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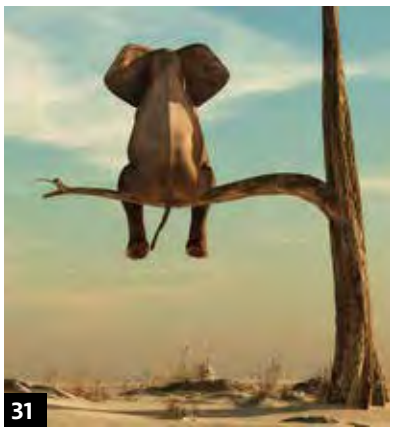

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From the Editor

Editor, Angharad Burnham discusses the need for more focus on support for adults aged under 65.

It's not an exaggeration to say that national media has almost completely ignored people with learning disabilities and how they've been impacted by COVID-19. The coverage that was given to adult social care focused nearly entirely on older people living in care homes, while anyone outside of that bracket was side-lined.

This is not something new. Adult social care is widely thought of by the public as 'old people's homes', with thought not given to those adults who live with disabilities – of all types – meaning they require support in another setting, at home, or in the community.

UNWANTED ATTENTION

The focus on older people engaged the public with adult social care, but not necessarily in a positive way. The sector has been blamed for excess deaths, made out to look incompetent when this is not the case, and there are now calls for all those who are vulnerable to COVID-19 to be 'locked away' so the rest of us can go back to normal.

Again, many seem to think this would mean all older people – and I would suggest that confining all older people to their homes so that other people can drink freely at the pub is a bad enough idea in itself. But there's another side to this argument that would see people in their 20s, 30s, 40s, 50s and 60s isolated and alone. And for how long?

When I've spoken to people who suggest that this approach would work, this isn't something they've considered. Already a marginalised part of society, people with disabilities are once again being forgotten. This is yet another thing that might make them not want to go out into their communities, to engage in and live the lives they want.

RAISING VOICES

This month, we spoke to disability rights campaigner and contributor to Saba Salman's book, *Made Possible*, Shaun Webster MBE about how lockdown impacted him personally and professionally, what it meant to him that the media didn't – and doesn't – talk about people with disabilities, and how he has coped with it all. Read what he had to say on page 24.

We're also looking at a new research project being undertaken by The Open University and Oxford University on page 34. It is looking at better ways to support people who have learning disabled adult children, and the services that are needed to help people plan with confidence.

So, if you, like me, unfortunately know people who feel that locking away the vulnerable is an acceptable response to COVID-19, feel free to send them here to give them at least a small insight into the people who would be devastated by such a decision. Let's not allow ageism and discrimination to persevere just because we have to drink our G&Ts at home after 10pm for now.

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Inside CQC

KATE TERRONI

Kate Terroni, Chief Inspector of Adult Social Care at the Care Quality Commission (CQC) reflects on what the regulator has put in place since the start of COVID-19.

Thank you for taking time out of what I know will be incredibly busy schedules to read Inside CQC again this month. With summer now having been and gone, I'm sure that you are busy preparing for the winter months and a second wave of COVID-19, as we are at the CQC.

It has been an incredibly challenging year so far and I am always inspired by the dedicated and compassionate staff working in adult social care across the country. Since the pandemic began, you have held together the sector by working tirelessly to keep people safe and this has not gone unnoticed.

At CQC, we have had to dramatically change the way we work and we have learnt a huge amount, including how we can use intelligence to better respond to risk and take on a more supportive role when it comes to working alongside providers. I want to take this opportunity to reflect on what we have done, update on what we are doing now, and talk about our future plans.

We began by developing the Emergency Support Framework (ESF), which gave us the structured framework we needed for our inspectors to have conversations with providers about staffing arrangements, safe care and treatment, protection from abuse, assurance processes, monitoring, and risk management. Since then, we have had conversations with thousands of providers and have used the information we gathered to inform our regulated activity, responding to risk and concerns where we have needed to in order to keep people safe.

As well as the ESF, we have developed an infection prevention and control (IPC) tool, which is being used as part of all of our inspections of care homes. Now more than ever IPC is at the forefront of our minds, so we have developed a set of questions and prompts for our inspectors to look at how well staff and people living in care homes are protected. The questions help us to gather information about the service's strengths, so we can share that best practice with providers to deliver high standards across the eight ticks of IPC assurance and help us understand if there are any gaps or concerns about IPC. We will continue to use this tool throughout the winter.

Last month, we introduced our Transitional Regulatory Approach – a flexible, iterative approach which brings together the best of our existing methodologies with what we have learnt from our response to COVID-19. The key components of the Transitional Regulatory Approach include a strengthened approach to monitoring, using technology and local relationships to have better direct contact with people who use services, and more targeted inspection activity focused on where we have concerns. We have evolved the approach we developed through the Emergency Support Framework, but will also be developing our Transitional Regulatory Approach as the situation evolves.

"I want to take this opportunity to reflect on what we have done, update on what we are doing now, and talk about our future plans."

Going forward, we are developing a new strategy to launch in May 2021, which will encompass all of our learning from COVID-19 as well as how we remain an effective regulator responding to the changing world of health and social care and driving improvement in the sector. There will be a formal consultation on our strategy starting in January 2021, but in the meantime you can read about it and share your thoughts on our initial plans on our digital engagement platform. I look forward to delving into our future strategy in more detail in a future column, but for now take care and stay safe.

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

State of Care 2019/20

The Care Quality Commission (CQC) has released its annual *State of Care* report for 2019/20, looking at the quality of care over the past year. This includes the period before the full impact of COVID-19 began and CQC's routine inspections were suspended as a result of the pandemic.

It finds that, pre-COVID-19, care was generally good, but with little overall improvement and some specific areas of concern including a lack of long-term funding for social care resulting in a 'fragile' sector.

However, it notes that the progress achieved in transforming the way care is delivered since the COVID-19 outbreak has been extraordinary, noting that changes which were expected to take years took place almost overnight.

The report therefore highlights many examples of collaboration among services which have made a real difference to people's care.

At the start of the pandemic, the focus on acute COVID-19 care was driven by the urgent imperative that the NHS should not be overwhelmed. Decisions were made to ensure capacity – but CQC says that, now, priorities need to be reset to ensure that the longer-term response includes everyone, regardless of what kind of care they need or where they receive it.

COVID-19 has exposed and exacerbated existing problems. The sector faced significant challenges and co-ordinated support was less readily available than for the NHS.

The long-standing need for reform, investment and workforce planning in adult social care has been thrown into stark relief by the pandemic, says CQC.

The report makes clear the issues that urgently need to be addressed – underpinned by a new deal for the care workforce, which develops clear career progression, secures the right skills for the sector, better recognises and values staff, invests in their training and supports appropriate professionalisation. The full report is on the CQC website.

Report into front line experiences

The National Care Forum (NCF) and University of Leeds have published a new report detailing the experiences of frontline staff caring for older people with COVID-19 in the first few months of the pandemic.

LESS COVID: Learning by Experience and Supporting the Care Home Sector during the COVID-19 pandemic provides an account of key lessons learnt about the symptoms, progression and management of COVID-19 in older people in England. It also presents strategies to manage the care and support of older people in care homes during subsequent waves of COVID-19 outbreaks.

The findings of the report highlight systemic issues associated with underfunding, limited integration across health and social care and a lack of wider recognition and value of the contribution of the care sector and its staff, arguing that this pandemic should prompt Government and society to address these long-standing issues.

Liz Jones, Policy Director at the National Care Forum, said, 'The *LESS COVID* report...is not simply theory but real-life experience of staff on the frontline, both in care homes and the NHS. It looks in detail at the clinical presentation and illness trajectory of COVID-19 in older people, what had worked well, or what more was needed, for providing the best care and treatment and lessons learnt for supporting older people in care homes. The practical ideas and actions suggested will help us to find better ways to manage the virus to inform our future response in subsequent waves...

'Many of the suggestions in this research involve actions that can be grasped by the sector; however, there are levers and actions needed that are beyond the control of the sector and need support and action from Government.'

This research was funded by Dunhill Medical Trust.

Housing-with-care taskforce needed

The UK's retirement community operators have issued a call for a Government taskforce to help tackle the obstacles which are holding back the growth in supply of good quality housing-with-care for older people.

At the Associated Retirement Community Operators (ARCO) AGM, operators threw their weight behind the initiative which is designed to bring 'clarity and consistency' to regulation, which is currently characterised as 'conflicting, confused and contradictory' for residents, prospective residents and investors.

This year has seen reports from the County Councils Network and Professor Les Mayhew calling for the Government to adopt a more joined-up approach to the sector. This should bring together the range of Government departments which touch on the sector, including the Department of Health and Social Care, the Ministry of Housing, Communities and Local Government and the Cabinet Office as well as representatives of the sector and local Government. Previous government taskforces, have shown the potential of joined-up working between stakeholders.

The call for a housing-with-care taskforce takes into account the coronavirus pandemic, which has brought into stark relief the need to expand choices for people seeking housing and care, says ARCO.

IHS Reimbursement Scheme

International health and care staff will not have to pay the Immigration Health Surcharge (IHS) any longer due to a reimbursement scheme announced by Government.

Overseas NHS and care workers are now able to claim their reimbursement from the surcharge, fulfilling a pledge made by the Prime Minister in May.

The Government's Tier 2 Health and Care visa, launched in August, exempted eligible staff from paying the IHS. The new IHS reimbursement scheme ensures that staff who are not covered by the visa, but who have worked in the NHS or care sector since 31st March 2020, are able to claim reimbursement for themselves and their dependents, even if they paid the surcharge before this date.

Those eligible can now apply online on gov.uk and access guidance on claiming the reimbursement which will be paid in six-month instalments.

Anyone holding a relevant visa, who has worked in health and social care continuously for at least six months and paid the Immigration Health Surcharge will be eligible for the reimbursement scheme.

Right support, right care, right culture

The Care Quality Commission (CQC) has released Right support, right care, right culture, as a revision to Registering the right support, to make the guidance clearer for providers supporting autistic people and/or people with a learning disability.

The new guidance has a stronger focus on outcomes and outlines three key factors that CQC expects providers to consider in caring for autistic people and/or people with a learning disability:

1. Right support: The model of care and setting should maximise people's choice, control and independence.
2. Right care: Care should be person-centred and promote people's dignity, privacy and human rights.
3. Right culture: The ethos, values, attitudes and behaviours of leaders and care staff should ensure people using services lead confident, inclusive and empowered lives.

Kate Terroni, Chief Inspector of Adult Social Care, said, 'Safeguarding people's human rights must be at the heart of all care provided for autistic people and/or people with a learning disability.

'We will only register and give a positive rating to those services that can demonstrate high quality, person-centred care.'

CQC will be using the new guidance in assessments and judgements and providers are encouraged to directly discuss their proposals or ideas before submitting an application or making changes. This can help providers make an informed decision about whether plans are likely to comply with this guidance. CQC has clarified that while it uses NICE guidance in describing what 'small' means for how it applies its approach, this is not the same as having an absolute limit for the size of services. The regulator states it has never applied a six-bed limit in registration or assessments and will continue to register based on care that is person-centred and promotes choice, inclusion, control and independence.

Minds that matter report

In a new report, *Minds that matter*, Independent Age suggests that just 6% of people receiving NHS talking therapy in England are aged over 65.

The charity states that this 6% figure is too low given the age profile of the general population – with 18% aged 65 and over – and the prevalence of mental health conditions in the community. Polling commissioned by Independent Age for the *Minds that matter* report showed that nearly half (46%) of people in this age group were also not aware of talking therapies.

Despite this, the report notes that people in later life often respond well to this support. Data for 2019-20 shows that people aged 65+ had an overall recovery rate of 64%, compared to 50% for people aged 18-64.

Other nationally representative polling statistics from the report show:

- Three quarters (75%) of people aged 65+ said they have experienced significant anxiety or low mood at least once since turning 65, with one in ten (10%) saying they feel this frequently or all the time.
- Only one in eight (12%) people aged 65+ believed that 'older people are given the support they need to manage their mental health'.

Independent Age is now urging Government to ensure people in later life are signposted to the treatment options available and supported to manage their mental health. The full report is available on Independent Age's website.

Social Care COVID-19 Taskforce: final report

The COVID-19 Taskforce for social care has released its final report which aims to advise on a plan to see the sector through the coming months.

Making a total of 51 recommendations, the report contains clear action points not just for Government and the Department of Health and Social Care, but for other sector bodies too.

The Social Care COVID-19 Taskforce was set up in June, to produce this report at the same time as helping to oversee the implementation of Government's social care action plan and care home support package.

In this month's Straight Talk on page 46, David Pearson CBE, who chaired the Social Care COVID-19 Taskforce, looks at the report in more detail.

Infection Control Fund extended

The Infection Control Fund, set up in May, has been extended until March 2021, with an additional £546m intended to help the care sector restrict the movement of staff between care homes and stop the spread of the virus.

Care providers can use the extended Infection Control Fund to pay staff full wages when they are self-isolating, and to ensure their services have the resources they need to reduce the risk of spreading the infection.

Data published by Department of Health and Social Care in July showed the funding has helped providers to take key steps to improve infection prevention and control in care settings, including restricting staff movement in care homes and paying staff to self-isolate.

Fragmented and reactive use of public funding

Research from the Local Government Association (LGA) has found an increase in 'fragmented and reactive' use of public funding, with English councils receiving at least 448 individual government grants between 2015/16 to 2018/19.

LGA's study had found that councils in England have seen their core funding from central government reduce by £15bn in the last decade. In recent years, they have seen a rise in the number of short-term, ringfenced, small grants they receive annually from government departments and agencies.

The LGA is calling for the Government to use the Spending Review to end this fragmented and reactive use of public funding and meeting demand pressures through individual grants. It has set out how Government can provide £10bn in additional core funding to councils to protect and improve services.

LGA wants Government to reserve targeted funding for transformational purposes, including genuine pilots, and to provide councils with long-term certainty by issuing funding through multi-year settlements tied to the life of a parliament.

On Twitter, James Bullion, President of Association of Directors of Adult Social Services (ADASS), said, 'You cannot run social care with a short-term mindset and the current gap of £3.5bn. The NHS plan will have a generational effect because of sustained strategy (well hopefully). In local gov, adult care faces overspends, reduced grants, no winter spend. I've never been angrier.'

Extension to Huntington & Langham Estate

An extension of the Huntington & Langham Estate in Hindhead is set to see 12 new bedrooms added to the estate's offering, alongside two additional lounges for residents to enjoy. In addition, a new wheelchair-friendly road will provide access to more areas of the estate, including its animal grazing fields and parts of the woodland.

A combination of two specialist family-run care homes, the Huntington & Langham Estate offers high-quality residential, nursing and dementia care, and is set within 30-acres of garden and woodland.

New advice for clinically extremely vulnerable people

Clinically extremely vulnerable people in England will receive new guidance to help them reduce their risk from coronavirus, tailored to where they live, Government has recently announced.

The guidance will be tied into the new Local COVID Alert Levels framework, meaning those at the highest risk of serious illness from the virus will receive specific advice depending on the level of risk in their local area.

Those in exceptionally high-risk areas may still be advised to adopt formal shielding in the future. If shielding advice is reintroduced in their area, they will also be eligible for a support package – including food access support, medicines deliveries and any additional care or support required. They may also be eligible for Statutory Sick Pay or Employment and Support Allowance, depending on their individual circumstances.

Shielding advice will not automatically be triggered by an area going into Local COVID Alert Level: Very High, but will be considered as an additional intervention. The Government will write to people in these areas if they are advised to adopt formal shielding again.

Government states that it is important that clinically extremely vulnerable people continue to receive the care and support they need to help them stay safe and well.

Building Safe Choices for older LGBT+ people

Tonic, Stonewall Housing and Opening Doors London (ODL) have released a new joint report, *Building Safe Choices*, which aims to capture 'the voice of the demand' of older LGBT+ people.

The research looks to better understand the housing, care and support requirements of older LGBT+ people in London to ensure that everyone is able to choose from a range of options in terms of the support they receive.

In a call to action, the three organisations share five key recommendations for public bodies:

- Formally recognise the needs of older LGBT+ people in policy and practice.
- Co-design a pathway to enable older LGBT+ people to access appropriate services and housing.
- Commit to developing LGBT+ affirming housing in London.
- Promote LGBT+ accredited housing and care services.
- Fund LGBT+ community led services for older people.

The full *Building Safe Choices* report is available to read and download online.

Resources for wellbeing of people with Down's syndrome

New resources to help look after the emotional wellbeing of people who have Down's syndrome have been launched by Down's Syndrome Association.

Following a 40% rise in calls to its helpline, the Down's Syndrome Association has released free multimedia resources for parents, carers, social care workers, and people who have Down's syndrome.

The suite of resources covers subjects such as: feelings, bullying, stress, relaxation, anger, growing up, bereavement, and changes that can happen within families. There are accessible Easy Read resources for each subject, and the charity has worked with people who have Down's syndrome throughout, to ensure their lived experiences and needs are reflected.

The resources are split into different subject areas and are available to download from the Down's Syndrome Association website.

Exemplar Health Care

Exemplar Health Care has opened its £3.1m state-of-the-art complex needs care home in Newcastle.

Tyne Grange is a three-storey home and Exemplar Health Care's first home in the North East. It will support 22 adults living with complex mental and physical health conditions.

Each bedroom comes equipped with an en-suite wet room, and the property also has two one-bedroom apartments on the ground floor to accommodate residents who want to live more independently.

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LGSCO annual review 2019-20

The Local Government and Social Care Ombudsman (LGSCO) has published its annual review for 2019-20 and is calling for more to be done to help the adult social care sector capitalise on the valuable learning complaints can bring.

Over the period, the LGSCO received 3,073 complaints and enquiries, but of those, only 430 were from people who arranged their care privately with independent providers. The disproportionately low number of complaints about independent providers means the independent sector is missing out on an untapped seam of valuable learning and potential improvements to their services.

The LGSCO upheld 69% of those complaints it investigated in detail – higher than the average uphold figure of 62% across all the organisation's work. That uphold rate rose to 71% for cases specifically about independently provided care.

The LGSCO is using its annual review for 2019-20 to ask Government to use the planned social care reforms to require providers to tell people who are unhappy with the services they are receiving how to complain not only to the provider, but also how to escalate that complaint to the Ombudsman.

Inspired Villages

Inspired Villages, Legal & General's later living business, has announced its expanded presence in Hampshire with the acquisition of a ten-acre site in Chandlers Ford for the delivery of a new retirement community. The site has been acquired with outline planning permission to develop 151 new specialist age-appropriate homes, meeting strong local demand.

Works are expected to commence on site early next year, creating 110 construction jobs per annum over a four-year period, and over 35 permanent jobs once complete.

Chandlers Ford will mark Inspired Villages' second later living community in Hampshire, joining Bramshott Place near Liphook.

TLAP Insight Group report

A new report from the Think Local Act Personal (TLAP) Insight Group has highlighted how the first phase of the coronavirus pandemic affected people who use care and support services.

The Insight Group brought together TLAP partners and allies to build an understanding of the impact and experiences of COVID-19 on people accessing care and support (including unpaid family carers). With a focus on personalisation, the aim was to identify what worked well and to highlight areas that people found difficult, both generally and in relation to their care and support.

The report found that people working in social care have done their very best to respond to the pandemic. However, existing problems with social care, such as lack of investment, and practices that do not support personalisation, were exacerbated.

The experiences of people accessing care and support (and unpaid family carers) was mixed. While some reported proactive, flexible and personalised approaches to their care and support, others fared less well. Unpaid family carers took on significant additional caring responsibilities, leading in many cases to increased stress, financial burden and risk of burn out. Families with a relative living in a care home experienced loss of contact and fears for their loved one's safety.

The findings and recommendations detail where and how care and support need to change to become more personalised and co-produced. It states there is a need to develop an understanding of what Government (local and national), and business, can and should do to create the conditions for community support to flourish and be sustained, so that everyone and every place is included.

The report is available to read and download on the TLAP website.

Fenchurch House Care Home

Fenchurch House Care Home in Spalding Common is now officially open following a ribbon cutting ceremony by local MP, Sir John Hayes.

Fenchurch House is Country Court's 33rd care home, and third care home to open in Spalding, alongside the existing Ashwood Nursing Home and St John's Care Home.

Fenchurch House will be home to up to 60 people and will offer long-term residential care, short-term respite care and specialist dementia care.

All bedrooms feature en-suite walk-in shower rooms while facilities include themed communal spaces and several lounge and dining areas.

Draft quality standard for supporting adult carers

National Institute for Health and Care Excellence (NICE) has published a draft quality standard aimed at supporting adult carers and improving the wellbeing of people who provide unpaid care for someone aged over 16 years old.

The five quality statements focus on what local authorities and health and social care organisations can do to support carers, from identification through to ensuring they take regular breaks and are supported in the workplace.

The statements in the draft quality standard for supporting adult carers are:

- Statement 1: Carers are identified by health and social care practitioners at appointments for people with long-term conditions.
- Statement 2: Carers are kept up to date and contribute to decision making and care planning for the person they care for, with the person's consent.
- Statement 3: Carers having a carers' assessment are asked about what matters most to them, including consideration of their health, wellbeing and social care needs, and work, education, or training.
- Statement 4: Carers discuss, during their routine assessments and reviews, the value of having a break from caring and the options available to them.
- Statement 5: Carers work in organisations that offer supportive working arrangements.

The draft quality standard for supporting adult carers is out for public consultation until 9th November 2020.

It is available to read on the NICE website where you can provide your feedback.

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Charlie Mason,
Registered manager and director of Summerhayes Care Home

Adult Social Care Winter Plan

The Adult Social Care Winter Plan has been published, with Government stating it aims to curb the spread of COVID-19 infections in care settings throughout the winter months.

As part of the plan, people receiving adult social care and care workers will receive free PPE, a new dashboard will monitor care home infections and help local government and providers respond quicker, and a Chief Nurse for Adult Social Care is being appointed to represent social care nurses and provide clinical leadership to the workforce.

The Adult Social Care Winter Plan states that providers must restrict all but essential movement of staff between settings, suggesting that the extended Infection Control Fund will help with paying staff full wages and enabling staff to work in only one care home.

Government notes that is prepared to strengthen monitoring and regulation by local authorities and the Care Quality Commission, including asking these bodies to take strong action where improvement is required or staff movement is not being restricted. This can include restricting a service's operation, issuing warning notices or placing conditions on a provider's registration.

To improve understanding of where infections are occurring in care homes, a dashboard will also be introduced as a single point of information for local, regional and national government to monitor outbreaks and measures being implemented to reduce them.

Poor quality housing and COVID-19

A new report from Centre for Ageing Better and The King's Fund has highlighted how poor housing adds to the hardship of the coronavirus crisis.

Homes, health and COVID-19 suggests that 4.3 million homes in England are 'non-decent', putting the health and wellbeing of their inhabitants at risk.

The Centre for Ageing Better report also finds people who have been identified as most at risk of COVID-19 are more likely to be living in non-decent homes, along with those on low incomes. This includes:

- Older people.
- Those with pre-existing health conditions.
- Black, Asian and ethnic minority groups.

The Centre for Ageing Better is calling on Government to make sure at-risk groups have the support they need to make their homes warmer and free from damp and mould, whether this is by providing trusted information and advice to signpost them towards help, or more direct intervention such as financial support.

Evidence in the report shows interventions to improve housing quality are a particularly cost-effective way of improving health outcomes. Every £1 spent on improving warmth in homes occupied by at risk households can result in £4 of health benefits, while £1 spent on home improvement services to reduce falls is estimated to lead to savings of £7.50 to the health and care sector.

Comprehensive Spending for Adult Social Care

Care England, has submitted evidence to the latest Comprehensive Spending Review.

Professor Martin Green OBE, Chief Executive of Care England, says, 'During these unprecedented times, it is of paramount importance to keep on alerting the Government of the plethora of issues affecting the adult social care sector. Care England's submission seeks to highlight the immediate COVID-19 related issues, but also, those longer-term structural issues which afflict the sustainability of the sector. In light of the sector's contribution during the COVID-19 pandemic, Government must support and be responsive to the needs of the sector. For too long, Governments of all stripes have merely pushed social care reform into the long grass.'

The submission makes the case for renewed support for the sector, to ensure that it is safeguarded from the COVID-19 pandemic. More specifically, issues cited, include:

- COVID-19 related costs, e.g. declining occupancy levels.
- Long-term funding gaps, e.g. inadequate local authority fee rates.
- Health related issues, e.g. testing issues.
- Workforce issues, e.g. staff wellbeing and resilience.
- Data infrastructure and funding in the adult social care sector.

Professor Green continues, 'Care England hopes that the Government heeds the calls of the sector. This is fundamental not only for those who receive support or care, but also for the future development of England's economy and society.'

Everyone's Business advice line

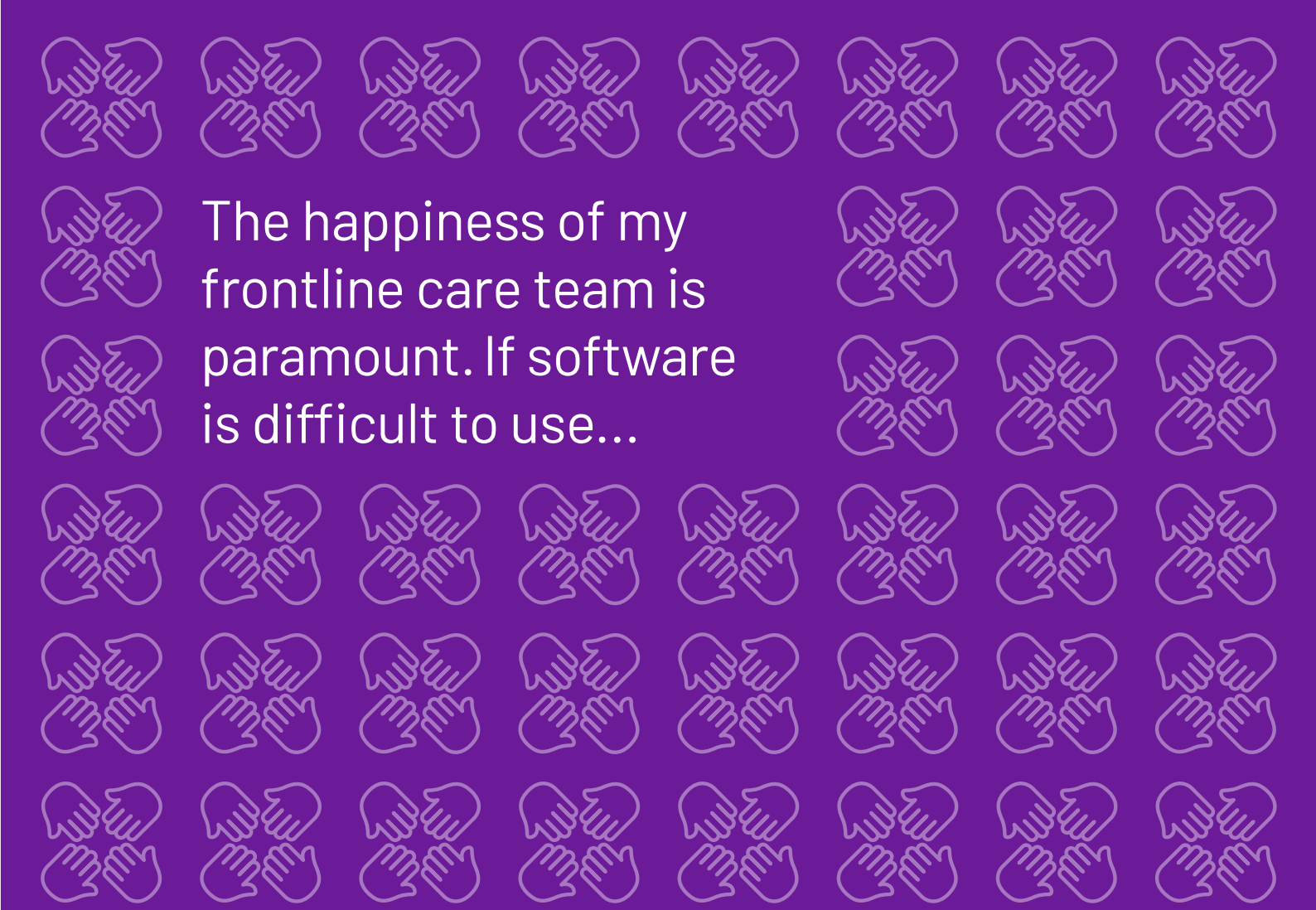
A new advice line for businesses supporting employees experiencing or at risk of domestic abuse has been launched by crisis support charity, Hestia.

According to a Trades Union Congress report, around 10% of domestic abuse victims report abuse at work. The Everyone's Business advice line has been set up specifically for businesses, supporting them on how to approach disclosures of domestic abuse by their employees, particularly in light of COVID-19. Employers will also receive advice so that they can signpost staff to specialist domestic abuse services.

Hestia says that, with more people working remotely due to COVID-19, cases of domestic abuse are rising. The charity reports a 47% increase in victims reaching out for information and support on its free domestic abuse app, Bright Sky.

Elizabeth Filkin, Chair, Employers Initiative on Domestic Abuse, said, 'Members of the Employers' Initiative on Domestic Abuse believe that domestic abuse is everyone's business, and that businesses have a critical role to play in supporting those affected by domestic abuse... 'We know that it's not always easy to know what to do when domestic abuse [is disclosed], so having the Everyone's Business Advice Line is a very valuable resource.'

Employers can contact the Everyone's Business advice line 10am to 3pm, Monday to Friday on 07770 480437 or 0203 879 3695, or via email at Adviceline.EB@hestia.org.



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Funding to recruit mental health social workers

More than 10,000 people living with serious mental illness will receive support from 480 new mental health social workers, thanks to a £27m funding boost for the charity Think Ahead. The new funding will help recruit and train a new wave of mental health social workers, who will form part a vital part of the response to coronavirus. Applications for the graduate places are now open.

The recruits are trained to provide psychological and practical support to help people with serious mental illness, such as severe depression, bipolar disorder and schizophrenia, and address issues such as relationships, housing, and employment which can have a huge bearing on mental wellbeing.

The COVID-19 pandemic has had a significant impact on mental health – and recent research suggests that those with pre-existing mental health conditions are at greater risk of significant, long-term, negative effects.

This new funding will give people the support they need by expanding the Think Ahead programme by 60% – from 100 trainees each year to 160 – training up to 480 new mental health social workers across England over the next three years.

Home Instead and ORCHA

Home Instead Senior Care has launched the social care sector's first Digital Health Library and tablet scheme through a partnership with the Organisation for the Review of Care and Health Apps (ORCHA).

ORCHA is the world's leading health app evaluation and advisory organisation. Home Instead has partnered with the organisation as there are thousands of apps available but no regulation.

The resulting library contains a wide range of engaging apps covering mental stimulation through to physical exercise. The apps offer new ways for Home Instead's clients to improve their health; often also connecting with others, clinicians or family.

Martin Jones, Chief Executive of Home Instead, said, 'Whilst technology will never replace the human touch, it can enhance people's lives, particularly when caregivers or family are not present. The new scheme will help our clients to tackle many of the health challenges they face.'

The library at https://homeinstead.orcha.co.uk/ contains a curated list of apps – all of which have been rigorously assessed against over 250 measures.

Heathcotes Group

Heathcotes Group is introducing a new independent supported living scheme near Bradford, scheduled to open later this year.

Horton View in Clayton will feature 14 spacious apartments providing enhanced supported living for individuals who are stepping down from a hospital or full-time residential care setting. Designed to help people develop their independent living skills, each property offers self-contained accommodation with its own lounge, bedroom, bathroom and kitchen area. The service will include an on-site office and a team of around 30 staff providing 24-hour care support when needed.

IN FOCUS

The Other Side of the Coin

WHAT'S THE STORY?

The Other Side of the Coin is a new think piece from County Councils Network, setting out key themes for reform of the adult social care system in the wake of the coronavirus pandemic.

The paper has been released to help shape thinking around the long-awaited social care green paper and argues that any reforms should ensure care is kept local, as councils have delivered quality services despite funding challenges.

WHAT DOES THE REPORT SAY?

The four themes highlighted in the report encompass:

- Scope: taking full account of the wide range of adult social care services delivered by councils and ensuring reform fully considers working age adults as well as older people and hospital discharges.
- Infrastructure: considering the best ways to deliver an adult social care system which is of high quality, provides value for money, and fully engages communities.
- Resource: providing the right resources for adult social care to be commissioned effectively to meet the needs of local communities
- Improvement: putting in place the necessary framework to not only ensure quality but create an ongoing culture of continuous improvement which helps everyone to live their best lives for as long as possible.

The County Councils Network has also announced that it will be partnering with Newton Europe to explore and evidence the key themes for social care reform more deeply, drawing on the experience of local authorities delivering services on the ground. The project is due to report later in the autumn.

WHAT DO THE EXPERTS SAY?

Councillor David Fothergill, health and social care spokesperson for the County Councils Network, said, 'County authorities have been warning for several years that the adult social care system has been close to breaking point. Coronavirus has thrown into sharp focus the urgent need for reform of the system...

'However, any such reform must focus not on a narrow health-centric view of hospital discharges or care in residential homes but recognise the huge fabric of social care provision managed by local authorities – including for those of working age with chronic conditions or mental health issues.

'Adult social care is, fundamentally, a local community service and any proposals for reform need to consider the role local authorities have played in delivering quality care despite yearly funding reductions, rather than any knee-jerk moves towards centralisation. We therefore urge the Government to take on board the principles outlined in this paper so that county councils' extensive experience of delivering adult social care is fully reflected in any future proposals for reform.'

Holding up a mirror to social care nursing

With the new role of Chief Nurse for Social Care in England and the World Health Organisation's announcement that the Year of the Nurse and Midwife will be extended into 2021, we asked three influential voices in the sector to share their views on COVID-19, the barriers that must be overcome, and the work that needs doing to improve the role of nursing in social care.

Richard Adams is Chief Executive Officer at Sears Healthcare Ltd

COVID-19 has transformed the landscape of care in many ways for all of us working in social and health care. Providers have been collaborating and sharing information in a way that was simply not the case previously. A spotlight has been shone on social care and the value of the work carried out in the sector. There have been some brilliant pieces of work connecting social care with health at a local level, and some fabulous examples of mutual support across the social and health care system.

The past few months have thrown into sharp relief the complexity and fragility of the people that we look after in social care. The next few months will test the strength and resilience of these changes for better or worse. We have had to innovate like never before, but we have also, I think, found ourselves lonely and isolated from our healthcare colleagues at times due to the perceptions that many nurses hold of social care nursing.

It is time for social care nursing to cast off its image as the cosy cardigan of nursing – a place where nurses go when they are ready to retire. Social care nurses have been working with autonomy and leading the care interventions. Even before this pandemic, social care nursing was about more than simply pushing a drug trolley around giving out paracetamol and simvastatin. Social care nurses are true advocates for the people they care for. They are experts in really understanding and delivering complex, person-centred care; of keeping people connected to their families; and of developing the skills and capabilities of the people around them.

The starting point for this is to establish mutual respect between those nurses working in hospital settings (and other acute services) and those working in community and care home settings. Too often, I have heard care home nurses recount their experiences of nurses in hospitals not being able, or prepared, to discuss a resident who is currently an inpatient. We have had cases where there has been no conversation between the ward and care home nurses, and the only 'handover' has been the discharge summary sent to the resident's GP. Whilst I understand the issues around data protection and the need to protect individuals, there is a very basic need for one nurse to be able to hand over to another. I cannot help but think that this is due to the perception that many in the profession have of nurses working in social care, and care homes in particular. Continuity of care is a fundamental tenet of a positive experience of care. If this cannot be achieved because of the perceptions held by one field of nursing of another, then nursing is failing on a very basic level.

Now, more than ever, there is a

need for better understanding and acknowledgement of the skilled and complex nature of social care nursing. Only from the foundations of mutual respect for one another's expertise can the profession come together to meet the challenge ahead.

Joanne Bosanquet is a Registered Adult Nurse, a Public Health Nurse and Chief Executive at the Foundation of Nursing Studies

I remember when, back in March 2020, we were being thrown into action – literally. I felt an enormous pull to drop everything and go and support my colleagues at my local hospital. We were told to increase ITU capacity and learn how to be an ITU nurse overnight. What I don't remember is a similar call to rush into our care sector and support teams who were starting to buckle under the pressure to admit residents from hospitals.

I don't profess to be competent in either of these specialisms and, to be honest, I was relieved that I wasn't needed on my local ITU. I was left feeling angry and useless. I could see that colleagues in our care sector were struggling, with multiple policy decisions >

> being made weekly and the associated guidance often confusing matters.

I was invited to join a small group of concerned front line social care professionals and academics who set up a support WhatsApp group (this group has since been shortlisted for a national award). We quickly grew to over 250 members and, immediately, I felt the power of collaboration. We shared practical solutions, discussed risks, workarounds and made plans. The word was spread and very soon we had commissioners and local authority social care leads asking to join us. This collaboration continues even now and we very often exchange 25-30 messages per day.

In England, we are venturing into our very first serious partnership between health and care. Integrated Care Systems and associated partnerships are already sprouting up around the country. We have thousands of registered adult nurses, children's nurses, mental health nurses and learning disability nurses in roles across the sector, working at a place-based level.

We have a Director of Nursing in every clinical commissioning group in the country, and we are developing nursing leadership within Primary Care Networks. In some areas, such as Croydon and Torbay & South Devon, we even have System Directors of Nursing who tie everything together and create networks. These collaborations are natural to nurses. We know our communities and advocate for individuals, families, communities and populations.

We need to share successes and challenges in order to learn and grow. We need to profile these roles to undergraduate nurses to ensure we grow a sustainable workforce. We also need to ensure we develop a long-term plan to develop a range of opportunities for nurses to come into social care as a career of choice and stay there.

There's an enduring challenge though. The culture and language in health and social care is different. Relationship-centred approaches to care are the norm in social care and we are a long way off this in health. We strive for this I hope, but we are not there yet.

Unfortunately, I have been informed on multiple occasions that there is a lack of understanding and professional respect between nurses in the health and care sector. If we took a serious look at ourselves and focused on culture and person-centred care, we wouldn't repeat historical behaviours.

Diversity, inclusion, equality and celebration of difference is a societal-level movement for change.

As a member of a 500,000-strong nursing profession in England alone, I am determined to do what I can to establish joint working and understanding amongst my peers. We have to try to walk in each others' shoes to understand the peculiarities of our roles. What we don't have to do is establish a common set of professional behaviours and values. These are set by the Nursing & Midwifery Council. Holding one another to these values and providing touch points to establish reflective practice is one way we can grow together. Let's start there, at a local level. Bit by bit.

Andrea Sutcliffe CBE is Chief Executive and Registrar at Nursing & Midwifery Council (NMC)

It took a while initially, but the COVID-19 pandemic has brought social care out of the shadow of the NHS and into full public view. More people now realise the vital role social care plays in our communities, caring for and supporting older people, people with learning disabilities, physical disabilities and those living with mental health issues.

We've seen nurses at the heart of the social care response to COVID-19 – coping with unprecedented challenges and using their skills and expertise to provide the best care possible. Some of them even moved in to their services to sustain the care their residents needed. Going 'above and beyond' doesn't even begin to describe it.

But we've also seen problems we knew already existed laid bare. The disproportionate impact of COVID-19 on people from black, Asian and minority ethnic backgrounds has exposed deep-seated inequalities in our society, not least for those working in social care. The lack of focus on the needs of social care and the fragmentation of the sector caused problems with PPE, testing, communications and co-ordination with health. Nurses feel all these pressures and their resilience and patience have been sorely tested.

Frankly – the fix is simple. We need social care to be recognised for its vital community role; a comprehensive, coherent plan established to deliver that role; and, key to that plan, we need enough nurses to provide the skilled care and support people using social care services have every right to expect.

However, if it really were that simple, it would have been sorted by now, so obviously we've got some barriers to overcome.

Rich Adams puts it brilliantly when he describes the outdated 'cosy cardigan' image of social care nursing, 'a place where nurses go when they are ready to retire'. We know that's not true, as the recent brilliant film commissioned by Health Education England shows.

You use all of your skills in social care nursing, you practice truly person-centred care, you manage difficult situations, you cope with emotional as well as physical distress, you're part of – or lead – a team but you often have to stand on your own two feet, the NMC Code and standards apply to you just as much as they do to anyone else on our register. Does that sound like retirement to you? No, me neither.

So why does this image persist? I suggest prejudice and ignorance are the answer.

The people social care supports are often disregarded by the rest of society – they're old, they've got dementia, they're disabled...the list goes on. When we don't value the people using a service, how likely are we to value the people providing it?

Often, people who disparage social care nurses have no idea what they do, the skills they need, the challenges they face. It's harder to take the time to find out and so much easier to accept the stereotypes.

Prejudice and ignorance are twin evils we have to challenge.

It's great to know we'll have a new Chief Nurse for Adult Social Care in England – they're going to have their work cut out. But their 'To-Do List' won't get done working in isolation – we've all got to join together to:

- Promote social care nursing as a wonderful career option and make sure students get experience in social care placements.
- Strengthen relationships between the NHS and social care – learning from each other and building mutual respect.
- Celebrate the role of social care nurses at the heart of their communities.
- Use the NMC statement we developed last year to recognise the contribution of nurses working in social care.

Together we can make a difference. **CMM**

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What are your experiences of nursing in social care? What is needed in your view? Share your thoughts on the CMM website where you can comment on this article, **www.caremanagementmatters.co.uk**

OUTSIDE THE SPOTLIGHT:

THE HUMAN IMPACT OF COVID-19

Throughout this pandemic, national media has focused almost exclusively on how coronavirus has affected older people, and particularly older people in care homes. But the national lockdown and shielding measures have had a wider reach. We spoke to Shaun Webster MBE, human rights campaigner and contributor to Saba Salman's *Made Possible*, to find out more about his experiences.

As we begin to enter the winter months, we know there were mistakes made in the first wave of COVID-19 that cannot be made again. One of these is the sidelining of people with learning disabilities. Here, Shaun Webster MBE shares the impact this had on him and why it must be avoided in future.

Hi Shaun, thanks for speaking to us. Can I start by asking how the COVID-19 pandemic affected you personally?

COVID-19 has affected me a lot because it made very lonely, isolated, vulnerable and scared to go out. And I lost confidence in myself in some ways. Some days it just felt like an effort to get out of bed. It was scary just going to get the bus because I'd heard that the virus was a death sentence.

Before the virus and the lockdown, I was going out to the cinema, going to the pub with friends, going for walks, seeing my friends and family. Lockdown was very difficult for me as I really missed my friends and family. I knew I had to stay in a lot because of my health problems – I've got asthma, type 2 diabetes, blood pressure issues and eczema. I missed having a laugh with my mates and us taking the mick out of each other. At times it felt like I was in jail, like I was being punished, because before all this I felt free as a bird. Since lockdown's been lifted, I can go out, but I make sure I stay safe.

My working life has changed a lot too. Before, I was going into Leeds, seeing colleagues, having meetings and doing training, and when COVID-19 began, everything changed for the worse. >

> I've never worked from home before so it was a whole new ball game for me. I was very worried. I thought I might lose my job because I wouldn't be able to do my work from home in the same way, so I was terrified. At home, I'd only used my phone and an old iPad. But I got great support from St Mary's Hospital in Leeds, my employer, and they asked me what I needed to work from home – they ordered me a laptop and a folding desk. I got myself a new iPad and I got used to using WhatsApp and Zoom. It was difficult at first but over time I got more confident working from home.

How do you think lockdown affected support services?

I get part-time support from KeyRing, which is a housing support organisation. I get a few hours a week when I need it. COVID-19 means my support worker can't come into my home so we do it all on the phone or WhatsApp. It can be hard too because it's not the same if you can't see your support worker in person.

I worried that lockdown meant I might not get any services to support me when I needed them. In the end, my support worker from KeyRing called me and explained to me what was happening and it did calm me down a lot. I asked her if we could use WhatsApp video because I like video calls better than phone calls; I can explain things better when we see each other on video.

I feel support workers and mangers find it very difficult and very challenging because the Government keeps moving the goalposts. They keep changing the rules and it makes it harder and very difficult to put the right support in place to support people with learning disabilities and autistic people.

The media spoke a lot about how care homes for older people were affected. How did you feel about this?

I feel the media focuses too much on services for older people and we need more focus on other types of services for people with learning disabilities and autistic people too. What gets me angry is that the media don't understand people with learning disabilities and autistic people and we always get forgotten.

People with learning disabilities and autistic people never get a look in and, to me, the Government and media aren't interested. I feel that because of this focus only on older people, we're suffering, because we feel forgotten and no one's bothered about that. It is a human rights issue and we saw during COVID-19 that learning disabled people were dying because they weren't getting proper care.

It's very important to be included in everything about the virus because a lot of the time people with learning disabilities and autistic people don't get enough information and support about COVID-19. It feels a bit 'last minute'. It's not good enough and it affects people's mental health big time.

You mentioned that you're working with a hospital in Leeds. Could you share some more about this project?

I'm doing some work with St Mary's in Leeds and the people they support about their experiences under lockdown. I'm making information accessible about the latest rules from the Government on lockdown.

I'm talking to people about their experience – good and bad – living under COVID-19 and lockdown. We're working to make a leaflet. The aim is to produce clear, easy-read and accessible information about coping with lockdown and the rules about what you can and can't do.

What tips do you have for other people to help them cope with life during COVID-19 as it carries on?

I've been talking about to my family and friends about keeping busy and coping with life during COVID-19 and I've got lots of tips.

My mother told me when the lockdown started she was finding it very difficult, stressful and boring. She told me she's doing gardening now and said it keeps her very busy and happy. So, my first tip is if you like doing outside things try gardening, as it's good for your wellbeing and mental health.

A second tip is from one of my friends who told me always keep yourself busy doing housework. He's been painting the walls in his room and he told me it keeps him busy and makes him feel more relaxed when he paints and listens to music.

My third tip is from another friend who told me he's listening to audiobooks and music that keeps him relaxed and his mind busy.

Another friend told me he is keeping busy watching films. I've been watching TV on YouTube, Netflix and Amazon and playing quiz games. I listen to audiobooks and music and use WhatsApp and Zoom to talk to family and friends.

I've also been working from home. It keeps my mind very busy and stops me having mental health issues and stops me getting down. Working from home has been a lifesaver. If I wasn't working, I'd be really bored and I'd be getting stressed.

Life is better now because we can go outside and go for walks and go food shopping and see some friends. I also go to a friend's house on a Friday but we keep apart, or my friend will come to my house. But you always need to make sure you have to be two metres apart with a face mask and that you understand the rules to keep safe.

How safe do you feel day-to-day now?

It's so much better now things are starting to be a bit more normal and I can do things I need to do, like food shopping and paying my bills. Of course, I make sure I keep two meters apart from people.

Now I'm going out more I don't feel so depressed about things. I've started going back into work at St Mary's for a few hours a week outside of the rush hour. I feel very safe now and more confident in myself because I can go outside more for walks just round the block or out to the woods to get some fresh air and it clears my head. **CMM**

Shaun Webster MBE is a human rights campaigner and a contributor to *Made Possible: Stories of success by people with learning disabilities – in their own words* edited by Saba Salman, published by Unbound. Twitter: **@mbeShaun**

Does Shaun's experience resonate with you or anyone you know? Share your thoughts on the CMM website, where you can also leave feedback on this article, **www.caremanagementmatters.co.uk**

LGBT+ SOCIAL CARE PROVISION – ARE WE GETTING IT RIGHT?

In a recent report from Tonic, Stonewall Housing and Opening Doors London, older lesbian, gay, bisexual and transgender (LGBT+) people were asked for their thoughts on moving into social care housing. Following the results, we're asking, do we need more specialist provision for LGBT+ people, or are other changes required?

The joint report from Tonic, Stonewall Housing and Opening Doors London, *Building Safe Choices 2020 – Our voices: LGBT+ later life housing demand in London* has shed a light on how people want to live as they age. It looked largely at housing with care and people's preferences around this provision.

Key findings indicate that older LGBT+ people want:

- Housing, care and support services that are safe, to be treated with dignity and respect and to stay where they live.
- Policy makers and providers to recognise their specific needs as part of the LGBT+ community.
- Advice and support around housing and services, both for current and future needs.

SHOULD WE FOCUS ON INCLUSIVE OR GENERAL SUPPORT?

The Building Safe Choices 2020 report also found that most LGBT+ people surveyed would prefer to live in LGBT+ affirming or accredited housing.

Respondents (58% of whom were over 60 and 82% of whom do not have children) stated that they wanted to stay in London, with three quarters voting for this option.

56% stated that they would feel happiest in LGBT+ specific housing and 64% would prefer an LGBT+ accredited provider, while just 1% would be happy to live in a general retirement community and only 2% would prefer a non-specific care provider.

WHAT DO THE FINDINGS TELL US?

The results of the survey, which took views from 624 participants and hosted focus groups with LGBT+ people, overwhelmingly show that the current offering is not up to standard.

People reported feeling discriminated against, feeling they had to hide their true identity, and wanting to feel safe and secure. They were unsure where to go for advice and information around planning ahead and particularly in a crisis.

What's more, there are few options for those seeking care that is LBGT+ specific or affirming, despite the vast majority of people in this community wanting this type of support.

A CALL TO ACTION

Tonic, Stonewall Housing and Opening Doors London conclude with five calls to action. Despite being aimed exclusively at the London care market and authorities, these have wider-reaching implications, with many being applicable to areas across the UK.

The first call to action is to 'formally recognise the needs of older LGBT+ people in policy and practice'. The organisations want to see the specific and unique needs of the LGBT+ population reflected in care and support offerings, as well as policies.

Other calls to action include the promotion of LBGT+ accredited housing and services, saying that accreditation should be promoted to all providers and services to that options are available to older LGBT+ people. Again, this could be applied across the country to encourage more people to feel safe and happy with their support.

The report gives detailed information on what older LGBT+ people want. So what are we getting wrong and what needs to change?

These themes are not new

Des Kelly OBE, Chair, Centre for Policy on Ageing

This timely joint report from Tonic, Stonewall Housing and Opening Doors London, has messages that have relevance well beyond the capital. Drawn from a survey and a series of focus groups there are powerful (and sometimes harrowing) accounts in this report of the additional challenges that are often faced in later life by people from LGBT+ communities.

The report concludes with three key messages:

1. Housing, care and support for older LGBT+ people should be safe, recognise people's life experiences and treat them with dignity and respect. People want to stay living where they have lived and to receive services from organisations that are LGBT+ affirming or accredited.
2. There is currently insufficient provision which recognises diversity and differences.
3. There is a need for more advice and support as well as more housing and services.

Sadly, these themes are not new. The findings of this survey echo many previous reports (including work by the National Care Forum in partnership with providers) that highlight the changing demographics of later life and an older generation that is becoming more diverse. As a consequence, family structures are also changing. Added to which, older people from LGBT+ communities may experience long-standing attitudinal issues on top of ageism. Discrimination and prejudice associated with gender and sexual identity can therefore result in multiple stigmatisation. Barriers faced by family and community relationships can all too easily contribute to feelings of social isolation.

Ensuring that services for older people from LGBT+ communities are affirmative requires an equality and rights-based approach which promotes diversity and person-centredness. There are important workforce and training issues to address. There may be a need for additional support as well as an appreciation of the importance of peer-led networks and partnership working.

The question that arises time and again is whether to develop more specialist housing and services for older LGBT+ people or make some fundamental changes to existing housing and support services to enable people to feel safer in mixed communities. The answer to that is simple – we urgently need to do both!

I sincerely hope that this report helps to shine a light on an area of provision neglected for too long.

Relatability is a standard of value

Ramses Underhill-Smith, Director, Alternative Care Services

The recent report by Stonewall Housing, Tonic and Opening Doors London echoes previous research and studies on this subject; namely that LGBT+ people do not feel safe with current health and social care service provisions.

The question is, should we be building more services for adults who are LGBT+? The short answer is yes. Since we opened our doors, we have received calls from LGBT+ people from as far north as Scotland and as far south as Cornwall and not just people who are over 50.

As the only specialist provider for the LGBT+ community, we have sadly encountered many obstacles from organisations, local authorities and individual representatives who do not see a need for an LGBT+ service like ours.

Health care systems are working hard, but are over-stretched and heteronormative. Additionally, directors have to manage ever-shrinking budgets; LGBT+ clients would have to present in significant numbers before it would be a priority for a local authority.

For years, we have been campaigning for the Care Quality Commission (CQC) to create an option where clients can identify service providers who support the LGBT+ community. We were told to change our name to include 'LGBT+' and that there was 'no need to provide more targeted signposting'.

Bespoke care services are not new, there many religious and cultural-specific care providers who have been operating for years. These services are successful because they target a specific, often local community. However, this type of localisation cannot apply to the LGBT+ population, who live throughout the country.

Four years ago, we believed there was a need for a variety of services for our community, to support the growing demand for social care. Now, after providing years of support to the LGBT+ community, we absolutely know there is a need for services like ours around the UK.

Relatability is a standard of value, as we all wish to see ourselves reflected in the things and services we use every day. Therefore diversity, understanding and representation of our various identities certainly matters. It matters to our clients and our staff and it should matter to organisations who are tasked with helping people.

We would like to see reflective services like ours around the country, and support given to small, grassroots providers who are working hard and tackling these issues every day.

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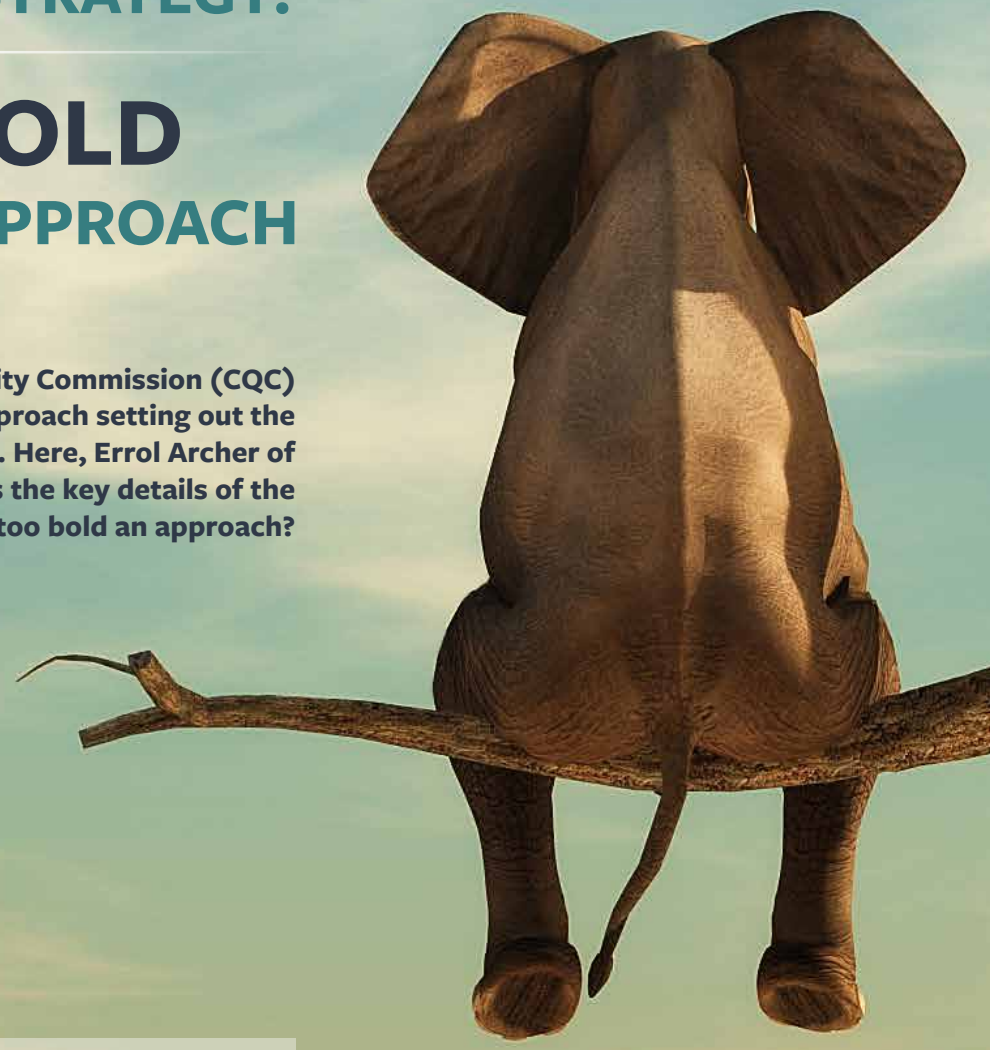
AN AMBITIOUS STRATEGY:

CQC'S BOLD REGULATORY APPROACH

Earlier this year, the Care Quality Commission (CQC) published its draft regulatory approach setting out the focus for change as we enter 2021. Here, Errol Archer of Scott Moncrieff & Associates shares the key details of the plans and asks, is it too bold an approach?



CQC's executive directors have been busier than usual this year, for obvious reasons. The COVID-19 pandemic forced the regulator to stop in its tracks: inspections ceased, staff scrambled to work remotely, enforcement actions and registration decisions slowed dramatically. Notably, there was a lack of guidance on infection prevention and control and providers looked to Public Health England for a lead.

Despite CQC's lacklustre response in the immediate aftermath of the virus and lockdown, much-needed leadership eventually came in the form of its Emergency Support Framework coupled with targeted on-site inspections, the latter of which stepped up a gear in September. In addition, CQC's Provider Collaboration Reviews >

> (PCRs) have highlighted how collaboration has worked to meet the challenges caused by the pandemic.

Fortunately, many of the regulator's staff have worked remotely for years and, within months of the lockdown, it became clear that the cogs and wheels of the regulator were still turning. CQC has since issued ambitious new regulatory guidance, publishing on 8th October the widely anticipated update on how it will regulate providers who support autistic people and people with a learning disability, *Right support, right care, right culture*. On 16th October, it published its annual *State of Care 2019/20 report*.

Of broader significance for providers, CQC published details of the emerging themes that will direct its regulatory strategy from 2021 onwards, *The world of health and social care is changing. So are we*.

WHERE THE FOCUS WILL LIE

The regulator raises four themes in its draft strategy for discussion and CQC's Chief Executive, Ian Trenholme, has hinted that a seismic shift is on its way. In his 1st October blog, he says, 'As the regulator of health and social care, we need to cement our place in th[e] new world. As I've said previously, we're not going to return to the way we worked previously,' adding, 'This will mean some **big changes**...[and]... **bold thinking**.'

The future strategy paper is influenced and driven by the changes necessitated by the COVID-19 pandemic. It is unusual for a regulator to express quite such ambitious aims in a strategy proposal, but an ambitious approach driven by creative thinking makes for a welcomed departure from the norm.

CQC's draft strategy reflects its overarching ambition of health and care systems working together to reduce inequalities. This begs the question as to how CQC would monitor, inspect, rate and support systems instead of single providers, when it was created to regulate solely the latter. However, this aside, the draft strategy explores four themes:

- People.
- Smart.
- Safe.
- Improve.

"The future strategy paper is influenced and driven by the changes necessitated by the COVID-19 pandemic. It is unusual for a regulator to express quite such ambitious aims in a strategy proposal, but an ambitious approach driven by creative thinking makes for a welcomed departure from the norm."

PUTTING PEOPLE FIRST

CQC is keen to ensure that the way it regulates is informed by what people want from providers rather than by what providers wish to deliver. To support this, CQC is seeking ways to enhance how it obtains and acts on feedback from people who use health and care services. The strategy highlights CQC's aim of 'listening and acting'. This is likely to mean that inspectors will seek evidence that providers have good systems and practices in place to obtain frequent and meaningful feedback from clients and others. In particular, providers would be expected to encourage people to speak up confidently and share their experience of care with the provider, especially when the experience has been negative.

Inspectors would also seek evidence, as they do now, that providers have acted comprehensively on the feedback in a timely manner. The stated aim is for CQC to build a culture in the sector which values and acts on feedback to drive continuous improvement.

Significantly, CQC proposes that a provider would not be able to achieve a rating of Good or Outstanding unless it had evidence of best practice in gaining and acting on people's feedback.

A SMART APPROACH

CQC's second theme emphasises the regulator's desire to use data, IT and provider information in innovative ways. It aspires to be more flexible and dynamic in how it registers, monitors, inspects and supports providers. At the same time, CQC refers repeatedly to its aim to reach decisions that are both consistent across its different regional and sectoral teams and proportionate to the circumstances of the provider in question.

The regulator anticipates that its 'smart' approach to inspecting and rating providers will make it less reliant on scheduled, all-inclusive, on-site inspection visits. Its provider ratings would be 'updated more often' and better reflect people's feedback and their experience of the care, not only the quality of care provided. IT would play a central role in CQC's evolving approach, with an emphasis on making the most of artificial intelligence and data science to monitor, analyse and interpret data. Findings would be used by CQC to better target its resources and to better identify which providers to inspect, when and how to inspect and the issues to focus on. It would also inform how to rate providers. The aim is to replace lengthy inspection reports with ones that are more relevant and informative to people.

CQC's 'smart' approach would also mean providing a clear definition of what good care and bad care look like. It intends to put 'this definition at the heart of [its] regulatory processes' and use the definition to help with more consistent decision making.

AVOIDING HARM

The draft strategy stresses that the provision of safe care starts with CQC's registration function which will focus on whether providers have a 'culture of learning and improving'. CQC's vision is to achieve an attitude and approach amongst providers and stakeholders that strives for 'zero avoidable harm'. The regulator aspires to be more proactive to protect people from harm before it happens.

The regulator proposes to achieve these aims through:

- Keeping safety at the forefront of its relationships with providers.
- Intervening earlier where safety is compromised.
- Taking enforcement action quicker if providers fail to improve safety.

STRIVING TO IMPROVE

CQC lays out ambitious aims to establish an 'improvement alliance' with the aims of spotlighting areas for improvement and providing support to services when needed. The draft strategy envisages the regulator taking a leadership role in driving improvements. This would involve CQC providing consistent, nationwide support to providers to facilitate services raising their standards and moving out of 'special measures'.

The regulator's focus would be on enabling an 'improvement culture' based on evidence-based research, in which it would seek to invest. It aspires to make direct, tailored, hands-on support available to services, and to:

- Share good practice with providers.
- Co-ordinate improvement activity.
- Provide benchmarking information to services in different sectors.
- Champion innovation.
- Encourage the use of technology enabled services.

A BOLD, AMBITIOUS VISION

The draft strategy lays out a hugely ambitious vision of CQC's future role. This is to be applauded and welcomed. CQC will follow up on its draft strategy with sector-wide engagement in the coming months and a planned consultation in early 2021. If there is to be a realistic prospect of CQC realising its ambitions, which represent a step-change in its approach to regulating the sectors, CQC must bring people, providers, government and stakeholders with it.

An obvious challenge in the context of a falling budget for the regulator in recent years is how CQC will effect change without additional resource. This will need further creative thinking as well as culture change both within the regulator and the sectors. But without further significant government money, in particular in social care, the regulator will struggle to see its broadly welcomed, new approach translate to better experiences for people using services.

It remains to be seen whether legislation would be needed to facilitate CQC's proposed new vision, but CQC's draft strategy lays out an ambitious roadmap. Providers are encouraged to contribute their views and ideas through CQC's planned consultation and engagement in the coming months. **CMM**

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What are your views on CQC's draft regulatory approach and the direction it's heading? Share your thoughts on the CMM website, **www.caremanagementmatters.co.uk**

PLANNING AHEAD

for older people with LEARNING DISABILITIES

Little research has been done into services for older people with learning disabilities and their family carers. Here, Professor Louise Wallace, Angeli Vaid and Dr Sara Ryan share details of the issues we might face and the research project they are undertaking in this area.

The lives of older people with learning disabilities who live at home with parents or siblings have been largely overlooked in social care research, as have the experiences of older family carers.

This may, in part, be due to the increasing life expectancy of people with learning disabilities; research in this area might not have been undertaken because people with learning disabilities often weren't living into old age. While the age gap in life expectancy for people with learning disabilities is still too far behind the general population, many are living longer. Indeed, there is a predicted increase in the number of people with learning disabilities aged 60 and above of over a third since 2000. Chris Hatton, Professor of Learning Disabilities at Manchester Metropolitan University, estimates there are now around 81,000 people with learning disabilities aged 50 and over in England, many of whom are not in touch with services.

ADDRESSING THE ISSUES

Our research is addressing the reluctance on the part of older parents to forward plan for their adult child's move from the family home because of a concern about their wellbeing. This reluctance can lead to an increased risk of crisis placements, which can generate behaviours that challenge others in the person with learning disabilities.

A further related gap in research is end of life care planning of older carers. It is concerning that, despite policy initiatives, such as Valuing People, and a strong focus on enabling people to lead independent lives, parents of people with learning disabilities continue to care into their 80s or even 90s for their adult children. This suggests a clear lack of trust in existing provision. Carers Allowance also stops when people receive their state pensions, which means this additional labour, albeit through love, is unpaid. Policy and services appear to have done little to address this problem.

Our study was funded in response to a commissioned call from National Institute for Health Research around behaviours that challenge others, and the need for further research on services to support older carers. It involves a self-advocacy group, a charity run by and for carers and four universities. Our aim is to improve support for family and professional carers and older people with learning disabilities and behaviours that challenge others. We will be working closely with people with learning disabilities and family carers across the project.

A STRONG BASE

The idea for the study came from a Comic Relief-funded project called Embolden, >

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> which started in July 2016 and was led by Oxfordshire Family Support Network (OxFSN). Embolden was the legacy of a previous OxFSN project, Changing Scenes, which set up social support networks for a small group of 15-20 older family carers. Changing Scenes heard that older family carers in Oxfordshire were not aware of their rights and entitlements and were unable or unsure of how to ask for them. OxFSN increasingly suspected that the number of older carers of people with a learning disability in Oxfordshire were largely under-reported in research and unknown to social and health care services, and that numbers were increasing in line with the local age demographics.

Embolden aimed to support, advocate for and empower family carers aged 60 years and over who were caring for a family member with a learning disability. Over three years, 215 family carers brought Embolden to life by taking part in a series of events on key topics such as health, finance and housing. These events ranged from small group coffee mornings to a final and more formal conference, The Better Together Event.

The evaluation found that over 250 professionals benefitted from the project, which had also identified an additional 60 older carers in their 80s providing daily care for a family member in Oxfordshire. Findings about the increasing numbers of older carers informed the local public health needs assessment and the social care housing needs strategy in Oxfordshire.

The ability to create strong local networks like regular coffee mornings was limited by the frailty, immobility, and energy of older carers to stay involved. Older carers' views of supported living were often based on institutional care settings of the past. Their fear of handing over the support to others was sometimes compounded by horror stories in the media – Winterborne View, Whorlton Hall and the LeDeR reports. This stopped older carers planning for when they were no longer able to care.

Issues of particular concern to older family carers appeared to include consent, decision making, transition planning and financial assessments. They often only sought support when in a crisis. Increasingly tight budgets in social care meant older carers were worried that speaking up would lose them the support they already received for their relative. Families with non-white British backgrounds felt even more concerned and were very reluctant to even engage with OxFSN as intermediaries.

Brenda, aged 92, was the oldest family carer who took part, still caring daily for her 66-year-old daughter. Like her counterparts, she did not choose the label 'expert by experience' or even 'family carer', rather considered it just something she did. And, like her counterparts, what worried her the most was what would happen when she died. She said, 'The worry and stress is far worse than the 66 years of caring that I have done – I don't sleep at night. I can't as I am so worried that Karen will not be able to stay in her own home [and] the thought of Karen being uprooted from all the things she loves, to go where she doesn't know anyone and where they do not understand her.'

Embolden was Oxfordshire-focused, but the experiences and findings are of national significance, raising questions about how older carers and older people with learning disabilities are supported to plan for their futures, together and alone. Our new research project stems directly from these findings.

WHAT WE NEED NOW

The Growing Older-Planning Ahead project is divided into different work packages . The second work package is being led by Professor Louise Wallace from The Open University and will focus on identifying exemplars of good practice in residential cares, supported living and family support services.

Much is known from inquiries about what does not work well in services for people in the community and residential care. We want to find what works well in community and residential services for older people with learning disabilities and behaviour that challenges others and their families. This will include preparing for transitioning to care that is given by other family members or supported living services.

We will focus on those aged 40 and over because:

- We know people with learning disabilities can become frail or lose cognitive capacity earlier than other people.
- Their family carers are likely to be in an older age group, facing their own concerns about their capacity to continue to provide support as they age.

In this part of the research, we are looking for services that work well in providing support and managing the move from the family home to other forms of living. We will use many sources in trying to understand what features of the service work, who they work well for, and why. By January 2021, we plan to have a wide sample of what works and use this to select the best three or four services to study in greater depth in 2021.

Our team of researchers are approaching the learning disability and end of life care policy leads in NHSE at a regional level. In clinical commissioning groups and local authorities, we are contacting commissioners. We are approaching professionals, such as learning disability nurses and social workers, through their professional networks and, via social media, asking families to nominate their own examples from experience using the hashtag, #OlderAhead.

"Much is known from inquiries about what does not work well in services for people in the community and residential care. We want to find what works well."

We are particularly interested in hearing from providers of services who consider themselves to be exemplary. This could be day services that support people to stay at home, or services that support early assessment and management of dementia and frailty in people with learning disabilities. There could be great examples of supported living such as Shared Lives, or residential care and end of life care providers that suit this client group. We also want to hear about services that work with all stakeholders to think and plan ahead around transitions in care.

We are running a survey and speaking to people to gather this data. Care providers in England should get in touch before the end of December 2020 via email. **CMM**

The programme presents independent research funded by the NIHR under its Health Services and Delivery Research funding scheme (129491). The views expressed in this article are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.

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Get involved in this research by contacting Louise, and share your thoughts on this important topic by commenting and leaving feedback on the CMM website, **www.caremanagementmatters.co.uk**

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LEAD INDIVIDUALS

Neil Grant heads our Health and Social Care Provider Team, based in Guildford. Neil is an expert in the regulation and funding of care services and only acts for providers. He has a wealth of experience, having acted for inspectorates and other public bodies at a senior level. Neil has an interest in Regulatory Policy and its impact on the sector. He offers a unique perspective on regulatory and commercial issues.

James Gordon is the firm's founder. He is a corporate and banking lawyer based in London. James has expertise, knowledge and experience, along with an ability to match the service provided by the 'bigger guns' of the corporate world.

Timely and informed legal advice is essential to the successful running of any operation but particularly in the care sector. Our approach is strategic and commercial, working in partnership with the client. We aim to resolve and improve matters through dialogue in the interests of service users, the provider and other stakeholders. However, we are assertive in defending our clients' rights.

The firm only acts for providers. As a result, we offer truly independent advice and defend providers without worrying about conflicts of interest.

COMPANY INFORMATION

Gordons Partnership LLP is a respected and growing law firm and is a recognised leader in the healthcare field. It was formed in 1994 by three lawyers from leading practices who were fed up with the 'factory' approach to law. Their philosophy was to provide high-quality, practical and affordable advice, in a professional and friendly environment. Throughout Gordons' growth, we have not lost sight of that philosophy.

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LEAD INDIVIDUAL

Laura Guntrip is Head of the Healthcare Team which specialises in health and social care. Laura has specialised in this sector for 12 years. Members often write for care sector publications and are regularly asked to speak at conferences, recognising their niche expertise and reputation. The team acts for providers and is the first choice for many, from small operators to national providers. The team has been solicitors to the RHNA for over 25 years, as well as acting for other regional care associations.

'We act in relation to a variety of matters, from contract disputes to safeguarding investigations and helping providers challenge CQC reports and ratings or defend enforcement action,' explains Laura. 'We understand how care services operate and the difficulties they face. We provide clear, practical solutions and offer a one-stop shop to assist providers in all matters stemming from an incident: CQC action and safeguarding investigations, but also police investigations, employment issues and professional misconduct proceedings, offering consistency in representation,' adds Laura.

COMPANY INFORMATION

The firm has an enviable reputation with a national following. As well as expertise acting for adult social care providers, the Healthcare Team also advises NHS Trusts and GP practices. The team have been finalists in the Legal Advisor category of the LaingBuisson Awards in recent years, and the Health Investor Awards annually since 2013.

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LEAD INDIVIDUALS

Paul Ridout has been providing advice to the sector for over 40 years. Actively and constantly instructing in matters relating to the operation, regulation and funding of services. Paul has a unique knowledge of how regulation has changed and is regarded as one of the most experienced advisers in the sector. Caroline Barker has specialised in health and social care law since 2005. Caroline strives to achieve the best results for clients and is careful to ensure that strategy and process remain client focussed.

COMPANY INFORMATION

At Ridouts, we know the sector and the details that can make the difference to your business. We provide legal, operational and strategic advice to providers who are faced with matters that could negatively impact their businesses.

We help clients to find defences and positive outcomes to, often commercially damaging, situations. We work with you to manage and reduce risks which, in turn, preserves business value.

At Ridouts we only act for providers. Our specialism means that, not only do we know the law that governs the sector, we also know the nuances that come into play. After all there is no textbook way of operating a care business and you need solicitors that don't just know the regulations, but how to interpret them whatever your situation, the team at Ridouts is on hand to help navigate you through the complexities.

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LEAD INDIVIDUALS

The Health and Social Care team is a multi-disciplinary group of specialist lawyers led by partners James Sage and Hazel Phillips. They have substantial experience advising care providers on legal and regulatory issues and regularly share their expertise at regional and national care conferences.

They say, 'We offer clients a complete legal service, giving them peace of mind that they are fully compliant so they can concentrate on doing what they do best – running successful businesses delivering the highest levels of care. We also advise a large number of providers who are registered charities, assisted by our charity law specialists. Our team's in-depth knowledge of the challenges facing care providers and the fact we take the time to fully understand our clients' needs, means that we can provide a personal approach and become part of their trusted team.'

The Health and Social Care team are the recommended lawyers for a number of regional care associations.

COMPANY INFORMATION

Royds Withy King is a UK Top 100 law firm, providing a national service to care providers from offices in London, Bath, Wiltshire and Oxford. The firm uses the breadth and depth of its expertise to provide practical, commercial and cost-effective advice.

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- Inquests and judicial review.
- MCA, safeguarding.
- Police investigations.
- Property development and construction.

LEAD INDIVIDUALS

Errol Archer leads on regulatory work for Health and Social Care providers. His experienced team work with small and large providers, delivering commercially focused solutions. He brings valuable regulatory and policy insights from many years of advising business owners, regulatory bodies, central government departments and government ministers. As a specialist Solicitor-Advocate, he has represented clients at hundreds of court and tribunal hearings, including the First-Tier Tribunal (Care Standards), the Coroners' Court and the High Court.

Tom Woodward is a specialist employment lawyer and provides expert advice to employers via a fast-response, cost-effective service on an 'as required' basis.

COMPANY INFORMATION

Scott-Moncrief is a leading firm, established over 30 years ago and known for its commitment to delivering high quality legal services at an affordable cost.

The firm provides a national service through recognised leaders in their fields, across all legal areas. It has a national reputation and particular expertise in the health and social care sectors. Its co-founder, Lucy Scott-Moncrieff CBE, describes the firm as user-friendly and approachable and emphasises that every client gets a personal service. The firm is known for standing up for clients when the going gets tough.

We also work closely with specialist health and social care consultants and other business advisors.

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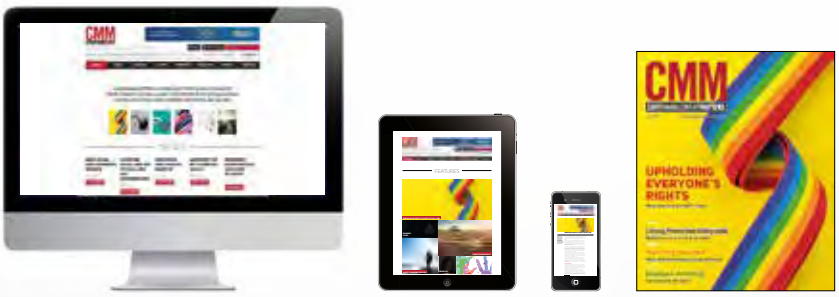

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CELEBRATING EXCELLENCE IN **MAKING A DIFFERENCE**

Gabby Machell won the Making a Difference Award in the Markel 3rd Sector Care Awards 2019. Here, she shares her story.

I joined Westminster Society for People with Learning Disabilities as a part-time support worker over 30 years ago. In 2007, I was appointed Chief Executive.

We currently operate from Central London and employ over 500 staff. We provide services in a number of London boroughs in a variety of settings which include a specialist nursery, family support, short breaks, registered care and supported living. We provide support to children and adults with a range of needs and disabilities which includes people with profound and multiple disabilities and autism.

On thinking about the Society as it is today, things are in many ways different from when I first started working back in the late 1980s. However, it is clear to me that the principles are fundamentally the same – we exist to make dreams a reality and provide the best life opportunities we can. What is central to this is our understanding that every life has value and every interaction we have with a person with a learning disability can make a profound and positive difference to their lives.

MY JOURNEY

In writing this article, I have been given the opportunity to reflect on my journey from Nurse to Support Worker to Chief Executive. After qualifying as a Registered General Nurse in 1986, I worked on a surgical ward in a busy London hospital. I loved nursing but I wanted more. I didn't know what the 'more' was until I saw an advert for a part-time support worker based in Westminster. I had worked in Westminster a few years before, so I knew the area well and something about the advert intrigued me. I had a cousin with Downs Syndrome, and as part of my nursing training I had worked with some people with profound disabilities, but this job was something different. I applied, got the job and my life has never been the same since.

At the time, hospitals out in the countryside were closing. These hospitals were the original asylums and people with learning disabilities were coming home, back to their families, back to the places where they were born and, for many, to a life they had never known. Care in the community was happening and we were at the forefront of this pioneering initiative sweeping across the country.

My new job involved working within a small staff team along with social workers and health professionals to support this group of older learning disabled people to begin to understand the world around them, a world which had moved on without them, a world where they were feared and misunderstood, a world which was filled with the most amazing opportunities which were there for the taking. We were working to make dreams a reality. It wasn't easy and there were many challenges, but we were making a difference.

I knew then that I had made the right decision to change my career. I knew that I could be part of something great and I knew that the most incredible people had entered my life. As a part-time care assistant, I began to understand what it really meant to value people for who they are.

It now seems incredible that, over 30 years

later, I am still here. I have been offered the most amazing opportunities along the way. As the organisation grew, more opportunities came my way. I became Assistant Team Manager and was later promoted to Team Manager. Over the next few years, I managed different services, gaining varied experience and later becoming our first Residential Service Manager. After being promoted to another more senior role, I was appointed Chief Executive in 2007.

VALUES IN PRACTICE

Understanding the values of the organisation and how these manifest in the support we provide became an essential part of my work and has been fundamental to my contribution to the work of the Society.

A number of years ago, I developed our Values into Practice Framework (VIP), which was an expansion of the work we did in defining our organisational values many years before. However, I was concerned as to the impact this would actually have on the quality of support we provide. I recognised that it is very easy to produce words and sentiments stating our values and do very little else. It is much more difficult to make our values a reality. The VIP Framework sets out what our values actually mean in practical terms and how they relate to our work. As well as describing some good ways of working, the framework describes poor practices and attitudes, which would undermine everything we believe in and everything we are trying to achieve.

From here, we have moved forward and enshrined our values in every aspect of our work. This includes recruitment, staff appraisal, learning and development competency, and code of conduct. We are delighted to have won Skills for Care's awards for Best Recruitment Initiatives and Winner of Winners in 2014, and Best Employer of over 250 staff in 2019. We also achieved Care Quality commission's Outstanding Rating for our domiciliary care services in 2018.

RECENT CHALLENGES

With the onset of COVID-19, the last few months have been a challenge beyond anything we have ever experienced before. Our support staff have been incredible and, despite everything, the majority have remained strong and committed. Our senior team have become experts in PPE supply and demand and throughout lockdown were out delivering supplies and providing socially distanced support.

Like the rest of the country, we have had to embrace new ways of working, including tele-conferencing; increased remote learning and working from home. We have campaigned for recognition of care staff alongside our NHS colleagues, and lobbied Government for appropriate testing across the sector and for a better understanding of learning disability services.

We continue to supply unending data to myriad stakeholders and interpret and disseminate changes in government guidance for staff, the people we support and their families. We have organised ourselves and prepared for a potential second wave with increased restrictions. We are thinking about the next few months with some trepidation but know our plans are in place and we will continue to do our best.

LOOKING AHEAD

Moving forward, and with the hope of less challenging times, our ambitions are to change our name shortly to LDN London (Learning Disability Network London) to better signal the scope of our operations, and to reflect our aims to strengthen our connections in London and improve the quality and range of our services.

We will continue to work to ensure our values are practised in everything we do and that we never lose sight of what is important to us as an organisation. This is what defines us; it is who we are and what we do and it is what drives us on every day.

For me, being awarded the Making a Difference Award is recognition of our Values into Practice initiatives and the work of so many. I'm so honored to be to be the recipient of this award and I am very grateful for the opportunity to share the work of the Society and celebrate the achievements of this very special organisation. **CMM**

Gabby Machell is Chief Executive of Westminster Society for People with Learning Disabilities. Email: **chiefexecutive@wspld.org** Twitter: **@wspld**

MARKEL 3RD SECTOR **CARE AWARDS** 3

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The Markel 3rd Sector Care Awards is run specifically for the voluntary care and support sector. Finalists have been announced on the Awards website, **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.

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24th September 2020 and 8th October 2020

CMM INSIGHT 2020 CONFERENCES · EXHIBITIONS

Organised by CMM CAREMANAGEMENTMATTERS

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CMM was pleased to host its first two online conferences in place of the usual CMM Insight events held in Northamptonshire and Berkshire, Buckinghamshire and Oxfordshire respectively. On 24th September, CMM, in association with Northamptonshire Association of Registered Care Providers (NorARCH), delivered an agenda that brought delegates a local perspective on key issues facing the sector.

On 8th October, CMM, Berkshire Care Association, Oxfordshire Association of Care Providers and MKB Care, hosted national and local experts to discuss the important topics affecting social care providers in the area. Both conferences highlighted the struggles the sector has faced in light of the COVID-19 pandemic, as well as identifying strategies and recommendations for coming out of the other side.

The conferences also saw the launch of the CMM Insight Marketplace, specifically set up for these online events to allow attendees to connect with exhibitors and explore the wide variety of expertise available to support them.

The Northamptonshire conference began with a keynote from Melanie Weatherley, Co-Chair of the Care Association Alliance and Chair of Lincolnshire Care Association, who introduced us to topics such as the Winter Plan and the impact of COVID-19. At the Berkshire, Buckinghamshire and Oxfordshire conference, representatives from the three associations opened with an impassioned insight into their experiences of working in the sector during COVID-19.

A plethora of expert speakers imparted their knowledge to delegates throughout both conferences. The likes of Liz Jones, Policy Director at National Care Forum, looked at what providers can do to help the adult social care sector develop moving forward, while John Kennedy, an Independent Consultant, offered his in-depth and insightful thoughts concerning how social care can lead the integration agenda. Professor Martin Green OBE from Care England, Sharon Aldridge-Bent from Queen's Nursing Institute and Neil Eastwood, author of Saving Social Care all spoke on their specialist areas of expertise.

Each speaker delved deep into to the issues facing senior managers now, namely, the challenges the social care sector has come up against whilst combatting the effects of COVID-19. The collective understanding of the speakers left the events' attendees armed with the knowledge they need to keep going until the immediate pressures have passed.

Both conferences benefitted from Zoom's Q&A function which allowed participants to submit their questions that were then put forward to speakers. The virtual conferences were both held for free, encouraging those in attendance to make the most of their opportunity to tap into the extensive subject knowledge of the speakers.

A series of useful workshops unpacked the important topics that everyone wanted detail on, tackling the new Liberty Protection Safeguards, how to get the best out of their Care Quality Commission inspections, how artificial intelligence could begin to affect business, and working towards Outstanding.

Each day's closing remarks took the opportunity to reflect upon the wealth of content delivered by each day's speakers, cherry-picking the moments of knowledge shared that would be taken away and implemented in everyday practices.

CMM would like to thank the sponsors and exhibitors who helped to make these events possible and free for delegates to attend. **CMM**

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STRAIGHT TALK

David Pearson CBE shares the decisions behind the recommendations in the Adult Social Care COVID-19 Taskforce report.

This pandemic has been a testing time for everyone, no more so than for those working in social care and health services.

One of the reasons I agreed to chair the COVID-19 Social Care Support Taskforce was the opportunity to put in place effective measures to build resilience in the care sector. This was about enhancing protection for users of care services and the workforce.

At the same time, it was important to me and my taskforce colleagues that we make sure residents, staff, families and loved ones remain connected to the wider services they need to maintain good health and wellbeing. Our goal, therefore, was to deliver support, guidance and clarity to the sector at a time of unprecedented system pressure.

The taskforce consisted of leaders from across government and the sector, people with lived experience and representatives from many organisations and specialisms that collectively deliver social care services in this country.

In a year when we have mourned the tragic loss of friends, family members and colleagues, we have also witnessed remarkable efforts by individuals, teams and organisations to provide safe, compassionate, high-quality care.

That's why our recently published report, though providing many recommendations for local authorities, commissioners and care providers, is dedicated to the care workforce and the people they strive so hard to keep safe and well.

Now that those recommendations have also helped to shape the Department of Health and Social Care's COVID-19 Winter Plan, I believe we are in a better place to face the challenges posed by the virus.

As that plan is implemented, I'm confident we will gain an even tighter grip on all the things we know make a difference when applied consistently across the country. That said, this can only be achieved through the continued combined efforts of health and care services, national government and local leaders.

The challenges remain significant of course. There are approximately 1.5 million people working in social care, providing care and support in around 38,000 settings. Even in normal circumstances, keeping people safe, healthy and enjoying the best quality of life possible is a major and complex undertaking.

It will surprise no one with a care background that finding ways to improve personal protective equipment (PPE) provision was high on our list of recommendations. On that note, I am very pleased to see the Government publish a dedicated PPE strategy and ramp up access to masks, gowns, gloves and other vital equipment, free of charge, to care providers via the PPE portal.

Our report also tasks the Government and its sector partners to maintain the focus on the supply and administration of all care home testing. Regular testing is fundamental to effective infection prevention and essential to peace of mind for care staff, residents and the wider community.

In part as a result of our work, care professionals are already receiving the benefit of reinforced guidance on infection prevention control, updated visiting protocols and enhanced social distancing measures in the workplace.

Meanwhile, staff who find themselves self-isolating because of suspected or actual infection have the added reassurance their salaries will continue to be paid in full while they are off work.

It's also a sad fact of this pandemic that persistent health inequalities in our communities have been highlighted as never before.

As many of us are now aware, black and minority ethnic (BAME) communities have been disproportionately affected by the virus, with many lives lost on both the workforce and community sides.

Our BAME advisory group, one of eight groups established to focus on particular aspects of the pandemic, submitted recommendations to mitigate this imbalance and help save more lives.

This includes providing more support for BAME frontline workers, such as workplace risk assessments that take proper account of ethnic background and, more broadly, making sure a more culturally sensitive approach is taken to developing and sharing best practice across the sector.

Needless to say, we will only succeed in defeating coronavirus if we find solutions that meet the health and wellbeing needs of everyone in this country. The virus may discriminate in terms of high-risk groups, but that doesn't mean we should.

We cannot be sure what the future holds, but we must be fully prepared for the virus' likely longevity. It requires another huge collective effort from everyone to implement the Winter Plan on a daily basis and follow all recommended guidance.

I believe the work of the taskforce, the roadmap set out in the Winter Plan and our commitment to supporting the care workforce, provides the means for us to meet the many challenges still to come. **CMM**

David Pearson CBE is Chair of the Adult Social Care COVID-19 Taskforce. Twitter: **@25DavidPearson**

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NCF Hubble Project - Digital Innovation Hubs

NCF's Digital Innovation project has opened up more spaces for October and November but they are going fast!

The Hubble project offers decision makers in the care sector the opportunity to learn how other providers have introduced, used and evaluated digital technology to improve care. We have partnered with Parkhaven Trust, Elizabeth Finn Homes and Johnnie Johnson Housing to host a series of webinars which cover a wide range of technology including: integrated electronic care planning and eMAR, acoustic monitoring, circadian lighting, sensor technology and telecare. Virtual visitors will also have access to a visitor pack to support building a business case, getting buy in, and implementation. The featured tech suppliers are also offering participants a time-limited reduction on their prices.

Due to the nature of the funding from NHS Digital, this project is open to the entire social care sector. Please take a look at the ***NCF*** website for full details on the Hubble project.

You can access the request a place booking form for each of the innovation hubs using the links* below:

- Parkhaven Trust - ***The Beeches Innovation Hub***
- Elizabeth Finn Homes – ***Rashwood Innovation Hub***
- Johnnie Johnson Housing – ***Spey House Innovation Hub***

* Please note the Eventbrite links are a request for a place only. Due to the nature of the funding from NHS Digital, places are reserved for decision makers across social care to support digital. NCF will confirm a place once we have reviewed all those who have signed up and once an initial benchmark survey has been completed.

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We are now raising funds for our new Mental Health Grants appeal.

Research shows that the mental health of care and support workers was suffering before the coronavirus existed. Since then, social care workers have experienced challenges that most of us cannot even imagine. The toll on mental health is massive.

THIS IS WHY THE CARE WORKERS' CHARITY IS WORKING ON CREATING A MENTAL HEALTH GRANT STREAM AND WE NEED YOUR HELP TO RAISE FUNDS FOR IT.

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