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CMM

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From the Editor

Emma Morriss looks back at the Wanless Review and forward to sector innovation, bringing you highlights of this month's issue.



Back in November, as I celebrated my 10 year anniversary at CMM, something dawned on me. Just after I started here, a hugely-important report was published. It was a long-term view of the sector. Brilliant, I thought, what better way to build my understanding of what's going on in social care and where it's likely to be heading?

SECURING GOOD CARE

Securing Good Care for People – taking a long term view by the late Derek Wanless, or the Wanless Review as it quickly became known, filled me with expectation. Commissioned by The King's Fund, it set out the future for social care, examining the next 20 years; the costs, the demand and how it could be paid for. It drew useful conclusions and offered what was considered by many, to be a fair solution to paying for care. Was

this the future? Would it help me to shape my understanding of where the market, and subsequently, the magazine, were going?

As I went to print it, 300 pages loomed large on my computer. It was at that point I realised social care isn't straight-forward or simple. However, the future could be clearer if there was political appetite for it.

WHERE ARE WE?

That was a decade ago, before the financial turmoil and subsequent recession. 10 years later and what has happened? Have we secured good care for people over the long-term? Have we tackled the issues of funding social care for those who need it? Have we implemented a fair funding solution shared between the individual and the State? I think we all know the answer, but who better to give us

the detail than Richard Humphries, Assistant Director, Policy at The King's Fund. He has kindly drafted a fantastic analysis of the last 10 years, reflecting on the Wanless Review, considering whether we are actually any further forward and where the future is heading. I highly recommend his article on page 22.

THE FUTURE

Although we may not have a solution for funding social care, the current operating climate is driving innovation. To reflect this, I'm

pleased to bring you a new model of support for people with learning disabilities.

Following its 3rd Sector Care Award win in December, Dimensions has formally launched its Activate support model. Rooted in research and grounded in practice, our panel share their thoughts on whether it is the future for supporting people with learning disabilities and autism. Turn to page 28 to see for yourself and you can share your thoughts on our website at www.caremanagementmatters.co.uk.

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Is it just me...?

Editor in Chief, Robert Chamberlain, reflects on the latest research by Citizens Advice which blights the reputation of care home operators.



Released as we go to press, *Hidden charges in care homes*, published by Citizens Advice does not make pleasant reading about the care home sector. The report is based on mystery shops of 404 care homes with a geographic spread of nine regions across England and raises a number of concerns about care fee practices.

The findings make important and valid points that providers should heed but I am disappointed with the narrow context and the tone of the research. For example, it states from the outset that Citizens Advice 'wanted to know whether there were signs that providers were taking advantage of the vulnerable positions of their consumers'.

KEY CHARGES

The report states that the large majority of the homes surveyed charged, in addition to care fees, for services such as chiropody,

care staff and transport assistance, telephone calls and hairdressing.

These charges varied substantially even within the same locality and the information is frequently not stated in brochures or on care home websites. In some cases, prices for these additional services are described as 'exploitatively high'.

An example given is the cost for a care assistant to accompany a resident to an external health appointment. Of those surveyed, 31% make such charges and, though the average charge is £11.69 per hour, some charged as much as £50 per hour. The report makes no reference to difficulties with GPs who are now considering the option to stop care home visits, which is a little disappointing.

Whilst recognising that costs for personal care 'are not unreasonable', the researchers observe that 'the possibility of some very high prices shows the

potential of consumer detriment'.

Another concern raised relates to telephone usage. 40% of the sample charged residents for installation, as well as calls, if they wished to have a phone in their room.

Additional charges relating to contents insurance for personal items, outings and entertainment are also highlighted.

PROFITEERING

Under the unfortunately-worded heading 'Some care homes are profiting from older people's stays in hospital', the report delves into non-occupancy discounts. 96% of the participants stated that their care fees remained unchanged when a resident was away from the home for four weeks.

The report states, 'The result is that the large majority of (self-funding) older people who, for instance, spend four weeks

in hospital, can end up paying thousands of pounds towards fees during their absence'.

I understand that, from a layperson's view, charging in a resident's absence must appear unfair. However, in the context of running a care business amid the current financial crisis affecting the sector, it is, I feel, justifiable.

Income is limited to the number of rooms a home has, and losing fees because empty rooms cannot be re-let due to a resident's possible return can cause financial difficulties for the business.

In stating that 'many care homes may be profiting from the vulnerability of their primary consumer group' the report seems a tad naïve.

RECOMMENDATIONS

Citizens Advice makes sensible recommendations to address the issues identified, including clearer public information and more thorough terms and conditions in residents' contracts to set out what fees include and exclude. It also calls for the Competition and Markets Authority to provide guidance and for the Care Quality Commission to take action to provide greater consumer protection.

Following on from the Office of Fair Trading's guidance on care home contracts back in 2003, there is clearly much room for improvement in this important area and Citizen Advice's report highlights this well. It is a pity that, at times, it adopts an almost derogatory attitude to care home operators and fails to recognise the underfunding crisis that is putting great pressures on running such a business.



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NEWS

Councils still use 15 minute visits

UNISON has revealed that 74% of local authorities in England are still limiting homecare visits for their elderly, ill and disabled residents to just 15 minutes.

Its report *Suffering Alone at Home* is based on an online survey of 1,100 homecare workers and data obtained from a freedom of information (Fol) request to the 152

local authorities in England that commission social care visits.

The UNISON survey findings mirror those of the Fol request to local councils. Three quarters (74%) of homecare workers who responded felt they did not have enough time to provide dignified care for the elderly and disabled people they visited.

A similar report by UNISON in 2014 showed that the same proportion of councils (74%) were regularly using 15 minute visits. Given the harsh financial climate in which local authorities are operating, UNISON says it is not surprised that there has been no change in the numbers, and fears the situation will only get worse.

CQC seeks views on its vision for the future

The Care Quality Commission (CQC) is seeking views on its plans for the next five years as it develops its approach to regulation. It has published a consultation document, *Shaping the future*, which sets out a vision for the future regulation of health and social care.

The way health and social care is delivered has changed and is continuing to change. There are increasing numbers of acute NHS trusts providing social care, more GP federations, and technology playing a greater role in the way services are delivered - coupled with the demographic challenge of increasing numbers of older people with needs that will be met by more than one service. In this consultation document, CQC sets out proposals that respond to these new ways of working.

A key element of these proposals is an approach called implementing a single shared view of quality, which builds on a single framework for measuring quality. This framework

can be used to help providers better understand their quality of care and to share this information with CQC. This information can then be checked against what is already known about the provider, including information from inspection. The transparency that CQC's judgements bring to quality would be even greater if the whole system looked at quality in the same way.

CQC is also asking for views on its proposed approach to using data, which will support a risk-based approach to regulation. In turn, this will support a more targeted and tailored inspection programme that allows CQC to inspect services rated 'Good' and 'Outstanding' less frequently and to lend greater support to those performing less well.

The consultation is open until 14th March. Providers can respond on the CQC website. CQC will formally respond to the feedback provided when it publishes its strategy in May this year.

Shape the new nursing support role

Healthcare employers, nurses, care assistants, health commissioners and other stakeholders are invited to comment on the design of a new nursing support role.

Health Education England (HEE) is keen to hear views on the new role, which will work alongside healthcare support workers and fully-qualified, registered nurses to deliver hands-on care, focusing on ensuring patients continue to get the compassionate care they deserve.

The role will bridge the gap between health and care support workers, who have a care certificate, and graduate registered nurses.

The new role will also offer opportunities for healthcare assistants to progress into nursing roles. Providers can have their say on the HEE website.

The consultation closes on 11th March.

APPOINTMENTS

NATIONAL CARE FORUM

The National Care Forum has announced the appointment of Vic Rayner as Executive Director to succeed Des Kelly OBE who leaves at the beginning of June.

ROYAL STAR AND GARTER HOMES

Andy Cole OBE is the new Chief Executive of Royal Star and Garter Homes.

OSJCT

Dan Hayes has been appointed the Orders of St John Care Trust's (OSJCT) new Chief Executive.

EXTRACARE CHARITABLE TRUST

Mick Laverty has taken over as Chief Executive at the ExtraCare Charitable Trust.

COVERAGE CARE

Debbie Price, former Chief Officer of Shropshire Partners in Care, has joined Coverage Care Services as Operations Director.

BETHPHAGE

Peter Loose has been appointed as Chief Executive Officer of Bethphage.

COMMUNITY INTEGRATED CARE

Community Integrated Care has announced Kerry Tanfield as its new Human Resources Director.

SURREY CARE ASSOCIATION

Surrey Care Association has announced David Holmes as its new Chairman. Jonathan Powell and Simon Whalley have been elected as Vice Chairman.

ORCHARD CARE HOMES

Lorraine Lee joins Orchard Care Homes in a new role of Director of Nursing.

Sharing new ways to support older people

Care for older people must be driven by the needs of individuals rather than rigid institutions and structures, is the main message from an independent report published by the Commission on Improving Urgent Care for Older People.

The Commission was launched by the NHS Confederation in March 2015. Its aim was to produce practical guidance and support for

people involved in designing care for older people.

It is calling for a fundamental change to the way care for older people is designed and delivered. Experts, drawn from across the health and care sector, have called for a radical new approach to urgent care for older people.

Growing Old Together looks at sharing new ways to support older

people. As well as the experience of the 18 expert commissioners, it is informed by more than 60 evidence submissions; a series of visits to areas and organisations using innovative ways to deliver care; conversations with NHS Confederation members and patient and carer groups; and a literature review, which provides a comprehensive overview of

evidence on the subject.

The Commission recognises there are a number of fundamental elements that underpin good care for older people and ought to be borne in mind when any changes are being made.

Most notable of these being that care driven by the individual should deliver a tailored, not a standard, response.

BGS comments on GP care home services

Following news that GP representatives of the British Medical Association have voted to change on new contractual arrangements, which may adversely affect their continuing to provide services to care home residents, the British Geriatric Society President, Professor David Oliver responded on behalf of the Society. He said, 'We are very supportive of our GP colleagues in drawing attention to a major crisis in the recruitment, training and retention of GPs. We acknowledge

that GP consultations have risen year on year, and that around 90% of the work of the NHS is done in primary care for less than 9% of the NHS budget.

'However, we would oppose removing a duty of care for care home residents from the GMS contract without first putting in place robust alternative arrangements to ensure that no resident is denied access to proactive and responsive primary and community health care services.'

People living in nursing and residential homes generally have very complex health and care needs, which require skilled support not just from doctors, but from a range of other health and care professionals. Under the terms of the NHS Constitution, the Equality Act and the current GMS contract, these older people are entitled to the same level of access to a full range of health and care services as all other citizens.

The statement continues, 'This

is not simply about respecting older people's rights: it is also the right thing to do for our highly pressurised health and care systems. We must ensure that care home residents can continue to access the health care services they need. We call on the BMA and GPs to ensure that, in protecting the future sustainability of their services, they do not classify care home residents as anything less than full members of society, with the same healthcare entitlements as the rest of us.'

Caring with Pride campaign

Social care workers who are proud of the invaluable contribution they make to society are being urged to be part of a new campaign.

The Care Council for Wales has launched a *Caring with Pride* initiative to raise awareness of the Code of Professional Practice for Social Care.

The campaign encourages social care workers across Wales, whether registered or not, to *Care with Pride* by completing an online workbook and short knowledge test designed to support and enhance

their knowledge of the Code and to ensure that they implement it in their daily work.

The new Code of Professional Practice for Social Care was launched in Wales in July 2015 and sets out the standards that all Social Care workers should achieve. By providing clear guidance, practical advice and examples, the free-of-charge *Caring with Pride* workbook and supporting online Learning Zone aim to help and encourage workers to uphold these standards in all aspects of their work.

Nightingale Hammerson plans redevelopment

Trustees at Nightingale Hammerson have launched ambitious plans for its North London care home, Hammerson House, to undergo a two year, state-of-the-art redevelopment. The £36m redevelopment will

increase the capacity of the home from 85 to 120 residents.

The plans are subject to planning permission from the London Borough of Barnet and, if granted, work will start in 2017.

Average property prices increased in 2015 but providers will feel the squeeze of the NLW

Average business property prices across the care sector increased by 4.7% in 2015, according to Christie & Co's *Business Outlook 2016*.

However, the forthcoming National Living Wage (NLW) will have an effect on the sector.

Richard Lunn, Managing Director – Care at Christie & Co commented, '2015 saw regional values improve, but we haven't seen a significant increase in value, although the top end of the market is seeing a premium on the back of interest from Real Estate Investment Trusts.'

Following the National Living Wage announcement, we may see more care homes coming to the market in 2016 and we certainly expect to see growth in the private sector.

'The announcement of the introduction of a National Living Wage affects the care sector more than any other sector served by Christie & Co, given the high level of current Minimum Wage staff and published pay differentials between different grades of staff, which have to be maintained.'

'As primary purchasers of care services, local authorities already have substantially squeezed budgets, and this makes it difficult for providers to pass on costs.'

'It will be easier for providers of private pay services to mitigate some of this margin squeeze by passing the increased costs onto self-funded residents.'

'However, local authority funded providers will find it harder to do so.'

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Effective commissioning for people with learning disabilities

All parts of the system should work together to deliver more effective commissioning for people with a learning disability and/or autism, says a new report from the Voluntary Organisations Disability Group (VODG).

A critical issue for the disability sector is ensuring people with learning disabilities and autism receive the right care, in the right place, at the right time. VODG worked with people across a wide range of

interests and perspectives to compile the report. The focus of the work was to:

- Avoid recriminations and, instead, establish constructive ways of building and sustaining good relationships between commissioners and providers.
- Explore the barriers preventing good commissioning and de-commissioning, and the enablers, which mean that in some places innovative services are delivering

excellent outcomes for individuals – and often cost savings for commissioners too.

- Come up with some practical suggestions, approaches and tactics for making progress.

Together we can... deliver more effective commissioning and de-commissioning for people with learning disabilities and autism addresses five key issues identified as critical to making progress

with this agenda. The issues are communication and co-production; commissioning and procurement; training and the workforce; resources and reinvestment; and honesty and trust.

For each issue identified, a number of practical suggestions have been proposed to support the reinforcement and generalisation of the positive developments seen in some places, and to tackle the barriers which still get in the way.

Market Shaping Review project announced

The Local Government Association, in partnership with the Department of Health, Association of Directors of Adult Social Services and the Care Provider Alliance, has issued a briefing about a new project being undertaken by the Institute of Public Care at Oxford Brookes. The project is a market shaping review

that will assist in improving the market shaping responsibilities of the Care Act 2014.

The briefing, *Market Shaping Review – helping local authorities discharge their market shaping functions* is available to read on the Local Government Association website.

New £170m fund to double the size of Audley

Moorfield has successfully raised a new fund – Moorfield Audley Real Estate Fund (MAREF) – with £170m of equity to acquire Audley Court Ltd.

MAREF has attracted institutional investors from the US and continental Europe. Alongside Moorfield and Audley management, led by the Chief Executive and

Founder Nick Sanderson, MAREF will provide Audley with equity to fund the existing development programme and support the acquisition and development of new Audley retirement village sites. The investment is expected to enable Audley to double the size of its platform over the next five years.

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Top-up rules being ignored

Nearly half (43%) of councils, who answered a Freedom of Information request, are not complying with all of the new rules around top-up fees, according to new research from Independent Age.

The rules on 'top-up fees' were tightened with the introduction of the Care Act last year, but a Freedom of Information request, sent to every council in England by

Independent Age, found that for the period April to June 2015, 43% (53 out of 122 councils who responded) did not comply with at least one of the requirements to: have a written agreement in place for all top-up fee arrangements in their area; carry out annual reviews of top-up agreements as a matter of course; ensure all top-ups in their area were arranged with the involvement of

the local authority.

However, the findings do suggest that there has been some progress since the introduction of the Care Act. A total of 48% (58 out of 122) of local authorities have written agreements in place for all top-up fees entered into since April 2015. Whereas in 2013, only 28% even had information about all top-up fees in their area.

Care home satisfaction reaches four year high

Results from *Your Care Rating*, the UK's largest and most authoritative survey of care home residents, shows the highest level of satisfaction since the survey began in 2012.

The 2015 survey, conducted by Ipsos MORI, obtained views from over 20,000 residents across almost 1,000 homes and 37 providers. It resulted in an average Overall Performance Rating (OPR) of 878 out of 1,000, up from last year's 872.

Wallace View Care Home in Stirling was the highest scoring with an OPR of 999, followed by Tennyson Wharf Care Home in Burton Waters, Lincoln (998) and Arthurs Court in Street, Somerset (997). All three care homes received a higher rating than the top score in 2014's survey, which was 995. Care home ratings in the survey ranged from 675 to 999.

The OPR area average is highest in South Yorkshire, with an average score of 917, just ahead of County

Durham and Teeside, with 903.

Just under 40% of those invited to participate in the survey responded. Questions relating to 'staff and care' received an average 'theme score' of 877, while the 'home comforts' theme score, which incorporates ratings of food and cleanliness, averaged 857. The average score for 'choice and having a say' was 862. 'Quality of life' received the highest theme score with 926.

POLL

Will the next 10 years bring a fair funding solution for people requiring social care?

Yes

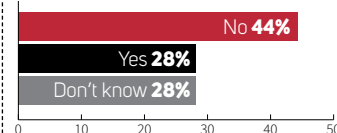
No

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February's results

If given the go-ahead, will another commission on the future of health and social care bring about the solutions needed?



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Nurse revalidation

The Care Quality Commission (CQC) has called on providers of adult social care that employ nurses, to support their staff with the nurse revalidation requirements.

From 1st April, all nurses and midwives will be required to renew their professional registration with the Nursing and Midwifery Council (NMC) every three years. To do this, they will need to demonstrate to the NMC in a number of ways that they are practicing safely, such as by showing they are up-to-date with their professional training and

development, are abiding by the Code of Practice, and that they have sought practice-related feedback.

As a significant employer of the nursing workforce, the CQC is encouraging adult social care providers to engage in the process with the nurses they employ, including by familiarising themselves with the new requirements and identifying their renewal dates. Revalidation is one that the NMC expects of all registered nurses, regardless of where they are employed.

Heartlands Care Home

Bilfinger GVA has announced its first care home sale of 2016 as Heartlands Care Home, Yardley, Birmingham changes hands. The buyer was Country Court Care.

A purpose built home, it features

four interconnected units and 76 registered beds (71 effective capacity), on a two acre site affording various development/expansion possibilities, subject to planning consent.

Hazlewoods' Year Review

Hazlewoods Corporate Finance Lead Advisory and Transaction Services teams have released their *Year Review* for 2015. The teams have continued to see an increase in deal volumes during 2015. During the year they advised on 46 completed transactions valued at £193m, in addition to a number that failed to complete. This was despite the apparent slowdown in deal volume from certain acquirers due to the election and, in the latter half of the year, the potential implications of the National Living Wage.

In late 2015 and start of 2016, there have been a number of new entrants to the market agreeing deals as well as the corporate acquirers increasing momentum. Pipelines are strong and deal flow is positive as the implications of the National Living Wage become clearer and vendors accept the implications.

The teams view 2016 as a significant opportunity for buyers and sellers. The acquirers who had held back over the last year will be keen to acquire good quality businesses, whilst many sellers have had enough of fee pressures,

increasing staff costs and the bureaucracy of running a business.

A selection of the completed health and social care transactions undertaken during 2015 include:

- Acquisition advisory services to Caretech Community Services on their acquisition of Spark of Genius.
- Lead advisory on the sale of Brighton and Sussex Care.
- Financial due diligence services provided to Active Assistance (UK) Group on their acquisition of Tania Brown and Rehab Without Walls.
- Financial due diligence services provided to, amongst others: Voyage Care; Carewatch Care Services; Dukes Colleges; Portman Healthcare; August Equity; Sovereign Capital Partners and a number of other acquirers.
- Lead advisory services provided to the vendors of The Extra Mile Care Company on the sale to Alina Homecare.
- Advising on the disposal, tax planning and exit of businesses in supported living, domiciliary care, residential learning disability, elderly residential and nursing and foster care.

IN FOCUS

Getting ready for the Apprenticeship Levy

WHAT'S THE STORY?

In the Autumn Statement, the Chancellor announced an 'Apprenticeship Levy' from April 2017, at a rate of 0.5% of an employer's pay bill. A £15,000 employers' allowance will mean that the levy will only be paid on pay bills over £3m. The Government says that less than 2% of employers will pay the levy.

HOW WILL IT WORK?

The broad principle is that larger employers will all be required to pay the levy into a central fund. In return, they will access electronic vouchers to access training funding for their own apprentices. Employers will still have to pay apprentices' wages.

Legislation will be introduced in the Finance Bill 2016. The levy will be payable through PAYE and alongside income tax and National Insurance. Each employer will receive one annual allowance of £15,000 to offset against their levy payment. No money will pass hands with the voucher system, it will trigger a payment to the training provider. Some very large employers may develop their own apprenticeship training and, if so, there are questions about regulating this training.

In the current system, the employer pays the apprentice's wages, the funding agency pays for their training and the apprentice is the employee. Currently, some apprenticeships are only part-funded by the Government, so the employer already pays a percentage of the training costs. As part of the new

system, the Government will also be expanding tuition fee loans to provide a clearer path for learners to attain technical, specialist and management skills where an apprenticeship may not be suitable, helping the care sector, in particular, to meet this growing area of need.

WHY HAS IT BEEN PROPOSED?

Many employers report severe skill shortages. The issue is further complicated by concerns that if employers invest in training, competitors who don't invest will 'poach' their employees. The Government says the levy will raise £3bn by 2019-20, and spending on apprenticeships would be protected.

WHAT HAS BEEN THE SECTOR REACTION?

Skills for Care is surveying the sector to evaluate the state of preparation. There is clearly a need for more detail and the Government will need to consult to understand the implications of implementing the new system and consider how to ensure that both care providers and training providers can practically deliver the additional apprenticeships needed.

Business groups described the levy as a new 'payroll tax' and there is no doubt it will be a significant added cost.

WHAT HAPPENS NEXT?

The Government has said that more detail will be provided later this year. It is consulting as the legislation is being drafted.

Supporting people with dementia

A new resource on supporting people to live well with dementia has been co-produced by the National Institute for Health and Care Excellence Collaborating Centre for Social Care and key people in the sector. It provides links to key resources, further information, and practical tools and is aimed at both care providers and carers focusing on the key messages from 10 quality

statements.

Providers need to consider how the 10 statements within this quality standard relate to their service. They can then use them in a number of ways: to help assess the quality of the service they are providing; to ensure they understand which areas of dementia care that the evidence shows are a priority for improvement; to raise awareness

among care staff as to the role and responsibilities they have; and to help define the training needs of their workforce.

The document takes each of the 10 statements in turn, and shows what they mean for care providers. It also highlights resources and information that may be helpful for providers working to improve the quality of their service.

Contemplation Homes

Carterwood has announced the sale of a development site in Hordean, Hampshire on behalf of Contemplation Homes. The site has been acquired by Care UK and has planning permission for the development of a high quality 75-bed care home.

Sentinel Care Services launched in Shropshire

An established care company in Telford has left the franchise group it launched under and will invest £250,000 in improving services and expanding across Shropshire.

Steve Harris set up Carewatch (Mid Shropshire and South West Staffordshire) 16 years ago but

he has now bought out the franchise and will run his firm as a standalone company, Sentinel Care Services.

Mr Harris has made the move in order to further develop technology in care, expand the area he serves and offer more services.

Views from the frontline – new report on care workers' views

The views of more than 100,000 frontline care staff have been given voice in a powerful new report which reveals why they work in the sector.

In it, men and women give an illuminating insight into what inspires them to enter and remain in the profession and also offer their candid views on areas that give them cause for concern.

Voices from the Front Line: Exploring Recruitment and Retention

of Social Care Support Workers has been produced by Scottish Care.

The 32-page report provides an opportunity for views, experiences and values of care staff to be explored in detail.

The report highlights 40 different case studies in which individual workers give their insight into what it means to care and outline the benefits that good care can bring to the lives of those who need support.

Think Autism – updated strategy for adults with autism

A new report shows what has been achieved since the publication of *Think Autism* which updated the cross-government autism strategy in April 2014.

Progress Report on Think Autism: the updated strategy for adults with autism in England sets new actions to continue to help local areas implement the autism strategy.

The report also outlines work to help people with autism live as full and independent lives as possible, including:

- Reforms to the Special Educational Needs and Disability system.
- Support with employment opportunities.
- Use of information and data by local authorities and their partners.

Abbeyfield Society Kent

Plans by the Abbeyfield Society Kent to build an extra care scheme to replace its St Martins home have now been approved by Tonbridge and Malling Borough Council.

The Larkfield extra care scheme will consist of 74 one- and two-bed apartments, offering those who are over 55 with a care need, the

option to buy a 75% share through the older person shared ownership scheme, or a number of apartments are available as affordable rent. 20 of the 74 apartments are solely available for rent to veterans. Building work is due to start in the summer of 2016 and is scheduled to be completed by March 2018.

Implementation of MCA

Care England has designed a survey looking into the implementation of the Mental Capacity Act (MCA). The survey is aimed at care home and frontline service managers.

Care England is collecting experiences of MCA implementation, both best practice and challenges, for the National Mental Capacity

Forum. The Forum is set up to improve implementation of the MCA, and in this way, respondents' experiences will feed directly into improving practice, and service users' lives.

The survey can be accessed here: www.surveymonkey.co.uk/r/LSYGCQG

Coast & Country

Coast & Country has officially opened The Shore in Ormesby after identifying a need for specialist housing. The Shore is the first supported housing development for the Redcare scheme. Partnering Coast & Country in the Redcare venture are Redcar & Cleveland Borough Council and developer

Galliford Try Partnerships North - supported with a grant from the Homes and Communities Agency and care packages provided by Sanctuary Supported Living (SSL).

The Shore offers 12 high-quality, spacious, one-bedroom apartments for individuals with learning disabilities.

Hazeldene Nursing Home sold

HPC has confirmed the sale of Hazeldene Nursing Home in Sheffield to new operators. HPC acted on behalf of the vendor. Hazeldene is a purpose-built property which provides 60 en-suite nursing places for elderly residents

with dementia. The home, which is located in the Darnall area of the city has been bought by Hermes Care.

The acquisition of the Hazeldene will complement Hermes Care's seven other operations in South Yorkshire.



Care delivery goes mobile

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Health and wellbeing toolkit

Turning Point has launched a new health and wellbeing toolkit, written and developed by a dedicated team of nurses, which aims to improve the health and wellbeing of people with learning disabilities. It contains vital information to help people maintain good health on a day-to-day basis.

The toolkit, a first of its kind, is a comprehensive guide to making sure that people with learning disabilities are safe and well. It also

aims to improve the knowledge, skills and confidence of staff in advocating and monitoring the healthcare needs of people with learning difficulties.

The toolkit is divided into six sections, the first four being relevant to all workers who want to gain a greater understanding of how to best look after people in care. Later sections focus on particular illnesses or conditions to give support staff a more acute understanding of these.

New development in Tyneside

A £4m 40-bed specialist care centre for adults with autism will create more than 100 job opportunities in North Tyneside. Leading the scheme is Kendal House Properties, with provider Lenore Specialist Care delivering service provision.

The project, which is a joint development, found a finance partner in Triodos Bank which

only loans to organisations which create social, environmental or cultural added value. Kendal House Properties will oversee the development and construction of the property. It is anticipated that the first phase of construction will be completed in December 2016, welcoming the first residents in early 2017.

HB Villages' new project

HB Villages and Pochin's Ltd have announced a new £2m project in Stoke-on-Trent. Pochin's, which is currently building a similar supported living facility for HB Villages in Sandbach, will be responsible for the delivery of a new 12,500 sq ft development.

With work already started on site, Pochin's are set to hand over the keys to the project in September, providing 18 apartments across three buildings. Structural engineers, Bell Munro, and Calderpeel Architects are also involved in the project.

Villa Care purchases its premises

Villa Care is planning to create more than 30 jobs after purchasing its existing rented premises. Villa Care acquired Park Lodge Nursing Home in Roundhay in late 2012. With the purchase however, the company inherited considerable rent repayments.

Supported by Lloyds Bank Commercial Banking, Villa Care obtained a seven figure commercial loan and six figure Regional Growth Fund grant enabling it to buy the freehold of the property.

As owners of the property, the business has now been able to

considerably reduce its overheads, enabling Villa Care to reinvest the freed-up capital back into the business.

Villa Care is now planning to upgrade Park Lodge and increase the amount of accommodation available to meet a rising demand for nursing care services in the community.

The business will also be extending its domiciliary care service, Villa Home Care, which will enable it to reach significantly more vulnerable people in the community through its contract with the NHS.

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Community Life Choices

Community Life Choices has increased turnover by 45% during its fifth year of trading, surpassing a £1m revenue target. The year end figures follow a record-breaking year for the firm, which recorded a 30%

increase in client numbers and a 150% rise in demand for its specialist mental health support services. During 2015, Community Life Choices secured 14 local authority contracts and created 48 new jobs.

Only Care Ltd in Dunstable

A brand new, luxury care home is to open in Dunstable. Rosewood Court will provide care for 66 older people. The home will open in early March, following the completion of an extensive induction and training

programme for the staff team. The home has been designed and built by LNT Construction. It will be run by Only Care Ltd and will provide nursing, residential and dementia care.

Avante Care & Support

Carterwood has announced the sale of two purpose-built care homes in Kent on behalf of Avante Care & Support. Hevercourt, in Gravesend and Barton Court, on the Isle of Sheppey have been acquired by Stephen and Julia Gilmour, who are experienced operators.

The Board of Avante Care & Support decided to sell these two homes to ensure the charity could consolidate and invest within its remaining portfolio of homes, which provide over 600 specialists placements for people living with dementia.

Healthcare Homes

Healthcare Homes has acquired Peterborough's Park House Nursing Home. The acquisition takes Healthcare Homes' portfolio of quality residential and nursing homes to 24 (1,079 beds) across Norfolk, Suffolk, Cambridgeshire and Bedfordshire. The group has acquired the home from Mr Allan

Waller, who has retired from the business.

Park House Nursing Home is a high quality service that provides nursing care for up to 52 older people, some of whom may be living with dementia. The purchase completed on 18th January 2016 for an undisclosed sum.

SweetTree

SweetTree Home Care Services has been named one of the 'Best

Companies to Work For' by the Sunday Times.

Church of England safeguarding

The Church of England has published the Social Care Institute for Excellence's (SCIE) independent audits of its safeguarding arrangements. Following this pilot, the Church has commissioned SCIE to support roll out across all 41 dioceses in England in 2016 and 2017.

The independent audits were carried out by SCIE, which has pioneered a particular collaborative approach to conducting case reviews and audits in child and adult safeguarding. Called *Learning Together*, it focuses on the reasons why things go well, the cause of any problems and solutions.

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WANLESS – A DECADE ON

Are we on the right track?

**Q**

A decade on from the publication of the late Derek Wanless' seminal review of social care funding, *Securing Good Care for People – taking a long term view*, are we any further forward?

A

Richard Humphries, Assistant Director, Policy, The King's Fund

There was an interesting back story to the Wanless Review. Although the Treasury had previously commissioned Derek Wanless to review NHS spending, it had refused to act on his recommendation that a similar exercise should be carried out for social care – on the grounds that the issues had been examined in a Royal Commission six years earlier.

Instead, The King's Fund stepped in and asked him to conduct an independent and comprehensive review of the provision of social care for older people, to find a sustainable, long-term financial settlement. It would examine the key factors driving demand for social care, and the likely costs over the next 20 years and how these should be paid for.

His 300 page-plus report was published in 2006 along with a battery of supporting papers. By any standard, this was a thorough and meticulously researched examination of the issue. The central idea was a partnership model of funding in which the costs of care would be shared in a fair and transparent way between the individual and the State.

SIGNIFICANT EFFECTS

Looking back, the Wanless Review had two significant effects. The first was to generate a strengthening consensus around the principle that the costs of care should not fall exclusively on the individual or the State but be shared in a fair way – the concept of a 'partnership' approach. Until recently, this has dominated mainstream policy thinking about funding options.

A second impact was to rejuvenate political interest in how to fund the growing care costs of an ageing population, with a commitment in the 2007 Spending Review to 'undertake work to look at reform options and consult on a way forward'. This set in train a series of policy developments culminating in the 2009 White Paper *Building the National Care Service* and cross-party talks in the run-up to the 2010 General Election. But the outgoing Labour Government ran out of time, and cross-party talks, to secure consensus on funding, collapsed in acrimony amidst the so-called 'death tax' row, about the idea of levying a charge



➤ on people's estates after their death as one option for paying for care.

The newly-elected coalition Government was quick to pick up the gauntlet, saying that it understood 'the urgency of reform' and went on to fulfill its pledge to establish an independent commission to review options, including voluntary insurance and partnership models. But the terms of reference of the Commission on the Funding of Care and Support, chaired by Andrew Dilnot, were limited to considering how costs should be shared between the individual and the State, not the overall quantum of resource that good social care would require.

This did not stop Dilnot warning that the inadequacy of existing budgets would have to be addressed as well. The Commission's proposals for a cap on care costs and a more generous means-test thresholds were accepted, albeit with the cap set at a higher level. The underlying thinking was that State protection for very high 'catastrophic' care costs would stimulate a private insurance market for the majority of less expensive care.

The Treasury even went so far, in the 2013 Spending Review, as to indicate how the reforms would be paid for. But this apparent, if limited, progress was to prove a false dawn. Mounting concern about pressures on local authority budgets led to an announcement in July 2015, that the reforms would be postponed to 2020. 'A time of consolidation is not the right moment to be implementing expensive new commitments such as this,' wrote Care Services Minister, Alistair Burt, referring to the £6bn cost the changes would have incurred over the next five years.

THE PROSPECTS FOR FUNDING

So, where does that leave the prospects for social care funding?

Despite commitment in the 2015 Spending Review that the measures will be implemented, there are fresh fears that, once again, the issue has returned to the long grass.

If circumstances last year were not 'the right moment', in the words of the Minister, to implement the Dilnot reforms, it is difficult to see what will be different in 2020. Although by then local authority social care budgets will have been

boosted by an extra £1.5bn, for the next three years, they will be reliant on the uncertain and variable proceeds of the new social care precept, depending on how many councils choose to levy it. The back-loaded nature of the Spending Review settlement ensures that for the next two years, social care spending is set to fall further in real terms.

With the full effects of the so-called National Living Wage kicking in by 2020, it is doubtful that protecting better-off people from catastrophic care costs will be prioritised over the deepening funding shortfall – which we estimate will have reached between £2.8bn and £3.5bn by then.

NHS AND SOCIAL CARE

There is a bigger set of issues arising from the growing recognition of the inter-dependence of the NHS and social care. An ageing population, in which younger people with disabilities are living longer, will demand different models of integrated

reviews recognised that future care needs would require predominantly public funding and that private funding alone would be neither adequate nor fair.

In contrast, a consequence of the Government's spending plans is that public spending on social care as a proportion of GDP is falling – to less than 1% of GDP by the end of this Parliament. That puts us on par with Eastern European countries.

The default policy framework is that individuals and families are responsible for funding their own care needs, unless they are very poor and have very high needs. Wanless' idea of a partnership approach, in which there is an explicit framework for sharing the costs in a fair way between the individual and the State, is receding further into the distance. England is one of the few advanced countries that has not carried out major reform of long-term care in response to social and demographic change.

With rising levels of unmet need, increasing pressures on unpaid carers and the NHS, and

real fears for the viability of care providers, this state of affairs is simply not sustainable for much longer. A particular perversity arising from the Government's apparent reliance on private rather

than public funding is that outcomes are likely to be worse for every pound spent. Resources will be focused on reactive, crisis-driven and more costly interventions, at the expense of services that prevent longer-term needs and promote independence.

THE FUTURE OF SOCIAL CARE

In *Securing Good Care for Older People*, Derek Wanless wrote, 'At the heart of the issue should be a debate about what social care will do in the future. How will it help people? What outcomes should it aim to achieve? Who should it help?'

Ten years on, these fundamental questions, about the purpose and founding principles of a modern social care system, are as pertinent as they were a decade ago. Yet achieving a coherent, credible and costed political response to what must surely be one of the most pressing public policy challenges of our generation, remains as elusive as ever. And there are no signs of that changing any time soon.

CMM

“This state of affairs is simply not sustainable for much longer.”

care in which services are better co-ordinated to meet a mixture of physical health, mental health and social care needs. This poses fundamental questions – of efficiency, equity and effectiveness – about the traditional separation between healthcare that is free at the point of use and social care which is heavily means-tested and rationed.

The Barker Commission has called for a new settlement in which funding of the NHS and social care, and entitlements to both services, are more closely aligned, through a single local ring-fenced budget for both services.

It is not surprising then, that 2016 has seen a fresh call for a cross-party commission to seek consensus on how health and social care is funded in the future. But arguably, of all the causes of social care's financial woes, a lack of independent reviews is not one of them. History continues to repeat itself. The ground has been extensively covered by the Royal Commission on Long Term Care in 1999, the Wanless Review in 2006, the Dilnot Commission in 2011 and the Barker Commission in 2015. It is striking that all four

Richard Humphries is Assistant Director, Policy at The King's Fund. Email: r.humphries@kingsfund.org.uk Twitter: @RichardatKF

Do you agree with Richard? Has political appetite to address social care disappeared? Share your thoughts at www.caremanagementmatters.co.uk
Subscription required.

Rota hell?

Why you should think about moving to a computerised rota system

Timetabling the complex schedules of staff can be a problem for many care homes. Ashly Sarsons, Registered Manager at The Bevern Trust, a charity dedicated to helping people with profound disabilities, explains why she took the plunge with computerised rota system, OmniRota.

Rotas really shouldn't be this hard

Scheduling the large care team, housekeepers, specialist staff and admin team at Bevern House is no picnic. With a team of 58 staff members, each shift not only needs to have the right number of staff including a shift leader and a senior, but also requisite numbers of female staff and those appropriately trained for medication, driving, lifeguard duties, epilepsy care etc. Add in specialist activities, the constantly changing needs of the residents and staff turnover and you soon have a real headache coordinating staffing levels and ensuring that the service is covered at all times. Oh and you need to make sure that everyone is given their fair share of weekends off. Ugh.

The short straw

Pity the manager who's been given this daunting task. For The Bevern Trust, this fell to Ashly Sarsons, the Registered Manager, and it was taking her 10 hours every two weeks for two weeks' worth of a rolling six week rota.



We looked for rota software because we wanted to save time and reduce the amount of mistakes made.

Ashly Sarsons, Registered Manager



A personal pressure

Ashly can now take comfort from the fact that all the complex rules are no longer stored only in her head and that she alone doesn't have to try to remember them all whenever she draws up a rota; a big personal advantage of having the software and avoiding a key man dependency for the service.

It also makes planning much easier. Whilst changes are inevitable (and are almost daily), the fact that the changes can be processed using OmniRota means that all of the impacts of a change can be considered and planned for.

Taking the plunge

Ashly believes that people often shy away from taking the plunge into rota software because they can't quite believe that it's capable of doing the job.



I think OmniRota is brilliant. Both myself and the staff have adapted well to it. It is better than I expected as I couldn't imagine a bit of software being able to take so many different variables and make it work.

Ashly Sarsons, The Bevern Trust



OmniRota - A new rota system

OmniRota takes just minutes to work out the best, fairest rota that meets your 'rota rules' and flags any exceptions: where the home is under-staffed or if your pre-agreed guidelines are not being met. And it's simple to adjust for last minute changes. It also provides reports to show the parity of allocations and can send individuals' rotas to their phones, emails or to Intradoc247 to be distributed easily to staff.

Getting started

"Basically they help you to work through it to come up with your rota rules", Ashly explains. "The set up process was hard for me as a lot of the rules were in my head and writing it all down and remembering everything took a few times to get right but the service was brilliant and I was really supported to get it right."



It has saved so much time which in turn relieves the stress and pressure from the manager to get the rota out on time.

Ashly Sarsons, The Bevern Trust



OmniRota software has been developed specifically for use by GP surgeries, hospitals and care homes. It has been bought by almost 100 organisations throughout the UK and Australia, managing rotas from 5 to over 50 staff.

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Help and support for registered managers

We know that registered managers have one of the most rewarding, but potentially challenging, roles within adult social care. When things are working well, managers tell us about the privilege of leading teams of skilled and motivated staff, yet we also know that many managers report feeling professionally isolated at times or have a desire for greater support.

Skills for Care recognises that the support offered to registered managers needs to take into account every aspect of the complex demands facing them day in and day out. That might mean continuing your professional development to maintain the currency of your practice, developing person centred cultures in your organisation, or growing the skills of your staff.

In helping you to meet these needs, one of the most useful things we can do is put you in touch with

other registered managers through mentoring or networks. These sorts of opportunities mean you can share in other people's experiences and have time to reflect on your own practice. They also give you a chance to think about other ways of doing things, to ask questions and identify common issues.

The new pages on the Skills for Care website for registered managers pull our offer together. Here you can find details of the networks we support; run by registered managers, that meet a minimum of three times a year.

Our membership offer includes access to resources and support, as well as a newsletter, which includes a practical feature and tips on a specific subject each month. Forthcoming features include manager guides on: leave and absence, the Mental Capacity Act (MCA) and the Manager Induction Standards (MIS).



In addition to these initiatives, we continue to offer support and resources to help with inspection, management, learning and development.

It is vital that you can access the support you need and that the role and importance of what you contribute receives the positive recognition that it deserves. You can find out more about how Skills for Care helps registered managers in this insert or at www.skillsforcare.org.uk/registeredmanagers.

See inside for more information on how you can access support.

Supporting registered managers

Registered managers are key leaders in the adult social care sector, performing a vital, rewarding and sometimes challenging role. If you are a registered manager, accessing the support available to you can help you maximise the positive impact and influence that you have on the quality of care.

How you manage yourself shapes how you manage and lead others. Skills for Care helps registered managers build on their passion, determination and skills by:

- supporting local networks of registered managers across England
- making a robust membership offer to registered managers who can join our National Skills Academy (NSA) for Social Care
- making resources available to support social care management and inspection
- offering learning and development for those preparing to take on the role, through induction and on to continuing professional development (CPD).



Local registered manager networks

Whatever your area of work as a manager, peer support and the opportunity to meet other people in the same role as you is an important part of personal development. These sorts of opportunities enable you to gain an insight into other people's experiences and offer a fresh perspective from which to consider your own practice.

For registered managers this is particularly important because managers tell us that their role can be isolated and as the senior figure in many small and medium-sized enterprises, access to support or advice isn't always easy to find.

Local networks, established by registered managers and supported by Skills for Care, have a number of important features. Each network:

- is chaired by a registered manager
- sets its own aims and purpose in line with the interests and needs of local managers within the context of quality, leadership, learning and development
- balances a mix of formal and informal discussions
- meets a minimum of three times a year
- provides an opportunity to engage collectively with local stakeholders, for example commissioners or Care Quality Commission (CQC) representatives.



The best sources of support are those that recognise the unique rewards and challenges that come with your role. To contact your local network and engage with other registered managers, you can use the directory published on the Skills for Care website or contact your Skills for Care locality manager.

Membership for registered managers – refreshed offer

Our refreshed membership offer to registered managers is built on a holistic understanding of the role. It gives members access to advice and guidance through practical resources and includes initiatives like mentoring, designed to facilitate peer support and develop close links between managers.

Becoming a member of the NSA is just one way that registered managers can assert their professional profile by clearly identifying with other managers committed to the delivery of quality adult social care. Membership costs £35 for 12 months.

Resources

On joining or at renewal, registered managers receive a welcome pack containing an up-to-date copy of the *Registered Manager's Handbook* (2016), a membership certificate and further information on our resources.

The handbook is presented in a file format, which allows members to add a printed copy of the monthly 'cut out and keep' feature they receive as part of their members' newsletter.

This feature is a focused and practical source of information on a specific subject. The February feature is *A Manager's Guide to Leave and Absence*. Written by members of Skills for Care's own human resources (HR) team, this guide gives a concise overview of legislation, useful top tips, new updates and website links.

The February newsletter also includes an insight into the National Living Wage from Pivotal HR, who offer discounted HR support to registered managers who are members of the NSA.

Mentoring

As part of the membership offer to registered managers, we're making opportunities to become a mentee or mentor available.

Whilst a mentee may be looking to further develop a particular skill or resolve a specific issue, the process of supporting the mentee allows the mentor to reflect on their own practice as a manager. Training is available to potential mentors before they are paired with their mentee.

Inspection and management resources

We recently collated our key resources for registered managers into a single place. You can find these on a dedicated page at www.skillsforcare.org.uk/registeredmanagers.

It features a number of free resources, including two we think all registered managers should know about.

Care Improvement Works

Are you thinking about improving your service either before or after inspection? If so, then these online

Continued overleaf

resources will help you. To make it easier, they've all been mapped to the CQC's Key Lines of Enquiry (KLOE), so you can choose the resources that'll help you in the areas you need most.

“ **This (Care Improvement Works) is vital for understanding what is expected for my company to be able to pass a CQC inspection at a high standard.** ”

The People Performance Management Toolkit

Good performance management has a huge impact on the care that people receive. Intended for line managers, this online toolkit provides practical resources to enable you to effectively manage people performance with real results.

Learning and development

Structured learning and development are key to becoming an effective manager, whether you're looking to step into a management role, grow in an existing role, or maintain the currency of your knowledge and skills.

Skills for Care's learning and development offer provides support for registered managers at different stages of their career, including:

- the Level 5 Diploma in Leadership for Health and Social Care and Children and Young People's Services, which is the qualification for those wishing to become a registered manager
- the Manager Induction Standards which set out clearly what registered managers should know and understand – they're a measure of good practice aimed at those who are new to management, or those who are new in a post but have previously managed other services
- our leadership and management programmes which provide the development opportunities that support managers to be the best they possibly can be in making high quality care a reality for people who need care and support.



Skills for Care is committed to supporting registered managers. We know that for care staff to have the right skills, knowledge and values, they need leaders and managers who are supported and able to grow in their role.



JANET MORRISON

Janet Morrison is Chief Executive of Independent Age.

REFLECTIONS ON THE LAST DECADE

As a national older people's organisation, we deliver information, advice and social support, and campaign on social care, support and benefits. We are also a founder member of the Campaign to End Loneliness. One of the most important recent developments has been the Care Act 2014, which we lobbied for as part of the Care and Support Alliance. It really is a landmark piece of legislation – providing a coherent framework for social care delivery, enshrining important principles of prevention and person-centred care and vital new rights for carers. It clearly states the right to information, advice and care assessments for all.

Sadly, some of its promise has been undermined by severe public spending pressures and the delay to the care cap. Imperfect as it was, the cap promised to bring more self-funders into contact with councils, giving them access to information, advice and care assessments. It could have started to allow a fairer deal when it comes to paying for care. We advise huge numbers of people struggling to navigate the system with very little idea of their rights, often having to make big decisions at moments of crisis or struggling with poor quality services.

PROJECTIONS FOR THE NEXT DECADE

There is likely to be a continuing squeeze on local funding for preventive services,

and those receiving local authority funded care. I am very anxious about local preventive services closing and less access to reliable, consistent and good quality home care. This will inevitably put pressures back onto the NHS and pressures downstream on residential care. We really do need a longer-term view of the funding and delivery of integrated health and care. In the meantime, there will be demand for more innovation, more collaboration and new ways to engage with individuals, families and communities. We are passionate that we don't lose sight of older people's contributions to new solutions and their needs, in terms of joined-up, quality support to lead independent lives.

INSIGHT

I am pleased that Independent Age is really starting to extend its reach and impact, and helps increasing numbers of older people and their families with quality advice and information, befriending and campaigning. This year, we hope to be piloting and testing some new models of social support with older people to see how we can develop our services in future. We have been greatly helped in this task by tapping into the research and development knowledge of the Campaign to End Loneliness, of which we are a founder.

I am also very lucky to be an independent Director of Reconnections Ltd, a new social finance initiative to tackle

loneliness. It has given me huge insight into the start-up of a new service and engaging the capacity of older people themselves and their community. My work as Chair of the Baring Foundation also gives me real insight into creative approaches to quality of life in older age – through our arts and older people programme.

INFLUENCES

I have always wanted to work in areas that helped improve society. With a background in policy and research, I believe that how we respond to an ageing population is one of the biggest political and social challenges that we face as a society. However, most important to me is working with older people and learning from their individual and diverse experiences.

LESSONS AND ADVICE

The lessons I've learnt have to also be the advice I'd give to others. Be passionate and be yourself. In the workplace, share other people's problems and help find solutions (it's not someone else's job). As an organisation, collaborate – most problems are too big for one organisation to solve. Listen and learn from older people and ensure that drives everything that you do. Be creative and take initiative. Enable others to flourish and revel in their successes. Play a straight bat, not politics – be an open, honest, trustworthy colleague and good to work with.

CMM

ACTIVATE: A NEW SUPPORT MODEL

Dimensions has launched a new model of support for people with learning disabilities. Rooted in research but grounded in practice, is Dimensions Activate the future? What does the panel think?

Dimensions is one of the country's largest not-for-profit organisations supporting people with learning disabilities, autism, challenging behaviour and complex needs. It applies research-based, outcomes-focused best practice to its services.

Dimensions creates and applies initiatives that improve outcomes for the people it supports, including developing Positive Behaviour Support and using one page profiles throughout the organisation for everyone from management to staff and clients. To keep driving best practice, it has now developed and launched a whole new model of support.

ACTIVATE

The Dimensions Activate support model is for people with learning disabilities and autism and is being rolled out across the organisation. It focuses on improving the quality of support provided to its clients in a personalised way, keeping the people that Dimensions' supports at its heart.

It has been developed from research, funded by NIHR School for Social Care Research and conducted by Dimensions with Peter McGill from the University of Kent's Tizard Centre and the Challenging Behaviour Foundation. It identifies eight domains of social care, using them to shape the support on offer. These eight domains, which are known to affect a person's quality of life, are: health, activities and skills development, physical environment, service staff, wider organisation, service management, relationships and families, and communication/social interaction.

The name Dimensions Activate was inspired by these domains and the commitment to helping

staff to use Active Support, and for the people being supported to be actively involved in their communities. The aim is for clients to be happy, build meaningful relationships and be an integral part of society. Dimensions Activate aims to help them achieve this and their goals in life.

EXPLORING THE MODEL

The model has several components. Firstly, the support is co-produced and designed in partnership with the people receiving services, their families and their support teams. This means that the services are centred around the individual and in their best interests, with full support from their family and the team around them. Once the support has been identified, challenging goals are set in the eight domains.

With all the preparation complete and everyone having had input, support teams then work with the individual to achieve their goals using two techniques: Active Support (AS) and Positive Behaviour Support (PBS). AS is a way of providing assistance to people that focuses on making sure they are engaged and participating in all areas of their life. PBS is based on the principle that if you can teach someone a more effective and acceptable behaviour than the challenging one, the challenging behaviour will reduce.

Periodic Service Reviews are then used to set standards, monitor everyone's progress and provide performance feedback to the organisation. These reviews aim to improve quality in the locality and help to determine whether the individuals being supported are achieving the outcomes they want. They also provide an evidence base for continuous improvement and

identify where further gains can be made.

ENSURING IT WORKS

As Activate is a research-based model, Dimensions tested it with a control group and an experimental group of its clients. Trialling it over 12 months, in 24 Dimensions services supporting over 80 people and employing 270 staff, the research team randomly allocated different settings to either the experimental or control groups. All clients consented to participate.

On all measures of quality of life, those who were in the experimental group, supported according to the Dimensions Activate model, improved more than those in the control group who received Dimensions' usual, person-centred support methods. Also, the standards set for each experimental service were largely achieved.

Dimensions and the researchers also found that the way staff worked changed substantially. The Active Support they offered, including providing more choice, more activities and presenting demands more carefully, went up from 45% to 60% in the experimental group, whereas the control group showed a marginal fall. Much greater improvements were also observed in meaningful activity in the experimental group compared to the control group.

The approach also saw a dramatic fall in the ABC (Aberrant Behaviour Checklist) score, from 42 to 15 in the experimental group. Observed challenging behaviour also fell, from 25% to 10%.

STAFFING

The support model requires different behaviours and ways of

thinking from frontline staff who are responsible for ensuring its successful implementation. This, clearly, requires extensive retraining of all support teams.

However, despite this, during the research, staff in the experimental group settings showed significant increases in their job satisfaction and reductions in stress when compared with staff in control group settings.

Researchers found that the approach was greeted positively by everyone involved in the Dimensions Activate settings, including staff, the families of people being supported and the professionals engaged there. Over time it is hoped that this job satisfaction will be reflected in staff retention, which enables long-term relationships to develop between staff and the person they support.

EVIDENCING THE BENEFITS

Improved quality of life, engagement, meaningful activity and satisfaction for individuals being supported is known to reduce challenging behaviour. As such, with further analysis, Dimensions hopes that the model can evidence these benefits to commissioners and achieve an associated reduction in costs of placements.

CMM

OVER TO THE EXPERTS...

Is Dimensions' new Activate model an approach for all learning disability support providers to adopt? Are there any barriers to implementing such a model? With impressive results and research-based evidence, will it lead to commissioners expecting providers to follow Dimensions Activate? What do the experts think?

SOME POSITIVE EARLY RESULTS

Dimensions must be commended for investing in the important and essential research that has been undertaken to validate Activate.

We believe any innovations that deliver improved quality of life for people should be regarded as valuable, not least because they help to foster a culture of continuous improvement.

The team at Dimensions has clearly achieved some positive early results, which everyone should welcome. Indeed, their rigorous outcomes-focused approach is a great example of the commitment that all responsible providers are making to raising standards. We agree wholeheartedly with the central focus of the methodology; co-production between individuals, their circles of support and providers, to identify goals and sustain improvements to quality of life.

The ability to measure integrated outcomes underpins the sector-wide response to the many initiatives

and changes post-Winterbourne.

Whilst it may not be appropriate for commissioners to mandate Activate, we believe all providers have a responsibility to deliver and evidence person-centred models of support and it is a drum we've been beating for a number of years.

If Activate is to be adopted more widely across the sector, it would be helpful to understand how the existing good and effective practices of both individual services and larger providers, like ourselves, could be incorporated into the framework to build on the positive early outcomes witnessed by Dimensions.

We would welcome being part of any future discussions regarding the role the Activate principles have in creating 'Outstanding' services which truly place the people being supported and their goals and aspirations front and centre.



Amanda Griffiths Director of Quality, Voyage Care

INNOVATIVE THINKING AND PROACTIVE WORKING

This model embodies the innovative thinking and proactive working that we need to improve services. It is co-produced with people with learning disabilities and/or autism, and their families. It uses Positive Behavioural Support as a framework to create positive environments, which do not rely on reactive strategies, and it rests on research led by experts.

Workforce development will be a key area for the national *Transforming Care* programme as it works to build up resilient, community-based teams. Moving people out of inappropriate hospital settings, and preventing admissions to them in the first place, relies on providers ensuring, and commissioners enabling, quality training across organisations.

Encouraging different behaviours and new ways of thinking is perhaps a challenge in the short-term, but the long-term sustainability of services in the community requires just this sort of action. Indeed, it requires transformation. The *Transforming*

Care programme wants to reduce the number of hospital-based beds for people with learning disabilities and/or autism by up to 50% across the country by 2019. But it cannot do this without significant development of community-based care. This does not just mean a different setting – it means integrated, person-centred support which is at the heart of health and social care's overall vision.

Activate demonstrates what this could look like for people with learning disabilities and/or autism, and their families. All providers and commissioners should be thinking proactively about the support they offer and how it showcases those core elements. Elements which we know lead to meaningful outcomes – co-production, flexibility and a culture that is not averse to thinking widely about how best to improve the quality of life of the people it supports.



Kate Brittain Senior Policy Adviser, Association of Chief Executives of Voluntary Organisations

COULD BE PART OF THE ANSWER FOR OTHERS

I often feel that in focusing on a particular method of supporting people, we can become over-fixated in methods and toolkits. This means we forget to just be with the people we support, listen and work out together what to do.

However, with the Dimensions Activate model, I was immediately taken with the results of the pilot. Clearly, it is an holistic approach that gives support staff a very clear framework, based in rights and humanity, as well as a set of skills from which to work. This will be one of the reasons that the independent evaluation showed such positive results.

We often impose models of working on support staff that do not make sense to them and are seen as yet another thing they 'have to do with the people they support'. It can cause them more stress. The fact that support staff reported greater job satisfaction also interested me.

I think that most of us know

what kind of lives people with learning disabilities want to lead. However, the gap between that aspiration and what is needed to help people achieve this is still huge. This approach to supporting people could be part of the answer for other organisations in changing how they support people, but just a part.

Dimensions is also an organisation that invests in thinking about where people live, who they live with, family involvement and shifting power towards the people they support and families. If an organisation does not have a commitment to a fundamental shift in power and giving the people they support and their families real control over their lives, then this method alone will not be the answer in driving up quality and giving people with learning disabilities the lives they want.



Alicia Wood Chief Executive, Housing & Support Alliance

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Don't hide from death and dying



Karen Cooper shares the award-winning, best practice developed to provide the best end of life care for residents.

It is important that when people come into a care home they are able to have a high-quality end of life experience, just as they would if they were to remain in their own home. The quality of how a person dies must be as important as their quality of life when they are living.

For those of us working in the care environment to ensure that we are able to give the end of life care someone would want, we need to be able to talk about death, and not hide from the subject of death and dying. At Mount Ephraim House, we developed a culture of openness as this will enable us to support, respect and remember our residents.

Sadly, in the UK, death still seems to be a taboo subject and we are not very good at discussing the issues surrounding death. This is sad, especially when people are having to come into care at the end of their lives. It is a difficult time for people having to adjust to life in a care setting, without then having to think about how they would like their end of life care to be.

It is essential that we have these conversations as early as possible, so that we are then able to develop care plans that reflect how the person wishes their final days to be. Failure to have this discussion will inevitably lead to a poor end of life experience for the resident, their

family, friends and care staff.

Staff training in end of life care is essential. This will help staff deal with any issues they have around death and dying, as well as giving them the tools they need to be confident when dealing with someone at the end of life.

STARTING THE CONVERSATION

At Mount Ephraim House, we know how difficult this is, so we spend time getting to know the resident's family and friends before we come to conversations about end of life care. We have found it is much easier to have this conversation



if people feel supported and comfortable with the person they are discussing it with. A conversation with each new resident may encourage them to talk about any anxieties or thoughts they have regarding death.

The difficulty can arise when having a discussion with someone living with dementia, particularly if their symptoms have progressed and there has been no prior discussion about end of life care. We feel that people living with

dementia should be able to have a say in their end of life care. This is why it's so important to have these conversations earlier, to provide people with choices when they are still able to make decisions. Families should not shy away from these difficult subjects; they should discuss them early when they are still able to talk to their loved ones.

At Mount Ephraim House, death is a part of life within the home. We often have discussions about ideas and aspirations for end of life care. We have found that this approach gets people talking very freely, and allows us to explore different options with the individuals concerned. The care team at the home ensure that they can fulfil any special requests or wishes the resident may have before they die. One resident wished to see Elvis Presley, so the team arranged for an Elvis impersonator to come to the home and make the resident's wish come true.

EARLY IDENTIFICATION AND WORKING WITH HEALTH

Ideally, we should be identifying residents who could be approaching end of life early on, enabling us to plan all the necessary support. This includes any equipment and medication that needs to be in place to support good end of life care.

Having strong relationships with, and trust in, all the healthcare professionals is important, as they provide vital support at the end of the resident's life. With the support of the healthcare professionals, the staff at the care home are able to ensure that they have all the equipment needed to provide a good end of life experience for everyone.

Homes should have an end of life register that is regularly reviewed with GPs and healthcare professionals. The residents who are approaching the end of their life are registered with a specialist GP and put on the end of life register. This helps to avoid unnecessary admissions to hospital, which can cause an additional stress for the resident, and their family and friends, at the crucial time in the resident's life. The local GPs are also able to keep in touch with families throughout the end of life process.

PLANNING

A personal end of life plan is created for each of

the residents, which includes life histories to help the staff work with families and the resident, to create a plan that will meet their needs. Having this in place for end of life care will mean that the process can be planned and won't become a crisis management situation. Putting together a life history is particularly important if a resident has dementia and he or she may not be able to express their own wishes.

The plan is then discussed with those family members and friends that the resident wishes to involve in the end of their life. This ensures that they understand the wishes of their loved one. All documents are signed by all parties involved in putting the plan together. Residents and their families know that these plans can be changed if the need arises.

WHEN THE TIME COMES

When the difficult time comes, we make sure that staff have the time to be able to sit with dying residents, making sure that the ambience in the room is right, and that the resident has everything surrounding them that is important to them. Patience and time is crucial for everyone, but especially when you are working with residents who cannot easily communicate. Often residents who have built up friendships will sit with each other during end of life.

When the resident dies, care home staff and other residents attend the funeral and they are allowed to pay their last respects, if they wish. The life of the resident who has passed away is celebrated by a memorial tea. Relatives often hold wakes at the home and come back for tea on the anniversary. The staff at the home recognise how important it is for people not to feel that they will be forgotten quickly. As such, the home has in-memoriam plants, benches, murals and even an art studio in memory of one of the residents.

Relatives and friends often continue to support Mount Ephraim House as volunteers, as they miss coming into the home after their loved one has gone.

Getting it right for residents, their families and friends at end of life is an important aspect of caring. These best practice techniques have been developed by the care team at Mount Ephraim House in Royal Tunbridge Wells, one of Greensleeves Homes Trust's care homes. It saw them recently receive the 3rd Sector Care Award for End of Life Care.

CMM

Karen Cooper is Home Manager at Mount Ephraim House. karen.cooper@greensleeves.org.uk Twitter: [@GreensleevesHT](https://twitter.com/GreensleevesHT)

How do you approach end of life care? Share your thoughts on the CMM website www.caremanagementmatters.co.uk Subscription required.

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COMPANY PROFILE

With the current media spotlight on care homes and the changes to legislation that will evolve, the care sector is facing a period of unprecedented change. You need to rest assured in the knowledge that your chosen care management software can cope with these changes, as well as being easy enough to use for your daily support team.

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Abyss CMS is fast becoming a favourite amongst a range of care providers, from nursing and residential homes to rehabilitation facilities. Users have experienced massive time saving benefits with reviews being completed in 10 minutes, rather than in two hours, and compliance checks being completed over 60% faster. Essentially, CMS will streamline the way you manage your information, leaving you free to do what you do best – care.

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COMPANY PROFILE

Over the last 20 years Advanced Health & Care has established itself as the leading health and care IT software provider. Our teams know and understand the health and care sectors and can confidently offer a high quality service that delivers specialist IT solutions across an extensive range of clinical and non-clinical disciplines. We have over 1,800 customers, who we continually work with to refine and extend our offerings in order to meet the constantly changing

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COMPANY PROFILE

For 35 years, Aid Call has been leading the way in the design and manufacture of wireless nurse call technology. It offers a wide range of products and bespoke solutions that meet the specific demands and requirements of the care home environment. Through facilitating better communication and the co-ordination of staff time, they are able to enhance levels of care and encourage a more person-centred approach.

The newest system, the Touchsafe Pro, is the product of a wealth of industry experience, with a focus on development and innovation and a reputation for delivering safe and powerful solutions. With new user-friendly touchscreens to

further improve usability, increased flexibility to accommodate changing resident requirements and innovative features to increase functionality, the Touchsafe Pro is the most advanced system on the market.

Its wireless configuration allows for complete flexibility and mobility. Without having to rely on cables and stationary wiring points, installation is quick, undistruptive and is specific to each site. The system can facilitate individual resident requirements, can adapt to change and can be added to over time.

Innovative features and powerful software achieve unrivalled functionality. Improving the speed of call responses and increasing the depth of information available to both staff and management will heighten team performance and support staff in providing the most effective care.

Aid Call systems are programmed to track and record all call information. Details of outgoing calls are stored, including call location and response time, to provide a comprehensive insight into staff activity and performance. This protects you and your staff and is an invaluable audit tool.

In addition, Aid Call manufactures an extensive range of assistive devices. These allow you to adapt your new system to support residents with varying needs. Consequently, you can build a truly unique centre for care.



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COMPANY PROFILE

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All the necessary information – including daily notes and care plans – is constantly monitored to check that it's being updated and nothing has been missed. If a resident's records are not updated within 24-hours of the last note then it automatically alerts you. The system will also ensure that essential details, such as the doctor's contact details, are recorded and that updates to journals and short-term care plans are constantly monitored.

Care planning with CareDocs is a simple, 3-step process. The system creates a draft care plan from an assessment, you can edit this draft document as much as you wish so that you can have a fully personalised document which not only reflects all the resident's needs but also includes all the important personal information that you want to record.

You can update the care plans with any changes in circumstances, as often as you wish and then evidence regular reviews quickly and easily.

All CareDocs systems include the facility to add 'point of care' notes. Any internet-enabled device can be used to add details of care events to a resident's records as they occur. This helps to ensure that your care records are personalised, up-to-date and fully detailed.

As well as residents' records, CareDocs can monitor daily checks such as fridge and freezer temperatures and equipment servicing schedules.

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PRODUCTS

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- Carer mobile app.
- Family mobile app.

COMPANY PROFILE

Care Office has been designed and developed by industry experts over the course of two years. Working closely alongside a team of care managers, with over 40 years' experience between them, we have been able to identify the issues that really matter to care workers, and ensure that our system provides an effective and efficient solution.

For anyone working within the care profession, the amount of time spent on day-to-day administration can be frustrating, to say the least. With Care Office, you can reduce the amount of time spent on admin, allowing you to increase the amount of time spent delivering high quality care. Bringing together our web app and our carers app, the innovative system allows you to complete a whole range of tasks, such as automatic invoicing and payroll generation, reporting absences and requesting holidays, completing timesheets, and so much more.

Streamlining day-to-day task management not only makes it easier to organise and prioritise schedules and cases, it also frees up more time for you to do what

you do best – providing first class care. Care Office allows carers to generate care plans without duplicating information, view schedules and visit requirements, update tasks and access navigation assistance.

We are committed to providing an innovative and easy to use system that will genuinely improve your service and enhance your productivity. In a bid to stay one step ahead of your needs, we are constantly seeking to develop, enhance and grow the system utilising the very latest advancements in technology.

When dealing with clients, cases and invoicing, it's only natural that your team will need to handle highly-sensitive information. With this in mind, we go to every length to ensure that Care Office is safe, secure and reliable.



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The healthcare sector is full of facts and figures. In a typical day, Tracey might help sell a care home for several million or do some 'hand holding' for a partnership with just a handful of people.

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Website: **www.lntsoftware.com**

SECTORS

- Care homes.

PRODUCTS

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- Staff and HR.
- Residents and care plans.

COMPANY PROFILE

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SECTORS

- Nursing homes.
- Care homes.
- Hospitals.
- Mental health facilities.

PRODUCTS

- Nursecall.
- Dementia.
- Personal protection.
- Paging systems.

COMPANY PROFILE

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SECTORS

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- Local authority care homes.
- NHS wards.
- GP surgeries.

PRODUCTS

- Staff rota software.
- Combined leave management tool.

COMPANY PROFILE

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SECTORS

- Care homes.
- Domiciliary care.
- Supported living.
- Learning disabilities.
- Mental health.

PRODUCTS

- Compliance management system.

COMPANY PROFILE

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Lamont Johnson concludes a multi-million pound sale of Cheshire Homes

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SOLD

SHARSTON HOUSE
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Grayson Taylor, MD of specialist property agents, Lamont Johnson, is delighted to confirm the recent completed sale of two prestigious homes in Cheshire, Sharston House Nursing Home and Redwalls Nursing Home, to Kingsley Healthcare. Sharston House is registered for 48 beds and Redwalls Nursing Home is registered for 44 beds. The transaction was completed on behalf of the vendors, David and Rhiannon Walker within just 12 weeks of the purchasers first viewing the home.

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“ Dear Grayson

There have been times in the last few months that we did not think that we would get to this stage that the business have sold successfully. The whole due diligence was tiresome, and if it had not been for your constant support throughout, extensive professional advice, expertise in the care sector, and unfailing good humour, we are not sure if we would have carried on.

We are very grateful that you were so flexible in working with us. We know of no other agent who would take calls and reply to texts and e-mails in the evenings and weekends, not just occasionally, but throughout the process from the sellers and buyers. Your commitment to us and the process was exceptional, and was very much appreciated.

You were aware that we were extremely sensitive that any sale should be conducted discreetly and we know that must have made life difficult for you. However you introduced us to the perfect buyer, whom shared our philosophy of care, and the whole matter was completed with minimal fuss for residents and staff.

I would have no hesitation in recommending you to anyone considering selling their homes. Thank you and Dawn for your support and advice throughout the process. ”

*David and Rhiannon Walker
Drew Care Limited, and
Redwalls Care Services Ltd.*



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Peter Kinsey and Sarah Maguire explore the importance of positive behaviour support, how to take forward the Driving Up Quality Code and its relevance to all health and social care settings.

In the previous articles, we have explored the way that providers of learning disability services have embraced the Driving up Quality Code, and how they've implemented and assessed it to benefit their clients and business. In this article, we are taking things one step further and discussing the application of positive behaviour support across all >

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“Many providers talk about positive behaviour support, but don’t necessarily understand what this means.”

➤ sectors and plans to expand the use of the Driving up Quality Code to a more diverse range of health and social care providers.

The Driving up Quality Code was developed by the provider sector as a direct response to the terrible abuse at Winterbourne View. We know that people labelled as ‘challenging’ are at particular risk of abuse and poor treatment regardless of their age, condition or the setting they are in. As a result, we felt it would be useful to develop the Code, and particularly its self-assessment tool, a stage further to cover positive behaviour support.

POSITIVE BEHAVIOUR SUPPORT

Many providers talk about positive behaviour support, but don’t necessarily understand what this means. By definition, Positive Behavioural Support is a holistic way of working with individuals whose behaviour may challenge. It is a values-based, person-centred way of working that promotes the use of non-aversive and non-punitive responses to behaviour. It is a proactive model of support that seeks to understand a person and the functions

of their behaviour, marrying up ‘applied behaviour analysis’ and ‘a good life’.

In our experience, some providers implement strategies that fail to take account of the reasons behind an individual’s behaviour and implement approaches that are ineffective in supporting people to communicate their wishes.

ASSESSING POSITIVE BEHAVIOUR SUPPORT

The Driving Up Quality Alliance has developed a positive behaviour support self-assessment tool specifically for any providers who support people who present challenges. It asks providers to consider a range of questions, including:

- What is your organisation’s approach to positive risk-taking?
- How do you balance individual dreams versus organisational risk and/or capacity in line with the Mental Capacity Act?
- How are these risks discussed and explored with the person and their circle of support?
- How do you ensure that staff understand about restrictive, aversive or exclusion practices, to ensure they are avoided when an individual challenges?
- Are positive behavioural plans based on assessments and analysis by a ‘competent’ person?
- How do you know that support staff implement and review strategies designed to support individuals such as communication strategies or behavioural plans?
- What does your organisation do if it’s difficult to support someone?
- Who do you seek advice and input from?
- How do you learn what works for them?
- How well understood are the principles of the Mental Capacity Act at all levels throughout the organisation?

PILOTS

This revised self-assessment tool

is currently being piloted by a commissioner. The pilot is due to run until May 2016. Following the feedback from the pilot, we intend to roll out the new self-assessment tool across the provider sector in England and look to working with providers to create a suite of tailored self-assessment questions. There has been some interest in using the Driving Up Quality Code and self-assessment tool in Wales and we will encourage its dissemination in other parts of the United Kingdom.

The impact of implementing the Code and its self-assessment process has been understood by many learning disability providers. It has contributed to a ‘Good’ and ‘Outstanding’ rating under the Care Quality Commission’s ‘Well-led’ Key Line of Enquiry. The process of seeking feedback from key stakeholders and making changes that improve the quality of a service, as a direct result, fit very well with the principles of a ‘Well-led’ service.

In addition, providers are now required to demonstrate that they have implemented a ‘duty of candour’. The Driving Up Quality self-assessment process is a very effective way of demonstrating that an organisation is open, transparent and prepared to listen to the views of stakeholders, take them on board and act on them.

APPLICATIONS ACROSS THE SECTOR

We believe that the principle of Driving Up Quality, using a transparent self-assessment process, involving the views of the people being supported, their families and staff, is relevant across health and social care. With that in mind, it is our intention to develop self-assessment tools across the sector, for providers of services to older people and people with mental health difficulties.

The Driving Up Quality Alliance is very keen to hear from providers interested in developing these self-assessment tools and would encourage you to get in touch and help to Drive Up Quality across health and social care.

CMM

Peter Kinsey is Chief Executive of CMG Ltd. Email: peter.kinsey@cmg.co.uk Twitter: [@PeterKinseyCMG](https://twitter.com/PeterKinseyCMG) Sarah Maguire is Director of Quality and Safeguarding at Choice Support. Email: sarah.maguire@choicesupport.org.uk Twitter: [@Choice_Support](https://twitter.com/Choice_Support)

You can find out more about Driving Up Quality at www.drivingupquality.org.uk Twitter: [@DrivingUpQualit](https://twitter.com/DrivingUpQualit)

SOLVING THE PUZZLE

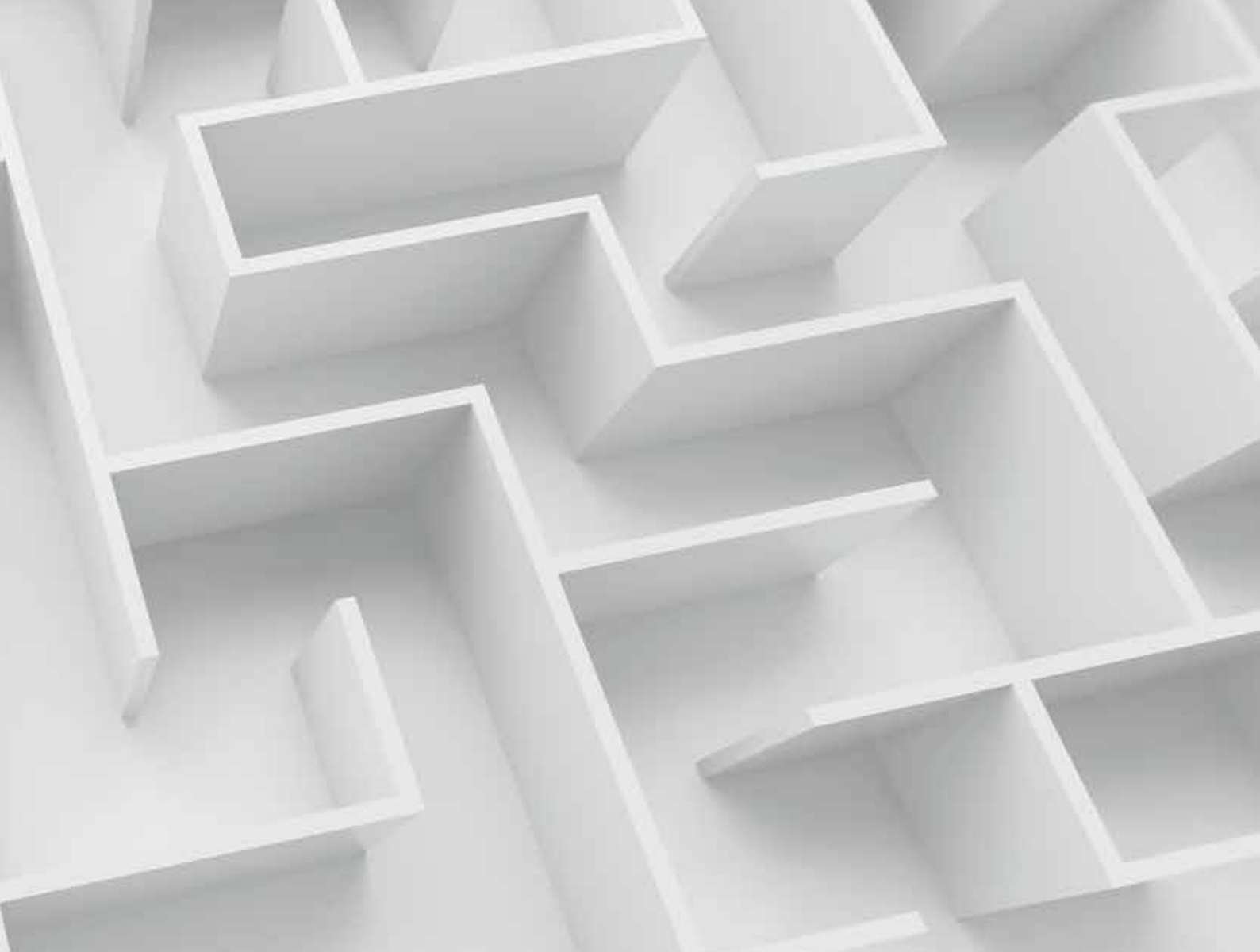
OF ASSESSMENT AND TREATMENT UNITS

Steve Scown shares his reasoning as to why assessment and treatment units mostly don't work and what needs to happen to minimise their use.

It is sobering that data has revealed that, in December 2015, half of assessment and treatment unit (ATU) 'inmates' were already in that institution when analysis began in 2013.

So-called ATUs are designed to offer a short-term crisis intervention, allowing a swift return home. This data proves that they don't. They incarcerate people for the long-term.

Social care professionals have, for years, been saying that ATUs are not an appropriate solution to a crisis. It's an obvious vicious circle. Remove someone from their home for treatment (a quarter of 'inmates' were sent more than 100km away from home, family and friends) into an unfamiliar, sterile environment that regularly uses restraint and seclusion to manage behaviour. And, as soon as their



behaviour gets worse, apply more of the same techniques. It's a wonder anyone manages to leave.

Neither local nor national Government is listening. Local authorities are failing to create the community-based services that will largely prevent these issues in the first place and then treat individuals properly in the event of a crisis. And the Government's recent Homes not Hospitals report makes yet another promise to get half of the 'inmates' released from ATUs. Half. Even supposing they deliver on this latest in a long line of promises, do we just forget about the other half? The 1,500 people whose lives are being wrecked daily. Whose families are powerless to get them out. Who would almost invariably be able to thrive in their local community with the right support.

There is a place for assessing and treating people who are going through a crisis. It is in their community, surrounded by their loved ones and those that know them. It is not incarceration in an alien institution.

This is not simply a protest. I propose a comprehensive solution.

CHALLENGING BEHAVIOUR

Most behaviours that challenge can be prevented, reduced or eliminated without the use of restrictive practices or restraint. Personalised support and a focus on ensuring the individual has choice and control over their lives are essential underpinning best practices that must be in place for all support for people with learning disabilities and autism.

Where challenging behaviour still occurs, we must first recognise that this behaviour is a form of communication, a learned response to someone's environment. Understanding the root causes of the behaviour is key. In fact, behaviour support strategies that are based on such an understanding are twice as likely to be successful as those that are not. Behaviour support specialists should carry out a functional behaviour assessment.

Where people are at risk of admission, they should be placed on a regularly-monitored register, which provides people most at risk of admission with proactive, preventative support.

Individuals with a learning disability or autism should be excluded from the Mental Health Act when there is no



diagnosis of mental illness. They should not be sectioned purely based on their behaviour, unless it is likely to cause significant harm to themselves or others.

COMMUNITY-BASED SUPPORT

Supporting people with learning disabilities in their local community almost always produces better outcomes and is almost always less expensive.

People should not receive treatment and support in hospital if the same treatment and support can be safely provided in a non-hospital setting or in the community. All organisations – providers, commissioners, clinical commissioning groups, local authorities, the Department of Health and other bodies – must remain focused on ensuring all people with learning disabilities have the opportunity to move into personalised community services. This cannot be achieved by any one body in isolation.

Emphasis must be placed on preventing admissions. This will mean local authorities must ensure they commission providers with the necessary skills in the first place, such as providers who can demonstrate adherence to the Positive Behaviour Support model.

People should be supported in services that have the capability to support people with behaviour that challenges, where there is involvement from community networks such as psychologists, psychiatrists, behaviour analysts, nurses, speech and language therapists and social workers. Together with high quality support workers, they make it possible for people to live in their communities.

BEST PRACTICE AND COMMISSIONING

The NHS and commissioners must be mandated to follow the National Institute for Health and Care Excellence (NICE) best practice guidance – to involve the individual and their family in decision-making and procure services based on the suitability for the individual requiring

support, rather than availability of provision.

The commissioning framework should cover the NHS, clinical commissioning groups and local authorities.

Local authority procurement must encourage service providers that deliver person-centred, evidence-based and innovative support. It must concentrate on outcomes set by the individual.

There must be a reduction in the number of in-patient settings through private sector closures. We want to see at least 50% of all in-patient settings closing, leaving a small number of spaces in each local area, as part of a local care pathway for short-term specialist support in times of real crisis.

LOCAL GOVERNMENT

Local Government must remove budgetary divisions, allowing resources to follow the individual, and transfer with them, when they move from one place to another. It should stimulate the specialist housing market, creating options (such as step up/step down services) for people to be able to live in an appropriate environment.

It must be obliged to seek explicit and documented approval, or consent, from an individual to admit them to an inpatient setting. It must provide clear evidence that supports why an individual would be better off being admitted, than remaining in their own home and receiving treatment and support in the community.

Evidence should also be provided that discussions have taken place with the individual and their family, and decisions have been documented, particularly where there is disagreement.

A care plan must be in place on admission, which includes a date for discharge. This should be statutory. When people are placed in these services, the clear goal should be returning them to live in their homes. As such, clear and consistent thresholds for discharge should be defined. Individuals should be encouraged to request a transfer to a less-restrictive setting, a setting closer to home or to be discharged.

NATIONAL GOVERNMENT

National Government must modify funding arrangements between health and social care, so that there are incentives to move people from in-patient settings and discourage further development of large, impersonal facilities.

Regarding the proposed dowry arrangement, whereby the NHS funding automatically transfers to the local authority for people who have been in

“Government must be more ambitious in respect of people currently in ATUs. An ambition to get half of them out is not enough.”

an institution for five years, the threshold must change to two years. The five year qualification may become an unintended disincentive for cash-strapped local authorities.

Government must be more ambitious in respect of people currently in ATUs. An ambition to get half of them out is not enough. We want to see a real commitment to developing local community-based services, which will require more funding and visionary thinking to acknowledge that this will save money in the long-term.

TAKE ACTION

We are working with local authorities across England to help people with learning disabilities to find houses close to their families and friends, in communities they choose. We have the country's largest team of behaviour support specialists and, together with highly-trained staff, can create a suitable service in the community for almost any individual. **CMM**

Steve Scown is Chief Executive of Dimensions. Email: steve.scown@dimensions-uk.org Twitter: [@SScown](https://twitter.com/SScown)

You can read Dimensions' full policy statement on ATUs at www.dimensions-uk.org/news-media/position-statements

Do you agree with Steve's solution for ATUs? Share your thoughts on the CMM website www.caremanagementmatters.co.uk Subscription required.

Social Care Showcase 2016

'10 Years of the Showcase – The Future in Health & Social Care'

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CMM INSIGHT PREVIEW

25th February, The Hilton, Reading



CMM Insight is delighted to be returning to explore the market for learning disability services in 2016. This time, at a brand new venue.

Whilst exploring the current developments and operational pressures facing learning disability services, CMM Insight also recognises the importance of offering best practice solutions and highlighting opportunities. Each year, this directly influences the speakers invited to present at the event and CMM Insight once again brings the leading names in the field to share their experience.

The event is being held at a time when collective discussions around the sector have never been more needed. However, policy and sector development is set against a backdrop of financial crisis which all will be considering.

ENGAGING PRESENTATIONS

As the sector is evolving, Kate Brittain, Senior Policy Adviser at ACEVO, will be breaking down the commissioning landscape for learning disability services. Kate will also address what commissioners are expecting from providers and how they can successfully engage for the benefit

of all involved. Kate will also offer ideas on how to overcome any obstacles to future delivery.

As regulation of the sector is such an important topic, there will also be a presentation from Deborah Ivanova of the Care Quality Commission. Deborah will detail the organisation's plans to regulate supported living and how providers can continue to push for that 'Outstanding' rating.

The event will provide delegates with the much-needed opportunity to hear about ways to transform their services and keep business ideas innovative, in line with rising demand. This presentation will be delivered by Lisa Hopkins, Managing Director of Dimensions.

CMM Insight will also offer a market update from Amanda Nurse and Jonathan Smith of Carterwood. An important presentation for all delegates, as an understanding of the market is crucial to a successful operation.

The afternoon session will offer a practical presentation on how to move from residential care to supported living, delivered by Alan Marshall of Voyage Care. There will also be presentations of a more operational nature. Tracy Winter of Citation will explore Employment

Law considerations and Neil Eastwood of Sticky People will break down recruitment and retention. Two subjects that all delegates will find critical to their business.

There is also the opportunity to attend one of two best practice workshops, enabling delegates to interact and ask the questions that matter most. The event sponsors and exhibitors will also be on hand to share their products and services and offer solutions to the issues your business may be facing.

ACTIONABLE IDEAS

By the end of the day, attendees should come away with actionable ideas and essential information to operate successfully in a changing market.

Providers have been trying to do more with less for a long time. CMM Insight recognises that, without the right help and support, this can be an uphill struggle. Having networked with like-minded people and engaged with specialists in the sector, CMM Insight will arm delegates with what they need to succeed in the current climate.



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WHAT'S ON?

Event: Joining up physical and mental health care
Date/Location: 8th March, London
Contact: The King's Fund, Tel: 0207 307 2596

Event: 10 Years of the Showcase – The Future in Health and Social Care
Date/Location: 9th March, Brighton
Contact: Brighton and Hove City Council, East and West Sussex County Council and Surrey Care Association Ltd
Lisa Mack, Email: showcase@surreycare.org.uk

CMM
Media Partner

Event: NCPC Flagship Conference and Awards 2016
Date/Location: 23rd March, West Midlands
Contact: National Council for Palliative Care, Tel: 0207 697 1520

Event: Naidex 2016
Date/Location: 26th-28th April, Birmingham
Contact: Naidex, Web: www.naidex.co.uk

Event: Care Home Open Day – Celebration
Date/Location: 17th June, Nationwide
Contact: Care Home Open Day, Web: www.carehomeopenday.org.uk

Event: Health+Care 2016
Date/Location: 29th/30th June, London
Contact: CloserStill, Web: www.healthpluscare.co.uk

Event: Digital Health and Care Congress 2016
Date/Location: 5th/6th July, London
Contact: The King's Fund, Tel: 0207 307 2596

Event: Care and Dementia Show 2016
Date/Location: 11th/12th October, Birmingham
Contact: The Care Show, Web: www.careshow.co.uk

CMM EVENTS

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

Event: The Transition Event 2016
Date/Location: 26th May, Birmingham
Contact: Care Choices, Tel: 01223 207770

Event: Lancashire Regional Care Conference 2016
Date/Location: 22nd September, Lancashire
Contact: Care Choices, Tel: 01223 207770

Event: Berkshire Regional Care Conference 2016
Date/Location: October, Berkshire
Contact: Care Choices, Tel: 01223 207770

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STRAIGHT TALK

Dennis Bacon asks whether the country's leaders really know what is happening to vulnerable people.



Mahatma Ghandi once said, 'A nation's greatness is measured by how it treats its weakest members'. To my dismay, our most vulnerable continue to suffer as social care is offered a funding 'band-aid', while health receives a protected £8bn. Unlike the NHS, social care cannot exert the same political influence on Government to attract sustainable funding. Social care helps the most vulnerable achieve a reasonable quality of life. Services are provided by dedicated, low-paid care workers and not their better-paid health colleagues. Health workers are regularly referred to as professionals and practitioners whereas social care workers rarely receive such implied esteem.

Social care is carrying a huge burden, it is also experiencing the proverbial perfect storm; reduced funding against increasing demand, escalating compliance costs and cost shifting at NHS and local authority (LA) levels. This results in less choice (often

'Hobson's') and adversely impacts on access to services for the most vulnerable.

The Chancellor announced in the Comprehensive Spending Review that LAs could increase Council Tax by 2% to fund social care. This cannot be based on any reasonable assessment of the current funding gap. Social care is facing a 30% to 40% real-terms cut in funding over three to five years, which is clearly unsustainable. Excessive bureaucratisation and regulation in the NHS – and a failure to properly fund social care – has seen the Government effectively lose control of its budgetary function. While the Treasury is providing social care providers with a few coppers, the bureaucracy is demanding gold plated services by applying health care standards to social care services.

Demand for low-level clinical services is increasing; delayed discharge and out-of-hours A&E visits are becoming the norm, with cancellations in elective surgery and wider disruption to essential healthcare services occurring as a result of the mess that has been created by ill-conceived reforms. Reforms which have failed to recognise the inextricable link between health and social care and the interdependencies that exist within our dysfunctional system. Under the rather disingenuous guise of increasing independence, LAs are now viewing social care through the medical model of managing illness, with care homes acting as short-stay rehabilitation centres. Providers are now expected to support more vulnerable people with complex needs, managing and carrying out interventions that would have been the responsibility of community nurses.

With the aim of shifting long-term care out of care homes and back into the community, LAs wrongly assume sufficient capacity exists. It does not – especially when we look at our workforce and the number of unfilled vacancies. Any shift of this kind, mindful of the deficits that exist in terms of capacity and community service development, will give rise to

fewer activities, less stimulation and greater social isolation. Care homes do a pretty good job in reducing the impact of social isolation and, contrary to the belief that most people would hate to find themselves in a care home, people placed for a short-stay within a good care home can be reluctant to leave. Presumably this is because the prospect of returning to an empty house with a meagre social care package and no companionship is not as appealing as some would like to imagine. Moving people back into the community, in the absence of services, outcome measures and quality of life indicators, is nothing more than cost-shifting that negatively impacts people's quality of life. Poorly-funded and ill-conceived social care leads to poor outcomes.

This push is happening rather quickly and without transition funding or service redesign. In the absence of planning, it seems reasonable to expect an increase in social isolation and decrease in wellbeing. The focus is firmly on managing numbers and cost, crisis management is now the norm.

When confronted with the realities of social care, health colleagues generally assume that care home quality is relatively poor. However, the Care Quality Commission has found 60% of inspected services are 'Good' or 'Outstanding'. Care homes play an important role in supporting people, especially at end of life, so they don't find their way back to A&E and, potentially, die in hospital. Traditional low-cost providers are also being squeezed out of the market, putting even greater pressure on hospitals and the public purse.

By concentrating and prioritising funding on the NHS to the detriment of social care, I think it is perfectly reasonable for us to question the leadership and vision that is needed to design and deliver an integrated system. One able to meet the demand of an ageing population that is being further marginalised by short-sighted, short-term and poorly-conceived policies.

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