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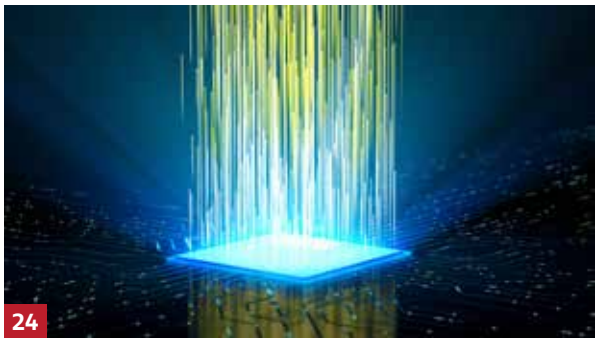

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From the Editor

Editor, Angharad Burnham asks whether the promises made to 'fix' social care will be fulfilled, or whether they were empty words.

We are back from the CMM break with pleanty to offer you, returning to our usual format of regular and special features. We hope that you found the CMM COVID-19 special editions useful for getting you through the testing times you've faced and to help you prepare for a potential second peak.

FALSE HOPES

The neglect and blame that adult social care faced during the worst of the pandemic was appalling and inexcusable. The repeated blows were felt particularly by being delivered by a Prime Minister who, on his first day in post, stood on the steps of Downing Street and promised to 'fix the crisis in social care once and for all'.

I think the sector understands that plans have needed to be put on hold, but impatience is rising for a refocus on this issue. Recently, the Health for Care Coalition called on the Prime Minister not to renege on his promise and I think it's vital that COVID-19 isn't used as an excuse to not address the topic of social care.

Another promise made (and not quite kept) was to begin cross-party talks on funding reform within the first 100 days of office. On 6th March, Matt Hancock wrote to MPs to begin these talks, but plans were swiftly put on hold to focus on coronavirus.

In our Straight Talk this month, Ewan King of Social Care Institute for Excellence is discussing these long-promised talks. Get his views on page 46.

LACK OF ACTION

The concern for many is that, while coronavirus remains a threat, the bigger threat is the lack of action from Government. Providers are warning of closures due to reduced occupancy, or because their insurance premiums have become too high. The public are not ready to take what they perceive as a risk of putting their loved ones into a care home, or having a provider come into their house to support them.

This reduction in demand, alongside increased costs, concerns over staff's mental health and many providers' sudden loss of income, is a worry. Yet Government's failure to prioritise the sector and support it through this impossible time makes us wonder whether the promises made before and on the day of the election – to protect, reform and raise up social care – were just empty words.

MOVING ON

I hope that I am wrong, and that Government will turn its attention to the issues that have had to take a backseat due to COVID-19.

In the meantime, we are continuing to do what we can to support you. As well as bringing you news, thought leadership and best practice, we have made the decision to move our CMM Insight events online. This enables us to offer our usual high-quality conferences absolutely free to providers. Our first will be the Northamptonshire Care Conference on 24th September. For information on how to join, visit the CMM website, www.caremanagementmatters.co.uk.

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Inside CQC

KATE TERRONI

Kate Terroni, Chief Inspector of Adult Social Care at the Care Quality Commission (CQC) discusses the regulator's next steps, including resuming some inspections.

Thank you for reading the Inside CQC column this month, where I will be updating you on our work since we last wrote to you. Debbie Ivanova, Deputy Chief Inspector, talked in the last column about the work we have done to look at the impact of COVID-19 on people with a learning disability. This month, I want to talk more about the impact COVID-19 has had on the way we work and how we're continuing to adapt because of this.

Our Emergency Support Framework (ESF), which I spoke in detail about in the June edition of CMM, has now led to us having conversations with over 14,000 providers, most of which are doing an amazing job at reacting to the incredibly challenging situation. The feedback we have received on the ESF has been overwhelmingly positive, with providers appreciating the supportive approach we have taken to responding to COVID-19. In a small number of cases, where we have had concerns about the safety of a service, we have crossed the threshold, and we are now looking at entering more services in a safe and managed way.

When we weren't entering services unless they were very high risk, it became more important than ever that people shared their feedback on the care they were receiving. In July, we launched the 'Because we all care' campaign, alongside Healthwatch England, to call on everyone to help shape health and social care by sharing their feedback. New research has shown that, since the outbreak of coronavirus, nearly two thirds of people would support the NHS and social care services by actively providing feedback on their care. We hope that the campaign will help services address quality issues, shine a spotlight on best practice, and support people who use services by encouraging them to share feedback on their individual experiences.

We can gather a huge amount of meaningful information through people sharing their experiences with us, but there is always going to be information we can only get from crossing the threshold of services. We will begin visiting more social care providers, based on previous quality ratings, whistleblowing, and other concerns, but we will continually review the way we are working with the ever-changing COVID-19 situation. Infection Prevention and Control (IPC) has always formed part of our inspection framework, but we will now be looking at IPC on every visit to a service. We have also developed a new IPC inspection tool, with questions and prompts, which will be used on all upcoming inspections of care homes. We also want to identify and share best practice with you on IPC and will be learning from a sample of 300 care homes where our data indicates that they have managed IPC well. The early findings of this will be shared in our September COVID-19 Insight report, with a more in-depth set of findings in November.

Throughout the pandemic, we have continued our work on closed cultures, and in June we released new guidance to support our inspection teams to continue to improve how we identify and respond to services that might be at risk of developing closed cultures. We worked with people who use services, Experts by Experience, families, local Healthwatch and stakeholders to produce this. Since then, we have trained over 2,000 of our inspectors on how to identify a closed culture and have been setting up an Expert Advisory Group to help us with this work. If you would like to be kept up to date with the work via regular blogs and news stories, please email closedculturesengagement@cqc.org.uk to sign up to our mailing list.

At CQC we, along with all other organisations in health and social care, have learnt a huge amount from COVID-19, and we will be using this learning to continually inform the way we work going forward. We recently held a series of five webinars to talk about our strategy for 2021, which you can watch recordings of on our YouTube channel. In these webinars, we talked with providers about the themes of our 2021 strategy, which has been shaped by what we have learnt during the pandemic and will focus massively on CQC having a supportive relationship with providers and encouraging improvement. To get involved in shaping our future strategy, don't forget to sign up to our digital participation platform.

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

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NEWS

Adult social care workforce grows

The number of people working in adult social care has increased again to 1.52 million according to a new report by Skills for Care.

Its annual *Size and structure of the adult social care workforce in England* report also reveals that if the size of the adult social care workforce were to keep up with the projected number of people aged 65 and over in the population, then the number of care jobs would need to increase by 520,000, to around 2.17 million jobs by 2035.

Other key findings include:

- An estimated 18,200 organisations and 38,000 establishments were involved in providing or organising adult social care in England.
- Approximately 70,000 direct payment recipients were employing their own staff.
- Since 2012/13, the number of adult social care jobs has increased by 9% or 130,000 jobs, to 1.65 million jobs in 2019/20.
- The rate of increase for adult social care jobs has slowed – between 2014/15 and 2019/20, the workforce grew by around 15,000 jobs per year, compared to an average increase of 26,000 jobs per year between 2012/13 and 2014/15.
- Since 2012/13, the workforce has continued to shift away from local authority jobs (a decrease of 25%, or 37,000 jobs) and towards independent sector jobs (an increase of 11%, or 130,000 jobs).
- The number of jobs in domiciliary services increased at a faster rate between 2012/13 and 2019/20 – an increase of 95,000 jobs and 15% – than jobs in residential services – an increase of 25,000 jobs and 4%.
- Registered nurses were one of the only jobs in adult social care to see a significant decrease over the period, down 15,500, or 30%, since 2012/13.

Skills for Care's *Adult Social Care Workforce Data Set (ASC-WDS)* is funded by the Department of Health and Social Care and uses workforce data supplied by 20,000 employers. The data used in this report for the 2019/20 period was collected prior to the height of the COVID-19 pandemic in England.

Visit the Skills for Care website to download the report.

Health Foundation reveals COVID-19 impact

New analysis published by the Health Foundation has found policy action on social care has focused primarily on care homes and that this has risked leaving out other vulnerable groups of users and services, including those receiving care in their own homes.

It also notes that the shortcomings of the Government's response have been made worse by longstanding political neglect and chronic underfunding of the social care system.

Since March, there have been more than 30,500 excess deaths among care home residents in England and 4,500 excess deaths among people receiving domiciliary care.

While high numbers of excess deaths of people living in care homes have been well reported, the analysis shows there has been a greater proportional increase in deaths among domiciliary care users than in care homes (225% compared to 208%).

And while deaths in care homes have now returned to average levels for this time of year, data up until 19th June shows there have continued to be excess deaths reported among domiciliary care users.

The Health Foundation says that decades of inaction by successive governments have meant that the social care system entered the pandemic underfunded, understaffed, and at risk of collapse. Any response to COVID-19 would have needed to contend with this legacy of political neglect. As the UK prepares for potential future waves of the virus, the Health Foundation warns that social care must be given equal priority to the NHS, including a greater focus on domiciliary care, and that more fundamental reform of the social care system is needed to address the longstanding policy failures exposed by COVID-19.

APPOINTMENTS

CARE PROVIDER ALLIANCE

The role of CPA Chair rotates annually across each of the ten associations.

In September, Kathy Roberts, CEO, Association of Mental Health Providers is taking over from Lisa Lenton, England Director at the Association for Real Change. The Immediate Past Chair is Michael Voges, Executive Director at the Association of Retirement Community Operators (ARCO).

AMBIENT SUPPORT

Ambient Support has announced that David Brindle will take over the role of Chair of its Board of Trustees. David succeeds Simon Griffiths, who stepped down from his role after completing a 12-year term of office with the last three in the Chair.

SKILLS FOR CARE

Andy Tilden will leave Skills for Care early in 2021 to take on new challenges after 20 years supporting learning and development opportunities for the adult social care workforce in England.

Andy is currently Skills for Care's Director of Operations, returning to that post after a year as the organisation's Interim Chief Executive before handing over to Oonagh Smyth in March.

HC-ONE

James Tugendhat has been appointed as Chief Executive Officer at HC-One, due to join the team in September.

James is an experienced Chief Executive with a background in a number of different sectors, including health and care, and consumer and financial services. He is also Non-Executive Director of the Royal Free London NHS Foundation Trust.

APPOINTMENTS

SAVISTA DEVELOPMENTS

Karen Green has been appointed as Land Director for care home construction company, Savista Developments, and Claire Johnsen has been appointed as Head of Innovation.

Karen has over 17 years' experience sourcing off market opportunities, acquiring sites and obtaining planning permissions plans.

Claire, who previously worked for St John's Innovation Centre in Cambridge as a Senior Innovation Advisor, will oversee the launch of an Innovation Challenge run in partnership with sister company, Hallmark Care Homes.

UNITED RESPONSE

Andy Ward is to be the new Director of Finance at United Response. A chartered accountant, Andy succeeds departing executive Jerome Walls who left the post in August 2020 after four years of service.

Andy's 30-year career has seen him work in senior finance, commercial, operational and audit roles in major organisations, such as Christie's, Alliance Boots, Compass PLC, AT&T and Ernst & Young.

REVITALISE

Revitalise has announced the appointment of new Executive Director of Quality, Joanne Lappin.

Joanne started her career at Hampshire County Council as a Day Service Officer, working her way up to her most recent role as Head of Governance and Assurance, where she oversaw statutory adult safeguarding, care governance and assurance across Adults' Health & Care, as well as leading the Bronze operational response to COVID-19 across the department.

PAC releases damning report

The Public Accounts Committee (PAC) has released a damning report on Government's handling of the sector during COVID-19.

The report summarises that while the NHS was able to meet overall demand for COVID-19 treatment during the pandemic's peak, the same cannot be said for adult social care, and that prolonged inattention, funding cuts and delayed reforms resulted in the Government's inability to provide the sector the support it needed during the pandemic.

The report also identifies key conclusions and recommendations for the Government's ongoing COVID-19 response, in light of concerns about managing a possible 'second wave'.

Care England urged the Government to implement the recommendations in order that the nation is better prepared for future spikes and also to ensure that social care is recognised as an intrinsic part of the health and social care system. It highlighted Health and social care are but two sides of the same coin and cannot be treated as separate entities.

The Local Government Association also encouraged Government to act on the committee's recommendations as soon as possible, suggesting it begin promised cross-party talks on the future of adult social care.

Childcare costs grant launched

The Care Workers' Charity has announced the launch of its new Child Care Costs grant, available exclusively to care workers.

Care workers can now apply for the grant which will offer financial support up to £2,000. The grant is also being awarded retrospectively, covering costs up to this amount from 23rd March 2020.

The grants can be used to contribute towards childcare costs of up to £125 per week for children up to five years old. Applicants can also apply for a grant to help with childcare costs of up to £70 per week for a childminder for six to 12 year olds during term time, and holiday childcare costs of up to £150 per week.

As part of the application process, the usual compulsory evidence requirements are in place. Applications can be made by care workers via the Care Workers' Charity website.

Care Workers' Charity is always looking for help to keep supporting care staff. If you are able to donate anything so that the charity can continue its vital work, please do so at the dedicated Just Giving page.

Guidance for supported living providers

New guidance for supported living providers has been produced by the Government to support services through COVID-19.

Following the withdrawal of previous guidance on 13th May, this new information aims to update and build on what providers may already be doing.

It sets out:

- Key messages to assist with planning and preparation so that local procedures can be put in place to minimise risk and provide the best possible support.
- Safe systems of working, including social distancing, respiratory and hand hygiene and enhanced cleaning.
- How infection prevention and control (IPC) and personal protective equipment (PPE) applies to supported living settings.

The guidance states that it is 'vital these services are maintained' and suggests that, while the information is aimed at supported living providers, it could also be applicable to those providing extra care housing.

It also stresses the importance of ensuring that people who may lack capacity are able to understand any changes or new information.

The full guidance can be read on the GOV.UK website.

Care home visiting guidance

In July, Government published care home visiting guidance to allow residents and families to be reunited.

Local Directors of Public Health will lead assessments on visiting within their local authority. They will be expected to take a measured, risk-assessed approach, considering the situation in specific care homes as well as the community context, including any local outbreaks.

Amongst other advice, the guidance suggests:

- Care home providers should encourage all visitors to wear a face covering and to wash their hands thoroughly before and after putting it on and taking it off.
- Visitors should also wear appropriate further PPE depending on the need of their visit, including gloves and aprons.
- Providers should consider whether visits could take place in a communal garden or outdoor area, which can be accessed without anyone going through a shared building.
- Where visits do go ahead, this should be limited to a single constant visitor, per resident, wherever possible.

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Use of technology in social care report

A report has been published revealing the latest data and information on how social care providers have been using technology during the COVID-19 pandemic.

The report, *The Impact of Technology in Adult Social Care Provider Services*, has been published by Digital Social Care, NHSX and the Institute of Public Care at Oxford Brookes University. It highlights the benefits and barriers providers in England have been experiencing when it comes to using technology.

The report shows the use of technology for social care providers has changed rapidly with the COVID-19 pandemic. Information governance compliance requirements have been temporarily relaxed and a new quick process to give care providers free access to NHSmail and Microsoft Teams has been set up. Free digital tools have also been made available and all care homes have been asked to start using the Capacity Tracker as a priority.

Key findings from the report suggest that:

- Video conferencing is being widely used with all providers, with the three main drivers being virtual GP appointments, keeping families in touch, and internal communication between staff.
- Using equipment is a challenge for providers with many saying that it's difficult to navigate the best options to respond to the needs of the people they support, themselves and other parties in the system.
- There is a mixed and inconsistent picture on the use of remote monitoring, care management systems and digital solutions, with some providers using a range of digital tools and others who are still very paper-based.
- Despite over 70% of care home providers in some regions having registered with NHSmail, only two thirds of these are using their accounts.
- The Capacity Tracker is being used by nearly all care homes but wasn't perceived by providers as of any benefit to them.

Confidence with digital skills, lack of strategic technical guidance, data protection and cyber security were all identified by providers as barriers to their uptake of technology.

Calls for timetable for social care reform

Campaigners are calling on Government to set an urgent timetable for social care reform as the crisis in the sector worsens during coronavirus. The campaigners demand action is taken more quickly than suggested by NHS Chief Executive, Sir Simon Stevens, who called for plans to be set out within a year.

The Independent Care Group (ICG) says the death toll from COVID-19 in care homes and care homes with nursing has shown the dire state the social care sector is in.

While the group applauds Sir Simon's call for a social care plan, it believes a plan should be both set out and delivered within a year. The group highlights that the sector is in crisis now and has been for some time, and wants a firm date and the Government to be held accountable for keeping to that date.

Fourth annual LeDeR report

The fourth annual Learning Disabilities Mortality Review Programme (LeDeR) report identified that 3,450 deaths were notified to the LeDeR Programme in 2019.

In 122 of the cases reviewed, people received care that fell so far short of expected good practice that it significantly impacted on their wellbeing or directly contributed to their cause of death.

The report makes several recommendations for Government and its partners to act on, including:

- A continued focus on the deaths of adults and children from BAME groups.
- For the Department of Health and Social Care to work with the Chief Coroner to identify the proportion of deaths of people with learning disabilities referred to a coroner in England and Wales.
- Incorporating compliance with the Mental Capacity Act into the standards against which the Care Quality Commission inspects.
- Considering implementing: specialist physicians for people with learning disabilities who would work within specialist multi-disciplinary teams; a Diploma in Learning Disabilities Medicine; and making 'learning disabilities' a physician speciality of the Royal College of Physicians.

Impact of COVID-19 on caring

The Office for National Statistics (ONS) has released data detailing the impact of COVID-19 on caring.

It shows a vast increase in the number of adults supporting people, with almost half (48%) of UK adults providing help or support to someone outside of their household during April 2020. This contrasts with pre-pandemic findings of 11% of adults providing some regular support or help for an elderly, disabled or ill person living outside their household.

Of these 48% of adults who reported providing help in April 2020, 32% were helping someone who they did not help before the pandemic and 33% reported giving more help to people they helped previously. Those aged 45 to 54 were the most likely group to provide support – 60% of this age group reported doing this. Women were more likely than men to provide support, as were those with dependent children.

Because We All Care campaign

Aiming to encourage people using the NHS and social care to give feedback on their experiences, to help improve services for everyone, the Care Quality Commission (CQC) and Healthwatch England launched the campaign, Because We All Care.

This comes as new research shows that 67% of people in England say they are more likely to act to improve health and social care services since the outbreak of COVID-19. According to the research, nearly 60% of people said they would now be more willing to support services by actively providing feedback on their care.

Young people (aged 18-34) were even more likely to support the work of care services than other age groups. The polling suggests that this age group is now significantly more likely to feed-back on care (72%), and to donate to or fundraise for a relevant health cause (52%).

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Sector responds to immigration details

The social care sector has responded with disappointment to the announcement of new immigration details.

The new system will see a Health and Care Visa which will be part of the skilled worker route for those wishing to work in the UK.

However, in an annexe that lists the jobs which will make a person eligible for this visa, no specific social care roles are mentioned.

Reacting to this announcement, James Bullion, President of the Association of Directors of Adult Social Services (ADASS), stated, 'The COVID-19 pandemic has shown true value of adult social care staff to our country. They have put their own lives on the line to deliver skilled and compassionate care to people of all ages. To label our staff as 'unskilled' does not reflect the sacrifices that have been, and continue to be, made across the country.'

The Cavendish Coalition believed social care services could face a 'staffing blackhole' if temporary arrangements are not introduced to manage the initial impact of the Government's Immigration Bill.

In a letter to the Prime Minister, the Coalition laid out its 'grave concerns' about the current immigration proposals, detailing the damaging impact they could have on the care sector and the people who rely on its services, particularly as the country heads towards what is expected to be a challenging winter while dealing with the ongoing threat of coronavirus.

The coalition of national bodies is calling for the Government to introduce a 'transitional solution' that would avoid a cliff-edge scenario for international recruitment to social care while efforts continue to expand the domestic workforce.

Call for free PPE by national charity

The Relatives and Residents Association (R&RA) is calling for personal protective equipment (PPE) to be made available free of charge to care providers for staff, residents and visitors who need it.

In a statement arguing that the current discrimination against the care sector goes against everything that public health stands for, the national charity also cites the delay and confusion of Government responses as a contributing factor to the complications of PPE provision.

Judy Downey, Chair of the R&RA, said, 'Being forced to pay and compete for PPE contradicts the basic ethos of public health: to protect everyone in society regardless of status. Discrimination against the care sector in the supply of PPE and testing must stop.

'As a principle of effective infection control, the public health budget must now pay for the PPE and testing of all staff, residents and users of care regardless of their ownership status.'

The full statement is available on the R&RA website.

National Day of Arts in care homes

The National Day of Arts in Care Homes will take place on 24th September 2020. With a theme this year of #CreativeCommunities, care providers are invited to get involved by organising an event and sharing stories on social media.

Four care homes, chosen at random on the day, will win £100 in National Activity Providers Association and Arts in Care Homes vouchers.

For more information, visit the Arts in Care Homes website.

IN FOCUS

Social care's 'lost decade'

WHAT'S THE STORY?

Social care policy experts from the University of Birmingham have warned that reform of the funding of the adult social care sector is urgently needed to save the system, which they describe as 'desperately overstretched'.

Suggesting a 'lost decade' of reform, in which policy makers systematically failed to act on alarms raised, the researchers say that without swift Government intervention, the adult social care system could quickly become unsustainable.

The report was published in the *Journal of Social Policy* and is described as, 'The first analysis of its kind to present policy makers with different scenarios for adult social care funding and reform, to view these in practice (by comparing them to nearly a decade of policy) and to set out the relationship between future economic growth and the provision of sustainable adult social care.'

WHAT DOES THE REPORT SAY?

A lost decade? A renewed case for adult social care reform in England draws on and updates a 2010 review commissioned by Government.

This review which concluded the system was broken and that, with no action, and without factoring in improving the heavily criticised standards of care, the costs of adult social care could double in 20 years.

Not only were these warnings not heeded, but the situation has since got worse.

Adult social care has always been organised differently and funded less generously than healthcare, facing a combination of pressures caused by demographic change, increased costs, and rising need, compounded by cuts to public expenditure.

Ambitious plans for a 'National Care Service' were not implemented, while the austerity agenda led to a decade of spending cuts, service pressures, and a growing sense of crisis.

WHAT DOES IT RECOMMEND?

While the situation is urgent, the human misery caused by this 'lost decade' is not as visible as financial pressures on more prominent, popular and better understood services, such as hospitals or schools, says the report.

It goes on to say, 'When social care for older people is cut to the bone, lives are blighted, distress and pressure increase, and the resilience of individuals and their families is ground down. Yet this happens slowly... It is not sudden, dramatic or hi-tech in the way a crisis in an A&E department may be, and tends to attract less media, political and popular attention...With yet more urgency than in 2010, we warn: Doing nothing is NOT an option.'

The article is written by Jon Glasby, Yanan Zhang, Matthew Bennett and Patrick Hall, all at the University of Birmingham.

£62m Community Discharge Fund

Government has announced a new grant that will see a £62m Community Discharge Fund to support people with learning disabilities and/or autism to leave inpatient settings.

Its aim is to help people with learning disabilities and/or autism who could be better supported in their community have their discharges from hospital accelerated.

This follows a renewed focus on ensuring people with learning disabilities or autism are discharged promptly from hospital back into the community.

In 2019, the Health and Social Care Secretary asked Baroness Hollins to oversee independent case reviews for people with a learning disability and/or autism who were identified as being in long-term segregation. The reviews have made recommendations in each case to support moving people to less restrictive settings as quickly as possible.

The Fund, split over three years, will give local authorities additional money to remove some of the obstacles to discharging inpatients and will help to cover 'double-running' costs such as establishing community teams, funding accommodation and staff training. Local authorities and Transforming Care Partnerships will be able to use the money to fund the most appropriate measures for their area.

Nine statements for adult social care reform

The Association of Directors of Adult Social Services (ADASS) has set out nine key statements for shaping adult social care reform.

These 'stepping stones' for change in adult social care include:

- Ensuring there is a public conversation about adult social care reform.
- Making locally integrated care which is built around the individual the norm for all services.
- Conducting a complete review of how care markets operate, including their suitability, sufficiency, sustainability, social value and quality.
- Challenging and changing existing and historical inequalities that impact on people with learning disabilities, mental health issues, and substance misuse issues, older people, those at the end of their lives, women and people from BAME communities.
- Supporting people to establish and maintain their own homes, and ensuring people are supported to live in their homes as long as possible as a priority.
- Developing a workforce strategy with fair wages, training and progression.
- Prioritising access to technological and digital solutions, for families, staff, and all people receiving services.
- Establishing a cross-Government strategy that enables people with care and support needs to live a good life.
- Managing and funding the transition to a new system, with people with care and support needs at the heart.

The full document is available to view online via the ADASS website www.adass.org.uk

Care England calls for support for learning disability sector

Care England has called upon Government to support the learning disability sector and to improve its future sustainability.

Professor Martin Green OBE, Chief Executive of Care England, highlighted it is one of the fastest growing sectors in adult social care, and felt its pertinence is likely to grow and demand greater governmental attention and action than what has been given previously.

Care England states that, despite the increased demand, a lack of accurate data on deaths at the start of the COVID-19 pandemic, lack of testing, insufficient access to personal protective equipment (PPE) for staff and the blanket use of do not attempt cardiopulmonary resuscitation (DNACPR) were just some examples of how the learning disability population in receipt of adult social care has been overlooked over the entire course of the COVID-19 pandemic.

Care England's own analysis of how the learning disability sector has been impacted by COVID-19 indicates a slight decrease in overall occupancy rates and an increase in staffing costs driven by increased absence payments, sickness costs, shielding costs, overtime costs, agency costs and gratuity payments.

Updates for Care Certificate e-learning programme

Health Education England e-Learning for Healthcare (HEE e-LfH) has worked with Health Education England and Skills for Care to add new content to the Care Certificate e-learning programme.

New scenario sessions have been launched to support learners working towards the 15 Standards of the Care Certificate including maternity, learning disability, homeless, reablement, and pre-hospital.

The updated scenario settings are primary care, mental health, acute, end-of-life and home care.

The existing scenario sessions, which were launched in 2018, have also been updated are now suitable for those who wish to learn via a mobile phone.

For more information on the Care Certificate e-learning programme, visit the HEE e-LfH website.

Workforce Development Fund 2020-21

The Workforce Development Fund (WDF) is now open to social care employers in England to support the development of staff at all levels.

The WDF supplies funding for various qualifications, learning programmes and digital learning modules. Distributed by Skills for Care on behalf of the Department of Health and Social Care, the WDF helped 2,795 establishments support 14,441 learners in 2018-19.

The WDF will continue to focus on key sector priorities which includes enhanced funding for completion of leadership and management qualifications, learning programmes and digital learning modules.

Employers can also claim enhanced funding for four listed apprenticeship standards. Visit the Skills for Care website for more details.

NCF responds to Boris Johnson's comments

Prime Minister Boris Johnson caused outrage with accusations that care homes did not properly follow procedures during coronavirus.

During a visit to Goole in July, the Prime Minister stated, 'One of the things the crisis has shown is we need to think about how we organise our social care package better and how we make sure we look after people better who are in social care.

'We discovered too many care homes didn't really follow the procedures in the way that they could have but we're learning lessons the whole time.'

Vic Rayner, Executive Director of the National Care Forum, has responded to Boris Johnson's comments saying, 'I am very pleased to hear the Prime Minister recognise the need to increase the funding to the care sector.

'It is essential that the Government looks at speed at the reform of the social care funding regime, and that we reflect at pace on what is needed for a responsive and flexible funding system that meets the true costs of care.

'However, Mr Johnson's comments in relation to care homes' following of procedures are neither accurate nor welcome. Government guidance has come to the sector in stops and starts – with organisations grappling with over 100 pieces of additional guidance in the same number of days, much of which was not accompanied by an understanding of the operational implications of operating care services.

'He is right that organisations need more support from Government, but that support needs to start with him recognising the vital work of the sector, and turning the dial up on reform, and down on blame.'

Delays to reform impacts coronavirus response

A report released by Just Group has revealed that most over-45s believe delays to social care funding reforms undermined the fight against COVID-19.

The research was carried out in two tranches, capturing the mood soon after the 2019 General Election and during the coronavirus lockdown.

Just Group's report, *Coronavirus – can the catastrophe be a catalyst?*, highlighted that regardless of how people voted in the General Election, they held similar ideas about the fairness of funding solutions.

It also showed that more than half (56%) of people said they thought delays to funding reforms had hampered the coronavirus response, with just one fifth (22%) saying it had made no difference.

Despite the media coverage of coronavirus in care homes, only about half (52%) of people believe that agreeing a social care policy will become a priority for this government.

£5m for social prescribing

The National Academy for Social Prescribing has been awarded £5m in funding to support people to maintain their health and wellbeing following the COVID-19 pandemic.

Working with partners, including the Arts Council England, Natural England, Money and Pensions Service, NHS Charities Together, Sport England and NHS England, the Academy will support a range of local community activities.

The funding will go towards connecting people to initiatives in their communities to improve mental health and wellbeing. This will include improved green spaces, singing and physical activities as well as access to tailored debt advice.

It will also fund Southbank Centre's Art by Post project, which sees the charity send free creative activity booklets to people across the UK who are living with dementia and other chronic health conditions.

Minister for Health, Jo Churchill said, 'This new funding is hugely important, as it will allow us to build on the merits of social prescribing and encourage innovation in local projects, as well as supporting people to remain connected with their local community, reduce loneliness and improve their wellbeing.

'GPs and social prescribing link workers have been working incredibly hard to support their patients through this challenging time.

'As we begin to support the move out of lockdown, social prescribing will be key to tackling health inequalities and helping people recover and rebuild their lives.'

Welcoming the £5m funding for social prescribing, Chief Executive Officer of the National Academy for Social Prescribing, James Sanderson said, 'The pandemic has shown the value of social prescribing in helping people to stay connected, feel supported and to maintain their wellbeing.

'The National Academy for Social Prescribing has an ambitious agenda to support people to live the best life they can by accessing support in their local communities based on what matters to them.

'We will be working with key partners across national and local government, the NHS, and the voluntary and community sector to build the support structures necessary to enable social prescribing to thrive.'

ECHO Supported Living Services

ECHO Supported Living Services is opening a new support service in Walsall to enable local people in long-term hospital placements to return to living in their own community.

Six houses, owned by a local housing association, are being adapted to meet the needs of people requiring support, who will have the opportunity to furnish and decorate their homes as they wish.

Individuals, who may have a severe learning disability, autism or complex behaviours will be supported to lead as independent a life as possible and to be an active part of their local communities.

Hallmark

Work has begun on the construction of an 80-bed Hallmark care home which will provide residential and dementia care.

The new luxury development, which will be built by Hallmark's sister company, Savista Developments, is being built at a total project cost of nearly £20m across a two-acre site at Kings Drive in Eastbourne.

Willingdon Park Manor is scheduled to open its doors to its first residents in late 2021.

Avante Care & Support

Avante Care & Support has completed the purchase of an acre plot of land in Westgate on Sea, Kent, where it plans to build a state-of-the-art care home for older people requiring care.

The site is located on the Canterbury Road in Westgate on Sea and was acquired in August 2020.

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TIME FOR ACTION:

WORDS WON'T FIX OUR DIVERSITY PROBLEM

The Black Lives Matter movement has made us all question our attitudes and biases, but what is the scene in social care? Ravi Bains, Founder of Grosvenor Health and Social Care, delves into the systemic issues in the sector and the acts we must take to address them.

Throughout the coronavirus pandemic, there have been dozens of moments where – as a society – we have been forced to take stock of what really matters. We have seen the power of people pulling together, from the weekly NHS clap to the army of people who signed up to Government's NHS Volunteer Responders scheme.

However, the tragic murder of George Floyd and the subsequent protests that broke out across the United States, and the world, gave us a more complex question to think about: are we coming together as a society to combat racism?

A report published by Public Health England gave a clear and resounding answer: no. The report found that Black and Minority Ethnic (BAME) people are more likely to die from

coronavirus than white people. A later report, leaked in draft form to the BBC, said, 'Racism and discrimination experienced by BAME key workers [is] a root cause affecting health and exposure risk.' Tragically, it has also been shown that BAME people are more likely to die with COVID-19 in care homes.

THE ISSUES IN SOCIAL CARE

Given my time working in the social care sector, the Black Lives Matter protests caused me to stop and think about our industry. As a person of colour with a long history working in social care, I know all too well the unacceptable lack of representation in the sector. I have sat in various meetings with local authorities, commissioners, and even in my own company and noticed that I am the only BAME face in the room.

We know that people from BAME backgrounds account for 20% of the social care workforce in England, rocketing to 67% in London, so why do we accept the troubling lack of diversity at executive level? I have highlighted before that only 4% of the BAME workforce in social care are in executive roles. This is a shocking and unacceptable figure.

We must recognise that social care is not an outlier here. The *Parker Report* (2017) concluded that boardrooms in Britain generally do not reflect the ethnic composition of the UK. When the report was written, 51 FTSE 100 companies did not have a single BAME director. A follow-up published this year found that the 'One by 2021' target suggested in the original review – that all FTSE 100 boards should have at least one director from an ethnic minority by 2021 – will almost definitely not be hit.

One of the most glaring examples of this problem can be seen in football. The sport has no shortage of BAME players, but coaching and managerial roles are rarely filled by BAME people. In the top four leagues in England, there are only six black managers. Despite the so-called Rooney Rule – which requires BAME candidates to be interviewed for coaching posts – there has been barely any progress.

The failure of the Rooney Rule to make a tangible impact is an example of the exact problem we are facing in social care. There is too much rhetoric and signposting, and not enough action. Although the Rooney Rule counts as affirmative action, it is riddled with issues. For example, although a BAME candidate must be interviewed, there are no diversity requirements for the interview panel. One of the key problems we have as a society is that we have all been conditioned, in one way or another, into unconscious bias. BAME representation on interview panels matters in all industries, but particularly in social care.

>

> FIXING THE PROBLEM

Quotas are often mentioned in the context of improving diversity. I do not believe that quotas are the way forward even though I am passionate about the need for affirmative action.

There are benefits of course, and if quotas lead to better representation, then this might encourage BAME people who are junior within a business to recognise their potential. For example, if you are a young black person working as a care assistant, but you see no people of colour in the positions above you – from care supervisor all the way up to chief executive – it is likely you will feel demotivated. The problem with quotas is that they can seem tokenistic, devaluing the worthwhile achievements of BAME people without getting to the root of the issue. Instead, we should be asking for organisations to be proactive in their recruitment procedures and make sure that candidates and interviewers come from a variety of backgrounds. This is how we can get the representation that matters.

The representation of BAME people in senior roles can be linked back to the issue in football. As a black player who has just retired from professional football or earned your coaching badges, it is surely off-putting to see how weak the representation is in the roles you are aiming for. When you add the systemic prejudice, manifested from unintentional but harmful microaggressions, all the way to blatant racist abuse, the extent of the uphill battle becomes clear.

The job we have in social care is to flatten that hill and create pathways for BAME people looking to make a career in our industry. This will not be easy – it will take time and investment. But there are proven ways to create these pathways and a level playing field for BAME people. This starts with training and a change to organisational culture.

Unconscious bias is a phrase that has rightly gained some credence in the past few months, with many people describing how they have been affected in the workplace. I have seen LinkedIn posts from individuals who were a shoo-in for a promotion but saw that job go to a white person who is less qualified and less able. Unconscious (or implicit) bias simply means learned stereotypes that are unintentional and automatic. Of course, such unconscious bias is hard to unlearn, and normally this takes professional training. But doing this work will reap huge rewards for organisations and their employees.

Interviews are also a vital piece in the puzzle. My own feeling is that if large firms are repeatedly unable to include any people of colour on a panel when a BAME candidate is being interviewed, then we will need legislation to combat this. Introducing mandatory BAME pay gap reporting or diversity data reporting could also help us to gain clarity on the challenges we are facing, and help us to better address these challenges. I believe a good way of encouraging organisations to address their BAME pay gap and diversity issues would be to create a BAME Pathways Charter. This could act as a nationally recognised minimum standard for BAME diversity reporting, pay gaps and action. Public sector contracts should only be awarded to companies that meet this minimum standard and can demonstrate they are fully committed to treating BAME people and their careers fairly.

I would also call on BAME leaders to offer their time as mentors. Although I do not think the burden of this issue should fall on BAME people's shoulders, I have my own experience of mentoring. Not only is it immensely rewarding, but it also creates a tangible impact. BAME role models have so much power to make a difference across all sectors.

"I have sat in various meetings with local authorities, commissioners, and even in my own company and noticed that I am the only BAME face in the room."

It is also important to recognise this link between mentoring and a clear career pathway. Last year, I was approached on LinkedIn by a young man who was interested in working for one of my businesses. This individual was so determined that he took up a hospitality role to show me his ability to be disciplined, punctual and hard-working. I then took him on as a finance apprentice within one of my care companies. He is now a valued member of the team, working alongside a diverse group of colleagues, and is on a clear career pathway to achieving his ambitions.

While it might sound like one person's experience does not make a difference, it all comes down to one key fact: representation matters and it does have an impact. From Martin Luther King to Barack Obama, the history of BAME leadership is rooted in role models who can communicate aspiration, hope, and determination to young people.

WORDS WON'T WORK

The COVID-19 pandemic has shown the need for social care leaders to act innovatively and with agility. But to do this, we must address the lack of diversity in leadership roles. Diverse backgrounds mean diverse thinking. More than ever, the social care industry needs creative thinkers with rich life experience. For example, one of my fantastic BAME colleagues came to the UK from Africa as a refugee and spent the next decade putting herself through education and accountancy training, all while learning English, raising a family, and settling in a new country. She is now part of the Senior Management Team and is within the top six of a workforce of 5,000 people, bringing a wealth of life experience and diversity of thought that is instrumental to how the business operates. She is a role model not just to the BAME people in the workforce, but to everyone.

I am pleased to have campaigned on this for a long time and acted as a mentor to young adults of all backgrounds. But given my own background, I can see the challenges which particularly affect BAME people. I recognise that there is still so much more to be done. I recently called on some of the UK's leading social care organisations to make a clear statement on how they are going to help our sector become more diverse and I look forward to seeing the response.

We have seen countless reviews and suggestions made on how to tackle systematic racism in the UK over the past few decades, including the *Parker Report*, the *McGregor-Smith Review* and the *Lammy Review*. Despite the many recommendations and urgent calls for action put forward over the years, it is clear the Government and businesses alike have not done enough. I believe that legislation and promoting best practice must be at the heart of addressing racism going forwards, in the social care sector and beyond. A BAME Pathways Charter would be a great place to start, so that we can stop wasting public money, time and, most importantly, BAME talent. No more reports, no more commissions. Now is the time for action. **CMM**

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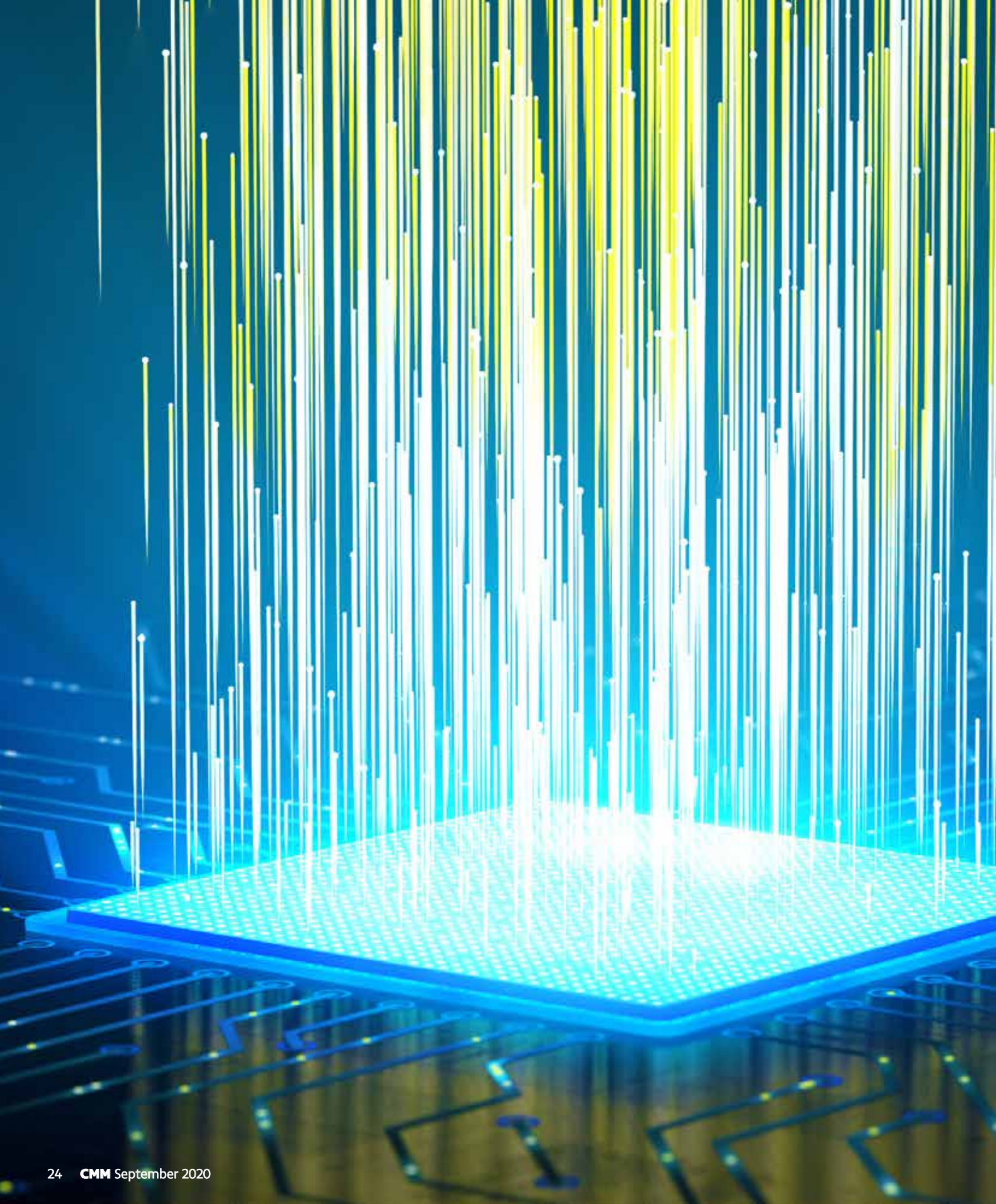
Do you have an experience to share? What actions have you taken to ensure representation at all levels of your organisations? Let us know on the CMM website where you can comment and feed-back on this article, **www.caremanagementmatters.co.uk**



HOW DATA COULD DRIVE SOCIAL CARE

As data takes a more central role in social care, we're asking how more of it can be generated and how it could support the sector to move towards change. Here, Jonathan Papworth, Co-founder and Director of Person Centred Software, shares his views on the matter.

We all know that people are at the centre of social care. Brilliant people who really care for others. People who take the time to provide care centred around the individual. It is very different from healthcare, where the patient is often seen as there to be treated, and the treatment is at the centre, not the person. Social care has taken a battering during the coronavirus pandemic, and, for a while at least, the mainstream media realised the importance of this sector, even if some of the messages from Government were not always helpful. The coronavirus pandemic did highlight one thing that social care has not always focused on in the past though, and that is managing information.

Most social care providers still rely on paper-based clinical systems. Whilst these might be wonderful for the people who use them, they are an intrinsic obstacle to data collection. Paper records cannot be aggregated or communicated to other parties without manual processes. Paper records cannot be guaranteed to have consistent information across different providers.

In healthcare, there are statistics about the effectiveness of different treatments, and decisions are very often data-driven. This can seem impersonal and, as social care is so personal, data-driven decisions have not been a priority. But we can improve the quality of care without removing the person-centred approach.

There are published academic studies showing it's possible to predict falls based on the care in the previous two weeks. Imagine how this could help a care provider – they could focus more time on people at risk based on accurate information rather than historical experience. There are acoustic monitoring systems that have been able to identify COVID-19 based purely on the sound of a person coughing. Imagine if every care provider knew who was infected and was able to isolate them, immediately. Knowing more doesn't mean less person-centred care, it means better person-centred care. No one wants excessive intrusion, but imagine if every care interaction by a trained care worker were digitally evidenced. If this information were then stored over time, and the eventual outcome was also evidenced, then it would be possible to analyse the data to find common themes. For example, there is some evidence that spending time outside could reduce the onset of dementia. If there was more data around this, then more outdoor activities could be provisioned, which could lead to better >

> outcomes, but we don't know this for certain yet – so it isn't being recommended.

IMPROVING QUALITY

We know there are direct relationships between the care given and outcomes achieved. For example, studies have shown that live monitoring of fluid intake, with alerts for when people are below a certain threshold, can reduce urinary tract infections and falls. Others show that improved pain management can reduce over-prescription for people with challenging behaviour as a result of dementia. This all contributes to a better quality of care and quality of life for the people engaging with services – and the Care Quality Commission (CQC) can see the digital data and evidence from each provider using this sort of technology.

But what if the whole sector were using it? The data could be combined to find new ways of supporting people. With much of adult social care continuing to build their systems around paper, the only way CQC can see a bigger picture of what is going on in the sector is to create additional processes to collate information, such as the capacity tracker, which just adds burden to care providers for no benefit to them. Without this comprehensive overview of the sector, it is difficult for CQC to ensure it is being consistent itself; there is no data to enable consistency.

A changed mindset across care providers to put data first will lead to improved standards. The need for inspections by regulators will not disappear, but if care providers knew where there were weaknesses just from looking at their own data, then they could address them without waiting for an inspection; and if inspectors knew where care providers had weaknesses then they could focus on the improvements necessary to resolve them. In a world where care information is connected and able to be aggregated, then opportunities to improve the quality of care will exist in places no one can yet envision.

It is possible that knowing more about people's care over time won't help. It is possible that all care is planned to best meet everyone's needs, and that the amazing people who work in social care are all providing the best for everyone they support. This is unlikely though, because if this were the case then surely every care provider would be rated as providing outstanding care by the regulator.

CHANGING PERCEPTIONS

There is no doubt that Government made a mistake in moving COVID-19-positive people from hospitals into care homes. In many cases, no one knew that the person had COVID-19, but in some cases the hospital did know and the care home was not informed.

Mistakes will always happen, but data could have saved lives. Firstly, if records were joined up between social care and health care then what the hospital knew would have been available to the care home. Secondly, if Government had known earlier the mortality rate in care homes, they could have acted faster. Both of these situations are being addressed, but there is a great risk to social care that the solution will be health-led, and not fit for purpose for the social care sector.

Neither social care nor health care have consistent methods for handling data, but social care has a massive data void, and this leads Government to believe that health care should lead the way.

THE FUTURE IS DIGITAL

On 15th July, a group of social care providers started collating information from their care management systems regarding checking for COVID-19 and testing rates, and this information is being sent daily to NHS Digital to help Government make informed decisions. There was a question recently from NHS Digital about whether flu injections could also be collated, and this seems a simple and obvious addition. The possibilities are endless, and the opportunity for UK social care to become a leading source of data to help improve outcomes for vulnerable people is within our grasp. The only things standing in our way are the vision to work out what data to collate and the commitment from care providers to use and share digital information.

Digitally connecting social care and healthcare is going to be part of the future. The NHS is enabling the ability to communicate information and there are several pathfinder pilots to connect information based on the Digital Red Bag, GP Connect and Shared Care Record. Social care providers will need to adopt digital clinical systems to take advantage of these connections, and providers of digital clinical systems will need to connect them to health care services, but once everyone is connected then information will be able to flow between social care and healthcare to the benefit of the people being cared for.

When going to hospital, NHS staff will know when someone is arriving before they get there. The NHS might already know the medication someone is prescribed, but there is a host of information that the social care provider knows about each person that would be useful to the NHS. In return, when someone is discharged from hospital then everything the NHS knows will be available to the care provider, including medication and food allergies. Working together, the data set for a vulnerable person will become far richer, and people will be able to receive the care they need more effectively.

Other countries are already showing the benefits of connected health care and social care and there is little doubt that the UK will achieve this in time. Social care providers are being encouraged to communicate to the NHS by email using NHSmail, but this is only the first step. Interconnected data between social care and the NHS will become the norm and there will come a time when keeping digital clinical records in social care will become mandatory. It may not be this year, but the digital revolution has not only started, it is gaining pace, and the benefits are becoming increasingly visible across government and the NHS. **CMM**

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Have you adopted new technology during COVID-19? What do you think the benefits of data collection could be for the sector? Share your opinion on the CMM website, where you can comment and leave feedback on this feature, **www.caremanagementmatters.co.uk**

DO WE REALLY WANT 'INTEGRATION' IN A POST-COVID WORLD?

Integration has been a buzzword in adult social care for some time, with many backing the move to join-up health and social care. But with COVID-19 having somewhat forced the issue, is it what the sector really needs?

In last month's CMM, John Kennedy asked, do we really want integration? His point was not that services shouldn't work together, but that we might be approaching this wrong.

The idea behind integration is to enable both the health and social care sectors to work seamlessly together. This should support better pathways for people engaging with services, more shared information between health and care, and ultimately improved outcomes for everyone.

THE INITIAL ISSUES

In principle, it seems like a good idea, but it has brought about challenges when being put into practice. The NHS Five Year Forward View, published in 2014, set out the importance of bringing the sectors together, giving examples of work already happening in hospitals and care homes that was improving experiences of care and removing burden from both services.

However, as early as 2016, Tom Buckley wrote for The King's Fund that, 'Pressures on health and social care have been growing year on year, with most providers now in deficit and key patient care targets being consistently missed,' adding, 'The main challenge of implementing the Forward View is to balance the urgent need for change with the pace of implementation.'

The more recent NHS Long Term Plan again mentioned the need for a more joined-up approach – although many at the time felt that this was a missed opportunity to create a joint plan for the future, as was the case for the NHS People Plan, which again deepened the trench between the two sectors.

PROGRESS IS BEING MADE

In spite of the difficulties, new systems and models have emerged that continue to make a difference.

We have seen the advent of sustainability and transformation partnerships (STPs), which were intended to bring together various services to share resource and ideas, and integrated care systems (ICSs), which see leaders take collective responsibility to improve the health and wellbeing outcomes and systems for the local community.

Care providers now have access to NHSmail and large NHS organisations are beginning to raise their voices to say that social care must be prioritised.

HOW HAS COVID-19 CHANGED THINGS?

While progress has been happening, it has historically been extremely slow. Information sharing and equal respect have been difficult to establish, but the COVID-19 pandemic forced things to change rapidly. Suddenly, hospitals were forced to share patient information with care providers, and care providers had to work with local health services to protect the people who used their services.

However, the change has made people question what we are doing to 'integrate' health and social care. More and more are agreeing with John, that we are approaching it from the wrong angle and that actually things could be much simpler. Our experts share their thoughts.

Reform is a pre-requisite for a functioning NHS

Dr Layla McCay, Director, NHS Confederation

While the NHS Confederation has highlighted transformative work brought about through COVID-19, the pandemic has certainly exposed some structural flaws in our health and care system. As we look ahead to the long processes of recovery and reset, as well as the prospect of new NHS legislation, now is the time to address them.

For too long, social care has been the neglected sister service of the NHS, starved of attention and resources and always seeming to fare worse than its healthcare sibling.

It is high time social care ceases to be an afterthought and becomes more integrated with health – and not simply in name only.

Reform is not only essential if we are to support some of the most vulnerable, it is also a pre-requisite for a functioning NHS. We know much activity in the acute sector comes from older people with long-term conditions who have become acutely ill.

This will always happen, but we also know effective management and support from community and social care services, often joined up to secondary care support, can reduce admission rates and keep people healthier for longer in their own homes throughout their lives.

Our members – NHS leaders across England – have made clear we also need a national, integrated health and care workforce strategy to address a workforce that is under-trained, underpaid, and overly reliant on agency staff.

There is not only a workforce shortage in social care, with more than 100,000 vacancies in the sector, but a shockingly high turnover rate, equivalent to about 440,000 leavers a year.

We know we need a short-term injection of funding for social care, particularly in the wake of the pandemic, as well as long-term funding to secure its future, and a long-term plan. We also need a new framework for delivering care.

This will require careful consideration about the relationship between health and social care, and political courage.

The details have yet to be worked out, but a long-term settlement for social care will be essential for the stability of the sector.

We must focus on those in need

Professor Martin Green OBE, Chief Executive, Care England

It is true that the COVID-19 pandemic has exposed some of the fault lines between health and social care and, in the future, we need to use this experience to identify what we need to consolidate, as well as what we need to change.

We need to be bold in our aspirations and clear about how these two systems will be funded, staffed and respected in the future.

In creating our vision for the future, I want to reclaim the term integration.

All too often there has been an assumption that integrated services require organisations to be merged, this is not necessarily true.

Real integration should be measured by the experience of people who use services and in future we need to use this as a measure of success.

There are good examples of different organisations that work co-operatively and deliver a seamless experience.

The airline industry is a good example of this.

When I sit on a plane, I do not know when I leave Austrian airspace and go into German airspace.

A massive administrative process is going on in the background, but what I experience, despite the involvement of many different organisations, is a flight from A to B.

One of the things that has been made clear in this pandemic is that we should not have focused on organisations, rather we should have looked at those in most need.

We need to plan, develop and deliver services that are focused on people and outcomes, and not on organisations and processes.

SHARE YOUR THOUGHTS

What do you think of integration and how it might work?

How have the challenges of COVID-19 changed your views on this?

Send us your perspective by commenting on the CMM website.

NCF **RISING STARS**

As the NCF Rising Stars programme recruits its next cohort, Helen Glasspool looks at what this year's group experienced.

It is in the nature of a crisis to bring out the best of people and we have seen this time and time again from the stories of people who have been working in care and support roles during the COVID-19 pandemic.

The public is finally more informed about the care sector and there have been many stories of those who have gone above and beyond to look after the most vulnerable in society. As people lose their jobs in other sectors – retail, hospitality, aviation – there is an opportunity for the sector to grasp their talents and encourage them to consider a role in care.

Many are not aware that there are career pathways in care and it is a real challenge to show that the opportunities for career progression are there. The not-for-profit care and support sector has a strong history of investing in its workforce – and the National Care Forum (NCF) Rising Stars programme was designed to do exactly that.

Each year, the NCF Rising Stars programme brings together 10 registered managers – acknowledged by their organisations to be shining lights – and invests in their skills to help them develop into the next generation of sector leaders. The annual programme provides a year of mentoring, activities and events aimed at professional development, all delivered by key NCF partners.

Kicking off at the NCF Annual Conference 2019, Shaping the Agenda for Great Care, the most recent cohort of NCF Rising Stars were inspired by the enterprising stories from Paul Gaudin. A serial entrepreneur since the age of 22, Paul launched Care Rooms in 2017, and delivered an interesting and thought-provoking session. The following day, the cohort had the unique opportunity to meet with Sue Howard, Deputy Chief Inspector for Adult Social Care at the Care Quality Commission (CQC), where they shared their perspectives on care and support on the frontline and gained valuable insight into CQC.

At the conference, the NCF Rising Stars also benefited from the expertise and knowledge shared by the team at apetito by participating in a workshop on diet, nutrition and dysphasia plus, new for last year's group, a focus on ethics and sustainability.

In July 2019, the then Minister of State for Care, Caroline Dinenage, hosted the NCF Rising Stars at her offices in the Houses of Parliament. Following a tour, they spent time with the Minister sharing their first-hand experiences and views as future leaders of the sector, and explaining some of the challenges in the sector.

September saw the launch >

> of the Road Worlds for Seniors championship, an exciting global initiative aimed at getting seniors active. It is run by Motitech whose specially adapted bike, Motiview, is a motivational tool aimed at stimulating older people and people with dementia to be more physically and cognitively active. Through the NCF Rising Star Programme, Motitech reached out to care homes across the NCF membership, installing bikes for residents to participate in the championship. One of these was Cherry Garth, a Fremantle Trust care home, which NCF Rising Star, Kelly Hartley manages.

Vic Rayner, NCF Executive Director joined Kelly alongside Stian Lavik, Chief Business Officer at Motitech to host the launch of the Road Worlds for Seniors championship. This year, 194 teams signed up from countries across the world, including Norway, Sweden, Denmark, Iceland, Australia, Canada and the UK. In total, the homes cycled the impressive distance of 108,412km during the 25-day competition.

Technology plays a huge part in care, and Person Centred Software (PCS) hosted a special event for the Rising Stars, diving into key technologies. Sessions included electronic evidencing, delivered by PCS; streamlining care co-ordination, responses and delivery, delivered by Ascom; using artificial intelligence for pain management, delivered by PainChek; and improving safety with electronic medicines management, presented by Invatech.

Rebecca Ogujor, Home Manager of Holt House, Salvation Army, said, 'It was a great day, we are just about to transfer to digital care planning software, so the Technology Day was perfectly timed for me.'

In February this year, just before lockdown, the Rising Stars visited Altura Learning at their studios in Milton Keynes. Altura provided dedicated training on different situations that care and support managers might find themselves in every day, as well as when speaking with the media. This gave them an understanding of how they present themselves, successfully communicate, improve their customer service skills and build their confidence in difficult situations.

Kelly Hartley said, 'We interview and are interviewed everyday – you don't realise how often you use these techniques.'

The cohort continued to communicate through WhatsApp as the pandemic reached a peak. Never has it been so vital to share experiences and knowledge – what worked well and what didn't – and moral support through the challenging times. In the meantime, the programme continued on, with activities scheduled for 2020 delivered online.

The final session focused on staff development with a session on recruitment in a post-COVID world with Neil Eastwood, author of Saving Social Care and an international speaker on this topic. Neil offered to run a virtual Zoom workshop to help master recruitment and retention best practices. He shared his approaches to attracting, sourcing, selecting and on-boarding staff, as well as the secrets to long-term retention.

"The not-for-profit care and support sector has a strong history of investing in its workforce – and the National Care Forum (NCF) Rising Stars programme was designed to do exactly that."

2020-21 PROGRAMME

Plans for the 2020-21 programme have been adapted as COVID-19 effected global change and brought significant challenges for the sector. However, the NCF team has been working to bring more to the programme for its fourth year, and there will be some exciting new additional activities when we start again later in 2020.

Throughout the year, the Rising Stars have been sharing their experience of the programme with CMM and you can read their stories on the CMM website. **CMM**

2019-20 NCF RISING STARS

Pam Casey, Abbeyfield Society; Charlotte Sehmi, Optalis; 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, Fremantle Trust; Nicolas Kee Mew, Avante Care and Support; and Faye Maycroft, Amica Care.

You can read more about the NCF Rising Stars Programme and how our partners support it here **www.nationalcareforum.org.uk/rising-stars/** If you would like to nominate a registered manager for the next programme contact **helen.glasspool@nationalcareforum.org.uk**

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REDUCING LIABILITY:

DOES THE CARE SECTOR NEED A DIFFERENT APPROACH?

Risk management is a huge task that must be effective. In this piece, Jerry Oliver, Head of Consulting at Markel UK, argues that insurers need to provide management the know-how and tools to tackle the root cause of risk within their organisation if a genuine reduction in liability is to be achieved.

Care facilities face a daily challenge of managing risk and live in hope that the measures taken will be enough to avoid any incidents of note. For many, however, the task of risk management can not only be a major challenge in the face of the daily effort required to run a care facility, but potentially ineffectual as well.

The 2017/18 NHS Resolution Annual report and accounts showed the organisation mediated more claims during that period than in its entire history. The NHS payed out over £1.63bn in damages – up from £1.08bn in 2016/17 – for legal claims against primary care practices and hospitals. The total provisions for all NHS indemnity schemes rose from £65bn in 2017 to £77bn at March 2018.

Figures like these are being mirrored across all aspects of the social and private care sectors and, in response, underwriters are more cautious about writing care risks and are of course increasing premiums to reflect actual and anticipated claims experiences.

Such a scenario isn't helpful for a care sector already under severe financial pressure. Better for everyone is to reduce the volume and severity of claims, and for care providers to present themselves as a more attractive proposition to underwriters when looking to renew their insurance.

But how? Care providers must adopt a new and innovative approach to risk management within their organisations. Essential to this is the need for an improved understanding of risk at all employee levels, and specialist business support to create more compliant organisations.

TRADITIONAL RISK MANAGEMENT PRACTICES

Risk management is a cornerstone in the prevention of accidents and incidents within care facilities, but risk reduction efforts typically focus on traditional health and >

> safety techniques. Methods such as physical and mental risk assessments tend to be reactive in nature and not address the root cause of many incidents that occur.

A shift towards an environment of reduced claims experience will only occur when operators have the tools to tackle the root cause of the numerous risks they face. Management education around risk and business support is fundamental. With these services in place, the industry will be able to lessen professional indemnity, employee and public liability claims.

INFORMING THE DECISION-MAKING PROCESS

Educating managers about the risks their organisation faces and how these can be mitigated is central to the risk management challenge.

Ultimately, the behaviour of managers is adapted through a greater awareness of the risks they, and their organisation, are up against. Equipping employees with more effective tools and enhanced knowledge will help to install more robust and appropriate risk mitigation processes than otherwise might be the case. With better knowledge and processes, claims frequency will reduce and there will also be greater resistance to fraudulent or overstated claims.

This approach not only reduces risk, but also enables managers and their organisations to more easily defend against allegations of negligence and alleged failures in their duty of care if and when they arise.

Organisations can take a number of steps in an effort to become better informed and take effective action. Each step should be fully supported by their insurer's advice and guidance:

- Top-down responsibility – own risk management at board level, and allocate operational responsibility to a senior manager. Ensure senior managers are aware of the latest guidance on issues such as safeguarding, slips, trips and other hazards, and protecting staff from violent or aggressive behaviour.
- Training integration – include risk management within the induction process at all levels and provide regular policy training. Any supervisory activity should include a risk management element and senior staff should be trained to handle investigations when an incident does occur.
- Reporting requirements – local authorities will require specific reporting, particularly around issues such as safeguarding, but this information will also inform management teams. Ideally, providers should include this requirement within procedures. Care Quality Commission (CQC) reporting also needs to be taken into account to ensure there is a clear understanding of which incidents need to be reported.
- Careful record keeping – careful record keeping is important. Following an event, detailed factual accounts can be produced and provided to authorities. Add details of all events and incidents to a log and create management reports for senior managers and your broker/insurer.
- Trend evaluation – audit the management reports to look for patterns or trends and consider whether action is needed to address root causes where identified. Be aware of wider issues occurring in the sector and challenge your organisation on how your systems would have responded to particular incidents.

SUPPORTING BUSINESS OPERATIONS

Business operational support can improve the performance of an organisation, improve compliance and reduce liability risk.

Most organisations within the adult care sector are subject to CQC inspections that require them to be fit for purpose. An inspection failure will often be an indication of unsuitable processes and poor management performance. In turn, this is likely to lead to an increased liability risk for that organisation and their insurers.

Specialist consultancy and legal support – including improving judgements following CQC inspections – can help a care organisation to perform more effectively. By definition, this activity will create more effective and compliant processes which, in turn, will lessen liability risk.

CASE STUDY – REDUCING CLAIMS IN THE CARE SECTOR

Background
Markel Care was invited by a large cross-regional provider of children's care homes and educational services to consider potentially overstated and vexatious claims. Eight claims had been lodged in a short period of time and more were expected – the majority related to staff alleging they were hurt in client related incidents. It was becoming a very difficult position for reinsuring and the provider was at a loss to understand how to address the matter.

The support Markel provided
Markel Care consultants reviewed the claims, undertaking an analysis to quantify the extent of the problem and potential solutions. It was agreed with the client that liability-dampening training workshops, rooted in professional practice incidents, would be the best focus of initial input. Then looking at ensuring the practice recording and sighting of liability, together with HR processes, would be best places to input.

The outcome
It was jointly agreed with the provider that a series of four workshops across the regions would be actioned, inviting key operational staff. These considered the increasing litigious societal context in the care sector together with a number of incidents within the group and the solutions which could be readily implemented to dampen if not exclude fraudulent and exaggerated claims. A new reporting tool was designed to capture their initiatives. Including HR and receiving support from key directors was a key feature of the successful support delivered.

Following up a year later, the claims position has reduced to two and these were both for the same staff and were in the process of investigation. Follow up some three years later showed that the systems put in place were still holding and liability dampening was sustained.

We've seen that liability losses are a problem for the insurance industry, and operators, and the traditional health and safety approach to risk management has its shortcomings in addressing this issue.

Through educational support for all staff, better processes, detailed analysis and management reporting and specialist business consultancy support, insurers can help the industry to address their losses by reducing claims histories, and ultimately lowering the costs of premiums for the insured. **CMM**

Jerry Oliver is Head of Consulting at Markel UK. Twitter: @MarkelUK

How do you show insurers that you're working to reduce risk? Share your tips and experiences on the CMM website, where you can also leave feedback on this feature, **www.caremanagementmatters.co.uk**

RESOURCE FINDER
COMPLIANCE

Compliance is a foundation for all care services and sometimes getting external help is the final piece of the puzzle when it comes to impressing regulators. Here, a series of expert organisations share how they can help you and the services they offer.

CARE 4 QUALITY

Tel: **01579 324787**
Email: **admin@care4quality.co.uk**
Website: **www.care4quality.co.uk**

SECTORS

- Care homes and nursing homes.
- Domiciliary care.
- Supported living.
- Hospices.
- Respite and 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 a range of services including residential, nursing, day care and dementia care. She has been the area manager for several homes, responsible for co-ordinating them and ensuring compliance across the board.

Helen set up Care 4 Quality in 2012, starting as a care consultant to several homes, then expanding to the whole of the UK, building up a base of expert consultants to attend care services and support them as required.

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

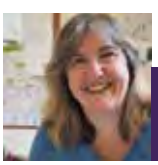
Care 4 Quality's services are tailored to your needs. Consultants across the UK can offer specific expertise to suit your service.

We work with individual care services and care home/service groups, carrying out mock inspections and assisting with quality monitoring in partnership with the service itself. Quarterly compliance visits are becoming popular with our clients, ensuring that the areas of Safe, Effective, Caring, Responsive and Well Led (in England) are audited fully, and improvements are evidenced. We carry out the same across the other regulatory bodies.

Customers who book quarterly visits are provided with interim support so can be assured help is always on hand if it's needed.

We also offer one-off, ad hoc inspections for those services just wanting a compliance review. We help providers and managers with start-up advice and registrations. We also offer support with factual accuracy challenges, enforcement action, warning notices and notices of Proposal/Decision issued by CQC. These can be tailored to your service. We work with several regulatory solicitors and lenders across the UK as necessary.

Care 4 Quality can create bespoke packages for you as needed, working together to achieve the service's requirements.



Helen Fuller *Founder and Director*
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Email: helen@care4quality.co.uk

ECLM LTD

Tel: **07710 256529**
Email: **info@eclm-coachingandtraining.org.uk**
Website: **www.eclm-coachingandtraining.org.uk**

SECTORS

- Care homes and nursing homes.
- Domiciliary care.
- Supported living and extra care.
- Hospices.
- Independent hospitals and clinics.
- Respite and day centres.
- Primary care.
- Mental health services.
- Complex care.

SERVICES

- Mock CQC inspections/ compliance audits.
- Auditing
- Action planning.
- Enforcement action support.
- NOP/NOD support.
- Factual accuracy challenges.
- Ongoing support.
- Crisis management.
- Registration support.
- Policy development.
- Staff training and professional development.
- Coaching and mentoring.

LEAD INDIVIDUAL

Tina set up ECLM Ltd Northampton nine years ago to provide coaching, leadership and management training and development, and regulatory compliance support.

Tina has significant experience of working in the private and public sector in a variety of roles and is passionate about improvement, having worked in health and care regulation for over 15 years. She remains a specialist advisor to CQC.

Tina has worked with seven regulators, maintaining her nursing qualification, executive leadership and coaching Master's and certified lead auditor status. Tina acts as an expert witness for providers at judicial reviews, tribunals and CQC rating reviews.

Tina understands the dilemmas and challenges faced by providers, providing supervision and support.

COMPANY INFORMATION

ECLM Ltd provides professional expertise, delivering the highest quality consulting and business support, underpinned by training and staff development. Our team has over 100 years' collective knowledge for you to draw on. Our aim is to inspire and support organisations to be passionate about the quality of care and deliver outstanding services. We operate in England, Wales and Scotland with a wide range of providers.

Our tailor-made packages deliver the flexibility you need, while our consultants are all from a regulatory background.

Our compliance and audit services can support clients from the idea stage through to inspection. Our focused reports are underpinned by a 'make it happen' action plan and offer both on-site and remote advice.

Our safeguarding services provide relevant, innovative consultancy, underpinned by staff training and development. We provide regulatory, clinical, management and leadership training, for all staff and in some cases service users too. Our training is designed to fit your service, not the other way around.

Tina Welford *Director*
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Email: tina@eclm-coachingandtraining.org.uk

SOLICITUDE TRAINING LTD

Tel: **01256 242272**
Email: **info@solicitudetraining.co.uk**
Website: **www.solicitudetraining.co.uk**

SECTORS

- Care homes.
- Nursing homes.
- Domiciliary care.
- Local authorities.
- Hospitals.
- Schools.

SERVICES

- Mock inspections.
- Compliance support.
- Preparation of action plans.
- Care Consultancy.
- Audits.
- Training needs analysis.
- Training (face to face or virtual).
- E-learning.
- Competency assessments of staff.
- Staff coaching, mentoring and development.

LEAD INDIVIDUAL

Jenny has over 30 years' experience working as a nurse within the health and social care sector. She is a qualified nurse (RGN), holds a nursing degree BSc (Hons), as well as 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 the appropriate support. 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. The team is able to offer a wealth of experience and can offer a complete package to support a service improve both the quality of care that is delivered as well as compliance, either in the form of crisis management or on an ongoing basis.

Jenny Gibson *Director/Nurse Consultant*
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Email: jenny@solicitudetraining.co.uk

PROFESSIONAL CARE WORKER'S WEEK

the care workers' charity

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Join us for Professional Care Workers Week to show support for care workers. The social care workforce is one of the largest in the UK; those 2 million people deserve to be recognised, respected and appreciated. Professional Care Workers Week dedicates one week to doing exactly that. Designed to boost the perception of social care in the public consciousness, bring acknowledgement to care workers, and show that they are appreciated.

Find out more and register on our website:
https://www.thecareworkerscharity.org.uk/

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SECTORS

- Care homes and nursing homes.
- Supported living.
- Domiciliary care.

SERVICES

- CQC Mock Inspection by ex CQC inspectors.
- COVID-19 guidance and support.
- Care consultancy.
- Compliance support.
- 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 22 years' experience, as a care provider and consultant and 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 end-to-end service has supported a wide range of care providers, within crisis management to proactive governance.

We 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.

Our compliance visits ensure the areas of Safe, Effective, Caring, Responsive and Well Led are audited fully and improvements evidenced. Within our Compliance and Audit services, our expert consultant will provide a full Quality Assurance Plan and can offer ongoing support to the management team through email, phone and Skype.

Our mentoring solutions ensure that your business vision and culture are embedded.

Steve Harris *Managing Director*
Tel: 0330 133 0174
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For more information, and other services to support your business, from accountants to solicitors, visit **www.caremanagementmatters.co.uk/directory**

CELEBRATING EXCELLENCE IN **CREATIVE ARTS**

Credo, now known as The Ambient Creative Arts Project, won the Creative Arts Award in the Markel 3rd Sector Care Awards 2019. Here's more about how the project changes lives.

The Ambient Creative Arts Project (formerly known as Credo) was formed over 15 years ago in the London Borough of Bromley. It started as a small independent charity, eventually merging to become part of Heritage Care and, following the rebrand of Heritage in April 2020, it now forms part of Ambient's Community Engagement & Inclusion Services (CEIS).

The project uses the creative medium of ceramics to help people with lived experience of mental ill-health explore their creativity in a friendly and supportive environment.

Our participants come from all walks of life and have often had a period of unwellness that has left them feeling socially isolated and underconfident. Joining the project for a series of ceramic sessions enables people to develop new skills, helps to improve confidence, and encourages them to build new, supportive social networks.

HOW WE HELP

The Ambient Creative Arts Project runs courses from Monday through to Friday from its base in Kent.

Our two-hour workshops are run on a sessional course basis, usually in blocks of up to 12 weeks, and participants pay a contributory fee to take part – this can be privately funded or can come out of a personal budget or individual service fund.

The learning takes place in small groups at the Ambient Creative Arts studio, with plenty of individual support provided.

Often, when people join the project they are very underconfident and unsure about taking part in a creative activity that they may not have tried before. We find that with gentle encouragement and the support of the other students, people's creativity soon begins to flow and in turn, so does their confidence. The studio is often full of chatter and laughter which is wonderful.

As many of our participants have experiences of mental ill-health, we support them to also manage their mental wellbeing by adopting a recovery approach with the creative activity of ceramics at the centre of it. We find that this helps people identify their strengths, whilst gaining insight into their needs, as they can focus on achievable goals and exploring their progress.

Myself and others at Ambient have strong community connections which means we are able to signpost people to other groups, charities or organisations that can support and aid recovery. We will often invite these other

providers to come along and speak to course participants.

PROVIDING A SAFE ENVIRONMENT

It is so important that we provide a safe and inclusive learning environment to support people with their mental health recovery, regardless of their background.

Over the years, in addition to our regular ceramic sessions, we have delivered outreach courses that respond to local need and have developed bespoke ceramic workshops tailored to the needs of learners with specific challenges. We have reached out to adults who are at high risk of mental ill-health due to social isolation, poverty and stigma. This sometimes also includes the unemployed, lone parents, older adults, carers, Black and Minority Ethnic groups and people with substance misuse issues.

People who take part in the project can, if they like, become volunteers and take on crucial roles to support others by mentoring new participants, keeping the workshop clean and tidy, stock keeping and arranging events to sell the handmade ceramics.

Many of the people that take part in our courses go on to take up new challenges, with people returning to employment, education and other volunteering opportunities. We want people to move beyond the diagnosis of their mental illness, move on from the stigma associated with mental health and go on to lead happy and meaningful lives in the community.

MEASURING IMPACT

Every year, our project surveys the people that take part to discover how it has impacted them. The latest survey results show that the project has a real benefit and that it is really helping people, with 97% of respondents saying that taking part had a positive impact on their wellbeing and contributed to their recovery.

Katie, who has been attending the Creative Arts Project regularly for the past two years, says, 'Taking part in this project has really been a lifeline. My confidence has grown and I have formed some really strong bonds with others. It's something that I look forward to every week and means I have a real sense of purpose.

'Before signing up to a course I had not touched clay since I was at secondary school, but Jehan is an incredible tutor and has allowed me to express myself in my own way and at my own pace. My family are always amazed with the things I have made – my wellbeing has definitely improved because of the opportunity to explore my creativity.'

Jo Turberville, Manager of Ambient CEIS, said, 'I have been involved with this creative arts project for the past five years, and winning the Markel 3rd Sector Award was a fantastic acknowledgement of the impact that it has on the lives of others.

'After a period of ill-health, people often need something that can add colour, flavour and meaning to their lives. For many, this project is just that. It allows possibilities and hope to flourish as people move forward on their individual recovery journey.' **CMM**

Jehan Haddad is a Ceramicist and Ambient Creative Arts Manager.
Email: **hello@ambient.org.uk**
Twitter: **@ambientsupport**

MARKEL 3RD SECTOR CARE AWARDS 3

The Markel 3rd Sector Care Awards is run specifically for the voluntary care and support sector. Nominations are closing soon. Enter today at **www.3rdsectorcareawards.co.uk**. 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.

CMM INSIGHT NORTHAMPTONSHIRE CARE CONFERENCE 2020

24th September 2020

After postponing the CMM Insight Northamptonshire Care Conference due to COVID-19, CMM is pleased to announce that the event will be going ahead as an online conference.

On 24th September 2020, CMM, in association with Northamptonshire Association of Registered Care Providers (NorARCH), will bring together national and local experts to discuss the important topics affecting social care providers in the Northamptonshire region.

THE NEW FORMAT

Hosted on Zoom, participants will be able to see speakers' slides and videos as they share their knowledge and insights, with a Q&A area for attendees to submit their questions which will then be put forward to the speakers.

The full-day event will run from 10am to 4pm, with scheduled breaks in the morning and afternoon, as well as for lunch. During these breaks, delegates will be able to explore the all new CMM Marketplace, a dedicated online area where supporters of the conference share how they input into the social care sector and what they can offer to support local providers.

AN EXPERT LINE-UP

The event will continue to uphold the standards of any CMM Insight conference, with speakers who are often seen at large, national events joining us to help providers tackle the issues that are affecting them in Northamptonshire.

Presentations will be given by the likes of Sophie Coulthard from Judgement Index, who will share the five steps to perfecting recruitment strategies; Liz Jones, Policy Director at National Care Forum, who will look at what providers can do to help the adult social care sector develop going forward; and John Kennedy, an Independent Consultant who will offer his in-depth and insightful thoughts on how social care can lead the integration agenda.

Local leader, Ashley Leduc, Assistant Director for Commissioning and Financial Operations at Northamptonshire County Council, will deliver a keynote to start the day, discussing the current relationship between providers and the authority, and how everyone can work together to improve outcomes.

HANDLING TODAY'S CONCERNS

A series of afternoon workshops will embark upon the challenges every provider faces in the here and now.

Detailed information will be supplied, with opportunities for questions and feedback, around the new Liberty Protection Safeguards and what providers need to know to ensure they are operating legally; how to get the absolute best out of your Care Quality Commission inspections; and how artificial intelligence could begin to affect your business – as well as its legal implications.

REGISTER FOR FREE

Moving this year's conference online has allowed CMM to give even more people access to the event, by offering free attendance for all.

Those who wish to participate should register today on the CMM website, www.caremanagementmatters.co.uk/event/northamptonshire-care-conference-2020. Once you are registered, you will be sent details by email on how to attend the event on the day, as well as pre-event information that will be useful to you.

Any queries or questions about the event or registering can be directed to lisa.werthmann@carechoices.co.uk. We hope to see you there. **CMM**

CMM INSIGHT 2020 CONFERENCES • EXHIBITIONS

In association with NORARCH

Organised by CMM CAREMANAGEMENTMATTERS

Supported by CareChoices

Corporate sponsor SRG Care Consultancy

Sponsors CarePlanner, Judgement Index, nourish, Scott-Moncrieff & Associates Ltd

NCF
THE NATIONAL CARE FORUM

The National Care Forum (NCF) COVID-19 resources – for members and non-members.

Make sure you are aware of all the latest guidance, thinking and intelligence in response to the fast changing situation with COVID-19

Visit the NCF website: www.nationalcareforum.org.uk

- The latest from PHE, DHSC & NHS England
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EWAN KING · DEPUTY CHIEF EXECUTIVE · **SOCIAL CARE INSTITUTE FOR EXCELLENCE**

STRAIGHT TALK

The promised cross-party talks have been put on hold due to COVID-19. Now we are past the peak, what could the talks achieve, and will they be worth it? Ewan King from SCIE shares his thoughts.

The COVID-19 pandemic has shaken social care to the core. We have seen a workforce overstretched, the tragic deaths of too many people in care homes, and commissioners struggling to find the money to meet the scale of the challenge.

This begs the question once again: how do we create a better and more sustainable care system?

Thankfully, the Government seems to be committed to social care reform, to be kicked off this year. The Secretary of State for Health and Social Care, Matt Hancock, has said, 'Social care reforms are long overdue, and absolutely must happen.' It also remains committed to cross party talks, to build cross party consensus on a future vision for the sector. But is this even possible?

Sadly, we have been here before, 12 times if we count the number of White and Green papers over 25 years. There has been progress during this period; in personalised care, in terms of inspections of care, and in terms of innovation. Yet it's not nearly been enough. We still lack a grand and affordable vision for change.

Back in March, peers in the House of Lords were asked to become involved in cross-party talks on social care. Many at the time, perhaps worn down by the stop-and-start nature of past attempts at reform, were cynical about their chances of succeeding. But will they turn out to be right? Is it possible that we could make progress this time?

Any 'blame-game' over care homes can't be helpful. Arguments of this nature, which cut deep given what the sector has been through this year, are unlikely to provide a useful backdrop for future talks.

Crisis on this scale, however, can actually bring people together rather than scatter them. Could it be that this crisis, which is unprecedented in its scale and devastation wrought, will unite everyone for the national good? I am certain that the public, at least, will not easily forgive any politicians who put party politics above what is clearly a national crisis. We also know that where there is a will, there seems to be the money to spend.

There is also a relatively recent precedent – the Care Act 2014 – which although did not start with cross-party talks, certainly ended up with cross-party backing. If it was possible then, why should it not be possible now?

And if cross-party talks do go ahead, what should they talk about?

We need to discuss how we arrive at a common vision. This would provide the scaffolding for a more a more detailed strategy and approach to funding. This is one that views social care as a force for good, giving people a life and not just a service. How about we start with the definition produced by Social Care Future: 'Social care is about supporting people to live in the place we call home with the people and things that they love, in communities where we look out for one another, doing the things that matter to us.'

Part of this vision must be the recognition that 'place' – the local neighbourhoods people identify with and call home – should be central to how we plan and deliver services. The goal must be to shift more of the resources, commissioning and decision making, down to the level of place, ensuring that the community and the voluntary sector have a strong voice in how services are delivered.

The issue of funding can't be avoided however. We have already had several painstakingly detailed reviews of funding, including the Dilnot Review which identified sustainable and fairer ways to fund social care. We don't need more reviews; we need decisions.

Part of the plan should also recognise that we need to do much more to grow approaches to care that really work. There are many good examples of innovative approaches to care and support that are person-centred and community based, but they remain small-scale and exist in pockets. We need a national fund to help these great models of care to grow, like Key Ring, which helps to connect local, isolated people to support; or Community Catalysts, which helps small homecare agencies provide personalised care.

We also need a plan for prevention. Without a stronger approach to prevention – helping more people maintain their independence for longer – we will continue to see demand rise, and services becoming unaffordable for those who need them. This means using data much more cleverly to understand, predict and respond to demand.

If the COVID-19 crisis has taught us one thing, it is that there is a huge willingness in communities to come together to solve problems. Already we are seeing the benefits of this more collectivist spirit. But if politicians can't show leadership and work together nationally, we're likely to struggle to arrive at a blueprint for a sustainable social care.

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