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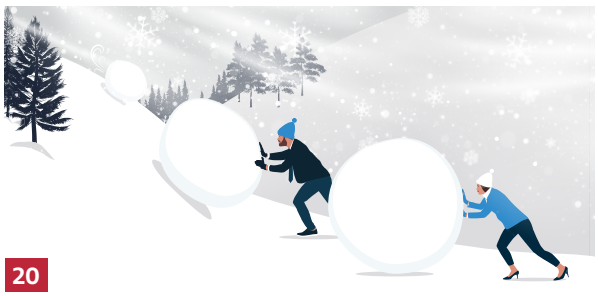

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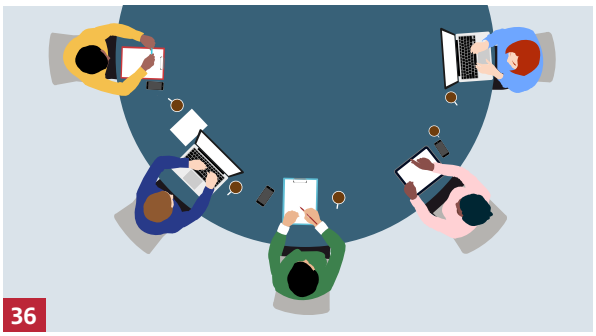

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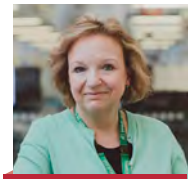

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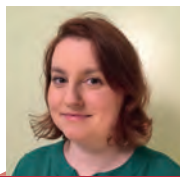

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SOCIAL CARE INSIGHTS

From Simon Bottery

Will the new Adult Social Care Discharge Fund make a difference to delayed discharges from hospital? Perhaps, says Simon Bottery, but it's more complex than people think.

The new Health and Social Care Secretary, Thérèse Coffey, presented a plan in September whose only substantive social care measure – a £500m Adult Social Care Discharge Fund – was intended to reduce the problem that hospitals are experiencing with delayed discharges. At the end of August, there were over 13,000 people in NHS hospitals who were fit to leave but had not done so.

However, the extent of social care's role in delays is unclear and, even where it is a factor, fixing it will not be straightforward.

To begin with, most new requests for adult social care come not from people in hospitals but from the community, by a factor of four to one. In 2020/21, 365,000 new requests for social care came via hospitals but over 1.5 million came from the community. So the main driver of demand for social care is not hospitals.

Nonetheless, 365,000 is a big number and it is certainly not in patients' interest that they are stuck in hospital when they don't need to be (although forget that 'fact' you may know about 10 days in bed causing 10 years' muscle wastage in older people – it's an urban myth).

So, what causes people to be stuck? You will find no shortage of opinion that it is a lack of social care and no one disputes that this is now – and for many years has been – a significant issue. The first blog I ever wrote for The King's Fund in 2017 concerned a row that had broken out when the then Health and Communities secretaries (Jeremy Hunt and Sajid Javid – you may remember them) had written to 32 councils threatening to withdraw funding if they didn't improve their performance on delayed discharge.

Yet, just prior to COVID-19 (when the Government invested large sums through a Hospital Discharge Fund to clear beds), NHS data showed that delayed transfer of care was due to a wide range of factors, from delays in assessment to disputes. Waits for residential home, nursing home and homecare services (whether NHS or local authority arranged) were major causes but another was people awaiting further non-acute NHS treatment. These statistics are no longer recorded, though recent Nuffield Trust analysis of NHS data, which uses different criteria, finds that the biggest reason why patients face delays is also because they are awaiting community services, with homecare most often cited.

So, there is no precise answer about the extent to which social care causes delayed discharges and, particularly, whether it has changed since before COVID-19. Nonetheless, it's certainly feasible that issues within social care may be contributing more than in the past. Why? Because of the workforce crisis in adult social care which led to a 10.7% vacancy rate in 2021/22, up significantly from the 6.5% when I wrote my blog in 2017. Providers now say openly and clearly that they have to turn down hospital discharges – and of course other support – because they don't have the staff.

There is a logic, then, to the £500m fund being established, since it can be used to help recruit and retain staff. (It should also smooth over the 'who pays – NHS or social care?' disputes that can hold up discharge.) But both the size of the fund and its short-term nature mean we must question whether it can really make a significant difference to the vacancy rate. Pay is critical to recruitment, yet social care pays less than entry-level posts in major supermarkets. Even if the full £500m were spent on pay, it would represent just 2% of the total social care wage bill of £23.8bn. Worse, the fund is only expected to operate for six months, so providers will be extremely cautious of feeding anything they get from it into underlying pay.

So, can the fund do something about delayed discharge in the short term? You'd expect so. Can it tackle the long-term systematic problems in social care that underpin delayed discharges? Sadly, no.

Simon Bottery is a Senior Fellow in Social Care at The King's Fund. Email: **S.Bottery@kingsfund.org.uk** Twitter: **@blimeysimon**

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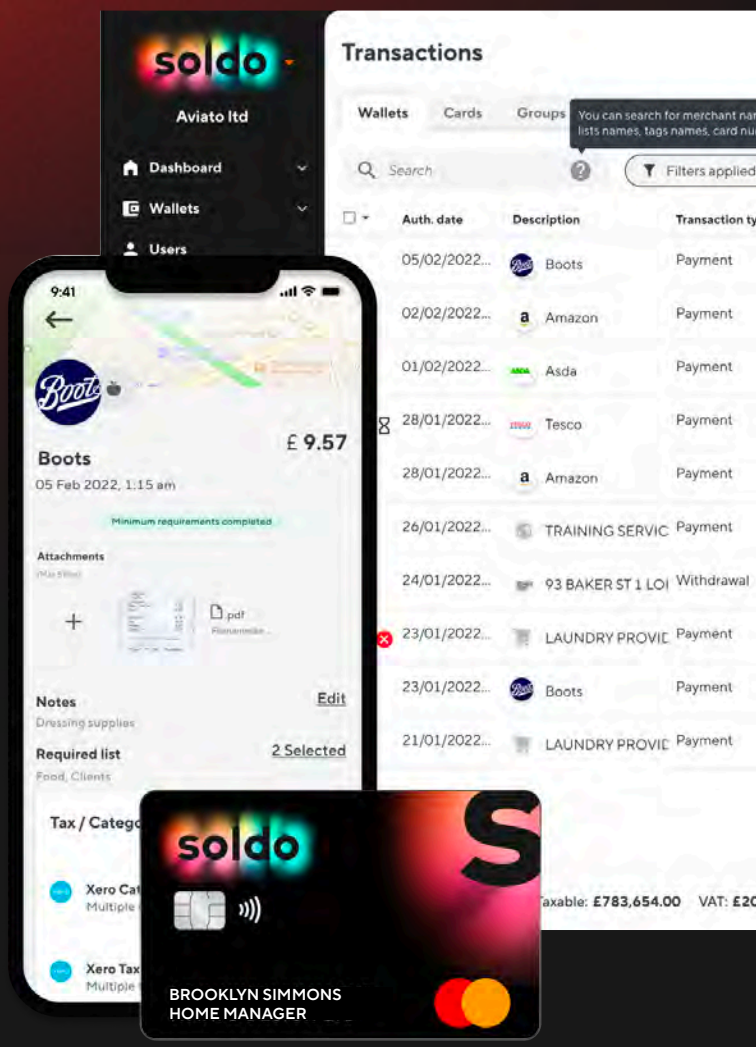

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Inside CQC

MARY CRIDGE

In her first column for CMM, Mary Cridge, the Director of Adult Social Care at the Care Quality Commission (CQC), updates on the CQC's new powers for local authorities and explains why feedback is important for local authority assessments.

It's a pleasure to write this column after being appointed Director of Adult Social Care at the Care Quality Commission earlier this year. I am excited to be part of the newly established regulatory leadership team working with Kate Terroni, Chief Inspector of Adult Social Care, and colleagues.

I have been involved with social care since 2009 and I have developed a deep knowledge and appreciation of the critical, and often overlooked, role that it plays in our life. I am often in close contact with people who use services and their families, providers, providers' representatives, commissioners, and national and local government. Through these encounters, and through the lens of regulation, I have come to understand our opportunities to work together to strive for improvement.

New powers

As CQC's Local Authority Assessment Lead, I am keen to update you on CQC's new powers for local authority and integrated care system assessment, which come into effect from April 2023. I have no doubt these new responsibilities will give us the opportunity to drive improvement and share best practice across health and social care, more than ever before.

You may already be familiar with CQC's transformation and the single assessment framework, which my colleague Kate Terroni wrote about last month. This framework will be used to assess local authorities and integrated care systems in a way that is consistent with how we will assess providers – but tailored to their context.

For local authority assessments, our strategic focus is to assess, 'How well are local authorities delivering against their Care Act duties?' To test our methodology for this, I led two test and learn projects in Hampshire and Manchester over the summer. With a team including inspectors, data analysts and policy leads, we tested aspects of our full assessment approach through the lens of two themes:

- How local authorities work with people – looking at the quality statement 'assessing needs'.
- Leadership – looking at the quality statement 'learning, improvement and innovation'.

We found a blend of virtual and on-site assessment worked well, and we produced a short report scoring each local authority against quality statements. The reports were shared with the local authorities we worked with, and their feedback will support development of our approach to reporting on our assessments.

From April 2023, when our assessment of local authority rolls out across England, we will enter a baselining period of assessments, which we anticipate will take around two years. This will help us to further refine our approach and build a picture of the quality of local authorities and integrated care systems. Importantly, we are developing principles for the sequencing of these reviews to minimise our asks of stakeholders, including registered providers like you, as we understand your time is precious.

We are listening

It is also incredibly important that the provider voice and the voice of care users are incorporated into work surrounding our new powers. We have been listening to you and working closely with your member organisations. With over 700 responses to recent surveying activity and seeing many of you attend our workshops and webinars personally, I'd like to thank you for your insights, which have informed our methodology development and engagement.

Provider feedback is extremely important to local authority assessments and the review of integrated care systems. We have heard from many of you about the importance of partnership working, addressing inequalities, data quality and proportionate regulation. I am passionate about improving the quality of care for people who use services. That is what brought me into regulation in the first place and it is what has kept me at CQC. I have seen what a difference effective regulation can make, not just to the quality and safety of the care but, importantly, to the quality of life for people and their families.

I look forward to keeping you updated on my work. In the meantime, you can find more information about our latest regulatory activity by looking on our website, signing up for email bulletins, watching our videos on YouTube or catching up with our podcasts.

Mary Cridge is the Director of Adult Social Care at the Care Quality Commission. Email: **providerengagement@cqc.org.uk** Twitter: **@CQCProf**

Do you have a question for the CQC in relation to the topics discussed in this column? Visit **www.caremanagementmatters.co.uk** and share your feedback.

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State of the social care workforce

Figures released by Skills for Care, in its annual *State of the Adult Social Care Sector and Workforce in England* report, reveal that the number of vacant posts in adult social care has increased by 52% in one year, the highest rate on record.

- There are 165,000 vacant posts – an increase of 52% and the highest rate on record.
- The number of filled posts (posts with a person working in them) has dropped by 50,000 – the first drop in the number of social care workers ever.
- Average vacancy rates across the sector are at nearly 11%, which is twice the national average.
- Care workers with five years' experience are paid 7p per hour more than a care worker with less than one year's experience.
- The average care worker pay is £1 per hour less than healthcare assistants in the NHS who are new to their roles.
- At the same time, the demand for care has risen, highlighting that social care is facing a complex challenge with recruitment and retention, which will be impacting on the lives of people who need social care.
- Staff turnover rates within care roles remain high at 29%, as approximately 400,000 people left their jobs. However, not everyone who leaves their job leaves social care, with around 63% of people working in the sector having been recruited from other care roles. Social care is still seeing high rates of turnover amongst the youngest staff, with 52.6% of people under 20 leaving within 12 months.

In the context of the national cost-of-living pressures, four out of every five jobs in the wider economy pay more than the median pay for care workers. The data demonstrates that social care's ongoing recruitment issues present both a short-term and long-term challenge, with workforce growth projections showing that employers will need to fill around 480,000 more posts by 2035.

Skills for Care Chief Executive, Oonagh Smyth said, 'We must talk more about how rewarding social care is to work in so that we attract more people, and we must make it easier for the people who love working in social care to stay by improving terms and conditions and investing in their career development.'

The Care Workers' Charity £500 Challenge

We are proud to be a Founding Member of the £500 Challenge – a fundraising campaign launched by The Care Workers' Charity encouraging businesses across the sector to commit to an annual donation of £500, the same as an average grant they award to a care worker experiencing financial hardship.

Social care is experiencing a workforce crisis, and it is important now more than ever that organisations in the sector come together to recognise the immense value and tireless contributions of care workers across the UK in helping services to stay open. CMM is contributing to this worthwhile cause to ensure that there is a helping hand for care workers in these difficult times.

By signing up as a Founding Member, we hope to encourage other organisations to sign up themselves. The Care Workers' Charity is experiencing high demand for its services – since 2020 it has made over 6,000 grants to care workers in crisis. If one in 10 organisations providing and organising care in the UK accepted the £500 Challenge, it could raise £2.5m per year to support care workers.

We urge other sector organisations to accept this challenge and show their support for the people who make up our essential workforce. It is everyone's responsibility to ensure that care workers are supported.

Karolina Gerlich, Chief Executive Officer of The Care Workers' Charity, said, 'We are extremely grateful to Care Management Matters who have signed up as a Founding Member of our £500 Challenge. Every organisation who signs up and spreads the word is making it more likely that our charity can support care workers across the UK, providing the right support when it is needed most. We hope to sign up hundreds of businesses, ensuring that we have the funds we need to continue providing essential grants and mental health support in the years to come.'

For more information and to donate to the £500 Challenge, visit The Care Workers' Charity website.

APPOINTMENTS

Ambient Support

Ambient Support, a not-for-profit health and social care provider in the UK, has appointed Samantha Downer as the new Regional Manager for London and the South East. Following the retirement of Mark Hooper who held the post for 17 years, Samantha will work to maintain and strengthen the good-quality support Mark put in place across the region.

Care Provider Alliance

The Care Provider Alliance welcomes Nadra Ahmed OBE, Executive Chairman of the National Care Association, as incoming Chair for the 2022/2023 term. Nadra has served on numerous Government task forces and she was the Vice Chairman of Skills for Care for 11 years having been appointed at its inception. Nadra is a trustee of Royal British Legion Industries (RBLI) and Patron/President of numerous other charities. She is the Deputy Lord Lieutenant of Kent and a Kent Ambassador.

Sequence Care Group

David Petrie has been appointed as Chief Executive, as part of a broader strategy to become a market-leading provider of specialised high-acuity learning disability support in the UK. Sequence Care Group is a provider of specialist support services that enable adults with complex learning disabilities to live richer, happier lives.

Skills for Care

Former Association of Directors of Adult Social Services (ADASS) President James Bullion has joined the Board of Skills for Care. James has been Executive Director of Adult Social Services in Norfolk since January 2017.

Councils call to delay social care reforms

The County Councils Network (CCN) is calling on the Government to delay social care reforms, warning that the system is under so much pressure and care services could be worsened if they are introduced too soon.

From October 2023, reforms to protect people from catastrophic care costs and make more people eligible for state support with their care costs come into force. These include a more generous means test and a cap on care costs of £86,000 – two policies that are supported by the County Councils Network (CCN).

But CCN warns that the system is under serious pressure currently, with councils facing a 'perfect storm' of financial and workforce pressures that mean the Government should push back its introduction to October 2024.

Independent Care Group (ICG) Chair, Mike Padgham said, 'It is seven years since the introduction of a cap on care costs was first hit by delays and we cannot keep seeing this reform get kicked further and further down the road. We understand and share the County Councils Network's fears about a lack of staff, funding and resources but the sector cannot afford any more delays. It is clear that the funding made available by the Government for the introduction of reform isn't sufficient and needs to be re-addressed quickly.'

The ICG supports the County Councils Network's chapter on social care, contained in the organisation's Five Point Plan for County and Unitary Councils. Recently, the ICG launched its Five Pillars of Social Care Reform, setting out what it believes are the actions required to save the sector: ring fence a percentage of GDP to be spent on providing social care to those who already receive it and the 1.6m who can't get it; create a unified National Care Service, incorporating health and social care; set a National Minimum Wage per hour for care staff on a par with NHS; set up an urgent social care task force to oversee reform; and fix a 'fair price for care' cost per bed and cost per homecare visit.

Analysis on cost-of-living crisis

New analysis published by the Health Foundation reveals that staff working in care homes are far more likely to live in poverty and deprivation than the average UK worker.

According to the Health Foundation, even before the cost-of-living crisis hit, one in five residential care workers in the UK was living in poverty, compared to one in eight of all workers. Many relied on state support to make up for low income from employment – 20% of the residential care workforce drew on universal credit and legacy benefits from 2017 to 2020, compared to 10% of all workers.

The report by the independent charity also finds that around one in 10 residential care workers experienced food insecurity, living without reliable access to enough healthy food. And 13% of residential care workers' children lived in material deprivation, where families are unable to provide children with essentials like fresh fruit and vegetables or a warm winter coat. This is compared to 5% of children in all working families.

The Health Foundation is calling for additional investment and reform for social care to address low pay and poor working conditions. The authors argue that little is being done to improve social care jobs in England, compared to Scotland, Wales and Northern Ireland. They say the Government should prioritise improving pay in a fully funded, comprehensive workforce plan for social care in England and that broader policy to tackle poverty is also vital – including on housing and social security.

NAO reports on Integrated Care Systems

The introduction of Integrated Care Systems (ICSs) has been broadly welcomed, but the wider service and financial pressures faced by the NHS and care providers pose significant risks to ICSs' ability to focus their attention and resources on local priorities, according to the National Audit Office (NAO).

The NAO's survey of key stakeholders found that 76% support the introduction of ICSs. NHS England (NHSE) consulted extensively in designing and implementing ICSs, by first testing and then refining its plans in response to feedback. NHSE has asked ICSs to take a long-term approach focused on preventing ill health, but the targets it has so far set for ICSs are about short-term improvements, principally elective care recovery.

Gareth Davies, the Head of the NAO, said, 'The new model of integrated health and social care services is being implemented with broad support, but at a time of extreme pressure on both services. To maximise the chances of success for these new arrangements, DHSC and NHS England need to put realistic medium-term objectives in place.'

Documentary uncovers critical mental health failings

A new Channel 4 documentary has revealed the stark reality of why the campaign for a statutory public inquiry into mental healthcare is now even more urgent. *Hospital Undercover: Are Our Wards Safe?* is an hour-long investigation into serious safety concerns within the Essex Partnership University NHS Foundation Trust (EPUT).

Documentary makers sent a retired officer undercover to work shifts for 12 weeks, exposing severe safety concerns for patients in a vulnerable condition.

A Government-backed inquiry into the state of public mental healthcare is ongoing. However, this inquiry is limited in scope and does not go far enough for many of the families affected, whereas a statutory public inquiry being demanded means witnesses would be compelled to testify under oath, and compelled to disclose documentation and other evidence. It should provide a truthful and transparent account of what has been happening and prevent the recurrence of those failings.

Families have been fighting for 10 years to obtain some semblance of truth around the systematic pattern of failure in Essex mental health services. Hodge, Jones & Allen represents many of the victims featured in the Channel 4 documentary, including Melanie Leahy and Michelle Booroff, as well as a further 80 families in their campaign for the current inquiry to be converted to a statutory inquiry.

Hodge, Jones & Allen Solicitor, Priya Singh said, 'It is only when we fully understand what has gone so wrong that we can fix it. People are losing children to a healthcare system meant to care for them. The Government must now step up and convert the current toothless and, in my view, pointless, inquiry into a full statutory inquiry. The families we represent must now get the truth, accountability and justice they deserve.'

In June, lead campaigner, Melanie Leahy led a protest that marched on Westminster and stood firm on the call to upgrade the inquiry to a statutory public inquiry. The Citizens Commission for Human Rights joined the campaigners, supporting this ongoing fight for justice. A recent BBC Panorama investigation aired an undercover report of a mental health setting for people with learning disabilities in the North of England and how patients were experiencing long-term segregation.

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Alzheimer's drug slows memory decline in trial

September marked an historic moment for dementia research as Alzheimer's drug, lecanemab, is the first in a generation to meet its primary endpoints in a phase three clinical trial.

The results show the drug was able to slow the rate of decline in people's memory and thinking, as well as function, over 18 months and helped people with day-to-day activities.

The trial, known as Clarity AD, included 1,795 people with early-stage Alzheimer's and mild cognitive impairment (MCI) due to Alzheimer's, who received a bi-weekly infusion of either lecanemab or a dummy drug (placebo).

Alzheimer's Research UK said findings must be a catalyst for urgent action to prepare the UK health system to deliver new dementia treatments to the people who could benefit from them as quickly as possible.

Dr Susan Kohlhaas, Director of Research at Alzheimer's Research UK, said, 'This is the first drug that's been shown to not only remove the build-up of a protein called amyloid in the brain, but to have a small but statistically significant impact on cognitive decline in people with early-stage disease. The drug can also cause substantial side-effects, which will need to be considered. These top-line results, announced by the pharmaceutical company that make the drug, Eisai, offer new hope to people affected by this cruel and devastating disease.'

Before a drug is made available, regulators in different parts of the world, including the UK, will still need to assess the full data to determine whether lecanemab is safe and effective enough to be used in people with Alzheimer's disease.

Impact of cost-of-living on nursing staff

Two thirds (63%) of nurses and healthcare workers say they are having to choose between food and fuel to combat rising energy bills, according to a new study.

A study of over 1,000 nurses and health and social care workers, conducted by Florence, the healthcare platform using technology to help tackle the shortage of healthcare staff globally, found that nearly one in five (14%) nurses have started using food banks since the cost-of-living crisis started. A further third (30%) also know colleagues who have.

It comes as meteoric rises in energy bills and inflation are having a widespread impact on nurses and carers, often on a low income.

A staggering 94% of nurses and healthcare staff are calling for the Government to match pay in line with inflation, currently increasing at nearly its fastest rate in 40 years, driven largely by the rising cost of food and fossil fuels. But a 5% pay rise might be too little too late, as over a quarter (28%) of nurses and healthcare staff are already planning to leave the profession in search of better pay, further adding to the chronic staffing crisis the NHS is experiencing.

Inflation-matched pay is not the only solution front-line nurses and healthcare staff are calling for. Seven in 10 (69%) state the NHS needs increased funding for critical services to ensure the quality of care is not compromised, and over half (53%) agree the Government needs to produce long-term, coherent plans to safeguard the future of the NHS. Furthermore, over two in five (46%) want to see an increase in training grants to support more people in the industry overall, helping to close the gap between staffing levels and vacancy rates.

World unites for World Mental Health Day

10th October marked World Mental Health Day and the theme, as set by the World Federation for Mental Health, was 'making mental health and wellbeing for all a global priority'.

The World Health Organization (WHO) said the day was an opportunity for people with mental health conditions, advocates, governments, employers, employees and other stakeholders to come together to recognise progress in this field and to be vocal about what we need to do to ensure mental health and wellbeing becomes a global priority for all.

Mental Health UK asked people to look after 'Number 1' when it comes to your mental health and developed a number of resources to help people prioritise their own wellbeing.

Last week, mental health charity, Mind called on the Government to produce its 10-year, cross-Government mental health plan, which former Health Secretary, Sajid Javid promised earlier this year.

The charity also responded to comments that the NHS budget for mental health is at 'breaking point'.

In August of this year, a number of mental health charities and organisations joined forces to call on the Government in relation to the impact of the cost-of-living crisis and the impact it is having on people's mental health.

Since 2020, The Care Workers' Charity has granted just under £185,000 in Mental Health Grants and supported people through Mental Health First Aid courses with Red Umbrella.

For more information on mental health support and to donate, please go to The Care Workers' Charity website at www.thecareworkerscharity.org.uk

Pioneering tool to support dementia design

Experts from the University of Stirling have created a new tool to support families, businesses and professionals to make homes, premises and public places more accessible to an ageing population and those living with dementia.

The Environments for Ageing and Dementia Design Assessment Tool (EADDAT) combines the latest research on designing for cognitive change with the expertise of leading architects based at the university's Dementia Services Development Centre.

It replaces Dementia Services Development Centre's Dementia Design Audit Tool, which was first developed in 2008 and has influenced the design of care buildings worldwide.

Following successful trials by Transport for London and Kirklees Council, EADDAT is now available to those seeking to make homes, restaurants, cafés and public buildings more accessible.

People living with dementia perceive things differently. For example, a black mat placed in the doorway of a shop may be perceived as a hole in the ground, which can make some people living with dementia fearful of crossing the threshold.

Lesley Palmer, Chief Architect at Dementia Services Development Centre, said, 'This ground-breaking new tool is designed to be more accessible and covers an array of building types. Whether you are a person living with dementia, a small business owner or commissioning a new care home, there is a version of EADDAT available to support you.'

EADDAT provides practical solutions and guidance on how the design, layout and furnishing of buildings and environments can make it easier for older people and people living with dementia to use places and spaces.

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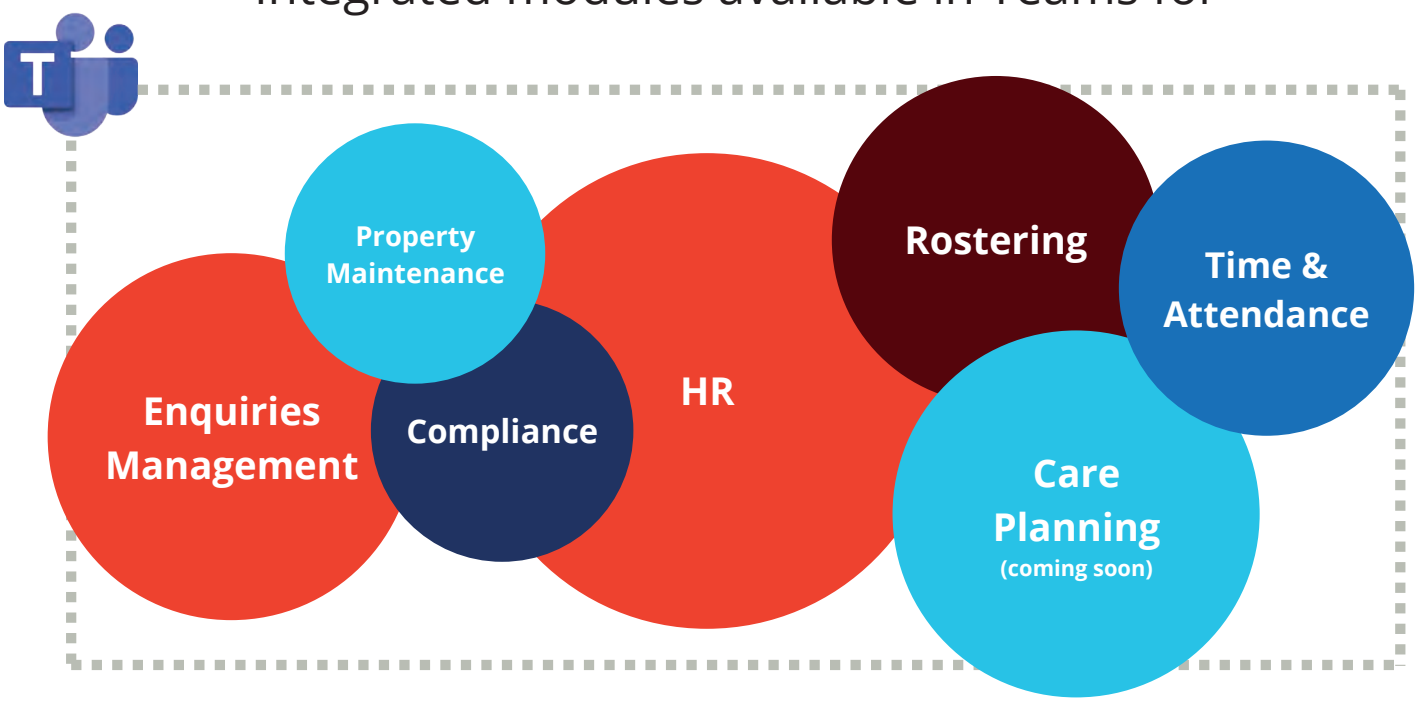

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Care organisations call to end isolation

A coalition of organisations has written to local health and care leaders for a second time, calling on them to end 'harmful isolation practices' and to 'help promote the rights of people in care'.

Organisations representing both care providers and residents expressed sadness and disappointment at having to write again about the detrimental impact isolation from family and friends is having on people living in care. This follows a joint letter sent in January 2022 to local leaders highlighting the harms caused by isolation and urging them to act to fulfil their legal duties.

The new letter highlights the serious challenges people face in accessing vital support from loved ones during COVID-19 outbreaks. It seeks to address a barrier to visiting that many are facing when local health teams impose restrictions beyond those in the Government guidance. The letter calls on local health and care teams to fulfil their legal duties, including respect for the right to family life.

The joint action is an initiative of the Relatives & Residents Association (R&RA), Rights for Residents and academic, Dr Caroline Emmer De Albuquerque Green of King's College London.

Dr Caroline Emmer De Albuquerque Green said, 'People living in care homes have a right to social participation and a right to a family life. It is tragic that, despite all the evidence that highlights the importance of contact between residents and their families and friends, there is still a situation in which residents are denied their rights. Lessons should have been learned by now, with the guidance clearly stating that no one should have to choose only one person to have this essential contact with.'

Helen Wildbore, Director of the R&RA, said, 'Too many are still facing harmful restrictions on their daily lives, all in the name of "protection" and "public health", without recognition of the damage of isolation.'

Leaders of Tomorrow report

everyLIFE Technologies has published its *Leaders of Tomorrow* report, to consider how best to promote sustainable career pathways for future leaders in care.

Amid the cost-of-living crisis, adverse economic conditions and a growing staffing shortage, the *Leaders of Tomorrow* report recommends an industry-wide effort to 'explore the ways where we can make the most impact and help nurture those with the potential to lead.'

everyLIFE Technologies conducted three in-depth interviews with current industry leaders, gaining insight from both longstanding management and those who are just beginning their leadership journey – Amanda Jackson, Director of Heritage Healthcare; Jane Perry, Director and owner of Bluebird Care Ayrshire, Edinburgh and Glasgow South; and Nicole Gibson, Care Manager at Care South.

The findings of the report fall into four key themes: the qualities needed for a leadership career in care; the importance of self-confidence; the infrastructure supporting career pathways; and the role current leaders can play in supporting the industry's rising talent.

Duncan Campbell, Director of everyLIFE Technologies, said, 'It's time to talk about leadership – now is the moment for the leaders of tomorrow to step forward and into the spotlight. This will be the difference between a care sector that manages and a care sector that thrives.'

IN FOCUS

CPA reports on market sustainability

What's the story?

The Care Provider Alliance (CPA) has published a new report, which reflects on a number of care providers' thoughts on the Fair Cost of Care process and lays out its key concerns. Care England said the new report, *Provider Market Sustainability – Planning Support to Councils*, offers an opportunity for local authorities to recognise the pressures facing independent providers now and in the future.

The CPA was tasked by provider members to produce this document for councils to consider ahead of finalising its Market Sustainability Plan. Alongside Cost of Care exercises, local authorities are required to develop and submit a provisional Market Sustainability Plan, which will be followed by a final Market Sustainability Plan when local government budgets for 2023-2024 have been confirmed.

What were the findings?

The key concerns for providers detailed within the CPA publication were workforce, energy, inflation and Return of Operations/Capital:

- Vacancies are up 52% in the last 12 months against a 48-year low in unemployment.
- 60% of providers will need to uplift care worker pay in addition to their annual pay uplift, due to the cost-of-living crisis.
- 88% of providers struggle to secure agency staff.
- 50% of agency staff are used to cover long-term vacancies.
- 26% cover short-term vacancies, which is additional to the staff costs they are covering.
- Recruitment costs are up 127% in the last two years.
- Overseas recruitment costs £3-5k per annum and, in some locations, accommodation is unable to be sought.
- Even after the introduction of the Energy Bill Relief Scheme and the introduction of a cap, energy prices for providers are three to four times what they were 12 months ago.
- Food inflation is over 15% of total costs currently for care home providers.
- Insurance premiums can be 400% higher than pre-pandemic levels.
- Councils do not apply sufficient return on operations or capital levels to sustain providers who need to maintain a profit/surplus to invest in their organisations and to stay in business.

What do the experts say?

Professor Martin Green OBE, Chief Executive of Care England, said, 'This report evidences the significant pressures care providers are currently operating under. It is now incumbent upon local authorities to recognise these pressures in their Market Sustainability Plans due to be submitted to the Department of Health and Social Care on 14th October, to reflect the current and future reality of the sector to sustain the workforce and financial viability, whilst also to address the impact of rising energy and agency costs, as well as rising inflation.'

NACC Meals on Wheels Week Returns

Meals on Wheels Week returns 31st October to 4th November 2022. The award-winning national awareness event, organised by the National Association of Care Catering (NACC), raises awareness of and celebrates Meals on Wheels services across the country and the vital role they play in supporting older and vulnerable people living in our communities.

The NACC is once again calling on everyone to join in the celebrations.

This can be by simply showing their support through social media and helping to highlight the valuable nutritional support Meals on Wheels gives older and vulnerable people living at home in the community. The week is also an ideal opportunity to spotlight the social contribution of Meals on Wheels services. Loneliness and social isolation are prevalent in our communities and Meals on Wheels, together with lunch clubs and day centres, plays a critical role in reducing this.

Sue Cawthray, the National Chair of the NACC, said, 'This year, as people face a winter where fuel bills hit an all-time high and, in some cases, may be making decisions on whether to 'heat or eat', the NACC is ensuring that its Meals on Wheels Week is once again raising the profile of such a vital service across the UK to those key decision makers and influencers.

'This important week is an opportunity to raise the significant issues we face around a dwindling service and the need for Government funding and support. It is imperative that our older population has access to a meal service delivered to their home and the social interaction that it brings to assist with preventing isolation.'

National homecare data survey launched

Researchers from Newcastle and York universities have launched a national survey to see how homecare data is collected, recorded and stored.

This survey is part of a project investigating whether it is possible to set up a national minimum dataset (MDS) on people using homecare services, known as the DACHA-DOM study.

The survey will provide information on whether the study would be supported by the sector and collect views on what sort of information it should contain. Findings from the survey will be shared with the sector, including feeding into the Department of Health and Social Care (DHSC) and NHS England's social care data and digitisation programmes, as detailed in Government's Digital Health and Care Plan.

A MDS is the term used within the sector to describe an agreed set of minimum information about its clients (or workforce) that needs to be collected, stored and updated. A core objective of a MDS is the pooling of data into a central repository (national or international) for use by local and national policy makers and researchers.

According to the researchers, one key challenge in defining a MDS for homecare will be to ensure that, without being overly burdensome, the information it collects is robust and includes the types of information that different stakeholder groups (e.g. homecare users and providers, policy makers, research community) believe are important.

If you own, manage or are a director of a CQC-registered homecare service, and would like to take part, complete the survey online today. The survey closes on Wednesday 16th November.

Providers urged to complete energy use survey

Following the recent launch of the Government Energy Bill Relief Scheme, the Department for Business, Energy and Industrial Strategy (BEIS) is asking businesses, including adult social care providers, to complete an important survey to better understand energy needs.

This is part of a three-month review to identify businesses and organisations most at risk from higher energy costs and those which may need ongoing support beyond 31st March 2023. The survey closes at 11.55pm on Monday 24th October, so providers are being urged to complete it before then.

The Government Energy Bill Relief Scheme will provide energy bill relief for non-domestic customers in Great Britain. Discounts will be applied to energy usage initially between 1st October 2022 and 31st March 2023.

Government will publish a review into the operation of the scheme to inform decisions on future support after March 2023. The review will focus in particular on identifying the most vulnerable non-domestic customers and how the Government will continue assisting them with energy costs.

The Outstanding Society launches new app

The Outstanding Society CIC (OS) has launched a new app to share and celebrate best practice in the social care sector.

Originally developed by James Rycroft, a board member of The Outstanding Society and Managing Director at specialist dementia care provider Vida Healthcare, the OS App has been established as a free resource for the sector.

The app is available to anyone wanting to learn more about the nursing and career opportunities that are available within social care, and to share lessons that can help everyone continue to improve.

Since 2021, the OS has been operating as a Community Interest Company, providing a free platform for everyone to share, celebrate and learn more about the amazing opportunities within the sector.

Promedica24 celebrates expansion

Europe's largest provider of live-in care services, Promedica24, is proud to announce the expansion of its support offering in Essex and the West Midlands. Since its launch in 2004, Promedica24 has gone from strength to strength and this latest move by the business means that the company now provides care in over 130 locations across the UK and Europe.

The new branches will cover areas around Chelmsford, Canvey Island and Southend on Sea, and Worcester, Droitwich, Kidderminster, Bromsgrove and Solihull.

As the only CQC-registered live-in care specialist, Promedica24 carefully matches individuals with carers who can support their needs, enabling people to stay in their homes as an alternative to moving into residential care.

NEWS FROM ACROSS THE GLOBE

Report reviews professionalisation of care workers

A new report from the Nuffield Trust reviews what the evidence shows about the professionalisation of care workers in other countries.

It draws on the experiences of those other countries to inform policy reforms that England may wish to consider, as part of a longer-term strategy for the adult social care workforce in this country.

Countries around the world have sought to address employment and improve conditions in a variety of ways. New Zealand funds homecare workers' travel time and travel costs, while Germany has introduced childcare grants and additional days of annual leave. Scotland is distinct in the UK for requiring providers to take staff wellbeing into account in their staffing decisions. Other countries such as Norway and Germany, for example, offer much more generous sick-pay provision.

International experiences suggest that measures must be designed and implemented together rather than introduced in isolation. Unless reforms are designed in tandem, they are likely to have limited effectiveness and could even risk exacerbating workforce recruitment and retention challenges. The evidence base on the impact of the different measures is still emerging and should be closely followed. While there are many examples of positive impact, there have been a number of notable unintended consequences which can be learned from. For example, mandatory training may introduce unnecessary rigidity, making it more difficult to retain specific groups of staff. Pay increases may further minimise the difference in pay for more senior staff and attempts to introduce guaranteed hours at a national level may not benefit all staff consistently.

Care workers are a diverse staff group. One in four are from Black, Asian or minority ethnic backgrounds and these groups are less well represented in senior positions. Professionalising the workforce and providing consistent opportunities to access training and development opportunities could help to address inequalities in progression and earnings and could also help attract under-represented groups into the workforce the report suggests.

Report authors Nina Hemmings, Camille Oung and Laura Schlepper said, 'As governments across the world are taking increasingly bold and creative action to embed workforce reforms, there is much for England to learn as it pushes forward with planned reforms while considering further action as part of a longer-term adult social care workforce strategy.'

Australia is introducing new quality indicators

The National Aged Care Mandatory Quality Indicator Program (QI Program) currently requires residential-aged care providers to report on crucial areas of care to support quality improvement and better health outcomes for older Australians.

The Australian Government Department of Health and Aged Care is expanding the QI Program from 1st April 2023 to include the following quality indicators:

- Activities of daily living – percentage of care recipients who experienced a decline in activities of daily living.
- Incontinence care – percentage of care recipients who experienced incontinence-associated dermatitis.
- Hospitalisation – percentage of care recipients who had one or more emergency department presentations.
- Workforce – percentage of staff turnover.
- Consumer experience – percentage of care recipients who report 'good' or 'excellent' experience of the service.
- Quality of life – percentage of care recipients who report 'good' or 'excellent' quality of life.

Approved providers must:

- Start collecting new quality indicators in the April-June 2023 quarter.
- Submit quality indicator data in the 1st-21st July 2023 reporting period.

Introducing these indicators by July 2023 aligns with recommendations of the Royal Commission into Aged Care Quality and Safety.

Call for sustainable care settings

The World Health Organization (WHO) and over 20 leaders from governments and international organisations agreed (and called for) action to increase climate resilience of healthcare facilities and increase indoor air quality through sustainable energy.

The call to action focuses on six areas based on a Strategic Roadmap to promote healthier populations through clean and sustainable energy, to address inequalities and health concerns caused by a lack of access to clean cooking and electricity in healthcare facilities. Actions include development priorities essential to protect public health; dramatically increasing public and private investments in electrifying healthcare facilities and in clean cooking; and developing tailored policy and financing schemes to unlock the potential of clean and sustainable energy solutions.

An estimated hundreds of millions of people are served by health facilities lacking electricity. This limits access to essential, life-saving medical devices and dramatically hampers the quality, accessibility and reliability of health services delivered.

When accelerating access to clean cooking and electrifying healthcare facilities, the WHO says COP27 offers a great opportunity to move forward in mitigating climate change and building the resilience of health systems, protecting public health now and in the future, while saving millions of lives. The High-Level Coalition says it stands ready to work with all partners at COP27 and beyond to accelerate action to ensure a healthy, clean and safe future for all.

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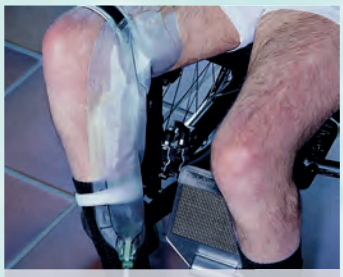

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WINTER WARNING:

The support the sector needs

With the onset of winter and a cost-of-living crisis akin to that of the 1970s, CMM asks the new Care Provider Alliance (CPA) Chair, Nadra Ahmed OBE, how the care and support sector will cope and what the focus of CPA will be over these next few months.

I believe that providers have learned some critical lessons about resilience and preparedness over the last two years, but whether the sector can ever be truly ready for this winter remains questionnable.

There are too many unknown headwinds our sector faces, both for individual services and for the united coalition of the Care Provider Alliance (CPA), which represents more than 70% of all social care and support colleagues.

The social care sector is facing extraordinary challenges this winter and beyond if no interventions are made to support it.

While demand continues to rise, the Health and Social Care Select Committee has stated that social care and the NHS face the greatest workforce crisis in their history. It is concerning to note that this shows a worsening position for the first time on record. This month's *State of the Adult Social Care Sector and Workforce in England* report from Skills for Care highlights an ever-deteriorating position on staff vacancies.

On top of this, after decades of underfunding, providers are faced with inflationary pressures of circa 10% on everyday essential items, and fuel and energy bills are rising by some estimates of over 400% without any commensurate increase in contracted income. These expenditure pressures make retention and recruitment of staff harder than ever as they threaten overall financial sustainability.

The aims of CPA

All members of the CPA remain committed to ensuring that people of any age can maximise their independence and lead fulfilled lives with access to high-quality care and support when they need it most.

With this in mind, the CPA will continue to work with those in the Department of Health and Social Care (DHSC) and beyond; we are focused on establishing relationships with the new administration at all levels and across all Government departments whose policy makers have a role in creating a sustainable social care sector.

Furthermore, we will continue to engage effectively with the commissioners of care and support services – both within integrated care systems and local authorities – to ensure the whole of our adult social care system is recognised as an essential part of a wider health and wellbeing offer.

We need to work on coming together with the NHS to create a firm foundation which cements our collective aims, vision and ambitions in order to have a truly integrated workforce plan.

We must also remember and reiterate that, alongside providing meaningful care and support to a wide range of people, the adult social care sector is estimated to contribute £41.2bn per annum to the economy in England, and as such we are not an insignificant part of the working population.

The current picture

It is important to acknowledge that sector pressures are not just experienced when we move into the winter months; they impact us all year round. The vast majority of our members are small- and medium-sized enterprises, with very limited financial and physical resources.

Margins are tight and providers are already working at full capacity and beyond, before adding operational pressures such as increasing prices of fuel.

CPA is aware that, in the homecare sector alone, providers need an extra £107m a year to cover the rise in fuel >

> costs. Homecare provision will be key to any discharge policies that emerge from the Truss Government going forward and this part of the sector therefore needs to be supported.

Other data adds to the real concerns that more providers could be on the brink of collapse. The South East Social Care Alliance reported in its market stability survey that workforce pressures are the worst most providers have ever seen them. The evidence shows that 90% of providers reported that the situation regarding workforce pressures is either worse than it's ever been or somewhat worse, and 74% of providers suggested fees are not meeting the real cost of care.

"...it is critical that we find a solution to the funding gap between the FCoC rates and the true costs being absorbed within the balance sheets of our care services"

It is important to consider all the other pressures faced by providers too, like the Fair Cost of Care (FCoC) exercise.

Since September 2021, when the charging reform policies were first proposed in the Government's Building Back Better plan, the CPA has been working with providers to analyse the operational and financial impact of the FCoC. We have found that:

- Engagement across the sector has been good, with 53% of care homes in England participating in the FCoC process, attending meetings, registering on the national tool, and discussing with us the approach taken by their councils.
- Providers talked with us at length in FCoC workshops around the National Living Wage (NLW) annual uplift applied by most councils to care workers' pay. We have advised DHSC it is not an accurate indicator of costs incurred by providers, and that councils continue to fund below the cost incurred by providers to meet their NLW uplift obligations.
- Providers also incur an increase at circa 130% of the base salary costs to account for holidays, sickness, training and other on-costs.

We will continue to represent providers as the Fair Cost of Care exercise moves forward, however it is critical that we find a solution to the funding gap between the FCoC rates and the true costs being absorbed within the balance sheets of our care services. One suggestion would be to change the retrospective budgeting approach taken by the Treasury and paid to local authority funded providers.

We are keen to ensure high-quality care provision remains the default position and that we can all work towards improved outcomes for the people we support. That is why there is still more for CPA to do on the FCoC and we will continue to advocate for a fair and realistic funding settlement for the sector.

Steps for providers

The UK has this year seen extremes in weather, fuel shortages, contagious disease outbreaks and outbreaks in COVID-19 continuing. Providers face so many circumstances that can disrupt the day-to-day activities within their services, but business continuity plans can help.

Primarily, business continuity planning is about how you might go about maintaining services in any given circumstance, rather than about how best to resolve specific issues. Without any desire to create additional work within operational services at this busy time, it is critical to have a business continuity plan in place and to review it regularly to comply with the expectations of contracting local authorities, healthcare commissioners and the Care Quality Commission.

"People's experience, expertise and opinions should underpin good care and support planning at a local, system and national level"

It is good practice to have a robust plan in place which is communicated through teams to avoid reactive actions. It is also vital to keep staff versed in the latest plans to ensure continuity of care and support, and to ensure that your business can continue if a problem occurs.

CPA's business continuity planning guidance and resources are available to everyone online. Last year, we added power outages guidance and support planning information for providers and, while we do not cover everything that can happen, our templates offer a good starting point for reviewing your plans.

There will of course be community engagement plans locally you can access as well. Consider linking up with the strategic arrangements your council and NHS teams have in place to tackle cold weather alerts and any surge in demand for services.

Lastly, it is not only operational continuity we are focused on this winter. People are at the heart of everything we do here at CPA. Our sector provides amazing support for so many people, from helping people to learn a new skill or visit the doctor, to caring for the most complex individuals with clinical nursing support. We also know how much successful care services rely on good leadership. People's experience, expertise and opinions should underpin good care and support planning at a local, system and national level.

If you are running a business this winter and things are getting really tough, get in touch with your national or local care association, even if you are not a member. We can offer practical support and advice and ensure that you are not alone.

On behalf of all of us here at CPA, I wish to extend a huge thank you to everyone working this winter, whether it is your very first day or you have years of experience. We know that many of you have worked tirelessly – so thank you. Our communities and the people we support value everything you do, as do we who represent you in our collective fight for social care. **CMM**

Nadra Ahmed OBE DL is Chair of the Care Provider Alliance and Chairman of the National Care Association. Email: **info@careprovideralliance.org.uk** Twitter: **@CPA_SocialCare**

How are you feeling about the winter ahead? Are you confident that your service will be able to handle additional pressures, or worried at what the season might bring? Share your thoughts and feedback in the comments section at **www.caremanagementmatters.co.uk**

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Time to evolve:

Changing student nursing placements

Following on from their previous feature, Joanne Bosanquet and Richard Adams look at student nursing placements and how they can be improved to encourage more nurses to choose a career in social care.

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FROM XERO

In our last article, we wrote about the ongoing cycle of roundtable conversations on social care nursing and the image problem from which it suffers. We bemoaned how these events could often turn into a talking shop, resulting in the same comments and calls to action being made, but little tangible activity.

In an attempt to break away from this cycle, we summarised five key areas where action could be taken to improve the profile of adult social care nursing. Our aim was to suggest practical steps that could bring about sustainable change.

The first area we looked at was expanding the number of student nurse placements in social care settings. We highlighted the importance of undergraduate experiences early in nurses' careers. Here, we delve deeper into what's involved in the provision of placements in social care and look at some of the resources and research that explore what makes a successful placement.

Why are placements important?

There are growing calls for student nurses to have a broader experience of clinical placements that moves them away from hospitals to include greater focus on primary care settings, including care homes. As healthcare faces a growing population of older people with increasingly complex long-term conditions, the requirement for nurses with the expertise to meet these needs is well understood. The provision of placements in the care sector is vital in supporting student nurses in starting to develop this expertise.

Integration of health and care services and commissioning is becoming commonplace across the UK. Interprofessional learning is therefore next on the agenda, so increasing visibility in a community or care home context will support mutual understanding between nursing and social work, occupational therapy, wellbeing support, physiotherapy and more and enhance future joint working.

Right place, right time?

Care homes have historically been perceived as offering little value to students as their skills and experience develop. As such, care homes are often the first placement student nurses undertake, to learn the 'basics' of care. Rarely are care homes utilised to provide placements in the second or third years as students become more advanced in their practice. At this point, the hospital beckons and primary and community care take a back seat in the minds of students and tutors.

There are of course exceptions to this, especially if the university has a strong research focus on social care or the ageing population. Kingston University has long been a beacon and leader in its field, focusing learning on wellness and then gradually on illness. Placements have been creative for some years and they combine their nursing faculty with social work.

"Instead of perpetuating aged tropes, universities should strive to be change agents, encouraging students to learn in the social care context precisely because the competence and range of skills is different from that of hospital settings"

Sadly, this approach is not widespread, as is evident in the recent experience of one of the authors, who supported care home staff through their training to become Registered Nurses (RNs), only for those staff to be actively discouraged by the university from working in a care home when they complete their programme. The rationale given was that they would become de-skilled. Such attitudes seem out of step with the increased awareness of the demand for nurses with aged care expertise, and show a lack of understanding about the role of the nurse in a care home setting.

Instead of perpetuating aged tropes, universities should strive to be change agents, encouraging students to learn in the social care context precisely because the competence and range of skills is different from that of hospital settings and provides a valid alternative to hospital-based careers. Derby University is one of those that is getting there but, there, social care sits with occupational therapy and allied health, so it may well be that student nurses don't get to experience interprofessional learning and development.

Research on the experiences of student nurses on care home placements reinforces this issue: students on placement spend much of their time with care staff and not RNs. Because the placement comes in the first year of their programme, the objectives around learning the skills and practice of helping residents get washed, dressed and ready for the day ahead do not reflect the role of the RN in the modern social care environment, which is much more focused on co-ordinating care and supervising the care team, as well as co-ordinating some of the more complex care interventions. As a result, students cannot fully appreciate the nature of the RN role in the care sector. The more the sector can support students later in their programme, the more complete their understanding of social care nursing will be.

This mismatch in the requirement of the early placement versus the role of the RN in the care sector suggests that universities perceive care homes as marginal learning environments, with little ability to support student learning in later stages of their programme. Anecdotally, we have heard that if the majority of teaching staff in the faculty have a background in hospital nursing, they are less likely to champion social care as a viable learning and development opportunity.

None of this is new, but the question remains: how do we challenge and change this perception? Skills for Care has made a great start, producing a guide showing how placements in different care settings support students to meet the Nursing and Midwifery Council Nurse Standards of Proficiency. This guide is aimed at students, providers and universities and presents several case studies describing providers' experiences of supporting placements. Crucially, it illustrates how social care placements support students in achieving objectives throughout their programme, highlighting how care sector placements have value beyond the traditional first year, first placement (get it out of the way) arrangement.

There are also things that providers can do themselves to start to change such negative and frankly outdated perceptions. Understanding what makes for a good placement experience is vital in providing a positive experience.

What makes a good placement?

Care home residents tend to be clinically stable (acutely) and present a wide range of longer-term health and wellbeing issues. This, combined with a good staffing model, can provide a rich environment where student nurses have the time and space to develop knowledge and practise skills in assessing, planning, implementing and evaluating interventions and care. This can include developing their knowledge and confidence around quality, innovation and evidence-informed practice, both from a practice perspective and with levels 6 and 7 of their >

> academic studies. Despite this, students frequently approach care sector placements with the preconceived idea that their experience will be far from positive, and of less value than a hospital-based placement.

"Initial contact with students before their arrival with information about the type of home, what to expect on their first few days, and details about their mentor/ supervisor is vital"

These concerns are borne out by multiple studies showing that student nurses, especially those in their first year, feel unprepared for what is frequently their initial clinical placement, and that the care home is often unprepared for them. Students find care home placements emotionally demanding, find working with older people, especially those with dementia, intimidating and occasionally find themselves alone in situations they feel ill-equipped to deal with.

Care homes can combat this in several ways. Initial contact with students before their arrival with information about the type of home, what to expect on their first few days, and details about their mentor/ supervisor is vital in helping students feel wanted and welcome. The student's mentor should be available on their first day to welcome and orientate the student – something which will require some supernumerary time to be truly effective. There are lots of examples where general practice nurses have developed a welcome pack, have a welcome board with photos of staff and build a sense of excitement amongst the team. These tips are easy to do and mean so much.

Capacity to mentor and support student learning is a frequently cited barrier to a positive placement experience. Care homes offering placements should ensure that the mentor has the time to work with their student to allow them to practise skills, reflect on their practice and work more independently as the placement progresses. Research exploring student nurses' experiences in care homes suggests that the relationship between student and mentor is of the utmost importance when evaluating the learning and placement experience. Having a named person, contact number and regular touch points will ensure the very best outcome for student and care home.

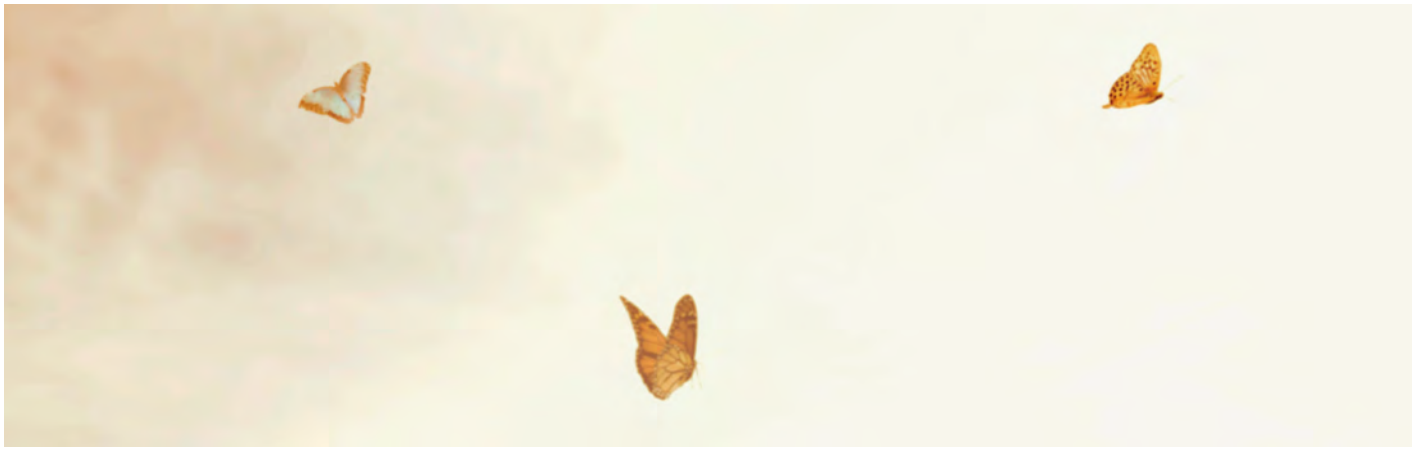
Mentors need to be clear on the learning outcomes expected of the placement and how these can be achieved. When discussing student placements with the team, one of the authors found that RNs were concerned about their own lack of familiarity with the learning requirements and competence to act as a mentor. This suggests that when approaching universities about providing placements, there needs to be some discussion with the university about the support that it can offer to combat these concerns. In this case, the university has indicated its preparedness to provide training and development focused on the role of the mentor (or practice supervisor).

Meeting the workforce challenge

Placements for student nurses in social care are vital to ensure we continue to attract nurses into care homes, as shortages in staff and expertise become more pressing. Care homes offer a rich and varied experience for students throughout their undergraduate programme. Increasing engagement between care homes and universities helps to develop universities' understanding of the RN in social care and improves the care home's ability to support students in their placements.

Providing student placements is not easy, but it does come with its rewards. In our experience, care homes providing placements benefit from a greater sense of esteem and renewed purpose. We have also found that the ability to provide a positive placement experience carries over into the ability to provide a positive experience for newly registered nurses. And let's not forget the five standards from the Care Quality Commission which support the case for hosting students – Safety, Effectiveness, Caring, Responsive, Well Led. All these can and should be evidenced by the end of a placement and it will support understanding of regulation to boot!

To join our conversation and offer hints and tips to other care sector providers on hosting students, post on Twitter using the hashtag #CMMStudent. We will see you there. **CMM**



Joanne Bosanquet MBE is Chief Executive of Foundation of Nursing Studies (FoNS). Email: **joanne.bosanquet@fons.org** Twitter: **@MrsBosanquet**
Richard Adams is Chief Executive of Sears Healthcare. Email: **richard.adams@searshealthcare.co.uk** Twitter: **@SearsHealthcare**

How do you find student nurse placements? Do you feel more needs to be done by universities? Share your thoughts and feedback on this article at **www.caremanagementmatters.co.uk**

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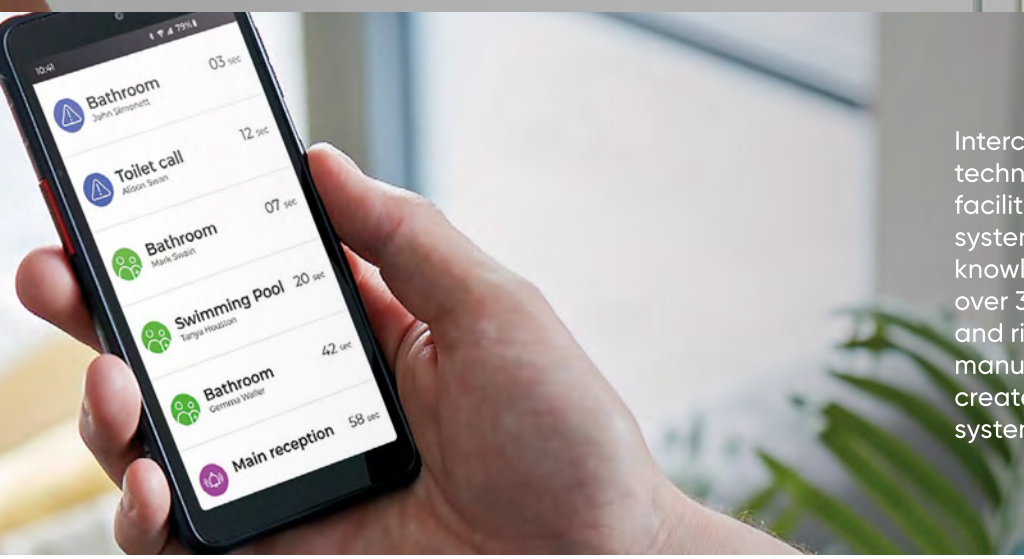

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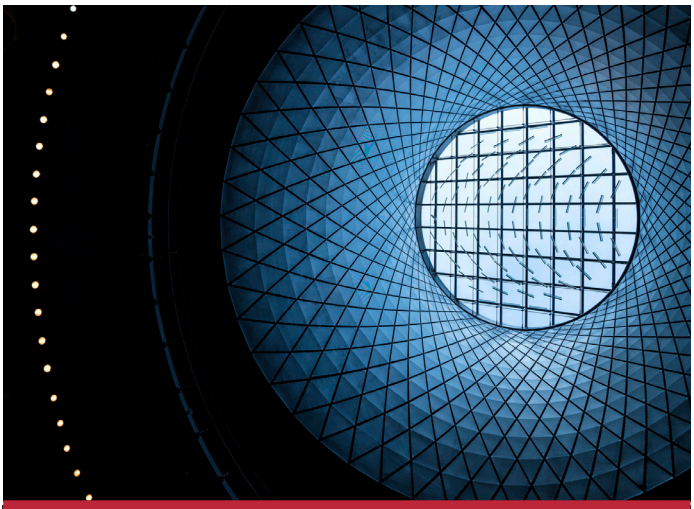
Into Perspective

Information accurate at time of publication.

What evidence has the new Government offered to show its support for social care?



The Government has promised to honour its manifesto commitments – building hospitals, recruiting more clinicians, improving access to general practice, and 'fixing adult social care'. With a workforce vacancy rate escalating and providers struggling to meet people's needs, how much confidence do care leaders have?

Liz Truss's tenure as the Prime Minister began on 6th September 2022, following Boris Johnson's resignation. In the October issue of CMM, Mark Adams, the former Chief Executive of Community Integrated Care, recalled the former PM's comment, 'We've reformed social care.' Mark wrote, 'Well, in the true spirit of the pantomime that was Boris Johnson's term in office: Oh no, you didn't.'

The Conservative Party Conference Speech on 5th October detailed the tasks assigned to the Health Secretary, Thérèse Coffey. The NHS continues to dominate the Government's health agenda, with the publication of the Government's *People Plan for Patients*. The main points: ensuring patients can expect GP appointments within two weeks; ensuring those needing urgent care are seen on the same day; getting ambulances out there faster to improve A&E; busting the COVID-19 backlog and bolstering social care, so everyone gets the care they need. The Government also promises to support care providers to switch to digital records and will test and scale technologies to support people to live fulfilling, independent lives. However, plans have changed and the Chancellor of the Exchequer announced that the 1.25% rise in National Insurance, also known as the Health and Social Care Levy, will be reversed from 6th November.

Workforce recruitment

Across social care, there were around 165,000 vacancies in 2021/22 and around 1.62 million filled posts. According to a Care Provider Alliance report, vacancies are up 52% in the last 12 months against a 48-year low in unemployment. The Department for Work and Pensions (DWP) said it will promote careers in adult social care to jobseekers. The Government is developing the knowledge and skills framework, career pathways and ongoing investment in learning and development to support progression for care workers and registered managers. However, as Dr Philippa Waterhouse, Senior Lecturer in Health and Social Care at the Open University, highlights, the role of the care worker has significantly changed in the last two decades. Sector reforms and population change have transformed ways of working and intensified demand for social care; it's therefore important the Government considers the role of care workers today and beyond.

Funding of £15m has been allocated this year to increase international recruitment of care workers, supporting providers with visa processing, accommodation and pastoral support. However, findings reveal that overseas recruitment costs £3-5k per annum and, in some locations, accommodation cannot be sought.

Delivering the care cap

The Government said it will work with local government to deliver the 'cap and means test' reforms by October 2023. However, the County Councils Network (CCN) warns the system is under serious pressure, with councils facing a 'perfect storm' of financial and workforce pressures that mean the Government should push back its introduction to October 2024. The CCN says inflation will add £3.7bn of additional costs to existing services by 2023, whilst councils face a workforce crisis with thousands of vacancies unfilled. CCN warns councils will be unable to recruit an estimated extra 5,000 staff over the next 12 months to undertake an additional 197,000 care and financial assessments needed, which is a 45% increase on current levels. This extra demand will create longer waits for care packages; at present, there is a waiting list of almost 300,000.

Improving pathways

The Government's £500m Adult Social Care Discharge Fund promises to 'inform further action from next year to rebalance funding across health and care' and will help to 'establish a strong and sustainable social care sector with greater accountability for use of taxpayers' money.' The fund will support discharge from hospital and bolster the social care workforce, to free up beds. The Government will hold the local NHS and local authorities to account for implementation. Simon Bottery has shared his commentary on page 5.

A promising start

Professor Martin Green OBE, Chief Executive, Care England @ProfMartinGreen

The new Prime Minister and her Government have made a good start in relation to social care. During her campaign, she committed to delivering an extra £13bn to the social care sector; this is in stark contrast to the £3bn we should have been offered by her predecessor. In a short time, Ms Truss has delivered a new ministerial team, headed by the Secretary of State, who is also Deputy Prime Minister, and the new ministerial team has committed extra resources for international recruitment and established a task force to improve the process. They have abolished the health and social care levy, which was putting enormous pressure on social care providers; they have committed to tax cuts, which will help social care employees; and also made statements about the interdependence between health and social care.

These are good initial steps. Now we are looking for a Government that will have a clear strategy for social care, including a 10-year plan for the workforce and a real commitment to ensuring social care is funded sustainably. More widely, the sector needs to be reframed to make care a valued and properly rewarded career. The sector requires a 10-year workforce plan, akin to that of the NHS, where career progression, pay and rewards are identified. We need to develop some clear skills and competency frameworks, and a set of portable qualifications so that people can easily move between providers, and this must be done with a matter of urgency.

"We need parity of esteem with the NHS"

We need parity of esteem with the NHS, and the Government should focus on delivering outcomes. Rather than thinking about systems and processes, it needs to shift its focus to people and outcomes. This may include a significant shift of resources between health and social care. Undoubtedly there is much to do but, in the first month of the Government, half of it has been overshadowed by our national mourning for her late Majesty. I consider the Government to have made a promising start.

Must acknowledge the value of staff

Neil Russell, Chairman of PJ Care @sprat_neil

This Government, like most of its predecessors, has not shown any real support to social care and this fiscal statement continued this trend. It has shown a good amount of (vote-winning) support to families paying privately for social care, but often these families should not be paying at all.

The lack of finance in social care and healthcare is exacerbated by the prevalence of investment houses taking money out of the system by paying dividends to shareholders. But even without this, all social care providers are struggling to meet the needs of those they care for with the income they can currently generate. Bed prices have risen by well below the rate of inflation for so many years; it is now cheaper to stay in a care home, with all the benefits that come with full board, entertainment and care, than it is to stay in a B&B.

If this Government is serious about supporting social care, it needs to address the growing gap between social care and healthcare; otherwise, problems within the sector will only get worse.

Funding to meet the real needs of the individual, rather than finding the cheapest option, will save money. We see budget wars within the NHS and local authorities that are extremely detrimental to the health and wellbeing of those we care for. Commissioners often select homes for individuals because they are 'cheaper' without taking into consideration the specialist care that person might need. Because they haven't been given the right environment, the care of that individual ends up costing more elsewhere in the NHS. Placing people in unsuitable environments also causes great risk to themselves and those around them.

Another priority must be addressing staffing issues. We won't be able to attract more people into the industry, and keep them here, until politicians acknowledge the value and worth of care staff. They must address the care industry's inability to match wages in other sectors, which is currently forcing workers to make traumatic decisions to survive. Many carers have no choice but to seek employment elsewhere. We must give them a real choice and a career that is fulfilling and rewarding, but we cannot do that if we cannot pay them.

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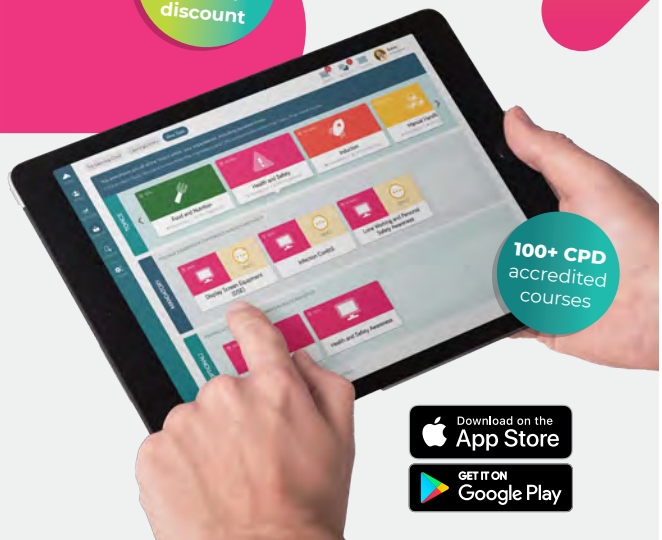

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THE CARE INNOVATION CHALLENGE

CMM MEETS THE WINNER

The National Care Forum (NCF) Care Innovation Challenge finalists went head-to-head at the Care Show in Birmingham on 13th October. CMM's Olivia Hubbard caught up with the winner, Team CHIP, to hear their reaction and to find out what's next.

Cash for Independent People (CHIP) is a banking app that supports adults with learning disabilities in digital transformation – it's fully tailored to what people need. It recognises that money is becoming digitalised, but people with learning disabilities are being left behind. It is the winning project in NCF's Care Innovation Challenge.

CMM: Congratulations Team CHIP! How does it feel to be crowned the winner?

Team CHIP (Megan): I am ecstatic to be honest! The number of people who have been so excited about what we are doing is amazing. I'm just so excited, I couldn't have asked for anything more really.

Team CHIP (Lauren): I do feel really emotional about it because this is about people's real lives and their experiences. Throughout the challenge, we heard how the topic of payment for people with disabilities is a real challenge and it's amazing that we can do something together and collaborate to implement change – it's incredibly inspiring.

CMM: How much preparation have you done since we last spoke?

Team CHIP (Lauren): We focused on co-production. Our mentor, Paula Fairweather, really encouraged us to speak to people with lived experience rather than ploughing ahead and building an app based on assumption. It was important to actually speak to people and take the time to listen. We have done a lot of listening. Whether that's with social workers, local authorities, professionals working in the sector or people with lived experience, we have been listening, listening and listening and that's going to continue.

Team CHIP (Megan): We are constantly learning. We have a potential solution, but we aren't saying that this version of CHIP that we have right now is the absolute answer. When we speak to someone, we are learning something new. We need to put phase one out there and learn, test and try again. It's been so exciting getting to speak to real people at the Care Show and learning how we can take CHIP forward.

CMM: What feedback did you receive at the event?

Team CHIP (Lauren): What I really liked was that the Care Show is a really busy event – we spoke to people and said, 'come and chat to us' and, despite everyone being so busy, as soon as we mentioned the idea, they were like, 'Oh, wait, that is actually really interesting.' It's nice that people got really engaged with the idea and asked interesting questions about how the app could be used to help people with different conditions: what about dementia; what about mental health, etc. So many people told us their stories. A lady spoke to us about her daughter who has a learning disability and is going through the process of setting up a bank account. This lady was very generous with her time and spoke to us about what the challenges felt like to them and the anxiety both she and her daughter felt. She said something like CHIP could really help.

CMM: What's next for Team CHIP?

Team CHIP (Lauren): I probably need about three litres of water and a good night's sleep first! We have met people with a range of experience, whether that's in tech, banking, providers or people specialising in supporting people with learning disabilities. It's going to be a case of going forward with those connections and having those meetings, then really honing the plan. There's lots of options, it's a case of working out what is going to be the best one for us. How do we maintain the central aim that we have? We recognise that we need someone on the team who has that banking/tech background. It's about working together to help take it to market really.

Team CHIP (Megan): No matter the pace of this project, it's important to keep the co-production element at the core. It's what's key for us. We don't want to go down the route of just developing a solution.

CMM: What would be your advice for next year's entrants?

Team CHIP (Megan): I would say learn about your problem first. Don't go to the solution immediately – explore the problem, dive deep into it, collaborate openly and communicate well with each other.

Team CHIP (Lauren): Don't be afraid to go on your own. Megan and I went to the weekend in Coventry on our own, not knowing anyone. I was a bit nervous driving there and I almost regretted signing up because I had a really busy week at work. I was driving there and I thought, I don't know what to expect. If you are going alone, don't let that put you off because it could be your strength. I would never have met Megan without doing the weekend and I wouldn't have had all of her knowledge and insight. Oh, and take coffee!

CMM: How would you sum up your partnership with the National Care Forum (NCF)?

Team CHIP (Megan): I would like to say a massive thank you to the NCF for the opportunity. The weekend in Coventry was just incredible. I've been to many different events like that, and they haven't been anywhere near as good! The NCF's support has been incredible, and everything has been so streamlined and supportive.

Team CHIP (Lauren): A massive thank you to Helen Glasspool and Professor Vic Rayner OBE, and all of the NCF team. Their energy and passion for the sector is what's helped keep it going. Vic said it in her speech, 'The challenge is about the people drawing on care and support.' It's about that co-production. For me, that's what attracted me to it. It is about business and innovation, but it's about teamwork. Our mentor, Paula, was so generous with her time and was a real cheerleader. I think keep doing it, it's brilliant, we need it. We need more partners on board to make it a big thing. We are very big on girl power too! There are so many people working in social care who don't realise the skills and talent they have because we are such an unrecognised sector. There are so many front-line support professionals and registered managers who don't realise how skilled and talented they are. I would say to those people – it's important they realise how much they have to offer and can help to develop innovation.

CMM: How have your families and friends reacted to your success?

Team CHIP (Megan): After my interview with CMM, I did finally tell my parents! I thought maybe I should tell them. They were so buzzing for me. They don't know I'm here at the Care Show! I'm missing two full days at university, but this isn't a day I would miss.

Team CHIP (Lauren): My sister is going to be really mad at me because she said I can't get another job! I've already got two jobs. I'm going to have to go: 'I'm really sorry, but we won!'

Supporting CHIP

Team CHIP's mentor, Paula Fairweather, National Coproduction Advisor at Think Local, Act Personal (TLAP), said, 'I'm absolutely elated for Lauren and Megan. They have both worked so hard and are well-deserving winners. It's a fantastic product and I'm looking forward to our continued work together. I can't wait to see the progression of this wonderful app that will be life changing for many. It has been an absolute pleasure working with Megan and Lauren.'

Lauren's Manager, Renny Wodynska, Head of Midlands Area Team at Skills for Care, said, 'Skills for Care is extremely proud of Lauren and her colleague, Megan, Team CHIP. It's really important that we support innovation in the sector; to see individuals like Lauren and Megan coming up with this idea, and all the co-production that's part of it, is just fantastic. I'm really proud and I've let my chief executive know. I've let my director know already and they just went 'wahoo!'.

Renny added, 'It's just such a fantastic idea and I think it really generates different thinking. Different people with different attitudes, knowledge, coming to support the social care sector. We have got to think differently. I think as we get older, I'm in my 60s, people will want more tech, more digital solutions, we are used to them at work. It's different when you are in your 90s, 100s etc, but for people of my generation, we are working with tech, we want to be self-supporting, so this is brilliant. I'm just so proud. I think it's wonderful.'

Professor Vic Rayner OBE, Chief Executive Officer of the National Care Forum and Chair of the judging panel, said, 'What a fantastic end to a brilliant three-month adventure with some amazing participants who have shown huge passion, drive and commitment towards changing the face of care, improving the quality of care for people who receive care and for bringing their enthusiasm to the sector. We loved working with them all – it's a shame that everybody can't win. We are delighted that Team CHIP has taken the final prize and we look forward to seeing what is going to happen with them in the future and can't wait for next year's challenge. Bring it on!' **CMM**

Team CHIP's poster showcasing target market and product features

Applications for next year's Care Innovation Challenge are now open. Creative thinkers, anyone who has a passion for making ideas a reality and people who want to make a positive difference to people's lives are invited to apply at **www.careinnovationhub.org.uk**

Lauren Stacey is Locality Manager at Skills for Care and Support Professional for Wellys Workplace. Email: **staceyl@outlook.com**
Megan Hamill is studying Geography and Innovation at Bristol University and is a podcast host. Email: **megan.hamill@hotmail.com**

For more information about the Care Innovation weekend, visit **www.careinnovationhub.org.uk**

UNDER THE SPOTLIGHT:

Investigating and handling complaints

Anne Doswell-Moore, an experienced Complaint Investigator acting for social care providers and local authorities, shares her practical experience of investigating complaints and Neil Grant, a Partner at Gordons Partnership Solicitors, shares his thoughts on the importance of handling complaints effectively.

An investigator's view: Anne Doswell-Moore

Complaints in care settings can arise through simple misunderstandings or genuine dissatisfaction. Usually, discussing the matter can determine the cause and a satisfactory solution may be found. A record should be made of the concern, whether it is made verbally or in writing.

Information from complaints often provides an opportunity to learn from any mistakes and offers opportunities not to repeat any failings. Effective complaint handling also demonstrates and promotes a culture of transparency, improvement and service development. No one should feel afraid to make a complaint or feel threatened by the outcome. The attitude should be, 'If we get it wrong, we want to get it right'. This allows for a full, thorough, fair and open investigation.

That all sounds obvious, doesn't it? However, you would be surprised how often this doesn't happen. As a Complaint Investigator, the most frequent observation I hear from complainants is that they don't feel listened to. By the time someone makes a complaint, often a lot of time has been spent deciding whether to make a complaint and emotions are running high.

This can often lead to an emotional and hard-hitting letter of complaint. It is vital that you take a step back and work through the complaint to establish what the complaint (or multiple complaints) and desired outcomes are. Once you have this, you can then begin formulating a plan on how to deal with the complaint(s) effectively.

Gathering the evidence

The providers I have worked with have fallen into two categories: I have either been investigating them on behalf of someone else, for example, a local authority, or as part of an investigation on their behalf. In both categories, a very common feature is that the expectations at director level about practice do not match what is being delivered by the wider team.

For example, a director of a company whose organisation had been complained about by a former service user gave me a thorough, open and heartfelt description of the services provided by the organisation and how it worked. Statements included: 'That would never happen here, the staff are all trained and know what to do' and 'No, we just don't allow that.' They had undertaken an internal investigation but did not take the time to speak with individual staff members in depth, instead referring to the written recordings of the issue as their main focus of the investigation. This led to an unsatisfactory resolution and I was then commissioned to undertake an independent investigation.

During the investigation process and from talking with staff, it transpired that practice was very different. The lesson learned here is that far more information can be gleaned from speaking to people involved in an incident than taking the information from a form.

When this was highlighted, the attitude from the provider was a positive one to improve communication throughout the organisation.

I asked some of the organisations I've worked with what they felt the benefits of using an independent person had been. The responses were quite eye opening. People referred to feeling 'too involved in the complaint to be impartial', 'feeling distressed', and 'witnessing first-hand the negative impact that the complaint had had on the team as a whole'. Some had been advised by their insurance companies that apologising to the complainant could be construed as an admission of fault and leave them at risk of legal action. This is in direct conflict with the provider's responsibility to be open and transparent and can further damage the relationship with the complainant.

Even though I upheld the complaint, I was able to offer a clear and concise report of my findings, which enabled >

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> me to work with the provider to develop an action plan for improvement. Acting in this way can enhance your reputation as a provider with commissioners and regulators; it demonstrates a positive culture of transparency and honesty and should satisfy the complainant that they have been taken seriously and lessons have been learned.

Communication is key

Generally, the most common factor in why a complaint has occurred is poor communication. Whether this is down to misunderstandings, staff not being trained properly and/or a lack of understanding, all of this can be easily remedied.

I am often asked if investigating complaints is depressing. Well, it can be, but for me it is about justice, putting things right and making changes and improvements that benefit all parties involved in the service. This is the rewarding part of the job that drives me in what I do.

Investigating complaints is undoubtedly time consuming and costly; however, a care service is judged on how well it deals with complaints. If not done thoroughly and without bias, this can have a huge impact reputationally, locally with commissioners and nationally with regulators.

Conversely, if the complaint has been taken seriously, thoroughly investigated, with findings backed up by evidence, then even if the complaint is not upheld there is usually a level of satisfaction from the complainant resulting in a satisfactory resolution to the complaint for all parties.

A solicitor's view: Neil Grant

Understandably, lawyers focus on legislation, guidance and case law when approaching matters of legal compliance in the health and social care sector. However, what Anne Doswell-Moore highlights is the importance of one's mindset in responding to complaints. The law may provide the framework within which providers operate. However, compliance is about attitude, capacity, capability and a relentless focus on doing the right thing.

CQC is changing the way it regulates the sector in a practical sense. Details of CQC's ambitious new strategy are available at www.cqc.org.uk/about-us/how-we-will-regulate/ In summary, its performance assessment framework is changing, as is its regulatory methodology. Scheduled inspections have been replaced with inspections based around an ongoing assessment of risk. Central to this exercise is a far greater focus on feedback from people using services, as well as from families, friends and advocates. Indeed, CQC has said it wishes regulation to be driven by the needs and experiences of people using health and social care services.

It is therefore not surprising that complaint handling forms a central component of the quality standards which are due to be implemented in 2023.

Under 'Responsive', there is a quality statement titled 'listening to and involving people.' It states: 'We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what's changed as a result.'

This quality statement is specifically linked to Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which covers receiving and acting on complaints. The statutory requirement is simple and concise:

- Any complaint received must be investigated and necessary and proportionate action must be taken in response to any failure identified by the complaint or investigation.
- The registered person must establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.

Anne's insightful comments cover point one above, with a focus on taking necessary and proportionate action in response to complaints. However, this needs to be underpinned by an accessible system for handling complaints by service users and other persons which must then be operated in an effective manner.

Sometimes providers try to separate out formal from informal complaints. I have come across cases where verbal complaints have not been recorded as a formal complaint, only those in writing. In another case, complaints sent into a provider from CQC were recorded separately, not on the complaints log. However, all complaints need to be logged in one place to enable any themes or trends to be identified.

Complaints policies will need to highlight the right of publicly funded service users to take their complaint to the public body funding their care. Furthermore, all service users have the right to take their complaint to the Local Government & Social Care Ombudsman, including private payers. If a complaint is investigated and upheld by the Ombudsman it will seek to put things right, which may include a request that the care provider apologises, changes its procedures or makes a payment.

Providers must also highlight how people using their services can take any concerns to CQC. While CQC is not a complaints body, it will consider whether the issues in the complaint are relevant to compliance under its jurisdiction.

CQC also highlights how it will monitor complaint handling in its closed culture guidance, which is available at www.cqc.org.uk/guidance-providers/all-services/how-cqc-identifies-responds-closed-cultures

Key to success

All complaints need to be treated seriously but that does not mean that they should be assumed to be true. There will be unmerited complaints, while some may even be malicious. However, the key point is that care providers and managers need to investigate the matters dispassionately and present evidence to show the complaint is unfounded. Of course, if the complaint is upheld then necessary and proportionate action should be taken in response.

Effective complaint handling is crucial to the success of any care business. It will point to an open and receptive culture, as well as effective governance. As well as being the right thing to do, proper complaint handling is essential to compliance and ratings. Over 50% of CQC inspections now occur because of information of concern deriving from complaints, whistleblowers and safeguarding referrals. If you have such an inspection there is a far greater chance that your rating will be downgraded. This in turn will affect the capital value of your business as well as opening you up to the risk of regulatory intervention. It is far better to get it right and place complaints at the centre of what you do well within your business – a source of pride rather than consternation. **CMM**

Anne Doswell-Moore is an independent Complaint Investigator. Email: **anne@socialcarecomplaints.com**
Neil Grant is Partner at Gordons Partnership Solicitors. Email: **neil@gordonsols.co.uk** Twitter: **@GordonsPartners**

How do you handle complaints in your service? Has this made you think of your procedures from a different perspective? Let us know your feedback in the comments section of the CMM website, **www.caremanagementmatters.co.uk**

RESOURCE FINDER:

Legal

Finding a good solicitor is an essential part of running a business in social care, whether you need legal advice on employment matters or wish to challenge a report for rating from the Care Quality Commission (CQC). Here, we've profiled some of the leading legal firms that specialise in social care to help you find one that works for you.

Gordons

Gordons Partnership SOLICITORS

Tel: **01483 451900**
Email: **neil@gordonsols.co.uk**
Website: **www.gordonsols.co.uk**

SECTORS

- Care homes.
- Domiciliary care.
- Supported living and extra care.
- Learning disability services.
- Independent hospitals.

SERVICES

- Regulatory action.
- Responding to civil and criminal enforcement action, and draft inspection reports.
- Safeguarding enquiries.
- Contract disputes (including fees and embargoes).
- Police investigations and prosecutions.
- Mental health, mental capacity and DoLS.
- Health and safety.
- Inquests.
- Employment law.
- Corporate finance and banking.
- Sales and acquisitions.
- Property-related matters.
- Commercial law advice.
- Commercial litigation.

LEAD INDIVIDUALS

Neil Grant heads our Health and Social Care Provider Team based in Guildford. Neil is an expert in the regulation and funding of health and social care services. He has a wealth of experience, having acted for inspectorates and other public bodies at a senior level. Nowadays, Neil only acts for providers, not regulators or commissioners, thus avoiding conflicts of interest. His motivation in working at Gordons Partnership is to offer the sector a full-service legal offering at competitive rates.

Susan Hunneyball works alongside Neil and has significant experience in advising clients in the health and social care sector. She has assisted providers with appeals against CQC decisions and, relevantly during the pandemic, on issues arising from compliance with infection control. She has helped providers obtain good outcomes following CQC urgent action. In addition, a large part of the work she does is advising clients who are involved in inquests or have Fitness to Practise issues, particularly in the pharmacy sector where Susan has a national reputation.

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

COMPANY INFORMATION

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

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Hempsons

Tel: **01423 724056**
Email: **socialcare@hempsons.co.uk**
Website: **www.hempsons.co.uk**

SECTORS

- Care homes.
- Domiciliary care.
- Supported living and extra care.
- Learning disability services.
- Independent hospitals.

SERVICES

- Charity law.
- Commercial property.
- Community care law.
- Contracts.
- Corporate law.
- CQC regulatory.
- Data protection and security.
- Disputes and litigation.
- Employment law.
- Fundraising.
- Health and safety.
- Inquests and coroners.
- Judicial review.
- Mental health law.
- Safeguarding.
- Tendering.

LEAD INDIVIDUALS

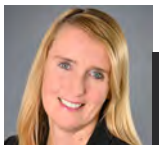
Philippa leads Hempsons social care team and specialises in CQC work, both for and against, which gives her a unique insight and the ability to offer pragmatic advice. She has over 20 years' experience in the health and social care sector, with a varied workload including information governance, safeguarding, Court of Protection and consent. She provides extensive registered manager training to aide compliance with the Fundamental Standards. Philippa is the first point of contact on Hempsons' social care advice line and works regularly with colleagues in employment, commercial and dispute resolution, to meet the needs of providers.

Martin acts for health and social care organisations in the full range of claims before employment tribunals. He frequently defends factually complex and also legally novel claims, particularly in relation to disability, sex and sexual orientation discrimination and whistle-blowing allegations. His advice practise includes executive and senior manager terminations, discrimination issues, TUPE, reorganisations, complex disciplinary matters and concerns with doctors (MHPS). Martin also provides bespoke training on employment topics ranging from TUPE and related procurement preparation, to equal opportunities, disciplinary investigations and appeals.

COMPANY INFORMATION

Leading health, social care and charity lawyers, Hempsons supports providers in delivering quality services. The team won the Care Sector Supplier Awards 2021: Legal and professional category, and are a finalist again this year. Hempsons' social care advice line offers providers 15 minutes of free legal advice. Simply call 01423 724056.

'We have found that all our contacts at Hempsons have been knowledgeable, both about our sector and the legislative process. We have also valued the fact that Hempsons have been flexible, accessible and responsive.' – The Wilf Ward Family Trust



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SECTORS

- Care homes/nursing homes.
- Domiciliary care agencies.
- Supported living services.
- Independent hospitals.
- Charities and third sector.
- Learning disability services.

SERVICES

- Regulatory advice, disputes with CQC or other regulators.
- Challenging inspection reports and ratings.
- Defending enforcement action and challenging notices of proposal.
- Defending CQC criminal investigations and prosecutions.
- Regulatory due diligence.
- Safeguarding investigations.
- Supported living arrangements.
- Disputes with councils/CCGs.
- Contractual disputes.
- Coroner's inquests.
- Court of Protection cases.
- Health and safety.
- Police investigations.
- Sales and acquisitions.
- Professional misconduct issues.
- Employment advice.

LEAD INDIVIDUAL

Laura Guntrip is Head of the Healthcare Team which specialises in health and social care. Laura has specialised in this sector for 14 years. Members often write for care sector publications and are regularly asked to speak at conferences, recognising their niche expertise and reputation. The team acts for providers and is the first choice for many, from small operators to national providers. The team has been advising the Registered Nursing Home Association for over 30 years, as well as acting for other regional care associations.

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

COMPANY INFORMATION

The firm has an enviable reputation with a national following. The team has been a finalist in the Legal Advisor category of the LaingBuisson Awards in recent years and the Health Investor Awards annually since 2013.

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Scott Moncrieff & Associates Ltd

Tel: **020 3972 9011**
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Website: **www.scomo.com**

SECTORS

- Care homes, homecare.
- GPs and dental practices.
- Independent hospitals, clinics.
- Supported living and extra care.
- Learning disability.
- Mental health.
- Cosmetics and 'aesthetics' services.

SERVICES

- CQC Appeals to the First-Tier Tribunal.
- CQC registration advice.
- CQC notices to refuse, cancel or vary registration, warning notices and fixed penalty notices.
- Buying and selling.
- Commercial law advice.
- Commercial litigation.
- Commissioner fee and contract disputes.
- Contract drafting.
- Employment.
- GP disputes with CCGs.
- GP referrals to NHS Resolution.
- Health and safety.
- Inquests and judicial review.
- MCA, safeguarding.
- Police investigations.
- Property development and construction.

LEAD INDIVIDUALS

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

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

Robert Cottingham handles any commercial property matters for clients.

COMPANY INFORMATION

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

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

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Weightmans LLP

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Website: **www.weightmans.com**

SECTORS

- Care homes and care homes with nursing.
- Domiciliary/homecare providers.
- Supported/assisted living.
- Extra care and retirement living.
- Independent hospitals and clinics.
- Mental health and learning disability services.
- Children's homes and foster care/agencies.

SERVICES

- Health and care regulatory.
- Challenging inspection reports.
- Corporate, regulatory and police investigations and prosecutions.
- Inquests and inquiries.
- Safeguarding and Local Authority Designated Officer (LADO) investigations.
- Mental capacity and Liberty Protection Safeguards.
- Employment, pensions and business immigration.
- Mergers and acquisitions and joint ventures.
- Real estate and construction.
- Commercial contracts and procurement.
- Contractual and fee disputes.
- Finance.
- Corporate restructuring and insolvency.
- Complaints, claims and litigation.

LEAD INDIVIDUALS

The Health and Care Team is multi-disciplinary and is led by Andrew Parsons and Mike Clifford. Andrew specialises in health and care regulatory law, providing advice on care home, mental health and public law. Andrew is a leading practitioner in his field and is also the Honorary Legal Adviser to Care England.

Mike specialises in corporate law and acts for providers, owners of, investors in and funders of health and care businesses. Together they lead a team of over 150 specialist health and care lawyers across the country, acting for a large number of private, charitable and public sector health and care providers.

COMPANY INFORMATION

Weightmans is a Top 50 commercial law firm with offices in England, Scotland and Wales. We are recognised by clients, intermediaries and commentators alike for our work in health, care and allied health and care charities work. We act for many of the largest care home groups as well as a multitude of smaller and specialist providers.

We provide our health and care clients with a comprehensive, 'one-stop shop' of legal services. We pride ourselves on offering the very best and well-informed advice combined with a responsive and cost-effective service.

We understand that problems can arise at any time in a health and care setting, so we operate a 24-hour helpline to provide advice and support to our clients. Our health and care services are complemented by lectures, seminars and briefings that enable our clients to keep up to date with the latest developments.

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CELEBRATING EXCELLENCE

Ambient Guardians won the Innovative Quality Outcomes Award at the Markel UK 3rd Sector Care Awards 2022. Sarah Moynihan, Head of Quality for Ambient Support, explains how a newly created group has brought people together, including people supported by Ambient, to gain a greater understanding of what good-quality care looks like.

Ambient Support is one of the Top-20, not-for-profit, social care providers in the UK. It's the mission of all of us at Ambient to provide a person-centred approach that enables the people we support to live full and meaningful lives. To achieve this, the charity understood that establishing a group representative of the people supported by us is key to aid understanding of what good-quality care looks like.

In 2020, I joined Ambient as newly appointed Head of Quality and began the process of championing a new initiative to create and develop this body of people who could work in partnership with Ambient's Quality Group and put the voice of the people supported at the heart of all Ambient does.

Thankfully, it was not difficult getting buy-in from the Executive Team for this initiative and there had already been some great examples of involvement in the charity over the years. However, extra time and resources had to be allocated to work toward cementing the principles of involvement and co-production across more areas of the operation.

Experts by experience

Working alongside Joanne Tuberville, who joined the Quality Team as a dedicated Involvement and Co-production Lead, we soon established the principles for the initiative and the self-named experts with lived experience; 'The Ambient Guardians' were formed.

The Guardians meet monthly working to ensure that the services we provide at Ambient Support are the best that they can be and are enabling people to live fulfilling lives. Group members are ambassadors for other people supported by Ambient; by giving them a voice and ensuring they are heard.

It requires a mutually respective relationship between people supported and professionals to shift change in decision making and this has been imperative to its success. The input of The

Guardians has been integral to informing and developing the charity's Quality Strategy.

Group members champion involvement and help plan, review and audit services, and explore staff recruitment and training. Their feedback supports improvement and informs everyone's understanding of what good-quality care looks like.

The Ambient Guardians really do help inspire Ambient and our staff teams to keep striving to provide robust, rights-focused, personalised care from the view of people themselves.

Collaborative working

From the outset, the group took ownership of its identity by helping to create a distinct brand logo, which has helped bond the group and given them an incredible sense of pride in how and what they contribute. Group members have also had the opportunity to develop their own vocational skills as part of their involvement.

Coming together

The Guardians were set up just before the pandemic, which meant working innovatively to overcome the challenges that the pandemic created. This involved bringing people together safely from different communities, with additional support needs, who were unable to physically meet. Creative and innovative thinking was required, for example, people were offered additional technical equipment and consulted on which equipment and platforms might be best to enable them to take part.

Whilst initially feeling like a barrier to relationship building, with additional help from support staff and accessible resources, such as easy read guidance and specialist training, that sense of place and ownership soon developed. It meant that people were able to unite despite their differing disabilities and their geographic distance from one another.

Making a difference

Despite all the adversity at the outset, Joanne, The Guardians, and the team supporting them were all committed to making a difference and having a positive impact. Taking part really helped with people's moods and wellbeing at a time when everyone was physically and socially isolated and when normal life was suspended. Despite all the challenges of trying to cater for people's diverse needs during a global pandemic and the introduction of new technology to enable virtual meetings to take place, the members built up firm relationships and this allowed for lots of rich cross learning that we may not have achieved otherwise.

This rich cross learning has led to The Guardians' involvement in achieving real and tangible impacts on the way in which Ambient operates. Not only have they designed and delivered workshops attended by Ambient staff on Quality Checker training, but they have played an active role in interview panels for Trustees and Senior Leaders at Ambient; designed new easy read resources and interview packs; secured funding to train 10 new Quality Checkers in the Midlands; and created an Involvement Passport. Working alongside their support worker for its completion, the Involvement Passport enables the Ambient team to offer tailored support that nurtures involvement for the individual and ensures that their contribution is meaningful and fulfilling to them.

In such a short space of time The Guardians have achieved so much. They have made contributions that have meant we have adapted our support tools and adapted how Ambient supports and rewards people for their time. Additionally, they have worked with others to gather compelling evidence and insights from the people we support to improve the quality of care that we deliver.

Creating opportunities

Success has brought about a plethora of opportunities for the work, knowledge and experience that The Guardians are now able to share with others. The group is presenting at a Voluntary Organisation Disability Group (VODG) Forum in late autumn, is scheduled to sit on the panel at the National Care Forum's (NCF) CEO's conference and is working with Learning Disability England (LDE) to host a webinar in December 2022 around the involvement of people with a learning disability in the recruitment process.

We are incredibly proud of all that The Guardians have achieved thus far, not least winning this Award for Innovation and Quality Outcomes. However, their work is far from done. More recently, Joanne and The Guardians have agreed and developed a new group who have self-titled themselves 'The Adventurers'. This group is made up of Guardians who are available to focus on specific tasks – agreed during The Guardians' meetings. They look at a subject matter in more intensive detail, and explore and unpick the issues involved before taking their thoughts and recommendations through to The Guardians for comment, involvement or further exploration.

In addition, we are looking to expand upon Joanne's role using her expertise to further embed the co-production and involvement principles into all our operational environments. We aim to have local involvement experts in each region in which we operate, who will help to deliver localised programmes and act as a point of reference for regional staff teams.

As the work of The Guardians and Adventurers continues, members have told us they really value the opportunity to develop or refresh their vocational skills. For example, two of The Guardians were recently supported by Joanne to deliver a training package they had designed to a group of Ambient staff in our mental health services. Joanne is working with our Learning and Development Team to identify further opportunities for this expert by experience training.

The further expansion and ongoing development of our involvement and co-production work is incredibly exciting. I am delighted with our success so far; with the commitment and dedication of Joanne and all of the team, the sky's the limit on what we can achieve in the future.

For more information, visit www.ambient.org.uk/ambient-guardians **CMM**

Sarah Moynihan is Head of Quality for Ambient Support.
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CMM INSIGHT LANCASHIRE CARE CONFERENCE 2022

30th November 2022, Blackburn

Care Management Matters (CMM) is thrilled to announce that the Lancashire Care Conference will be returning to a face-to-face event, and we look forward to welcoming delegates. The conference, sponsored by Forbes Solicitors, will take place at the Mercure Dunkenhalgh Hotel, Blackburn on 30th November 2022. The conference aims to bring the quality of a national conference to a local stage, focusing on the issues that matter to providers in Lancashire.

The day will include presentations from high-level sector representatives, offering expert insight into the local picture, along with an exhibition of carefully selected services and products and a choice of interactive workshops to delve into a subject further. There will also be networking opportunities with like-minded providers and senior decision-makers from the independent care and support sector to learn more about delivering best practice in a changing market.

A hub of information

A packed agenda awaits delegates attending the Lancashire Care Conference. The conference will be opened by its Chair, Paul Simic, former Chief Executive Officer at Lancashire Care Association. The day's keynote speech will be delivered by Louise Taylor, Executive Director of Adult Services and Health and Wellbeing at Lancashire County Council. Louise will be presenting the view from the council, which will provide its perspective on adult social care reform and the integration of health and care in the Lancashire and South Cumbria Integrated Care System (ICS).

Richard Ayres, Social Care Advisor at Care England will discuss the Fair Cost of Care process and what it seeks to achieve, addressing some of the known flaws and how it may prove beneficial to providers. Richard will share his findings from engaging with authorities who employed third parties, those who chose to conduct analysis themselves, the approach and engagement of the Department of Health and Social Care and what providers and their representative bodies might consider to be the next steps as reports are reviewed.

Throughout the day, delegates will have the opportunity to meet individually with exhibitors to seek out solutions for their business and to learn about the latest training, technology and innovations shaping the sector. CMM Insight's expert exhibitors include:

- Moden Fit.
- Moneypenny.
- Forbes Solicitors Blackburn Office.
- Hempsons.
- Care Home Life.
- Famileo.
- Solicitude Training Ltd.
- Tagtronics Ltd.
- Autumn Care.
- Everylife Technologies.

Neil Eastwood, Founder and Chief Executive at Care Friends, has been invited to share his practical tips on how best to navigate the workforce challenges facing the care sector. Neil will share the latest thinking, research and innovation, drawing on his connections with employers of care staff from around the world. Every one of Neil's recommendations can be easily implemented and most cost nothing but have been repeatedly proven to make a big difference. In addition, Nadra Ahmed OBE, Chair at the National Care Association, will be examining what lies ahead for the adult social care sector.

Take home advice

Complementing the conference's agenda, a selection of interactive workshops will cover a range of insightful topics, including recruiting overseas nationals. Forbes Solicitors will discuss this recruitment challenge and how care providers can utilise the Health and Care Worker visa to recruit oversees nationals. The conference's afternoon offering will pick up where the morning left off, discussing the sector's hot topics and their application to the adult social care landscape in the area. For example, the Registered Care Managers Network will be providing an update for the benefit of its members. The conference will close with a comprehensive roundup of the day's action, answering delegates' vital questions.

Book now

Book your tickets today and view the conference's full agenda by visiting the CMM website. Book before October 31st to receive an early bird discount.

Join the conversation on Twitter by tagging @CMM_Magazine and using the hashtag #CMMInsight. Sponsorship and exhibiting opportunities are still available. Visit the CMM website for contact details and to secure your place at the Lancashire Care Conference. **CMM**

WHAT'S ON?

Event: The Future of Care Conference
Date/Location: 1st November, Harrogate
Contact: https://www.futureofcare.co.uk/

Event: The King's Fund Annual Conference
Date/Location: 1st-2nd November, London
Contact: https://www.kingsfund.org.uk/events/the-kings-fund-annual-conference-2022

Event: Deep Personalisation – Are You Ready for the New CQC Framework?
Date/Location: 2nd November, virtual
Contact: https://www.nationalcareforum.org.uk/events/deep-personalisation-are-you-ready-for-the-new-cqc-framework/

Event: Using the Data Security and Protection Toolkit for the First Time (2022-23)
Date/Location: 7th November, virtual
Contact: https://www.digitalsocialcare.co.uk/events/using-the-data-security-and-protection-toolkit-for-the-first-time-2022-23-3/

Event: The NCF CEO Conference
Date/Location: 28th-29th November, London
Contact: https://www.nationalcareforum.org.uk/events/

Event: Improving Mental Health Support for Asylum Seekers and Refugees Conference
Date/Location: 6th December, virtual
Contact: https://www.socialcareconferences.co.uk/virtual-online-courses/improving-mental-health-support-for-asylum-seekers-and-refugees

CMM EVENTS

Event: The Lancashire Care Conference
Date/Location: 30th November, Blackburn
Contact: www.caremanagementmatters.co.uk/event/lancashire-care-conference-2022

Event: Markel UK 3rd Sector Care Awards
Date/Location: 3rd March, Birmingham
Contact: www.caremanagementmatters.co.uk/event/markel-3rd-sector-care-awards-2023

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

KAROLINA GERLICH • CHIEF EXECUTIVE • **THE CARE WORKERS' CHARITY**

STRAIGHT TALK

The cost of caring is having a detrimental impact on the workforce and employer. Karolina Gerlich offers her advice on how providers can best support the workforce in the months ahead.

Recently published reports paint another bleak picture of the workforce crisis in social care. However, this isn't simply an HR issue based around recruitment and retention; it is a catastrophic wake-up call to Government that social care desperately needs the overhaul it has been promised before things get worse. Not only for the 1.5 million care workers, 20,000 providers or those who draw on care, but for everyone.

Skills for Care is reporting yet another rise in the vacancy rates for social care, making them the highest on record. New analysis by the Health Foundation shows that even before the pandemic, over a quarter of residential care workers lived in poverty.

It should come as no surprise to anyone that social care is struggling to recruit and retain staff, when 50% of workers will earn within 30p of the national minimum wage. It's a role that requires individuals to take responsibility for the life and wellbeing of another human being and where you can expect just 6p more in your pay packet, after working in the role for five years.

We hear constantly about sector reform, training packages and technological innovation but we hardly ever hear concrete proposals which will improve pay. We know that most care workers find meaning in their work regardless of the pay; however, when working in care makes you more likely to live in poverty, we have a serious problem. No one can be expected to do such meaningful work at their own expense.

The Health Foundation report makes it clear – low pay is a political choice. We cannot escape the fact that social care has been chronically underfunded for decades and squeezes on local authority budgets are making the situation impossible.

So, why don't care providers just pay their staff more? For care providers, the crisis is one of 'a rock and a hard place' with soaring costs meaning that the cost of caring is increasing. Providers are trying to keep the already huge bills for service users and their families as low as they can, therefore it makes staff pay rises a difficult thing to do.

Recruitment drives are one thing but retaining the already trained, qualified, dedicated and hardworking staff they already have is another difficult task. So, what can they do?

Our suggestion would be to think **SANTA: Support, Appreciate, Needs, Time and Advocate**

- **Support** your teams in any way you can, realising that each member of your team is an individual with their own lives outside of your facility.
- **Appreciate** all that your team does and tell them so.
- **Needs** – find out what needs could be met which would support your team members to feel appreciated.
- **Time** – time can be a healer, but it is also a killer if not monitored. Make sure your staff have down time on breaks and between shifts; it's amazing how a break and a cup of tea can make all the difference.
- And finally, **Advocate** – take every opportunity to tell your team, and everyone else, how amazing your staff are. Write to your MP, to the Government, to newspapers, let everyone know how valuable they are and fight for their rights.

Social care desperately needs reform and funding. Let's shout so loud that we cannot continue to be ignored. Let us no longer be the underappreciated little sister of the NHS. Social care is everyone's responsibility; but if we can't advocate in our own sector, what hope have we got of convincing the Government of our worth?

Back in February 2021, the Government urged the public to consider working in social care with Boris Johnson stating, 'This exceptional career choice is tough but rewarding, and I would urge anyone who is thinking of a career in care to come forward and join this heroic workforce' and yet a year later and the workforce vacancies are even higher.

In June of this year, a report was published called *A Landmark Review into Health and Social Care Leadership Led by General Sir Gordon Messenger and Dame Linda Pollard – Biggest shake-up in health and social care leadership in a generation to improve patient care*. It mentions support to 'help combat disparities across the country' and yet, the report itself focuses on the NHS only. How can we expect social care to survive if those who make the decisions don't even consider it important?

Care workers often say to us, 'I care for others, but no one cares about me' and this is what needs to change before any recruitment or retention will succeed.

Karolina Gerlich is the Chief Executive of The Care Workers' Charity. Email: **karolina@thecwc.org.uk** Twitter: **@CareWorkersFund**

How are you addressing the workforce pressures in relation to supporting staff and meeting the needs of the people you care for? Visit **www.caremanagementmatters.co.uk** and share your feedback.

Want to help improve the quality of life of those receiving care in the UK?

CARE INNOVATION HUB

CiH

NCF

The Care Innovation Hub hosts an annual incubator programme that brings together innovators and problem solvers with care providers and people with lived experience to create solutions to key challenges

The Care Innovation Challenge

is a hackathon-style creative weekend of idea generation and prototype trialling in July 2023.

With cash prizes for the top spots, expert mentoring and guaranteed media coverage this is an opportunity not to be missed.

Who can apply?

- University students
- Entrepreneurs
- Working professionals
- Care Managers and Care Staff
- People with lived experience of care and support

REGISTER NOW

You can apply as a team or as an individual. Teams must be 2-3 people.

Visit www.careinnovationhub.org.uk

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