

Are your clients:

Local authority funded?

Self-funded?

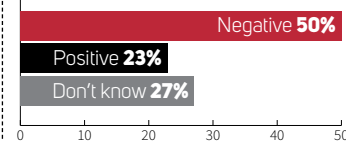
Both?

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June's results

What impact will the new Conservative Government have on social care?



Source: www.caremanagementmatters.co.uk
Figures correct at time of print.

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Glen Care reconfigures

Glen Care is reconfiguring its business to meet the changing needs of the sector. NHS England 'commissioning intentions' will reduce the number of Forensic beds across England and Glen Care is reacting to commissioners' needs.

A strategic decision has been taken to move away from low secure forensic services in London to focus on existing services and developing further residential community-based and non-secure services, into which the company will make a considerable investment. As

part of this strategy, the London Treatment and Rehabilitation Centre in Croydon is currently undergoing significant investment and will re-open as a specialist clinical commissioning group-funded service, which Glen Care has identified as an area of need.

The final stage of the company's plans to re-position it as a community-based provider will see the London Autistic Spectrum Centre (LASC) in Anerly close and the small number of patients moved to alternative placements.

Keys to Care app

The Relatives & Residents Association (R&RA) has launched a free interactive app - *Keys to Care*. It gives care workers, whether in a care home or at home, a checklist of practical, authoritative and jargon-free prompts to consult at all times.

Funded by Comic Relief and the Civil Service Insurance Society, *Keys to Care* includes 12 topics. It also enables users to link to the latest relevant news, to have the opportunity to connect with other users via Twitter, and with the R&RA and its helpline services.

Keys to Care is a direct response to feedback from those living and working in care homes. The app and its accompanying laminated cards were created using the

experience of people who live and work in care homes. An encouraging and empowering tool, they can provide a much needed aid for induction, supervision and training programmes, or simply as a trigger for discussion.

The 12 topics covered are the Care Plan, Care at Night, Continence Care, Daily Life, Dementia, Eating and Drinking, Emergencies, End of Life Care, Family and Friends, Listening and Talking, Mouth and Teeth Care, and Privacy and Choice.

In addition, each of the 12 topics links directly to further information that details regulations, research findings and good practice examples. The app is available on Apple and Android devices.

Dementia care in Staffordshire

Supporting people with dementia is to be at the heart of transforming care across Staffordshire, as a new report reveals the number of people with the disease looks set to soar. In Staffordshire, the county council is now taking proactive measures to support the growing number of people likely to need care - with one of the UK's most innovative dementia centres already opening its doors.

The new Limewood Dementia Centre in Stafford, part of the £25m Northfield Village development, is already offering state-of-the-art care to those living with dementia.

The centre has been designed based on recommendations from the University of Stirling, world leaders in dementia care research and design.

Two further flagship Dementia Centres of Excellence are being developed to offer people greater choice and flexibility of care as their condition changes. The centres will give access to dementia clinics, advice centres and information for staff, visitors and members of the wider community. Local libraries, in partnership with GPs, are also offering the innovative 'books on prescription' service.

Double contract for Castleoak

Specialist construction and development partner for care and retirement living, Castleoak, has announced a double contract win with The Abbeyfield Society. Worth

a combined £9.6m, the contracts are for a residential and specialist dementia care home in Winnersh near Reading and an assisted living scheme in Tunbridge Wells.

More opportunities to plan end of life care

Older people who want to talk to health professionals about advance care planning (ACP) are not always able to do so, a new study published in *Age & Ageing*, the medical journal of the British Geriatrics Society, has revealed. More than a third of respondents in the East Midlands study said that they would be interested in discussing advance care plans with a health professional. However, only 17% of respondents had prepared an advance care plan, and only 5% had been actively offered the opportunity to talk about it with a health professional.

ACP is a process of assessment and dialogue to document an individual's preferences for future care and treatment. It can result in

advance directives (often referred to as Living Wills) which record views on specific treatments; the nomination of a proxy to represent the individual if they lose mental capacity; and statements of values and views about care and treatment.

The study received responses from 1,823 people aged 65 and over, living in community settings, and indicated an increase in the number of patients putting advance care plans in place (up from 8% in a 2005 poll).

The study concluded that these results should encourage healthcare professionals to explore what people understand by ACP, and the role of professionals in providing it.

NAPA Challenge 2015

The National Activity Providers Association (NAPA) has announced its 2015 Gala, Challenge and Awards. The NAPA Gala will celebrate the Fine Dining Challenge 2015 and 2nd Annual NAPA Awards in September.

The aim of the NAPA Fine Dining Challenge 2015 is for every care setting to host an unforgettable Fine Dining Experience that inspires conversation, engages with the community and offers a showcase for how great life can be for older people. Working with Unilever Food Solutions, NAPA invites care settings to take part by involving residents, families, staff and members of the local community to plan a wonderful Fine Dining Experience. Activities that might contribute, and win prizes, include

menu planning, designing table settings, growing veg or flowers for the table and seeking out a couple of guests that haven't visited before. The Fine Dining Experience should be held at any time between Monday 13th and Monday 20th July 2015 with winners being announced at the NAPA Gala on 23rd September.

The NAPA Gala will include the presentation of the Annual NAPA Awards to shine the light on the fantastic achievements of people in the care sector who support meaningful engagement. It's not too late to nominate in the following categories Best Activity Coordinator, Best Hairdresser, Unsung Hero, Grow Old Disgracefully, Best Volunteer and Best Arts Project. The closing date for entries is 10th August.

New CQC Fundamental Standards – Are you Ready?

The CQC began inspecting against the New 'Key Lines of Enquiry' in October 2014. Are you ready to demonstrate compliance?

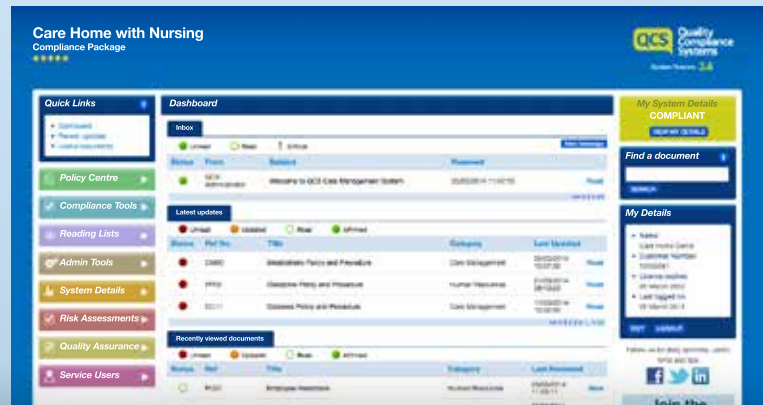
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Q With a need to save money, integrate services and ensure people are properly supported, how can care services work with local government housing teams and specialist housing providers to offer more flexibility and choice within existing stock?

A Jeremy Porteus, Director, Housing Learning and Improvement Network.

Social care providers might be excused for thinking they're on top of integration.

With the arrival of the Better Care Fund (BCF) and the Care Act, the word has been the subject of plans, meetings and special working groups in every top-tier local authority for at least 18 months. Frustrated policymakers have, of course, been trying to encourage it for at least two decades.

However, much of the recent focus has been on promoting coordination and partnerships across health and social care. This risks continuing a long pattern of ignoring or under-using the contribution housing and related services could make in this area. The calls to action in this regard are mounting.

In December 2014, the Association of Directors of Adult Social Services joined NHS England and a range of health, social care and local government organisations in publishing a Memorandum of Understanding (MOU) voicing their commitment to integration.

It says, 'The right home environment is essential to health and wellbeing throughout life. We will work together across Government, housing, health and social care sectors to enable this.'

The MOU outlined how the right home environment can delay and reduce the need for social care and NHS interventions, including avoiding preventable admissions to residential or nursing homes.

My organisation, the Housing Learning and Improvement Network (Housing LIN) helped develop the memorandum. It was gratifying to see NHS and social care leaders endorse the role of housing in people's health and wellbeing.

However, we all must now ensure

that this is reflected at local policy and commissioning level and on the frontline.

HOUSING NEEDS

In October 2014, NHS England published its high profile Five Year *Forward View*. Its call for an £8bn increase in annual NHS spending dominated the limited debate around health and our ageing population during the recent General Election campaign.

However, as most CMM readers will recall, the plan pledged to identify £22bn in efficiency and productivity savings. The document's authors, at the top of NHS England, clearly expect much of that figure to be delivered through integration and prevention.

The *Forward View* talks about working with social care and highlights the integrated management arrangements funded through the £5.3bn BCF. The housing needs of older and vulnerable people are a key element of that transformation.

The last English Housing Survey revealed that 58% of people who own their homes outright are over 65. Some of these people need reasonably priced services from a trusted provider, such as a home improvement agency, to help them live independently. Some require home help or nursing services to meet increasing care and support needs at home. Others will be thinking about a move to smaller, more age-friendly housing – whether in a specialist scheme or in general housing.

What do these people want from the services they receive now and in the future? How can care services work with local government housing teams and specialist housing providers to offer more flexibility and choice within existing stock?

Social care staff should be able to offer advice as older people and those with long-term conditions make important decisions about their future housing needs and aspirations.

Ideally, every local authority will have a strategy for maintaining and improving the housing stock to support independent ageing. This would include helping those in privately-owned or rented housing.

In 2013, the Housing LIN worked



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➤ with Elderly Accommodation Counsel on a free online resource SHOP@. SHOP@ includes 150 types of data that local authorities in England can use to predict the likely balance between demand and supply for specialist housing over the next 20 to 30 years.

Endorsed by the Department of Health, SHOP@ is partly a response to research suggesting that the shortfall in specialist housing units is already approaching 300,000.

The analysis tool helps local authorities to:

- predict the need for specialist housing provision;
- forecast an under-supply or over-supply;
- assess the future demand by different types of tenure; and
- prioritise areas for investment and development.

It promotes the type of joined-up approach that we are all supposed to be taking.

Local authorities and the NHS would certainly reap dividends by using part of the £5.3bn BCF to support technology-enabled care (see figure 1). Money from the BCF and the specialised housing funds overseen by the Department of Health should provide the platform for more, and better-integrated, capital investment in housing for older people.

However, we know that solutions to today's public policy challenges must go beyond funding.

GETTING TO KNOW EACH OTHER

Those working in social care and housing know little about the skills and services the other can bring to the party. We need more joint training of housing, social care (and health) professionals.

A Housing skills and learning in a new health and social care landscape from a forum organised by Skills for Care and Asset Skills (now the Building Futures Group) acknowledged as much and went further. It pointed to 'a lack of acknowledgement or appreciation of

the crossover work that some staff do'. For example, some housing officers are involved in care work.

The paper floated the idea of a new type of role, a hybrid one with a clear skillset. However, it acknowledged that staff would require significant learning and development to build the necessary skills – and said no such package currently exists.

We need to urgently develop multi-agency training across housing and social care as part of staff development. This should cover basic person-centred concepts.

Existing housing and social care courses could contribute elements to the proposed new hybrid qualification. Such an approach could foster effective, integrated learning and improvement qualifications that provide continuing professional development pathways. Health and Wellbeing Boards (HWBB) are also crucial in promoting housing's role. The question is whether many boards have the strong housing presence required if they are to work with other sectors in delivering personalised, integrated care and support.

We need decent homecare and other support delivered in people's own homes. That is predicated on providing older people with the aids and adaptations and decent, energy-efficient homes that promote independence, health and wellbeing.

The forum paper referred to above also suggested that HWBBs should have a checklist of housing, social care and health outputs and outcomes. The Housing LIN and the Chartered Institute of Housing are currently working on developing a possible template.

Meanwhile, the return of public health responsibilities to local government has led some councils to provide public health training for frontline staff, particularly housing teams.

Such interventions geared towards prevention illustrate the possibilities. You and your colleagues in social care, health – and yes, housing – do not need to wait for new structures, powers or tools.

They're out there. Seize the day. **CMM**

Figure 1 Housing, wellbeing and prevention – the evidence

Investment in home repairs, adaptations, specialist housing and advice and information services reaps financial savings for the NHS and social care. It also improves the lives of vulnerable people.

For example, two-thirds of people in acute hospital beds are over 65. However, hospital discharge schemes that offer housing help to speed up patient release. This can save local government social care budgets at least £120 per person per day.

Research has also found:

- ▶ Handyperson services, which provide fast, low cost help with adaptations and repairs, can save the public sector £1.70 for every £1 spent on these services.
- ▶ Those in extra care housing are less likely to enter residential care or have emergency admissions to hospital.
- ▶ Around a quarter of extra care housing residents with social care needs require a less intensive support package.
- ▶ Each year, one-third of people over 65, and almost half of those over 85, have one or more falls, many of which are preventable. A single hip fracture costs the State nearly £30,000 on average – 100 times the cost of installing hand and grab rails in the average home. Hip fractures also contribute to up to 10% of decisions to enter residential care.
- ▶ Adaptations can reduce or even eliminate the costs of homecare packages, with savings ranging from £1,200 to £29,000 a year.

Figure 2 A local checklist to aid housing and social care integration

- ▶ Do your service's clients feel lonely or isolated? Are staff aware of suitable housing with care solutions that can help your clients connect with the local community?
- ▶ Have you considered how housing should be part of an assessment process that prevents, reduces or delays an adult social care need?
- ▶ Are providers of specialist housing and related services engaged with your local health and wellbeing boards?
- ▶ Has your local authority calculated the likely demand for specialist housing as the population ages? Has it used online tools such as SHOP@ to forecast that demand and to assess whether current plans for meeting it are adequate?
- ▶ Have your local integration efforts improved the commissioning and planning of local specialist housing and housing services for older people?
- ▶ Do your colleagues, leaders and partners recognise that ensuring vulnerable people have the housing and related services they need can reduce demand for health and social care services?

Jeremy Porteus is Director at Housing Learning and Improvement Network. j.porteus@housinglin.org.uk Twitter: @HousingLIN

To read the reports used in compiling this article, visit www.caremanagementmatters.co.uk

MANAGING THE BURDEN OF EVIDENCING CARE



Protection from safeguarding

An elderly resident at a nursing home is having a deterioration in health. Over a period of a week, staff work closely with GPs and district nurses. The resident continues to deteriorate, an ambulance is called and the resident is taken to hospital with breathing difficulties. Two days later the hospital raises a safeguarding alert due to a pressure sore that the resident has. The resident's relative obtains the hospital records and complains to the nursing home in writing and copies this to the local authority and a local MP. The care home has difficulty proving that the care provided was timely - it was known that some staff filled in the turning chart at the end of their shift when the daily records were written because there were too many interruptions to do it sooner.

The nursing home were aware of the pressures care staff work under. In order to be compliant, CQC requires care providers to maintain a complete record of the care and treatment provided to service users (Health and Social Care Act 2008: Regulation 17(2)(c), 2014). As a result of the burden of paperwork, the home decides to introduce a system that enables carers to evidence care delivered at the point of care. This saves carers spending about an hour per shift filling in charts and writing daily records, which gives them more time with residents and improves the quality of care. The added benefit of this system is that the care home is able to demonstrate in detail all the care interactions that staff had with every resident and when another safeguarding alert is raised, they are able to prove all the care interventions they have performed, and in particular in the 48 hours prior to when the resident was admitted to hospital. This level of evidence shows the relative that the nursing home is not to blame and they turn their attention to the hospital, where it is found that the resident had been left unattended on a trolley for several hours waiting to be seen by a specialist.

The care home is also able to share the recorded care notes with families through an online portal, and trusted relatives can see that their family member is receiving appropriate care at all times. Should a safeguarding alert be raised in future then they can

check that the resident is being turned regularly before they enter the hospital, and have no reason to raise a complaint with the nursing home should a future pressure sore be discovered.

The burden of paperwork

As CQC's legislation tightens to ensure care providers provide evidence of proper care and support to service users, the reality is an increasing burden of paperwork on the care provider, with their attention and time diverted away from care. Local authorities are under increasing financial pressures, and in many cases do not provide sufficient funding to provide the quality of care that residents deserve. This puts pressure on care staff because there is not the money to afford more carers. Solving this problem is a challenge for every social care provider and the only option is to rethink how to meet the seemingly opposing needs of regulation, effective care, and cost efficiency.

A revolutionary solution

To increase protection from safeguarding alerts and reduce the burden of paperwork, Mobile Care Monitoring and the Relatives Gateway are leading the social care revolution for care homes. Care staff use handheld devices to quickly record care notes for residents on an icon driven app, which then communicates through Wi-Fi to provide real time information to other carers' handheld devices and a monitoring system for managers, where the recorded information populates to all relevant charts and reports.

If electronic evidence of care is introduced, a communication portal between the care home and the relatives can be created to share live care notes and the care plan to be signed for consent. Pictures and messages can also be sent back and forth from relatives to residents as part of a social network. Not only can a communication portal give peace of mind to relatives to know the resident is being properly cared for, but this is a way for care homes to show excellence of care to family and friends.

Mobile Care Monitoring and Relatives Gateway are Person Centred Software products.

Contact **Person Centred Software** to book a demonstration of Mobile Care Monitoring and the Relatives Gateway on **01483 604108** or **care@personcentredsoftware.com**.



For those of us whose job it is to talk about social care, you may have noticed that something quite unusual has been happening recently; politicians have been talking about it too. It was one of the main points of discussion in the first TV leaders' debate during the 2015 General Election, and the Care Act has also had a high-profile amongst the General Public now that phase one has been implemented.

At last, you might well say. However, this rise in the prominence by social care has been building for some time, and for good reason. We have a fast ageing population, growing demand on services and we know that it is vital that we have a vibrant and successful social care sector to protect our NHS.

Although it's important that if we are going to meet these challenges and support people, we all need to raise our game. The changing demographics, and the changing aspirations of people, mean that our services need to be well-led, flexible and able to meet the needs of a diverse population. Delivering high-quality >

Keeping the conversations positive

Professor Martin Green and Ewan King issue a call to providers to help make sure that conversations around social care are positive now that the sector has risen up the political and public agendas.

> personalised care requires a skilled and committed workforce, who are recruited on the basis of the values they hold and who see their role as enabling people to live well, rather than just deliver a service.

DELIVERING 21ST CENTURY SOCIAL CARE

What can we do to deliver this 21st century social care system? Firstly, we need to focus on creating stronger leadership within the social care sector. It is no surprise that so far the Care Quality Commission (CQC) is finding a strong link between poor care and the existence of homes without registered care managers. Too many providers who have received critical

The My Home Life initiative successfully delivers leadership support to managers. Independent evaluators found that the programme has reduced the isolation of care home managers, plus it has enabled problem-solving with peers; and it has also improved the recruitment of care staff.

DELIVER GOOD CARE

Secondly, we need to get the foundations of good care right. As a priority, we need to provide safe care. Safety is a major issue arising in some of the Care Quality Commission's (CQC) reports. This is not good enough. We know much more now about what good safe practice looks like – the Social Care Institute for Excellence (SCIE)

regards all of its service users as 'experts by experience', working with them to design and deliver the services so that they provide personalisation and choice.

Hale Place Farmhouse in Kent, rated as outstanding in May, for example, was found to place people, 'at the heart of the service. They were able to take part in a wide range of activities of their choosing. The arrangements for social activities were innovative, met people's social needs and enhanced their sense of wellbeing.' Reports like this are a joy to read.

INNOVATE

Fourthly, we need to be open new ideas and innovation. In Care England's Manifesto for social care, the talk is extensively about the importance of learning from the best. In many cases, this can simply be about looking outside the front door and embracing what is going on in the wider community; for instance, by asking local artists or dance groups to come in and work with care home residents.

And another thing. Innovation doesn't need to be expensive. There are, for instance, a growing number of committed volunteering organisations that want to come into care settings and involve people in interesting and engaging activities. Take *Cocktails in Care Homes*, a project run by the charity, Magic. Its volunteers offer monthly evening parties at eight London care homes in Tower Hamlets, Islington, Southwark and Waltham Forest. These are highly-regarded and valued by residents.

MAKING IT WORK

At a time when the sector faces massive challenges, none of this will be easy. It will take bravery and sustained commitment. But it's also important to ensure that we can access the latest on what works; and we're pleased to direct people to Care Improvement Works – a new online resource developed by SCIE, Skills for Care and the Think Local, Act Personal consortium, which signposts people to the latest good practice and guidance.

It's been great seeing politicians talking about the importance of social care. Long may it continue; but what do we want them to be saying in the future? It's for us to influence which direction that conversation goes.

CMM

“The NHS has an abundance of investment in its leaders; social care needs to invest in its leaders too.”

inspection reports, have not invested sufficiently in producing good managers. We need to become better at identifying, nurturing and supporting leaders.

We need leaders who do the following:

- embody the value-base of their organisations;
- develop an open culture;
- are clear about delivering outcomes to people;
- are good at encouraging everyone to understand their role in delivering those outcomes.

The NHS has an abundance of investment in its leaders; social care needs to invest in its leaders too.

All of us, as leaders, must understand the need for integrated, seamless transitions between health, social care and housing sectors; and all of this in a variety of settings, including those services provided in people's homes and in the community.

Lilian Faithfull Care Homes, based in Cheltenham, for instance, have invested in their own leadership programme to develop leaders at different levels of the organisation. This has helped the organisation to retain and progress skilled leaders in all four of its care homes.

has a range of good practice guidance – and we need to renew our efforts to ensure that all providers are working to national standards on safety. So, for instance, rated as outstanding by CQC in April, Ashcroft, a care home for those with autism, is keeping people safe.

The Ashcroft CQC report found the following, 'People were protected from the risk of abuse through appropriate processes, including staff training, policies and procedures... One member of staff said "We know everyone really well, including their usual behaviours. I would speak with the registered manager or call local authority safeguarding if I ever had a concern"'. And if a small home in Somerset can provide safe care, why can't every provider?

PRIORITISE SERVICE USERS

Thirdly, we need to place service users at the heart of decisions about their care. Service users really do know what is best for themselves, but unless we ask them what they want and also involve them in designing how care is delivered, we cannot ever hope to develop care that really works for them. Look Ahead, a provider of care and support to people with learning disabilities,

Professor Martin Green is Chief Executive at Care England. martin.green@careengland.org.uk Twitter: [@CareEnglandNews](https://twitter.com/CareEnglandNews)
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CARE UK REFOCUSSES SERVICES

May 2015 saw Care UK take big steps to refocus its services. Having sold its mental health and learning disability services in the space of a fortnight, by 1st June it had also confirmed the sale of its domiciliary care services. Our panel discuss what this means for the market.

Care UK is the largest independent provider of health and social care in the market with services spanning NHS healthcare, care homes, homecare, mental health and learning disability services. The company states that, 'one in four people living in the UK is supported by one of our services'.

HEALTHCARE

Operating within healthcare, Care UK provides a range of services to NHS patients. The company provides 50 NHS primary care services including GP and walk-in services. It delivers 19 NHS out of hours' services, providing health advice and support for over 10 million people. It operates 10 hospitals that specialise in elective, planned surgery. In the past year, its treatment centres and clinical assessment services have delivered over 70,000 procedures for NHS patients.

Care UK also has 13 NHS 111 services that deal with, on average, 185,000 calls a month. These services cover a population of over 8m people. It is also the largest provider of health for offenders with services delivered at 12 different sites.

SOCIAL CARE

As a social care provider, up until recently, Care UK supported older people, those with mental health conditions and people with learning disabilities in both residential and community-based settings.

It manages 114 care homes with over 7,000 places and runs 13 day care centres. The company provided over 150,000 hours of homecare every week to more than 13,000 people as well as having 18 extra care schemes.

Up until the refocus, Care UK also supported over 800 people with learning disabilities including 18 residential care services and had 20 mental health services.

STRATEGIC REVIEW

The company has been steadily growing its healthcare services, residential and nursing care homes. It has developed 18 new care facilities in the past two and a half years, and has 15 more in the pipeline for the next three years. The company has a re-provisioning contract with Suffolk County Council which has seen it invest £60m in ten new care homes and ten day centres in the county.

The company's Q1 2015 financial results in February identified that both residential care and healthcare were performing well, whereas community services were down. Residential care's revenue increased 10.2% (+£5.6m) to £60.5m in the first quarter of 2015. Healthcare had a consistent year-on-year performance with revenue increase of £0.5m to £94.5m. In community services, revenue of £29.7m was down £1.1m on the previous year.

Within the same results, the company set out that it had commenced plans for a strategic review of its community services including mental health, learning disability and homecare. Mike Parish, Chief Executive of Care UK, explained the drivers behind this review to CMM, 'We wanted to review and refocus our portfolio – which has been for some time the broadest in the care sector – in a positive way, balancing the future health of individual services and the strategy of the Group as a whole.'

'I think Care UK has been

extremely effective in growing and developing services, not just in commercial terms, but through innovation and the introduction of more flexible and less institutional care models. Our judgement is that in very challenging markets, services are, in the long-term, best served by being part of organisations which are sector leaders or which are seeking to grow and potentially become market leaders in particular areas.

'Care UK is a strong market leader in our NHS elective procedures, in health services within the justice system and in NHS urgent care through GP out-of-hours services and the NHS 111 telephone service, and we're progressing the most ambitious programme of new residential and nursing homes. Our view was that there may well be better options for some of our other services such as those for people with a learning disability or mental health condition, and we think that progress so far has proved this to be the case.'

ACQUISITIONS

The strategic review culminated in the sale of both the mental health and learning disability divisions within two weeks of each other in May, with the sale of its homecare division confirmed on 1st June. On the 5th May 2015, Care UK announced that its mental health services were to be acquired by Partnerships in Care, with completion expected for 1st June. The acquisition of Care UK's 20 mental health services will add to Partnerships in Care's secure and step-down services.

This was followed closely by an announcement on 18th May that its learning disability services had been acquired by Lifeways.

The last part of the refocusing jigsaw is the domiciliary care division, which was sold two weeks later. On 1st June, the company released details of the division's sale to Mears. Overall, the three transactions have realised £130m (before fees and expenses) from services representing a combined annual EBITDA of £12.9m for the preceding year. Following the refocus, Care UK remains one of the leading health and social care providers in the UK with an annual revenue base of £600 million.

LOOKING FORWARD

With these divisions disposed of, Care UK will be in the position to move forward focusing on its strengths. Mike Parish continued, 'We'll emerge from the process with a more focused portfolio, built on strong performance and market positions, which continues to span both health and social care. The ability to engage with commissioner needs in both sectors and to apply learning to both design and delivery of more joined-up services remains crucial. There are very big challenges ahead for commissioners, and both they and providers need to be able to work to be more radical and to bring about the fundamental change the health and social care sectors require.' **CMM**

OVER TO THE EXPERTS...

Is this the beginning of the end for diverse portfolios? Is there still a business model in providing a broad range of services? Is Care UK's refocus a logical step in a market that is driving forward with service integration? What does this say about the future of the market?

DOESN'T NECESSARILY SIGNIFY THE START OF A TREND

It is interesting to see that across our portfolio of accounts and tax clients and the businesses we have been advising through to exit, there is no single trend appearing. We have seen businesses of various sizes expand their spectrum of care provision or, alternatively, rationalise their provision by selling off either 'non-core' or diversified areas of the business that they prefer not to continue with.

There are three key factors in determining the strategy for these operators. Firstly, customer relationships; quite often smaller businesses that have very good, but fairly localised relationships with funding authorities, are being asked to expand their care pathways to meet known demand. Often when working with more than a small number of funding authorities, the relationships can become diluted and care pathway opportunities reduced.

A second concern can be management, some businesses can become stretched operationally

when widening service offerings. This is particularly true for SMEs which are still, in the main run by owner/operators. As businesses grow, they are more likely to have the critical mass to employ resources to manage diversified provision, but preventing a 'silo effect' can be difficult.

Finally, there is the issue of the exit route or maximisation of shareholder value. Whilst certain multi-care provision businesses will be attractive to a small number of buyers, we have found that buyers/investors would prefer a distinct acquisition target, for example residential learning disability rather than residential learning disability plus mental health.

Overall our view is that Care UK's rationalisation does not necessarily signify the beginning of a trend, and each business will make its decisions on its own circumstances rather than a general market direction.



John Lucas Partner, Hazlewoods LLP

A RE-FOCUS THROUGH GREATER SPECIALISATION

I see this as a re-focus through greater specialisation. For example, instead of providing elderly care and mental health, there might be a move to a range of mental health care services segmented into areas of need such as eating disorders, autism, acquired brain injury, Huntingdon's, etc. This change is clearly being influenced by service users and commissioners seeking more specialised care delivery in their quest for better outcomes and at an economically viable price.

The argument for having breadth of services for the sake of scale or diversity is diminishing. Margins in the care at home market have been under pressure as a result of local authority funding reductions and this is driving the need for economies of scale achieved through focus on specialist areas.

I believe this is a logical step for Care UK. The market is so large, that any operator attempting to provide an integrated offering across

many sectors could be perceived as trying to be all things to all people and lacking in credibility relative to more focused 'specialist' competitors. This presents a platform for insurgents to both grow and enter the market, with better and more focused offerings.

The message here is that whilst there is growth in the whole market, the combined pressures of higher expectations and public sector funding cuts compel operators to examine where best to spend their capital and management resource. The strategy of disposing of non-core elements of your business, where you are not a market leader and don't have the potential to be, is not a new one and has been seen in many different industry sectors previously. Rolls Royce selling its energy division to Siemens being just one recent example.



Roger Harcourt Partner, Shakespeares

A NATURAL PART OF A BUSINESS' LIFECYCLE

Care UK has one of the most diverse range of healthcare interests which in the past has been seen as a real strength ensuring that it wasn't dependent on one sub-sector. The move to re-focus appears a natural part of a business' life cycle. At the turn of the last century we saw the growth of the industrial conglomerates which were built up with different businesses only then to be broken up. Therefore, it comes as no surprise that Care UK has decided to refocus its services on areas that have performed well and look to have growth prospects which in turn will enable Bridgepoint to extract maximum value when it decides to sell the business. The timing of the sales looks sensible as we've seen good demand for these types of assets.

As Care UK grew, managing such a diverse portfolio of companies was always likely to be a challenge. Each division would need to be run as separate

businesses. By streamlining the business, management structures will be simpler although no less challenging in the current market. It does however allow management to spend their precious time on the areas that can deliver best value. It is often seen that poorer performing parts of a business take a disproportionate amount of management time – a situation Care UK are addressing by disposing of the three businesses.

As healthcare businesses grow any economies of scale are lost. Back office costs can be saved however as businesses get bigger more management time is required to ensure quality and the caring culture is maintained. By refocusing their services Care UK should be able to continue to drive up quality in its remaining services which in turn will make it a more stable and robust business.



Paul Birley Head of Public Sector and Healthcare, Barclays

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A close-up, slightly blurred photograph of a hand holding a piece of white chalk, drawing 'X' marks on a dark chalkboard. Several 'X' marks are already drawn on the board, and some 'O' marks are visible in the lower half. The background is dark and out of focus.

Leading from the front:

how new models of care are shaping up

Debbie Sorkin shows how social care, in both residential and home care settings, is central to the *New Models of Care* now being launched by the NHS.



service, are likely to spend less than 1% of their time in contact with health professionals.'

As a result, the emphasis in the Forward View was much more on what happened to people, and how they controlled and experienced their care, during the other 99% of the time. This meant much more emphasis on integration, including between health and social care. How this might work in practice was set out in a number of proposed *New Models of Care*:

- *Multi-specialty Community Providers (MCPs)*: essentially a form of horizontal integration, whereby groups of GPs could combine with other services, including mental health and social care, to create integrated out-of-hospital support.
- *Primary and Acute Care Systems (PACS)*: a more vertical form of integration, with acute hospitals, primary care providers and other service providers coming together, in forms akin to accountable care organisations now being rolled out in the USA and in other European countries.
- *New mental health support systems*, achieved through better integration of crisis services and more appropriate use of community settings.
- *Enhanced care in care homes*, especially those specialising in supporting people living with dementia, with new shared models of support to reduce hospital bed usage and increase quality of life.

VANGUARDS

Earlier in the year, the NHS received over 260 bids for funding to become part of the first wave of these *New Models of Care*. This first wave has been given the title *Vanguards*, and there will be funding to support them, although it now looks like it will be less than the £200m originally suggested.

There are 29 Vanguards; they include six sites looking to provide enhanced care in care homes and fourteen MCPs. They are now getting underway, so it's useful to look at >

When the NHS *Five Year Forward View* (Forward View) was published last October, its central tenet was that the NHS could not go on as it had.

Unless the NHS started to do things differently, it would face a funding gap of approaching £30bn by 2020.

At the same time, the Forward View wanted to improve the service that patients, and service users, experienced, especially when – as was the case for most of the time – they were outside hospital. As the Forward View noted, 'Even people with long-term conditions, who tend to be heavy users of the health

➤ what they're aiming to do.

There are two reasons for this. Firstly, because the Forward View is now unassailable as the policy blueprint for the health service, with unequivocal Government backing – it's the only game in town. Secondly, because although many of the plans are laudable and positive about some care, not all of them as currently outlined make reference to actual social care providers. This is despite providers being central to the success of the plans, and despite there being numerous examples around the country of care providers already undertaking just the kind of integrated service that the NHS is looking to introduce. As such, there is plenty of potential for people on both sides of the health and social care fence to miss a trick or two.

You can find out about the Vanguards and their plans on the NHS England website. Meanwhile, if you're a social care provider, you need to be aware that these models, or something very like them, might well be happening near you. It could have profound implications for the future of your organisation.

LOCAL PICTURE

In Gateshead, for example, the Clinical Commissioning Group (CCG) and the Gateshead Local Authority plan to create a new organisation, the Provider Alliance Network (PAN), to enhance social care through delivering the Gateshead Integrated Community Bed and Home-based Care Service, with PAN providing 'holistic care and seamless support across the traditional health and social care boundaries'. By 2016, PAN and its commissioners expect to see co-commissioning of all services 'except those in the private sector'. What happens to service provision that is based in the private sector? How will it integrate with what PAN is doing, given that for most service users, it's irrelevant what sector the care is coming from?

In other areas, the picture is brighter. In Hertfordshire, the Hertfordshire Care Providers'

Association has joined together with the County Council and East and North Herts CCG. They are looking to enhance education and training for care staff, through accredited qualifications and to create dedicated multi-disciplinary teams for care homes. These teams will include GPs, community psychiatric nurses, district nurses and geriatricians, working proactively to support care home residents. The new care model will include rapid response services and better assessment within the home setting as to whether hospital admission is required.

This mirrors the approach already taken by CCGs in other parts of the country, with the NHS funding on-site GPs and pharmacy services for the Nightingale Care Home in south London, for example, and supporting a lead nurse in Shropshire to train and develop staff in care home provider organisations such as Coverage Care.

Likewise, in Sutton, although no social care providers are mentioned by name, there is a commitment to the Vanguard developing a care home provider network to support training across local care homes. Plus a new model of health and social care locally, which will include tele-health and expanded in-reach services, providing the right care at the right time for residents. Again, this is similar to the way the Royal Masonic Benevolent Institution is using telemedicine, especially via video links, to connect staff and residents in care homes with consultants in hospitals.

There is more attention given generally to sharing information and better use of mobile/digital technology. In Nottingham City, where the Vanguard covers a registered GP population of around 350,000 people, the plans include mobile working for primary care; access to SystemOne (the NHS/GP information system) for care homes; remote video consultation between care home residents and GPs; remote access to resident health data through telehealth; and increased use of telecare. The aim is to manage



"Above all, keep going. The *Five Year Forward View* needs social care if it is to succeed, and social care providers already have hard-won knowledge and expertise in making integrated care a practical reality. It's time to show the NHS just what social care can offer."

hospital stays better and to support care home residents to leave hospital as soon as they are ready.

There is also much more emphasis on joined-up working across health and care teams. In the north-west, the Fylde Coast Local Health Economy, which is a MCP Vanguard, is planning to create integrated teams of community nurses, allied health professionals, social care staff, mental health workers and teams from the voluntary and community sectors. In particular, they are looking to create Extensive Care Teams for the frail and elderly, so that people can have their conditions managed by a co-ordinated health and social care team, working from a single, shared care record.

Similar plans are underway around the country. As such, even if your services aren't based in an area that was selected to be a Vanguard area, it's likely that something like this is happening near you.

BE A PART OF THE CHANGE

Social care providers need to be aware and involved. I originally mentioned two reasons for this. There's also a third. It's entirely possible that social care will be the biggest loser from the election. The Government has made unfunded manifesto commitments to increasing spending, including finding a further £8bn for the NHS. Having to implement campaign promises means that there will be little wriggle room; it is impossible to compute a solution to tax and spending commitments that does not leave local government and social care enduring further significant spending cuts. As a result, if you're a social care provider, finding ways to work differently, or to access alternative sources of funding for training and service development, is a priority.

If you're not yet involved, and

you'd like to build better links with your local health economy, here are some things you can do:

1. Have a look at the NHS England website to see whether there is a Vanguard in your area.
2. Engage with your local CCG(s), local NHS Trusts and other system-wide groups and find out what's happening – and if necessary persevere until you find an ally.
3. If you're a smaller provider, think about building alliances and partnerships with others in a similar position, so that, for example, you might form a combined offer to provide a range of services.
4. Work with your local care association: find out how far they're involved in discussions around integrated services.
5. Social care has long been a source of innovation and community links – don't be shy about bringing your ideas and your work to the table and promoting them locally.
6. Concentrate on building relationships: getting things done, getting your voice heard and getting a seat at the table often depend more on relationships, trust and commitment than formal structures.
7. Think about developing your teams to work across systems and sectors; the NHS, especially through its lead nurses, may be a source of training and development for social care staff.
8. See yourself as part of the collective leadership of the health and care system in your area, as well as a leader in your own organisation.

Above all, keep going. The *Five Year Forward View* needs social care if it is to succeed, and social care providers already have hard-won knowledge and expertise in making integrated care a practical reality. It's time to show the NHS just what social care can offer.

CMM

Debbie Sorkin is National Director of Systems Leadership at the Leadership Centre. debbie.sorkin@localleadership.gov.uk Twitter: [@DebbieSorkin2](https://twitter.com/DebbieSorkin2)

NHS England, New Models of Care Vanguard Sites
www.england.nhs.uk/new-care-models

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M E L R A M S E Y

Mel Ramsey is Chief Executive of New Century Care.

REFLECTIONS ON THE LAST DECADE

This is my first chief executive (CEO) role so my career has moved quickly. Ten years ago I was a quality manager at ANS, which had just been acquired. It's been quite a ride from there to where I am today.

My career has gone full circle. I trained as a nurse working with older people. I then went into learning disability services, which was a completely different experience. I'm now back in older people's services and, in many respects, nothing has changed. We're still talking about the same things. Specialist care has come so far in ten years, which is great, we can learn so much from that. We're still talking about driving quality, which should be second nature. We're still talking about minimum standards and funding issues. There have been many policy changes for the better but it's taking so long to change things.

PROJECTIONS FOR THE NEXT DECADE

I've been with New Century Care (NCC) since last summer and it has grown from one home to 27 throughout its journey. There are challenges, including changes within the sector, but the team here are rising to these challenges. The next decade is exciting for NCC, and we have a clear plan for sustainable growth, investing in staff, training and further improving quality. It's exciting to come to an organisation and support it to grow. We can be forward-thinking and drive continuous improvements.

I'm excited about my career coming full circle, but the sector needs to stop trying to change everything at once, and needs to move on from talking about the same issues. We need to focus our attention on making some areas outstanding, and then tackle the next thing.

We have a new care minister who has his work cut out. I hope he can work more closely with the sector. His biggest challenges have to be funding and quality. Integration is essential as are streamlined pathways. The NHS and social care must work together however; we need to stop overcomplicating things. We need to offer safe, caring environments, focus on adding value and how to manage increasing demand, increasing care needs, and frozen or falling placement fees.

INSIGHT

I'm an operator at heart. My role as CEO has to be the toughest yet, it's a big learning curve. But I've never taken the easy route. It is my most rewarding role and although everything depends on you, it's about everyone around me making it happen. You absolutely need great people to have the same vision and drive to achieve quality. We all work together, but the real work is done by the people in the homes. Their job is tough – much tougher than when I was a home manager. The biggest risk for a CEO is to become a pen-pusher. You need to be in the homes, in the business. Staff need to see

you and know you support them. I run the business by being open and making people comfortable. I'd rather tackle things head on with honesty and openness.

INFLUENCES

My life and career influences are different. I was an army child so we moved around. As a result, I've had many first days in new places, meeting new people. I love to be around people, which is so important in this job when we are providing a personalised care service for the people we support. In my career, Ted Smith, has been a huge influence. He's been my toughest boss but he's passionate about care and developing people. I have learned a lot working alongside him.

LESSONS

Keep it real and don't over-complicate things. Do what you say you're going to do no matter how long it takes. Deal with challenges head-on, personally and don't pass the buck. People learn from your behaviour. Always consider the impact of your actions on others. If you don't love what you do, don't do it.

ADVICE

It takes hard work; it's not a nine to five job. Listen to people and network. Networking is a great way to learn and share advice. It can be a lonely job so you need that network. Surround yourself with good people. **CMM**

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Be prepared the key to effective marketing

Planning your marketing has to be the most important aspect of developing your strategy and ensuring it is effective. Chris Tarry shares his expertise on seeing the process through from information gathering to developing marketing products.

Marketing activity has not traditionally been high up the priority list for most care providers. This holds true throughout the sector, where even the largest groups are, by comparison with similar sized consumer goods companies, far from marketing focused. This is partly understandable due to a necessary concentration on care delivery and regulation compliance, however many owners have been guilty of complacency in the face of a seemingly limitless supply of referrals, both publicly and privately funded. >

➤ Despite current demographic trends this situation has changed. Overarching local authority strategy throughout the country has shifted from traditional residential placement to alternative models of care delivery, leaving large holes in care home income streams. At the same time, the private market has become more competitive, partly through the development of greater supply, but also through heightened media focus on the sector and as a consequence an elevation of public expectation of residential care facilities.

The result is a more commercially focused market, as well as one where many owners are ill-equipped to deal with a downturn in occupancy, as they have no experience of marketing their businesses in a focused and efficient manner. Too often marketing collateral is created, and marketing initiatives undertaken, on the back of little real understanding of the marketplace they are meant to serve – the rush to produce this marketing support is often counter-productive.

As such, if you are reading this and thinking I need to update my marketing or perhaps market your business for the first time, then I would suggest you pause, and take a reflective approach. Below I consider two areas of marketing activity to consider when moving forward – one information gathering and one creative which can transfer across marketing materials.

INFORMATION GATHERING

Efficient marketing of any business, not just those in the care sector, starts with asking questions. The most essential of these should be asked of yourselves. Honest self-appraisal is vital. Where is our business currently? Where do we want it to be? What do we already know about our local marketplace? The first two questions should be easily answered, however it is surprising how many care providers know very little about the local marketplace in which they operate.

The following questions might help with that process:

- Who are our main competitors?
- What is the likely catchment area for our business i.e where are we most likely to draw future enquiries and clients from?
- Where have our existing clients come from?
- What facilities/services are competitors offering?
- What is their policy on social services referrals and top-ups?
- How many vacancies do they have?
- What are their websites and brochures like?
- Do they have other marketing materials available?
- What is the likely future supply and demand going to be in my area?
- What planning applications are there for new care homes in my area?
- What is the commissioning strategy of my local authority?

These are basic questions, which once answered will provide your business with a good idea of the framework within which it is trying to compete. Without at least some of this information it is very difficult to know at what level to position your offering, and how to market it effectively. Frequently owners spend money on marketing initiatives without

understanding who they are competing against, where their target market resides, and how their offering compares to other providers within their catchment.

DEVELOPING MARKETING PRODUCTS

Perhaps more surprisingly than those owners who lack the above information for their business is the large number of homes who do not have a website or a brochure to market themselves with – this makes them effectively invisible to the public.

One common misconception is that these are simple things to produce, and available from any number of design companies. On one level this is true, but many providers underestimate the complexity of the thought process that is needed to ensure that you end up with a website or marketing products that represent and sell your organisation to its best advantage.

For instance, one way of looking at the process of creating a website might be as follows – it is interesting to note the number of steps involved. If you're looking to develop your other marketing materials, you can draw upon the main points here to translate them to printed materials such as brochures and advertisements too.

- 1) It is likely that many people will look at your website before choosing to make contact with you. They will want to see if your business is providing the sort of care and services that match their requirements and if you look professional and capable. People's boredom threshold on the internet is incredibly low so it's very important that they can instantly identify with your image, understand the information on your home page and navigate your site easily and quickly. As well as this, if you haven't got any existing marketing ➤

“Efficient marketing of any business, not just those in the care sector, starts with asking questions. The most essential of these should be asked of yourselves.”

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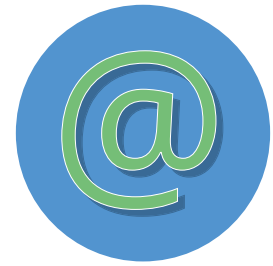
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- materials such as a brochure to carry design across from, it will be important to spend some time getting a design with the right look and feel, which accurately reflects your business ambitions for your organisation.
- 2) There are a number of different types of website you can have. Some websites are essentially electronic brochures for potential new customers to see. Some clients want a website they can update and control themselves with an in-house Content Management System (CMS). Most will want to give the potential service user some form of interaction with the company - for example this might be requesting a brochure or arranging an appointment to come to see you. Everything is possible and any combination of the above could be achieved. It is important to say that the process to be adopted needs to be the same no matter how sophisticated or you won't get the end result you want.
- 3) The design process should ideally follow a number of basic steps.
 - a) Establish the exact marketing aims and objectives for the site - who is the target audience, and agree on the type of information that visitors to the site will be looking for. This helps to define the content for the site.
 - b) Establish the site architecture. This includes detailing all the information required by the site visitors, how many pages, pictures, links, request links etc. that you need. At this stage you might also decide a draft copy structure to give a guide as to how much text you would like to display in relation to any one page.
 - c) Draft a site map; this involves designing a flow structure for the site to show how the pages will integrate and how you will enable visitors to move through the site as efficiently as possible.
 - d) Consider creative design - this is where the graphic design takes place, and the final appearance, style, tone, fonts etc. are agreed. Typically you might develop a draft home page and the style of that would be reflected throughout the site. This style can then easily transfer to printed

- materials such as advertisements and brochures.
- e) Alongside the creative design, this is the time to agree and draft copy for the site. This copy and tone can then be adapted for your printed marketing materials.
- f) Implementation – now comes the time to put all the content together with the design that has been agreed to see the website taking shape.
- g) Testing - test the site and get rid of any bugs before it goes live. It's important that everything is fully functioning before going live as a website that doesn't work properly can reflect badly on your business. I would then suggest that you do a complete click through to make sure everything works as you want, all pages link where they're meant to and load properly. Once you're happy then you can sign off on the project and go live.

It is very important to spend sufficient effort on the planning, development, aims and objectives in order to avoid making changes at the back end of the process. Last minute amendments and changes are costly and time-consuming, and can be a major reason that costs escalate. If you know what you want and have thought it through before the design phase then this is hugely beneficial. The project will need to be managed by one person who understands all the above and is capable of liaising with the design company to achieve the best results.

Good marketing of your business is not as straight-forward as it might seem. To get the desired result it requires the right amount of time and thought to get it right. This will, in return, save you money and deliver more effective returns for your business.

CMM

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Health and safety:

The law has changed,
ARE YOU READY?

As most care professionals know, the Care Quality Commission's extensive new powers kicked in on 1st April 2015, ushering in what some commentators believe will be a 'police state' era for the care sector. Importantly, there has been a shift in the regulator's areas of responsibility, which includes health and safety. These changes will have significant, lasting implications for care businesses. David Waters explains more.

Previously, the Health and Safety Executive (HSE) inspected and enforced health and safety in care homes owned or run by local authorities, prosecuting those it found to be in breach. In March 2015, the Meppershall Care Home in Bedfordshire and its former boss were fined nearly £337,000 after an elderly resident fell from a hoist and died after nurses failed to strap her in properly. Other care homes, such as those privately owned or run, fell under the jurisdiction of local authorities.

WHAT'S CHANGED?

Under the new rules the Care Quality Commission (CQC) is, of course, now the lead inspection and enforcement body for health and safety in relation to patients and service users cared for by all CQC registered care businesses, including care homes.

Confusingly however, when it comes to health and safety matters involving workers, visitors and contractors - it is the HSE and local authorities which are now the lead inspection and enforcement bodies.

There will also be some occasions where

investigations will be conducted jointly by the CQC and the HSE. For example, if a care provider should be registered with CQC but fails to do so the CQC would consider its failure to register, while the HSE or local authority would address the specific non-compliance issues.

WHAT DOES THIS MEAN FOR CARE HOMES?

For care homes, instead of having one regulator to satisfy when it comes to health and safety they will now have two, possibly even three. In theory, this means two or three probable sets of goalposts, more administrative paperwork and, most importantly, greater demands on the time of hard pushed care managers.

In practice however, the Government has cut HSE funding by as much as 40% in the last few years, drastically reduced the number of inspections and slashed local authority budgets. As such, although there is no excuse for not complying with health and safety regulations, only time will tell how many care homes will fall foul of these cash-strapped regulators.

However, be warned. If care homes are shown to have breached health and safety rules the consequences can be severe, be it at the hands of the CQC, HSE or local authorities.

PENALTIES FOR NON-COMPLIANCE

The CQC's new powers include a new enforcement policy, with which many care home managers and owners will be familiar. This allows it to issue penalty notices at will and prosecute care businesses without warning. Care homes with serious or repeated health and safety failings can expect heavy fines or even closure.

While the CQC often gives care homes a chance to rectify minor offences, these are likely to downgrade their rating under the regulator's new obligatory four-tier rating system. If care homes receive a poor 'score on the doors' rating this is clearly not good for business, especially combined with potential negative press coverage.

Similarly, the HSE's Government funding cuts mean it now seeks to recover its costs from care homes which are found to be in breach of health and safety laws. It charges a 'fee for intervention' (FFI), which is based on the amount of time a HSE inspector has to spend identifying the breach, helping care homes put it right, investigating and taking enforcement action. This may include

writing a lengthy health and safety report.

The FFI hourly rate is £124 and, if the HSE finds a health and safety breach, this is applied retrospectively from the time inspectors began their inspection. When considering all of the above, it is easy to see how the hours can stack up, potentially resulting in an FFI of thousands of pounds.

Local authorities also have enforcement and prosecution powers to address occupational health and safety risks and ensure compliance with the law.

IDENTIFY AND MITIGATE HEALTH AND SAFETY RISKS

The costs of fighting a prosecution and paying any potential fines for health and safety breaches can be ruinous to care providers. A good, comprehensive insurance policy may provide some protection (speak to your insurance broker), but it is far better to exercise extreme due diligence when it comes to health and safety.

This starts with a full health and safety risk assessment to identify any possible hazards in a care home and how these might be mitigated. If care home owners or registered care managers do not feel comfortable with this, it is well worth appointing a professional risk consultancy. Alternatively, some insurance brokers provide free health and safety assessments as part of their service.

Typical hazards in care homes include treatment and service delivery, moving and handling, slips, trips and falls, as well as violence, aggression or challenging behaviour when it comes to residents. Care homes are also advised to assess general premises maintenance responsibilities and staff training, especially relating to resident care. There are also simple checks that can be undertaken, such as ensuring that lift health and safety certificates are up-to-date.

Care homes must assess these areas, implement rigorous health and safety processes and procedures, then ensure that staff follow them in order to satisfy regulators.

GUIDANCE FOR CARE HOMES

The CQC and HSE have produced practical advice and guidance for care home owners and registered care managers. They are available from the CQC and HSE websites.

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David Waters is Chairman of Howden Care, which recently acquired CHIS and PrimeCare. david.waters@chis.net

To access the guidance mentioned in this article visit www.caremanagementmatters.co.uk Twitter: [@CMM_Magazine](https://twitter.com/CMM_Magazine)

The valuable contribution of community enterprises

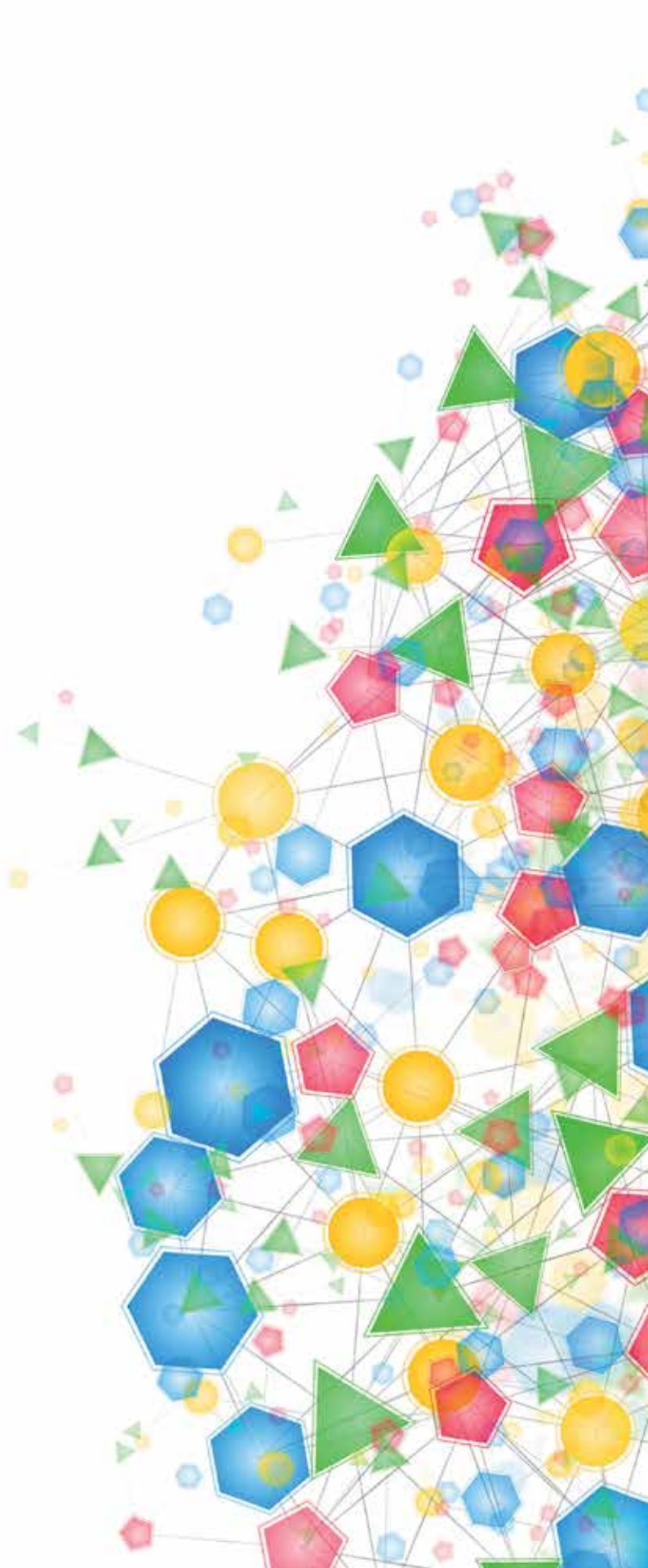
At the start of the social care personalisation movement Community Catalysts CIC recognised the gap between the rhetoric of choice, and the reality of the limited options available for people. In 2007 we were funded by the Department of Health to find ways to support local entrepreneurs and community activists with a passion for supporting people and to help them establish and sustain small community enterprises.

Over an eight year period we have supported the development of approximately 1,000 community enterprises and ventures. Between them these 1,000 ventures care for or support over 10,000 older, disabled or vulnerable people.

WHAT ARE COMMUNITY ENTREPRENEURS?

Community entrepreneurs run very small (typically less than five workers) local enterprises or ventures that offer a range of social care, housing, leisure and health services or more informal supports. These include helping people to gain a new skill or make friends, lead a healthy life or enjoy a leisure activity. All sorts of people become community entrepreneurs including disabled and older people and family carers. The community enterprises and ventures that they run form a vital part of a diverse local market and provide important services and informal supports that tap into community assets and foster community connections. The enterprises can be run on a spectrum from fully commercial at one end to fully voluntary at the other, with other models such as social enterprise, co-operative, charity and community group in between.

Since 2007, the Government, agencies and individuals have





Helen Allen explores the valuable contribution that community enterprises make to personalisation and delivering bespoke services to meet individual needs.

➤ recognised that choice, from a range of diverse options, and control through personal budgets are key to the future development of a person-centred health and social care future.

'We want services to realise we are a person who has needs, hopes and dreams. Services cannot be one-size-fit-all, we are all different and we should be treated as individuals' *My Life, My Support, My Choice* – Think Local Act Personal and National Voices, March 2015

'England is too diverse for a one-size-fits-all care model to apply everywhere.' *NHS Five Year Forward View*

'Personal health budgets are one option for people living with long-term conditions to have a more flexible and personalised approach to managing their health and their life.' NHS England

We welcome the consistent and developing focus on collaborative and person-centred care and support, with an ambition to engage communities in promoting health and wellbeing. There are many existing community enterprises and ventures helping local people across the UK, nurturing local connections and creating real choice for people. Ironically these valued community resources are largely invisible to the State, unrecognised and unsupported. With the right help and support these existing community ventures and new community start-ups can flourish. There needs to be support for connections between community ventures, commissioners and strategic thinkers that challenge the status quo and begin to break down barriers to a new future.

COMMUNITY ENTREPRENEURS IN PRACTICE

In one rural area we support a village care co-operative run by a small group of sole-traders who work alongside each other to support older people in their community; they offer everything from personal care and a sitting service to handyman and dog walking services. Many members of the co-operative combine this work with other jobs and childcare responsibilities. The local post office is used as an unofficial community hub with one person acting as the informal village care co-ordinator. The reliability, cost-effectiveness and strong outcomes gained by this model are obvious to the village.

In another area we support sole traders, who provide care and support alongside other more specialist offers including hairdressing, gardening, foot care, mindfulness therapy and art. Many of the enterprises and ventures we support encourage people to get active in creative ways and the health outcomes, both physical and mental, are fairly obvious.

DanceSyndrome was founded in 2009 by its Creative Director, Jen Blackwell, who realised that her disability was preventing her from following her desire to be a dance leader. The organisation provides inclusive dance and leadership opportunities for people who believe disability is not a barrier to living life to the full. DanceSyndrome has an equal number of disabled and non-disabled company members and they develop leadership skills in order to deliver high quality inclusive dance workshops for other people with a learning disability and performances for the general public.

Throughout this work we have learnt first-hand about the value of micro-enterprises and ventures; run by entrepreneurs and catalysts rooted in their local communities, able to respond to local people whilst remaining flexible and responsive to changing needs.

Our work has also helped us to recognise and tackle the barriers that community enterprises and ventures face. There can be a lack of information and communication between community ventures and local and health authorities. In many areas, care and support choices are limited

to larger scale and more traditional provision by local commissioning and contracting. We know that for a very different health and social care future to emerge there needs to be less reliance on large contracts, and more use of integrated personal health and care budgets, imaginative 'self-funder' advice models and social prescribing combined with a real vigour to make these work in practice. Workable pathways also need to emerge that enable health and social care commissioners to procure locally-rooted, community-focused, small scale services and supports.

DEMONSTRATING OUTCOMES

The newly-emerging health focus on personalised approaches and community options brings real opportunities but also challenges. Community micro-enterprises and ventures can find it difficult to demonstrate the impact of their work and we know that health is much more focused on evidence-based practice than social care. What kind of evidence base will be needed to demonstrate impact and will commissioners value qualitative evidence, for example case studies or testimonials, as well as quantitative data? How do we allay fears and uncertainty when the community healthcare solution chosen by someone is not required to be regulated and doesn't look like a traditional service familiar to commissioners or professionals? In some areas we are starting to answer some of these questions and sowing the seeds of change.

Whole Body Therapy is a Barking and Dagenham social enterprise founded and run by therapist Sarah Allman who has experience of working with older people including those with dementia in more specialist settings. Through her own personal experience, Sarah discovered the benefits of massage, balance and strength retraining and knows first-hand how a small amount of targeted physical intervention and advice can make a significant difference to someone's health and wellbeing. Sarah offers a mixture of holistic (relaxation) and deep tissue work which aims to keep people mobile and stable for longer. Sarah's service also aims to reduce the incidence of falls in older people and aid their rehabilitation after injury. Sarah works with personal budget holders who live in their own home to improve their wellbeing, enhance their quality of life and help maintain their independence and mobility for as long as possible.

Intensive work has been undertaken to identify and tackle any questions and barriers; meeting key professionals face-to-face, sharing information about the service and how it can support people with a personal care or health budget. As a result, social workers and other professionals in the Borough are very positive about the service provided and are making referrals. In response to demand Sarah has recently developed a falls prevention aspect of her service and gained a small amount of money from the Better Care Fund to support this development.

As new policy begins to impact, the integration agenda gains traction and Clinical Commissioning Groups embrace person-centred commissioning, we hope to see the culture and systems change needed to achieve person and community-led care. Disruptive innovation, collaboration between sectors and energetic leadership (with as much focus on outcome as risk) will be needed. Community Catalysts and the community ventures we support are stepping firmly up to the mark and we can't wait to see who is beside us.

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Helen Allen is Manager of Enterprise and Community Innovation at Community Catalysts C.I.C. helen.allen@communitycatalysts.co.uk
Twitter: @CommCats

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- Lancashire . 14 beds . Residential Home . Includes Apartment . £515,000
- South West Wales . 37 beds . Purpose Built Extension . £1,695,000
- Yorkshire . 35 beds . Dementia Home . All Single En-Suite Rooms . £1,400,000
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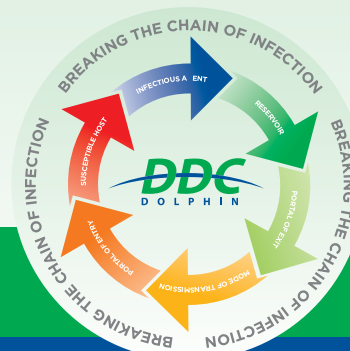
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NOTTINGHAMSHIRE AND DERBYSHIRE AGENDA CONFIRMED

The CMM team has been working closely with Derbyshire Care Providers Association and Nottinghamshire Care Association to come up with an information packed agenda. Main stage presentations will include:

The Care Act – Impact, Implementation and Implications

Association of Directors of Adult Social Services – Invited

CQC and the Changing Face of Regulation

Sue Howard, Deputy Chief Inspector (Adult Social Care), Care Quality Commission – Confirmed

The Shape of the Local Market

Roger Harcourt, Partner, Shakespeares – Confirmed

Plus Carterwood will share their expertise in an interesting, property-focused presentation.

LANCASHIRE AGENDA BEING DEVELOPED

The CMM team is meeting with Lancashire Care

Association to shape the agenda for the event on 23rd September at the Mercure Blackburn Dunkenhalgh. If you operate in that region there is an opportunity to help shape the agenda and hear speakers deliver on what matters to you and your business.

BERKSHIRE AGENDA IN THE PIPELINE

The CMM Insight team is in the process of meeting with Berkshire Care Association to help finalise the agenda in this region. With multiple local authorities and Clinical Commissioning Groups, Berkshire is individual in its market and pressures. If you operate in Berkshire or the surrounding region, there's a real chance to be involved in shaping the future of the sector and hearing speakers discuss what really matters to you. Don't miss out on your chance to attend on 15th October at The Hilton, Reading.

Other topics for consideration include:

- Marketing your business in a competitive landscape
- Making integration a reality
- The Care Certificate
- Property considerations
- Dementia care

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WHAT'S ON?

Event: Delivering the Care Certificate in Health and Social Care
Date/Location: 24th June, Manchester
Contact: Capita Conferences, Tel: 0870 400 1020

Event: Health+Care 2015
Date/Location: 24th/25th June, London
Contact: CloserStill Media, Tel: 0207 348 5261

Event: Enhanced Health in Care Homes: Implementing New Models of Care
Date/Location: 2nd July, London
Contact: The King's Fund, Tel: 0207 307 2596

Event: CQC Inspections in Adult Social Care
Date/Location: 7th July, London
Contact: Healthcare Conferences UK, Tel: 01932 429933

Event: Commissioning for Health and Care Transformation
Date/Location: 10th July, London
Contact: Capita Conferences, Tel: 0870 400 1020

Event: Housing's Role in Safeguarding Adults
Date/Location: 15th July, Manchester
Contact: Capita Conferences, Tel: 0207 202 0593

Event: What's New? A year of change? Care England 2015 Conference and Exhibition
Date/Location: 12th November, London
Contact: Care England, Tel: 0207 492 4840

CMM EVENTS

Event: Derbyshire and Nottinghamshire Regional Care Conference 2015
Date/Location: 15th July, Nottingham
Contact: Care Choices, Tel: 01223 207770

Event: Lancashire Regional Care Conference 2015
Date/Location: 23rd September, Clayton Le Moors
Contact: Care Choices, Tel: 01223 207770

Event: Berkshire Regional Care Conference 2015
Date/Location: 15th October, Reading
Contact: Care Choices, Tel: 01223 207770

Event: 3rd Sector Care Awards
Date/Location: 9th December, London
Contact: Care Choices, Tel: 01223 207770

Event: CMM Insight 2016
Date/Location: 25th February, Reading
Contact: Care Choices, Tel: 01223 207770

Please mention CMM when booking your place.

STRAIGHT TALK

Kathy Roberts sets out the requirements around mental health services and funding to ensure better mental health for all.



In the run up to the General Election, mental health featured as a major campaign issue, a focus which was welcomed by those of us in the mental health sector. The expectation is that now more attention will be paid to the social and economic arguments for a better consideration of the nation's mental health and wellbeing, translating into efforts to extend and improve mental health services for the people who need them.

It has become an established fact that one in four people experience mental illness each year, with three out of four of those receiving no support for this at all. Mental health has been estimated to cost the UK economy £105bn each year and there are increasing pressures on both community and primary care as savings are sought across healthcare. Recent funding pledges have been made to improve children's mental health and

perinatal mental health support, as well as for the treatment of eating disorders, but cuts to mental health trust budgets and inpatient beds over the last few years have meant that the effectiveness of mental health services remains a real concern. There are also the proposed cuts to social care funding, where shortfalls have already resulted in increased demand for NHS community services, increased emergency and unplanned care admissions to hospitals and delayed transfers of care. The challenges posed by further spending cuts under the new Conservative Government will determine the provision of quality and effective mental health services.

The contribution of the mental health voluntary and community sector needs to be recognised as an essential part of answering these challenges. The sector has an established history that could be of significant value in reducing the burden on service provision across health and social care, with an innovative capacity and reach to provide services which are important for good mental health. Improvements in mental health care and support cannot be achieved without the sector and we would like to see greater engagement, with a focus on the wider inclusion and support of a range of type of provider who are able to deliver what people want and need.

Mental health has been pushed aside for far too long, with services lacking in comparison to their physical health counterparts. As part of the commitment to parity of esteem for mental health service, the Conservative Government manifesto said they will be enforcing access and waiting time standards for people experiencing mental health issues and ensure that therapists are available across the country to provide treatment to those who need it. The recent UK Council for Psychotherapy report highlighted the strain on publicly-funded services with 57% of practitioners reporting that waiting times have increased over 2014/2015. Accessing the right treatment at the right

time can mean better recovery from a mental health problem. To ensure people receive timely help and support, there is a need to invest in psychological therapies and allocate resources for a wide range of mental health services. Within the voluntary and community sector there are a number of existing models which could support the statutory system to improve choice and access for people with mental health problems and there are many examples of successful partnership working between NHS, voluntary and community service providers. Investing in more of these would provide the opportunity for the creation of a new and more flexible system of comprehensive services addressing the need for more holistic, whole-person care.

Much of the current rhetoric also calls for an investment in prevention and early intervention services, to reduce the reliance on crisis care and ensure that people access appropriate services when they need them. The Mental Health Foundation has projected that by 2030 there will be around two million more adults and 100,000 more children and young people suffering from mental illness in the UK. Without significant investment in prevention services, it is likely that services will not be able to cope with this level of increased demand and there will be a missed opportunity for substantial cost savings. In this area too, voluntary and community services should be recognised for their essential role in community care, support and prevention of hospital admissions.

The challenges in health and social care are numerous, with increasing pressure on services, resources and workforce. As decisions are being made about the future of mental health care, the voluntary and community sector needs to be taken seriously as an equal planning partner. Their knowledge and involvement will ensure appropriate services are in place to meet the Government's priority for better mental health for all.

CMM

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