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From the Editor

Editor, Emma Morriss looks at the issues facing the sector and what providers can do whilst waiting for policymakers.

Sector news this month has increasingly focused on the ongoing issues being faced by social care. News starts on page 9 and summarises the big stories, however they do paint an increasingly difficult picture.

As we move closer to the publication of the Green Paper on care and support for older people, it feels like many hopes are pinned on it having an immediate impact on the social care crisis. However, as the Public Accounts Committee commented in its report on the adult social care workforce, '... Given the pressures on the sector, we are concerned that the Department [of Health and Social Care] sees the Green Paper as a cure-all and underestimates the scale of the challenge.'

SECTOR CHALLENGES

This month, we can clearly see the challenges being faced. We've heard that 'urgent action' is needed on the social care workforce (p9), the sleep-in situation could threaten 'the viability of nearly 70%' of the sector (p10), there's been a 'significant rise in EU nurses leaving the UK' (p10), the 'damning reality of a care system that is visibly failing and unfit-for-purpose' (p14), Care England is disappointed over 'paltry fee offers' from local authorities and clinical commissioning groups (p14), and Allied Healthcare is pursuing a Company Voluntary Arrangement to enable it to keep operating (p16).

It doesn't make for easy reading.

When you add to this the fact that the Green Paper is just that, a consultation document, one of many over the past decade or more – solutions are not likely to come any time soon.

QUALITY CARE

So that begs the question, what can the sector do whilst it's waiting for the policymakers. It's not straightforward, and everyone is in a different situation, however, I'm sure we'd all agree that the one thing the sector can do is to continue focusing on the people it supports; ensuring they receive the best quality care.

Andrea Sutcliffe's column on page 7 explores a new report the inspectorate is publishing on driving improvement. It features case studies from services that have improved from Inadequate to Good. Andrea says, '...it isn't rocket science' and often involves empowering staff to put the people they support at the centre of the care being provided. Usually, it's the simplest approaches that make a real difference, and focusing on the person being supported makes life better for everyone.

HERE FOR YOU

With that in mind, don't forget that the CMM website has an archive of best practice features to help you support people. Our daily news stories are sent out to members to keep them up-to-date with new reports, developments and initiatives. Take a look and sign-up today. You can even claim CPD points for reading CMM. We're here for you and your clients.

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Inside CQC

ANDREA SUTCLIFFE CBE

In this month's Care Quality Commission column, Chief Inspector of Adult Social Care, Andrea Sutcliffe CBE talks about an upcoming publication highlighting what has driven quality improvement in services.

Time seems to be flying by in 2018. With summer fast approaching, it's been nearly a year since we published *The state of adult social care services 2014 to 2017*, presenting the findings from our comprehensive programme of adult social care inspections. This was a hugely important report for CQC: having carried out over 33,000 inspections of around 24,000 different services, we developed a full picture of care quality and safety across England, which we're continuing to strengthen through our ongoing inspection activity.

The great news is that almost four out of five adult social care services in England continue to be rated as Good or Outstanding. This means that four out of five people receive care that meets *The Mum Test* – is this service good enough for my Mum (or anyone else I love)? It's fantastic that there is so much good care and we should celebrate this and recognise the contribution everyone working in these services makes to achieving it. However, there is still too much poor care, with some providers failing to improve.

One thing I hear a lot is that many providers want to improve, but aren't sure how to do it. With this in mind, I'm delighted that on 7th June we'll be launching a new report, *Driving Improvement*, featuring case studies from services that have improved from Inadequate to Good.

These case studies feature a range of services: homecare agencies, residential and nursing homes, and services specialising in support for older people, people with learning disabilities and autism, and people with physical disabilities. It was important to us that the report reflects the broad scope of service types so that managers of struggling services might see something that relates to them.

Before we started developing the case studies, we co-produced our plans with a mixed group of stakeholders to make sure we took the right approach. Everyone agreed it was important that outcomes for people using services should be at the heart of the case studies, so you'll see this running through the publication. Providers also told us that they wanted to understand what practical measures led to improvement, so at the end of each case study we have listed the management team's top tips for improvement.

Each case study shares the story of the service and how it improved through the words of the people who were involved in it – the manager, the staff, the people who use the service and their families, and external bodies like the local authority or health staff. I was struck by how powerfully those involved describe the impact of the original Inadequate ratings they received – the devastation of hearing that news, but also the determination to turn things around.

> ***"I was struck by how powerfully those involved describe the impact of the original Inadequate ratings they received."***

We all know how crucial leadership is to delivering great care. These case studies feature inspiring managers who have gone into Inadequate services, some close to closure, and motivated the staff and community there to change how things are done. They themselves told us it isn't rocket science – these managers used the CQC report to create an action plan for improvement, communicated the changes clearly to staff and got them on board. I hope their stories will motivate others to take action to improve where it's needed, and show them practical examples of how it's been done.

I'm not exaggerating when I say that I was profoundly moved reading these case studies. People who use these services and their families shared with us the impact the improvement had on their lives, and in some cases, it was truly life-changing. These changes were often made possible when staff were empowered, through training and support from managers, to better understand the people they support. By gaining knowledge of people's care and health needs, as well as their life stories, likes and dislikes, staff in these services have been able to ensure the people they support truly are at the centre of the care they provide.

I hope you'll look out for the report in June. We'll be publishing it on our website and will share it with all providers via our newsletter. If you have improvement stories of your own, please do get in touch – I'd love to hear them.

Andrea Sutcliffe CBE is Chief Inspector of Adult Social Care at Care Quality Commission. The link to *Driving Improvement* will be added to this article on the CMM website, where you can also share your improvement stories. Sign up today **www.caremanagementmatters.co.uk**

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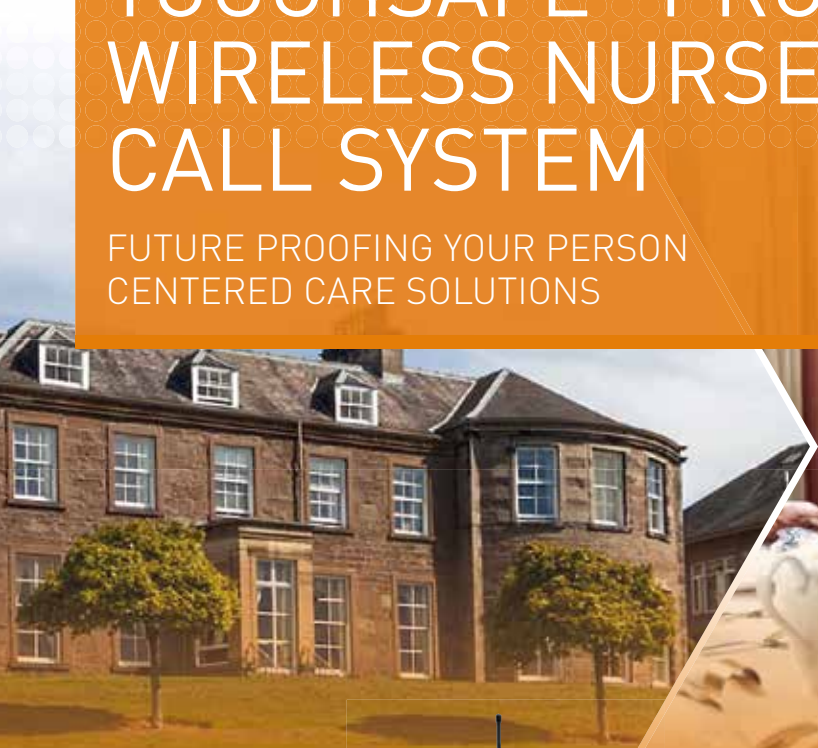

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NEWS

Urgent action needed on social care workforce

A Public Accounts Committee (PAC) report into the adult social care workforce in England has warned that urgent action is required to reverse care work's poor public image and boost recruitment and retention.

It says that the care sector is in a precarious state but the Department of Health and Social Care (DHSC) has not yet said how it intends to put in place a long-term, sustainable funding regime to meet the ever-increasing demand for care. PAC says that DHSC does not know whether the ways that local authorities commission care, and the prices they pay providers, are contributing to the problems within the care workforce.

The PAC is not convinced that the lack of regulation within the care sector workforce, and the balance of regulation versus a market-based approach, is supporting the care sector to provide the best care possible. It also says that the UK's departure from the EU is causing uncertainty over how the workforce will be sustained, particularly in areas that are more reliant on non-UK workers.

The report argues that there is an urgent need to reverse the poor public image that care work has in order to boost recruitment and retention across the care sector.

The PAC is also concerned that the move to supporting people with substantive and critical care needs only is contributing to growing levels of unmet need for people with moderate care needs. These moderate needs may well grow into substantial or critical needs if support is not given.

DHSC has committed to addressing all these issues through the health and care workforce strategy that it is currently consulting on, and the promised Green Paper on funding of care for older adults. But given the pressures on the sector, the PAC is concerned that DHSC sees the Green Paper as a cure-all and underestimates the scale of the challenge.

Deaths of people with learning disabilities

From 1st July 2016 to 30th November 2017, 1,311 deaths were notified to the Learning Disabilities Mortality Review (LeDeR) programme, according to its report.

The LeDeR programme was established to support local areas to review the deaths of people with learning disabilities, identify learning from those deaths, and take forward the learning into service improvement initiatives. It is led by the University of Bristol, and commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England.

The programme has developed a review process for the deaths of people with learning disabilities. All deaths receive an initial review; those where there are any areas of concern in relation to the care of the person who has died, or if it is felt that further learning could be gained, receive a full multi-agency review of the death.

Deaths subject to the current priority review themes (aged 18-24 years or from a Black or minority ethnic background) receive multi-agency review and expert panel scrutiny. At the completion of the review, an action planning process identifies any service improvements that may be indicated.

Key information includes: Just over half (57%) of the deaths were of males; Most people (96%) were single; Most people (93%) were of White ethnic background; Just over a quarter (27%) had mild learning disabilities; 33% had moderate learning disabilities; 29% had severe learning disabilities; and 11% had profound or multiple learning disabilities; approximately one in ten (9%) usually lived alone; and approximately one in ten (9%) had been in an out-of-area placement.

The programme also found that:

- The proportion of people with learning disabilities who died in hospital was greater (64%) than the proportion of hospital deaths in the general population (47%).
- Younger people with learning disabilities were more likely to die in hospital than older people (76% of those under 24 years of age compared with 63% of those aged 65 and over).
- Those with profound or multiple learning disabilities were more likely to die in hospital (71%) than other people with learning disabilities (59%).

APPOINTMENTS

CQC

The Care Quality Commission (CQC) has appointed Ian Trenholm as its new Chief Executive. He will take over the role from Sir David Behan who leaves in July.

ADASS

Glen Garrod, Director of Adult Social services for Lincolnshire has been appointed President of the Association of Directors of Adult Social Services (ADASS).

ORBIS EDUCATION AND CARE

Simon Drinkwater has joined Cardiff-based Orbis Education and Care as its new HR Director.

CARE ASSOCIATION ALLIANCE

Melanie Weatherly, Chief Executive of Walnut Care will co-chair the Care Association Alliance alongside Erica Lockhart, Chief Executive of Surrey Care Association.

BELONG

Belong has appointed Stacey McCann as Chief Operating Officer. Jo Ball also joins the organisation as Operations Manager of Belong at Home.

ONE HOUSING

Steve Douglas, Co-Chief Executive of Altair Ltd and former Chief Executive of the Housing Corporation, is joining One Housing as its new Chair.

HAFOD

Hafod has made two new appointments. Karen Rosser will become Executive Director of People and Change. Kath Palmer has been appointed Executive Director of Place, Policy and Stakeholder Engagement.

APPOINTMENTS

CHURCH FARM CARE

Church Farm Care has announced the appointment of Amanda Jones as Quality Assurance Manager.

AUDLEY GROUP

Audley Group has made two appointments to its digital team. Sam Happe joins as Digital Marketing Manager and Lauren Barnes takes on the role of Senior Digital Content Executive.

SENSE

Gillian Morbey OBE, Chief Executive of Sense will retire from the role in July. Deputy Chief Executive Richard Kramer will take over the poisition.

BRENDONCARE

The Brendoncare Foundation has welcomed Tina Manterfield as General Manager for its new development at Brendoncare Otterbourne Hill, near Winchester.

CASTLEOAK

Mel Knight has stepped down as Executive Chairman at Castleoak. Over the past five years, the shareholders have led a succession plan to evolve the business from a shareholder-led business to one led by an independent management team. Karen Rosser steps up from Non-Executive Director to Non-Executive Chair.

GVA

GVA healthcare has announced that following the appointment at the beginning of 2018 of Tom Harrison and Rob Hearle as Directors in Bristol and London, respectively, established team colleagues, Charlotte Brierley and Luke O'Dowd (London) and Kate Deakin (Manchester) have each been promoted to Associate.

Sleep-in crisis – sector on the brink

A new survey reveals that the viability of nearly 70% of the care sector is threatened by the sleep-in pay crisis.

The independent survey, conducted by Agenda Consulting and Towers & Hamlins LLP, assessed the impact of sleep-in pay on the future of the care sector. It highlighted the potential rate of collapse in care services – finding that 30% of people are likely to have their services disrupted in the next year as providers are forced to hand back contracts.

Worryingly, nearly half (46%) of providers who responded to the survey would have to make redundancies, with 19.7% of staff facing redundancy. Those hit hardest by any redundancies would be those occupying frontline delivery posts. This effect on frontline staff will undoubtedly hit those cared for.

Key findings include:

- 67% of those who responded expect to have a budget shortfall in the coming financial period, with 62% planning to fund the shortfall through reserves. Out of those considering different approaches to address the potential shortfall in funding, 70% are considering a renegotiation of contracts with commissioners, and 56% are considering handing back services.
- The results of this survey show that there has been a significant rise in the number of services the commissioners have agreed to fund at the NMW in the last year from 14% to 49%. However, only 7% have agreed to fund sleep-ins at the NMW together with all on-costs.
- 34% of those surveyed said that there would be a threat to the viability of their organisation if there's a requirement from HMRC to backdate payments to staff for two years, with this figure rising to 68% if the requirement is to back date for six years (as is required by current government guidance).
- Only 6% of providers have budgeted for back pay liability.
- 22% of those surveyed said that they would have to sell properties to cover the shortfall.
- Providers have decided not to bid or negotiate for 273 new contracts because of their financial situation.

Public awareness of social care is essential

Helping the public to recognise the importance of social care will be 'the most essential task' for the social care sector as it engages with the Government's upcoming Green Paper on social care, the incoming President of the Association of Directors of Adult Social Services said in his inaugural speech.

Glen Garrod, Director of Adult Social Services for Lincolnshire said, 'Helping the public to understand our contribution is perhaps our single most important task over the next year.

'They are the force for change to be reckoned with, the power to be harnessed.'

With the Government's Green Paper and work concerning working age adults on social care due in coming months, Association of Directors of Adult Social Services will focus on galvanising public opinion to ensure that the Government can deliver a long-term funding proposal for social care.

In a radical break from previous Association of Directors of Adult Social Services leaders, Glen did not outline priorities for the coming year, instead he urged political leaders and social care staff from across the country to focus on the 'opportunities' that the sector presents, with the upcoming social care Green Paper key.

EU nurses leaving UK rises significantly

New Nursing and Midwifery Council (NMC) figures continue to highlight 'major concern' as there's a significant rise in EU nurses leaving the UK.

The figures show that between April 2017 and March 2018, 3,962 nurses and midwives from the EU left the register – an increase of 29%.

The figures also show that there continues to be a dramatic drop in those joining the register from the EU. Over the same period, 805 EU nurses and midwives joined the register compared with 6,382 the year before – a drop of 87%.

Following a period of sustained decline, the number of UK-trained nurses and midwives registered to work appears to be stabilising. Those joining the register for the first time is at its highest level for four years, while 4,034 fewer people left the register.

The number of nurses and midwives joining the register from outside the EU has also risen for the fourth consecutive year with 1,093 more nurses and midwives on the register compared to March 2017.

Worryingly, data from the regulator also shows a decline in three of the four fields of nursing. The number of adult, learning disability and mental health nurses eligible to work in the UK has reduced over the last few years, while the number of children's nurses has increased year-on-year for the past four years.

The NMC surveyed 3,496 people who left the register between June and November 2017 to find out their reasons for leaving.

EU nurses and midwives cited leaving the UK and Brexit as their top reasons, while retirement, staffing levels and changes to personal circumstances were the main reasons for UK registrants leaving.

Four Seasons Health Care strengthens CQC excellence through ultra-performing Gainsborough baths

Part of the Gainsborough Healthcare Group, Gainsborough Specialist Bathing has been selected by Four Seasons to provide its network of care homes with assistive baths that safeguard future care excellence.

Luke Torkington, Procurement Buyer, Four Seasons Health Care comments: "It became very apparent to me during stakeholder engagements that the customer experience is at the very heart of their newly formed parent organisation – Gainsborough Healthcare Group. Not only that, Gainsborough offered our business new product innovations which the market could not."

Luke continues: "These innovations included integrated BioCote, which provides antimicrobial protection – vital for our care homes' infection control process. With the increased threat from superbugs, the inclusion of BioCote technology delivers our carers and residents a significant advantage. No other premium supplier was able to deliver such a robust infection control solution."

Luke concludes: "As well as incorporating BioCote, the Gentona bath particularly appealed to us as its advanced design features reduce utility and energy consumption. It also reduces bathing cycle times so care and operational efficiency is optimised. We were impressed to learn that the Gentona can potentially save up to 25% on all running costs when compared to equivalent baths."

www.gainsboroughbaths.com

Delivering Good and Outstanding care

Skills for Care has updated its guidance on delivering Good and Outstanding care. It asked Good and Outstanding care providers what they do to achieve their rating and used that information to update its guide.

This latest edition includes new tips and practical examples from across the sector that reflect the changes to Care Quality Commission (CQC) inspections.

For CQC-regulated adult social care providers, the guide can help improve and prepare for inspection. For those already rated Good or Outstanding, Skills for Care says it will help to maintain or improve the quality rating. For those whose services are rated Requires Improvement, it will help providers to avoid some of the common mistakes and take a proactive approach to improving standards.

£2m in compensation over 'upfront fees'

Following an ongoing investigation into how some care homes charge for their services, the Competition and Markets Authority (CMA) has secured more than £2m in compensation for Sunrise Senior Living residents.

The investigation uncovered that Sunrise's description of its upfront fee – running to several thousands of pounds per person – and how it would be used, was unclear. Moreover, prospective residents were having to pay out before they had secured a place at the home.

The CMA also raised concerns that the fee was non-refundable once someone had lived in the home for more than 30 days.

The CMA has welcomed Sunrise's decision to give back money to the vast majority of residents who have paid upfront fees since 1st October 2015. This will apply to residents who have left or leave within two years of moving into one of the company's care homes. If the resident unfortunately dies within this time, their family will receive the compensation.

On top of individual pay-outs of £3,000 on average, Sunrise has provided legally-binding commitments to stop charging these upfront fees altogether for future residents.

It has also agreed to abide by new CMA guidance about the charging of fees after a resident has died, which is soon to be finalised and published following a consultation.

George Lusty, the CMA's Senior Director for Consumer Protection, said, 'Care home residents shouldn't be required to pay out thousands of pounds without being clear what they're getting for their money. So, it's only right that residents at Sunrise care homes will now receive compensation if they've paid these fees, and that future residents won't have to make such payments at all.

'The CMA welcomes Sunrise's constructive engagement and co-operation throughout our investigation. We're now continuing our enforcement action against other care homes, and expect all homes to review their practices to make sure they aren't breaking consumer law. We will act if we find evidence that they are.'

The CMA's ongoing consumer law investigation into fees charged by a number of care home providers has already led to Maria Mallaband dropping a contract term requiring the payment of one month's fees following the death of a resident.

Key factors to support quality of life in dementia

A robust research analysis has identified what factors can be targeted to support people to live as well as possible with dementia.

The study, led by the University of Exeter and published in the journal *Psychological Medicine*, found that good relationships, social engagement, better every day functioning, good physical and mental health, and high-quality care were all linked to better quality of life for people with dementia.

The research was supported jointly by the Economic and Social Research Council (ESRC) and the National Institute for Health Research (NIHR). It involved collaboration with the London School of Economics, the universities of Sussex, Bangor, Cardiff, Brunel and New South Wales in Australia, and King's College London.

The team carried out a systematic review and meta-analysis to examine all available evidence about the factors that are associated with quality of life for people with dementia. They included 198 studies, which incorporated data from more than 37,000 people.

The study found that demographic factors such as gender, education, marital status, income or age were not associated with quality of life in people with dementia. Neither was the type of dementia.

Factors that are linked with poor quality of life include poor mental or physical health, difficulties such as agitation or apathy, and unmet needs.

Factors that are linked with better quality of life include having good relationships with family and friends, being included and involved in social activities, being able to manage everyday activities, and having religious beliefs.

Many other factors showed small but statistically significant associations with quality of life. This suggests that the way in which people evaluate their quality of life is related to many aspects of their lives, each of which have a modest influence. It is likely that to some extent the aspects that are most important may be different for each person.

Evidence from longitudinal studies about what predicts whether or not someone will experience a good quality of life at later stages was limited. The best indicator was the person's initial rating of quality of life. This again highlights the importance of optimising quality of life from the earliest stages of living with dementia.

Orchard Street acquires care home

Orchard Street Investment Management, the specialist commercial property investment manager, has acquired a purpose-built residential care home in Leamington Spa, Warwickshire. It has been acquired on behalf of a pension fund client for £14.18m from Aprirose, a UK-based real estate investment company.

The care home's purchase price represents a net initial yield of 3.85%.

Providing 50 en-suite bedrooms across three floors, the freehold property is let to Methodist Homes on a 35-year term with 27 years remaining and annual RPI-linked rent reviews subject to minimum uplifts of 2.5%.

Care England disappointed with fee offers

Care England has again expressed its disappointment over what it calls 'paltry fee offers' from local authorities (LAs) and clinical commissioning groups (CCGs).

Professor Martin Green OBE, Chief Executive of Care England said, 'Yet again, LAs and CCGs are only now beginning to make their fee offers to care providers. It is unbelievable that we are in this position again. If the care sector is to plan efficiently to provide the necessary high-quality care, it is unfathomable as to how this can happen with such a time-lag, uncertainty and, of course, negligible or zero uplifts.'

Care England says that a degree of professionalism is needed from LAs and CCGs where fee offers are made promptly at the beginning of the financial year.

Whilst most fee rates for 2018/19 remain a mystery, a few LAs and CCGs have issued notices about what they will pay for care home placements this year. Care England says that, of those known, there is already a worrying trend of rates not keeping pace with rising costs – putting increasing pressure on an already fragile care market. However, it says that what is even more worrying is the increasing movement towards reverse auctions.

Martin Green continued, 'These incredibly low fee offers demonstrate that health and social care simply are not held in the same regard. There needs to be parity of esteem between the health and social care workforce. Skills, effort and experience count for a lot and should be remunerated beyond the National Minimum Wage. The wages and career progression on offer to the social care workforce should be proportionate to its contribution to individuals and society in general in equal measures to that afforded to the NHS staff. We are urging our members to work with their newly-elected councillors to alleviate the situation before it is too late and the bottom falls out of the market leaving untold repercussions on the NHS.'

Building a new generational contract

A new generational contract is needed to tackle the big challenges Britain faces for young and old, covering a better-funded NHS and care system, a radically reformed housing market, and a new citizen's inheritance to boost the prospects of younger generations. This is according to the final report of the Intergenerational Commission.

The generational contract reflects the fact that we judge the success of a society by how it treats its old, and believe strongly that each generation should have a better life than the one before. However, the Commission warns that the public are increasingly questioning whether Britain is offering young people the prospects previous generations have enjoyed. This is not just confined to younger generations either, with healthcare now the most pressing area of worry for British adults.

The Commission says that the State now has to rise to the challenge, and sets out over 35 recommendations to build a new generational contract, including giving older generations the health and care they deserve, need and expect.

The Commission proposes a £2.3bn NHS levy to put it on a firmer financial footing. This would be funded by applying National Insurance Contributions to pensioners' earnings and, at a lower rate, to the income of richer pensioners, rather than raising National Insurance Contributions for working age people. It also suggests rescuing social care with a £2.3bn funding boost from replacing council tax with a progressive property tax, including deferred payments for asset-rich, income-poor families. It says a new model for care provision should also ask those able to contribute towards their care to do so, but subject to strict limits.

Damning reality of care system

A survey by the Care and Support Alliance (CSA) of nearly 4,000 people who need care or look after someone who does reveals the damning reality of a care system that is visibly failing and unfit-for-purpose. Those relying on care revealed their experiences of poor care at the hands of a care system that is meant to provide a safety net for them, but which often lacks the resources to do so.

The survey, published in CSA's report, *Voices from the social care crisis* revealed, because of a lack of care:

- 1 in 5 felt unsafe moving around their own home, and 4 in 10 can't leave it.
- 1 in 5 said they've gone without meals.
- 1 in 4 said they've needed hospital treatment and 1 in 8 said they've been delayed leaving hospital because of not being able to get the care they need.
- Over a quarter have been unable to maintain basics like washing, dressing, visiting the toilet.
- More than 1 in 7 (16%) have had their care packages reduced, even though their needs have increased or stayed the same.
- More than 1 in 5 have not been able to work.

The Alliance is calling on people to add their signature to an open letter to Jeremy Hunt, Secretary of State for Health and Social Care, highlighting the urgent need for him to act now and in the upcoming Green Paper to fix the care crisis, www.careandsupportalliance.com/letter

Currently 1.2 million older and disabled people are unable to get the care they need, almost double the number since 2010. And despite more adults needing care, the number receiving it has fallen by at least a quarter between 2009/10 and 2013/14 alone. A £2.5bn funding gap is estimated by 2019/20.

This most recent CSA survey highlights the dangers of not having enough care; the unnecessary pressure being placed on the NHS; and how family and friends who step in to try to fill the gap are being pushed to breaking point.

Housing needs of an ageing population

New research is being funded to identify how to meet the housing needs of an ageing population. The research, to understand at a local level what sort of mainstream housing older people live in, is being funded by the Centre for Ageing Better.

The grant – which has been awarded to Greater Manchester Combined Authority (GMCA) and the Manchester School of Architecture (MSA) – will help local areas understand what housing they have and where older people are living, to help inform what housing an ageing population might need in the future.

Researchers will use an area of Greater Manchester to take a detailed look at the type of housing older people live in, examining factors such as tenure, size, condition, and accessibility and adaptability. They will also use local data to highlight the characteristics of different 'types' of older people. This analysis should provide insight into the different housing choices made by three groups of older people – 'lifestyle movers', 'planned movers' and 'crisis movers'.

By identifying the different needs of each group, this research aims to support local areas to identify and respond to the diverse needs of their older population.

Future of homecare services

The Institute of Public Care at Oxford Brookes University has published a new report on the future of domiciliary care services.

The report by IPC's Professor John Bolton and Dr Jane Townson of Somerset Care offers their thoughts and key messages on the commissioning, design and delivery of outcome-based domiciliary care.

While many people would subscribe to a general consensus on the benefits of moving to this way of working, the sector is still confronted by issues of cost, the recruitment and retention of staff, provider flexibility and how to introduce sustainable innovation – elements that all contribute to the way the sector needs domiciliary care to operate successfully in the future.

The Institute says that it sees the publication of this paper as coming at a crucial time in the delivery of care and support to help individuals, where appropriate, at home and in their communities, as the financial challenges in the sector look set to continue into the future.

The paper also highlights the importance of delivering outcomes as a key element in the pursuit of managing unintended demand.

The report's authors offer their own experience and suggestions on what needs to be explored (i.e. price, supply, demand, service design and innovation) and how, in order to effectively deliver outcomes.

In addition, they describe the importance of transparency and good working relationships between commissioners and providers as being critical in this area.

Older people's dental health

The Relatives and Residents Association has launched a *Keep Smiling* campaign to highlight the importance of dental health for older people. As part of the campaign, it has produced a handbook and associated video.

The handbook has been developed to help anyone caring for older people, whether in residential care or at home, and for people whose dementia or disabilities make them resistant or unable to manage their own mouth and teeth care.

In 2017, leading dentists estimated that 1.8 million or more over-65s have an urgent dental problem and that there is an urgent need to improve dental health for older people.

The *Keep Smiling* handbook and its associated video show dental care in action in different care settings. Together they aim to give a deeper insight into the things to think about, the questions to ask and the practicalities of how to help with the essential and intimate matter of keeping a healthy mouth. They show useful skills, tools and techniques. They also give guidance for assessment and planning and introduce some of the professional dental services to which older people have access, whether in the home or locally.

The initiative is supported by the Oral Health Foundation.

2018 Rising Stars

Thanks to the sponsorship of Carterwood and Apetito, the National Care Forum (NCF) has announced the second cohort in its Rising Stars programme.

The programme provides an opportunity for those shining lights in NCF Member organisations to hear first-hand about key policy developments, best practice innovations and challenges facing the strategic thinkers within the sector. It is designed to identify leading lights within organisations who will shape and form the care sector in the future.

The 2018 Rising Stars will be featured in future issues of CMM.

IN FOCUS

Citizens' Assembly on Funding Social Care

WHAT'S THE STORY?

A group of people from across the country have been brought together as a citizens' assembly on funding social care.

It is the first citizens' assembly commissioned by Parliament and will consider the best way to fund adult social care.

WHAT IS A CITIZENS' ASSEMBLY?

The Citizens' Assembly on Funding Social Care is made up of a maximum of 50 people chosen to reflect the makeup of the wider population and builds on Parliament's existing public engagement.

WHY IS IT BEING HELD?

It has been set up as part of the inquiry into the long-term funding of adult social care being carried out by the Housing, Communities and Local Government Committee and the Health and Social Care Committee.

Over two weekends in April and May, the Citizens' Assembly members heard from expert contributors with different views on how adult social care should be funded, before discussing the issues and reaching a set of recommendations.

The Commons Select Committee says that citizens' assemblies have been effective in the UK and internationally at giving decision-makers a detailed understanding of informed public opinion on complex issues; and opening up the space for political consensus to be found.

The Citizen's Assembly is being run by Involve – a public participation charity that aims to put people at the heart of decision-making.

WHAT HAPPENS NEXT?

The findings from the Citizens' Assembly on Funding Social Care will be considered by the Committees alongside other evidence submitted to the inquiry, which is aimed at finding the best way of funding social care sustainably in the long term and proposals that will command both public and political consensus.

WHAT HAVE PEOPLE SAID ABOUT THE NEED FOR A CITIZENS' ASSEMBLY?

Clive Betts MP, Chair of the Housing, Communities and Local Government Committee said, 'The adult social care system is under huge financial pressure and there is an urgent need to come up with a way of funding the system that will ensure it is sustainable.

'Many proposals have been put forward, from using national taxation as a new source of funding through to the introduction of a compulsory insurance scheme or extra revenue from inheritance tax, and our inquiry is focused on examining the options and informing the Government's approach.

'A long-term solution is necessary if we are to ensure the right care is available for everyone who needs it. The Citizens' Assembly has an opportunity to bring forward ideas that could command consensus.'

Allied Healthcare pursues CVA

Allied Healthcare has decided to pursue a Company Voluntary Arrangement (CVA) to ensure it can continue to operate in the increasingly difficult homecare market.

Allied Healthcare's proposed CVA is not intended to impact on services or jobs.

As with many independent providers in the UK's health and social care sector, Allied Healthcare has been operating in a highly-challenging environment for a sustained period of time, which has placed pressure on the company.

As a result of these challenges, the organisation has taken the decision to pursue a CVA as part of a prospective business plan that will ensure safe continuity of care across its UK-wide operations, place the company on a sustainable long-term footing, and maximise repayments to its creditors.

Allied Healthcare delivers over nine million hours of care every year, is the preferred provider for many local authorities and also an approved healthcare supplier to the NHS.

Allied Healthcare has said that the proposed CVA will not impact on the safe continuity of care that it provides.

The CVA will, however, enable the company to restructure its financial arrangements and agree a revised schedule of repayments with its creditors so that the company can continue investing in its services and people.

Under the CVA plan, there would be no redundancies or branch closures as a result of its implementation. Allied Healthcare has assured customers and employees that it will continue to trade safely, and it remains business as usual.

Interim report on review of health and care

The interim report of The Lord Darzi Review of Health and Care has been published by IPPR, the Institute for Public Policy Research.

The independent review is examining the state of quality in health and care services on the NHS's 70th birthday. It was launched in December 2017 and will make recommendations for future funding and reform of the system.

Specifically, the review aims to:

- Examine the quality, safety, effectiveness, timeliness, efficiency and equitability of care in the NHS and social care.
- Establish the funding settlement and reforms needed to drive improvements in the quality of care in the coming decade.

The report is clear that the pressures that the systems have faced over the last decade will continue for the next 10 years. It says that, 'We are entering a period of profound disruption – both exciting and challenging – for the NHS and social care system. Some have argued that our "free at the point of need" system is unsustainable in this context: but it is a fundamental error of logic to say that something is unaffordable, so we should move to something more expensive (e.g social or private insurance).'

It goes on to say, 'That's why we must reaffirm the founding principles of the NHS, committing to a long-term funding settlement and a reform plan, and take time to consider what this means for the future of social care, which for too long has been side-lined in the funding and reform debate.'

The Lord Darzi Review was commissioned by, and is housed within IPPR, with analytics provided by the consultancy firm, Carnall Farrar.

Demand for specialised supported housing

Research commissioned by Mencap, in partnership with Housing LIN, has revealed the rise in demand for specialised supported housing (SSH). It says that the SHH sector is more than double the size of previous estimates and demand is rising.

Funding supported housing for all: Specialised Supported Housing for people with a learning disability estimates there to be between 22,000 and 33,000 SSH units, which is two to three times the size of current estimates of the SSH sector.

Despite rents for SSH generally being higher than some other forms of supported housing, the research found that SSH is a cost-effective way of providing housing to those with complex needs, given that it attracts no or only very limited public funding. The research also finds that living independently with support in the community has a positive impact on people's wellbeing.

Demand for supported housing from people with a learning disability is projected to increase from 38,500 units in 2015 to 59,800 units in 2030.

Councils cannot cap personal budgets under Care Act

Councils cannot set maximum budget levels when calculating the cost of people's care, the Local Government and Social Care Ombudsman has said.

The Ombudsman has issued the advice after it found Wiltshire Council had a policy of placing people into bands, and paying in line with those banding levels, regardless of need. This is contrary to the Care Act.

The Ombudsman became aware of the council's system after a woman, whose adult son had substantial and complex health problems and disabilities, had her support cut significantly.

The Ombudsman's investigation found the council at fault for using an outdated matrix tool to calculate the amount of support offered to the family, and for reducing the support offered immediately, rather than as a staged reduction as the matrix tool said it should. It was also found to be at fault for the way in which it reduced their funding for transport.

Healthcare Homes' expansion

Birkett Long LLP has helped Healthcare Homes Group boost its portfolio to 37 homes, following the acquisition of two care homes in February and March 2018 under two separate transactions.

The acquisitions of The Old Vicarage in Dorset, and Haughgate House in Woodbridge support the Group's increasing geographic reach.

Birkett Long LLP advised Healthcare Homes Group on all legal matters relating to both acquisitions, working in conjunction with Omega Healthcare Investors Inc and Arnold & Porter.

LNT in Ely

LNT Care Developments has exchanged contracts in Ely for a 66-bed care home and has had planning approved by East Cambridgeshire District Council who voted unanimously for the care home.

Construction is due to start in July 2018 with a predicted completion date for August 2019.

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Making the Mental Health Act person-centred

Rethink Mental Illness and Adelphi Research UK have released a new report on making the Mental Health Act more person-centred and fit for the future.

The research looked at limitations in the way care is delivered for people detained under the Act and offers suggestions for changes to the legislation and best practice.

The research process involved 24 participants: eight people who had previously been detained, three carers and 13 healthcare professionals including psychiatrists, community and hospital based mental health nurses, social workers and Independent Mental Health Advocates (IMHAs).

The research highlighted a number of key areas that should be considered in making the Act more person-centred and fit for the future, ensuring the rights of people detained under the Act are protected and that overall care is improved.

These include:

- Greater overall involvement of service users in their care via mandatory access to IMHAs within 48 hours of admission (currently, service users have a right to access advocacy, but not within set timeframes).
- The standardisation of information provided to include more information on rights to tribunals and appeals, along with details of medicines and potential side effects.
- A change to legislation on the appointment of the Nearest Relative, to give service users the right to choose their own representative.
- Inclusion of Advance Decisions as a routine component within the care pathway and legislative changes that give legal weight to Advance Decisions.

As the sample was relatively small, the researchers suggest that the findings are indicative rather than representative and recommend further validation.

CMM has an update on the DOLS reform starting on page 22.

National Care Group acquisitions

National Care Group Ltd (NCG) has completed the acquisition of two care providers: Norfolk-based Westward Healthcare Ltd and Gloucester-based Access Care Ltd.

Funding to support the acquisitions has been provided by Allied Irish Bank (GB).

Established in March 2016, NCG provides care and support services to vulnerable adults throughout the UK.

These two acquisitions form part of NCG's growth strategy to expand and reach a target of offering 5,000 beds by 2022. NCG currently operates 643 beds across the UK, with Westward Healthcare adding 37 beds and Access Care with over 50 beds.

Access Care has two operating companies, Merry Den Care and Chosen Care. Chosen Care operates two residential properties; Chosen Court and Yew Tree House and a third supported living house at Oxstalls. All are located across the Gloucester area.

Merry Den Care also operates across Gloucester with six supported living homes and Merry Den Flats providing domiciliary care.

Westward Healthcare in Norfolk provides support for adults with a range of learning disabilities, autism, epilepsy and other additional complex needs over two sites, Westward Farm and Westward Barns.

Care Practice Essentials Toolkit

As part of its *Building a Caring World* philosophy, QCS has launched a free *Care Practice Essentials* toolkit, specifically tailored for developing nations in the Commonwealth. The toolkit is available on both desktop and mobile app and contains the most essential policies, procedures, guidance and a care plan. The announcement was made at the Ageing in Common Conference.

QCS has also committed to making the toolkit available to anyone involved in care provision in countries as diverse as Bangladesh, Cameroon, Ghana, India, Kenya, Malawi, Nigeria, Tanzania and Uganda. The launch supports the QCS bursary which involved funding 20 delegates from developing nations within the Commonwealth to attend the Ageing in Common Conference.

Social care trust fund could provide fully-funded and universal social care

A pioneering social care trust fund for England could provide a fully-funded and universal social care system for all within a decade, says a new report.

Remodelling Capitalism: how social wealth funds could transform Britain says that the UK Government should create a social care trust fund to ensure everyone has free and universal access to all social care needs in old age.

Published by City, University of London and Friends Provident Foundation, the report says the fund would be a powerful new instrument to tackle inter-generational inequality, and would tackle inequities both in the provision of residential and domiciliary care, ending the postcode lottery.

The authors say the fund could be paid for by new levies on capital and privately-owned wealth, small annual payments from the UK's top 350 companies, a 1p increase in National Insurance Contributions, with an initial endowment from government assets and borrowing.

The money raised would be held in a separate and permanent investment fund, with the dividends used to extend the range of universal public services.

The fund would be independently managed and would increase in value over time at an annual target rate of 4% (in real terms after inflation) through global investment in assets of various types.

On the most generous funding option, it could be worth £700bn in ten years, enough to provide a permanent funding stream of £25bn for social care needs.

Project leader Professor Steve Schifferes said, 'Social wealth funds are powerful tools that can transform the economy by boosting public assets, strengthening the public finances and tackling intergenerational inequality.

'A social care trust fund has the potential to transform the broken social care system and ensure that both current and future generations are treated fairly.'

As well as the social care trust fund, the report recommends the creation of a citizens' dividend fund and a series of urban land trusts to tackle the housing crisis.

The authors argue that the UK is well behind other countries in developing such funds, and there are many successful examples abroad. They point to the Australia Future Fund, established in 2005, which now helps to fund a range of social provision, including pensions, education and disability payments.

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DOLS Reform:

One step closer...

Is the timetable for DOLS reform any clearer following the Government's recommendations? Stuart Marchant and Ruth Atkinson-Wilks say that depends now on the Mental Health Act Review.

In March, the Government published its response to the Law Commission's *Mental Capacity and Deprivation of Liberty* report. Although the history of the Deprivation of Liberty saga is well-known and well-written about, a brief recital is necessary to place the Government's response in context.

The Deprivation of Liberty Safeguards (DOLS) were introduced in 2007 to create a framework for the protection of vulnerable persons lacking capacity to decide about their care and treatment when that care and treatment may amount to a deprivation of liberty under Article 5 of the European Convention on Human Rights.

Despite its fairly simple aim, the implementation and development of DOLS has proved to be increasingly confusing, expensive and overwhelming for all persons involved. In February 2014, the House of Lords Select Committee on the Mental Capacity Act 2005 (MCA) published a report, which concluded the DOLS were, 'poorly drafted, overly complex and... sometimes used to oppress individuals'.

In light of this damning finding, the Select Committee stated, 'the only appropriate recommendation...(was) to start again', and called for 'a comprehensive review', which was subsequently commenced by the Law Commission.

In March 2017, the Law Commission published its final recommendations and a year later, in March 2018, the Government published its response to these recommendations.

MOVING FORWARD WITH DOLS REPLACEMENT

So, four years into the DOLS replacement project, are we any closer to resolution? Is a simplification of the law imminent? The answer is yes, sort of, although much depends on the timetable of the Government's Mental Health Act (MHA) review, which let's face it, is not going to be straightforward.

In its response, the Government was clear that, 'in principle...the DOLS system should be replaced as a matter of pressing urgency' and that it would 'legislate on this issue in due course', when parliamentary business allows.

Indeed, the Government accepts 42 out of the 47 proposals put forward by the Law Commission. These involved replacing the DOLS with the Liberty Protection Safeguards (LPS), which will:

- Focus on the 'arrangements' of the cared-for person rather than their 'deprivation' or 'detention'.
- Link the authorisation of arrangements amounting to a deprivation of liberty to the care planning process rather than requiring a formal application.
- Remove the role of the supervisory body, thereby easing pressure on local authorities.
- Link responsibility of authorisation to the responsible financial body, therefore making health bodies responsible in cases involving healthcare.
- Ensure the authorisation can be used flexibly to include different environments, obviating the need for separate applications if a cared-for person is moving between different environments.
- Require an Independent Mental Capacity Advocate to be appointed unless the cared-for person does not consent, or it is not in their best interests, or if the local authority determines there is an appropriate person to support and represent the individual.
- Require an independent review by a person within the responsible body.
- Require a referral of arrangements to an

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> Approved Mental Capacity Professional if the cared-for person is objecting to their arrangements or if 'harm to others' was a significant consideration in authorisation.
- Apply to 16 and 17-year olds.
- Extend the statutory defence under Article 5 MCA to potential Article 8 interferences such as covert medication and contact with others provided there is a written record of decision-making.

However, applause is premature as the Government also confirmed it would not be rushing through legislation by stating that the proposals would need to be considered carefully and 'ensure that the design of the new system fits with the conditions of the sector taking into account the future direction of health and social care'.

Furthermore, on a detailed reading of the Government's comments, it becomes clear that substantial DOLS reform is unlikely to happen before the Government concludes its MHA review, for which recommendations are due to be published in Autumn of this year.

In particular, the Government does not currently accept the Law Commission's proposals regarding the interface of the MHA and the MCA. Notoriously a difficult and vague area of law, the Law Commission's proposals sought to eliminate the complex interface by removing the situation where someone could find themselves falling outside of both schemes and allowing the MCA and MHA to be used concurrently, if necessary.

The Government held off commenting on these proposals, instead stating that it is more appropriate for the MHA and MCA interface to be considered as part of the independent review into the MHA due to conclude later this year.

This is partly understandable. The law surrounding the interface is so complex and opaque, it is poorly understood by both practitioners and the judiciary alike, as recognised in numerous cases. It, therefore, makes sense that, in order to ensure the replacement legislation deals sufficiently with these complexities, consideration is also given to whether any amendments can be made to the MHA.

Furthermore, one could see how this issue is peripheral in the sense that the major changes outlined above could be implemented in the meantime while leaving the existing law surrounding the interface intact.

Perhaps it is this idea that has got everyone excited as other commentators appear to be optimistic regarding the timetable for reform. This optimism has also been fuelled by the publication of the Interim Report of the MHA Review, published on 1st May 2018, which stated that consideration would be given to whether there are recommendations that can be made prior to the end of the MHA Review to solve the urgent DOLS problems identified to date, although no further information was provided.

REPLACING BEST INTERESTS TEST

However, a more important detail in the Government's proposals has been largely overlooked; namely the replacement of the best interests test when the responsible body is deciding whether arrangements amounting to a deprivation of liberty should be authorised.

The Law Commission's proposals seek to reduce the number of assessments that a responsible body must carry out in authorising a DOL from six to three. The three key assessments that will be required under the LPS are:
(i) a mental capacity assessment,
(ii) a mental health assessment, and
(iii) an assessment of whether the arrangements are necessary and proportionate.

Notably, there is no requirement in the proposed third assessment to consider best interests, therefore removing the best interests test from the authorisation process as this is currently required under DOLS.

Instead, the LPS set out that regard must be had to the likelihood of harm to the person if the arrangements were not in place and the seriousness of that harm; and the likelihood of harm to other individuals if arrangements were not in place and the seriousness of that harm.

The Government raises trepidation with this approach however, repeating concerns received from stakeholders that the mirroring of the explicit requirement in the MHA to consider harm to others 'can be contrary to the person-centred empowering ethos of the Mental Capacity Act'.

The Government, therefore, confirms it would be more appropriate for this issue to be considered as part of the MHA Review.

Given that the necessary and proportionate test is crucial, under the proposals, for a responsible body knowing when arrangements amounting to a deprivation of liberty can be authorised, it is hard to see how replacement legislation can proceed without it.

Although the Government may have been able to work round the interface issue by keeping the status quo in the meantime, it is difficult to see how it could proceed without clarity on the tests to be undertaken by the responsible body.

Although the Interim Report of the MHA Review does state that consideration will be given to whether recommendations can be made prior to the end of the Review regarding DOLS, no further information, nor timeframe is provided. In our view, given the importance of the issues needing to be addressed and the centrality of the necessary and proportionate assessment to the DOLS process, it is unlikely (although it would be a pleasant surprise) if these proposals were addressed before the MHA Review concludes in the Autumn.

This is disappointing, not least because uncertainty continues to prevail. Although the independent MHA review is due to provide final recommendations in Autumn, it is possible that this could be delayed and even if it is on time, is it really likely that the Government will take swift action, given Brexit will be fast approaching and probably consuming much of the Government's focus?

FUSION LAW

Furthermore, one must question whether this delay is to give further consideration to the idea of 'fusion law'; one legal framework covering mental health and mental capacity law. The Law Commission's proposals stated that 'consultation events were often dominated by this subject, and it also featured prominently in written responses from mental health stakeholder groups'. It is also described in the Interim Report of the MHA Review as a 'long-term' consideration.

The Law Commission concluded that 'fusion law does represent, potentially, the future direction for mental health law reform in England and Wales' and 'strongly urge[d] the UK Government to review mental health law in England and Wales with a view to the introduction of mental capacity-based care and treatment for mental disorders.' Indeed, it should not be forgotten that Northern Ireland introduced fusion law in 2016.

MANAGING EXPECTATIONS

In conclusion, although the Government appears committed to replacing the DOLS framework, we are unlikely to have a clear timetable on this, nor indeed confirmation of whether the Law Commission's proposals will form the basis of new legislation or whether it will be fusion law, until after the recommendations of the MHA Review are published in Autumn.

However, given the unfortunate timing of these recommendations in the six months prior to Brexit and the potential huge task at hand if fusion law is the way forward, expectations need to be managed as to how quickly recommendations will be transformed into concrete proposed legislation. **CMM**

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PUBLIC SERVICE MUTUALS

in social care

In January, the Government announced it was offering a funding pot of up to £1.7m to support and create more public service mutuals. With Government funding to help local authorities to spin out services, Rachel Law explains more about public service mutuals in social care and what her organisation has been able to achieve since it spun out.

Public service mutuals is perhaps not a term most people in the social care sector are familiar with. I certainly wasn't aware that these types of organisations existed during my time working as Head of Learning Disability Services at Rochdale Borough Council. It's for this reason that I'm most proud of the success that my team has enjoyed since we embarked on our journey to become a public service mutual four years ago.

PUBLIC SERVICE MUTUALS

Public service mutuals are organisations that put staff at the heart of decision-making and service delivery. Often referred to as 'mutuals', they are organisations that have left the public sector but continue to deliver public services, typically as social enterprises. They aim to have a positive social impact with employees that have a significant degree of ownership, influence or control over the way the organisation is run.

There are approximately 115 mutuals that operate across England, of which more than a quarter are in social care, including my organisation, PossAbilities. We are a social enterprise that supports vulnerable adults across the North West of England including those with

learning disabilities, dementia, brain injuries and young people leaving care. Once a part of Rochdale Borough Council's Adult Social Care services, we decided to become a mutual in 2014 through the Government's Mutuals Support Programme.

BUSINESS AS A MUTUAL

While we were part of the local authority, we had limited funding to improve service delivery but now our profit can be reinvested back into the services we offer. Everything we do improves the services for the people that we support, and that's our main objective as an organisation.

Since spinning out, we have been able to realise the benefits of being independent, such as being able to make faster decisions and opening up more opportunities to use innovative services. More importantly, it's meant we've been able to target new commercial opportunities and move away from being reliant on a single funding source.

The transformation from public sector to a public service mutual has been challenging at times. At first, staff were concerned that the added responsibility of running a business might distract from their primary objective of providing care. Despite >

> these initial worries, giving people greater control of how the business is run has actually had an empowering effect on the workforce.

I'm unbelievably proud of the fact that staff made a leap of faith and believed in PossAbilities right from the start. This journey has meant we've had to grow as people, but we've grown together. If we make a profit, then we ask staff and the people we serve what they would like us to spend it on – so people have a genuine say on how the organisation is run. Staff feel really engaged and want to make the business work, which is probably one of the reasons why we've enjoyed so much success since spinning out.

MUTUAL WORKFORCE

It's not just us who have seen a positive impact on the workforce. A recent report by Social Enterprise UK for the UK Government showed that across the mutuals sector, 85% of organisations have a happier and more engaged workforce since the move out of the public sector.

As independent organisations, mutuals can offer more flexible working patterns, such as job sharing, term-time working and nine-day fortnights. These changes are not just nice to have, but have a positive impact on productivity and the bottom line.

Our staff absences have fallen by more than a half since leaving the public sector. This decline can also be attributed to the way in which we now recruit our staff. It's more important for us to make sure our staff have the right values to fit in with what we want to achieve, as we can teach them the skills they need along the way. We offer a comprehensive learning and development programme to ensure staff can develop a career in the way they want to, and at a pace that works for them.

In addition to this, as we're not tied to the local authority pay and reward policies, we can also reward our staff in other ways. Given the nature of our work, we have little flexibility on pay, but we're able to reward staff in ways which mean something to them. For example, staff with excellent attendance records are rewarded with a 'duvet day', and every Christmas, dependent on company performance, all staff receive a £150 gift voucher as a reward.

Public Service Mutuals should have a 'significant degree of employee ownership, influence or control'. The way in which mutuals fulfil this requirement varies widely, as it needs to work for each individual organisation. It could be through staff ownership or membership, as with a co-operative model, or through having a staff council and elected staff members on the Board of Directors.

We have a Staff Director who is elected by the workforce to sit on our Board and represent them. With all mutuals, regardless of the mechanism, staff are empowered and encouraged to come up with new and different ways to deliver services better.

INNOVATION

This way of operating has led to us to introduce Cherwell Wellbeing Garden and Farm, which we launched following suggestions from our staff and service users. It provides opportunity, support and encouragement for people to learn new skills and improve their existing ones to help pave their way into employment or voluntary opportunities. The initiative is run collaboratively between local people with learning disabilities, with support from our staff and community volunteers.

As well as allowing us the freedom to be more innovative, being a mutual has enabled us to put all of our energies and resources into helping provide a better service for our customers. We might not have been able to secure timely approval for the wellbeing garden and farm while part of the council as we had so many other priorities. Now we're independent, when our staff and customers come up with good ideas we're able to make them a reality quickly.

COMMERCIAL SUCCESS

Not only are we helping to ensure happy customers and staff, but we're proving to be commercially successful too. In the four years since PossAbilities was formed, we've increased our turnover from £6m to £11.5m, and more than doubled our workforce from 220 to 550 staff.

In 2016 alone, we won £10m worth of new business contracts. Our commercial success has been echoed at industry level with the team winning a host of sector awards and the organisation being rated Outstanding by CQC for our supported living and shared lives service in Rochdale.

We're not alone in this success. The mutuals sector as a whole is estimated to be delivering £1.6bn of public services, and this figure is expected to rise with the sector growing by 7% over the last year alone.

Crucially, 92% of the organisations surveyed by Social Enterprise UK were making a profit, proving that mutuals are commercially viable organisations. Perhaps even more importantly, as mutuals are typically social enterprises like us, these profits are almost always reinvested back into the organisation, cause or local community.

We knew that leaving the public sector was the right thing to do, but we could never have predicted the success we have had since spinning out. There have been challenges but, overall, it's been an incredibly rewarding journey. We have come out the other side with better quality services, a happier and more engaged workforce and we're helping more people than ever before across the North West. **CMM**

'Mutuals are delivering fundamental public services to communities across the country. PossAbilities shows how adopting this type of business model can have such a positive impact on an organisation's services, staff and the people who they support.

'We launched our £1.7m mutual support programme earlier this year to help the sector thrive by delivering training and mentoring to expand the high-quality services mutuals provide.

'A total of £1.2m is available to create new mutuals, or strengthen existing ones, providing access to advice across areas including legal, financial, marketing, human resources and business planning.

'The remaining £500,000 will be used to pilot support programmes to help mutuals collaborate with voluntary, community and social enterprise organisations and others to broaden the service they offer.'

Tracey Crouch, Minister for Civil Society

Rachel Law is Chief Executive of PossAbilities. Email: **rachel.law@possabilities.org.uk** Twitter: **@Poss_Abilities**

With a rise in public service mutuals operating in social care, how will it shape the market? Share your thoughts on the CMM website. Sign up today. **www.caremanagementmatters.co.uk**

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WELLBEING TEAMS: MAKING SELF-MANAGING HOMECARE A REALITY

Helen Sanderson, a long-time driver for person-centred social care has developed self-managing homecare through Wellbeing Teams. Is this what is needed to reform homecare?

Established in 2015, Wellbeing Teams was set up by Helen Sanderson and based on the Buurtzorg model of self-managing 'neighbourhood teams' in the Netherlands. CMM covered Buurtzorg in Business Clinic in 2015.

Helen explained why she started Wellbeing Teams, 'Over 20 years as a trainer and consultant, I have been immersed in a world of person-centred practices, one-page profiles, personalised care and support planning, personalisation, person-centred reviews and Working Together for Change. I feel like I have made offers of different ways of working, and helped to show what these could look like in practice.

'In setting up Wellbeing Teams, I want to demonstrate what these practices can actually look like in teams supporting people living at home.'

WHAT ARE WELLBEING TEAMS?

Wellbeing Teams are small, neighbourhood, self-managed teams. Comprising no more than a few people, teams work locally to be flexible and responsive to an individual's needs, focusing on people's outcomes and building up support networks.

With homecare workers under increasing pressure, Helen identified a need to change the way services were delivered for the benefit of the people using the service and those delivering it. Helen continued, 'The challenge was to create a different way of delivering support for people at home that is truly person-centred, where they have choice and control, and it's delivered by an engaged, happy workforce. Having choice and control matters to our Wellbeing Workers as well as people using services, and having friends at work is critical to productivity and happiness. That is why we build choice, control and relationships into the DNA of Wellbeing Teams.'

The structure of the teams means it removes certain layers of management, reduces costs and keeps decision-making close to the individual. Wellbeing Workers are fully trained on self-management processes and have a team coach and buddy system. Teams are supported to use their judgement whilst also undertaking their core responsibilities.

Helen explained, 'Each team has a coach to support them, and a buddy. The team meets every week to share information, address any issues and support each other. The team shares the roles needed, and they choose their roles based on their strengths. They then develop their rota/schedule together after the meeting.'

Wellbeing Teams have six core values: compassion, responsibility, collaboration, curiosity, creativity and flourishing. Helen explained, 'Central to this is the context in which the teams operate and most importantly, the headline purpose of the team is to support and connect people with their community.

'Teams are built on the following: Relationships are everything; Wellbeing; Person-centred support; Bringing our whole selves to work; Appreciation and feedback; Taking risks and learning; Celebrating; Trust; and Openly sharing information.'

Helen added, 'Aligning values and practice is a key step in enabling a coherent and stable team culture to evolve.'

SUPPORTING PEOPLE

The Wellbeing Teams work closely with the people they support, use person-centred thinking tools and one-page profiles to learn what matters to each person and share this information. Helen continued, 'People choose what they want support with (their outcomes and priorities), how they want to be supported, when and where. We enable them to choose their team too, either through looking at the team's one-page profiles or a three-minute film of a team member introducing themselves.'

This enables the teams to deliver outcomes and not tasks, working flexibly and proactively to achieve the individual's wishes. Teams focus on self-care, assistive technology, family, friends and wider circles of support to link the individual with their local community, to support them to be active in their local area, reduce the risk of isolation and delay the need for paid support. Being very local, the team is familiar with its local community and able to make connections. Once these avenues have been explored, Wellbeing Workers are able to deliver any outstanding, unmet support needs.

OFFERING SOLUTIONS

Wellbeing Teams work with commissioners and other care and support providers to deliver the model. They are currently working with Wigan Council and moving forward with Thurrock Council, Trafford Council and Oxfordshire County Council in the coming months. Helen added, 'By the Autumn, we should have 11 teams up and running, across five local authorities.' They are also working with providers, Care Unbound and Making Space.

Helen continued, 'We want to expand and scale in a measured way. We are introducing Trusted Assessors into our teams, and expanding how we use technology as well as building on community assets. We also want to support people in different situations and with different needs. We are already supporting people with learning disabilities, and would love to support more individuals and families.

'We are in discussions with a national charity about teams to support people with long-term conditions, and with a GP surgery to show what a Wellbeing Team based within a GP's surgery could look like. We are looking at teams that will have health colleagues in as well, and we have just recruited our first occupational therapist.'

Wellbeing Teams are looking to offer the wider system solutions to help people get home and stay at home. This work can be undertaken in partnership with Community Circles, which brings teams together around the individual.

Helen finished, 'Our vision for the future and offer to commissioners includes working as part of multi-disciplinary teams in home from hospital support; with GP practices; as part of a Virtual Ward; and as part of a hospice at home team.' **CMM**

OVER TO THE EXPERTS...

What are your thoughts on Wellbeing Teams and the self-managing model? Can it be an integral part of the health and social care system? Does it have the potential to become the standard approach to working?

THE DIFFERENCE IN SELF-WORTH AND PRESTIGE IS KEY

Papworth Trust, in its current overview of disability in the UK, reports that nearly one in eight older people now live with some level of unmet need with vital everyday tasks. These are just some of the people who would likely benefit from appropriate care and support in their own homes. But local authority-funded homecare has been particularly badly hit from cuts to adult social care budgets, leading to high-profile cases of larger providers handing back contracts or exiting the sector.

Lack of funding also contributes to the lack of prestige for care workers, as noted in the recent National Audit Office report on the adult social care workforce. Not only does this impinge on recruitment and retention; it also feeds a lazy stereotype that the care sector doesn't care.

It seems to me that it's the difference in self-worth and prestige that is key here, even more than the reduction in costs from lower overheads. This is what makes self-managing teams, such as Helen's Wellbeing Teams, such a potential game-changer for the sector.

The combined effect of coaching – really about continuous improvement – buddying, choosing a role based on your strengths and commitment to person-centred support, makes it impossible not to recognise the skills and expertise of the people involved. This, in turn, is what makes a conversation about parity of funding possible.

The big question is how to spread the approach across the 9,100 homecare providers and 527,000 staff in the UK, so that we don't create a two-tier system. But the knowledge and the willingness of local authorities to try new approaches is out there. Every homecare provider should be thinking about this.

Debbie Sorkin National Director of Systems Leadership, The Leadership Centre

AN INNOVATIVE APPROACH TO CARE AND SUPPORT

In our work on asset-based places, we argue that we need to shift funding away from high cost, often low quality, reactive care provision. We need to move towards more preventative and empowering care and support which builds on people's strengths and networks. An asset-based approach ultimately places the emphasis on people's and communities' assets, alongside their needs.

We think that the Wellbeing Teams offer an innovative approach to providing care and support which does exactly this. In places like Thurrock, Wellbeing Teams are being developed as part of an ambitious plan to provide an asset-based area which harnesses the passion, interest and strengths of people and communities. These areas are seen as the way forward.

We published a blog from Les Billingham, Head of Adult Services at Thurrock Council, in which he explores Thurrock's whole system re-design of health and wellbeing services. He says it is predicated on strengths-based principles and the importance of co-production in all aspects of community development and service transformation. He says partnership sits at the heart of this endeavour along with a willingness to learn from a whole range of pre-existing approaches from around the world.

Helen and Wellbeing Teams are right to be thinking hard about how they bring this model to scale. However, for it to work it will require commissioners to commission differently by shifting resources towards prevention. Alongside this, it will also require Wellbeing Teams to clearly demonstrate their impact.

Showing that they can work as part of multi-disciplinary teams is also the right way forward, and we will soon be producing a guide on this.

Ewan King Director of Business Development and Delivery, SCIE

I REALLY WELCOME HELEN'S INNOVATION

Helen came to speak at our NCF Managers Conference last year about Wellbeing Teams and the way in which she was approaching some of the key challenges of delivering homecare in the UK.

Her message was warmly received because it really addresses two challenges very close to the heart of all who work in care. Namely – how, in an increasingly austere market, do you deliver truly person-centred care and sustain an engaged, value-driven workforce?

Many commentators have been very interested in the Buurtzorg model which Helen refers to, and one of the key attractions has been the evidence produced from Holland of how self-managing nursing teams have stripped away centralised control and overheads.

I am interested in how Helen has approached this, through embracing technology in both attracting staff and in delivering care. In particular, the very strong drive to enable technology to push and sustain family and community connections, with the care creating the right environment and support to enable people to retain or regain as much independence as possible.

Here, I think is the really clever element. The much-championed self-management element of the Buurtzorg model has been adopted and adapted, so that it applies both to the workforce and the person receiving services. It gives staff the flexibility to develop relationships which means there is a real opportunity for the care delivered to be meaningfully structured and shaped around people and their community.

I welcome Helen's innovation, and I am particularly pleased to see a handful of commissioning authorities recognise the power of new models and new thinking.

Vic Rayner Executive Director, National Care Forum

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KEYNOTE SPEAKER

Alicia Wood, Head of Public Affairs, Dimensions

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A VIEW FROM THE TOP

TONY STEIN

Tony Stein, Chief Executive of Healthcare Management Solutions

REFLECTIONS ON THE LAST DECADE

How we support our most vulnerable is the most important measure of a civilised society. At HCMS, we've spent the last nine years improving care for residents and the working environment for staff and it's been an honour. It's enjoyable doing something good and knowing that it's making a difference to people's lives. I haven't had this in other roles.

The last decade has been the most challenging for the sector and local authorities have the most difficult job of all, finding the resources to meet an ever-growing demand whilst trying to balance the books in other areas.

PROJECTIONS FOR THE NEXT DECADE

I'm an optimist and I believe we will find a way of fixing the current crisis but, at times, it feels like there's no joined-up thinking. Politicians make decisions based on political impact and, in everyone's eagerness to do the right thing, people miss the unintended consequences. For example, in Scotland, the Care Inspectorate has issued new guidance for care home builds. These include new space requirements for room sizes. Whilst we'd all agree that it would be great to give residents more space, at local authority rates, providers can't afford to build for the public pay market consigning public pay clients to old homes for longer.

A challenge the sector also needs to address is the use of agency staff. One of the hardest things about growing older is the reliance on others for personal care. I always think it must be so much worse when someone who calls for assistance is met by a total stranger. We need to find ways of reducing agency use, protect people's dignity, improve management and training and reduce cost. The money spent on agency staff premiums could be reinvested in the support and development of permanent staff.

These are big issues that need dealing with, but ones which no-one seems able to address. At the same time, there are some simple ways to reduce pressure on the system.

My mother is getting to an age where she is falling more. She has a panic button which calls the paramedics. They arrive, assess her, and then have to decide whether to leave her where she is, or take her to A&E. Generally, just to be sure, they take her to A&E where she occupies a bed for several hours and where the medical staff pick up a variety of age-related conditions that she's been happily living with for some time. What she really needed was someone to help her get on her feet, look after her until she's able to go home again. She would have been better off going to a local care home, freeing up an A&E bed and saving the NHS money.

By contrast, we have Devo Manc (integration of health and social care in Greater Manchester). What it's trying to achieve is admirable but it's difficult and complicated, expensive and time-consuming to implement. There's a real pressure to find solutions but sometimes the simpler solutions are overlooked.

INSIGHT

Running a large care group is very different to running a smaller one. It's too simplistic to assume that the greater scale delivers greater efficiency and often the drawbacks outweigh the benefits. More people are starting to see this.

I am seeing a shift in thinking in this regard. It's refreshing to hear newer entrants saying that care is central to success and understanding that returns will be lower and longer-term than traditionally expected.

INFLUENCES

My father taught me that in business you should be true to your word; whether a deal works in your favour or not, your handshake should be your bond. I've also worked with some exceptional teams and had some fantastic mentors, especially at Carlsberg Tetley.

LESSONS

Lesson one is that I'm not always right. Secondly, respect the people you work with and surround yourself with the best people you can. I have a great team who are passionate about what we do and committed.

Finally, find time to think about your next move. It can be difficult sometimes, but haste can prove expensive.

ADVICE

In business, always have an open mind and listen to others' opinions, but ultimately, do what you think is right and don't be dissuaded by negativity. **CMM**

Read about Tony's typical day on the CMM website **www.caremanagementmatters.co.uk**. Sign up today.

Health and social care integration:
Rising to the challenge

Kevin Fairman and Sandra Payne explore how their organisation has stepped back to review its progress with health and social care integration and highlighted best practice to share with the sector.

The sector, and particularly those providing care and support for older people, are eagerly awaiting the Government's Green Paper on older people to be published in Summer 2018. As part of this, organisations in the sector have repeatedly called for the lack of funding for social care to be addressed.

However, as well as the systemic changes that we hope lead on from this Green Paper, there is a lot of outstanding practice going on in the sector on a day-to-day basis which needs to be shared.

Added to this is the ongoing drive for health and social care integration, but what does this mean and how does integration work in practice?

It is with these points in mind that in February 2017, a cross-functional working group within Brunelcare was created. It was challenged to compile and publish a report evidencing how the charity contributes to the integration of health and social care within the South West.

The aim of the subsequent report is to share some of the outstanding practice that was identified, which may benefit similar organisations and the people they support.

The working group comprised managers from the following areas of expertise within the organisation:

- Health and wellbeing service to sheltered housing tenants.
- Falls management.
- End of life care.
- Homecare and community reablement services.

>

> • Pathway 2 Reablement services.

Integration within the health and social care system is defined in many ways, but we established it to mean the co-ordination of care provision for service users; exploring how care teams work efficiently with the NHS, care commissioners and other care providers within the region.

NAO REPORT

A key focus for the working group was to respond to the National Audit Office (NAO) report *Health and Social Care Integration* published in February 2017, exploring how the organisation's work supports or challenges the findings.

Much of the NAO report made disappointing reading, warning that progress on health and social care integration in England has been slow and not delivered the expected benefits for those cared for, the NHS or local authorities.

The Better Care Fund, the Government's main integration initiative, did not achieve the planned savings of £511m, and delays to transfers of care increased by 185,000 rather than the planned decrease of 293,000.

HIGHLIGHTING EVIDENCE

In gathering evidence, the group decided it would be easier to focus on two specific elements:

- Reducing hospital admissions.
- Reducing the delay in transfer of care from hospital to other settings.

The completed report, *Integration of health and social care: Rising to the challenge* describes many initiatives we have developed that have led to improved outcomes for the people accessing services under these two elements.

Examples include a falls project, end of life care work, Pathway 2 Reablement, and a health and wellbeing officer pilot; all of which also show best practice.

FALLS MANAGEMENT

Regarding falls management, an innovative and outcome-focused falls management system within our care homes resulted in a 32% reduction in falls across all four homes from 2015 to 2016.

A council-funded falls management project, led by Brunelcare, was also successful in improving the management of falls in many other care homes in Bristol; with evidence generated from this project enabling further funding to be secured from NHS England to continue work on falls management in care homes.

REABLEMENT

In 2014, we worked with clinical commissioning groups to develop Orchard Grove Reablement Centre, where patients who no longer need a hospital bed but are unsafe to return home, stay and receive care and support before returning home safely.

As the first reablement centre created by an independent provider (and registered charity) in Bristol that year, the centre evidences how it continues to make a difference.

To get patients out of hospital in a timely manner, the centre's teams ensure beds are turned around quickly and liaise closely with the hospital discharge teams. The average length of stay is 41 days and we monitor delays in transfers of care, sending this information on to commissioners.

END OF LIFE CARE

Working in line with the Gold Standards Framework guidelines for end of life care, our care teams work closely with partner GP practices across all care homes.

Following a multi-disciplinary approach, care teams use best practice guidelines and work collaboratively with fellow professionals. By doing so, this impacts upon colleagues in the NHS as expected deaths are managed more effectively in the care homes, reducing costly hospital-based care and emergency admissions.

HEALTH AND WELLBEING OFFICERS

There is also evidence of the innovation and impact delivered by new health and wellbeing officers, initially funded by Bristol City Council's *Supporting People* pilot.

The now permanent health and wellbeing officers help 1,000 sheltered housing tenants in Bristol gain better access to the range of health and social care services from us, the NHS and the local community. The health and wellbeing officers evidenced a notional saving to the NHS of approximately £179,600 in hospital bed care due to the reduced hospital stays for their housing tenants. This was over a six-month period when comparing 2016 and 2017.

STRONG RELATIONSHIPS

Working in partnership with GPs, local hospices and secondary healthcare colleagues has strengthened our reputation in local communities and helped us to maintain our standards.

However, it's not without difficulties. Persistence in pursuing what is right for the individual is required at all times. Our domiciliary care teams often hit barriers in getting people home from hospital. This can include communication within hospital departments, transport not being arranged, the wrong type of transport, wrong transport time or medication not being ready.

All teams in the working group frequently mentioned building strong working relationships with occupational therapists, hospital social workers, and discharge liaison teams as essential to the success of their work.

Ultimately, our joint-working has been better informed by looking into our integration practices and the information that has come from it, along with the time taken to share lessons and reflect on current practice across all our key operational teams.

It has been extremely valuable to gain an overall sense of progress; and the limitations and continued challenges we face with the joined-up approach we apply to our work.

LEARNINGS

Ultimately, we support the NAO's findings that expectations of the rate of progress with integration are over-optimistic. However, we also acknowledge as a care provider, that we operate in a sector with ever-increasing demand for services and limited funding. This means we're coping with rising numbers of clients waiting for a care package in their own home or waiting for a nursing home placement.

We're clear, though, that continued integrated working is vital to the maintenance of excellence and the provision of seamless health and social care. Challenges and solutions can be overcome by all to ensure that people's changing health needs are met if partnership working across the sectors is encouraged and adopted as the norm.

Our working group concluded and recommended that embedding new ways of working, and developing trust and understanding between organisations that work together to provide care is vital to successful health and social care integration.

We also agree with the NAO that integrated care should be entirely focused on the patient's wishes and needs. **CMM**

Kevin Fairman is Chief Executive and Sandra Payne is Head of Clinical Excellence at Brunelcare. Email: **kevin.fairman@brunelcare.org.uk** **sandra.payne@brunelcare.org.uk** Twitter: **@Brunelcare**

Integration of health and social care: Rising to the challenge is available on the CMM website. **www.caremanagementmatters.co.uk** Sign up today.

Supporting **dementia research** in social care settings

Professor John O'Brien discusses the need for more dementia research in social care settings and highlights the range of benefits that getting involved in research can bring.

People living with dementia rely on care and support from a wide range of health and social care professionals – with many dementia services delivered by social care providers.

Due to the complex nature of dementia and the broad range of co-morbidities associated with memory decline and ageing – including hypertension, mental health conditions and retinal disorders – the need for an integrated and whole-systems approach to dementia, bringing together the full spectrum of health and social care providers, has never been more apparent. >

> An integrated approach to dementia care must be person-centred, co-ordinated and tailored to the needs to the needs of the individual, their families or carers. However, integration cannot and should not be limited to the provision of care itself. The majority of people living with dementia rely on help and support from their carers, but equally from social care, care homes and NHS providers. Health and social care professionals working in these areas are extremely well-placed to get involved in health research and help glean important discoveries about dementia, such as disease trends or risk factors; or develop and evaluate new interventions which may have the potential to make a difference to people's lives.

Despite the challenges of undertaking research outside of hospital environments – particularly recruiting suitable participants – it is vital that health and social care professionals of all disciplines seek to do so. Dementia research is key to advancing our understanding of the condition and will eventually lead to the development of better care and treatment for those living with dementia.

At the National Institute for Health Research (NIHR), we are facilitating more dementia studies each year. In 2017/18, NIHR's Clinical Research Network (CRN) – the arm of NIHR which enables patients to get involved and healthcare professionals to run clinical research studies within the NHS – supported nearly 250 dementia and neurodegeneration studies nationwide, helping to recruit over 32,000 participants. This ranks as one of the CRN's best years yet in terms of performance. However, the majority of dementia studies are still undertaken within the NHS – so we must do more to foster an environment which makes it as easy as possible for all types of care providers and health and social care professionals – as well as people living with dementia and their carers – to get involved in dementia studies.

A number of recent developments and initiatives from the National Institute for Health Research aim to achieve exactly that.

NIHR SUPPORT FOR YOUR STUDY

In January 2018, the CRN expanded the scope of its portfolio eligibility criteria to include health and social care studies delivered outside of clinical NHS settings. This more wide-ranging offer of support includes eligible studies run by social care providers, which we hope will help facilitate more research where the prevalence of the disease is at its highest.

CRN support can help researchers in a number of ways – including the provision of research support around identifying and recruiting participants, gaining consent, or supporting on-site research professionals. The range of NIHR support for studies accepted on to the CRN Portfolio includes expert advice on how to get studies off the ground, such as research design and delivery, study support advice and potentially funding to meet the costs of research staff and facilities.

A RANGE OF ONLINE SUPPORT FOR RESEARCHERS

Despite dementia being one of the biggest global health challenges we face, five times fewer researchers choose to work in dementia than cancer. To help overcome this shortfall, earlier this year NIHR launched a new website and network called Dementia Researcher – aimed exclusively at new-to-the-field or early career dementia researchers.

Developed by NIHR's office of the National Director for Dementia Research with support from Alzheimer's Research UK, Alzheimer's Society and the Medical Research Council, the website provides a range of support and resources to encourage and enable emerging health and social care talent to get involved in dementia research – including information on funding opportunities for research, guidance on how to produce grant proposals, opportunities to ask a dementia expert, and a range of podcasts.

One of the priorities set out in the Government's *Dementia 2020 Challenge* is explicitly around delivering more research in care home environments. In response to this, NIHR launched ENRICH – a network of 1,000 research enabled care homes along with a website which provides a comprehensive toolkit to enable more health research in care homes. The site contains a range of guidance and support for researchers and care home staff on how best to deliver effective studies – for example advice on overcoming the challenges around recruiting participants and important lessons for researchers to consider.

BENEFITS OF RESEARCH

Delivering health research is not only beneficial for the participants or groups of people with a specific disease or condition. Recent figures from two studies, including research published in the international peer-reviewed journal PLoS One, show that research-active organisations consistently achieve better outcomes for their patients or clients – based on higher survival rates for colorectal cancer patients, and lower mortality rates for research-active NHS trusts following emergency admissions.

Research active organisations also offer individuals more choice and provide early access to what may eventually become the best new and emerging treatments – providing the trial is successful.

"The benefits of research are plain to see and there's never been more opportunities for care providers and health and social care professionals without research experience to get involved."

But not only that – getting involved in health research is good for business and good for staff. Enabling health and social care professionals to take part in studies has been shown to improve staff training, continuing professional development and clinical knowledge – ultimately increasing staff motivation.

GET INVOLVED

The benefits of research are plain to see and there's never been more opportunities for care providers and health and social care professionals without research experience to get involved.

Dementia is one of the biggest health challenges we currently face and enabling better dementia research is the key to tackling this challenge. New discoveries will one day enable us to transform dementia care and develop effective treatments and management strategies – but to achieve this, we need to up the momentum and enable even more health professionals and patients to get involved. **CMM**

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CMM members can access the links and references included in this article at **www.caremanagementmatters.co.uk** Sign up today.

Do we want an Outstanding rating from CQC?

Questioning subjectivity in inspection reports

Having read Care Quality Commission inspection reports for Outstanding learning disability care providers, Ian Pope asks whether there's a place for subjectivity in the inspection process.

All social care providers want and aim for an Outstanding rating from the Care Quality Commission (CQC), don't they? It gives services a chance to celebrate their achievements with individuals, inspires confidence in the service from users, their families and other stakeholders and can act as a positive marketing tool for the service.

As Nominated Individual for a learning disability provider, I like to keep on top of changes and developments with CQC. As part of my role, I work with managers of registered services to ensure they meet the regulations and provide a good quality service. It is no secret that the Registered Managers I support would love an Outstanding rating following a CQC inspection.

With this in mind, I have been reading inspection reports of 'Outstanding' learning disability services to see if there is anything we can learn from the success of others.

It is too often the case in our sector that we all have to collectively learn from the poor practice and mistakes of others. The charity I work for and I believe in celebrating success and building on that to positively impact the people we support.

I have been somewhat surprised by the descriptions in inspection reports of what makes the service Outstanding and it has made me question the value of the inspection report and if we really want that label if it means following some of this practice.

It has been a long standing criticism of the inspection process that the report is a snapshot of one or two days in the service – how can the inspector fully assess if the people we support are receiving a Good or Outstanding service? This is a question that is hard to answer, although I appreciate CQC has published the Key Lines of Enquiry (KLOE) framework to help us understand what inspectors are looking for.

SHOULD WE 'LOVE' OUR SERVICE USERS?

However, should we as social care professionals tell service users' families or inspectors that we 'love' the people we support? I found this to be a theme in some reports – 'family said that the staff

love the residents'; 'relatives said you can tell they love them'.

In my opinion, and that of the organisation I work for, we are social care professionals and not here to 'love' the service users, but to provide consistent, good quality support to the people who use our services.

We pride ourselves on being a forward-thinking organisation, which looks to enable service users to empower themselves and not to rely on their support unnecessarily. However, love implies a familial relationship and not one based on professional boundaries and a firm focus on the service user.

Furthermore, familial and loving relationships between service users and those paid to support them raises questions of appropriate relationships and the potential for safeguarding issues. Could a relationship become too familiar and is this positive for the people we support? Could service users have less autonomy and control over their decisions? What is the impact on a service user when a member of staff leaves? In my opinion, a relationship described as 'loving' could have a negative impact on the people we support, it could impact on others in the service, the relationships people have with others and could go as far as presenting with significant safeguarding concerns such as grooming, mate >

> crime or other types of abuse.

These comments in themselves are not uncommon from families and friends of service users, but I question why the CQC has felt this appropriate or relevant to its description of an Outstanding service?

AVAILABILITY OF MANAGEMENT

Another theme I found troubling was around the availability of the manager and staff in the services. I found several descriptions in Outstanding reports of managers being available 24-hours a day and always available out of hours.

There was one report where the manager told the inspector that they ask their staff team not to engage with the organisation's on-call system, but to always call them if they needed any guidance or support out of hours.

There were also comments about staff coming into the service on their days off to support an activity.

Although both of these examples are commendable to the individuals involved, where is the CQC's consideration of the wellbeing of those individuals?

Employers have a responsibility to the health and safety of their staff and management of stress. A situation as described has the potential to lead to burnout for the individuals involved and could have a significant impact on the wellbeing of those staff and managers.

It made me wonder that, if CQC had found these services to be Inadequate or Requires Improvement, would they have recorded this as a positive? I would hedge my bets that they would not. There would be comments about staff and management not having enough downtime or time away from the service to ensure they are adequately rested and refreshed when they are on duty.

I would expect CQC to, therefore, criticise a perceived lack of adequate support in the service and from the provider, to ensure the effective running of the service when the manager is not present.

Another potential issue with this arrangement is what are staff and service users learning by the manager taking all the responsibility and decisions? Could people become too over-reliant on one person? Again, a closer think about this can lead the mind to thoughts about safeguarding and whistleblowing, and how these procedures would be followed without any external view on the service.

PETS AT HOME

I also read one report which talked about the registered manager bringing their dog to the service, so the service users could take it for a walk. Again, a positive outcome for the service users, but could this be achieved in a different and more creative way?

One of the services in my organisation has made links with the local dogs' home; staff have been trained in basic dog handling by the dogs' home and the service users are supported to take dogs from the home for a walk as a weekly activity.

I am really proud of the forward-thinking of the staff involved in this activity, in giving time to another local charity and encouraging service users to give their time to dogs who don't have a family.

This makes me question how forward-thinking the CQC is in assessing the quality of outcomes achieved by service users. In both cases, a similar outcome has been achieved, but in the first one it is solely reliant on staff bringing the activity to the service and facilitating it, rather than using the community; building links with other organisations and people, and the opportunity to develop independence in the community as with the second example. The second meets more outcomes for service users without necessarily gaining any further recognition from CQC.

IMPACT ON PROVIDERS

So, what does this mean for providers? As an organisation, we are working with services to meet regulations and carry on with the great work being undertaken in supporting people to achieve their goals.

What it does mean for us, however, is that we are looking at inspections as a marketing exercise; services are focusing on gathering their good news stories to share with inspectors.

This has been a difficult shift for some managers as their relationships with inspectors have always been based on transparency and honesty. Our managers have sought guidance and reassurance from CQC.

Inspectors no longer appear to work in this way and this shift has been challenging for managers whose main focus is the delivery of a quality service rather than the promotion of their service.

It is apparent that the reports I read were written by inspectors who had enjoyed their time in the service and had been told lots of excellent things by the managers, staff teams and service users.

Although there are some comments which don't sit comfortably with me, we can all still learn from those inspections to get the better outcome for the service.

KLOES

It is important to note that I recognise that not all inspectors are alike; many reports are comprehensive and clearly relate to KLOEs. Many inspectors will value the downtime for managers and staff, the outcomes service users are supported to achieve, the professionalism of the staff employed in the service, and the resilience of the service users and those who support them.

What this does mean though, is that there is a question of consistency in the inspection reports, ratings and their characteristics. My view is that this subjectivity could undermine CQC in terms of what it is trying to achieve.

I believe CQC needs to reconsider its guidelines for both providers and inspectors to ensure there is consistency in ratings and reports, and goes some of the way to removing any subjectivity and personal opinion from inspection reports.

As our largest and most public critic, CQC inspections are an important performance indicator for us, they set us apart from our competitors and are a measuring tool used by many of our stakeholders so, of course, we want the Outstanding ratings.

We will continue to learn and develop the way we manage inspections, but we won't bend from our ethos and will challenge any inspector, or other critic for that matter, if the comments made about our services don't fit with our identity as a provider of choice. **CMM**

Ian Pope is Senior Manager at Freeways. Email: **IanPope@freeways.org.uk** Twitter: **@FreewaysCharity**

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GREEN LIGHT
FOR CO-LOCATED CARE

Stephen Burke updates on recent developments regarding the regulation of co-located care.

The huge and growing interest in co-located care where care homes and nurseries share a site (as covered in the March issue of CMM) has prompted questions.

As more providers of both childcare and eldercare link up – from hosting regular visits to sharing a site and its facilities to promote intergenerational interaction – some have asked what the regulators' positions are in regard to these developments.

Inevitably, these questions have also covered safeguarding of vulnerable children and adults.

GUIDANCE FOR PROVIDERS

Fortunately, Ofsted, the regulator for children's early years and childcare amongst other services in England, has just issued guidance for its inspectors on registering and inspecting childcare provision that is co-located with care homes.

The new guidance follows a roundtable hosted by United for All Ages in March. This meeting gave some childcare and eldercare providers interested in co- >

> location, the chance to hear from and put questions to both Ofsted and the Care Quality Commission.

It's fair to say that both regulators were very positive about bringing older and younger people together and recognised the wide-ranging benefits, not just for children and older people but also their families, staff and the local community.

In fact, many providers already engaged in intergenerational activities have received Good or Outstanding inspection reports as these activities contribute towards meeting key criteria.

DIFFERENT CO-LOCATION SCENARIOS

During the meeting, we talked about a range of different scenarios that nurseries may experience in setting up on a care home site. These scenarios also included care homes hosting local childminding businesses, which is already happening in some parts of the country.

These scenarios form the basis of the Ofsted guidance and the box below reproduces some of the scenarios and Ofsted's responses.

This guidance should be useful for providers considering co-location, and also for local authorities planning joint forums of childcare and eldercare providers in their area. The full guidance can be downloaded from United for All Ages' website.

The guidance is very clear and straightforward, and should reassure providers. As they should be doing already, every provider must undertake all the necessary risk assessments and ensure that they have the best policy and practice for safeguarding in place.

We will be contacting regulators in Scotland and Wales to ask if they will issue similar guidance.

Our aim is for at least 500 shared sites or centres for all ages to be up and running by the end of 2022. This new Ofsted guidance is another step forward as more providers make the co-location of care happen.

INTERGENERATIONAL CARE: SCENARIOS AND RESPONSES BY OFSTED

This is a summary of four of the seven scenarios to which Ofsted has responded.

1. An existing care home site has part of its building that it wants to lease to a nursery. An existing registered childcare provider wants to convert the space for an additional nursery, with the same name just on another site. Does the childcare provider need to register the second nursery on the care home site as a new nursery?

Response: This would be covered by the provisions in the Childcare Act 2006 that relate to multiple providers. Each registered provider only holds one registration for all its premises. However, a registered provider cannot set up a new nursery without seeking Ofsted's approval. If an existing provider wants to open a new nursery, they will need to seek Ofsted's approval before they can offer care at the new site.

2. Same scenario, but a new childcare provider wants to lease the space. Does the new childcare provider need to register on the care home site as a new nursery?

Response: If a new childcare provider is taking over the space from an existing childcare provider, the new childcare provider will need to hold a registration for this setting. If the new childcare provider already holds a registration with Ofsted, then it will need to apply for approval to run this as an additional setting.

If the existing childcare provider and the new childcare provider both want to lease the space, for example on different days, then they would both need to hold a separate registration/approval with Ofsted.

3. A care home provider wants to develop a new site and include a new-build nursery on the same site. It will be two different providers working in partnership. Will this be a joint CQC and Ofsted registration and subsequent joint inspections?

Response: There is no facility in the legislation for 'joint registrations' so in this scenario, the provider would need to apply separately to CQC and Ofsted to register its provision. Similarly, each provision, once registered, would be subject to separate inspections by Ofsted and CQC and a separate inspection report. Each agency would be responsible for gathering its own evidence and reaching its own judgements on the quality of provision. We may be able to consider carrying out those two separate inspections at the same time, but this would depend on whether the timing of those inspections lined up.

4. Should staff (both social care and childcare) who are delivering intergenerational activities be DBS checked on both barring lists?

Response: For nursery provision, the registered provider (rather than Ofsted) must carry out DBS checks on those who work in the setting. The *Statutory framework for the early years foundation stage* makes it clear in paragraph 3.10 that providers are responsible for carrying out DBS checks on their staff. It does not specify whether providers need to ask for this check to cover both barred lists. Providers, therefore, need to use their own judgement on this and seek advice from the DBS, particularly if staff may have unsupervised access to either children or adults. **CMM**

Stephen Burke is Director of United for All Ages. Email: **stephen.burke@unitedforallages.com**
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The full Ofsted guidance can be found at **www.unitedforallages.com**

HEALTH+CARE

27th-28th June, London

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Europe's largest event dedicated to building a better future for care, returns to ExCeL London on 27th to 28th June 2018.

Health+Care 2018 will welcome thousands of care business owners, directors and managers all wanting to find solutions to their challenges and learn how the long-term integrated healthcare plans will affect the care they provide.

Health+Care is unique because it gives senior professionals from the health and care sector the opportunity to come together to network, collaborate and share learning. This year, thousands will attend to gain access to content, products and services that will help them:

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Health+Care gives visitors the opportunity to learn from fellow care providers who are succeeding in this challenging market and regulators whose policies impact the service they provide. With over 240 sessions in 13 theatres full of world-class conference programme, discussions and tutorials, Health+Care will help you excel in 2018, battle any challenges you face and, most importantly, provide better care. The event features over 240 sessions, including:

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- Care technological innovation – Using technology to achieve care excellence.
- Recruitment – Reducing agency spend.
- Sources of finance for social care businesses – what's fundable and what's available?
- Getting involved in transformation – how STPs and social care can work together.

A hard-hitting programme delivered by the highest calibre of speakers will showcase the latest innovations and expert advice to help tackle the mounting pressure on care businesses whilst providing excellent care for patients and residents. Over 400 leaders from the sector will be speaking, including:

- Andrea Sutcliffe CBE, Chief Inspector of Adult Social Care, Care Quality Commission.
- Norman Lamb, Former Minister of State for Care and Support and Liberal Democrat MP for North Norfolk.
- Izzi Seccombe OBE, Chair of Local Government Association's Community Wellbeing Board and Leader of Warwickshire County Council.
- James Sanderson, Director of Personalised Care, NHS England.

The care sector has faced an unfathomable cut to spending, budgets are being slashed and struggling businesses are now on the brink of collapse. Health+Care will act as a safe haven for care businesses to collect vital information helping them to safeguard the future of their business so they don't just survive but thrive.

As a senior care professional, you are entitled to a complimentary pass to attend the event for free, saving you £899 +VAT.

There are a limited number of complimentary places available for care professionals, so guarantee your place at Health+Care 2018 by booking today at www.healthpluscare.co.uk/book

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Event: Delivering the Future of Health and Care
Date/Location: 27th-28th June 2018, London
Contact: Health+Care,
Web: www.healthpluscare.co.uk

CMM Media Partner

Event: NAPA Annual Conference London: Getting Activity Right for Everyone
Date/Location: 11th July, London
Contact: NAPA, Tel: 0207 078 9375

Event: Priorities for adult social care in England: funding, delivery and policy options
Date/Location: 12th July, London
Contact: Westminster Health Forum, Tel: 01344 864796

Event: National Conference of the Older People's Diabetes Network
Date/Location: 27th September, London
Contact: Older People's Diabetes Network, Web: www.eventbrite.co.uk/e/opdn-5th-national-conference-tickets-43473125288

Event: Care Show: Building a Better Future for Care
Date/Location: 17th-18th October, Birmingham
Contact: Care Show, Web: www.careshow.co.uk

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Event: Logging On: Care England 2018 Conference and Exhibition
Date/Location: 14th November, London
Contact: Care England, Web: www.careengland.org.uk

CMM EVENTS

Event: CMM Insight – Learning Disability and Mental Health Services
Date/Location: 21st June, Manchester NEW DATE
Contact: Care Choices, Tel: 01223 207770

Event: CMM Insight Lancashire Care Conference
Date/Location: 27th September, Blackburn
Contact: Care Choices, Tel: 01223 207770

Event: CMM Insight – Berkshire, Buckinghamshire and Oxfordshire Care Conference
Date/Location: 11th October, Slough
Contact: Care Choices, Tel: 01223 207770

Event: The Transition Event East 2018
Date/Location: 15th November, Newmarket
Contact: Care Choices, Tel: 01223 207770

Event: The Markel 3rd Sector Care Awards
Date/Location: 7th December, London
Contact: Care Choices, 01223 207770

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JACKIE TUDOR • ACTIVITIES CO-ORDINATOR • **MHA HOMEWOOD**

STRAIGHT TALK

Jackie Tudor discusses the generation that technology forgot and how providers can address ageism and the internet.

In today's increasingly digital world, it's easy to forget that a huge number of the older generation struggle to use the internet.

The latest numbers sourced by the Office of National Statistics in 2017 showed that of those in the 75 and over category, only 41% were 'recent internet users'.

Although these figures have significantly increased from 20% in 2011, these figures are still pretty shocking, especially to other generations who grew up with computers in schools.

In many ways, though, having a world that's so dependent on computers and the internet could be having a negative impact on the population.

While there are clearly many societal causes, the growth of the internet and social media – and its impact on face-to-face interactions and even postal communication – could be part of the reason why loneliness is now affecting almost three quarters of older people in the UK.

While this study found that three in five respondents felt social media helped them feel less lonely, this doesn't necessarily help the older generation, who are far less likely to have access to the internet compared to other age brackets.

In my job, as an activities co-ordinator in an MHA care home in Leamington Spa, I spend a lot of time with people who may have just left their homes and families, which can sometimes be a really isolating experience.

While this move is almost always necessary, whether that be for care reasons or safety, it seems sad to me that, often, so many can't use the internet and social media for what it is; a great tool to stay in touch with friends and family, as well as a hugely useful resource for all kinds of research, such as family or local history.

If you never used the internet at work or even school, the horror stories of hacking and technology companies keeping your online data can seem really scary.

I know that many older residents living in care homes have viewed the internet with a huge amount of anxiety. These fears are completely rational, and older people can quite rightly feel uncomfortable interacting confidently with the internet after all the warnings they have been given over the years.

Unfortunately, the fact remains that the internet can be a really dangerous place, and this is something we cannot avoid.

However, this doesn't mean residents need to avoid it all together given the right support and know-how.

It's really important for us all to look into ways that we can help residents and older people to overcome this anxiety.

At our home, we recently had a local technology speaker come in to discuss the benefits of the internet and address any concerns; we're still investigating ways that we can continue to empower our residents to use the internet in a safe environment, while also making sure everyone, including staff, is aware of the dangers and risks.

Basic internet safety training, as well as addressing and answering any queries, is a great place to start.

After all, there's no point trying to teach a group of people how to create a status on Facebook or send a photo via email if you're terrified of setting up an account.

It's the little things that make people feel at home and comfortable in a new environment.

While it may seem silly to a tech-savvy teen, if you can teach new residents how to use email or Facebook and have accessible computers in your home, you will help residents find a brand-new channel of communication with friends and family, as well as potentially opening up a whole new interest or hobby for individuals.

I've even heard lovely stories of schools organising classes where teens teach local elderly residents how to use technology, which is also a fantastic way for intergenerational friendships to develop.

Having a safe space to use the internet could be just the link many people need to help them settle into a new home. **CMM**

Jackie Tudor is Activities Co-ordinator at MHA Homewood. Email: **homewood@mha.org.uk** Twitter: **@MethodistHomes**

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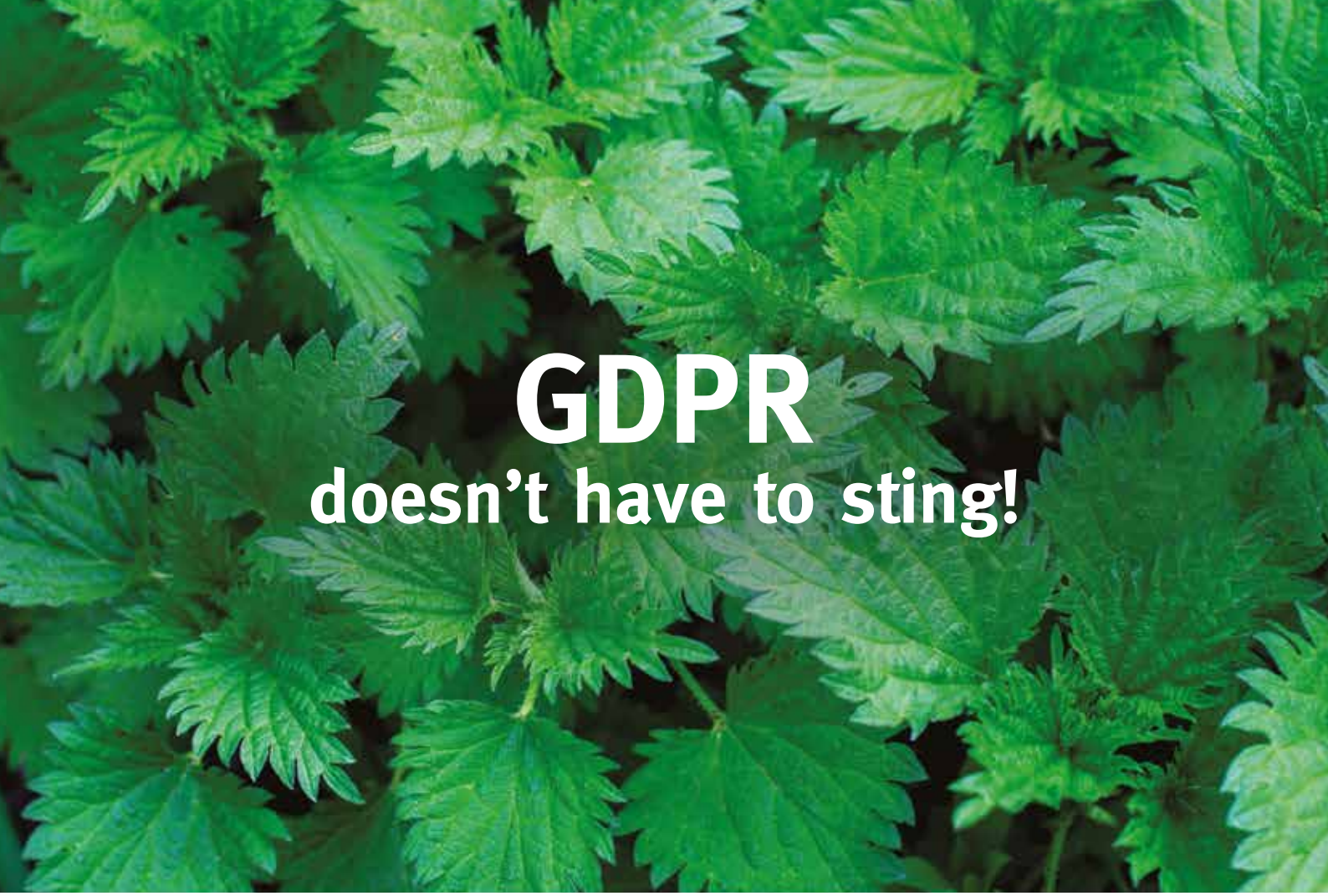

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