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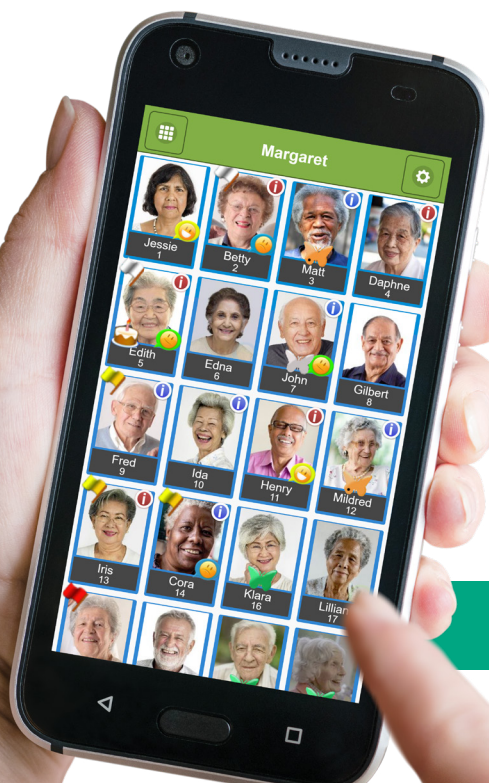
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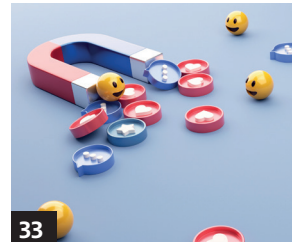


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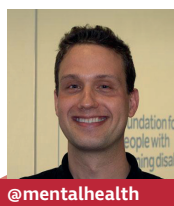


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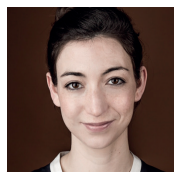
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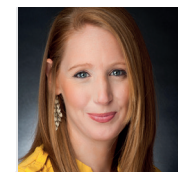
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SOCIAL CARE INSIGHTS

From Simon Bottery



Simon Bottery looks at the Government's social care funding reforms and asks, are they as good as they seem?

In psychology, 'anchoring' is the human tendency for decisions to be influenced by a particular reference point or 'anchor'. See an item of clothing on sale for £20, reduced from £40, and you'll think you're getting a bargain: the full price acts as the reference point (even if the item is, in itself, worth only a tenner).

When looking at Government's social care funding reform in England, what's the right 'anchor' to have in mind? The Government would like people to have the current system as its reference point because the reform proposals are an improvement on it. They involve two essential elements: a more generous means test and a cap on care

costs. The means test reforms will increase the lower capital threshold to £20,000 and the upper one to £100,000 and, as a result from 2023-24, another 40,000-50,000 people will be receiving some amount of public support with their care costs at any one time.

The cap element of the reform will limit an individual's lifetime care costs to £86,000 (there is, admittedly, a lot of fine print beneath that statement that we don't have space for here), though they will still need to pay living expenses if living in a care home – a Daily Living Cost – of £200 a week. The Government estimates that within 10 years, around 70,000 people will gain financially

from this cap.

But what if your reference point – your 'anchor' – is not the current system but the Dilnot Commission and subsequent measures in the 2014 Care Act, which were based on Dilnot recommendations but never implemented? The House of Commons Treasury Committee put out its own assessment of the reforms in January.

When you compare them to the Dilnot Commission/Care Act proposals, it says, they are more generous in some ways (the Daily Living Cost is better, for one) but far less generous in others: the level of the cap is higher than the level proposed by Dilnot, the £100k upper threshold is lower

than it would have been if inflation was fully taken into account, and – a critical technicality – the local authority contribution towards care costs will no longer count towards the £86,000 figure. The effect of this (documented in detail by the Institute for Fiscal Studies) is that people with assets between £20,000 and £106,000 will pay far more towards their care than they would have done under the Dilnot proposals.

This, says the Committee in very Parliamentary language, is 'regrettable'. Many people, including The King's Fund, think the same, and want the change reversed.

Of course, much of this detail goes over people's heads (which is what you'd expect from a cap, after all). Most people won't read the Government's impact assessment or the Treasury Committee report. Their reference point is more likely to be a general sense of a social care system that allows themselves or the people they love to maintain a decent quality of life and which doesn't personally cost them a fortune. We know that the Government's reforms, however generous they end up being, are at best only a first step towards that system, and that basic problems like funding and staffing are still not resolved. That helps explain why in a recent poll only 7% of people thought the Government had the right policy on adult social care.

So how good are the Government's funding reforms? It depends heavily on your reference point.

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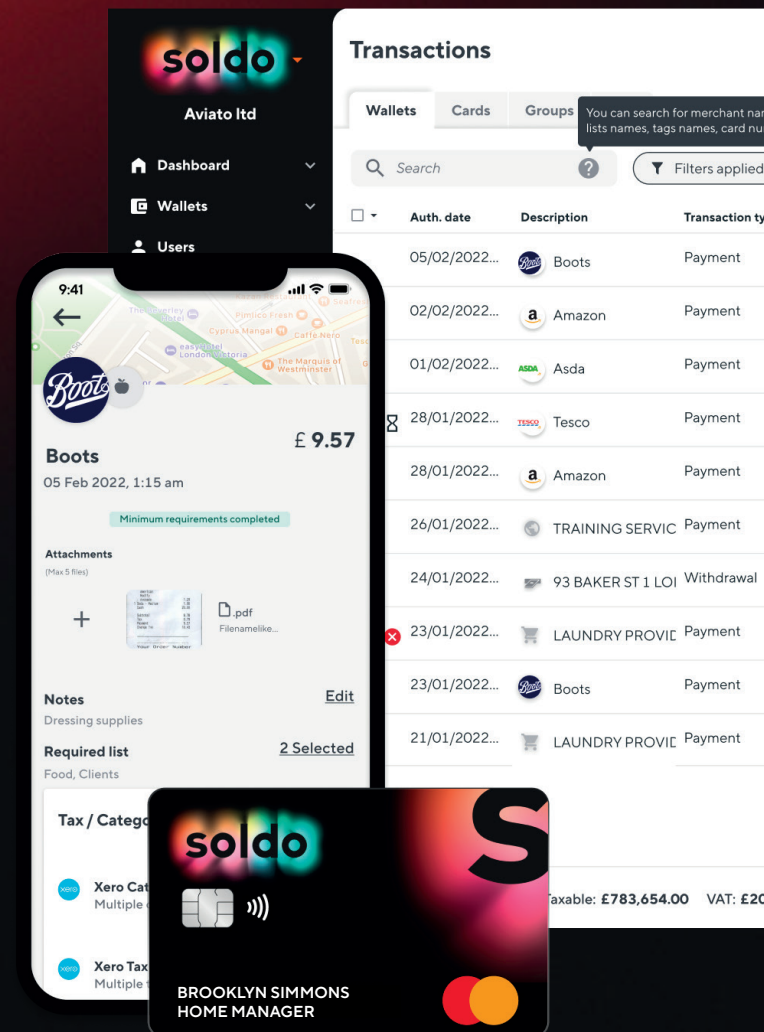
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Essential to the work we do across CQC is exploring ways of communicating with people who access health and social care services, as well as their relatives and carers. To do this well we need to think about how we can reach as many people as possible, not just those who find it easy to talk about their care.

Since last spring we've been training and supporting CQC inspectors to use talking mats, which is an interactive symbols tool we use to help meet people's communication needs. It can be used to support anyone who may have difficulties communicating their experiences of care. This includes people who live with dementia, people who have had a brain injury, people who have a learning disability, deaf people, people who do not have English as their first language and people with mental health conditions.

It's really helped us to find out what some people think about their care, particularly those who wouldn't normally be able to talk to us. In fact, some care providers have been so impressed with what people have been able to tell us, they will be training their staff to use it. Successful communication is about finding the best way for each person; we encourage all care providers and teams to adopt a range of methods to support people who access care, and their relatives and carers to talk about and take part in shaping the support they need.

BECAUSE WE ALL CARE

One of the ways we reach out to people is through our Because We All Care campaign, which we relaunched in January. The campaign encourages people to give feedback on their experiences of health and social care.

"We're also looking for case studies from providers and your teams about how you've worked with people, listened to their feedback and applied lessons learned."

We'd like providers to support Because We All Care. Our stakeholder toolkit has key messages and assets including an animation, social media graphics and suggested posts

Inside CQC

DEBBIE IVANOVA

Debbie Ivanova, Deputy Chief Inspector of Adult Social Care, shares the ways the regulator is changing how it communicates, and discusses its commitment to improving supported living.



to help highlight and support how people can feed back experiences of care to you and us. We're also looking for case studies from providers and your teams about how you've worked with people, listened to their feedback and applied lessons learned. Contact us on engagementandinvolvement@cqc.org.uk with your examples.

SUPPORTED LIVING IMPROVEMENT COALITION

We have become increasingly concerned about the variation in people's experience of supported living services. We've heard from people who've accessed supported living services that are restricted in the choices they can make, either with where they live or the care that is available for them. We are committed to seeing improvements in the quality of care in supported living across the country, supporting providers to meet the standards described in Right Support, Right Care, Right Culture.

Fundamental to the work we are doing to improve the regulation of services for people with a learning disability and autistic people is a focus on what it means to be a citizen and

how we must be ambitious for people receiving care and support so they have more choice, independence and control over their lives and the care they receive.

With this ambition in mind we have convened a Supported Living Improvement Coalition, led by people with lived experience, their relatives and carers. The group is structured in this way so people can tell their stories to a range of stakeholders who can work with them to identify, resolve and embed the improvements that are needed. The coalition has representatives from advocacy groups, care providers, Clinical Commissioning Groups, local authorities, and housing developers. With leadership and support from across social care together we can drive the improvements needed to change outcomes for people with a learning disability and autistic people accessing supported living.

We would like more people with lived experience to join the Supported Living Improvement Coalition. If you would like to join the group or have consent from someone who has experience of supported living to advocate on their behalf, we want to hear from you. Contact CQC by email on SupportedLivingImprovementCoalition@cqc.org.uk.

Debbie Ivanova is Deputy Chief Inspector of Adult Social Care at the Care Quality Commission. Share your thoughts and views on Debbie's column on the CMM website. Visit www.caremanagementmatters.co.uk Twitter: @CQCProf

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*Source: Inactivation of aerosolised viruses: MS2 bacteriophage
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NEWS

Mandatory vaccination policy to be revoked

The Health and Social Care Secretary has announced that mandatory vaccination as a condition of deployment for health and social care staff is set to be revoked.

These changes will be subject to a period of public consultation and parliamentary approval and will require a change to the regulations already laid.

The Government has previously said that it keeps all COVID-19 measures under review. While the legal requirement on deployment is set to be revoked, the Government has said that

those working in health and social care still have a professional duty to get vaccinated.

After the consultation on vaccines as a condition of deployment was launched and regulations laid, uptake among care home staff rose from 77% to 94.5%.

Professor Martin Green OBE, Chief Executive of Care England, said, 'This policy was imposed upon the care home sector without due consideration or support. Sadly, it has had unintended consequences with staff leaving the sector, some

to the NHS, thus exacerbating the pre-existing recruitment and retention challenges leading to disruption to the delivery of health and care services.'

'The Government's u-turn on mandatory vaccinations is a joke,' said Neil Russell, chair of PJ Care. 'The residential care sector warned the Government what would happen if they tried to impose mandatory vaccinations on NHS staff after what happened in social care: we lost so many staff in November because of the mandatory vaccine, and it was obvious that

this scenario would be repeated in the NHS.'

The National Care Association has reported that the sector has lost about 40,000 staff.

Kari Gerstheimer, Chief Executive and Founder of Access Social Care, said, 'The Government ignored the warning signs from the care sector about how the mandate would deepen the staffing crisis in November and ploughed ahead with the policy. Social care has been used as the trial run for the NHS. Social care staffing must be treated as seriously as NHS staffing.'

Care home visiting restrictions eased

There is currently no limit on the number of visitors allowed into care homes, self-isolation periods have been cut and care homes must only follow outbreak management rules for 14 rather than 28 days.

As of 16th February, care workers must use LFD tests before their shifts, replacing the previous system which included the use of weekly asymptomatic PCR tests.

Government reports that the safety of care home residents will continue to be its priority, explaining that the new measures will ensure there are still robust protections in place to protect them while case rates in the community remain high.

Essential caregivers should

continue to be able to visit inside a care home even during periods of outbreak affecting a care home.

The Relatives & Residents' Association (R&RA) has been calling on Government for months to overhaul its visiting guidance, to place the rights of people using care at its heart. Whilst the charity welcomes the positive steps taken in this new guidance – such as lifting restrictions on the number of visitors – R&RA has reiterated its call for a fresh approach and says Government guidance should show leadership by starting from the position that care homes are people's homes, and people living in care have the same rights as the rest of the country including to family life, liberty and autonomy.

The newly updated guidance on visiting in care homes outlines that a quarantine period is still required after emergency hospital stays – R&RA said this blanket rule, only applying to those living in care settings, is 'unfair, discriminatory and deeply damaging to older people's wellbeing'.

Helen Wildbore, Director of R&RA, said in relation to care home visiting guidance, 'The Government must now show leadership to end the sustained attack on older people's human rights. Work must begin immediately to overhaul the visiting guidance, putting the rights of people living in care at its heart before it is too late for too many more.'

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Contribution of registered nurses

NIHR and King's College London have published a report exploring the role and contribution of registered nurses (RNs) in the UK.

The report was commissioned by Deborah Sturdy OBE, the Department of Health and Social Care's Chief Nurse for Adult Social Care.

Researchers found evidence that higher nursing staffing levels in care homes are associated with better outcomes for residents (there is a lack evidence about other

care services). They argue that employers and policy makers should further support RNs working in the adult social care sector, and find out why they work in social care and what their vision for adult social care might be. While most RNs in social care are employed in care homes, others provide expert care for other groups and in settings such as day services, homecare and housing support.

The vacancy rate for RNs in adult social care has more than doubled,

while the overall number of social care jobs is increasing. Sustained high vacancy rates and turnover disrupt continuity and quality of care with providers incurring regular recruitment and induction costs. Skills for Care (2020) reported the average vacancy rate for RNs as 12.3% for 2019/2020.

The report also highlighted that, 'Gender is rarely considered yet work-life balance may be affected by caring responsibilities taken on by women; ethnicity and

migration are often occluded and there appear few intra-social care provider comparisons, for example, comparing client groups (older and younger care users) or care home cultures.'

Missing too are studies of RNs working in other parts of UK adult social care. While 85% are estimated to be working in care homes with nursing, the other 15% are very often overlooked.

Visit the King's College London website to read the report in full.

Social care cap amendment proposed

Government is proposing an amendment to the new £86,000 cap that people will have to pay towards their own social care costs. The change means that receipt of means-tested support to pay for care will not count towards the cap.

A joint Institute for Fiscal Studies (IFS) and Health Foundation report, funded by the Health Foundation, finds that the proposed Government amendment would most strongly impact on those older people with modest levels of wealth. Those with wealth,

including their home, of around £75,000 to £150,000 would face the biggest loss of protection as a result of the amendment. The result is that someone with around £110,000 in assets could lose 78% of their total wealth even after the cap is in place, while someone with £500,000 could use up to 17%.

Given that levels of wealth vary substantially across England, those in the North East, Yorkshire and the Midlands, where wealth tends to be lower, would see the biggest erosion of their protection against large care

costs, as a result of the proposed amendment, the report outlines.

Key findings from the report include:

- Those with moderate income or assets, and who receive means-tested support to help them with care costs, would have to contribute to their own care costs for longer.
- Those experiencing costly care journeys, and who would be eligible for means-tested support, would make contributions for longer and spend more on their care.

- These effects would impact most strongly on those in the second quintile of the wealth distribution.

The report continues to state that Government's proposed amendment would not substantially change the number of people at risk of having to use their housing wealth to pay for a long period of residential care, since most who would receive means-tested support and have some housing wealth would have to draw on it even under the system without the amendment.

Councils given spending boost

Councils in England will be given a spending boost of £54.1bn for the coming financial year, including more than £1bn extra for social care.

The £1bn for social care comes from an additional £636m for the

Social Care Grant, an inflationary uplift to the improved Better Care Fund worth £63m and a 1% adult social care Council Tax precept, including flexibility rolled over from last year. This is the largest

cash-terms increase in grant funding in 10 years and includes a one-off 2022/23 Services Grant worth £822m for councils to spend as they see fit on local priorities.

The spending boost given

to councils will allow them to maintain and improve the services they provide, while protecting residents from excessive Council Tax increases, according to the Levelling Up Secretary.

Extension of free PPE for adult social care sector

The Department of Health and Social Care (DHSC) has announced the extension of free PPE for the adult social care sector until 31st March 2023.

Throughout October 2021, the Government conducted a public consultation on whether to extend the central, free provision of all items of PPE provided to the health and care sector for a further year.

The main sectors responding to

the consultation were:

- Social care (37% of responses).
- Primary care (36%).
- Community health care (8%).

Overall, the consultation responses showed that the overwhelming majority of health and care providers are strongly in favour of the option to extend the provision of free PPE.

Although the proportion

of respondents not in favour of extending free PPE was meaningfully smaller (4%), 87% of wholesalers and suppliers indicated that they were not in favour of free PPE being extended.

Responding to the extension of PPE for the sector, Professor Martin Green OBE, Chief Executive of Care England, said, 'We are pleased that the Government has listened to Care England in

extending the offer of free PPE. The sector is currently contending with a multitude of issues against a backdrop of outbreaks and rising infection levels, so this represents a welcome relief and will provide a real boost for the sector as we learn to live with COVID. Most importantly, the continuation of free PPE will continue to help better protect some of society's most vulnerable.'

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NCF submits evidence to workforce inquiry

The National Care Forum (NCF) has submitted its response to the Health and Social Care Select Committee inquiry into the health and care workforce.

The inquiry is seeking evidence to ascertain the reasons behind staff leaving the health and care sectors and how to tackle them, in addition to exploring workforce recruitment and training.

Among some of the recommendations in its submission, the NCF is asking for:

- Immediate action to improve the pay and recognition of the workforce, including a loyalty bonus for current care staff.

- Better learning and development opportunities, developing clearly defined pathways and training, supported by consistent investment that will enable employers to attract and retain the right people.
- Making the Care Certificate mandatory, accredited and fully portable.
- A fully funded People Plan for Social Care.
- Joined-up approaches by ICS, LAs and CCGs and providers to the international recruitment of health and care staff now.
- Upskilling the workforce with digital skills and competencies.

- Transforming the way that future health and care professionals are trained.
- Action now on the Health and Social Care Bill to require the Government to report on workforce planning for both the health and social care workforce.

Vic Rayner OBE, Chief Executive of NCF, said, 'For months now, the National Care Forum has been warning of a staffing crisis in social care as reported by our members.'

'Providers responding to our most recent survey in January 2022 reported evidence of a

deteriorating situation, with an 18% vacancy rate and a further 14% absence because of the Omicron variant.'

She added, 'This inquiry should not focus on the NHS to the exclusion of social care – the inquiry must make space for consideration of developing the future army of care staff that the country is going to need and the understanding that these roles are skilled roles that need to be recognised, supported and developed for future need.'

'We need a system-wide approach to planning and delivering staffing levels.'

Care Workers' Charity

The Care Workers' Charity has announced that Donald Macaskill from Scottish Care will be supporting The Care Workers' Charity as its new ambassador.

Dr Donald Macaskill, Chief Executive of Scottish Care, has worked for many years in the health and social care sectors across the UK.

A particular professional focus has been around issues related to bereavement, palliative care and individual human rights.

For 13 years, he ran his own equality and human rights consultancy focusing on adult protection, risk and personalisation.



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Carers Trust report

Carers Trust has published a new report, *Pushed to the Edge: Life for unpaid carers in the UK*, which seeks to address current challenges faced by unpaid carers.

Findings from the survey suggest successive governments have failed to understand and meet the basic support needs of millions of people struggling to provide unpaid care for a family member or friend.

The survey took place between

5th and 28th November 2021 and 1,561 adult unpaid carers from across the UK responded. Only 1% of respondents felt that politicians understand unpaid carers.

Some of the other key findings in the report included:

- 91% of unpaid family carers feel ignored by the Government.
- Almost nine out of 10 (86%) unpaid carers either agree, or agree strongly, that successive governments have ignored the

needs of unpaid carers for a long time.

- 84% of survey respondents disagreed, or disagreed strongly, with the statement 'I have confidence in the Government's ability to improve the lives of unpaid carers'.
- 49% of survey respondents said they'd had to use their personal savings because of their caring role.
- 51% of survey respondents said

they'd had to give up on hobbies or personal interests because of their caring role.

The survey results also demonstrated how many unpaid carers are being driven into acute financial hardship because of their caring role, with inadequate financial support from successive governments widely cited by survey respondents in their written responses.

Impact of COVID-19 on care homes

The University of Chester is urging nurses and health and social care workers to complete a survey on the impact of COVID-19 on care homes.

The survey aims to capture the experiences of health and social care staff working in care homes over the course of the COVID-19 pandemic. It also explores the challenges faced by care home staff during the pandemic and how these

were addressed.

The University of Chester states the importance of this to identify learning to safeguard and protect older adults, nurses, and health and social care workers in the future. Findings from the survey will be used to produce a Toolkit (PROTECToolkit), which is intended to support professional staff working in care homes.

The survey, examining the impact of COVID-19 on care homes, provides a platform for the consequences for older people and staff affected to be investigated, with learning used to inform strategy and policy locally and nationally, to put systems and processes in place and offer key messages to professional and regulatory bodies.

The research is funded by the Burdett Trust for Nursing and is being led by Professor Robert McSherry, Dr Elizabeth Kumah, and Dr Jan Bailey at the Centre for Ageing and Mental Health within the University of Chester's Faculty of Health and Social Care.

For more information and to complete the survey, visit the University of Chester website.



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ADASS and CSA respond to rising fuel costs

The Association of Directors of Adult Social Services (ADASS) and the Care & Support Alliance (CSA) have responded to the anticipated impact of rising fuel costs on older people. This week, Ofgem has confirmed that the fuel price cap will rise by 54% from 1st April, which in turn will see household bills increase by at least £693 annually. Rising fuel costs have come as a result of a record rise in global gas prices over the last six months, with wholesale prices quadrupling in the last year, reports Ofgem.

Responding to growing concerns about the impact of rising fuel costs for older people, disabled people and carers, Cathie Williams, ADASS Chief Executive, and the co-Chairs of the CSA, said, 'Many people with care and support needs have already experienced an increase in household energy costs as a result of extended periods of time spent at home. For some, price increases will have been significantly higher as a result of their energy supplier going bust

and being moved to a provider of last resort on higher tariffs. We also know that it is harder for some people to navigate the complicated energy market and to shop around for cheaper deals. Yet the price increases experienced so far are relatively low compared to the price hikes everyone will face from April 1st.

'We know that a lot of older and disabled people and their family carers are amongst those in society with the lowest household income and as a result, their energy costs are a significantly higher proportion of the income. These huge price rises will leave many people, potentially already in poorer health, with the terrible decision of choosing between heating and eating. We are therefore calling for the Government to provide additional financial support to people who need care and support, and their family carers to enable them to heat their homes without having to worry about further reductions to their quality of life.'

One in five care workers wants to leave

The workforce crisis in care is threatening to drive existing workers away from the industry according to new research released by Deputy, a workforce management app.

Research found that 18% of UK care workers want to leave their jobs, with 14% hoping to switch to a new industry and 4% looking to retire or return to education.

Despite the current worker shortages across the sector, 66% of care workers say they are concerned about job security, with 19% 'very concerned'. These concerns stem from a combination of COVID-19 and the economy, with 67% of care workers citing COVID-19 as a reason for their concern and 45% citing the economy.

The findings are revealed in Deputy's global State of Shift Work report, which looks at workforce trends across the United Kingdom,

Australia and the United States.

Data in the report highlights the impact that the double-whammy of Brexit and the pandemic has had on businesses and their workers:

- 60% of the UK shift workers surveyed reported that their company had had difficulty hiring in the last 12 months.
- 48% have had to work more shifts.
- 47% have found it harder to take time off.

Workers felt that the following factors would create a more positive working environment:

- A focus on employee wellbeing (52%).
- A culture of trust, openness and compassion (47%).
- A culture of diversity, equity and inclusion (36%).
- Opportunities and investment in my personal development or growth (36%).

IN FOCUS

Integration White Paper

WHAT'S THE STORY?

Government has published a new integration white paper that it says will bring the NHS and local Government closer to improve care and value for money. The white paper outlines plans to ensure people receive the right care for them in the right place at the right time.

In addition, Government suggests that joining up services will help deliver a world-leading health and social care system working together as part of the wider reform and recovery agenda.

The integration white paper is the latest aspect of Government's vision of a reformed health and social care system. It follows the Health and Social Care Bill and the *People at the Heart of Care* white paper which set out a 10-year vision for social care funded through the Health and Care Levy, and follows the delivery plan for tackling the COVID-19 backlog of elective care. Dedicated plans to tackle health disparities are set to be published in due course.

Health and Social Care Secretary, Sajid Javid, said, 'Better integration is vital to stop people falling into the gaps between health and social care.

'Ensuring our health and care systems work in unison will mean we can support hardworking staff, provide better care to patients and deliver value for the taxpayer.'

WHAT DOES THE SECTOR SAY?

In response to the integration white paper, Councillor

Martin Tett, Adult Social Care Spokesperson for the County Councils Network, said, '[The] white paper is another important step on the integration journey that county authorities and their health partners have been on for a number of years. The flexibility for local authorities and the NHS to share budgets is welcome, as is an aspiration to use data more effectively.

'Whilst further funding will be needed to maximise the success of these proposals... this is a white paper that recognises county authorities' role in shaping their local health systems. We must now be given the tools to make this a reality.'

Kathryn Smith, Chief Executive at the Social Care Institute for Excellence (SCIE), said, 'The true test of integrated care is whether the changes to local services make a tangible difference to people's care experiences... Whilst shared care records will enable the joined-up care people expect, better data does not on its own lead to better outcomes or experiences. A culture change in how care is organised, financed and delivered is just as important.

'The Government's white paper for the integration of health and social care is the right way forward, but realising the ambition requires long-term commitment and investment. Integration will not resolve the urgent issues of stabilising the social care system or tackling the backlog of NHS demand.'

Housing-with-care taskforce launches

The Government has announced a cross-department taskforce on housing for older people, including a strong focus on housing with care.

The taskforce has been described as an 'exciting new dawn' for the UK by Baroness Sally Greengross OBE.

The call for a taskforce was first launched by Associated Retirement Community Operators (ARCO) in February 2020, who highlighted the urgent need for legislation and regulation so the UK could move beyond the 70,000 housing with

care units currently built, which provide a home for just 0.6% of over-65s compared to 5-6% in New Zealand, Australia and the US.

Michael Voges, Executive Director of ARCO, said, 'We're delighted that the Government has listened to the calls of older people and campaigners and is making this game-changing commitment to level-up housing and care for older people. This taskforce has the potential to benefit hundreds of thousands of older people around the country and to put

rocket-boosters on the growth of integrated retirement communities.

The taskforce will bring different Government departments together and needs to create the policy framework for the sector to flourish – something that will make a huge difference to the lives of older people. We're looking forward to playing our part to help the taskforce have maximum impact.'

Jane Ashcroft CBE, Chief Executive of Anchor, Vice Chair of ARCO, said, 'The COVID-19 pandemic has shone a light on the ways in

which we look after older people in this country, and the need to radically shift our priorities towards prevention and healthy living.

'Integrated retirement communities enhance the health, wellbeing and social connection of older people, reducing their time spent in GP surgeries, hospitals and care homes, and bringing greater happiness and independence to their lives.

'The announcement of a cross-Government taskforce is therefore extremely welcome.'

CQC publishes new research on social care challenges

New research from the Care Quality Commission (CQC) carries a stark message on the challenges faced by health and social care services in England and has highlighted the importance of feedback for improving care.

CQC's research uncovered the impact of lockdown measures on the wellbeing of people who use care services. Nearly three quarters of carers (73%) say that COVID-19 lockdown restrictions have had an impact on the mental health

of the person they care for. Over half (56%) of carers say that the COVID-19 lockdown restrictions have had an impact on the dignity and independence of the person they care for.

This is reflected in concerns CQC has received from loved ones, stakeholders and people who use care services about the impact of isolation and restrictions on visiting.

Kate Terroni, Chief Inspector of Adult Social Care at CQC said, 'This

important new research from CQC underlines the stark challenges faced by people in health and social care. The recent pressures on services, the emergence of the Omicron variant and the impact this is having on the availability of workforce – a workforce that CQC reported to be exhausted and depleted in our State of Care report in October, continue to impact on the availability and quality of care people receive.

'Yet our research also shows

the power and value that giving feedback on care can have. Over half (55%) of those who have provided positive feedback felt better as a result, and eight in 10 staff value feedback from people and their carers. We use feedback to inform our regulatory action, conducting 10,000 inspections since the pandemic began to ensure people are receiving high-quality care. We could not do this without the concerns people raise.'

National mental health campaign launches

The NHS has launched a new landmark campaign to get the nation taking better care of their mental health.

Since the start of the pandemic, 2.3 million people have come forward for NHS talking therapies, but with new figures out today showing that over 50% of people were concerned about their mental health last year – and around half also experiencing stress, anxiety, low mood or depression, and the majority not seeking professional

help – many more could benefit.

The NHS is encouraging anybody experiencing anxiety, depression or other common mental health concerns to come forward and see how talking therapies can help them.

Dr Adrian James, President of the Royal College of Psychiatrists, said, 'The pandemic has affected so many of our lives and has led to many more people needing support for their mental health. Anyone from any background can

experience anxiety and depression and it's important that people with these symptoms come forward to seek help.

'This campaign is vitally important and will help even more people get the mental health support they need from our fantastic NHS services.'

Caroline Abrahams, Age UK's Charity Director, said, 'This campaign could not be coming at a better time. The mental health of many older people

has taken a real battering during the pandemic and we hope that this new initiative will encourage everyone who could do with some support to reach out and ask for it. "A problem shared is a problem halved" as they say – it's good to talk and there's no reason for anyone to feel embarrassed or ashamed because they are feeling very low. We've all been through a lot these last 20 months, many older people more than most.'

New Care starts work on Bolton site

Work has begun on a state-of-the-art care facility on the site of the former Egerton Hotel on Blackburn Road in Egerton, Bolton.

New Care will transform the derelict site into a 64-bed 'new generation' care home which will create approximately 100 local jobs and will welcome

its first residents in September 2023.

The privately funded care centre will be arranged over three floors and will feature

fully furnished bedrooms with en-suite wet rooms, communal lounges and dining rooms, and spa-assisted bathrooms as well as a hair salon and nail bar.

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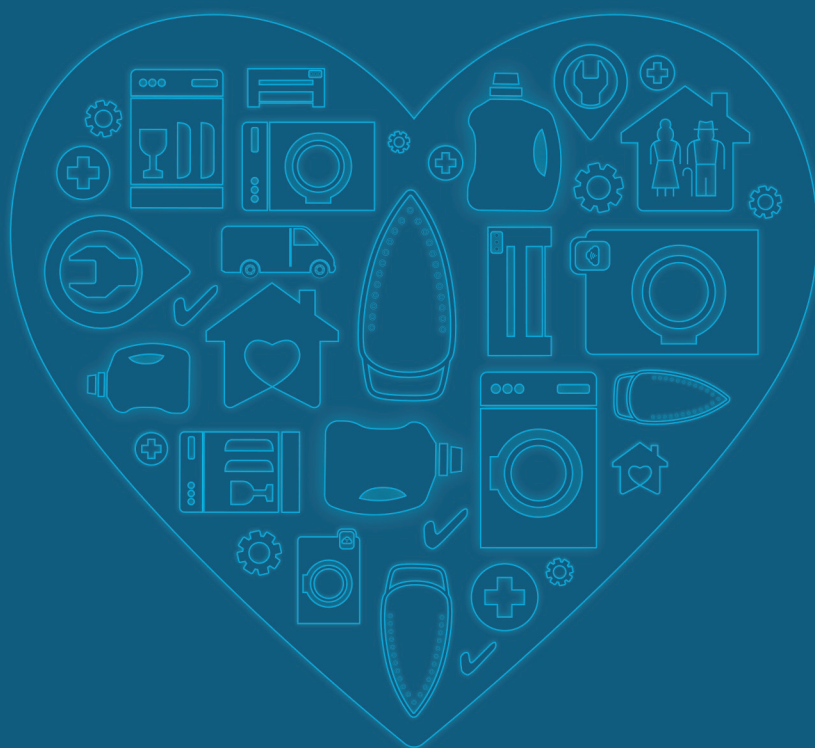
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Care England response on market sustainability

Care England has responded to the Government's proposals to ensure market sustainability and a fair cost of care, outlining key issues, questions and concerns. Care England's detailed document is in response to the key issues raised by the Charging Reform and Fair Rate for Care proposals and the associated Social Care Charging Reform Impact Assessment.

The document is said to help guide officials as Build Back Better is established and Parliamentarians as the Health and Care Bill makes its way through Parliament. The key asks from Government include:

- To engage with Care England and its members immediately.
- To define the guidance given to

local authorities in order to ensure a level of consistency rather than individually interpreted local authority approaches to Market Sustainability.

- A national standard for provider cost collection and to support the LGA/ADASS approach, to devise a cost collection template for its local authority members, which Care England can help shape and support.
- A commitment that, post the trailblazer findings, funds will be provisioned to support rollout nationally and that funding will not be restricted to their admittedly many hypotheticals, which established the funding to be made available upon which

everything is based.

- Funding for providers to implement the fair cost of care and the care cap as was afforded to local authorities; the Government states that the Care Cap is predicated by the Fair Cost of Care, and that it cannot be implemented without support and commitment of providers, and as such, they need to be part of the process from the outset and funded appropriately in order to ensure success.

Care England is encouraging Government to set out a specific plan outlining when adult social care providers will be engaged through this exercise.

Signature Senior Lifestyle

Farrans Construction has completed a complex restoration project at Hendon Hall Care Home for client Signature Senior Lifestyle.

Designed by PRP Architects, Signature at Hendon Hall in North West London offers 102 apartments from studios to large one-bedroom apartments, with a variety of layouts, aspects and views.

There is also a dementia care complex with 24 apartments, all designed in line with the Gold Standard Framework from Stirling University, which is specifically for those living with memory loss.

The unveiling ceremony was attended by The Worshipful Mayor of the London Borough of Barnet, Councillor Alison Cornelius and Stuart Edwards, the son of local RAF Veteran Martin Edwards, who jointly cut the ribbon.

Eden Futures

New specialist independent living accommodation for adults with learning disabilities, autism or complex care needs has opened in

Chesterfield. Based in Brampton, the 12-bed supported living service has welcomed its first person who moved into one of the site's

specialist bungalows.

Eden Futures has been appointed to deliver the care and support packages for the people living there.

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Increased pressures faced by care sector raise concern

A new survey published by the National Care Forum (NCF) reveals that the impact of the Omicron variant and the limitations of Government support on the front line, are mounting the pressure faced by the social care sector.

Those working on the front line describe the situation today as 'grim, difficult and relentless.' NCF says it's imperative that policy makers properly understand and appreciate the essential part social care contributes, alleviating the many pressures in communities, including those experienced by the NHS and, most importantly, the people who need care and support.

The survey was conducted over a five-day period between 5th-10th January 2022. Collated responses were drawn from non-for-profit organisations who support over 130,000 people, operate approximately

5,250 services and employ approximately 98,000 staff.

Some of the key survey findings include:

- 66% of the homecare providers responding are now having to refuse new requests for home care and 43% of providers of care homes are closing to new admissions.
- 21% of providers of home care are handing back existing care packages.
- Providers responding reported 18% vacancy rate and 14% absence as a result of the Omicron variant.
- Front-line staff are giving it their all by picking up extra shifts; non-care staff are being redeployed from other areas of the organisation to deliver care and support. In addition, providers are having to be much more reliant on agency staff, with a high associated cost, with

some members being quoted hourly rates of over £30 for front-line staff, and up to £50 an hour for nurses.

- There are extensive delays to PCR results and insufficient access to lateral flow tests, which are increasingly exacerbating staff shortages.

Vic Rayner OBE, CEO of the NCF, said, 'It is unacceptable that yet again, nearly two years on from the start of the pandemic, we continue to see enormous pressures in the care and support sector, this time compounded by the impact of Omicron.

'Staff shortages are excessively high and everything must be done to support providers to operate safe and quality services, so that people have access to the care and support they need, when they need it.'

The Belmont Care Home

The team at The Belmont was delighted to meet their first resident, as the home finally opened its doors to the community.

The home features a cinema room, spa suite, hairdressing salon, cocktail bar, exquisite lounges, library, private dining and bistro restaurants, set over three floors.

The Belmont is a foundation partner for the Worcester Warriors Community Foundation, to further support those in the community living with dementia and to host future dementia café events. The team has also connected with the local school on a number of occasions, including hosting a magical Santa's Grotto for the pupils over the Christmas period.

The home's official grand launch will take place in March, when the team will showcase the quality service they are proud to provide, present the home's facilities and meet members of their community.

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Protecting people:

THE CASE FOR REFORMING SAFEGUARDING

How much progress has been made in relation to safeguarding laws and policy for older people in care? Neil Grant of Gordons Partnership Solicitors makes the case for reform.



The safeguarding duties on local authorities under the Care Act 2014 were never relaxed during the pandemic as they were seen as vital public functions, all the more so during a time of national emergency. However, safeguarding teams were reminded by the Government of the need to act in a proportionate manner given the pressure social care providers were under due to COVID-19.

SAFEGUARDING DATA

The most recent data on safeguarding, collected by Safeguarding Adults Collection (SAC), shows that the number of safeguarding concerns referred to local authorities in 2020/21 increased by 5% on the previous year to 498,260. Of these, 152,270 proceeded to a section 42 enquiry under the Care Act, representing a decrease of 6% on the previous year.

It is perhaps surprising that the overall number of section 42 enquiries fell during the first year of the pandemic when overall numbers of safeguarding referrals increased. The SAC does not try to provide any explanation for the drop, which is hardly surprising given that it acknowledges that 'limitations remain around interpretation and usage of data due to local variation in how safeguarding is defined and reported There is a significant degree of variation between local authorities for certain measures. In many instances this variation will result from differing interpretations of the Care Act (2014) and different practices by local authorities, rather than from poor data quality per se.'

THE CARE ACT

Section 42 sets out the statutory duties in respect of local authority safeguarding investigations and enquiries. These have been in place since April 2015.

First, the local authority must have reasonable cause to suspect that an adult in its area:

1. Has needs for care and support (whether or not the authority is meeting any of those needs).
2. Is experiencing, or is at risk of, abuse or neglect.

3. And, as a result of those needs, is unable to protect himself or herself against the abuse or neglect or the risk of it.

The local authority should carry out initial investigations to see if these criteria are met in relation to a safeguarding referral. If criteria one and two are met but not three, then it does not need to proceed to a section 42 enquiry. It will, however, amount to a safeguarding concern for reporting purposes under the SAC. Some referrals which do not proceed to a section 42 enquiry will still be the subject of enquiry by the local authority and are categorised as 'other' by the SAC. In 2020/21 there were 16,690 'other' safeguarding enquiries, representing an increase of 7% on the previous year.

If the three criteria are present, the local authority is obliged to make whatever enquiries it thinks are necessary to decide whether any action should be taken in the adult's case and, if so, what and by whom. The local authority may investigate the matter or get another body to make enquiries such as the police or care provider.

AN OPPORTUNITY LOST

With the passage of the Care Bill, the Government had an opportunity to put in place a consistent statutory framework for how section 42 safeguarding enquiries should be conducted across the country. Clear procedural requirements and national standards could and should have been set in regulations. Instead, the Care and Support Statutory Guidance issued in respect of safeguarding adults under the Care Act simply refers to the operation of local inter-agency safeguarding policies and procedures, which was a continuation of the position that existed before April 2015.

INCONSISTENCY ACROSS THE COUNTRY

Local authorities have continued to apply their own interpretation of the legislation and statutory guidance in relation to safeguarding referrals, investigations and enquiries with the result that there is no one approach across the country. This is starkly exemplified by the different thresholds



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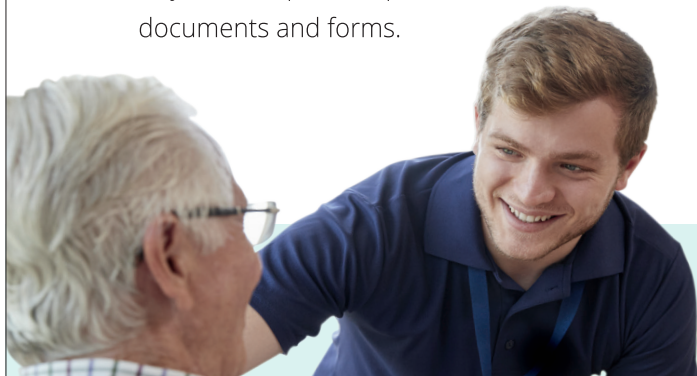
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➤ applied by local authorities in terms of what needs to be referred as a safeguarding concern. All local authorities are supposed to issue threshold guidance on what needs to be referred but many do not. The result is muddle and uncertainty. In contrast, in Wales there is an All-Wales procedure where all local authorities follow the same procedural rules and referral thresholds.

Karen Davies-Read, a Care Consultant, who until recently was the Director of Safeguarding at Sunrise Senior Living and Gracewell Healthcare, writes, 'Throughout England, local authorities have applied their own interpretation of the Care Act into local procedures and as a result there are widespread differences in terms of practice. For providers of care homes who are geographically diverse, this means that their services are required to follow differing policies and procedures depending on their local authority location. Some local authorities provide threshold guidance and others do not. From a provider's point of view, a considerable amount of consultation is necessary to establish what should be referred to their local safeguarding team. Some safeguarding teams require referrals for unwitnessed falls even when there has been no injury and irrespective of whether the individual has or does not have the capacity to explain what happened, whereas others only expect a referral where an injury has been sustained. There are also variations in terms of what is expected to be reported in relation to medication errors. Some local authorities only want referrals where there is actual harm or a risk of harm; other local authorities want all medication errors referred to them under safeguarding. There are similar differences in relation to reporting physical altercations between residents – some safeguarding teams only want referrals where there has been injury; others insist on referrals even when there has been no injury.' It is unacceptable that there is such variation in how safeguarding teams interpret what is a safeguarding concern. Urgent attention needs to be given to this problem to ensure there is consistency across England to further the protection of vulnerable adults.

The Local Government Association and the Association of Directors of Adult Social Services have attempted to address the variation across England in their publication *Making Decisions on the Duty to Carry Out Safeguarding Adults Enquiries* (August 2019). The SAC for 2020/21 refers to this framework, saying, 'It is hoped [it] will reduce local variation.' However, it is only

offering a framework. It is up to local authorities whether they implement it and follow it.

THE PANDEMIC AND SAFEGUARDING

There were delays in councils completing safeguarding enquiries during the first year of the pandemic, and an increased reliance on providers to undertake enquiries. The public function that had already been weakened by years of austerity cuts struggled to cope with the additional pressures brought about by the pandemic.

Karen Davies-Read notes, 'During the pandemic the element of collaborative working reduced in relation to safeguarding. Referrals were submitted but with little response being received. The rationale initially was that everything had slowed down due to the impact of the pandemic whilst new systems and processes were being put in place, but from March 2020 a void developed where some local authorities were unable to respond in a timely manner due to restricted manpower as a direct result of the pandemic.'

In addition, safeguarding failed to address concerns in relation to the blatant unsafe discharges of patients into care homes without prior COVID-19 testing at the beginning of the pandemic. This was not seen as a priority by safeguarding and nor were the risks of this activity given proper consideration by the NHS at that time. The entire focus was on discharging people to care homes to 'save the NHS'. As Karen Davies-Read recalls, 'Many care homes experienced the pressure of automatic discharges and the transfer of new patients without the required care assessments for planned care delivery being in place or the necessary risks being identified and reduced. During this initial period, the regulatory requirement of assessing care levels prior to admission into a care home was often ignored. This subsequently changed to internal assessments being completed by NHS staff pre-transfer. These were not always accurate and in some cases were disingenuous. Many providers refused these types of admissions in order to ensure the safety and wellbeing of their existing resident group. Some were threatened with safeguarding referrals against them (none that I am aware of came to fruition, however this was a very real threat to managers) and with being reported to the regulator. Some discharges went ahead without any pre-discussions or agreements. The tactics used were unnecessarily persecutory and underhand. Safeguarding

teams in the local authorities were not active in addressing or even considering cases such as these; often issues relating to NHS concerns were passed to NHS safeguarding teams, with no responses or outcomes received by the providers.'

Safeguarding seems to be something that is done to care providers with little sense of collaborative working. Failures by other agencies appear to be ignored, particularly when the NHS is involved. This should be an issue for the COVID-19 Public Inquiry to consider.

CONCLUSION

Currently there appears to be little accountability in relation to how local authorities carry out their safeguarding functions in England. In theory, a provider can apply to the High Court for leave to judicially review a local authority if there are procedural failings. However, that is a time-consuming and expensive exercise and, consequently, very few challenges have ever been brought. A complaint can also be lodged but the tendency is for the local authority complaint handlers to side with their own employer, unsurprisingly.

Under the Health and Social Care Bill, CQC is to assume a statutory role in overseeing how local authorities carry out their Part 1, Care Act responsibilities. Part 1 includes safeguarding adults. CQC will also be regulating Integrated Care Systems. At the end of the CQC Board meeting on 15th December 2021, Rosie Benneyworth, Chief Inspector of Primary Medical Services and Integrated Care, responded to a question from a member of the public about safeguarding by saying, 'As we develop our regulation of ICSs and Local Authority Assurance, an area of consideration will include how we could examine safeguarding.' CQC scrutiny of the current safeguarding framework would be welcome as it is not fit for purpose. A key priority for CQC should be addressing the inconsistency in how local authorities decide whether something is a safeguarding concern under the Care Act, as well as the variability in the quality and timeliness of section 42 enquiries. It is hoped that CQC's proposed statutory assurance role under the Care Act will lead to genuine change in how safeguarding is operated nationally to avoid another missed opportunity. **CMM**

The author would wish to thank Karen Davies-Read, Care Consultant, for her contribution to this article.

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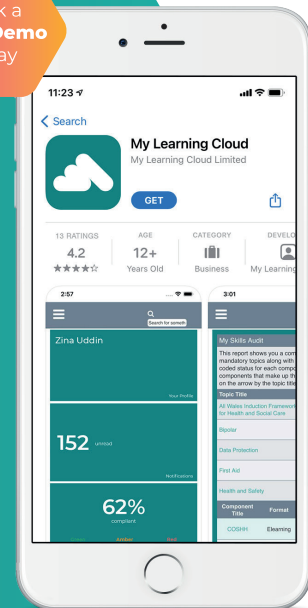
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Finding your way:

HEMECARE IN A PANDEMIC

As a result of staffing issues within homecare, many providers are finding that they are having difficult conversations to manage expectations. This is adding to the burnout and stress felt by care staff and managers in a challenging environment. Here, Joanna Grant and Lynn James, experts in the homecare industry, look at what is happening and offer tips for coping with the stress.

Clients are at the centre of all that homecare providers do. Enabling someone to stay in their own home and allowing them to have truly person-centred care is one of the most satisfying services to supply. However, the last couple of years have seen a constant flex and change in this care arena. For many homecare providers, the reality of providing care now has a whole new level of complexity never faced before and we feel the voice of homecare providers needs to be heard.

In homecare, along with many other care environments, the



> workforce has gone above and beyond throughout COVID-19, showing courage and commitment. Supplying services to enable clients to remain safe at home was a challenge met on a daily basis throughout the pandemic. In addition to the challenges, such as PPE requirements, managing staff travel and staff cohorting to minimise risk, costs have increased with little rise in income paid to providers. Therefore, many providers and staff now feel undervalued and unrecognised for the huge contribution they have made.

The current homecare position is tenuous, with demand outstripping supply. Many local authorities have long lists of clients requiring care that they cannot place with a provider, and provider services are closing because they feel they cannot meet the challenges they face.

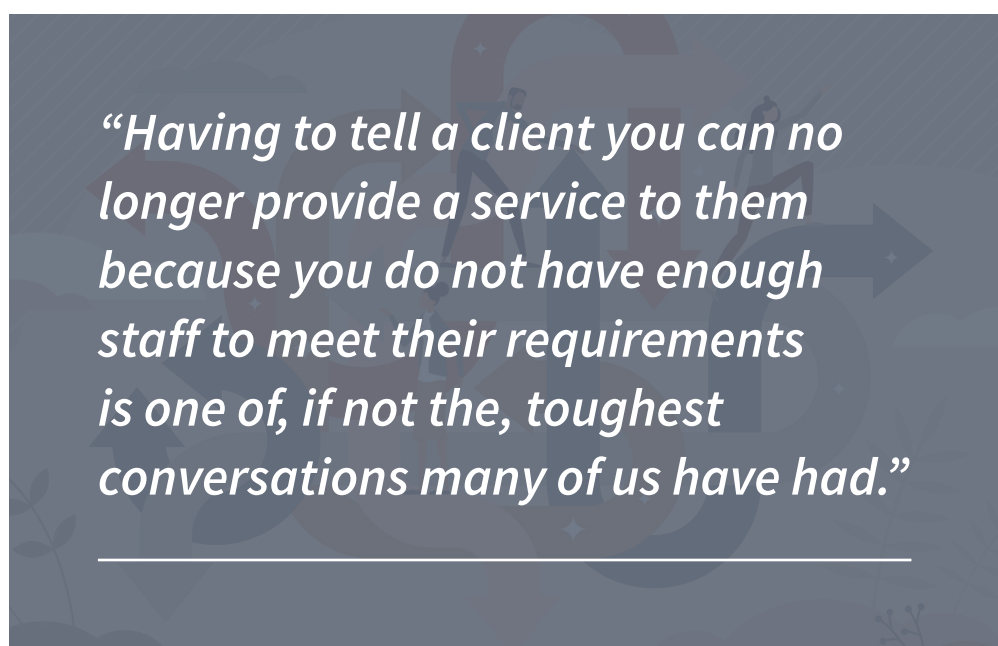
THE FUNDAMENTAL ISSUE

We are now at the stage where staff burnout is evident throughout the whole sector – with many care workers, nurses and registered managers deciding to leave care for good. The situation is concerning and, despite years of warning, the Government seems to have no concept of the fragility of the homecare market. We are aware of a few providers who have lost care workers to retail and hospitality work, because they would rather do this than continue to provide care.

Luckily, the change in vaccine guidance means that we stand a chance of retaining the 100,000 homecare workers who remain unvaccinated. However, what is more worrying is that Government had no contingency plan for the possible loss of those 100,000 staff if the vaccination as a condition of deployment (VCOD) legislation had come into force.

Unfortunately, the indecision around vaccinations has added to the already huge amount of resource, money and time being spent on a vaccine plan, contingency plans and managing the process. Providers have had to launch large recruitment drives to attract new staff, sometimes with minimal results. We are in a national staffing crisis in care, with the usual associated induction, training and support of new workers all adding to the workload.

The current system cannot carry on without correct funding and support



for the workforce. This will not be news to any homecare provider but, as time goes on, we are having to undertake more and more difficult conversations with our clients, our staff, our funders and others.

AN IMPOSSIBLE SITUATION

In amongst the general difficulties recruiting, over the last four months providers have had the added pressure of having to speak to staff who excel in their care role and explain that they will no longer have a job within care services if they do not have the COVID-19 vaccine. Many registered managers and care providers report these conversations as some of the most distressing conversations they have ever had – and they turned out to be completely unnecessary.

On top of this, registered managers are having to ask care workers to cover extra shifts due to the lack of staff. This seems to be a constant request that is stressful for both managers and care workers who want to ensure that the people they look after receive the care they need.

Where this is not possible, having to tell a client you can no longer provide a service to them because you do not have enough staff to meet their requirements is one of, if not the, toughest conversations many of us have had. Unfortunately, this is now becoming a regular conversation for

many providers. We also know that those very people we have cared for and looked after will struggle to gain further provision in the current market, which cannot be right and does not sit well with any of us.

One provider told us that they have handed back a number of care packages to their local authority, having looked after specific clients for many years. Tears were shed by those receiving the news and by those who had to give it. This is upsetting for all involved, but mostly for the clients and their families who will lose care workers who they have come to know and trust.

Not only is this difficult in terms of telling the client that you can no longer provide their care, but it also creates difficulties in relationships with the people who organise care, for example local authorities.

A lack of staff means not accepting or handing back packages to local authorities and/or CCGs to ensure a safe service. It is always an intention to provide good care to clients referred to your service and in the past accepting packages on a daily basis was common practice. However, in a time where carers are leaving and recruiting is slow as well as services struggling with the level of administration required, the acceptance of packages is now becoming a much rarer event. Providers are having to have difficult conversations with their funders about not being able to take on new

>



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> clients and sometimes about handing back clients/packages.

Some providers feel they have been put in a position where care is not optimal and potentially unsafe as they have neither the time nor the staff to provide the right level of care, which has led to the provider having to speak with the funder to say they need to hand back some care packages. These issues are only compounded by the fact that the NHS is under pressure and has fewer staff to manage the discharge and placement process. Hospital beds are at a premium but social care and Continuing Health Care referrals have been struggling to keep up with demand. People are being sent home from hospital with no care in place and the lists of required care held by some local authorities are longer than ever. Many local authorities are offering financial incentives for providers to take some of these packages and help to cover costs, but even with this in place the lists remain.

COPING STRATEGIES

In this time of challenging conversations there is a lot of strain

on our health and wellbeing. We need to ask what we are doing to help ourselves. Some of the practical advice given is as follows:

- 1. Ensure you have good professional supervision** – there are many types of supervision and it is recommended you seek different types. Management supervision should be carried out but for support there should also be peer-to-peer or non-management supervision undertaken by trained staff or an external source.
- 2. Attend network/support meetings** – this allows you to hear others' experiences and realise you are not alone. If run well, it can be positive as the group will likely share hints and tips as well as problem solve together.
- 3. Training in difficult conversations** – there are plenty of online and face-to-face training sessions on carrying out difficult conversations which would be of value to a number of people in the workforce.
- 4. Downtime** – make sure you have time when you can focus on other areas of your life such as hobbies, meeting friends and spending time with family. It is important to get a good work-life balance.

5. Self-care – in times of stress it is easy not to look after yourself. But it is more important than ever to ensure you are healthy (whatever that means to you). Try to eat well, relax regularly and take exercise when you can – perhaps try some meditation or a walk in nature.

6. Remain calm – remember the other party could be stressed too, making difficult conversations harder. It may be better to reschedule the chat for another time if needed.

7. Talk to someone when you need to – if you feel near burnout or you are not coping then it is important to talk to someone. Speak to your GP and perhaps arrange some counselling. Talk to someone you trust or contact the Samaritans on 116 123 or online at www.samaritans.org/how-we-can-help/contact-samaritan

Times are challenging within homecare and difficult conversations are likely to remain a regular occurrence for some time. However, there are some strategies we can take to help protect ourselves from burnout and stress. It is important we pay attention to these and support staff to do the same. **CMM**

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What have been your most difficult conversations as a result of the pandemic? How have you overcome the difficulties and navigated to a solution? Share your experiences and feed back on this article on the CMM website, www.caremanagementmatters.co.uk

Joanna and Lynn will be presenting a complex care workshop at the Homecare Association conference on 16th March at Kia Oval in London.





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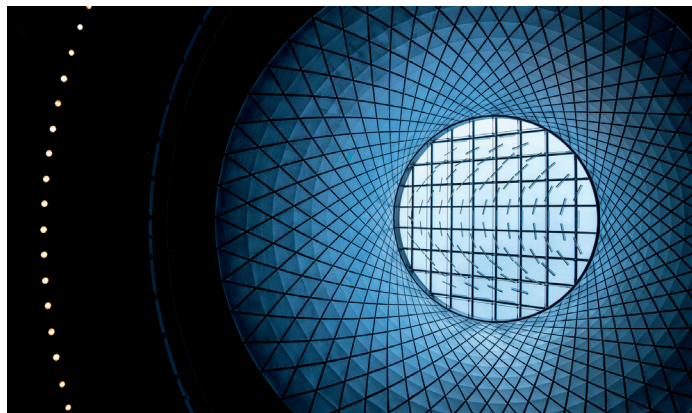
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INTO PERSPECTIVE

HOW CAN MENTAL HEALTH PROVISION BE IMPROVED FOR OLDER PEOPLE IN CARE?



The World Health Organization (WHO) stated in December 2017 that over 20% of adults aged 60 and over are living with a mental health or neurological disorder. Access to this information reflects the growing acceptance that a mental health decline is as detrimental as that of physical health in older people and has been a motivating factor for increased investment in sector mental health services. Despite this, we know that the UK has an ageing population and mental health provision must grow exponentially to match the increased demand – according to the Office for National Statistics (ONS), by mid-2045 it is expected that there will be over three million people aged 85 or over.

ALWAYS PERSON-CENTRED

Although this is a term that the sector is now inherently familiar with, the importance of person-centred care cannot be overlooked in the continued development of mental health provision for older people in care. For example, the basic acknowledgement that different people's mental health needs will be positively stimulated in different ways must remain at the fore of planning activities in care homes. The National Institute for Health and Care Excellence (NICE) argues that ensuring older people are regularly participating in meaningful activities is one of the most effective ways of promoting good mental health. Better still, older people should be encouraged to take the lead in choosing the activities they would like to do based on their own interests and life experiences. In addition, following Government's recent announcement that there are no longer any nationally set direct restrictions on visiting in care homes, friends and families of older people in care should take part in activities wherever possible to maintain key social relationships and overall wellbeing.

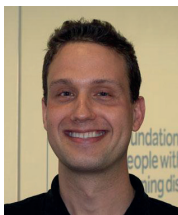
PRESERVING IDENTITY

Regarded as an extension of person-centred practice, celebrating individuality when interacting with residents is another critical avenue to be explored in the improvement of mental health provision for older people in care. Care home staff have a pivotal role to play in this aspect of service delivery and ensuring they are equipped

with strong interpersonal skills and the ability to spot the signs of deteriorating mental health should be an important part of any provider's long-term plans to improve their services. The Royal College of Nursing (RCN) is encouraging healthcare professionals and nurses to think about the language they are using to approach the topic of mental health with residents, as some older people may be put off by terms such as 'depression'. Using informal language is suggested as a more impactful tool for initiating conversations about mental health and much will be down to staff members' attitudes towards building genuine relationships with these individuals and their preferences if long-lasting improvements are to be made to service delivery.

QUASHING STIGMA

In its 2019 Policy Position Paper on Mental Health, Age UK outlines several barriers to older people seeking mental health support. The paper reports that only one third of older people say they would visit their GP if they felt depressed and less than half of older people experiencing bereavement say they would be interested in counselling. Despite society's increased awareness of mental health and its impact on older people in care as a result of the COVID-19 pandemic, there remains a stigma associated with the topic. Age UK continues by arguing that ingrained beliefs about older people, especially assumptions about older males, fuel discrimination in accessing mental health services. Destigmatising older people's mental health must dictate efforts to improve residential provision.



Focus on connections

Dr Ben Plimpton, Project Manager for Empowerment and Later Life, Mental Health Foundation

Efforts to improve mental health provision for older people in care should focus on prevention. This does not mean preventing all mental ill-health, or indeed other age-related conditions like dementia. But it does mean putting into place practices that will help to keep the greatest number as well as possible. These should aim to increase people's opportunities to engage in meaningful social connection.

Every year, the Mental Health Foundation co-ordinates Mental Health Awareness Week. The theme this year is loneliness, which is a complex issue affecting people at all stages of life. The week, which runs from 9th-15th May, aims to raise awareness of the impact of loneliness on our mental wellbeing and the practical steps we can take to address it.

The later life programmes that we develop at the foundation are based around peer-support groups. They are designed to foster social connection for the benefit of mental health. Making more such groups available to people in care will give them opportunities to connect with neighbours, making new relationships and deepening existing ones. The content of

these groups should be co-produced with participants, so that they reflect their interest and lived experience.

To deliver groups like these in residential settings requires resources to train and support staff, and allocate their time accordingly, which has implications for how care is publicly funded and commissioned.

Delivery of such group sessions inside and outside of residential care settings also means addressing the digital divide, and making the devices, internet access and support available for people to get online. The Foundation is currently running a project called Picture This, which supports people in later life to get online and participate in arts-based peer groups. The aim is to support older people to improve their digital communication, their confidence and their quality of life. It has been transformative for many participants, enabling them to connect with family, friends and with each other.

These preventative measures, taken together, should form a core part of any effort to improve mental health provision for older people in care.



As ever, detail is key

Kathy Roberts, Chief Executive, Association of Mental Health Providers

The Association of Mental Health Providers, along with the vast majority of the sector, believes that mental health provision for older people in care can best be improved by addressing the two major crises of funding and workforce.

The mental health social care sector is in the midst of a workforce crisis, with regular reports of the need for urgent funding to meet the overall rise in wages, to retain skilled staff and to continue to deliver services safely.

The white papers, *People at the Heart of Care: Adult Social Care Reform White Paper*, and the recent *Health and Social Care Integration: Joining up care for people, places and populations* are both steps in the right direction.

Together they highlight the need for reform of the crucial elements for good care and support that we have long advocated for as an association – namely, choice, control, quality, accessibility and a joined-up approach which places people who use social care services at the front and centre – but as ever, detail is key.

Without detail of how such

reform will be achieved, or the funding to make those changes happen, it is far less likely that such good intentions will become reality.

So often, the topic of adult social care omits its importance to mental health and wellbeing.

Across mental health, there needs to be greater Government understanding of that importance, as well as the essential role of the workforce in achieving this, taking into consideration their extensive knowledge, skills and experience.

I recently wrote that, 'Only by working together can we truly transform and improve the health and wellbeing of our nation.'; that is as true for those in elderly care as it is for all with poor mental health.

What is needed is a collaborative approach – Government working together with voluntary, community and social enterprise (VCSE) organisations – to shape and reshape planned reform, to help those working in the area of elderly mental health care and to enable those most in need to lead fulfilling lives.

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USING SOCIAL MEDIA



to create a positive perception
of social care



We all have things we don't agree with or that we think could be done better to improve the service and/or sector that we work in. The passion for change is within us all; where we differ is in whether we allow ourselves to unleash this passion and are brave enough to stand up and talk out. However, it's not necessarily about shouting it from the rooftops or bombarding people with one constant message. You can do it more subtly.

A VOICE FOR CHANGE

Social media has given us all a voice and enables our comments and opinions to reach thousands of people. If you are new to sharing your opinions on social media and wondering how you can use your voice effectively to create positivity about social care online, then you need to think about how you want to connect with others. >

Social media platforms have been a vital source of information for providers during the pandemic, especially while awaiting the publication of guidance. Mark Topps, a Social Media and Marketing Director, outlines how social care decision makers can join the positive movement currently trending online.

> Ask yourself questions such as: do I want to use words, videos, pictures, memes, GIFs or something else? Or a combination of them all?

FIVE STEPS TO SUCCESS

Statistics from the petitions and campaigns I have published show that Facebook has the biggest engagement of all social media platforms. However, Twitter gains more attention from stakeholders/decision makers and people who share the same view, but does bring with it more negative views from trolls and members of the public than Facebook. If you are looking to reach journalists, then Twitter is probably a better platform for sharing your message, whereas Facebook allows you to join topic-specific groups and find like-minded people.



Mark Topps urges social care leaders to join him in his call to end isolation for people living in care settings.

The types of posts that create good engagement in social care are:

- Using an image that is captivating or tells the story without the need for too many words in a post, and not just an image depicting 'an older person in care'.
- Honest views on trending topics that others can relate to, as

opposed to sitting on the fence.

- Polls and asking followers to answer a question or for their opinion.
- Using Awareness Days to showcase how your organisation and/or team are embedding this into their day.
- Post at different times and use analytics to establish which posts get the most engagement.

HOW SOCIAL CARE BEGAN TRENDING

The presence of social care has grown over the last two years on social media. One of the biggest hashtags to use is #GreenHeartForSocialCare which I am proud to have co-produced during the first wave of the pandemic with my co-hosts at The Caring View and alongside the National Care Forum. The idea is for people to add a green heart next to their name on social media to show their support for front-line care staff. Another hashtag is #SparkleForSocialCare which is an initiative from Championing Social Care and designed to bring together the incredible efforts of care workers and care providers and showcase the positive side of social care. I personally tend to also use #SocialCare #Care and #CareOn.

The pandemic highlighted how under-represented social care is and how the continuous changes in guidance led to confusion and annoyance within the sector. However, this created a unified voice and encouraged joined-up working and brought people together. As we have moved into 2022, this unified voice is stronger than ever.

WORD CHOICE

It is important when we talk about social care online that we try to evoke a positive message, as all too often the language used from outside of the sector is negative. It is, however, important to portray your views and opinions as this can also help engage with the audience,

but from experience you can do this alongside putting forward how you would change something or ask for your audience/followers to offer their suggestions/feelings. You may receive a negative comment or a viewpoint you do not agree with, and it is important to weigh up whether to respond or not as often this can add fuel to the fire. Being open minded to others' views can help us to learn and shape the future of social care, but it is also worthwhile remembering that, if you do get someone who trolls your posts, you can always hit that ban button to prevent them from having access to your content.

JOIN THE COMMUNITY

During the first wave of the pandemic, I co-founded The Health and Social Care Club, which allows people to join in and engage with conversation and network in real time. The club now has a membership of just under 1,000 members and takes place on Clubhouse every Wednesday at 7pm. What is unique about Clubhouse is that it is a voice-only platform, so you can be as interactive as you want to be. We often host industry leaders and debate relevant topics within the industry, so you may want to get involved in the discussion or just sit back and listen whilst in the bath or cooking dinner.

If you want to be involved, I recommend following these organisations and community groups on social media:

- The Health and Social Care Club (www.healthandsocialcare.club).
- National Care Forum (www.nationalcareforum.org.uk).
- The Care Innovators (part of the IHSCM) (www.ihm.org.uk/special-interest-groups/social-care-innovators).
- Care England (www.careengland.org.uk).
- The Caring View YouTube Show (www.youtube.com/playlist?list=PLvEHv1UK7BLyE91k_BxjCrOsgZ8cAJRO).
- Social Care Future

(www.socialcarefuture.blog).

- Think Local Act Personal (www.thinklocalactpersonal.org.uk).

It is worth noting that some of the above may come with a cost associated to them; from experience, you do not need to pay. Follow them on Twitter, network with people within the organisations on social media (LinkedIn and Twitter) and help drive positive change for free.

A REASON FOR ACTION

Positive change does not have to come directly from you. Perhaps look at organisations or charities that share values and goals similar to yours and find out how you can support them with their mission. A small amount of your time could go a long way to supporting a small organisation to achieve big things. For example, I have long supported the National Association of Care and Support Workers to raise awareness of front-line care staff being highly skilled individuals. I have overseen the social media for the organisation for just under two years. Social media is a big part of any organisation and I feel rewarded knowing I am utilising my skills in an organisation that will benefit care and support workers and unpaid carers.

Regardless of whether you choose to raise awareness for positive change on your own, through an organisation or alongside others, it is important to remember your values and what drove you to start doing it in the first place – and to stick to these. Don't be swayed due to public pressure and remember that your views and opinions will not be the same as someone else's, so learn from others and respect their viewpoint. Finally, ignore the trolls.

I am always happy to discuss how you can kickstart positive change or if you want to network. You can find me on Twitter @_mark_topps or connect with me on LinkedIn.

CMM

Mark Topps is the Social Media and Marketing Director at NACAS (National Association of Care and Support Workers).

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Have you joined online communities in social care? Which groups are you part of and do you think social care has gained a larger online following? Visit www.caremanagementmatters.co.uk and share your feedback on this article.



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Open the door:

The importance of visiting in care homes



At the time of writing, the Government announced the easing of restrictions in care homes. However, some care operators continue to limit visitors. What's the impact for people living in care? Helen Wildbore, Director at the Relatives & Residents Association, and human rights researcher, Dr Caroline Green, outline the effects of isolation in care.



A coalition of organisations has written a joint letter to local health and care leaders calling on them to end harmful isolation and to help promote the rights of people in care. The organisations, including Care England, National Care Forum and Healthwatch England, highlighted the severe and detrimental impact of isolation on people living in care homes and the key role for local leaders in protecting rights and supporting care homes in times of COVID-19 outbreaks.

Care home residents have faced far more stringent restrictions on movement and contact and for far longer than the rest of the population. Measures put in place to keep people safe from the virus have restricted rights to family life, liberty and autonomy.

ESSENTIAL VISITING

The role of 'essential caregiver', introduced in Government guidance in March 2021, aimed to counteract some of the harm to both mental and physical wellbeing caused by isolation. Although Government guidance states that essential caregivers should be able to continue visiting during an outbreak, in practice we hear that care home managers often feel unsupported by local health leaders to maintain visiting during lockdowns.

We know many managers and their staff are working incredibly hard, in very challenging circumstances, to facilitate in-person contact with relatives and friends and are seeing improvements to residents' wellbeing as a result. Many have embraced the role of essential caregiver and seen the benefits to the home – in terms of freeing up staff time and improving morale – as a sign that things are returning to normal.

We also hear that many homes would like to open up to more visits but face a barrier from their local health protection teams or local directors of public health/social services who impose blanket restrictions and tell them to close to visitors during outbreaks. This is why we co-ordinated the joint letter calling on these local leaders to fulfil their legal duties by ensuring restrictions on contact are proportionate.

Case study

When a care home recently had two positive cases of COVID-19, their local health protection team told the manager to 'close to visitors'. The manager explained to the public health team that it wasn't necessary to close to all visitors and that essential caregivers, screened/window/pod and end of life visits should continue. This protected residents' right to family life and helped prevent isolation during the lockdown. >

> SOCIAL ISOLATION AND LONELINESS

Relatives of care home residents have continuously shared harrowing stories of their loved ones' loneliness, distress and physical deterioration over not being able to connect with their families during the COVID-19 pandemic. Relatives also report negative effects of visitor restrictions on their own mental health. Many of them were not able to support their loved ones when sick or dying and had to witness the despair without being able to comfort. Academic researchers from the United Kingdom and other countries with similar care home visiting policies have been publishing evidence that support these witness accounts. They highlight the downward spiral in the health and wellbeing of care home residents, relatives and staff.

In particular, research shows:

- Social isolation and loneliness is harmful and has increased among the care home population. Chronic social isolation and loneliness is harmful to people's health and a factor for premature death. An academic study from Ireland, for example, provides evidence that higher levels of social isolation and loneliness amongst people aged 50+ during the COVID-19 social restrictions led to a higher risk of dying from any disease. A Dutch study showed that feelings of loneliness and social isolation increased in care home residents when cut off from family members in the first lockdown. People with early-stage dementia or without any cognitive impairment were particularly aware of the restrictions. According to a study from Israel, residents felt that they had 'become prisoners of their own age' and were unfairly treated.
- People with dementia suffered disproportionately. People with dementia are one of the groups of people who were hit the hardest by COVID-19 and the accompanying restrictions. Daily routines, activities and regular social contact is important to people with dementia. A review of multiple international studies published in *The Lancet* collected evidence to show that isolation under COVID-19 rules made symptoms in people with dementia worse and made them more dependent on their carers for day-to-day activities. The study also reported that people with

dementia were more depressed or anxious without their routines. According to the Office for National Statistics, dementia remained the leading cause of death amongst English care home residents during the first and second lockdown.

- Effects of restrictions on professional care workers and relatives. The wellbeing of professional care workers and relatives in care homes also suffered under visiting restrictions. Several studies from the United Kingdom reported that care workers struggled to keep up with changing visitor guidelines. According to one article, relatives felt 'frustrated and angry' about restrictions continuing even after having been fully vaccinated.

TIPS FOR TACKLING VISITING RESTRICTIONS

Care providers tell us that meaningful in-person contact with the people most important in your life is not an optional extra; it is fundamental to good quality of life and intrinsic to basic good care.

Richard Hawes, Chief Executive of Elizabeth Finn Homes Ltd, said, 'Residents in their twilight of life care deeply about spending time with their loved ones; this is an essential part of their care and wellbeing.'

We know managers are facing barriers to making this happen, so here are some tips for overcoming some of these:

- Knowledge is power: read up on how visiting is relevant to your legal duties under the Care Quality Commission's (CQC's) Regulations, the Human Rights Act, Mental Capacity Act and other laws – see the Visiting and the Law section on the Relatives & Residents Association website.
- Individual focus: make sure your individual assessments for each resident are kept up to date. This allows you to adapt to changing needs and demonstrate you are taking a person's rights and wishes into account, steering clear of those harmful blanket policies.
- Holistic risk assessments: taking into account residents' wider wellbeing in assessments means considering not just the risk from the virus but also the risk from isolation from relatives/friends. This allows you to demonstrate that you are protecting all their rights – to safety but also to dignity, family life, liberty and autonomy.

- Acting proportionately: to be lawful, restrictions on family contact need to be proportionate to the risk identified, i.e. the least restrictive option. Have you considered alternative options, such as visits in a resident's own room to avoid time limits?
- Empowering your staff: using the framework of the law can empower your staff, helping them to make decisions grounded in legal rights, taking the heat out of conversations.
- Citing the law: this can help you justify decisions and break down barriers with other professionals (internal and external) about better visiting practice – remember the law takes precedence over non-statutory guidance.
- Utilising tools: there are plenty of resources available for you and your staff, including the joint letter to local leaders on the Relatives & Residents Association website.
- Seeking help: speak to the Relatives & Residents Association confidential helpline if you have concerns about your visiting practice.

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References to academic studies

Clarissa Giebel and colleagues, University of Liverpool, Are we allowed to visit now? Concerns and issues surrounding vaccination and infection risks in UK care homes during COVID-19, Age and Ageing – Oxford Academic (oup.com)

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Aida Suarez-Gonzalez and colleagues, University College London, The effect of COVID-19 isolation measures on the cognition and mental health of people living with dementia: A rapid systematic review of one year of quantitative evidence – PubMed (nih.gov)

Helen Wildbore is the Director of the Residents & Relatives Association and Dr Caroline Green is a human rights researcher and Post-Doctoral Fellow at The King's Fund. Email: helen.wildbore@relres.org caroline.green@kcl.ac.uk Twitter: [@relresuk](https://twitter.com/relresuk) [@CarolineEdAG](https://twitter.com/CarolineEdAG)

How did your organisation manage the visiting restrictions and isolation faced by people in care? Did you follow Government guidance or did you take restrictions further? Visit www.caremanagementmatters.co.uk and share your feedback on the article.



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Pointing the way forward for quality care

The theme for the next Care England conference is '[Facing the Future](#)' and will focus on the action that we and the sector are taking to further improve the quality of care. The following expert speakers have now been lined up to share their views on how the sector will develop.

- **Dr Nikki Kanani**, Medical Director of Primary Care, NHS
- **The Right Honourable Ed Balls**, former Secretary of State
- **Sam Monaghan**, Chief Executive, MHA
- **Dr. Tim Ferris**, National Director of Transformation, NHS England and NHS Improvement
- **Stephen Chandler**, President, ADASS

A conference for all care providers

The messages from our speakers will be relevant across the sector, not just those providers who support older people, but also those who support people with Learning Disabilities and long term conditions. The day's programme will also include seminars and an exhibition with 40 leading product and service suppliers. Non-Care England members are welcome to attend.

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Non-Member: £300.00

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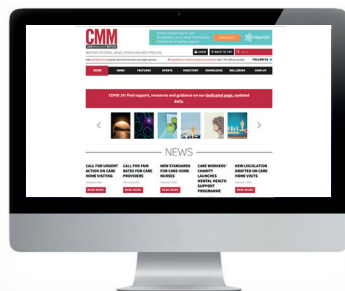
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#CareEnglandConf22 #FacingtheFuture

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DOWN ON THE FARM:

THE POWER OF ECOTHERAPY

Care farming and green exercise expert Dr Rachel Bragg OBE discusses the role of care farming in social care.

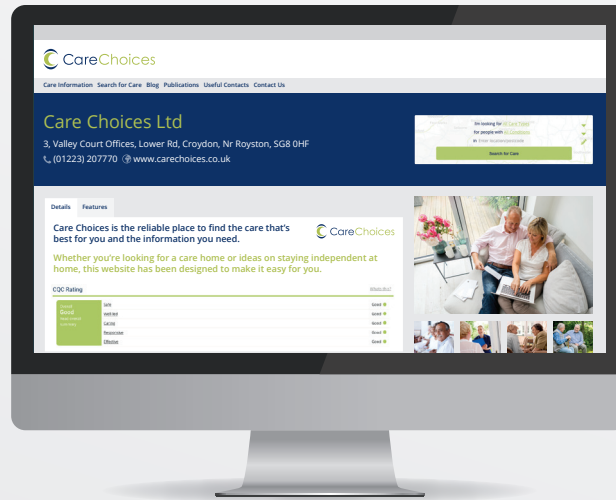


Care farming is the therapeutic use of farming practices, from planting seeds to caring for animals. It is well documented that more time spent outdoors can have a positive impact on mental health and general wellbeing; with this in mind, care farming is an alternative – or addition – to traditional types of care.

The number of care farms has grown by 34% since 2019/20, with around 400 care farms operational in the UK. There are an estimated 220 care farms and sites in development, with care farms delivering around 675,269 places per year in England alone. While most care farm referrals currently come from families and carers (55%) and social care, there is a significant potential for care farming to expand as an option in health, social and educational care.

Care farming is about working with people with a defined need – it could be a clinical need such as dementia or mental ill health, a social need or a special education need. My interest in care farming began at





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> around the same time I was conducting research to see how green exercise impacted on people's mental health. We found that those with, for example, lower self-esteem than others in the study benefitted more from exercising while looking at a countryside view. At this point, I also discovered care farming and realised that this concept really was 'green care' in action.

Back in 2003/4, the newly created National Care Farming Initiative held its first conference on care farming and we wondered how many people were care farming in the UK. In the early days, it was very much about promoting care farming as a concept, whereas now we have moved to highlighting how care farming is person-centred, bespoke care – perhaps as part of somebody's rehabilitation or care programme. The sector has professionalised over the years with Quality Assurance, training and measuring client outcomes.



THE OUTCOMES

Where care farming differs from a community garden project, for example, is that it caters to those who need more specialist support. Being able to get this support while out in nature and as part of a group has many benefits, from psychological restoration – feelings of calm and safety – to an increased attention capacity. Service users gain a sense of belonging and develop new skills, which all adds up to a feeling of achievement, responsibility and confidence. The work is meaningful – the crops have to be tended; the animals must be fed and nurtured every day, regardless of how you are feeling. It's enormously empowering – especially for those people who are looked after by someone else every day. For a time, they step into the caring role. You could call it horticultural therapy with animal intervention.

I've seen people with dementia for example suddenly come to life, as something is triggered in their memory.

People often eat together as they grow things together on the farm, so you see them eating better. For some people with dementia, to see them eating at all is wonderful. You can see anger levels drop and people gain a purpose. They say, 'I'm a farmer today' and they are. Some care farms also have other a commercial enterprises on site, involving their service users in the running of a shop or café.

The one or two days a week that people step out of care and into a care farm can be transformative. Calming. They come back with something to talk about.

REFERRAL PATHWAYS

Referral pathways and mechanisms differ; in some areas, social services and local authorities work really well with the local providers. The most frequent referral pathways are through social services, personalised social care budgets and from family members and carers directly. When it comes to referrals from GPs, CAMHS and

social prescribing, the amount of referrals with associated funding are really quite small, so it's quite difficult to provide places if there's no money to follow it. Quite often, people want to refer to care farms but they don't know how to find their local care farm or green care provider. Social Farms & Gardens has a map at www.farmgarden.org.uk where people can search for care farms in their area.

SAFEGUARDING

We have Quality Assurance through the care farming code of practice – a Green Care Quality Mark. Care farms and other initiatives that have gone through the code process give local authorities, for example, confidence that the place they are referring people to adheres to good practice and will have safeguarding in place, be risk assessed and be a financially transparent operation. Some of our care farms are also CQC registered and some are Ofsted registered, depending on what they offer.

BRINGING GREEN CARE INTO THE CARE HOME

What can care homes do to bring green care to their residents who can't leave the care home? Well, it can be as simple as bringing nature in. Care homes with gardens can let their residents access those gardens, rather than looking longingly out of the window. Open windows and doors if you can and grow things inside. Plant seeds. Many care farms have a 'care farm in a box' service, where they bring animals or growing resources into the home.

For the residents who can leave the home, consider forming a partnership with a group or charity in your area. There are many organisations, such as Dementia Adventure, who are there to help care staff to develop the skills to take people outside and experience the benefits nature has to offer.

We still have work to do in educating Social Prescribing link workers and other health professionals on the benefits of green care and ecotherapy but there can be no doubt that the outcomes are powerful for a wide range of people.

>

> CASE STUDY:

Scrubditch Care Farm, Gloucestershire

Scrubditch Care Farm caters for a wide range of service users, including adults with learning disabilities, mental health issues and challenging behaviour, and people living with dementia. Care farm activities comprise cleaning, feeding and looking after the animals (chickens, ducks, sheep and pigs); working in a polytunnel and on outdoor raised beds (producing vegetable boxes for sale); and caring for a horse.

The care farm has attracted grants for its core funding. The charge of £50 per day for student attendance is paid for from Personal Budgets and direct payments or funded by the close relationships that the care farm has established with three local charitable trusts. Funding, and

getting transport to the care farm, are the usual and familiar challenges, according to Gerry Fouracres, Care Farm Manager. But the farm's achievements are more unusual. The main one is the new, enlarged premises and facilities. Also worth mentioning is the broadening of service users to include people living with dementia.

"When some people arrive here, they barely speak and won't eat with others," Gerry says. "But within a few months, coming to the care farm has become their main activity of the week – something they really look forward to and a large part of their social life. It's great to see everyone together, working as a team and enjoying each other's company."

One service user adds, "My husband has dementia. Through attending local memory cafés, we heard about Scrubditch

Care Farm and have been going there regularly for two or three months. When I suggested to Ken that we go to the farm, he showed no enthusiasm, but I said we should go once and, if he did not like it, we need not go again. This charity is amazing and the people who run it do a superb job. The farm days have given Ken new interests and a feel-good factor; he feels part of a community and loves collecting the eggs warm from the henhouse and feeding the pigs, also eagerly awaiting the arrival of piglets. I have witnessed the joyful faces of others who battle with dementia and a growing confidence with looking after the animals and joining in the chat. I am thrilled to have found such a valuable project close to us and recommend it to others when I get a chance."

Visit
www.scrubditchcarefarm.org.uk

INITIATIVES

- Social Farms & Gardens, in partnership with Thrive, is delivering the Growing Care Farming project, a Government funded project that aims to significantly increase the number of care farm places available each year.
www.farmgarden.org.uk/GCF
- Prospects Trust is a real farm providing work experience and producing organic products and produce. The farm specialises in providing therapeutic horticulture to people with learning difficulties, disabilities and those with varying health needs.
www.prospectstrust.org.uk
- The Green Care Coalition was established in 2016 to promote the commissioning and use of Green Care services, and to give voice to the many organisations in the UK who are committed to delivering or supporting the delivery of high-quality and cost-effective green care services.
www.greencarecoalition.org.uk
- Alive Activities is one of the leading practitioners in the UK of meaningful activity for older people in care, providing meaningful engagement in care homes, community activity and support through its Meeting Centres and community gardening.
www.aliveactivities.org

Dr Rachel Bragg is the Development Coordinator at Care Farming UK. Email: rachel@farmgarden.org.uk
Twitter: [@GrowCareFarming](https://twitter.com/GrowCareFarming)

Have you considered green care for your residents? Would you? What has been your experience of this type of therapy? Visit www.caremanagementmatters.co.uk to share your views.



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CELEBRATING EXCELLENCE IN **LEADERSHIP**



Lagan's Foundation won the Leadership Award at the Markel 3rd Sector Care Awards 2019. In this special edition of the Celebrating Excellence feature, looking back at a previous winner, we catch up with the foundation to learn how their work has progressed since winning the award and how it has provided an opportunity to create new relationships.

Lagan's Foundation was founded in 2011 by CEO Carren Bell after tragically losing her baby girl, Lagan, at 15 weeks old after battling a heart condition.

After believing there was a service missing in the community, Carren vowed to do her best to make sure no parent or guardian ever had to suffer the same struggles she had to with the lack of support from community nurses at home with her poorly child.

Fast forward eight years and in 2019, Carren won the Leadership Award at the Markel 3rd Sector Care Awards, receiving her accolade at the Marriott Hotel in Grosvenor Square, London. After receiving the award, she said, 'The awards have at least given us

a national platform. My sincere hope is that by receiving this leadership accolade, more people learn about us; but also, that there is increased awareness that charities like ours are providing such a special service that needs valuing properly.

'I am of course also hopeful that it bolsters Bolton. Although the picture is gradually changing, I also wish it to remind women that they can break through the glass ceiling and found and lead an organisation compassionately and successfully.

'Most of all, I want it to spread the message that you should take heart that in the wake of tragedy, good can rise. But, for all the demonstrative achievements my team at

Lagan's has given me, the fact that it honours the name of my little girl is the proudest.

'I am really humbled to have received this award, but I really believe it is about the work that our carers and everyone associated with Lagan's has put in.'

As an organisation, the services Lagan's Foundation provides are constantly in need by the public. The foundation currently has a backlog of cases that are waiting for support. In the past few months, five new members of staff have been interviewed which will allow more cases to be taken on and more families to be offered support.

The Lagan's team has grown from strength to strength in the past few years. It took a hit during lockdown when all volunteers were lost. This meant contracted carers took on more hours to continue providing care to their families.

Since lockdown and restrictions have lifted, the foundation has been able to expand not only its care team but also the back-office team. In the past six months Lagan's has taken on five new care staff, a Manchester Team Leader, Business Development Manager, Marketing Assistant and HR & Compliance Officer. The thought process being that by expanding the back-office team, it will allow more work to be done to expand and support the care team.

About her team, Carren said, 'It is so important that our charity and our community is recognised at a national level. Without the kindness and support of the people around me, Lagan's Foundation would never have been able to help parents in the tragic situation that I was once in. They have truly changed lives for the better.'

As a result of COVID-19, Carren was initially unable to use the accolade and promote the fact she had received the award. The world was focusing on the pandemic and the problems everyone was about to face. This meant that in the 18 months following the award win, Carren was unable to take the opportunity to do anything with it, remarking, 'We have started promoting it now but two years after it feels not as great in some ways, although I am super proud of achieving the award.'

Unfortunately, the lack of ability to promote the award caused by the pandemic meant the charity hasn't yet had any referrals or donations as a direct result of the award win, but it is hoping that in time it will be able to connect with other award winners and professionals associated with the awards whom it can work with.

After more than two years since winning the award, Carren and the foundation have finally been able to promote the award at events and networking groups in person and there has been a great response.

Lagan's Business Development Team has recently created several social media posts about the leadership award win and there has been a fantastic number of shares and replies to the content.

When talking about the day she received the award, Carren said, 'We networked a little whilst there and got to know some of the winners and we like and share their posts too. Sadly, my Eldest, Ceridwen, was hospitalised that night so we had to rush back from London to Bolton meaning we missed half of the day, but I am hoping one day we get the chance to go back to the awards again as it was a fantastic day.'

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For more information about Lagan's Foundation, visit its website at www.lagans.org.uk and follow its social media platforms.

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MARKEL 3RD SECTOR CARE AWARDS



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NEW MARKEL 3RD SECTOR CARE AWARDS HOST

With the ceremony now less than one month away, CMM is thrilled to reveal a brand-new host to announce our winners on **Friday 4th March** at the **Grand Hotel in Birmingham**. Angela Rippon CBE, television journalist, newsreader, writer and presenter, will be joining the CMM team in welcoming all finalists and their guests to the awards ceremony.

Angela was appointed Commander of the Order of the British Empire (CBE) in the 2017 New Year Honours for services to dementia care in her role as development lead with Dementia Friendly Communities.

The Markel UK 3rd Sector Care Awards is run specifically for the voluntary care and support sector. Visit www.3rdsectorcareawards.co.uk to view the 2020 event winners and find out more about this year's event. Sponsorship opportunities are available.

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

NCF MANAGERS CONFERENCE 2022

14th-15th March

The National Care Forum (NCF), supported by Skills for Care, is hosting its eagerly anticipated Managers Conference 2022 this month, where the sector will be #TogetherAgain to regroup, recover and demonstrate resilience.

The conference, held at the Chesford Grange Hotel in Warwickshire, is open to all managers from all adult care settings across the country, for both the not-for-profit and for-profit sectors. The conference supports managers in their pivotal role, as their services move from crisis to recovery, and helps them to support their teams and plan for the years ahead.

Managers are fundamental to the delivery of outstanding care. The last two years have put managers in the spotlight like never before. The role has faced many complex and rapidly changing challenges, required increased resilience and faced extensive scrutiny from stakeholders and the media alike.

This CPD accredited conference offers a great opportunity for managers to step back from the front line and invest in themselves as leaders. The conference also offers great peer-to-peer networking opportunities and support, as well as opportunities to meet experts in, and advisers to, the adult care sector.

The programme will:

- Support managers with the challenges of the complex and rapidly changing care environment.
- Support managers to make the most of their ability to deliver high-quality, person-centred care.



- Help managers to support their teams to build resilience.
- Provide inspiration through a wide range of workshops and speakers.
- Pave the way for the ongoing delivery of outstanding care and support.

Presentations will include:

- The perspective of relatives and those with lived experience.
- Digital leadership and skills.
- Mental health first aid.
- Care Quality Commission's new inspection strategy.
- Equality, diversity and inclusion.
- The importance of learning and development.

As well as presentations and panel discussions from leading sector experts, there will also be an exhibition and a choice of interactive workshops from the likes of Marie Curie, Care Friends, the Relatives & Residents Association and Oomph!. Sponsors and exhibitors include Nourish, Sekoia, Altura Learning, Person Centred Software and many more.

NCF is continuing to work very closely with the venue to ensure delegates feel safe

at the conference and that a high-quality event can be held while minimising the risks associated with COVID-19. The current measures that the organisation is working to are listed on the NCF website, but all measures are subject to change based on Government guidance and best practice at the time of the event.

Most importantly, all delegates will be asked to ensure they're fit and well before attending and attendance will not be permitted if any COVID-19 symptoms are displayed. NCF also requests that all attendees, including speakers and exhibitors, carry out lateral flow tests before travelling to the event.

The conference represents an invaluable learning opportunity for the adult social care sector's management cohort and should not be missed. To book your ticket and to find out more about the NCF Managers Conference 2022, including the full programme and list of sponsors and exhibitors, visit the NCF website or email helen.glasspool@nationalcareforum.org.uk. A range of conference fee rates are available to suit different attendance preferences.

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STRAIGHT TALK

The Government has set out an ambitious agenda for its social care reforms, but this needs to be backed up and fully funded if they are to be realised.



After a long wait, the Government published its Build Back Better plan for health and social care in September last year and followed that up in December with its adult social care reform white paper. Between these two publications, it has set out extensive proposals covering how adult social care is paid for and funded, as well as wider system reforms aimed at delivering more personal care, building stronger links between social care and housing, and developing new models of care.

The social care reforms set out in the Build Back Better plan include a cap on maximum care costs that people are required to pay themselves, changes to the financial means test thresholds to make them more generous and the

creation of a fair rate of care in respect of the fees councils pay providers. These changes, and others set out in the white paper, are to be funded through the 1.25% increase to National Insurance, which creates the new Health and Social Care Levy.

While there is much to support in the various proposals, we are concerned that funding raised through the levy is likely to be insufficient to cover the costs of the reforms and does nothing to address either immediate pressures in the here and now or other key issues that need tackling, such as unmet need and care worker pay to address recruitment and retention difficulties.

Placing under-funded reforms on top of a system that itself is already under funded and unsustainable presents a serious risk to the quality and availability of care and support and the ability of people who draw on it to live the life they want to lead.

That is why we are calling on the Government to allocate a greater share of the Levy to social care. It is a ready-made source of additional funding that could be directed towards front-line social care, to help ease pressures and provide a degree of stability in the immediate and near future. Failure to adequately fund social care also runs the risk of minimising councils' ability to help mitigate demand pressures on the NHS. Care and support is essential in its own right but a sustainable NHS also depends on a sustainable social care system.

Of the estimated £36bn the health and social levy will raise over the three-year Spending Review period, only £5.4bn is ringfenced for social care in England. As councils plan how to pay for and provide services from April, it is becoming increasingly clear that many are concerned this allocated funding will fall short of covering the cost of the various care and support reforms. Alongside adequate funding to meet the ambitions in the reforms, councils also need clarity on the detail. The Local Government Association

(LGA) is calling for Government to work closely with councils on detailed costings and to publish, at the earliest opportunity, its consultation on the associated guidance.

The Build Back Better plan and adult social care white paper offer a promising vision for the future of care and support. But without adequate funding for the reforms, the system itself, and the other big issues facing the sector that need addressing, that potential is highly unlikely to be realised.

Preventative measures within social care play a crucial role in councils' wider efforts to improve the health of local populations, but we know from the Association of Directors of Adult Social Services (ADASS) budget survey that prevention spending is under pressure because of the scale of financial stresses on adult social care. On the one hand, there is clear recognition from directors that prevention spending is key to delivering savings and improving people's health and independence. But on the other hand, spend in 2021/22 is only slightly higher than spend in 2017/18 and is lower in terms of spend on prevention as a percentage of the overall budget.

Ensuring people can stay independent in their own home for as long as possible, investing in new care workers and upskilling current staff, improving support to unpaid carers, and tackling unmet and under-met need would all have positive implications for people who have cause to draw on care and support. But this cannot and will not happen without adequate funding.

The rebuilding of adult social care and support so that it best enables people who draw on social care to live an equal life must be a legacy of the pandemic. In what the Government has put forward, there are strong foundations to build on. But without adequate support and financial provision those foundations will quickly erode, creating further pressure and uncertainty.



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*Maaha Suleiman, 2019 Challenge Runner-up and
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