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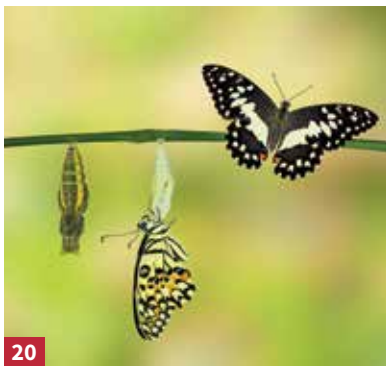
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From the Editor

Editor, Emma Morriss keeps things positive with information on the 3rd Sector Care Awards nominations which are now open.

As I write this it feels like the country is in turmoil. It's the morning after the night before, the General Election results are coming in and we're facing a hung parliament, with a coalition on the horizon. Added to that, Brexit negotiations start in just over a week, and David Mowat has just lost his seat, so won't be continuing in his social care role regardless of who forms the next Government.

This uncertainty isn't great for the country or the sector, but I'll leave it to Robert to delve into this in more detail overleaf.

As an antidote to all this, I thought I'd use my column for something more positive and let you know that the nominations for the 3rd Sector Care Awards are now open. Our dedicated awards for the not-for-profit care and support sector celebrate the work being undertaken by individuals, teams and organisations at all levels.

WHO CAN ENTER

With 12 categories, there's something for everyone. It's also worth mentioning that you don't need to be a care provider to enter; we've had entries from a range of services operating in the third sector, including housing providers, carer organisations, hospices, mental health advisory services and day services amongst others.

The categories are: Compassion; Innovative Quality Outcomes; Creative Arts; Community Engagement; Citizenship; Leadership; Collaboration (integration); Contribution to Sector Development; Making a Difference; Beyond Governance; End of Life Care; and Technology.

HOW TO ENTER

Head to www.3rdsectorcareawards.co.uk and take a look at the

category criteria. You may know which one you wish to enter, but I'd recommend looking through them all as there's no limit on the number of nominations you can make. You can even nominate yourself.

Nominations close on 1st September and all nominees must be available to attend the judging day on 1st November, if shortlisted.

I'm looking forward to reading all the entries and knowing more about the fantastic work taking place. So please get nominating, the Awards are so worthwhile and it'd be great to see you at the ceremony on 6th

December. Esther Rantzen will return as our host, she really does bring a special element to the day.

SUMMER BREAK

Before I go, this is just a little reminder that CMM is now heading into its summer break. This will be the last issue until late August. Let's hope that by then we'll have a new Government, Brexit negotiations will be underway and we'll have a new social care minister in place who will have had his or her role upgraded again to Minister. We can but hope.



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Is it just me...?

Editor in Chief, Robert Chamberlain considers where the social care crisis stands following the General Election.



I awoke early this morning to write my column on the winning political party's victory and what we should expect for social care from their promises. However, the previous late night's predictions about the outcome of the General Election were accurate. Unfortunately, a hung parliament is what we currently have.

I'm sure that this is not great news generally, but for our sector it is an unwelcome result. Despite the differing pledges in their respective manifestos and your own views on which were better, all will now go on hold.

NOT ALL BAD NEWS?

Trying to be optimistic about the outcome, it was reassuring that the main parties all realised that the crisis in social care was a key point. Each stated that something radical needs to be done to address the

situation and despite their different opinions of how to approach it, this was a common objective across the board. In doing so, it highlighted the severity of our sector's situation to the general public, raising awareness of our plight.

I think this was especially important in respect of the lack of long-term funding and its continued impact. So often, I hear critical opinions about costly care fees from lay people who are uninitiated because they have little or no personal experience of arranging or receiving care. A stronger public voice to push for better funding has the potential to further our cause. Political focus regularly concentrates on the NHS with social care a poor relation, despite a cross-party push for integration of both sectors' services.

We can, therefore, be hopeful that eventually, whatever the outcome of who (or what) will form

the new Government, fixing our sector has to be on their agenda.

WHAT NEXT?

Looking to the future, UKHCA's Chair, Mike Padgham puts it well, 'A rapid resolution of the political leadership of the UK is urgent, so that a new Government can build a consensus to secure proper funding of care services and to ensure there is a sufficient social care workforce following exit from the European

"I sincerely hope that there will be greater public pressure behind us from now on."

Union.' He also reiterates the need for the appointment of a senior minister for social care and the promise of a Green Paper.

Obviously, the pre-election comments of Jeremy Corbyn to 'not

just repeal the Health and Social Care Act, but unpick the 25 years of marketisation' suggest a back to the drawing board approach if the Labour Party has an influence.

The Daily Mail is calling for another Royal Commission in its online comment today (9th June 2017), '...to rise above the fray of tribal politics and develop a genuine long-term strategy. It must examine all options on how to meet rising costs – including a viable insurance scheme – while also advising on how best to ensure the highest standards are maintained. And, of course, it should look not only at care but also the funding and operation of the NHS. The two are inextricably linked and the crisis in both is worsening by the day. It will not simply go away.'

I understand why such a move would appear to avoid the political complications, but I cannot be the only cynic when it comes to contemplating yet another Royal Commission. Historically, everything gets put on hold for this very lengthy process, only for the recommendations to be diluted or ignored.

TIME WILL TELL

For now, I guess we will just have to wait to see what happens to resolve the leadership issue. As a sector, we'll then need to reapply as much

pressure as we can once we know who we are dealing with. I sincerely hope that there will be greater public pressure behind us from now on. It will make such a difference if the voters are shouting too.

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NEWS

Increase in older people with care needs

There will be a 25% increase in the number of older people with care needs by 2025, according to research published in The Lancet Public Health.

According to the research, this mainly reflects population ageing rather than an increase in the prevalence of disability. They say that lifespans will increase further in the next decade and the proportion of life expectancy lived with disabilities at 65 will increase to 25%.

The main findings are that:

- Between 2015 and 2025, the

number of people aged 65 and older will increase by 19.4%, from 10.4 million to 12.4 million.

- The number living with disability will increase by 25%, from 2.25 million to 2.81 million.
- Total life expectancy at 65 will increase by 1.7 years, from 20.1 years to 21.8 years.
- Disability-free life expectancy at age 65 years will increase by 1 year, from 15.4 years to 16.4 years.
- However, life expectancy with disability will increase more in relative terms, with an increase of roughly 15% from 2015 to 2025.

New network for support staff

Paradigm has launched a national learning and support network for support staff who are passionate about their work and aspire to be the very best at what they do.

The *Gr8 Support Movement* is facilitated by Sally Warren, Lucy Hurst-Brown and Jackie Downer. It aims to:

- Connect support workers across the country to share ideas, challenges and action.
- Give a powerful message that support workers themselves can create new solutions.
- Share current practice.
- Keep people informed of local and national stories.
- Focus on 'the how' we work, what excellence looks like when values are evidenced in practice.
- Be vibrant, different, inspiring and

challenging for all involved.

Working in direct support roles is always demanding, usually complex and frequently isolating. In general, the work does not attract a positive public profile or the value and respect it so deserves. There are currently no membership bodies in the UK that seek to join up, support and motivate this key part of the social care workforce which is what Paradigm is wanting to change.

The team believes that the *Gr8 Support Movement* will increase motivation, release energy, courage and talent across its membership, and in turn, the quality of support provided to children and adults with learning disabilities and autism in the UK could be radically improved.

Brokering constructive conversations

Changing together: brokering constructive conversations from the Social Care Institute for Excellence (SCIE) is aimed at encouraging in-depth conversations to tackle issues around implementing new models of care.

Complex problems that cannot be solved in a traditional fashion are nothing new. However, the current challenges facing the NHS, social care and others are arguably the most complex yet.

It says that there is a danger that the new models of care discussed in the Five Year Forward View will be implemented in ways which fail to recognise their inherent complexity. This is because the issues surrounding integration involve a number of different organisations and people with competing interests, who disagree on what needs to change, and how.

Developing new plans can be tough, partly because of how difficult it can be to win the backing of local citizens for radical change.

The new report presents the findings from a research study exploring how to better broker constructive conversations. This means having in-depth dialogues between people who commission and provide services and patients, service users and the public to tackle the most difficult issues associated with the implementation of new models of care.

APPOINTMENTS

THINK LOCAL, ACT PERSONAL

Clenton Farquharson MBE, long serving member of National Co-Production Advisory Group, has been appointed as the new Chair of the Think Local Act Personal Board.

COMMUNITY INTEGRATED CARE

Community Integrated Care has appointed Jane Macaulay as its new Director of Human Resources.

ELIZABETH FINN HOMES

Elizabeth Finn Homes Limited has announced Richard Hawes as its new Chief Executive Officer.

THE AURORA GROUP

The Aurora Group has appointed Dan Alipaz as its new Director of Operations.

NEW CARE

New Care has appointed Lorraine Disley as registered manager at The Hamptons Care Centre in Lytham St Anne's.

IDEAL CARE HOMES

Ideal Carehomes has announced the appointment of Paul Farmer as Managing Director.

HEALTHCARE HOMES GROUP

The Healthcare Homes Group has announced the appointment of Gordon Cochrane as Chief Executive Officer.

Helen Gidlow has joined the team in the newly-formed role of Group Chief Operating Officer. Matt King has also been promoted to Group Financial Director.

APPOINTMENTS

BACK UP

Leading spinal cord injury charity Back Up has appointed Sarah Bryan as its new Chief Executive.

CARTERWOOD

Carterwood has appointed three research analysts. The new recruits are Grace Wheelwright, Andrew Whyte and Sam Sefton.

CAMELOT CARE

Paula Howlett has been appointed as the new manager of Avalon Nursing Home in Bridgwater, which is part of Camelot Care.

HALLMARK CARE HOMES

Hallmark Care Homes has appointed Sarah-Jayne Croft as Head of Training and Development.

CARE ENGLAND

Care England has appointed Jonathan Gardam as Senior Policy Officer.

THE LAURELS CARE HOME

The Laurels Care Home in Sheffield has promoted Louise Spooner to home manager after more than 24 years at the home.

BMI HEALTHCARE

BMI Healthcare has announced the appointment of Richard Gregory as Director of Market Engagement.

DIMENSIONS

Dimensions has recruited Alicia Wood, co-founder of Learning Disability England, to head a newly-formed policy and public affairs team.

ONE HOUSING

One Housing has announced that Richard Hill will be joining the organisation as its new Chief Executive in September 2017.

Dire warnings on implications of Brexit

New research by the Nuffield Trust, *Getting a Brexit Deal that Works for the NHS*, considers what the new government needs to secure under the Brexit deal in order to protect the interests of the NHS, social care and the people who use them.

The NHS could face a bill of almost half a billion pounds if

retired British people, currently living in other EU countries, decide to return to the UK in the event that their right to healthcare in those countries is withdrawn after Brexit.

The report also calculates that care homes and homecare agencies could end up as many as 70,000 staff short by 2025/26 if migration

of unskilled workers from the EU is halted after Brexit. It argues that either substantial migration of such staff from the EU will have to continue after Brexit, or wages in UK care homes and homecare agencies may need to rise to compete with pay in the other sectors and attract more home-grown staff.

Carers are missing out on benefits of technology

An online public poll published by Carers UK has found that consumers are missing out on the benefits of technology when it comes to supporting health and care needs.

Though 7 in 10 adults online across the UK use technology to help them manage their money (72%), shop (71%), for social networking (67%) and for communicating (66%), fewer than 3 in 10 (29%) turn to technology when it comes to helping with health and care.

Those aged 45-54, the age people are most likely to be a carer, and those over 55 were less likely than other age groups to be using

technology to support with care.

The findings were consistent across generations with young and old, social media users and middle and working class respondents all reporting very low use of health and care technology.

Although, regular use of the internet continues to rise steadily amongst the general public, with more than 8 in 10 people going online daily, the numbers using technology to support with health and care remains stubbornly low.

Similar research carried out by the charity back in 2013, found the same proportion of people (30%) then were embracing health and care technology.

The new poll shows people are very unlikely to consider exploring technology as a source of support even if they did start to care for an ill or disabled loved one with only 5% selecting technology as something they'd be most likely to turn to for support with caring.

Carers UK says the poll indicates a major barrier to using care technology is a lack of knowledge, advice and information rather than public resistance to using it.

When the kinds of technology available were described to respondents the proportion saying they would use it to help them if they were caring rose to 7 in 10 (69%) so long as it was affordable.

Link between stroke and dementia

Alzheimer's Society, the British Heart Foundation and the Stroke Association have united to invest £2.2m into a vascular dementia research programme.

The charities are highlighting the close link between dementia and strokes, with 1 in 10 stroke survivors (10%) expected to develop dementia within a year of having their stroke. This increases to a third (32%) within five years.

Vascular dementia is the second most common form of dementia and accounts for three-quarters (75%) of all dementia cases in stroke survivors.

Despite its prevalence, there are currently no proven treatments available.

This investment could be life-changing for the 150,000 people in

the UK who are living with vascular dementia.

The latest estimates suggest that by 2050 this number could more than double to 350,000 people.

Part of the new £2.2m investment will fund a large clinical study involving approximately 2,000 stroke patients, whose memories and other cognitive skills will be assessed by the study over a two-year period.

By comparing stroke patients who develop vascular dementia with those patients who do not, researchers hope to unpick the causes of the condition.

Ultimately, this trial will help to improve how doctors identify and treat dementia-related to stroke in the future.

Promising results in virtual reality trials

Quantum Care has been trialling the use of virtual reality headsets with residents in care settings. The headsets, provided by Tribemix, include relaxing experiences such as the Northern Lights, beaches, forests and coral reef environments.

Quantum Care has noticed significant benefits for residents using the headsets in terms of increased wellbeing, reduction in anxiety levels and a significant rise in stimulation and interaction. The experiences also provide reminiscence opportunities enabling care staff to get to know their residents better.

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£7.5m Warwick care home for WCS Care

A new £7.5m dementia specialist care home in Warwick has been granted planning permission.

Designed for WCS Care, the state-of-the-art replacement care home will sit on the existing site of Woodside on Spinney Hill. Built over 50 years ago, Woodside provided long-term residential and short-term respite care for older people and people with dementia. However,

as one of the Warwickshire-based charity's older homes, it was due for an upgrade. It closed earlier this year with residents moving to Castle Brook in Kenilworth until building work on the new home is complete.

WCS Care will create a deluxe 'village experience' for 72 older people and people with dementia that includes family-scale households for up to six people.

Technology enabled housing – new resource

The Association of Directors of Adult Social Services' Housing Policy Network, the Local Government Association and the Housing LIN have developed a web resource to provide essential information for professionals on Technology Enabled Housing.

Going Digital considers key questions around digital technology, including: why is digital important, how does it support policy and commissioning objectives, what is the art of the possible/benefits of going digital and how do you make the right decisions?

Put mental health at heart of NHS services

A key opportunity to revolutionise mental health care could be missed because flagship NHS schemes are not doing enough to put it at the heart of services, according to a report by The King's Fund and the Royal College of Psychiatrists.

Mental health and new models of care looks at mental health in vanguard areas – flagship NHS schemes that bring services together. It says that there is strong evidence that addressing mental and physical health needs together is better for patients and can be more cost-effective.

The report finds that the approach to mental health in

some vanguards has had a positive impact.

However, it also states that across the vanguards, mental health has not been a high enough priority and that service changes to bring mental and physical health together have not been ambitious enough. It calls for lessons to be learned as new ways of delivering services are rolled out.

The report also urges areas that are developing new ways of working to offer more mental health support in GP surgeries and hospitals, and to consider mental health as a key part of their approach to public health.

Papworth Trust

Papworth Trust has announced that Chief Executive Vicky McDermott will be stepping down from her role in

August. The outgoing Chief Executive will also stand down as the Chair of the Care and Support Alliance.

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Guidance for meeting nutritional standards

The National Association of Care Catering (NACC) has launched guidance on *How to provide good nutritional care and comply with CQC's fundamental standards*.

It focuses on the importance of good nutrition and hydration as a central part of quality care. It also provides advice and information to enable regulated residential and social care providers to give excellent nutritional care and meet

the Care Quality Commission's (CQC) Fundamental Standards, concentrating on the Key Line of Enquiry (KLOE), 'How are people supported to drink and eat enough and maintain a balanced diet?'

Each outcome pertaining to this KLOE, with relevance to each regulated service, is covered and the document details suggested recommended evidence in the form of records, observations and

statements.

Using the guidance, care providers and caterers will be supported to understand and drive forward improvements in nutritional care to help them achieve Good or Outstanding CQC ratings.

The guidance also provides a practical resource for care services that are not covered by England's regulatory framework.

Bite-sized guides to social care

The King's Fund has developed resources to help explain social care in England. They include a series of short videos on what social care is, how it's provided and paid for, and how it works with the NHS and other services.

Intercare Services Ltd sold by DC Care

DC Care has confirmed the recent sale of Intercare Services (Sheffield) on behalf of Charles and Deborah May. Intercare Services was formed in 2007 and registered with CSCI (the predecessor of CQC) in February 2008.

The domiciliary care agency offers a wide range of personal care

and support to people over the age of 18 in Sheffield, South Yorkshire. The business has been grown from a complete start up position and there is scope for further development.

The business has been acquired by an existing domiciliary care operator.

Gold Care Homes' sale and leaseback

Royds Withy King and CBRE have advised Gold Care Homes on the sale and leaseback of 18 care homes for £90m to an overseas real estate investor.

Gold Care Homes was established in 1999 and has since grown to operate 21 care homes through development, mergers and

acquisitions. The homes, located throughout southern and central England, focus on the private and public pay markets. The transaction involves 18 of the homes, located mainly in Southern England and Birmingham. The remaining homes will be operated outside the sale and leaseback agreement.

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Carers are undervalued, says general public

The UK public does not feel that unpaid carers are sufficiently valued, according to a new online public poll published for Carers Week.

More than 7 in 10 (74%) of the UK public feel carers are not sufficiently valued by society for the support they provide and this figure rises to just over 8 in 10 (83%) of those who have previous experience of caring themselves.

More than 6.5 million people in the UK are currently providing care for an older, disabled or seriously ill loved one. The number of unpaid carers is rising faster than the general population.

Each day, 6,000 people take on a caring role, but the poll showed that many people are unaware how likely it is they would take on a caring role and would be unprepared if they did become a carer. 1 in 5 people aged 50-64 are carers yet half of those who are not currently carers (50%) thought it

unlikely they would ever become a carer.

When asked their top three concerns, affordability of care and the impact on their finances is the top worry (46%) for people who have never had a caring experience if they were faced with taking on a caring role. Coping with the stress of caring (43%) is the second biggest worry.

Nearly a third who have never cared for someone (32%) said they would worry they didn't have the skills or experience to become a carer, and more than a quarter (26%) said they would worry about the impact of caring on their physical health.

The online YouGov poll was conducted on behalf of eight major charities who are calling on the new Government and society to do more to recognise the important contribution that unpaid carers make and support them to care.

Next phase of CQC regulation

The Care Quality Commission (CQC) is consulting on a further set of proposals which will help shape the next phase of health and social care regulation across the country. It has also published its response to the first consultation held earlier this year. Anyone with an interest is encouraged to have their say.

The proposals on the next phase of health and social care regulation include:

- Changes to the regulation of primary medical services and adult social care services, including the frequency and intensity of its inspections and how CQC monitors providers and gathers its intelligence.
- Improvements to the structure of registration and CQC's definition of 'registered providers'.
- How CQC will monitor, inspect and rate new models of care and large or complex providers.
- Updated approach to the 'fit and proper persons' requirement.

CQC has also published its responses to its first consultation on the next phase of regulation, which closed in February. This provides more information about key changes on:

- Assessment frameworks for health and social care.
- Updated guidance on how CQC regulates NHS trusts.
- Updated guidance for Registering the Right Support for learning disability services.

The closing date for all comments on this new consultation is Tuesday 8th August.

CQC will hold a third consultation, focusing on how it will regulate and rate independent healthcare services, as well as a further joint consultation with NHS Improvement on how the ratings for its 'use of resources' assessments could be combined with CQC's ratings of NHS trusts in the Autumn.

Social isolation and loneliness

A new report from IoTUK explores social isolation and loneliness in the UK with a focus on the use of technology to tackle these conditions.

Loneliness and social isolation are complex conditions which have remained relatively under-researched until recently. Where research has been conducted it has almost exclusively focused on the prevalence of the conditions on older people and has largely ignored the development of the conditions amongst younger people.

However, both social isolation and loneliness are starting to receive increased attention from local authorities, health and social care providers and third-sector organisations due to growing

evidence around the negative impacts they have on health and wellbeing.

The report aims to provide an overview of the social isolation and loneliness in the UK, taking into account the factors that contribute to the development of the conditions, those who are commonly affected, the impacts of the conditions on individuals and public services, and the approaches and interventions that are currently used to address them.

In particular, it seeks to highlight the innovative uses of technology in addressing loneliness and isolation, as these are expected to act as key enablers in the future. It also includes local and international best practice case-studies.

Guidance on protection from cyber attacks

Following the much-publicised ransomware attack which impacted a number of NHS bodies, there is some useful guidance from the National Cyber Security Centre on protecting your organisation from ransomware.

Ransomware is a growing global cyber security threat, and one which could affect any organisation that does not have appropriate defences. While ransomware against Windows operating systems has been commonplace for some

years, attacks against Mac and Linux systems are also being seen. The methods for infecting systems are similar to other types of malicious software, as are the steps organisations can take to protect themselves.

The guidance, available on the National Cyber Security Centre's website, provides an overview of ransomware, suggests some simple steps to prevent a ransomware incident, and advises on what to do if your organisation is infected.

Enabling professionalism in nursing

Chief Nursing Officers from each of the four countries of the UK, supported by the Nursing and Midwifery Council, have come together to set out what professionalism means for nurses and midwives.

Launched on International Nurses Day, *Enabling Professionalism in Nursing and Midwifery Practice* is a guide aimed at all nurses and midwives and sets

out what 'professionalism' can look like in everyday practice.

It demonstrates how applying the values of the Code should be at the centre of all nursing and midwifery practice.

For employers, it identifies key principles which will help them to provide practice environments that support and encourage professionalism among nurses and midwives.

HPC acts in Sheffcare acquisition

Sheffcare has completed the acquisition of a purpose-built care home in Sheffield. HPC handled the sale on behalf of the vendor.

Haddon Court is an 81-bed home which was built in the 1990s. The building will be substantially redesigned and refurbished to provide replacement accommodation for Sheffcare's existing Knowle Hill care home.

Sheffcare is a registered charity operating 10 homes across the Sheffield area. The company began operating on a not-for-profit basis in 1993, when a number of care homes were transferred out of the local authority into its ownership.

UK Civil Society Almanac

The 16th edition of the UK Civil Society Almanac (published by NCVO) illustrates the enormous potential of voluntary organisations and social action to help communities. The Almanac brings together an enormous range of benchmarking data focusing on the fundraising, volunteering levels, funding, sector specific findings and the role of not-for-profit organisations and charities in shaping civil society.

The annual report shows that the social services sector has by far the biggest income, showing a little over £10bn in 2016-17, the majority of which is contracted services. The health sector is one of the next biggest with an annual income of just under £5bn, giving the two combined approximately one third of the total charitable income. The Almanac contains a range of statistics which can be valuable in terms of understanding the scope of the contribution of the not-for-profit sector to the wider economy.

IN FOCUS

Sustainability of the workforce for care and health – new briefing from the Health Foundation

WHAT'S THE STORY?

One in four social care staff are leaving the social care sector every year according to a new briefing from the Health Foundation. The report highlights that the future workforce for the NHS and social care sector is at risk without urgent action to establish a sustainable and joined up workforce strategy.

With more than 900 social care workers estimated to be leaving the profession every day, the sustainability of the care sector is particularly under threat. 27% of staff left the social care sector in 2015/16, up from 23% in 2012/13. Compounding the issue is a lack of new workers entering the sector. At any one time, there are over 80,000 vacancies for social care jobs in England.

The findings are a part of *A Sustainable Workforce – the lifeblood of the NHS and social care*, produced by the Health Foundation, which provides a comprehensive analysis of the NHS and social care workforce in England. It identifies the key workforce challenges across both the health and social care sector, pointing to a combination of issues around recruitment, retention and morale.

WHAT ARE THE KEY POINTS?

National Living Wage: In April 2016, the new National Living Wage increased the minimum wage for people aged 25 years and over from £6.70 an hour to £7.20 an hour, with a further increase to £7.50 in April 2017 (cash terms). This is a real terms increase of 8%

in the hourly rate in two years.

In 2016, 39% of adult social care workers in the independent sector aged 25 years and over were paid less than £7.50 an hour and so will have personally benefited from this increase.

By 2020, the National Living Wage is projected to increase to £8.75 per hour – an average annual increase of 3.7% in real terms since 2016. While this increase will have improved conditions for many current workers, the impact on retention may be minimal as pay will have increased in other sectors – so relative pay will not change.

Pay restraint: Average earnings fell by 6% for health and social care staff in real terms between 2010 and 2017. This is a larger drop than the economy as a whole, where average earnings fell by 2%.

Rising staff shortages: Both health and social care have become increasingly reliant on agency staff to deliver core services.

In social care, this is affecting the stability and security of social care employment – 1 in 10 staff are on a temporary contract (including agency and bank staff), and for support and outreach workers this is 15%. 1 in 4 people who work in social care are now on zero-hour contracts, according to Skills for Care.

Workforce continues to be one of the biggest challenges facing the health and care sectors: The challenge stems from a combination of piecemeal workforce planning, a long period of capped pay increases, and a

lack of attention to longstanding morale issues. In the 2016 NHS staff survey, 47% said current staffing levels were insufficient to allow them to do their job properly. Nearly 2 in 5 staff reported that they had been ill in the past 12 months due to work-related stress (37%).

WHAT CAN BE EXPECTED NEXT?

Both the NHS and social care in England are struggling to secure the staff they need. The House of Lords' Select Committee on Sustainability concluded recently that this is one of the greatest risks to these vital services.

The high rate of staff leaving social care raises serious concerns about sustainability of services and the ability to deliver high-quality care.

Retention, recruitment and morale will continue to be an issue for both health and social care if action is not taken to address these problems.

Uncertainty over Brexit is also a key concern. Around 90,000 social care workers are estimated to be from the EU, and over 60,000 in the NHS (which is more than 1 in 20).

A significant reduction in EU health and care staff is likely to have major implications for the quality and availability of health and care services.

The promised Green Paper on the future of adult social care funding should be an important opportunity to consider options to overcome the difficulties currently being faced on staffing health and care.

STP now heralds partnership

STPs – the 'P' now stands for Partnership. The BMA has produced a useful summary and analysis of the *Next Steps for the NHS Five Year Forward View* which highlights that Sustainability and Transformation Plans are now being referred to as Sustainability Transformation Partnerships. This is intended to reflect a new 'direction of travel' for

the NHS.

In addition, it says that Accountable Care Systems will be an 'evolved' version of an STP working as a locally integrated health system. It is said that they will get far more control and freedom over the total operations of the health system in their area. No roll-out date has yet been provided.

£8m for Erdington care home

A Birmingham care provider has revealed its plans for an £8m dementia-friendly nursing home for the elderly in Erdington, which will provide up to 80 new jobs in the area. MACC Care has submitted a

planning application to Birmingham City Council to develop an 80-bed care home. The provider already runs five care facilities for older people across the city and said the home will also offer rehabilitation care.

Current state of social care

The Health Foundation has published three new briefings focusing on the current state of social care.

The briefing papers focus on NHS and social care funding, quality of care in the English NHS and a sustainable workforce.

Factsheet on pain management

The Dying Matters Coalition has launched a factsheet on pain management.

Dying Matters research found that 39% of British adults say they would feel comfortable giving a pain-relief injection to someone who was dying and wanted to stay home, after receiving some training and with no additional support.

This rises to 61% with doctor or nurse supervision the first few times. This is according to an opinion poll undertaken by ComRes.

Most people who express a preference say they would rather

be at home when they die, yet currently almost 50% of deaths occur in hospital. Lack of access to pain and symptom relief around the clock can both result in emergency admissions and prevent people from being able to leave hospital, instead of being at home when they die.

Dying Matters Coalition launched a factsheet on pain management as part of the annual Dying Matters awareness week. It is calling for a new approach to supporting end of life care that takes people's willingness to help into account.

New homes for Hill Care Group

The Hill Care Group has welcomed six more care homes to its portfolio across the Midlands and North of England.

The transfer from previous owner Four Seasons Health Care takes Hill Care from 19 to 25 homes. The

group now operates over 1,200 registered beds.

Hill Care and Four Seasons have been working closely together, alongside the Care Quality Commission, to ensure the smooth transfer of operations.

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Caring by design: solving the recruitment and retention crisis

A new report published by Timewise, with the support of the JP Morgan Chase Foundation, sets out a series of recommendations for industry care providers and policy makers to help solve the social care system's recruitment and retention crisis.

The report, *Caring by Design*, is the culmination of a 15-month long investigation into how care workers and their employers manage the challenge of providing a high-quality service to people who need care, whilst enabling care workers

to find the flexibility they need to manage their responsibilities outside of work.

The field work was conducted among 80 individuals and 10 care providers.

Timewise is making a range of recommendations to both care providers and policy-makers to consider reviewing job design in social care, to enable care staff to raise their living standards through secure employment which is compatible with their non-work lives.

Worcestershire care home sold

St. Martins Care Home for the Elderly in Redditch, Worcestershire has been sold for an undisclosed sum by DC Care.

The home has been owned by Mr and Mrs Custins for 15 years.

In that time, it has been extended to increase from the original registration of nine, to the current registration of 15. The home was sold to Mr Patel, an existing operator in the North of England.

The public wants a social care revolution

Research has revealed that UK citizens are fully behind the need for a revolution in how adult social care is delivered.

72% of adult care recipients and 78% of people caring for others believe there must be a better way to deliver care to adults and the elderly, however, less than a quarter (23%) of those receiving care feel they know enough about the types of services on offer to enable them to make informed decisions about care choices in the future.

This lack of understanding into how the care system works also extends to carers with only 40% considering themselves to be knowledgeable enough to navigate the system.

Only 12% think they have sufficient knowledge to make decisions on the right choice of care for their family member or friend.

This independent market research by Younifi surveyed the views of 2,000 people and included those who receive care, family and friends that provide care and people with an interest in what it should be like for them in the future.

The research also showed that many people are confused by the cost of care with 71% of care recipients admitting they have no idea how much the cost of their care is, and only 27% of care providers claiming to have a 'fairly accurate' or precise understanding of costs.

Looking to the future, the research also shows that the vast majority of people want to take far greater responsibility for their own care; 68% want to be in control of it, many in partnership with their close family.

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Decline in person-centred care in hospital

Results from the *NHS Adult Inpatient Survey 2016* show declines in key aspects of person-centred care, which had previously shown improvement. In comparison, patients' overall experience in quality of communication with medical staff remains positive.

In the survey of over 77,000 inpatients, the proportion of respondents who said they were 'definitely' involved in decisions about their care and treatment fell to 56%, having improved steadily from 52% to 59% between 2011 and 2015.

In addition, only 38% of

respondents stated they were 'definitely' able to find someone on the hospital staff to talk to about their worries and fears, significantly lower than results from previous years.

Patients were also less likely to report positive experiences of leaving hospital than in last year's survey. In 2016, only 38% of respondents said that medication side effects to watch out for had been 'completely' explained to them, a two percent decrease from the year before, again reversing improvements achieved in recent years. This year's findings also

suggest that patients are having more difficulty in accessing support from health and social care services:

- 55% (down from 57% in 2015) of those who needed support to help recover and manage their condition said they 'definitely' received enough.
- 18% (up from 16% in 2015) of those who wanted to discuss whether they would need any further health and social care services after leaving hospital said that staff did not raise this with them.

Despite recent changes, there

are several areas which show improvements over a much longer period. Confidence and trust in clinical staff remains high with an increasing number of patients who said they 'always' had confidence and trust in nurses. Patterns of communication are changing somewhat with 78% of respondents in 2016 saying that doctors did not talk in front of them as if they weren't there, better than 71% in 2006 and 77% in 2015.

The *NHS Inpatient Survey 2016* is developed and co-ordinated by Picker on behalf of Care Quality Commission.

Retirement living properties set to double in value

Under-supply of retirement living accommodation in the mid to upper market tiers and increase in life expectancy is driving strong re-sale and price growth in the retirement living market, according to JLL.

Analysis was undertaken by the firm into the performance of properties in the Housing with Care market, managed by members of the Associated Retirement Community Operators (ARCO) over the past 22 years.

This type of housing comprises self-contained units with communal

facilities and on-site care. It is the fastest growing form of housing in the retirement living sector.

The key finding from the analysis by JLL is that this form of retirement living accommodation tends to follow UK house price growth.

Since 1995, the compound growth rate for Housing with Care has been 6%, with an average price difference between sales of just over £41,000.

JLL predicts that, based on this, a retirement home would double in value in 12 years.

Innovate to improve health outcomes and reduce costs

A new report from an independent think-tank finds that the UK is well-placed to innovate to improve health outcomes and reduce costs. It says that just seven health innovations could save the NHS £18.5bn and the social care sector £6.3bn between 2015-2030.

However, it warns that the UK is not doing enough with the tools at its disposal, and a failure to innovate will see rising healthcare spending lead to a deficit worse than that caused by the financial crisis.

The report from the International Longevity Centre – UK (ILC-UK),

supported by EY has found that whilst the UK is well-placed to innovate to improve health outcomes and reduce costs, the UK is often not doing enough with the tools at its disposal.

With the NHS committed to achieving efficiency savings of £22bn through productivity gains of 2-3% between 2015-2020, *Towards affordable healthcare: Why effective innovation is key* explores how health care innovations currently employed at home and abroad could increase productivity and reduce costs.

Nearly half of adult carers are caring out of guilt

Nearly half (46%) of adults who currently provide care for a family member say a main reason for doing so is guilt, according to new research by Prestige Nursing + Care. This outnumbers the 31% who say that unpaid care is provided within the family because they believe they cannot afford to pay for professional care.

Prestige's research shows the majority (62%) of adults surveyed would prefer to be cared for by a family member in the comfort of their own home if the need arose, but many are aware of the

pressures this can create within families. Three quarters (75%) of adults would feel guilty if they couldn't care for a family member themselves but at the same time, 73% would feel guilty if they themselves needed care and a family member had to provide it.

Half of people who are currently receiving care (50%) feel their choice of care services was compromised by guilt or emotional distress. Almost one in four people (24%) receiving care experienced tension and resentment within their family when decisions were made,

while almost one in three (30%) felt like a burden during the care decision-making process.

The findings suggest a sense of guilt may be clouding families' decisions and adding to the pressures they face when making care arrangements. These pressures are exacerbated by the lack of preparation and widespread discomfort about discussing care support within the family.

Two in five (42%) people who expect to need care within the next ten years would, in fact, be happy if a family member refused to

provide care and left them needing professional help. One in three (32%) would be relieved to be cared for by someone with professional training and skills, provided this was in the home environment, with 42% of those surveyed happy to be supported by a carer at home.

Moving away from the home to receive care was viewed less favourably: given a choice, just 20% of people would opt for sheltered accommodation or retirement housing, and just 6% would prefer to move into a residential care home.

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Experiences of moving people out of assessment and treatment units

Q

Why have targets for the Transforming Care Agenda been missed? What can providers do to support people from assessment and treatment units and into the community?

A

Jackie Fletcher, Executive Director, Dimensions

Every target set for the transforming care agenda has been missed. Numbers of people in assessment and treatment units (ATUs) are declining slowly – but at nowhere near the rate required to achieve the 3-year goal of halving their numbers. Indeed, at current rates the 3-year goal could easily become a 15 to 20-year goal.

So why? It's certainly not for lack of goodwill, commitment or hard work on all sides. It is just a very difficult thing to achieve. Dimensions certainly doesn't pretend to have all the answers. If all the answers existed, there wouldn't be a problem in the first place.

With that in mind, we thought it might be instructive to ask some of those at the sharpest end – our supported living managers who have to negotiate and plan to get individuals out of ATUs – for their tips on what works well, as well as some of the pitfalls. The resulting information comes from a medley of expert voices.

If you are involved in wTransforming Care as a provider, a local authority, clinical commissioning group, health professional or, of course, a family, there may be something here that can help you.

MAKING TRANSFORMING CARE WORK BETTER

When talking about making transforming care work better, there are five topic areas that should be addressed. In no specific order, these are:

- Challenging expectations.

- Funding.
- Working with families.
- Involvement and access.
- Housing.

CHALLENGING EXPECTATIONS

Many of the people currently living in ATUs have often had multiple failed placements back into supported living environments. A history of failure like this can label someone as unsuited to life outside of ATUs. However, the reality more often than not, is that it is the system which has failed those people.

It might be that clinical staff in the ATUs have little understanding of supported living. Or they may be inclined to share 'horror stories' about the individual, not convinced that the person will ever be able to live outside of the ATU environment. This can be a particular issue in ATUs that are running on high levels of agency staff who do not know the person well.

This is where it's important to challenge expectations. As with anything else in life, if you don't believe in what you're doing, you don't achieve success. It is critical that all those involved with an individual examine and tackle the reasons for past failures and enter a new placement process with optimism and commitment. Otherwise failure can become a self-fulfilling prophecy.

FUNDING IS A KEY CHALLENGE

The central issue to moving people from ATUs is a commissioner's ability to take a long view, especially with regard to funding. Sometimes there won't be an instant saving, as people may come out of hospital with fairly high costs. However, with the right support, costs often then reduce quickly and significantly. This takes trust.

It is understandable that many funding authorities see things >

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➤ through the lens of cost and funding. But this approach will almost invariably cost more, and lead to worse outcomes in the long run. Let me give you an example.

We have recently supported two men, let's call them Jim and John, out of an ATU and into a shared living environment. Having supported Jim and John for several months, and experienced their interpersonal dynamics, we now believe they need single person services.

Unfortunately, the process to secure funding for this is crisis-driven. No crisis, no funding. We've found that the system often demands a failure before it steps in to support appropriately. In the long run, of course, this is far more expensive as it will likely entail a return to ATU.

Jim is an autistic man with no expression recognition or ability to understand humour. He likes people to be pleasant around him, but jokes undermine his confidence. He takes it all extremely personally and simply cannot cope with a 'jokey' environment.

Housemate John is a natural, continuous joker. He's a real fun-loving guy.

As a result of living in each other's space for a while, Jim is now spending more time in his room. He thinks people like him less. But, fun-loving John is also spending more time in his room. He is cancelling appointments, struggling to motivate himself. Both men are starting to sleep through the day and stay up at night, a sure sign of stress and a habit which puts their support plans at risk.

Both men could undoubtedly thrive outside an ATU but, it turns out, not in each other's company. Despite every strategy we employ, shared living isn't achieving the desired outcomes at the moment and there is a real risk of a failed

placement. Maybe next week. Maybe next month. Maybe a little longer. But unless something fundamental changes, it will happen.

Single person living is not always the answer. Very often it is beneficial for people to live together, and it is not always possible to anticipate when people will not get along. But where a situation is breaking down, the ability to make changes quickly – and not embark upon a multi-year 'evidence gathering' phase – is clearly in everyone's interests.

The really good news is that nationally, we are beginning to see a shift in approach. More and more local authorities are finding ways to take a long-term view when it comes to Transforming Care rather than selecting the cheapest short-term option.

THE ROLE OF FAMILIES IN ACHIEVING CHANGE

Families can be a massive asset in helping people to move out of ATUs. A family determined to see their loved one out of hospital is hard for the system to resist.

However, some families may be a little resistant. There is an understandable fear of change – of seeing a loved one moving out of a secure environment into supported living. What might this mean? Who will be responsible? Some don't see the potential for their loved one to lead a self-determined life. If the family doesn't want change, it can be hard (but not impossible) for the 'system' to move it forward.

It is essential to build a strong, trusting relationship with families – taking the time to engage properly. Invite them to visit and meet other people living in similar environments. Introduce them to other parents who have been in a similar situation. This will

increase the chance of a successful placement.

Remember that it is tough for families. They may encounter lots of providers before coming to you, they may have experienced placement breakdown too. This means it can be difficult to win their trust due to previous experiences, encounters or barriers.

INVOLVEMENT AND ACCESS

In my experience, placements break down when the support provider has been brought in late. When housing, staff ratios and the other elements have already been decided.

The earlier a support provider can be brought into the process, the better. It works well when a provider is introduced before a plan for discharge has been made. In those circumstances, that plan will be much stronger as a result. It is essential for a provider to be able to understand a person properly – it's the basic principle behind person-centred planning and it remains as true now as it ever was. The support provider can ensure close liaison between behaviour consultants, speech and language therapists, occupational therapists and other agencies as required. Support providers can work with registered providers of social housing on an appropriate housing solution. And, at the right moment, they can build direct relationships with the person and their family.

On that note, in our experience, some ATUs seem to find it difficult to allow potential support providers in to meet, build relationships with and shadow the person. This lack of access can be a real problem – after all, would you want to leave your room in an ATU to be supported by a bunch of strangers? For many people, it also takes a long time

to build up trust. Lack of access creates stress for everyone, hinders recruitment of matching staff and directly contributes to failed placements.

THE ROLE OF HOUSING

Personalised housing can obviously make or break a move into the community. In my experience, a lot depends on the individual housing provider. A good housing provider, like a good support provider, will want to be involved early on in the assessment process. In cases where housing contributes to the breakdown of a placement, it's important to consider that instances such as people damaging their property should be seen as a failure of the assessment and/or housing solution, not a failure of the person. Also, where the housing solution is mandated from the outset, such as an unsuitable council property that happens to be available, a failed placement becomes highly likely.

On the subject of damage – it is also important to pre-agree a pot of money for repairs, and responsibility for repairs beyond that pot. A damaged house can provide an undesirable day-to-day environment that makes a return to an ATU more likely.

THE FUTURE

Dimensions has recently supported the second longest serving ATU inpatient back into the community, where she belongs and where she is thriving. For her, as for the many other former ATU inpatients, many elements need to come together to ensure a successful, sustained transition.

If you are working to help someone leave an ATU, tackling these issues proactively will give you a great starting point. **CMM**

Jackie Fletcher is Executive Director of Dimensions. Email: jackie.fletcher@dimensions-uk.org Twitter: [@DimensionsUK](https://twitter.com/DimensionsUK)

Do you have any other considerations for supporting people out of ATUs? Share these on the CMM website www.caremanagementmatters.co.uk
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CARE SECTOR UNDER SCRUTINY

Preparing for the Home Office
immigration inspections

Anne Morris looks at what care providers
can do to prepare for a Home Office
immigration inspection and avoid losing
their ability to hire from overseas.

Years of constricted budgets across the UK care sector have led to legacy administration issues, leaving care providers exposed to Home Office scrutiny and penalties for failing to comply with their immigration duties.

Recognising the systematic failings, the Home Office is now targeting the care sector with site inspections. Those providers that fail an immigration inspection are seeing their licence to hire foreign nursing staff being revoked.

IMMIGRATION – A SOLUTION TO NURSING SHORTAGES

Faced with shortages in UK nursing staff and mounting costs of agency workers, providers have turned to hiring nurses from outside the EU to meet their staffing requirements.

Before any UK organisation can employ non-EEA workers, they must >



> first apply to the Home Office's UK Visas and Immigration department (UKVI) for a Tier 2 sponsor licence. A Tier 2 sponsor licence permits the 'sponsor' to recruit from outside the EU within specific skilled categories of work, including nursing.

Devised to provide employers with greater autonomy when hiring from abroad, the sponsor licence allows employers to issue Certificates of Sponsorship (COS) to workers who they will be bringing to work in the UK.

However, the opportunity to access the global workforce also brings increased burdens on employers to take responsibility for reducing illegal employment, by complying with specific requirements.

WHAT ARE YOUR DUTIES AS A TIER 2 SPONSOR?

As a sponsor licence holder, you are required to meet the following duties:

- Keep copies of relevant documents for each employee, including passport and right to work information.
- Verify that migrant workers possess the 'necessary skills, qualifications or professional accreditations' to undertake the specific role.
- Assign a COS only where the role in question is suitable for one.
- Check your employees' immigration status on an ongoing basis.
- Record employees' attendance.
- Keep employee contact details up-to-date.
- Report changes in circumstances relating to the sponsor licence to UKVI within 20 working days, for example place of work, role and duties to be undertaken, salary and hours of work, work start and end dates.
- Notify UKVI if any of your sponsored workers are not complying with the conditions of their visa, and report to UKVI if there is a problem, for example if your employee stops coming to work.

CARE SECTOR IMMIGRATION INSPECTIONS – HOW COMPLIANT ARE YOU?

Once granted, a Tier 2 sponsor licence is valid for four years. At the end of

this period, sponsors can extend their permission by making an application to renew their licence.

As part of the renewal process, employers can expect an on-site compliance inspection by UKVI. The visit is designed to assess whether you have met your sponsor licence duties and as

duties placed on providers.

Current management teams are now wrestling with these legacy issues and dealing with the fall-out of having operated as a sponsor licence holder without the records or systems in place to meet their responsibilities as a licenced sponsor.

“The opportunity to access the global workforce also brings increased burdens on employers to take responsibility for reducing illegal employment, by complying with specific requirements.”

such, qualify to retain your licence to hire from overseas.

Following the site inspection, UKVI will produce a comprehensive audit report with any discrepancies identified. You will have an allocated time to reply to this report and to provide a response to any issues identified.

In instances of non-compliance, the outcome of this audit could result in your Tier 2 sponsor licence being revoked and any overseas sponsored nurses having to leave the UK – a scenario which has become increasingly common across the care sector.

LEGACY ISSUES CAUSING OPERATIONAL WEAKNESS

What is becoming clear through UKVI inspections is that care providers are struggling to meet their duties in relation to managing overseas nurses, largely due to widespread legacy issues affecting the social care sector as a whole.

Providers have been working to challenging budgets for many years now. This has led to the development of operational weaknesses, including from an immigration compliance perspective, low standards of administration in maintaining HR records of Tier 2 overseas workers, and failure to keep pace with changes in the Immigration Rules and the

The harsh reality is the majority of care providers do not have the in-house resource for this work.

Recognising this, the Home Office is now targeting the care sector with announced and unannounced compliance visits, knowing they will find an element of non-compliance in this large community of migrant workers.

While a visit should be expected as part of a licence renewal application, care providers where key issues were raised following a previous UKVI audit, can expect more frequent and unannounced visits.

COMMON AREAS OF IMMIGRATION COMPLIANCE RISK

Audits are showing common areas of non-compliance in the UK care sector, including:

- HR paperwork relating to overseas workers is either below the required standard or non-existent.
- Instances where nurses have been employed by UK care providers without having passed the required English language and competence exams within the required timeframes.
- Failure by providers to track nurses' Nursing and Midwifery Council (NMC) registration application progress, >



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- and providing little or no support in preparing them for the exams.
- Poor management and processes relating to so-called 'List B' workers. List B workers hold time-limited permission to work in the UK. Their employers have a duty to check their continued Right to Work on a regular basis, as prescribed under UKVI's 'List B' of acceptable documentation, to ensure their permission has not expired.
- Low levels of reporting on the online 'Sponsor Management System' (SMS) regarding NMC PIN and salary band

“There are a number of steps care providers can take to prepare for a site visit, to ensure compliance with immigration duties and avoid sponsor licence revocation.”

changes, leavers, switchers and changes in circumstances regarding work location.

MINIMISING THE RISK OF IMMIGRATION NON-COMPLIANCE

With so much at stake, inspections have become incredibly stressful and daunting for social care management.

There are a number of steps care providers can take to prepare for a site visit, to ensure compliance with immigration duties and avoid sponsor licence revocation.

1. **Get the basics right.** You should have specific HR policies in place for the recruitment, management and record-keeping relating to foreign staff. Policies should provide guidelines, standards and processes to ensure your operations are compliant with your immigration duties. The Home

Office will request sight of your HR policies as part of the site inspection.

2. **Keep up-to-date.** The Home Office expects all sponsor licence holders to be up-to-date on the duties placed on them. Ignorance is no defence. UK Immigration Rules change frequently, and invariably impact on employers and what they need to do to remain compliant. Subscribe to updates on changes to the rules to ensure you stay informed and can react accordingly by adapting policies and processes and communicating these changes internally.
3. **Be clear on roles and responsibilities.** The Tier 2 sponsor licence requires holders to nominate 'Key Personnel'. These positions must be formally assigned to individuals within your organisation, and records kept as evidence. In addition, ensure all operational duties are formally assigned, addressing circumstances such as planned and unplanned absence cover and leavers.
4. **Train your people.** Appropriate training of relevant staff involved in your organisation's immigration compliance processes is essential. All personnel involved with recruitment, on-boarding and line management of foreign nursing staff should be trained and skilled in meeting immigration duties. Evidence of an ongoing commitment to best practice is a strong indicator to the Home Office of compliant operations.
5. **Support migrant nurses.** Across the sector, it is clear that there is a lack of support for foreign nurses as they undertake their assessments to secure their right to stay and work in the UK. Providing a support framework to enable nurses to carry out their studies and sit the assessments within the required timeframes can help ensure your nursing staff meet their obligations and consequently, remain legally employed by you.
6. **Practice makes perfect.** A mock audit – including mock interviews with staff most likely to be interviewed

by the Home Office – is extremely useful in highlighting issues before the Home Office arrives. By undertaking a full review of all documentation and supporting HR paperwork against Home Office standards and requirements, you can identify records which are lacking in content as required by the Home Office or where information has not been kept up-to-date.

7. **Record everything.** The main area of compliance risk is record-keeping. The Home Office is looking for evidence of a sustained approach and consistent standards when managing sponsor licence documentation. Also ensure your record-keeping extends to the full degree of the requirements. Immaculate paperwork will be let down if you are unable to show records of where individual migrants are currently and have been working. If in doubt – keep it.

AVOIDING HOME OFFICE SCRUTINY

Care providers applying for a sponsor licence for the first time should note that new regulations governing foreign nurses' permission to work in the UK have been introduced recently.

They are far stricter than the previous rules, but this should mean new Tier 2 sponsors are in a better starting position to meet their duties, as they are not suffering the same inherited issues as current sponsors.

Those providers that already hold a sponsor licence, however, continue to face significant risk of non-compliance due to the prevalence of legacy issues across the sector.

So, while care providers can expect a visit from the Home Office every four years, the increase in the number of unannounced audits made by UKVI should put all Tier 2 sponsors on alert.

The best advice is to take corrective action now to get your business and records in order before the Home Office inevitably comes calling.

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Anne Morris is Managing Director of DavidsonMorris. Email: anne.morris@davidsonmorris.co.uk Twitter: [@DavidsonMorris](https://twitter.com/DavidsonMorris)

Have you received visits from the Home Office regarding this? Share your experiences on the CMM website www.caremanagementmatters.co.uk Subscription required.

IMPROVING THE HEALTH OF PEOPLE WITH LEARNING DISABILITIES

Hft has completed a pilot project, which aimed to address the health inequalities faced by people with learning disabilities. Will it help to tackle this ongoing issue?

In early April, NHS Digital published its latest data on *Health and Care of People with Learning Disabilities: 2015-16*. The report identified potential differences in the treatment, health status and outcomes for people with learning disabilities, compared with the rest of the population.

It found that life expectancy for people with learning disabilities was between 14 and 18 years shorter than for the general population; and only 46% of patients with a learning disability, who were known to their GP, receive an annual health check.

Health inequalities facing people with learning disabilities have been reported for many years and although they should be receiving health checks, figures show that this isn't happening.

TECHNOLOGY PILOT

To address this, Hft has developed an approach to discover insights into people's health and wellbeing, to reduce health inequalities, using technology to improve outcomes.

Funded by the Health Foundation, as part of its £1.5m *Innovating for Improvement Plan*, and led by Hft's Personalised Technology team, the project involved two groups of 20 people with learning disabilities who are supported by Hft. One group lives in supported living in Gloucestershire and the other attends day services in Bradford.

Sarah Weston, Innovation Manager at Hft explained, 'The overall aim of the project was to reduce people's exposure to health inequalities and find out more about their health and wellbeing so that we could look to improve it.'

HOW IT WORKED?

The pilot uses Lincus, a picture and simple word-based application for recording information about health and wellbeing. It can enhance communication between practitioners and people with learning disabilities by allowing both parties to gain more insight into how the person is feeling.

Sarah continued, 'Lincus is a self-reporting application, run through a web browser. It is a series of short surveys about people's general, mental and emotional health.'

In the pilot, Lincus was brought together with the Health Equalities Framework (HEF), an outcomes framework based on the determinants of health inequalities developed by NDTi, Improving Health and Lives: Learning Disability Observatory and the UK Learning Disability Consultant Nurse Network.

Sarah added, 'Hft has been working with Rescon, creators of Lincus, for a couple of years and once we saw the HEF, we thought there was potential in combining the two systems to see if there was an opportunity to use them to improve the health and wellbeing of people with learning disabilities.'

'HEF was originally created on an Excel spreadsheet. We integrated it into the Lincus platform, making it more accessible and the information easier to collate. We worked with two groups of 20 people that we support and completed a HEF assessment for each participant and then used Lincus with them daily.'

'The HEF looks at people's exposure to known determinants of health inequalities, such as suitable housing, genetic factors or having

access to accessible health literature or screenings.

'Lincus is a series of four surveys: general health, which looks at things like levels of tiredness, comfort and appetite; mental health, which looks at issues such as mood, stress and engagement; social life, which looks at issues such as loneliness and time spent with family; and emotional health, which looks at levels of anger, excitement or how supported someone is feeling.'

The information is all collected via the Lincus platform, which Hft used on tablet devices. This enables them to record data at the point of collection instead of returning to the office to record it.

PARTICIPANTS' INVOLVEMENT

Hft used the system with a variety of people with differing support needs. Sarah explained, 'Most people needed some extra support to use the system. However, most participants enjoyed using it and it provided valuable insights into their feelings and the impact of changes in support. In the Gloucestershire site, people began to ask staff if they could use it more regularly.'

PILOT RESULTS

One of the key findings from the project was establishing where responsibility for people's health needs, outside of social care, should lie.

Areas were identified where additional support was needed, such as help with accessing the dentist and ensuring equipment was routinely serviced, which are not

traditionally part of a day service. Staff used these opportunities to help educate families and carers to ensure gaps in support would not arise.

Sarah explained, 'We now know more about people's health and wellbeing and can, therefore, offer them better support. For example, our work in Bradford revealed that some people weren't accessing regular dental or hearing checks, areas which are not a part of Hft's day service remit. However, the day service was then able to support families or other providers to make sure people were accessing the appropriate services.'

'Overall people's health and wellbeing improved and their exposure to health inequalities was reduced. The project also highlighted the importance of suitable housing (a large number of the group moved house during the trial, which led to improvements in their health and wellbeing), as well as the role of day services in people's wider support.'

Hft has already used the system in other services and it has enabled people to input directly into the surveys to build a picture of their health and wellbeing, which can then be acted upon.

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OVER TO THE EXPERTS...

With the need to tackle health inequalities for people with learning disabilities, is this system one part of the solution? Do other providers undertake similar initiatives? Would providers be willing to adopt this for their clients? What impact could it have on people's lives?

HFT'S LEADERSHIP AND APPROACH IS TO BE WELCOMED

The health inequalities that people with learning disabilities and/or autism experience are totally unacceptable. All parts of the system need to work better together to address the challenges. Social care providers are an important part of a large, complex picture. Every day they play a crucial part in supporting thousands of people. Hft's leadership in this area, and its use of technology, is to be welcomed.

A key part of tackling health inequalities is the genuine involvement of people who use services in sharing insight and experience about their lives. Technology is increasingly becoming a good way to facilitate and obtain this, especially when initiatives are co-produced. Our recent report, *Co-producing technology: harnessing digital solutions for social care*, explored how leading providers are developing technological approaches in partnership with people who use services. This has

a number of benefits, including: creating a safe digital environment for people to use technology; providing people with ownership, and voice, over their own requirements and experiences; and enabling organisations to develop the right culture and approaches to directly address health needs.

There is also a dilemma for providers since new technology requires significant investment. Whilst the Health Foundation funded Hft's pilot, we also know that technological solutions are rarely commissioned by local authorities. Our work at VODG has also, therefore, called on commissioners to recognise the investment required to make widespread adoption of technology possible. This will give providers the confidence to invest in the long-term to harness technology and tackle health inequalities.



Rhidian Hughes Chief Executive, Voluntary Organisations Disability Group

WE MUST ALL PLAY OUR PART TO FIND SOLUTIONS

Asking, 'How are you?', is a fundamental tool for delivering person-centred care.

Yet for people with a learning disability, this is a question that is sometimes not asked enough, or is asked in a way that is inaccessible to the person, potentially resulting in inadequate care.

In addition, information about how a person is feeling may not be monitored or passed on between staff involved in delivering someone's care and support.

Technological solutions like Hft's have a role to play in bridging the gaps which can contribute to health inequalities.

Of course, using an app will not be for everyone, but it is encouraging to hear that Hft reports that most people who took part in the pilot found the app accessible and enjoyed using it.

An additional asset is the ability to compare user data. Hft has started using this data to pinpoint

areas and issues that affect a greater number of people with a learning disability; such as issues accessing dentistry and hearing checks.

The app could prove a promising tool for involving people with a learning disability in planning and reviewing services, but this finding from the pilot also serves as a reminder of the importance of involving service users. They know themselves where the gaps in services are and what is needed to make improvements in care.

Addressing the health inequalities experienced by people with a learning disability is vital, and we must all play our part to find solutions.

We're encouraged to hear of projects like this one from Hft which help us all move closer to reaching our goal.



Sarah Coleman Health Policy Officer, Mencap

GOOD TO LOOK AT HEALTH AND WELLBEING TOGETHER

Ever since speaking at the launch of the Government's strategy *The Health of the Nation: a Strategy for People with Learning Disabilities* in 1995, I have held a keen interest in initiatives to address the health inequalities faced by people with learning disabilities. In 1996, Choice Support engaged a learning disability nurse and began including a full healthcare assessment in everyone's support plan. Over the years, there have been many initiatives to reduce health inequalities which in the worst instances have led to unnecessary deaths, so any attempt to improve people's health must be wholeheartedly welcomed.

Choice Support has conducted an annual health survey since 2008, which includes health checks, lifestyle, mental capacity/Best Interest decisions around health, management of long-term health conditions and health inequalities and discrimination. There were no

development costs for our system other than one person's time as it uses a free online survey tool and Excel spreadsheets. To date, we have shared the survey at no cost with three other organisations.

I will certainly make a point of learning more about Hft's system and the potential it has to benefit the people we support. I like the idea of looking at health and wellbeing together. However, I have always favoured an approach that allows practitioners to have more face-to-face time, rather than using a remote technological tool to get information about someone's wellbeing. Given the known high prevalence of mental health problems, combined with communication difficulties, among people with learning disabilities, my immediate concern relates to the efficacy of checking mental health, mood, stress and engagement via Lincus.



Steven Rose Chief Executive, Choice Support

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JAMES W CARRATT

James W Carratt is Managing Director of Clarriots Care.

REFLECTIONS ON THE LAST DECADE

After my own grandparents struggled to access the good quality care they deserved, I decided to do something about it. It was this desire to create a high-quality care service that led to the launch of Clarriots Care almost 10 years ago.

Clarriots Care was born with five members of staff who all shared a passion to deliver the very best care services to the local community. I can still remember our very first customer. I provided temporary live-in care for the client to help her recover from a hospital stay. I stayed in touch with her and her family over the years and we cared for her again seven years later, when she began to struggle in the latter stages of her life, until she sadly passed away. It's been a memorable decade.

PROJECTIONS FOR THE NEXT DECADE

Change is on the horizon, but I welcome it as I'm always looking for ways to improve and develop. With change comes opportunity and we are well-positioned to adapt accordingly.

As a company, I know we will continue to grow, but I am keen to see this happen naturally to keep our care quality high.

We began franchising a few years ago and we look forward to welcoming franchise owners into our family and helping them develop. This, in turn, helps us to make a positive difference to more people nationwide.

INSIGHT

I like to be involved in all areas of the business. I think you have to be involved to ensure you have an overview of the whole company. I also like to make sure everyone is happy; that includes my staff and our clients.

I'd really like to change the public's perception of health and social care by sharing more stories of the amazing achievements of our staff and clients. I'm also committed to improving our services. Setting high standards is really important to me and is at the core of the business.

On a personal level, I'm a family man. I have three sons, two of who are under the age of two, plus three dogs, as well as my wife, of course. We have a very busy house, but I wouldn't have it any other way. My family motivated me to start the business and they still motivate me today.

INFLUENCES

I draw influence from all walks of life. As I've mentioned already, my family are a huge influence on me and the recent arrival of my youngest son has made me think about the importance of relationships and how they influence and shape our lives.

When it comes to business, it is vital to recognise the value and importance of the relationship you have with people around you. People are absolutely key to building a successful business and if your relationship with your people is weak, then so is your

business. I have always considered both our employees and clients as extended family. By approaching our relationships in this way, we have built a strong foundation of trust and care for one another.

I also really welcome the diversity we have in the UK and the freedom to learn from different cultures. I don't believe I have all of the answers and I am always keen to hear different opinions and learn from the experiences of others. It's important to look outward and gauge different views.

LESSONS

I learn from, and recognise when, something or someone has taught me a valuable lesson. I've also learnt that you can't do everything yourself; build a team you can trust and support, then train them and invest in them.

Above all, I've learnt to adopt a positive mindset, regardless of the challenges we face, and to look for the good and bad in any situation. I look forward to every day and see it as a blessing.

ADVICE

My eldest son is now 15, he's fast approaching his GCSEs and then a future career. My advice to him, and indeed everyone else, is to do what you're passionate about because if you have a job you love, you'll never have to work a day in your life.

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Read about James' typical day on the CMM website www.caremanagementmatters.co.uk Subscription required.



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Everything a care operator must know about Facebook

Although the sector is largely embracing Facebook as a window into its organisations, uncertainty around social media policy, client privacy and associated risks can make providers hesitant. Adam James offers his tips on how to make Facebook work for you in social care.

Facebook is rapidly becoming the care operator's social media platform of choice – by enabling providers to communicate and engage with resident families and local audiences, including reaching prospective families.

Many care businesses have, nevertheless, refrained from venturing onto Facebook for a variety of reasons, including a feeling it will not protect residents' privacy.

This reasoning is fine. But holding dear to this sentiment is increasingly less common in light of the fact that a written agreement with every client – or their family – can enable people to opt-out of their name, photo or any >

> of their details from being used on a business' social media platforms, be it Facebook, Twitter or LinkedIn.

The reality on the care coalface is that it is now largely expected for a provider to have a Facebook page. Indeed, some may perceive a care business as 'behind the times' if it does not.

CQC'S VIEWS ON SOCIAL MEDIA

The Care Quality Commission (CQC) itself has no official guidelines or regulation on using Facebook or other social media.

But operators may be interested to know that Andrea Sutcliffe, the CQC's Chief Inspector of Adult Social Care, emailed me to convey her opinion that social media, 'can have a positive impact in so many different ways' adding that any regulation 'should not be seen as standing in the way of creative and innovative activities that enrich the lives of people who need care.'

This comes with her qualification that, 'it is a basic expectation that people living in care homes should be treated with dignity and respect and any circumstance that does not support this approach is simply not acceptable.'

SOCIAL MEDIA TOOLKIT

Workforce development body, Skills for Health, has compiled an extensive Social Media Toolkit for Healthcare which provides examples of successful social media strategies that care providers can use.

'It's important to recognise the value social media can add to an organisation,' states the toolkit.

YOU'RE IN CONTROL

When working with Facebook, it's useful to emphasise that, as a care provider, you have control of who posts on your Facebook page's timeline.

It's also advisable to limit Facebook admin status to staff you trust with the responsibility of representing your organisation to the world. You can also keep your Facebook page as a 'closed group' so it's only viewable to client families, for example, and not members of the public.

Remember that your Facebook admin can also delete any posts and comments on your page. Added to this, they also have the power to ban people from posting, and can even review every single post to your page before publication.

These Facebook features enable you to have a satisfying level of control on what is communicated via your organisation's Facebook page to its friends. This is particularly helpful for anyone seeking a slow-level entry into Facebook.

WHAT ARE THE RISKS OF FACEBOOK?

Running a care business carries risks in various areas of its





operations. A care provider's Facebook page is no different.

Here's some unsavoury examples reported by the media in recent years.

In July 2012, two care assistants in Sussex were suspended and reported to social services after they posted pictures on Facebook mocking elderly residents (the posts were not on the home's Facebook page).

In August last year, a Glasgow care worker was reported

“When working with Facebook, it’s useful to emphasise that, as a care provider, you have control of who posts on your Facebook page’s timeline.”

for having posted hateful messages about Muslims on her Facebook page (again, the posts were not on her employer's Facebook page).

Such repugnant and malicious Facebook activity can happen irrespective of whether a care provider has a Facebook page. Any member of the public can have a Facebook or Twitter account and, as an employer, you have little say as to what they, as private individuals, communicate to their friends or followers.

In August 2016, a care home manager was sacked for posting three photos of residents on her own Facebook page. Surrey County Council had said the manager breached social media policy around identifying residents.

SOCIAL MEDIA GUIDELINES FOR SOCIAL CARE

While councils seem more likely to have stringent social media guidelines, the above examples highlight why it's important for care providers to have social media guidelines.

Such guidelines will help communicate to your staff how the Facebook page is managed and operated.

The guidelines can:

1. Clarify the aims of your Facebook and social media platforms, e.g. informing clients' families of what's happening in the home or throughout the organisation.
2. Detail how these aims can be achieved, e.g. by engaging with families and friends via photos and video.
3. Provide a specific code of practice for admins.
4. Outline to admins how to respond should there be social media activity that is negative to your organisation, e.g. a critical review or post.
5. Provide expectations on how staff members present ➤

> themselves on social media.

FACEBOOK – WORD OF MOUTH FOR THE DIGITAL AGE

The positive power of Facebook lies in its capacity as a mouthpiece to ‘get the word out there’ about your organisation to your audiences – everyone from client families to GPs, local councillors, supporters and friends.

Facebook is arguably the most fluid and rapid communication channel to keep audiences up-to-date on everything from what residents had for lunch, a day out to the park, what happened at the activities classes, and snippets of interesting information about your staff.

When your Facebook page is running off the energy of its own momentum, and with firm and loyal friends and fans, your staff and clients’ families can become your leading advocates. They can help to disseminate to their Facebook friends about the quality of your care provision. All care businesses live and breathe off their ‘word of mouth’ reputation, and Facebook is the digital age’s word of mouth.

Moreover, I’ve witnessed how an active Facebook page becomes a dynamic platform to attract job applications. Considering the ongoing recruitment headache for care providers, every organisation is likely to have an interest in exploiting such an opportunity.

ACCELERATED ENGAGEMENT

If you already have a Facebook page, you’ll likely have discovered its potential to engage with target audiences, while also operating as a useful marketing and PR tool.

Also, by dipping into the data, you’ll probably have found out that photos and videos are, usually, what get most interest in terms of shares, likes and comments. Such activity is ‘run-of-the-mill’ engagement every organisation should do.

However, accelerated engagement with your local community, via competitions or other tailor-made campaigns, can quickly and dramatically improve the engagement rate of your Facebook page. Such accelerated engagement does require additional thought and planning, though.

For example, a ‘Win A Food Hamper’ Facebook competition we ran on behalf of a care home involved a hamper, packed with locally-made produce, being donated to the home by a neighbouring farm shop.

Anyone could enter the two-week competition, hosted on the home’s Facebook page, by answering a question on what village the care home overlooked.

Every day for two weeks, interesting content was posted to the dedicated competition page to generate

publicity and entries. A winner was randomly chosen after the two weeks.

USING FACEBOOK DATA

The beauty of Facebook is that all engagement data is recorded. The stand-out Facebook data for this competition was:

1. It had the highest organic reach of any previous Facebook post from the care home over the previous two years.
2. Likes for the home’s Facebook page went up over the course of the campaign by 23%.
3. The competition, which received 40 entries, had more ‘shares’ than any other of the care home’s posts.

Moreover, Facebook’s advertising options, such as ‘boosting’ posts or ‘sponsored content’, together with ever-increasing precision to reach target audiences means, for example, that you can pay for your post to

“If you already have a Facebook page, you’ll likely have discovered its potential to engage with target audiences, while also operating as a useful marketing and PR tool.”

be viewed by, let’s say, people aged 45-60, who live in a particular town and who have an interest in elderly care.

Facebook is always modifying and adding to its features. A new addition is, for example, ‘pages to watch’. This enables you to compare your company’s Facebook page to other care providers in your region.

For example, for a care home Facebook page we manage, I can see that its page has 526 likes, while three other local homes have 171, 91 and 0 likes respectively. I can also see that one of the other homes is evidently working hard on its Facebook page as its engagement rate over the last week has spiked markedly. This helps to give insight into what your competitors are doing.

On a final note, while either single operators or small care groups tend to have specific Facebook pages for their individual homes or branches, the bigger group operators tend not to do this and have one page for the company. As providers and clients’ families increasingly move online, this may offer opportunities for the smaller operators to create a great digital impression and reputation for their homes or branches locally over the bigger operators.

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Adam James is Founder of Springup PR. Email: adamjames@springup-pr.com Twitter: [@SpringupPR](https://twitter.com/SpringupPR)

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HOW TO MAKE THE APPRENTICESHIP LEVY PAY

COLLABORATION IS KEY

It's been a couple of months since the apprenticeship levy came in. It's now time for care providers, learners and training companies to collaborate to ensure everyone sees the benefit of this new approach. Siva Singh explains why.





The apprenticeship levy is here and has been since April. Whether your care business is primed to load up on fresh talent, or you wouldn't know what to do with an apprentice if you were given one, this important change is affecting everybody.

While change is inevitable, the subject of whether businesses will benefit from the overhaul isn't so clear. Care providers across the country are asking whether the apprenticeship levy can really work for them, or just end up costing them money.

As with many things in life, the answer may lie in a bit of old fashioned teamwork.

THE APPRENTICESHIP LEVY

For those still unfamiliar with the changes, let's go back to the beginning. The apprenticeship levy is part of the Government's plan to create 3 million new apprentices by 2020. From April 2017, UK employers with an annual pay bill over £3m have been required to invest 0.5% of their total payroll every month – minus a £15,000 allowance – in apprenticeship recruits.

Only 2% of UK businesses will fall into this category. If you're one of them, you'll be expected to declare your levy dues to HMRC, who will set up PAYE payments into a separate training account. You'll also get a 10% bonus on anything you pay in. From there, you'll be able to buy training and assessments through an approved apprenticeship provider; who will help you find and employ the types of apprentices you want, as well as agree contracts and pricing. It's worth noting that wages, travel costs and other work-related expenses can't come out of your training account.

For the 98% of businesses who won't have a pay bill big enough to qualify for the levy, you'll be able to hire and train apprentices in the same way, but for just 10% of the cost – with the other 90% coming from the Government.

If you're a small business employing fewer than fifty people, you won't have to pay anything for an apprentice; the Government will fund the training and assessment costs in full.

TRAILBLAZING STANDARDS TOGETHER

The care industry is a major player in the apprenticeships market. However, in recent years, there have been growing concerns that many modern apprenticeships are failing to offer businesses the value they once did, due to outdated training frameworks and skills shortfalls.

In 2012, a review of apprenticeships in England was carried out by the Secretary of State for Education and the Department for Business, Innovation and Skills. After reviewing the standards of training, qualifications and skills that employers and learners needed, a significant number of employers felt that existing Specification of Apprenticeship Standards for England (SASE) frameworks were not fit for industry needs.

Businesses wanted something new: a reform of the old SASE frameworks to meet the current demands of employers, learners and training providers. The Government responded, with Trailblazers.

Trailblazers are groups of employers working together to design brand new, role-specific apprenticeships across all industries. These high-quality standards are being developed to make training more flexible, focused and effective. It's happening throughout the country; 600 to 800 new apprenticeship standards are expected to be created through trailblazer groups, compared to the 250 standards under the old SASE frameworks.

Signed-off by Ofsted, the new trailblazer standards offer tailor-made apprenticeships that align with a specific job role. They will all last a minimum of one year, include maths and English skills, as well as a compulsory end-point assessment.

We're already seeing these new standards and frameworks being set up in the care industry. For example, two standards have recently been developed by a trailblazer group for adult care employers: Adult Care Worker (Level 2), and Lead Adult Care Worker (Level 3). The development of these standards happened through multi-channel collaboration between eleven different employers, as well



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£750,000	- £3,368/month	£1,800,000	- £8,082/month	£11,500,000	- £51,635/month
£985,000	- £4,423/month	£2,600,000	- £11,674/month	£15,000,000	- £67,350/month
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It is increasingly recognised that Activity Provision can make a significant contribution to well-being and quality of life, and the Care Sector reports a need for specialist training for their staff in this area. NAPA is delighted to offer two courses that meet the needs of the specialist activity workforce.

NAPA offers:

Level 2 Award in Supporting Activity Provision in Social Care (QCF) accredited by OCN London

This knowledge only course is provided through distance learning with telephone tutor support.

Level 3 Certificate in Activity Provision in Social Care (QCF) accredited by OCN London

This higher level course is knowledge and competence based. The student will be supported throughout this distance learning course to research the assignments, write narrative comparisons and evaluate their day to day work.

For further information please visit our website www.napa-activities.co.uk



“ I have grown in confidence through the NAPA course. ”

“ The course has certainly made a difference to the provision in our home. ”

➤ as several awarding organisations and learning providers. Through this major collaborative partnership, new standards were created to replace the current apprenticeship frameworks, and strengthen the generic competencies of care workers across all sectors of adult social care.

CLOSER WORKING WITH TRAINING PROVIDERS

As well as improving standards, the apprenticeship levy is also set to shake-up the working dynamic between employers and training providers.

With the creation of training accounts, ‘buyer power’ is effectively put back into the hands of businesses, who are now free to wave their ring-fenced cash under the noses of a whole industry of competing training providers. Apprenticeship providers are faced with little choice but to tailor their offering – with the best deals and service – to meet the needs of their customers and attract new business. Added value and supporting services will become the norm. For example, incorporating additional e-learning packages into apprenticeships, which can then be shared with partners at no extra charge – not only saving customers money but enriching the learning of apprentices.

Improved products are obviously going to be welcomed. However, what most businesses want to know is whether the levy will pay off in financial terms. Clearly, the size of your organisation will matter. Realistically, a large business making payments will struggle to make short-term gains. As an example, a company with 500 employees paying an average salary of £25,000 will pay £47,500 in levy payments (with £52,250 to spend after the 10% bonus). A lower-end training bill of £3,000 would mean needing to train 17 apprentices to avoid losing the balance. As you can see, on the surface these kinds of figures are unlikely to work for many businesses of that size.

Of course, the levy isn’t about putting money into businesses’ pockets; it’s

about creating a relevant and well-trained workforce to boost our crawling economy. What apprenticeship providers will aim to do is work with employers to build the levy and new standards into long-term training strategies that look towards continued development and profitable business growth. Businesses will be helped to think about how to reverse-engineer their training strategies around the new frameworks, which range from NVQ 2 right up to degree-level.

HOW WE SEE IT

As we see it, employers will have the opportunity to benefit from the changes if they go about things in the right way.

If employers fail to react, or – as some are suggesting – simply choose to write off the payments as an expense, the apprenticeship levy will become just another form of ‘business tax’.

Essentially, employers will need to work with training providers to position apprenticeship training as an investment in building a strong, talented, ambitious and loyal workforce to meet its long-term business goals, not just as a simple training allowance to fill employment gaps today.

If done well, benefits of the levy seem clear: shaping new and improved apprenticeship standards; giving employers greater control over their training; placing employers into a collaborative partnership with training providers; putting employers in control of their training budget; and positioning employers as the customer – improving the service they receive while encouraging competition between training providers to offer the best apprenticeship packages.

Through collaboration with training providers, competitors, customers and suppliers, a real opportunity is being given to push standards of training. The result, as many agree, will be improved frameworks, increased productivity and the development of a range of new services – both for the Government’s 2020 target, and long into the future. **CMM**

APPRENTICESHIP LEVY – WHAT YOU NEED TO KNOW

1. Failing to react to the levy will create just another form of ‘business tax’ for employers.
2. Care businesses will need to work closely with learners, competitors and training providers to get the maximum benefit from the apprenticeship levy.
3. Despite the care industry being a major player in the apprenticeships market, businesses are beginning to question the value that many modern apprenticeships offer.
4. Employers will need to work with providers to turn apprenticeship training into a long-term investment, rather than simply to fill current employment gaps.
5. Collaboration between businesses is seeing old Specification of Apprenticeship Standards for England (SASE) being replaced by more effective, role-specific Trailblazer frameworks.
6. Digital training accounts are now placing ‘buyer power’ firmly into the hands of businesses.
7. Ultimately, engagement with the levy can result in improved standards, increased productivity and the development of a range of new services.

Siva Singh is a Director of Escalla Care Ltd. Email: Siva.Singh@escalla.co.uk Twitter: [@escallacare360](https://twitter.com/escallacare360)

Has the apprenticeship levy impacted on your business yet? What are your thoughts about it? Share your opinions on the CMM website www.caremanagementmatters.co.uk Subscription required.

Manager Induction Standards resources

The refreshed Manager Induction Standards were published last year, Sue Johnson explores resources available to support managers through the process and onto further learning.

Skills for Care's Manager Induction Standards (MIS) for adult social care were launched in 2008 and refreshed in 2012. Now they have been reviewed again to keep up with a sector for which change is the only constant.

As adult social care evolves, it's important these standards remain fit-for-purpose. The MIS have been revised to reflect the Care Act with the principle of wellbeing at its heart.

Skills for Care's MIS have been widely used and are well-respected as an important tool in the step up to management roles. They're a versatile tool that can be used for new, existing and aspiring managers.

Delivering 'more with less' is vital whilst ensuring that people who access care and support enjoy a quality experience that supports their health and wellbeing. Skills

for Care knows that well-trained, capable and effective managers are the key to that.

WHAT'S NEW WITH THE MANAGER INDUCTION STANDARDS?

Some of the areas that have been either added or given more priority are:

- Vision/strategy.
- Evaluation/impact measurement.
- Performance management.
- Culture of continuous improvement, including whistleblowing procedures.
- Building resilience to deal with stress and manage critical situations under pressure.
- Working with carers.
- Digital skills/technology.
- Integration/information sharing/

- information governance.
- Mental capacity.
- Restrictive practices.

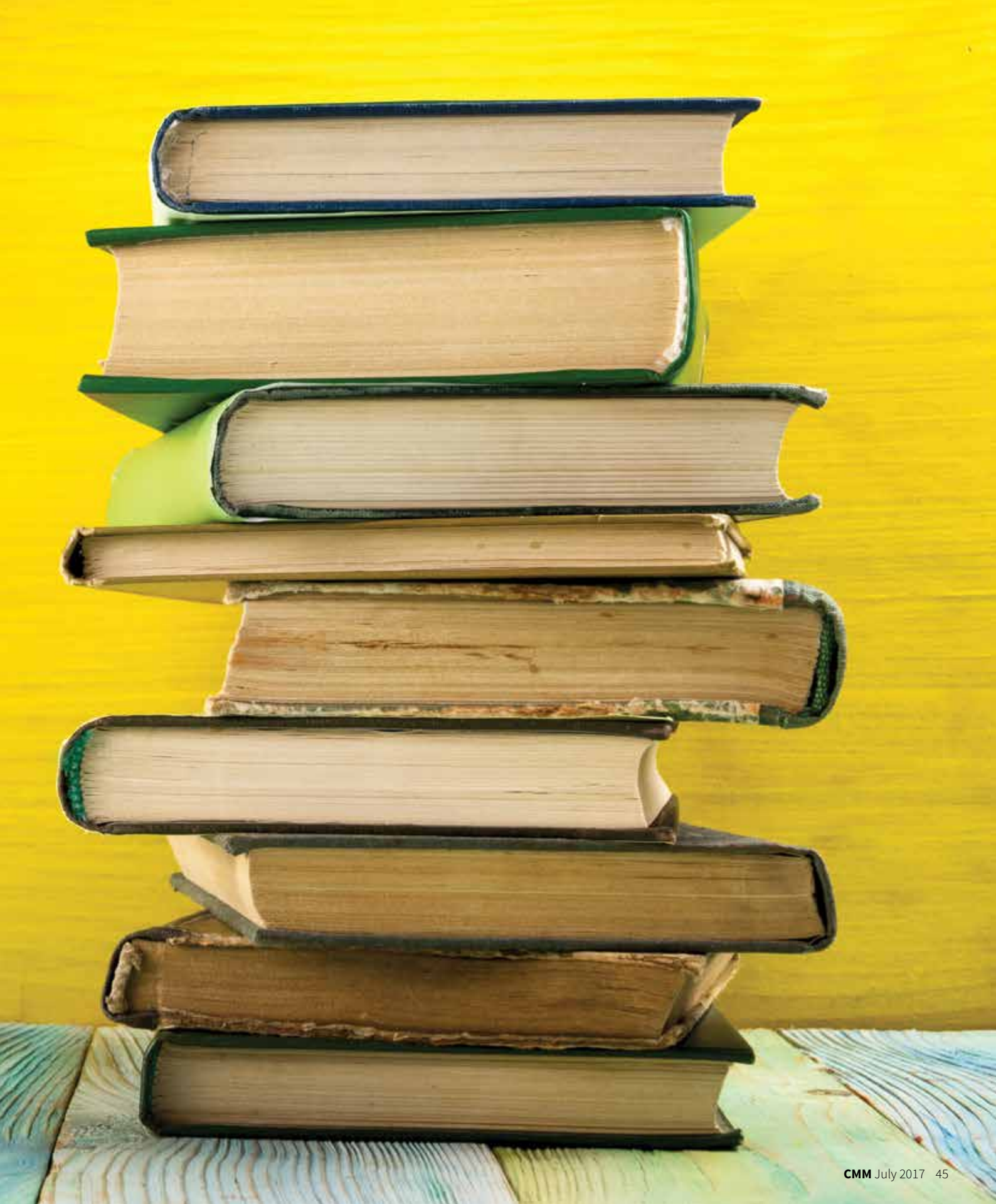
WHAT DO THE MIS LINK TO?

The MIS link to a number of other social care qualifications.

The Leadership Qualities Framework

The Leadership Qualities Framework (LQF) describes what good leadership looks like in a variety of settings and situations. Its aim is to show how good leadership behaviours can be developed at all levels from the frontline to the boardroom.

The MIS have been revised with the LQF in mind. The Standards link closely to the LQF, but they are >



> very different tools. The LQF is a resource for leaders at all levels in social care and aims to identify and develop leadership qualities. The MIS specifically begins to equip managers as they start a new role, addressing the issues they may face in the role. For managers, they complement each other.

The Care Certificate

The MIS refer specifically to the roles of managers in adult social care settings. They don't cover knowledge about how to practice in a general social care role – the Care Certificate contains this knowledge at induction level, describing what is needed to work safely and effectively.

The Care Certificate should be completed by all workers new in post in adult social care. Usually, new managers come into post with previous experience of social care, so already have the knowledge and competence outlined in the Care Certificate.

If you're a manager who is new to social care, you'll find the Care Certificate relevant to support your understanding of working in the sector. This is vital to managing and leading a team to deliver good quality care.

The MIS assume that the manager has all the information contained within the Care Certificate.

IMPROVING THE USER JOURNEY

The role of a manager is an extremely important one. To help with their learner journey and to support the use of the MIS, Skills for Care has developed a new toolkit called *Becoming a Manager*.

This practical toolkit is a key resource for new managers and anyone supporting a new manager or a manager new to their post. It allows new managers to explore and capture evidence

of their learning of the MIS and to collate it in one place for future use – either for qualifications or inspection purposes. It can also be used to support ongoing reflective discussion between new managers and their line managers. Plus, there are electronic versions of all the exercises within the toolkit, which you can have an unlimited use of per organisation.

The MIS set out clearly what a new manager needs to know, understand and be able to do. The Standards include a range of specific knowledge requirements, which can be used to help the induction period be focused and effective. As a new manager works through each of the standards, they should do so in the context and setting of where they are working.

HOW ELSE CAN 'BECOMING A MANAGER' HELP?

As well as supporting a manager's progress through the MIS, the *Becoming a Manager* toolkit can also help you to:

Meet Care Quality Commission (CQC) requirements.

There are around 21,000 registered managers listed with the CQC. CQC regulations expect registered managers to have a core set of skills, a health and social care leadership qualification at Level 5 and experience of working in the sector. Skills for Care works closely with CQC to support employers meet these regulations.

Our *Recommendations for CQC Providers Guide* helps you to understand the learning and development of workers to help meet the CQC Fundamental Standards of Quality and Safety. Effective induction of managers needs to be a key focus, so they start off on the right step and in the right direction.

Achieve management qualifications.

The Level 5 Diploma in Leadership for Health and Social Care and Children and Young People's services is the current recommended qualification of choice for social care managers.

The new Level 4 Certificate in Principles in Leadership and Management for Adult Care is for learners wanting to know more about leadership and management or those interested in progressing their career. It's a first step qualification which can lead very easily to a Level 5 qualification.

Essentially, the knowledge in the MIS and the Certificate in Principles in Leadership and Management for Adult Care are the same. For those new to management, the Certificate acts as an accredited route to the MIS. This workbook will enable learners to demonstrate their understanding of this knowledge and can be used as evidence towards gaining the accredited Level 4 Certificate, if validated by an assessor.

In 2018, the Qualifications and Credit Framework will be replaced by the Regulated Qualifications Framework. This brings with it a new way of working with qualifications.

Most social care qualifications will now be determined by awarding organisations based on a consistent specification agreed with Skills for Care. A new specification has been developed to replace the current Level 5 Diploma and it will be called the Level 5 Diploma in Leadership and Management for Adult Care.

For consistency, both the MIS and the Level 4 Certificate mentioned above have the same headings as this new specification, and support progression from the MIS to the Level 5 qualification meaning that learning only has to be done once.

In addition to the MIS, Skills for Care has a range of leadership programmes for social care leaders

in different roles, from managers to directors, who want to develop their leadership skills and learn alongside their peers.

MIS AND FUTURE LEARNING

The MIS are not a qualification. Similar to the Care Certificate, the MIS list what a new manager should achieve before being regarded as fully-inducted into his or her new position.

The MIS are knowledge and they don't require any demonstration of skills (competences), although demonstration might be a way of evidencing knowledge. At the end of induction, the assessor (such as the new manager's line manager) should complete the certificate to say the MIS have been completed. The certificate has some value as external evidence, but it's not a qualification.

Whether the evidence produced in the MIS process can later be accepted for any qualification, such as the Level 5 Diploma in Leadership in Health and Social Care, is for the official assessors of the qualification to judge. But, if the new manager has good evidence of learning and assessment from their MIS process, they should seek to have it included as a contribution to any later diploma assessment.

The MIS workbook provides a great opportunity for managers to maximise evidence of learning through the MIS and to support further qualification assessment without having to repeat learning.

If the manager progresses to the Level 5 Diploma, it will be the diploma assessor's responsibility to decide whether the level of answer they have recorded for their induction is sufficient for the diploma unit they are being assessed against. If it is not, the answer may need to be topped up to the appropriate level. **CMM**

Sue Johnson is Project Manager for Standards, Learning and Qualifications at Skills for Care. Email: sue.johnson@skillsforcare.org.uk Twitter: [@SkillsforCare](https://twitter.com/SkillsforCare)

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21st September 2017, Blackburn

The Lancashire Care Conference returns to the Mercure Dunkenhalgh in Blackburn on 21st September.

Organised by CMM, alongside the Lancashire Care Association, the agenda reflects the needs of the local market, whilst also offering a national view of sector developments.

Paul Simic, Chief Executive of the Lancashire Care Association will, once-again, chair the popular event for providers in the Lancashire region.

MAIN STAGE

The agenda is almost complete. A policy overview will set the scene for the day. Recent local and general elections have brought about a lot of change in the sector, and with the crisis in social care becoming a key battleground in General Election campaigning, the conference will consider what impact that will have on providers in the Lancashire region.

The Care Quality Commission will be represented, with Robert Tovey, Head of Inspection (North) Adult Social Care discussing benchmarking quality now and into the future.

Recruitment and retention, ongoing issues in the sector, will be the subject of Profiles4Care's presentation. With all providers facing staffing issues at some point, the presentation will consider the important role that values-based recruitment can play in finding and keeping the right staff for your service.

There will also be a presentation on how to aim for Outstanding and work towards achieving the highest Care Quality Commission rating. With the Care Quality Commission

having fully rolled-out its inspection regime, there's a lot that providers can pick up from those organisations already rated Outstanding by inspectors, and this presentation will help to offer real practical guidance on what works.

WORKSHOPS

Alongside the main stage, will be three practical workshops for delegates to attend. The first will see a welcome return of Tom Owen, Co-Director of My Home Life delivering an interactive workshop discussing how investment in quality can support business outcomes and CQC ratings.

Homecare providers in the region will have the opportunity to attend a dedicated homecare workshop. Delivered by Duncan White, Senior Policy Officer at the United Kingdom Homecare Association, it will explore how to deliver quality homecare in a turbulent market, offering great guidance for providers.

The final workshop will be dedicated to the region's Registered Care Managers Network. Always a popular workshop, it will focus on the real issues that local managers face on a daily basis.

EXHIBITION

There will also be ample opportunities to visit the extensive exhibition of products and services to the sector. These organisations give delegates the chance to learn about new and existing solutions to support them and their business.

More information and booking details are available on the CMM website



www.caremanagementmatters.co.uk/events. LCA members can access an early booking discount, which is available until 23rd August 2017. CMM subscribers who are not LCA members can book online to receive a 10% discount.

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Event: Health + Care 2017
Date/Location: 28th-29th June, London
Contact: Health + Care, Tel: 0207 348 5777

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Event: Digital Health and Care Congress 2017 – Embedding
Technology in Health and Social Care
Date/Location: 11th-12th July, London
Contact: The King's Fund, Tel: 0207 307 2409

Event: UKHCA England Conference 2017 – Creating a
sustainable future for care at home
Date/Location: 8th September, London
Contact: United Kingdom Homecare Association,
Tel: 0208 661 8188

Event: Care and Dementia Show 2017
Date/Location: 10th-11th October, Birmingham
Contact: Care and Dementia Show,
Web: www.caredementiashow.com

CMM
Media Partner

Event: National Children and Adult Services Conference 2017
Date/Location: 11th-13th October, Bournemouth
Contact: Local Government Association, Association of Directors
of Social Services and Association of Directors of
Children's Services, Email: events@local.gov.uk

Event: Shaping Tomorrow: Care England 2017 Conference
and Exhibition
Date/Location: 16th November, London
Contact: Care England, Tel: 0207 492 4846

Event: The Future of Ageing 2017: Transforming
Tomorrow Today
Date/Location: 29th November, London
Contact: ILC-UK, Tel: 0207 340 0440

CMM EVENTS

Event: CMM Insight – Lancashire Care Conference
Date/Location: 21st September, Blackburn
Contact: Care Choices, Tel: 01223 207770

Event: CMM Insight – Berkshire Care Conference
Date/Location: 18th October, Bracknell
Contact: Care Choices, Tel: 01223 207770

Event: The Transition Event East 2017
Date/Location: 15th November, Peterborough
Contact: Care Choices, Tel: 01223 207770

Event: 3rd Sector Care Awards 2017
Date/Location: 6th December, London
Contact: Care Choices, Tel: 01223 207770

Please mention CMM when booking your place.

STRAIGHT TALK

Vic Rayner details the new Rising Stars initiative and how it is leadership in action.



As the memory of the latest election campaign begins to fade, it is interesting to reflect on how central the theme of leadership was to the debate. In the early days of political activity, the various attributes of the individual leaders were pored over – in a narrative filled with claim and counter claim. At different times, we heard about the centrality of strength, stability, values, commitment, passion and experience. All qualities that we would recognise and applaud within the not-for-profit sector.

At the National Care Forum (NCF), we know that good leadership is key to the success of our sector. We have some leading lights throughout the membership

who offer inspiration, expertise and innovation. However, we also know that the future is only a day away, and to that end, we cannot rest on our laurels. The not-for-profit sector needs to focus on building a new set of leaders who can shape and transform the future provision of care in the UK. With this challenge in mind, at NCF we decided to take some action and begin the important process of investing in our leaders of the future – and so the Rising Stars programme was born.

At the NCF annual conference, with the support of Carterwood, we pulled together the first cohort of Rising Stars, giving them a unique opportunity to meet together, connect and begin the process of working out their leadership pathway. What a fantastic group. Coming from a wide range of services, including mental health provision, learning disability services and older people's care and nursing, these new managers came together full of enthusiasm and a desire to make a difference.

NCF has been working with a range of our partners to establish a programme for the Rising Stars, incorporating much of what we understand about good leadership. Key to this is support from your peers, and we have been quick to establish a support network for the managers to ensure that they are connected to each other and where possible, more local managers are already making plans to meet up.

We also wanted to embed the principles around mentoring. Many academic studies around leadership have demonstrated that step-changes in career paths have been brought about by the support and influence of a mentor, whether or not that mentoring process had been formalised. In order to achieve this, we asked the organisations nominating Rising Stars to also sign up to mentor an individual from another organisation – thereby spreading expertise and experience – and hopefully building

and strengthening alliances between organisations.

The third component of our programme has been to offer development opportunities to the managers. We are able to start them on this journey with a thorough skills audit, giving them a benchmark from which to chart their progress. Then, there will be a range of development opportunities offered through partners and colleagues across the sector to give them a chance to polish up their emergent skills and ready themselves to take on the challenges of the future.

Finally, NCF is working with Common Age, an international organisation promoting the concerns of older people within the Commonwealth by building capability and capacity within the health and social care services, to host an international conference in the UK in 2018.

The NCF Rising Stars will all be able to take part in this exciting event, facilitating the opportunity to look across to other nations for inspiration, aspiration and friendship.

I am very excited about this new chapter in the work of NCF. I am also hugely impressed by the calibre of the new managers I have met, and feel that they represent a bright future for the UK's not-for-profit care sector. I also want to acknowledge the invaluable contribution of our partners in this programme, including Carterwood, Morgan Hunt, CMM and Common Age.

CMM

The Rising Stars 2017

- Samantha Curran, Greensleeves Care
- Maria Jose, Look Ahead Care
- Paula Southgate, Brendoncare Foundation
- Beccy Incledon, Parkhaven Trust
- Nicky Shepherd, Greensleeves Care
- Daniel Cole, Boroughcare
- Julie Harwood, Accord Housing
- Lesley Henderson, Sefton New Directions
- Michelle Bladen, RMBI Care Company

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