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JUNE 2019
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DRIVING OUTSTANDING CARE

IN THIS ISSUE

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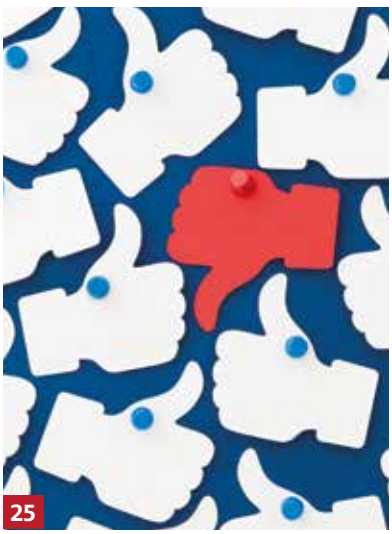

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From the Editor

Editor, Angharad Burnham looks at the latest news and the features in this issue to help you develop your service.

It was hard to avoid the news this month that Four Seasons Health Care Group has gone into administration. While the group promises that the operational side of things is safe, it's still a worry for the sector, which needs a financial solution to the ongoing issues from years of cutbacks and savings.

A FEASIBLE FIX?

Our Business Clinic this month (on page 30) focuses on Damian Green's proposals for a new funding system for adult social care. His report, published with the Centre for Policy Studies, hit headlines across the country, and the majority of the Tweeting public were appalled that they might have to save up to pay for something 'that is free'. It was clear that people believed they were already paying taxes to fund their future social care and it highlighted the real and urgent need to improve the public's understanding of the whole system. It seems to me that any proposals Government might (or might not) come forward with in a green paper will be rejected by a general public that doesn't understand that social care is not, for most, free at the point of use.

On this, the Guardian's David Brindle has written about how we as a sector can work to improve the perception of social care. Read his article on page 20 to see what has been done before, what is being done now and what needs to be done in the future to cement adult social care as a quality and reliable service, staffed by those who truly care about and support some of society's most vulnerable people.

IMPROVING SUPPORT

Also in this issue, we have Professor Martin Green's thoughts on the differences between care planning for older people compared to younger adults. The idea of enabling younger adults with disabilities to live the lives they want to live has been much-lauded, but are we doing the same for the older generation? Martin looks at this and discusses whether we need to be focusing more on how we support people in later life on page 50.

We are also continuing our series on the mental health of registered managers this edition. We've spoken to Isabel Connolly from Hightown Housing Association, which is implementing simple measures to improve the mental health of their staff. Isabel has shared her tips for providers on what's worked well for them and has suggested cost-effective measures that can help providers of all sizes.

For those of you in Leeds, I look forward to welcoming you to and meeting you at our CMM Insight conference later this month. The last remaining tickets are still available if you haven't reserved your place yet – book online today on the CMM website, where you can also share your thoughts on the articles in this edition. And don't forget, you can become a member of the CMM website for free to receive discounts on events, access to additional content and daily news delivered direct to your inbox.

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Richard Macintyre,
Director of Quality and Innovation,
Friends of the Elderly

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Inside CQC

DEBBIE IVANOVA

Debbie Ivanova, Deputy Chief Inspector of Adult Social Care encourages providers to sign up to, and share feedback on, the CQC's pilot of a new digital participation platform.

Back in the April issue of Care Management Matters, I talked about the Care Quality Commission's (CQC's) new guidance on *Relationships and sexuality in adult social care services*. This guidance was developed because people who use services, providers and inspectors told us how important it was to be clear about what good care and support looks like for people's relationships and sexuality.

Listening to and responding to the views and ideas of our stakeholders is a key part of how we work as a regulator and this month I want to share a different way that we're doing this – via a digital participation platform.

Over the last year we've been speaking to providers and the public about how you engage with us. One of the key messages has been that we could do more to involve more people, across more of England, more regularly.

Traditionally, we have held a lot of our engagement discussions face-to-face. We run a programme of co-production events, expert advisory groups for specific projects, hold monthly meetings with trade association organisations, alongside other conversations and meetings that help us gather in-depth, important insight from external partners about work we're developing. These will remain an important part of how we gain feedback and develop relationships with other people and organisations, but we know that it's not always easy or possible to attend a meeting in person.

This challenge got us thinking about how we can use technology to bring more people into our conversations.

Technology can be daunting for many of us, so it's really important that where it's used, the technology is intuitive and easy to navigate. Our existing Online Community has been a great source of expertise for us, but we know the website itself is clunky and hard for a lot of people to use. Considering this, we researched alternative platforms that have been designed with users in mind.

The digital participation platform that we're currently piloting is meeting our ambitions for ease of use:

- 98% say that signing up is easy or very easy.
- 96% say that the information on the platform is easy to understand.
- 91% say that the platform is visually appealing.

We'll be testing this throughout the pilot and making changes in response to people's ideas for how the platform could be improved, but it's looking promising so far.

If you haven't already signed up, I encourage you to do so. Once registered, you can get involved in different ways: respond to surveys, review documents, post your own ideas, and vote on and join in with discussions about other ideas. The platform also helps us to keep you in the loop about how your ideas and views have been used, how projects are developing over time, and what engagement we've done at earlier points in a project.

> ***"Over the last year we've been speaking to providers and the public about how you engage with us."***

This pilot will be running until the end of June. If you do sign up, please remember to let us know what you think about this approach.

I really hope that this platform, as it develops and improves with your feedback, will mean we hear from more people across the country and in different roles. In adult social care alone, there is a huge range of services and roles, working in different geographies and with diverse communities. Making it as easy as possible for all these groups to get involved will help us improve how representative the feedback we're getting is of all our stakeholders. That's something worth working towards.

You can sign up at cqc.citizenlab.co.

In other news, you may have read that Kate Terroni has started her new role as Chief Inspector of Adult Social Care. I know that she's looking forward to speaking with providers as she settles into life at CQC and I'm sure you'll all join me in giving her a warm welcome.

Debbie Ivanova is Deputy Chief Inspector of Adult Social Care at the Care Quality Commission. Share your thoughts and feedback on Debbie's column on the CMM website **www.caremanagementmatters.co.uk**

Not everyone will read this.

But everyone SHOULD read this.

An evaluation to understand the impact of the PASSsystem on 101 care businesses was commissioned by everyLIFE Technologies in 2017 and completed in 2019. The evaluation was led by both the Social Care Institute for Excellence (SCIE) and York Consulting. The evaluation has demonstrated evidence based on feedback from business owners, care managers and care workers that the PASSsystem brings significant tangible benefits in terms of managing risk, efficiency, accountability and quality of care.

To read the full report or request the executive summary of the SCIE / everyLIFE evaluation:
Go to **www.scie.org.uk**
Or **www.everylifetechnologies.com**

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NEWS

Number of nursing staff has risen

The Nursing and Midwifery Council (NMC) has released figures showing a rise in the number of nursing staff working in the UK. The report states that around 8,000 more nurses, midwives and nursing associates are now registered to work in the UK compared to 12 months ago.

The *NMC register data* report focuses on nurses, midwives and nursing associates joining and leaving the register between 1st April 2018 and 31st March 2019.

The data reveals a 126% leap in the number of nurses and midwives from outside of the EU registering to work in the UK for the first time – rising from 2,720 last year to 6,157 this year. NMC says that this follows a number of streamlining changes it has made to its systems and to the support it offers applicants through the registration process.

Figures also show an overall rise in the number of nursing staff, with more than 5,000 UK trained nurses, midwives and, in England only, nursing associates, driven by an increase of 1,567 joining the register for the first time and a decrease in those leaving.

The number of nursing and midwifery professionals from the EU continues to decline. Following a peak of 38,024 in March 2017, the number has reduced to 33,035 this year – a 13% drop (nearly 5,000) over two years.

NMC has also conducted research into why people are leaving the register:

- The top reason for leaving was retirement.
- Almost a third of respondents cited too much pressure, leading to stress and/or poor mental health as a reason for leaving.
- 51% of respondents who had trained within the EU stated that Brexit had encouraged them to consider working outside the UK.
- 20% of the nurses and midwives who trained in the UK and responded to the survey said they were disillusioned by the quality of the care.

Four Seasons Health Care in administration

Four Seasons Health Care Group (FSHC) has launched an independent sales process as the next stage of its restructuring.

Richard Fleming, Mark Firmin and Richard Beard of Alvarez & Marsal Europe LLP have been appointed as Joint Administrators to the holding companies that carry debt, Elli Investments Limited and Elli Finance (UK) Plc.

The companies operating the care home and hospital operations are not in administration and continue to be run as normal. The funding agreement ensures clients will have continuity of care during the sales process.

Dr Claire Royston, Group Medical Director of FSHC, commented, '[This] news does not change the way we operate or how our homes are run or prompt any change for residents, families, employees and indeed suppliers. Our priority remains to deliver consistently good care. It marks the latest stage in the Group's restructuring process and allows us to move ahead with an orderly, independent sales process.'

Independent Care Group (ICG) Chair, Mike Padgham, said, 'Social care is in crisis and small, medium and large operators are all suffering...We have to have action now or we will see more and more care operators struggling and the people who will suffer are the clients...who just aren't getting the care they deserve.'

George McNamara, Director of Policy and Influencing at Independent Age said, '[This] announcement is a symptom of a neglected and broken social care system...While private providers can walk away, it is families and local authorities who are left to pick up the pieces...

'We call on the Government to take urgent action to ensure vital care and support is continued so no older person is left high and dry. We can't escape the fact that the two years that Government have dithered and delayed over social care reform means that older people are every day bearing the brunt of government inaction.'

APPOINTMENTS

UKHCA

The United Kingdom Homecare Association has announced Dr Jane Townson as Interim Chief Executive for an initial period of six months.

NATIONAL CARE GROUP

James Allen has been given the role of Chief Executive Officer at National Care Group.

HARTFORD CARE

Hartford Care has announced that Amanda Smith has been appointed Chief Financial Officer for the Group, which has 14 care homes across the South of England. Amanda has 20 years' experience as a Finance Director and has specialised in the health and care sector since 2011.

ORCHARD CARE HOMES

Orchard Care Homes has added to its senior leadership team with the appointment of Hayden Knight, with over 20 years' experience in the sector. Hayden will be Chief Operating Officer, working alongside Chief Executive Officer, Tom Brookes.

MHA

MHA has brought together the management of its care home, retirement living and community-based Live at Home schemes under the newly-created role of Director of Operations, which has been filled by the appointment of Dan Ryan.

HEALTH AND SOCIAL CARE SRC

Sir Andrew Dilnot has been appointed Chair of the Oversight Board for the Health Foundation's new Health and Social Care Sustainability Research Centre (SRC).

Mental Capacity (Amendment) Bill reaches its final stages

The Mental Capacity (Amendment) Bill has reached its final stages before becoming law. Cross-sector concerns have repeatedly been raised about the Mental Capacity (Amendment) Bill since proposals were introduced last summer.

Campaigners fear the Bill will dilute existing human rights safeguards and give undue power and responsibility to organisations supporting older and disabled people.

However, following consideration in the House of Commons and House of Lords, the Mental Capacity (Amendment) Bill reaches its final stages, awaiting Royal Assent.

Analysis undertaken by a consortium of care provider membership organisations has identified problematic assumptions with Government's impact assessment that could lead to badly implemented law. This includes additional financial costs being passed onto independent and voluntary sector providers with no comparable diversion of funding away from local authorities.

The Department of Health and Social Care has confirmed to the Voluntary Organisations Disability Group (VODG) that it will not release evidence of consultation with the sector that informed the departure from the Law Commission's original recommendations.

Fixing the care crisis

Damian Green MP has put together a new report, *Fixing the Care Crisis*, with the Centre for Policy Studies, with a comprehensive proposal for funding social care.

In his report, Mr Green, who as First Secretary of State commissioned the Government's social care green paper, argues that the current system is financially and politically unsustainable, opaque, unfair, and actively discourages local councils from investing in social care and housing for older people.

He puts forward a proposal for a new funding system based on England's current pension scheme. Read this month's Business Clinic on page 30 to find out more about Green's ideas and see what our panel thinks.

Reducing delayed transfers of care

A new digital portal is being introduced which allows health and social care staff to see how many vacancies there are in local care homes, with the aim of reducing delayed transfers of care.

The tool, Capacity Tracker, aims to save hours of time by reducing the need to phone around to check availability of care services that will allow them return home or move into a care home as quickly as possible after a hospital stay.

The Capacity Tracker has been piloted in the North, Devon and Berkshire and is now being rolled out nationally in the hopes of reducing even more delayed transfers of care.

The digital portal is accessible on any device, and it should take providers no more than 30 seconds to upload details of their available beds. Over 6,250 care homes have already signed up to the system.

Ruth May, Chief Nursing Officer for England said, 'By using this technology to work together more closely, hospitals, local authorities and care homes can ensure that people get the right care in the right place at the right time, and aren't left waiting in hospital unnecessarily.'

As well as offering improved care for patients and care home residents, the new initiative links health and social care professionals more closely and reduces wasted time and resources.

The Capacity Tracker provides a 'shop window' for care homes across the country to share their vacancies as well as other important information about the care home, to enable an informed choice to be made. It can be accessed on any device and improves efficiency of discharge teams.

The North of England Commissioning Support Unit, funded by NHS England, developed the tracker, and led the pilot. Care homes, local authority, Clinical Commissioning Group and hospital staff were involved in creating the system, and Care Home Champions are being regularly encouraged to give feedback to improve and spread its use.

If care homes need help registering, a dedicated team provides telephone support for registration and uploading information.

Find out more on the Capacity Tracker website.

New ADASS President makes opening address

The incoming President of the Association of Directors of Adult Social Services (ADASS), Julie Ogley made her opening address to colleagues, asking social care leaders to envisage the future as well as deal with the reality of now in order to transform people's lives.

The new ADASS President posed the questions, 'Do we think that our current model is going to last for the next five, 10 years or generation? Is it what you would want for your families? Are we truly embracing technology and digitisation, in how our workforce operates and how care is delivered?

'Why can I book a weekend break from my sofa, but not respite care? Why can't people self-serve or manage their own support?'

About the current social care agenda Ms Ogley, who is also Director of Social Care, Health and Housing at Central Bedfordshire Council, said that a decade of austerity has found the sector 'serving less people, with a fragile care market, a fragile workforce with no national workforce strategy, unsustainable funding without a settlement but increasingly reliant on one-off grant funding', with no green paper providing a future strategic direction.

However, despite these constraints, adult social care has 'a very skilled, committed workforce that comes to work every day to improve people's lives' and Julie highlighted the very significant improvements around delayed transfers of care as an example of what can be achieved by colleagues with limited resources and moving towards community approaches.

Julie asked colleagues why the adult social care workforce is not salaried and about the lack of a national workforce strategy for the sector, saying, 'Do we really expect colleagues to try and bring up a family on current levels of pay in housing that's unaffordable?

'How can we be confident that there will be carers to care for us when we're older? Is our workforce held in the same esteem as that of the NHS – if not, why not?'

Julie highlighted the role of the more than 1.4 million people working in social care and how many of her colleagues have talked about the worryingly-complex system in which they operate.

Looking ahead, the new ADASS President noted the three strands attached to the future based on ADASS values and beliefs: the leadership of adult social care; the regional sector led improvement and support offer; and speaking the truth to say what may be uncomfortable and challenging for others to hear.

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Draft guideline for end of life care for adults

National Institute for Health and Care Excellence (NICE) has released a new guideline covering the organising and delivering of end of life care services for adults. It aims to ensure that people have access to end of life services in all care settings, according to their needs and wishes.

It also includes advice on services for carers and other people important to adults who are approaching the end of their life.

It is intended to be used alongside the NICE guideline on care of dying adults in the last days of life, which covers care planning and clinical interventions for people who are considered to be in the last days of life.

It is aimed at commissioners, planners, providers and co-ordinators of health and social care services; health and social care practitioners; and adults approaching the end of their life, their carers and people important to them.

This draft guideline contains:

- Draft recommendations.
- Recommendations for research.
- Rationale and impact sections that explain why the committee made the recommendations and how they might affect services.
- The guideline context.

Information about how the guideline was developed is available on the NICE website. This includes the evidence reviews, the scope, and details of the committee and any declarations of interest.

Skills for Care Accolades 2020

Nominations have opened for the Skills for Care Accolades 2020. The event gives social care employers an opportunity to share their work and be celebrated for outstanding care and support services.

The Skills for Care Accolades 2020 awards categories are:

- Best employer of between 51 and 249 staff.
- Best employer of over 250 staff.
- Best individual who employs their own care and support staff.
- Best employer support for your registered manager(s).
- Most effective approach to leadership and management.
- Secrets of Success - Best retention and recruitment approaches.
- Most innovative endorsed learning provider.
- Most effective collaborative approach to integrated new models of care.
- Most effective approach to continuing professional development for the regulated workforce in social care settings.

Skills for Care Interim Chief Executive Officer, Andy Tilden said, 'All our finalists say it is an opportunity on a national stage to show off how high-quality care and support provision changes people's lives, and it is a joyous night where we celebrate brilliant organisations who invest in their team's learning and development.

'Social care needs to be much better at shouting from the rooftops about how good local services are, so this is a rare chance to shine on a national stage, and have a much deserved turn in the spotlight. I've been privileged to attend the Accolades to see for myself how it much it means for all the finalists to have national recognition for their teams.'

Employers can enter the awards on the Skills for Care website.

Care Minister calls for staff to be better valued

England's 1.47 million adult social care staff have been asked to help shape policies aimed at ensuring they are better recognised and valued by their employers.

The Minister for Care, Caroline Dinenage has called on the adult social care workforce for their views on employee benefits in the sector, as part of a Government drive to improve recruitment and retention.

Ministers want to know whether employers in the sector offer any benefits or reward schemes, whether this influences people's choice of job or makes them feel valued, and if there's anything else employees would like to see being offered. Examples of schemes offered as part of an employee benefits package include:

- Flexible working arrangements.
- 'Employee of the month' awards.
- Cycle to work schemes.
- Discounts on shopping, holidays, cinema, gym, dining etc.

Speaking at the ADASS Spring Seminar, Caroline Dinenage said, 'Many adult social care providers provide outstanding packages of employee benefits, but it is time to ensure better access across the country. Our adult social care staff deserve to be recognised and feel valued for the incredible, life-changing work they do, and I know that this isn't always the case.

'I want our brilliant adult social care workforce to share examples of employee benefits and rewards schemes offered by their employers. This is their chance to have their say and help shape national policies that could benefit staff working across the sector.'

The workforce has been asked to provide feedback throughout May via Talk Health and Care, to better inform policy-making.

Castleoak and Care UK

Care UK and Castleoak have celebrated the start of work on a new £6.5m care home in Shinfield near Reading. This is their 22nd care home collaboration over 19 years.

When complete, the home will provide full-time residential, nursing and specialist dementia care for up to 68 people and will create over 100 jobs for the local area.

The two-storey home is expected to welcome its first residents in June 2020.

The development will include facilities such as a cinema, café and hairdressing salon, as well as sensory gardens, water features and seating to give residents the opportunity to spend quality time outdoors.

Ideal Carehomes – Handley House

York's newest care home, Handley House, has been opened, named after the former Handley Page RAF aircraft repair station on which it is located.

The home's operator, Ideal Carehomes, has invested £10m in the site which has been built by sister company, LNT Construction.

Providing 24-hour residential and dementia care for 66 residents, the home has created 50 new jobs for local people in York.

Handley House boasts a range of facilities including a hair salon, café, cinema, garden lounge and 'Sky' bar.

It also uses an innovative energy efficient ground-source heating system throughout the 37,000 square-foot site.

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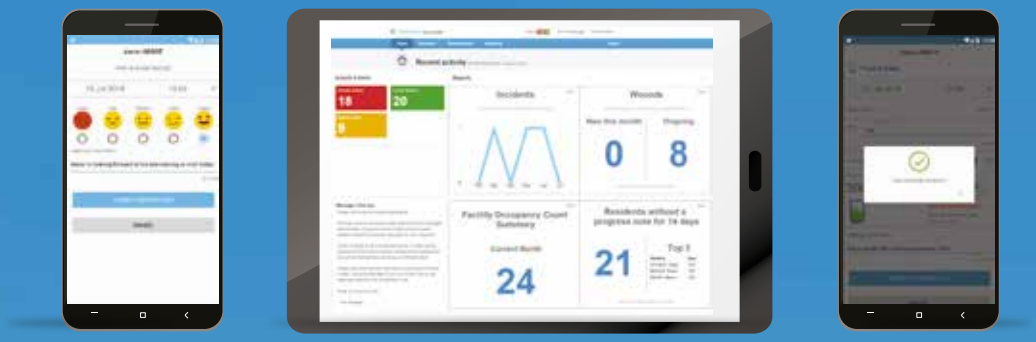

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A cap on care costs would not work, says Independent Age

A cap on care costs would not stop people from losing their homes and savings, according to research commissioned by Independent Age.

The research shows that 51% of homeowners in England over the age of 50 fear that they will lose their savings and homes whilst paying for care in the future. The survey results suggest that 58% of English adults and 56% of homeowners aged 50 and over worry about this, but less than a quarter (22%) are saving for their future care needs.

The polling by YouGov showed that women homeowners aged 50 and over were more concerned about losing their home than men (62% versus 50%). Overall, people in the Midlands were the most concerned (61%).

Currently, more than 143,000 older people – more than a third of the 421,000 currently in residential care – are likely to face costs of £100,000 or more to pay for their care. Such costs are classed as 'catastrophic', says Independent Age.

In recent years, Government has proposed introducing a cap on care costs to prevent people having to pay as much for their care. However, separate research by Grant Thornton UK LLP, commissioned by Independent Age, has revealed that a cap would fail the majority of older people in care homes. The older people's charity is saying that caps don't work because:

If the cap is set too high, many older people in residential care will not live long enough to reach it – the average length of stay in a care home is 22 months.

Most of the proposed caps take no account of hotel costs – food, lodging and other non-care related costs – and therefore leave many older people at risk of catastrophic hotel costs.

The research also shows that:

- A cap set at £100,000 of care costs only affects 5% of people and is only relevant after eight and a half years in care.
- A £72,000 cap on care costs only affects 12% of people and is only relevant after 6.1 years in care.
- A cap on care costs of £35,000 only affects 36% of people and is only relevant after three years in care.
- A £100,000 cap that includes both care and hotel costs only affects 34% of people in residential care and is only relevant after 3.1 years in care.

Independent Age has been calling on Government to scrap the idea of a cap and instead introduce free personal care for older people, as enjoyed in Scotland.

The charity states that this would virtually eliminate catastrophic costs and give every older person the right to free personal care.

Centre to help people with dementia live at home

A new £20m Care Research and Technology Centre at Imperial College London will use artificial intelligence and robotics to help people with dementia live at home for longer.

The centre joins six other national discovery science centres that, collectively, make up the UK Dementia Research Institute (UK DRI).

Scientists hope that these advances in technology will support existing social care in the community to help people with dementia to live at home and stay out of hospital.

The new project will be funded by the UK DRI's three founding partners: the Medical Research Council, Alzheimer's Society and Alzheimer's Research UK.

IN FOCUS

Social Care 360

WHAT'S THE STORY?

The King's Fund released a report this month stating that there has been an increase in the number of people asking for social care.

The report, *Social Care 360*, suggests that rising disability rates among working-age adults and the UK's ageing population is putting the adult social care system under increased pressure.

The proportion of working-age adults approaching local authorities for support has risen by 4% – over 23,000 people – since 2015/16. At the same time, England's increasing population of over-65s is fuelling greater demand for services, says The King's Fund.

The sector has seen over 1.8m requests for adult social care in the last year, up 2% since 2015/16, but despite the increase in people asking for social care, fewer people are actually receiving it.

Nearly 13,000 fewer people are receiving support and real-terms local authority spending on social care is £700m below what it was in 2010/11.

WHAT ARE THE DETAILS?

The report states that 18% of working-age people now report a disability, up 3% since 2010/11, and the proportion of disabled working-age adults reporting mental health conditions has increased from 24% to 36% in the last five years.

This rise is mirrored by an increase in the number of working-age adults claiming disability benefits in recent years.

Amongst the increase in people asking for social care is more older people approaching their councils for support, as the population ages. But the proportion of over-65 year olds getting long-term social care from their local council has fallen by 6%. Unmet need among older people remains high, with 22% of older people surveyed saying they needed support but did not get it.

The report also states that the amount it costs councils to pay for care per week is increasing.

The average per week cost of residential and nursing care for an older person is now £615, which is a real-terms increase of 6.6% since 2015/16.

Not only this, but the number of nursing and residential care beds available for people aged over 75 has fallen from 11.3 per 1,000 in 2012, to 10.1 per 1,000 today.

The report also cites the growing staffing crisis in social care, with around 8% of jobs vacant at any one time.

There are 1.6m jobs in social care, up by 275,000 since 2009, but 390,000 staff leave their jobs each year and fewer family carers are receiving support from their local authority.

WHAT ARE THE POSITIVES?

Despite the huge challenges facing social care, those people able to access care and support services report high levels of satisfaction.

In 2017/18, 90% of social care users said they were either extremely or quite satisfied with their care.

There is also good news for family carers, who are accessing more benefits to support themselves, and the quality of care appears to be getting better.

Antimicrobial resistance in care homes

Boots UK has unveiled findings from its study into antimicrobial resistance in long-term care facilities (LTCFs).

The UK-wide research highlights the use of antibiotics in residential care and identifies potential gaps in knowledge and support for care workers and residents when using antibiotics, with the aim of looking at how community pharmacy can provide additional support.

Residents in care homes are more likely to be associated with higher rates of antibiotic use, particularly for urinary tract infections (UTIs). NHS improvement schemes in England currently focus on reducing inappropriate antibiotic prescribing by 50% by 2021, and improving the primary care management of UTIs to reduce the risk of E.coli blood stream infections.

A survey was conducted by community pharmacists in November and December 2017 where data were collected for almost 18,000 residents across over 600 long-term care facilities in the UK.

Whilst these results only provide a snapshot in time of antibiotic use within LTCFs, they are the largest dataset published to date across the UK.

The results of the survey showed that more than two thirds (66.8%) of all care homes visited had a least one resident on antibiotics on the day of the visit.

Marc Donovan, Chief Pharmacist at Boots UK, said, 'The results of this survey show there is a role for pharmacy teams working in collaboration within the LTCF environment to provide a greater focus on antimicrobial stewardship, supporting the national ambition to reduce inappropriate prescribing by 50% by 2021.

'This should include ongoing training and support for carers on self-care for residents, such as practical advice on how to support residents in taking antibiotics such as timings and dose form.'

Target Healthcare

Target Healthcare has announced the acquisition of a property in Formby, Merseyside for approximately £6.9m, including transaction costs.

The home, which fully meets the Group's strict care home investment criteria and opened following development completion in late 2017, comprises 40 bedrooms with full en-suite wet-room facilities.

The home is let on a 35-year lease with an RPI-linked cap and collar to Athena Healthcare group. Athena has two other homes under lease and two further under forward fund agreements with Target Healthcare expected to complete later in 2019.

NCF Rising Stars announced

The National Care Forum (NCF) has announced the successful candidates for this year's NCF Rising Stars 2019 programme.

Launched in 2017, the NCF Rising Stars programme aims to develop leadership skills through mentoring and learning opportunities. NCF members are invited to nominate the registered managers who are leading the way in their organisations, and nominees are then narrowed down to a small cohort each year.

This year's NCF Rising Stars include registered managers from organisations such as Friends of the Elderly, St Monica Trust and The Fremantle Trust. Read more in our feature on page 33.

Statement of role for nurses in social care

For the first time, a statement of role, knowledge and skills for the 42,000 registered nurses working in social care has been launched.

Registered nurse: Recognising the responsibilities and contribution of nurses working in social care has been created by Skills for Care in consultation with registered nurses and the people they support, plus other professionals who work in and with the nursing regulatory framework and the adult social care sector.

It provides a description of the complex role nurses undertake and demonstrates the way that they contribute to important national health and social care agendas.

The registered nurse role in social care is multi-faceted with high levels of autonomy, decision making and responsibility. Registered nurses are often involved in the operational management of the services they work in, bringing all their professional training and expertise into play.

With an estimated nursing vacancy rate in adult social care, which is equivalent to around 5000 vacancies at any given time, the statement's authors hope it will provide a wider understanding of what this role involves and encourage more nurses to seriously think about joining the growing social care sector.

To download the statement, visit the Skills for Care website, www.skillsforcare.org.uk.

Guidelines proposed for Alzheimer's-like disorder

A recently recognised brain disorder that mimics clinical features of Alzheimer's disease has, for the first time, been defined with recommended diagnostic criteria and other guidelines by scientists from several National Institutes of Health-funded institutions.

The scientists have worked in collaboration with international peers, in a report published in the journal, *Brain*.

The disorder, which is called Limbic-predominant Age-related TDP-43 Encephalopathy, or LATE, is an under-recognised condition with a very large impact on public health.

The features of LATE affect multiple areas of cognition, ultimately impairing everyday activities.

Additionally, based on existing research, the authors suggested that LATE progresses more gradually than Alzheimer's.

Dr James Pickett, Head of Research at Alzheimer's Society, commented, 'Dementia is an extremely complex condition that may be caused by many different underlying diseases.

'Though at an early stage, this research is taking a real step forward by proposing a new sub-type of dementia.

'This type of research is the first step towards more precise diagnosis and personalised treatment for dementia, much as we've started to see in other serious diseases such as breast cancer.

'This evidence may also go some way to help us understand why some recent clinical trials testing treatment for Alzheimer's disease have failed – participants may have had slightly different brain diseases.

'But, more research into LATE is required to clarify specific symptoms, identify biomarkers, understand risk factors and develop treatments.'

NHS England commissioning changes

Changes to NHS England commissioning powers risk conflict of interest and could undermine people's rights, warns Voluntary Organisations Disability Group (VODG).

The group says that granting long-stay hospitals responsibility for care commissioning will create serious conflicts of interest. This follows news in the Health Service Journal that powers are to be given to secure hospitals to both commission and provide services. The proposals include private hospitals that are severely restrictive and have been directly implicated in the abuse of autistic people, those with a learning disability or mental health conditions, says VODG.

VODG is calling on NHS England to rethink the plans because they could dilute rights for disabled people and result in them being unable to have full choice over services that help them to live the lives they choose.

VODG would like NHS England to eradicate the conflict of interest in care delivery plans created by these new proposals. It is also urging NHS England to pause and engage with health, social care and mental health partners, including people who use services and families, to better inform future direction.

Dr Rhidian Hughes, VODG Chief Executive said, 'We need a system that reduces its over-reliance on long-stay secure hospitals and places decisions firmly in the hands of people who use services. But these proposals raise further concerns about current policy making, ever distant to upholding people's individuals' rights and freedoms. Giving power to secure hospitals to both commission and provide services is not the right thing to do.

'As far as we are aware, engagement with the voluntary sector around this policy announcement has been limited. Policy proposals generated in a vacuum, divorced from the rights of people who use services, and without the engagement of those organisations and individuals that are seeking to uphold rights and champion new approaches, risks seriously undermining NHS England's much heralded long-term plan.'

Copper Hill Care Home

Copper Hill Care Home in Leeds is under new ownership after healthcare firm, Armighorn Capital Ltd, secured a £3m investment from Frontier Development Capital to make the acquisition.

As part of this transfer in ownership, Copper Hill Care Home has undergone a rebrand, changing its name to Aspen Hill Village.

This deal marks the latest in a round of acquisitions for Armighorn Capital, which already operates four homes across the Midlands, managing the care of approximately 179 elderly residents.

RMBI Care Co

RMBI Care Co has announced plans for a new building for Lord Harris Court, its existing care home in Wokingham. Planning permission has been given to replace the current 1970s building with a new purpose-built care home and, in due course, a retirement community development containing 60 apartments.

Construction will commence in January 2020 and will provide 45 placements for residents from the Spring of 2021. During this time, the existing Lord Harris Court will continue to operate.

The new home will offer nursing and dementia care facilities and will be built in partnership with Castleoak.

Carterwood sells development site

Carterwood's specialist agency team have completed on the sale of a development site for a 70-bed care home in Didcot, Oxfordshire. It was sold on behalf of 376 Estates Limited to Care Concern.

The site is prominent and accessible, in an appealing location for any prospective residents and highly accessible to staff.

Paul Beaumont, Managing Director of Care Concern said, 'Our new site in Didcot represents an excellent opportunity for us to expand our operations in Oxfordshire. We look forward to starting on site.'

Retirement Villages

Retirement Villages Group Ltd has announced plans for a vibrant new urban community in Exeter.

The scheme in Topsham Road is designed to integrate with the wider community, incorporating retail and other amenities that will be open to all age groups.

The development is the latest addition to RVG's portfolio, with another six developments in the pipeline.

The site, currently home to the Royal Deaf Academy, will include 60 one and two-bedroom independent, later living apartments, a care home, 130 general homes and a children's nursery.

The project is expected to start on site in 2020, with a forecast development cost of £20m.

Am I Your Problem? Campaign

Londoners are the least comfortable people in England, Wales and Scotland when it comes to sharing a restaurant, office, pub or even public transport with someone with a learning disability or autism, a new United Response survey has revealed.

Only three quarters of those living in the capital said they would be happy to share a pub with someone with a learning disability or autism, in contrast to nine in ten people in other areas such as Wales (93%) and the North West (89%).

The new data comes as the disability charity launches its *Am I Your Problem?* campaign to challenge the indifference, hidden discrimination and hostility faced by people with a learning disability or autism.

The survey also saw 13% of Londoners explicitly say they would not be comfortable with their manager hiring someone with a learning disability or autism. Meanwhile, around half (56%) of the 1,000 people surveyed said they would be happy if their child was taught at school by someone with autism or a learning disability, although this figure rose to 70% of people aged 18-24 who said they would be comfortable with it.

The research also exposes subtle differences in attitudes among men and women when they share restaurants, offices, pubs or public transport with those with learning disabilities and autism. Just over three quarters (78%) of men said they would be comfortable with these scenarios compared to 90% of women.

The findings also revealed that 47% of people felt that those with learning disabilities or autism play an active part in their local community, while one in ten (9%) did not agree that they play an active part at all.

United Response's *Am I Your Problem?* campaign is calling on people to change the way they interact with others who have learning disabilities or autism – to show more patience and understanding and to not stare or treat people with learning disabilities like children.

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CAN THE SOCIAL CARE SECTOR CHANGE PUBLIC PERCEPTIONS?

As a rule, the public does not understand the adult social care sector. Despite efforts to portray it in a positive light, it is stuck being seen as problematic and neglectful. Here, David Brindle from the Guardian examines how the sector has tried to change this and where work needs to be done to raise the profile of social care.

"You only hear negative things, like people being abused in care." That comment, by a participant in a major research project on public perceptions of social care, goes to the heart of the image problem that undoubtedly hobbles any attempt to build a popular campaign on the sector's behalf.

But there are other important reasons for social care's continued failure to punch its weight in the political and policy worlds – a failure demonstrated all too clearly by ministers' casual excuse of repeated delays in publication of the promised green paper on reform. And if the sector is ever to break free of its subordinacy, it has to understand what they are.

CREATING A STRONG VOICE

I have been writing about social care for the Guardian for three decades. When I first took on the brief, as part of a wider correspondent's role then called 'social services', I was puzzled about where the sector's leadership lay. It took a long time for me to realise that it didn't lie anywhere.

It's not an original observation to say that the lack of a single, strong voice for social care is a big part of its difficulty. So the fact that the sector has not addressed the issue, or certainly not come up with any solution, should be worrying. Yes, there are healthily competing interests among providers, commissioners, users' and carers' groups and regulators, but it ought not be beyond their collective wit and artifice to devise something that articulates a common cause.

Sadly, recent evidence suggests it may be. Attempts were made in 2016 to launch a 'social movement for social care', intended to build pressure for a game-changing funding breakthrough in the 2020 spending review, but the initiative petered out. The threefold aim had been to 'lift the veil' on social care, raising public awareness of what it is and popularising what it does; to make the link between social care and a sustainable NHS in terms politicians could understand; and to mobilise a broad-based campaign that put social >

> care squarely on the political agenda.

Arguably, significant progress has been made only on the second of these: the umbilical link between social care and health is probably better appreciated now than it was three years ago. But the other goals remain wholly unrealised and the underlying premise of the social movement idea – that social care is fundamentally a 'weak brand' – remains as true as ever.

Why did it get nowhere? The sudden death of Harold Bodmer, president of the Association of Directors of Adult Social Services in 2016 and a key driver of the plan, certainly took the wind from its sails. And there was not exactly a stampede to chip in the annual £100,000 minimum thought necessary to meet the movement's costs. But above all, the sector's many and various cats proved unherdable.

CHANGING THE NARRATIVE

One key tension in those tentative discussions about a social movement was over the preferred narrative, specifically around the balance between a basic message calling for more funding for the system as is, and a broader vision of what could, and should, change to improve quality, outcomes and user/carer choice and control. That difference of approach persists among the sector's stakeholders and has flared into the open over the past 18 months with the emergence of Social Care Future (SCF), a group which describes itself as an 'informal volunteer-run platform for all wishing to bring about major positive change in what is currently called "social care"'. At the National Children and Adult Services Conference in Manchester last autumn, SCF challenged the social care establishment head-on by organising a vibrant rival event nearby.

One of SCF's key tenets is that anything done to promote the sector, or set its future course, must involve the people who receive care and support. But another is that the conventional narrative is setting wholly the wrong tone because it is couched in negative concepts. As Neil Crowther, one of the leading figures in the group, has written, debate is, 'dominated by the language of death, bed-blocking, tax, unfairness between young and old, losing our homes, unaffordability and crisis'. Given such fatalistic thinking, he argues, it is hardly surprising that governments of the past 20 years have struggled to win public engagement and support for a long-term funding settlement.

The term you hear most often in SCF discussions is that social care must 'reframe' the debate – painting a picture in positive colours, putting the onus on what good social care can do to transform people's lives and breaking away from its image of a safety net that you turn to only in extremis. But to do so, it warns, providers and commissioners must accept the need for radical change.

It is without doubt a tall order. But Crowther makes the point that the poor public understanding of social care is, paradoxically, a singular opportunity to define and articulate a new story. That research project on public perceptions, where the participant said you only hear of things like abuse, concluded that 'people generally know very little' about how the system works. Conducted last year by IpsosMORI for the Health Foundation and The King's Fund think tanks, it found that even people who had direct experience of services struggled to grasp how they were delivered and how decisions were made.

At the 2017 general election, of course, Theresa May discovered to her cost that many people had no idea they might have to sell their homes to pay for care in old age. By inadvertently highlighting the existing rules in an attempt to promote what was in many respects a sensible reform set out in the Conservative manifesto, she came a cropper. Many politicians seem in no hurry to revisit the accident scene: when leading North Yorkshire provider Mike Padgham recently wrote to all 650 MPs calling for urgent action on funding, he received fewer than 10 replies.

Perhaps we should blame Beveridge. When the welfare state was created in 1948, social care was pretty much left out of the mix. But at the time, male life expectancy was 66 – few people lived long in retirement, and disability was seen as a medical issue.

As a result of having no dedicated policy silo, the sector has grown haphazardly. Responsibility is split across Whitehall, with the Department of Health and Social Care (only rebranded as such last year) having the policy lead, but funding being channelled through the local government ministry. Welfare benefits, which logically should be wrapped in to any consideration of people's support needs, sit with a third department. There is no dedicated policy institute for the sector, the Social Care Institute for Excellence having perforce moved into consultancy; research is fragmented, slow and too often out of kilter with frontline needs; and, it has to be said, efforts to achieve a united front among stakeholders are hampered by antipathy towards, and suspicion of, larger corporate providers and the role of venture capital.

SEIZING OPPORTUNITIES TO ADAPT

Who will speak for social care? In the March CMM, consultant and commentator John Kennedy argued that the 'only hope' rested with the Care Quality Commission because it has the ear of Government. While that is true, and the regulator has been dancing on the head of a pin for a long time now with its repeated warnings of the sector being near, at or partly past a tipping point, there are other reasons for modest optimism.

The past couple of years has seen a clear and growing interest in social care on the part of the health think tanks, not just the Health Foundation and The King's Fund but also the influential Nuffield Trust. They increasingly take a welcome perspective of the health and care system as a single whole and are potentially powerful advocates. The energy and positive disruption of SCF and associated groups like Think Local Act Personal is also something to applaud, and to harness, and providers deserve much credit for having embraced initiatives to reach out to the wider world, such as Care Home Open Day and Your Care Rating – although the latter has lost the novelty it had on launch in 2012 and probably needs a rethink.

But the best cause for hope that social care will eventually win the profile it merits is a slowly dawning awareness of the sector's sheer size and economic contribution. Thanks to Skills for Care, which has done much of the heavy lifting on this on its own initiative, we can say conservatively that social care is worth more than £40bn to the UK economy, it is growing faster than most other sectors and it already provides jobs for 1.5 million people in England alone. Simple demographics mean demand is going only one way.

Some regions, notably the West Midlands, have seized on this and are now treating social care as a key driver of the local economy, helping to map demand, plan expansion and organise recruitment and training. In doing so, they recognise an imperative to rethink 'business as usual' economic development. To play its part, and to take full advantage of this emerging opportunity, social care will need to rethink business as usual too. Can it do so? **CMM**

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What do you think should be done to improve public perception of care? Where does the responsibility lie? Express your thoughts and send feedback on this article on the CMM website **www.caremanagementmatters.co.uk**

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LEARNING THE LESSONS FROM COMPLAINTS

Following the publication of *Caring about complaints*, Local Government and Social Care Ombudsman, Michael King, explains the key things care providers can learn from his organisation's investigations into social care services.

We are well known as the place to help people with unresolved problems about their council services, but we have also been the Ombudsman for independent adult social care providers in England since 2010.

For providers, this means we investigate complaints from people claiming to have suffered because of the actions (or inaction) of a provider. We are totally impartial and look at the issues from both sides. Where we find something has gone wrong, we make recommendations for the provider to put things right.

While it is important that people who have suffered have their situation fixed, solving individual problems one by one doesn't make the most of our investigations to benefit the wider care system.

That is why I have recently published our first thematic report sharing the valuable lessons from our investigations with care providers. Despite the very real challenges facing the sector, by working constructively together, perhaps we can help improve the care experience for everybody. >

> CARING ABOUT COMPLAINTS

Even with the best will in the world, sometimes things go wrong. When they do, the best organisations accept this and try to learn lessons that can improve things for all of the people using their services.

When we find fault in an investigation, in addition to the individuals affected, we always look for recommendations to improve services that will prevent further injustice. These may be practical things, like asking providers to review certain practices, improving their information for services users, or undertaking staff training.

Our report – *Caring about complaints* – summarises the major areas where we find issues in care provider investigations, in the hope of helping other providers avoid the same mistakes. It is based around a range of real case studies from our published investigations. But it also distils some of the major 'service improvement' recommendations into good practice tips that providers can adopt.

FEES, CHARGES AND CONTRACTS

This area is one of the most common issues we see in complaints about care providers. People often come to choose care services at a time of crisis, while they are struggling to understand a, frankly, complex system. They rely heavily on the professionals to help them make informed decisions, and can only do so if they are given accessible, clear and complete information – before a contract is agreed.

Care providers can learn from our cases by ensuring all fee scenarios are explained at the outset, so there are no surprises later. The report features an investigation where a care provider gave inadequate and misleading information about fees, leaving a family understandably taken aback by a large increase in fees when their mother moved from NHS Continuing Healthcare funding to self-funding. This is the sort of situation that could be avoided by making sure that all parties are clear on fees and charges before they are engaged in a contract.

BILLING AND INVOICES

It will seem obvious to say that invoices should be accurate, timely, and properly reflect the services provided. However, we regularly uphold complaints where people have been charged for services they didn't receive. Keeping accurate records and audit trails of services agreed and provided will help to resolve any disputes arising from invoicing.

Providers should also ensure that cancellation periods are clearly set out in the contract, as well as the terms under which fees may change, including fair warning of price uplifts.

PROTECTING BELONGINGS

It is good practice for care providers to have robust systems in place to safeguard valuable items. Typically, they should keep an updated inventory of residents' valuables and offer a secure place, such as a safe, or a lockable drawer.

We highlight some investigations in the report where providers failed to protect peoples' personal property and belongings. In one case, the care provider agreed to our recommendation to introduce a new procedure for logging all items moved in and out of its safe, after a care home resident's wedding ring went missing.

If belongings do go missing, we expect providers to investigate matters properly to try to find out what happened. They should also have suitable insurance in place and the contract with the person using the services should not attempt to exclude liability for negligence. >

> GIVING NOTICE AND FAMILY DISPUTES

When we are investigating complaints, we expect the contract between the person using services and the care provider to be clear about when the parties can give notice and how long the notice period is.

If a care provider gives notice because it can no longer meet a person's needs or care for them safely, the contract should also have a term that deals with this. In this event, the care records should show how a person's needs have changed.

We have investigated cases where a care provider has given notice because the relationship between staff and relatives of the person they are caring for has broken down, or where the provider has sought to ban certain relatives from visiting. In fact, care providers that attended our recent programme of engagement events raised this as a hot topic of discussion.

If a provider is looking to give notice, it should discuss its plans with relatives beforehand to give them an opportunity to comment. When dealing with disputes with family members, providers should have clear procedures in place that they follow and, crucially, communicate to relatives. It is good practice to have a review period, after which the situation can be reassessed.

CARE PLANNING

A vital element of good quality care is having an up-to-date assessment and care plan, that clearly sets out the person's needs and preferences. Care plans should be reviewed regularly, or when there is a change in the person's circumstances.

When investigating complaints about the quality of care, we are likely to find fault if care is not being delivered according to the care plan, or if care plans have not been reviewed and updated to address a person's needs.

In a case highlighted in the report, care workers giving live-in care to a man with dementia and terminal cancer decided to lock the door because they were worried he may place himself at risk by leaving the house at night. However, we found his care plans were not up to date, and made no mention of needing to lock the door. If there were concerns over the man's mental capacity to leave the house, there should have been a proper discussion with relatives and an appropriate course of action should have been decided. The provider agreed to change its procedures so that care workers reported changes to a person's condition, which would trigger a review of the care plan.

COMPLAINT HANDLING

While we investigate a relatively small number of complaints compared to the amount of care given nationally, there is useful insight from our cases.

It is common for us to find some issues with the way in which a complaint has been handled in care provider investigations. This may include things like delays in responding, poorly evidenced decisions or not explaining the reasoning.

Care providers should have complaint processes that are easy for people to find and use. The procedure should also tell people about their right to come to us for a free, independent review of their complaint if they remain unhappy with the provider's response. Since we started investigating independent care providers nearly 10 years ago, the numbers of complaints we have received has increased year on year. I welcome that some of this can be attributed to the proactive approach of a growing number of care providers that correctly signpost people to us.

Caring about complaints includes details of the guidance we produced with Healthwatch England, in consultation with the sector, under the 'Quality Matters' initiative.

The key principles of managing compliments and complaints are:

- Fairness.
- Leadership.
- Customer first.
- Valuing and encouraging feedback, compliments and complaints.
- Accepting something went wrong.
- One complaint, one response.
- Clear signposting to independent redress.

I would also urge care managers to welcome feedback and place the person's needs at the heart of the complaint procedure. A full version of the guide is found on our website.

HOW WE CAN HELP YOU

We work closely with the Care Quality Commission to share information about our cases to inform inspections. However, it is only us who can look at complaints from individuals where something has gone wrong that has personally affected them.

We also provide a range of resources to help care providers with their complaint handling, including:

- Template complaint procedure documents.
- Leaflets and posters to print.
- Care provider e-newsletter.
- Complaint handling training courses.

For those wanting to know more about what happens when we receive a complaint about a provider's organisation, I would encourage you to read the section of our report that explains some of the basics of when and how we investigate.

My experience is that the vast majority of care providers work with us in a mature way to remedy injustices. I want to encourage everyone to emulate this behaviour and learn the lessons from these cases. **CMM**

Michael King is Local Government and Social Care Ombudsman. Twitter: **@LGOmbudsman**

How do you handle complaints from the people you support? Do you have a positive experience to share? Give us your feedback on this article and spread your knowledge on the CMM website **www.caremanagementmatters.co.uk**

FIXING THE CARE CRISIS: A VALID SOLUTION?

The funding of social care is a hotly debated topic with various possibilities for change. In April, Damian Green MP and The Centre for Policy Studies released a report setting out one of these options.

The social care green paper is supposed to be proposing (amongst other things) ideas for the future funding of social care, but with it now expected at 'the earliest opportunity', proposals for reform are being put forward by others. Independent Age has been campaigning for social care for older people to be free at the point of use, and The Centre for Policy Studies has put forward another suggestion from Damian Green MP.

THE PRINCIPLES

Green states that his starting point is that social care should be 'free to all at the point of use, regardless of circumstances' and outlines four principles that he believes social care funding must achieve.

The first of these is simply that more money must be provided for social care. The second calls for fairness across generations and medical conditions, and Green is clear that the funding system should 'avoid burdening working-age people' who shouldn't have to put money aside for their own care in the future as well as paying for the care of older generations.

The third principle states that more reasonably-priced care should be made available, as well as increasing the amount of retirement housing, and the fourth is that the system should secure public and cross-party consensus.

THE PROPOSAL

The main suggestion in *Fixing the Care Crisis* is to move social care funding towards a pension-like system.

Under this, people would be given a certain amount of money towards their care, regardless of their financial circumstances, and would also be able to take out an additional insurance that would allow them to top-up their care to improve their options, with examples in the report including 'larger rooms, better food, more trips and additional entertainment'.

This system would see social care become a nationally-funded service, meaning local authorities would not control the amount of money spent on each person's support.

UNIVERSAL CARE ENTITLEMENT

The part of this funding system that would resemble the state pension is the Universal Care Entitlement.

Green proposes that this would ensure everyone received a certain level of care in any setting. Each type of care would have a cost attached to it and people's needs would continue to be determined by local authority assessments. Everyone who had eligible needs would be entitled to the amount of money it would cost to meet those needs, whether or not they could afford to pay for this themselves.

Green notes that there will be a transition period, when more money will be required to pay for people who are already using services under the current system, at the same time as bringing the new system in.

To combat this, he makes three suggestions: taxing the winter fuel allowance, which would mean the winter fuel allowance was added to each person's taxable income and it would not be made available to higher-rate tax payers; using savings from other parts of Government to plug the funding gap; and asking all those aged 50 and over to pay an additional 1% National Insurance – this should be considered only as a last resort, says Green.

CARE SUPPLEMENT

The next part of the proposal is to encourage people to take out a social care insurance to fund a Care Supplement. This would fund the 'additional' costs, such as better food and more trips out.

This would differ slightly from the current pensions system, as the idea is to pay a set level upfront for products ranging, for example, between £10,000 to £30,000.

Depending on the level of product you took out, you would have a certain level of care guaranteed to you when you needed it, on top of the level of care already guaranteed by the Universal Care Entitlement.

As with other insurances, the insurers would be able to offset the costs of people who needed a lot of care with the people who had insurance but didn't need care at all. This would mean that the rates were not set according to family histories or medical testing.

Green anticipates needing to encourage people to take out this insurance but states that 'in the long term, we would hope and expect that saving for the Care Supplement would become the norm'.

IMPROVING QUALITY AND COST

The final area of Green's report involves improving the quality of care and reducing the cost. One key part of this is increasing the amount of retirement housing available, which Green states is lower-cost and more effective than some other types of support.

He also states that local authorities are 'wary of importing too many older people because they can see their care costs mounting up' over time.

However, he argues that his proposed model would negate this, as the funding responsibility wouldn't lie with each local authority, so they would be inclined to build more retirement properties. He also suggests that investors would be more likely to see these as viable investments, because providers are guaranteed a certain payment for each person. The role of the local authority would become a supervisory one.

Green's report states that this system would spur the whole sector to improve; would help to keep prices of care low, as profits would be made in providing the additional services paid for by people's Care Supplements; and would offer peace of mind for the public. **CMM**

OVER TO THE EXPERTS...

Could this model be a solution for funding social care? How could it help with supporting younger adults? What will be the impact on local authorities?

SOME MERIT, BUT MAJOR PROBLEMS

It is good to see new proposals on social care funding and there is merit in some of the ideas being proposed by Damian Green and the Centre for Policy Studies. However, there are major problems too, the most fundamental of which is cost.

The paper proposes that everyone should be entitled to a good level of social care, whether in a care home or their own home, funded nationally.

This is a noble aspiration which would move social care much closer to the universal, free offer of the NHS. It is an enhanced, and therefore more expensive, version of the free personal care system that operates in Scotland.

The key enhancement is that the system would pay the person's basic accommodation costs in a care home, whereas in Scotland these are not included and individuals must pay them themselves.

The paper estimates the additional cost of this 'Universal Care Entitlement' at just £2.5bn. However, detailed modelling in our recent report, *A Fork in the Road*, produced with the Health Foundation, found that it would cost an additional £7bn just to introduce the cheaper, Scottish version of free personal care, rising to £14bn by 2030/31.

The paper is therefore an interesting, and in some ways, welcome basic idea, which provides the level of social care support many people – incorrectly – believe they are already entitled to.

However, it is let down by the failure to research, develop and – crucially – cost it.

If it were really possible to provide all eligible adults in England with a good level of care for £2.5bn, the problem of social care may well have been solved by now.

Simon Bottery Senior Fellow – Social Care, The King's Fund

A REMINDER WE NEED THE GREEN PAPER

This report is one of several contributions which should be considered nationally. One of the proposals is for adult social care (ASC) funding to be held at a national level, with local authorities then commissioning services locally. However, the proposals do not fully consider the multiple connections between ASC and other local services, both financially and in delivering improved outcomes for individuals and communities.

ASC funding is mainly determined by local decisions, such as through money raised from the social care precept and business rates. However, councils have become increasingly reliant on one-off funding, when what is needed is a long-term, sustainable solution.

The paper proposes a pension system, with a guarantee of a universal safety net. Any significant funding uplift for ASC should seek to cover the range of needs, be fair and based on the best balance of taxation, potential re-prioritisation of other benefits (pensions and non-means tested benefits), an individual's contribution and private insurance. Fairness should be between and within generations, and recognise that areas have different geographies, rurality, demographic and socio-economic influences. Funding solutions should be long-term and capable of being adjusted at periodic intervals.

This latest contribution to a critical national debate is also yet another reminder that it is absolutely essential Government gets on with publishing its green paper as soon as possible. Those who receive care, and those who work in the sector, deserve to be given the assurance and certainty they need about how their immediate to long-term future will be funded.

Julie Ogley President, Association of Directors of Adult Social Services

WE SHOULD DO MORE TO REDUCE DEMAND

Funding social care is important, but supporting everyone to have a good later life must be part of the solution.

When it comes to reforming – and funding – social care, it seems to have been impossible to find a political consensus. The issue has become so contentious that we are in a stalemate where nothing changes. But we can't afford to wait. The situation is set to get worse without immediate action.

In 20 years, the number of people aged 65 or older will have risen by 40%. And while not everyone will need care in later life, by 2035, estimates suggest there will be a million over-65s needing round-the-clock care.

Last month, Independent Age published research highlighting the financial cost of care for those who need support. A study by The King's Fund predicted increased demand in future years. A range of funding options have been proposed, like creating a 'Care ISA', removing the cap on personal care budgets, or this developing of a kind of social care pension scheme.

But there is much more we could be doing to reduce demand. We need to help people remain healthier as they age and make sure the world they live and work in is one that is supportive, not disabling. That means supporting everyone to be healthier and more physically active; building accessible homes and ensuring people get home adaptations quickly; and offering paid leave and flexible working to employees who are also unpaid carers.

We must find a political consensus on how to fund social care today and for future generations. But helping people to remain healthy, active and independent must be part of the solution.

Dr Anna Dixon Chief Executive, Centre for Ageing Better

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RISING STARS

Helen Glasspool from the National Care Forum (NCF) looks back at the last year of NCF Rising Stars and announces the 2019 cohort.

The National Care Forum (NCF) Rising Stars Programme has had a successful second year. Launched in 2017, the programme addresses the need to invest in and develop the skills of the next generation of leaders in social care, with registered managers from the NCF membership selected to take part each year.

NCF Executive Director, Vic Rayner said of the programme, 'The NCF Rising Stars Programme is something the NCF is very proud of...we worked with our member organisations and asked them to put forward managers >

> who they identified as really committed to change, committed to doing things in different ways and who would really benefit from being part of a wider partnership network.'

Building on the founding year, the 2018 programme provided new activities and events for the NCF Rising Stars to engage with, as well as a year of mentoring from a senior member of another NCF member organisation.

The programme starts each year at the NCF Annual Conference, where the selected registered managers meet each other and their mentors. They are introduced to the programme and have the opportunity to hear from people working both with and in social care. Last year, this included Carterwood's Tom Hartley, who welcomed the NCF Rising Stars to the programme and explained why Carterwood supports the new cohort to attend the conference for free.

"I am forever grateful for the NCF Rising Stars experience and the team's hard work to arrange all of the different days. It has given me the opportunity to meet some amazing people that, without the programme, I would not have the opportunity to meet. It has developed my knowledge and given me confidence within my role, which has enabled me to develop my career."

Sam Stuart, WCS Care

ENHANCING SKILLS

Amongst established events with our partners this year, such as a workshop on diet and nutrition with apetito and a technology and data day with Person Centred Software, was a media training session with Altura Learning. This impressed on the NCF Rising Stars the importance of presenting oneself positively across different forms of media, teaching them tools for how to achieve this, as well as practical skills such as learning to read from an autocue. Caroline Coogan, NCF Rising Star from New Outlook Housing Association reflected on this, saying, 'the skills that I have learnt will be used daily, especially the techniques to answer difficult questions and being aware of facial expressions.'

One key outcome of the programme is for the NCF Rising Stars to have an understanding of their own individual journeys, from the beginning of their careers to where they are now and where they want to be in the future. Care Management Matters interviews each NCF Rising Star and gives them the opportunity to reflect and review. Sam Stuart, Registered Manager at WCS Care summed up the experience, saying, 'I found this to be the most beneficial in a lot of different ways. It made me evaluate my journey within care so far, and also what I want in the future, it made me see how far I have come and how far I have to go and all of the amazing opportunities I've experienced within my journey. It has also allowed me to realise that I have helped other people including staff, family members and residents in the 15 years I have been in care.'

ENGAGING IN OPPORTUNITIES

A highlight of the 2018 NCF Rising Stars programme was the invitation to the House of Lords to celebrate the 30th Anniversary of the report, *A Positive Choice* by the Wagner Committee, with the opportunity to meet with people who have had significant influence on the sector, including Gillian Wagner DBE, Baron Norman Fowler, Lord Warner, and Andrea Sutcliffe CBE.

New to the NCF Rising Stars Programme for 2018 was a focus on staffing and teams. Skills for Care's 2018 *State of the Adult Social Care and Workforce in England* report highlighted the challenges the sector is facing and found that the rate of staff turnover was more than 30% in the previous 12 months. We were therefore delighted when Founder of Sticky People and Care Friends, Neil Eastwood came on board to host an interactive masterclass on recruitment and retention.

Neil shared his lessons in best practice, key skills and resources in attracting, sourcing and keeping quality staff.

This masterclass with Neil marked the end of the 2018 programme but the peer support will continue and we will watch and support the NCF Rising Stars' career development with interest.

NCF RISING STARS 2019

We were overwhelmed with the response to the call for nominations for the 2019 NCF Rising Stars Programme and we are delighted to announce the successful candidates for NCF Rising Stars 2019:

- Pam Casey, Abbeyfield Society.
- Charlotte Sehmi, Optalis Ltd.
- Rebecca Ogujor, Salvation Army.
- Philip Smith, Pilgrims Friends.
- Adam Roberts, Norsecare.
- Jo Burnell, Guild Care.
- Triinu Org, Friends of the Elderly.
- Sam Pycroft, St Monica Trust.
- Kelly Hartley, The Fremantle Trust.
- Nicolas Kee Mew, Avante Care and Support.
- Faye Upton, Amica Care.

They will join the NCF team and their mentors at the NCF Annual Conference on 5th June at the Tower Hotel in London.

This is my seventh year working in the social care sector and leadership has never been so important.

I am convinced that by working together with partners and members, we will drive forward the next generation of leaders in the adult social care sector. **CMM**

Helen Glasspool is Events and Partnership Officer at National Care Forum.
Email: **helen.glasspool@nationalcareforum.org.uk** Twitter: **@NCFCareForum**

Shining a Light

ON POSITIVE MENTAL HEALTH FOR MANAGERS

Hightown Housing Association is focusing on supporting the mental health of its staff and registered managers. Here, Isabel Connolly, Head of Care and Supported Housing Support, shares some of the simple changes they've made that can be easily implemented elsewhere.

Hightown Housing Association provides housing, care and support services in Hertfordshire, Buckinghamshire and Berkshire. Our registered care homes support people with learning disabilities and mental health needs, with many of the residents having moved from long-stay hospital institutions.

The current funding challenges for local authority commissioned providers is well documented and Hightown has not been immune to this pressure – having to find savings while continuing to provide caring, safe, effective, responsive and well-led services. Funding pressures inevitably mean recruitment pressures, with filling vacancies and staying on top of rotas absorbing managers' time.

Hightown's senior management are keenly aware of the importance of its registered managers and understand that, for even the most highly-skilled managers, the demands of the job can sometimes be extraordinary. It is a day-to-day expectation that registered managers can run complex operational services while prioritising competing demands from care managers, commissioners, the Care Quality Commission (CQC) and their own head office. Each shift must be well-organised and attuned to individual service users, who often have complex needs specific to their learning disability or autism. To make a real 'home' for the people that live there, managers also aim to create experiences that go beyond being fed and looked after in a safe way, organising trips, events and the marking of celebrations – elements of caring that no provider wants to see diminished.

INVESTING IN INITIATIVES

Like many organisations, Hightown has invested in a formalised wellbeing programme – using the government-endorsed 'five ways to wellbeing' from the New Economics

Foundation (NEF), with activities over the year that link to at least one of the following:

- Connect.
- Be active.
- Take notice.
- Keep learning.
- Give.

Resource for this has come from Hightown's Learning and Development Team within Human Resources, as well as a team of 'wellbeing champions' – staff volunteers who have received mental health first aid training. 'Connect lunches' specifically for staff in care and supported housing have brought this work to life by making the wellbeing champions available to speak to and to generate conversation around topics such as mental health. Holding these lunches at locations convenient for care staff, rather than head office, has been key to their success. The champions have reported that these events help them to enjoy their role, rather than seeing it as an additional job.

However, as Hightown has sought to understand the key sources of potential stress for registered managers, it has become apparent that the positives from wellbeing initiatives will only go so far where staff are affected by certain structural pressures of the job.

Hightown is committed to a long-term programme of improvement addressing three key elements of the job:

- The care home and office environment.
- Employee relations, procedures and line management.
- Support and change initiatives from head office.

IMPROVING THE ENVIRONMENT

Hightown has around 60 office sites, including a mixture of those designed and furnished for their use and converted rooms in residential houses and bungalows. Historically, some furniture has come second-hand, chosen to fit in the spaces available and additional filing cabinets fitted in over time.

To help registered managers make their site offices places that are conducive to their >

> positive mental health, two approaches are being taken:

- A digital filing system facilitated by an interactive 'manager's dashboard'.
- Targeted replacement of furniture and furnishings.

Hightown has invested in a digital filing system that prompts staff to attach documents at certain time intervals. These documents are then retrievable via a manager's dashboard. For example, managers are prompted to attach staff supervision documents at least once every six weeks and the attached documents are stored in a 'Staff snapshot' section of the dashboard.

Contracts, leases, TV licences, fire safety documentation and so on can all be filed electronically in this way. For Hightown, this means that the number of paper files in offices can be reduced. For some care homes, this is a significant step in making the office environment more manageable, more pleasant to work in and more welcoming to those who visit.

EMPLOYEE RELATIONS

Registered managers oversee high-frequency tasks that must be executed accurately, such as medication rounds. The nature of these activities means that there will be occasional errors, and managers need to be able to assess how and why these have occurred and consider future mitigating actions and lessons learnt.

This process of review and learning sometimes happens alongside employee relations (ER) procedures that potentially put individual staff under investigation. Hightown reviewed the consistency of approach taken to these ER cases and realised that different stances were sometimes being taken, with some registered managers commencing formal investigations for small errors due to concerns about what the CQC and local authority would consider a robust 'response'. However, proceeding with investigations in response to human error had put additional pressures on the team and line management relationship, and had potential consequences for the mental health of all involved.

To help, Hightown has clarified the internal position on thresholds for ER action and has introduced weekly one-to-ones for all registered managers, providing a face-to-face forum with their senior manager. These have been successful in helping registered managers feel better-supported by facilitating input into, and backing for, on-the-ground decisions they are making in response to events, errors and incidents.

SUPPORT FROM HEAD OFFICE

Semantics can sometimes be very important. Hightown's Quality and Contract Compliance team recently changed its name to simply 'Support', emphasising that this team is there to support registered managers get the quality outcomes they are working for.

The Support team offers early intervention 'back on your feet' days – a day's support available to managers who might be behind on management tasks, whether due to staff vacancies, particularly complex case work, or an unforeseen event. The aim is to prevent a stressful backlog of tasks and the consequences this can have in terms of rota planning, staff relationships and morale. In addition to requests for these visits, officers from the Support team regularly visit services in a supportive capacity to establish where there may be rising pressures.

Messages to registered managers about changes being driven from head office are also being delivered in new ways, to capture attention and help managers engage with the policy content or digital system change. For example, interactive videos starring staff from the Support team have been created in-house, adding audio and visual communication, and a sense of humour, to what could have previously been simply an email.

TOP THREE SIMPLE MEASURES FOR QUICK RESULTS

Although some of the measures taken by Hightown have been enabled by investment in ICT, there have been some simple measures taken that have had a significant positive impact on registered managers and required no new resources:

1. Attention to the office environment

Some of the most effective improvements to Hightown's office spaces have not come from spending on new furnishings or digital filing, but simply paying a bit of attention to layout. Layouts too often are due to historic decisions about where to plug in a device or the presence of a filing cabinet that is heavy to move. Removing archive material, a spring clean and reorganisation of storage has achieved a real improvement of space in some of Hightown's schemes.

2. Weekly one-to-one opportunities

Even if only for half an hour, these have provided the space needed for senior managers to be responsive in supporting the on-the-ground decisions of registered managers. Although both the senior and registered managers initially felt this would be a time burden, once implemented, managers realised they were saving time otherwise spent drafting emails or attempting to contact each other. They also preferred this guaranteed face-to-face contact and felt it has improved the line management relationship.

3. 'Back on your feet' days

These have relieved some stress from managers by letting them know its fine to raise their hand and ask for help at key moments of pressure when normally manageable tasks have slipped.

FUTURE STEPS

Looking on a national level, we would welcome practical resources and guidance from national bodies on promoting organisational culture that supports the mental health of registered managers. For example:

- Sector-specific guidance on practices that promote learning by looking at errors, incidents and pressure on standards in the context of the system rather than individual culpability.
- Practical tips and examples of positive learning exercises from across the sector.
- A narrative about learning that doesn't use the language of failure and abuse.
- General principles for how and when to take disciplinary action that won't reverse organisations to defensive states.
- A Government-endorsed health check on organisational culture that executive and leadership teams can use as a self-assessment.

The big next step for Hightown is investment in a new training programme for registered managers and managers of supported housing. By Winter 2019, Hightown hopes to be rolling out an in-house programme of training that gives managers time to reflect on the nature of their line management relationships with front line staff, and practical tips for how to get the most out of their staff teams.

Hightown will also continue to invest in its wellbeing initiatives linked to the five ways to wellbeing and hopes to bring more of that work out to its registered care settings. **CMM**

Isabel Connolly, Head of Care and Supported Housing (CSH) Support, Hightown Housing Association. Email: **Isabel.connolly@hightownha.org.uk** Twitter: **@IsConnolly**

What initiatives have you used to support your registered managers? How can others implement your ideas to improve mental health across the sector? Share your knowledge and provide feedback on this article on the CMM website **www.caremanagementmatters.co.uk**

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- Support living.
- Hospices.
- Respite.
- Day centres.
- Mental health services.
- Complex care.

SERVICES

- Mock CQC inspections.
- Auditing (health and safety, good governance, internal).
- Action planning.
- Enforcement action support.
- NOP/NOD support.
- Factual accuracy challenges.
- Ongoing support.
- Crisis management.
- Registration.

LEAD INDIVIDUAL

Helen has over 20 years' experience in management of health and social care services. Helen has managed residential, nursing, day care and dementia services. She has been the area manager for several homes, responsible for co-ordinating them and ensuring compliance.

Helen set up Care 4 Quality in 2012, starting out as a care consultant to several homes across England. Care 4 Quality has since become one of the leading care consultancy companies in the UK and now has a panel of over 30 consultants and supports several hundred services across the UK.

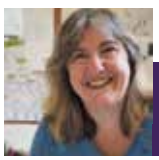
COMPANY INFORMATION

Care 4 Quality's services are tailored to your service's needs. With consultants spanning the UK, Isle of Man and Northern Ireland, we can offer a range of specific expertise to suit your service.

We work with individual care homes and care home groups, carrying out mock inspections and assisting with quality monitoring in partnership with homes.

Quarterly compliance visits are becoming popular with our clients, ensuring that the areas of Safe, Effective, Caring, Responsive and Well Led are audited fully and improvements are evidenced. Customers who book quarterly visits are provided with interim support for providers and managers via email and telephone.

We offer support with enforcement action, warning notices and notices of Proposal/Decision issued by CQC. These can be bespoke and can be tailored to your service. We also work with regulatory solicitors and lenders where necessary.



Helen Fuller *Managing Director and Founder*
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CARE IMPROVEMENT ASSOCIATES

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SECTORS

- Care homes.
- Home care.
- Supported living.

SERVICES

- Care quality consultancy.
- Mock CQC inspections.
- Crisis management.
- Turnaround.
- Interim management.
- Training and mentoring.

LEAD INDIVIDUAL

Before founding Care Improvement Associates, Samuel had 20 years of care quality management experience within the independent care sector. After completing his education within learning disability nursing, he developed a focus on care quality, reaching board level for multi-site providers.

With a passion for providing outstanding care quality, Samuel has developed endless quality and compliance strategies across the adult social care sector. As a qualified health and social care educator he has a proven track record of directly improving care practice with a 'hands on' approach.

COMPANY INFORMATION

Care Improvement Associates (CIA) is a national network of over 40 care quality consultants, which includes former CQC inspectors and specialist advisers, who all share the aim of outstanding care quality.

From start-ups to leading providers, CIA offers a tailored solution to help you deliver high-quality care and reach CQC's rating of 'Outstanding'. Key services include mock CQC inspections, crisis management, external audits and interim management.

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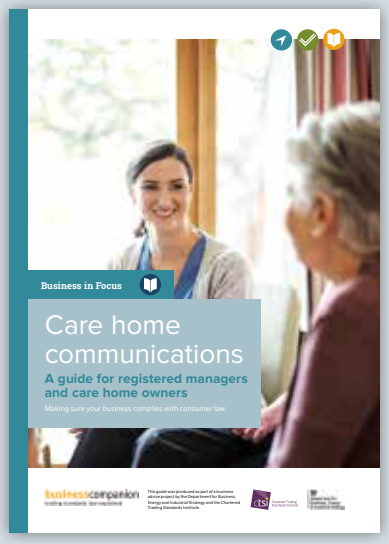

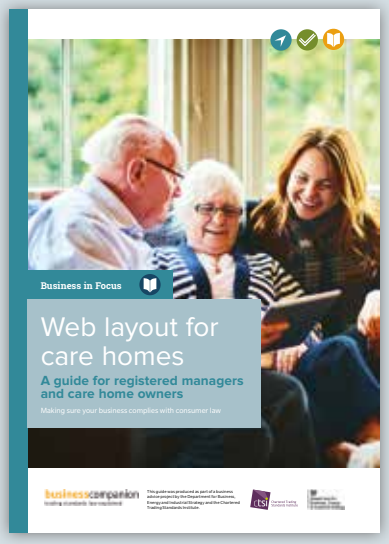

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- Independent living.
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SERVICES

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- Policies and compliance support.
- CQC support.

LEAD INDIVIDUAL

Peter has spent 25 years working with SMEs, formerly on company turnarounds via strategic change and more latterly as a Co-Founder and Co-Director of Insequa Ltd.

Peter qualified as a business mentor helping hundreds of companies in the public service arena and spent five years building a team capable of providing help to SMEs across many sectors. This team was built on winning tendered contracts for services from the public sector. One such project was the three-year Supply London programme, which was responsible for supporting London-based companies to win contracts for the 2012 Olympics.

Peter has written and bid-directed many successful tenders for services including homecare, social care, healthcare, advocacy, mental health, and several for European Regional Development Fund grant funding. Peter has been technical expert on EEDAs Proof of Concept grant funding appraisal panel and turned around projects lacking outputs into success stories. He has acted as bid evaluator and moderator for several public sector commissioners.

Bill Watson, Co-Director is currently in Australia, setting up a base to offer support to the growing aged care market Down Under. He is still in touch and involved in the day-to-day running of Insequa UK.

COMPANY INFORMATION

The Insequa approach is unique – 100% client-centred and always with a close eye on the latest developments in the sector. If you're interested in growing your business using expert tender writers, supporting staff with compliance software that's user-friendly and efficient, game-changing care policies or CQC support services that take the stress out of inspections, Insequa can assist.

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COMPANY PROFILE

Quality Compliance Systems (QCS) is the leading compliance management system for the UK care sector. Our service provides over 53,000 care, dental and medical professionals with access to the most comprehensive set of customised policies, procedures and compliance toolkits, enabling our users to stay compliant with current Care Quality Commission policies.

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SERVICES

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- Policies and processes.
- Business and financial planning.
- Fully managed services support.
- Nominated individual.
- CQC registration.
- Crisis management.
- Recruitment and training.

LEAD INDIVIDUAL

Steve has over 20 years' experience in health and social care. He is passionate about everyone receiving quality care.

Steve has commissioned government services and implemented service developments around embargos and change management. In 2014, Steve decided to start a care consultancy service that offered different support choices and affordability. SRG Care Consultancy was formed with a view to reinvest all profits into the sector and Steve developed learning disability day services as well as festivals to support people with learning and physical disabilities and promote inclusion.

As well as managing the group, Steve is often in the field with clients to ensure governance and CQC Key Lines of Enquiry are met, maintained and enhanced.

Steve is forward-thinking and always exploring improved ways of working and automation to allow more time for caring.

Today, SteRee Group is a national company supporting over 70 clients with a team of 32 colleagues, sharing the same ethic and passion around quality care.

COMPANY INFORMATION

We provide the highest-quality consulting and managed services, assisting our clients in achieving optimal success. Our national service offers an end-to-end service and has supported a wide range of care providers, within crisis management to proactive governance.

We bring a wealth of experience and aim to provide a complete package to improve quality of care and ensure your business is robust and sustainable for future growth. Our affordable monthly packages are designed to help all providers to receive support, ensuring compliance and reducing risk.

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Steve Harris *Managing Director*
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- Training needs analysis.

LEAD INDIVIDUAL

Jenny has over 30 years' experience working as a nurse within the health and social care sector. She is a qualified nurse, holding a nursing BSc (Hons), as well as RGN, management, teaching (PGCE) and assessing qualifications. Jenny has held positions from volunteer through to Director of Nursing and specialist adviser for CQC.

Jenny has many years of experience of undertaking training needs analysis within services and then providing training that is relevant, enjoyable and engaging to the delegates attending, to ensure that learning is optimised.

Having worked as a registered manager, Jenny also understands the dilemmas and complexities that managers are faced with and, due to this, is able to offer support both formally (supervisions, mock inspections, action plans etc) or informally as needed.

She has supported services that have been rated Inadequate to improve their practice and go on to be rated as either Good or Outstanding.

COMPANY INFORMATION

Working alongside Jenny is a team of professionals who have many years of experience working within the health and social care sector. These include nurses (both paediatric and adult based), care managers and social workers.

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SHAPING THE AGENDA FOR GREAT CARE

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There are significant changes in the wider community that are impacting on care including integration of health, housing and care, the rise of technology, changing demographics, emerging communities and pressures on workforce and funding. The provision of great care in the future will rely on the Adult Social Care sector taking control of how it engages with these changes.

Attend the NCF Annual Conference to hear from renowned speakers and participate in interactive workshops with leading professionals.

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Celebrating **excellence**

Markel 3rd Sector Care Awards

Saints4Sport won the Collaboration (Integration) Award at the Markel 3rd Sector Care Awards 2018.

Saints Foundation is the official charity of Southampton Football Club – it is the club's way of giving back to the community. The charity works on a range of projects to transform lives in and around Southampton. Using the passion and power of the club, Saints Foundation aims to support people to become more involved, healthier and more empowered members of the community.

Eight years ago, Saints Foundation and Society of St James (SSJ), a Southampton-based homelessness charity, which provides a range of supported living services in Southampton, Portsmouth and across the rest of Hampshire, set up Saints4Sport to help people with substance misuse issues.

A DIFFERENT INTERVENTION

Dean Latona, Psychosocial Service Manager at Society of St James, has been a part of the Saints4Sport scheme since its inception.

He said, 'Saints4Sport was originally embedded within SSJ's Drugs Intervention Programme (DIP), which was a service for people with substance misuse issues who were part of the criminal justice system. These clients were historically some of the hardest-to-engage people that SSJ worked with.

'After initially running some weekly football and fishing sessions, it became apparent that sport could be used as a tool for engagement and a catalyst for change. Many service users that were not engaging in Substance Misuse Treatment were now regularly turning up to Saints4Sport; without knowing it, they were receiving interventions that were beneficial to many of their issues.

'Clients were often spending hours at a time attending Saints4Sport. By being at these sessions at the very least they were not using substances and not committing crime. But the actual benefit to the individual was much bigger than that; SSJ soon discovered people's mental health, self-esteem, confidence and sense of belonging was also improving, alongside their substance misuse.'

The project grew and, today, Saints4Sport supports more than 500 adults each year across a multitude of activities to provide positive structure and routine through sports-based activities. Alongside this, it provides participants with accreditations and pathways to employment as they try to find their place in society.

COMMITTING TO OUTCOMES

Over time, the project has delivered 774 qualifications and engaged more than 2,000 people to better the city's community. Currently, the project offers 14 sporting sessions a week, alongside a comprehensive education and employment programme.

Saints4Sport has also opened avenues into employment for its participants, something SSJ's Polly Whitaker, who is the charity's Employment and Activity Co-ordinator, feels is of great value to all involved.

She said, 'Saints4Sport has over the last six months set up partnerships with local businesses to provide pathways to employment. This has been through work experience, employment opportunities and volunteering. This local support gives our

service users the opportunity to regain their confidence, learn new skills and gain valuable experience.'

For those who are in prison and feel unable to live within society, Saints4Sport offers a sport and resettlement programme. Delivered weekly at HMP Winchester, this scheme is for those wanting to better themselves before reintegrating back into the local community. To do this, the Saints4Sport team delivers an intervention that combines sport and bespoke workshops to help prepare prisoners who are due to be released.

The Saints4Sport project's success is based on utilising the skill sets of both partnership organisations. On one side, you have SSJ's knowledge and experiences of supporting people with complex issues such as substance misuse, homelessness and mental health, and on the other side you have Saints Foundation's track record and understanding of using sport as a vehicle for positive change.

SUCCEEDING TOGETHER

The initiative was recognised at the 2018 Markel 3rd Sector Care Awards where Saints4Sport received the award for Collaboration (Integration), reflecting the strength of the partnership and its outstanding provision. Being recognised alongside some of the industry leaders in the third sector has provided the partnership valuable time to reflect and redouble our efforts to help people transform their lives.

Lisa Latona heads up Saints4Sport and works tirelessly to help improve lives within the city, alongside SSJ's Sports Co-ordinator Scott Jones, who co-delivers the programme. They both understand that winning the Markel 3rd Sector Care Award is a testament to teamwork.

Lisa said, 'The Saints4Sport partnership feels truly honoured to be recognised for its commitment to positive change through sport within our local community. The team work hard to improve the lives of those hardest to engage and to receive the Collaboration Award is a true testament to the partnership work between Saints Foundation and Society of St James.'

Greg Baker is Head of Saints Foundation, overseeing projects that work with more than 19,000 people in Southampton each year.

Speaking about Saints4Sport, he said, 'I am really proud of the work that both Saints Foundation's staff members and Society of St James have done to improve the lives of people in Southampton.

'It has been a long partnership, but one that every member of staff has put their upmost effort in to over the years. The results speak for themselves. Our staff have helped those who needed assistance the most to change their lives through sport, education and engaging activities.

'The teamwork between the two charities cannot be underestimated, it would not be the project it is without each party and we at Saints Foundation are grateful for the support we have gained from SSJ.

'We want to continue this incredible partnership, and, with the help of both our community and funders, we will keep transforming lives in and around Southampton, helping those that need it most.' **CMM**

Dean Latona is Psychosocial Service Manager at The Society of St James.
Email: **saints4sport@ssj.org.uk**
Twitter: **@SSJCharity @sfc_foundation**

MARKEL 3RD SECTOR **CARE AWARDS 3**

The Markel 3rd Sector Care Awards is run specifically for the voluntary care and support sector. Visit **www.caremanagementmatters.co.uk/3rd-sector-care-awards** to see 2018's winners and find out more about this year's event. Sponsorship opportunities are available.

With thanks to our supporters: National Care Forum, Learning Disability England, The Care Provider Alliance, Association of Mental Health Providers and VODG.

The Collaboration (Integration) Award was sponsored by MARKEL®

RESIDENTIAL & HOME CARE SHOW

26th -27th June, London

Europe's largest event dedicated to building a better future for care returns to ExCeL, London, taking place on 26th and 27th June 2019.

The Residential & Home Care Show, part of Health Plus Care series, will welcome thousands of care business owners, directors and managers all wanting to find solutions to their challenges and learn how long-term integrated healthcare plans will affect the care they provide.

SHARING EXPERTISE

The Residential & Home Care Show 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 to:

- Achieve more positive outcomes and improve the quality of their care.
- Improve future Care Quality Commission ratings and better prepare for inspection.
- Develop an agile care service able to adapt to, and make the most of, change, whether it be policy or market-based.
- Enhance the services they provide through new innovations and technologies.
- Drive business efficiency and growth with lessons learnt in presentations and panel discussions by industry leaders and successful care operators.
- Network with leaders from local clinical commissioning groups, local authority directors, NHS trusts and GPs who have new pools of funding to access.

FINDING SOLUTIONS

The Show 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 100 sessions in five theatres full of world-class presentations, discussions and tutorials, The Residential & Home Care Show will help you excel in 2019, find solutions to the challenges you face and, most importantly, provide better care. Sessions include:

- The future of adult social care, what can we see happening?
- The benefits of sharing data in a GDPR climate.
- Solutions to help you become Outstanding.
- What can we learn from the Japanese care market and from care providers making an impact in the sector.
- Care technological innovation – Using technology to achieve care excellence.
- Recruitment – How can we retain and recruit the best team?
- Sources of finance for social care businesses – What's fundable and what's available?
- Marketing solutions to help boost your brand PR and help fill your vacancies.

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. Over 100 leaders from the sector will be speaking including:

- Belinda Schwehr, CEO – Centre for Adults' Social Care.
- Andrew Coles, Head of Product Management – Person Centred Software.
- Richard Muncaster, CEO – The Care Workers Charity.

BOOK TODAY

The care sector has faced an unfathomable cut to spending, budgets are being slashed and struggling businesses are now on the brink of collapse. The Residential & Home Care Show 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.

The number of complimentary places is limited, so guarantee your place by booking today at www.residentialandhomecareshow.co.uk/cmm **CMM**

WHAT'S ON?

Event: NCF Annual Conference 2019
Date/Location: 5th June, London
Contact: National Care Forum, Tel: 0247 624 3618

Event: Learning disabilities and autism care in England
Date/Location: 12th June, London
Contact: Westminster Health Forum, Tel: 01344 864796

Event: Residential & Home Care Show
Date/Location: 26th-27th June, London
Contact: Health Plus Care, Web: www.healthpluscare.co.uk

Event: Care Home Open Day 2019
Date/Location: 28th June, Nationwide
Contact: Care Home Open Day, Web: www.carehomeopenday.org.uk

Event: NAPA Annual Conference: Year of the Arts
Date/Location: 16th July, London
Contact: NAPA, Tel: 0207 078 9375

Event: Care Show
Date/Location: 9th-10th October, Birmingham
Contact: Care Show, Web: www.careshow.co.uk

Event: Care England Conference 2019
Date/Location: 13th November, London
Contact: Care England, Tel: 0207 492 4840

CMM EVENTS

Event: CMM Insight Leeds Care Conference NEW FOR 2019
Date/Location: 20th June, Leeds
Contact: Care Choices, Tel: 01223 207770

Event: CMM Insight Lancashire Care Conference
Date/Location: 19th September, Blackburn
Contact: Care Choices, Tel: 01223 207770

Event: CMM Insight Berkshire, Buckinghamshire and Oxfordshire Care Conference
Date/Location: 17th October, Maidenhead
Contact: Care Choices, Tel: 01223 207770

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

Please mention CMM when booking your place.
Sign up online to receive discounts to CMM events.

STRAIGHT **TALK**

When it comes to the adult social care system, older people and younger adults can have very different experiences. Professor Martin Green OBE asks here, are some more equal than others?

The Equality and Human Rights Act was supposed to enshrine in law the concept of equal treatment across a range of different and protected characteristics. These included gender, race, sexuality and age.

As I look across the care sector, I am conscious that some characteristics are more protected than others, and it is my view that older people are getting a very poor deal from health and social care services.

This poor deal is not only measured in the amounts of money that are put into different client groups, but there is also an inequality of access and a paucity of ambition in the way in which older people's care services are commissioned compared to other client groups.

Let's start by looking at the money. Despite the fact that older people represent the largest cohort of people using services within local authorities, the spending on younger adults is outstripping the spend on older people in a great number of local areas. This is a tangible way to show that there is an inequality in the way in which resources are allocated across different age groups.

When you look at the unit cost of delivering care for an older person compared to that of delivering care for a younger person, sometimes the disparity can be as much as 20 times. Those who want to defend this inequality often point to the fact that younger people have greater needs. I would be very happy with the system that allocated resources on the basis of the need, but quite clearly the current system does not do this. An older person living with advanced dementia may have the same needs as a younger person with autism or a learning disability, but the system treats them quite differently.

Firstly, older people's services are usually commissioned on block basis. Each local authority allocates a woefully inadequate amount of money for residential care and nobody is allowed to go above that ceiling figure, no matter how complex their needs might be. In contrast, younger adult services are usually commissioned on an individual and bespoke basis, and I have seen in some areas people having services commissioned at several thousand pounds a week; this is simply not done for older people living with dementia.

Not only is there the challenge of the funding, but there is also a paucity of ambition in some of the care plans, particularly those which are community-based. I recently saw a care plan for a younger person, which talked about maintaining family relationships, ensuring they have access to leisure and cultural activities, and the plan included taking the person 40 miles once a fortnight in a taxi, with a chaperone, to ensure that they spent the afternoon with their sister. I have never seen a care plan like this for an older person living with dementia, though I have known many older people who would have loved to spend the afternoon with their sister. Older people's care plans tend to be based on functions rather than outcomes and I have never yet seen a community plan that enables the older person to stay in their own home with 24-hour round-the-clock care, yet I have seen a number of such plans for younger people.

I am also conscious of the way in which the Care Quality Commission is advancing the notion that learning disability services should be small, and they have mistakenly, I believe, linked the size of the service to the quality and outcomes it provides. If the size of service is the definer of quality, I question why the Care Quality Commission, and indeed, local authorities, are not advocating for much smaller residential units for older people, which would be more akin to a family situation, but which of course would cost huge amounts more money than the current miserly allowance given by local authorities for older people's residential care.

It is clear that social care is institutionally ageist and all the institutions of Government, such as the NHS, local authority commissioners and the Care Quality Commission, work on a totally different premise when they address older people's issues than they do when they are advocating for children or younger people.

Older people are being failed by the Equality and Human Rights Commission and I believe we need to have a Commissioner for Older People, just as they do in Wales, to ensure that older people are not left off the equality and human rights agenda when it comes to their care and support needs. **CMM**

Professor Martin Green OBE is Chief Executive of Care England. Twitter: **@ProfMartinGreen**

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