CMM
CAREMANAGEMENTMATTERS
MAY 2023
www.caremanagementmatters.co.uk

UNTANGLING THE SYSTEM

Why CQC must change

Going nowhere
Is social care stuck in the past?

Sharing information
And working better together

Managing stress
Supporting your employees

CareChoices

ENHANCE YOUR PROFILE TODAY

www.carechoices.co.uk

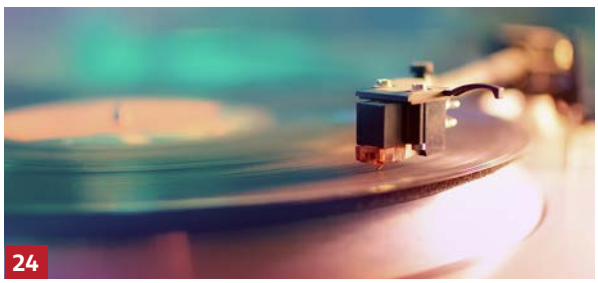
Promote your service to care seekers for as little as £4.71 per week*

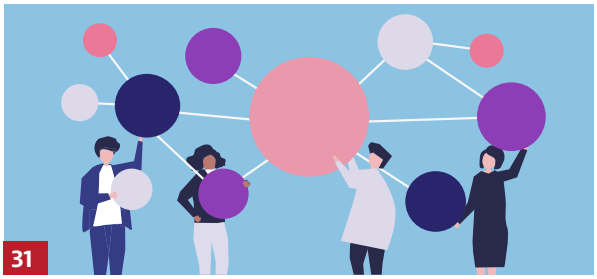
For full details of opportunities to promote your service on the website, contact us.

01223 206967 | **paul.ocallaghan@carechoices.co.uk**

* Minimum booking period is 1 year. Price excludes VAT.

In this issue





FEATURES

REGULARS

CMM
CAREMANAGEMENTMATTERS

EDITORIAL

editor@caremanagementmatters.co.uk
Editor: Olivia Hubbard
Commissioning Editor: Angharad Burnham
Content Editors: Aislinn Thompson, Henry Thornton

PRODUCTION

Designer: Rebecca Mendil
Director of Creative Operations: Lisa Werthmann
Studio Manager: Jamie Harvey

ADVERTISING

sales@caremanagementmatters.co.uk
01223 207770
Advertising Manager: Aaron Barber
aaron.barber@carechoices.co.uk
Director of Sales: David Werthmann
david.werthmann@carechoices.co.uk

SUBSCRIPTIONS

Sign up to receive the latest magazines and news for FREE.
info@caremanagementmatters.co.uk
01223 207770
www.caremanagementmatters.co.uk

CCL REF NO: CMM 20.3

CareChoices

CPD MEMBER The CPD Certification Service

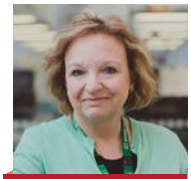
CMM magazine is officially part of the membership entitlement of:

CARE ENGLAND NCF skillsforcare

CONTRIBUTORS


@DavidJ_Brindle

David Brindle
Former Public Services Editor of *The Guardian*, and Chair, Ambient Support


@CQCProf

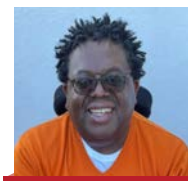
Mary Cridge
Director of Adult Social Care, Care Quality Commission (CQC)


@ProfMartinGreen

Professor Martin Green OBE
Chief Executive, Care England


@JohnnyCosmos

John Kennedy
Housing and Social Care Consultant


@clentonF

Clenton Farquharson MBE
Chair, Think Local Act Personal (TLAP)


@DisRightsUK

Fazilet Hadi
Head of Policy, Disability Rights UK


@PersonCentredSW

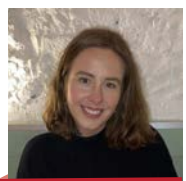
Andrew Coles
Chief Product Officer, Person Centred Software (PCS)


@socialcareplans

Peter Ellis
Chief Executive, Intelligent Care Software and freelance Health and Social Care Consultant


@JonGlasby

Jon Glasby
Professor of Health and Social Care, University of Birmingham and Director, IMPACT


@char_robinson27

Charlotte Robinson
Communications Manager, Trekstock


@ Richard_Ward_1

Dr Richard Ward
Senior Lecturer in Dementia Studies, University of Stirling

SOCIAL CARE INSIGHTS

From David Brindle

Following a recent debate in the House of Lords, David Brindle asks, how long will it be until the public demands social care reform?

It's often argued that social care suffers by not being a universal service. Unlike the NHS or education, of which almost everyone has direct personal experience, people encounter social care only if they, a family member or close friend has need of it. For many, this is often in crisis.

Would we still be waiting for meaningful reform of the system if all of us had reason to seek care and support for ourselves or someone else? I suspect we know the answer. And once in a while, we are reminded how powerful it can be when an individual comes fresh to the harsh reality.

Such a reminder came recently in a House of Lords debate on social care, prompted by reports from both the House of Lords Adult Social Care Select Committee and the Archbishops' Commission on Reimagining Care. As is so often the case in the upper house, the debate was of a high standard, with informed contributions from speakers with wide and long experience of the care sector.

One contribution stood out, however, and not because the speaker was from the sector but precisely because they were not. Lord (Stuart) Polak, a Tory peer and former Director of the Conservative Friends of Israel, spoke candidly and movingly about the care experience of his mother in his home city of Liverpool, where she lives with brain cancer and receives round-the-clock support at home.

On one hand, Polak said, the outreach care provided to his mother by the local hospice had been exemplary. On the other, the family's experience of what he called 'the local authority assessors' had been 'woeful', typified by a recent needs assessment conducted by a nurse via Zoom.

'The nurse was in Kent and my mother was over 200 miles away, unable to communicate, in her bed in Liverpool. The assessment was to decide what the immediate next step for her care plan should be,' said Polak, describing what may in fact have been an NHS continuing healthcare assessment. To most people, though, the demarcation line is meaningless.

'The report, compiled by a nurse who has never met my mother, was then to be sent to an unknown panel of people who also have never met her to decide the best course of treatment and care,' he continued. 'The absurd assessment was executed over a three-hour Zoom call seven weeks ago and as I stand here today, we have heard nothing.

'The system is sadly broken. As we speak, we should consider that people up and down the country are battling to understand an incomprehensible system at the same time as trying to care for their loved ones as best they can.'

Roughly a million people receive publicly funded social care in England in any one year, 80% having a long-term package of support and 20% short-term assistance. Many will have far better experiences than the Polak family, yet they will invariably have tales to tell of having had to battle bureaucracy, suffer inordinate delay and pay surprising and alarming charges. They will become passionate about the pressing need for change.

In our ageing society, more and more of us will have cause to encounter the care labyrinth. Most will not even get a service when we seek it. The drip-drip effect of our impressions, of poor service or none, will eventually deliver a public clamour for fundamental reform – and the politicians will have nowhere left to hide.

But that's a very long game. Too long. We need to do better today for the Polak family and for the many thousands of others grappling here and now with a failed system.

David Brindle is former Public Services Editor of *The Guardian*. He is Chair of Ambient Support. Email: **david.brindle@ambient.org.uk**
Twitter: **@DavidJ_Brindle**

unique:IQ

Bringing home care software together

Helping you to deliver high quality, person-centred care

As care has grown more complex, so has the way you do things. It's time to bring it all together.

IQ:caremanager is the next generation of our software designed specifically for home care providers. It brings together the tools you need to plan, deliver, monitor and manage home care.

Made using all of our experience, knowledge and passion for the care sector. **So that you can focus on the most important thing. Care.**

Book a demo today

www.uniqueiq.co.uk **0800 888 6868**

Inside CQC

MARY CRIDGE

Mary Cridge, Director of Adult Social Care at the Care Quality Commission (CQC), shares developments on the regulator's role and areas of focus.

Earlier this year, we took on new powers under the Health and Care Act 2022 to assess local authorities and integrated care systems. I'm excited about this development and confident that the new powers will help us shine a light on best practice as well as support improvement across systems. You'll find more information on our website about our approach to assessing local authorities and integrated care systems.

Over the next few months, we'll start to review existing data and documentary evidence for all local authorities. These focus on two quality statements – Care provision, integration and continuity and Assessing needs. We'll also be piloting our assessment approach in up to five local authorities, before starting formal assessments later this year. These assessments will enable us to start to understand the quality of care in a local area or system and provide independent assurance to the public of the quality of care in their area. For integrated care systems, we'll start to form a national view of performance, initially focused on themes in the Equity in access quality statement. Going forward, we plan to pilot our approach with some integrated care systems before starting formal assessments.

Smiling matters

You'll know how important good oral health is to a person's overall wellbeing. Not just to ensure they have the confidence to smile, but because poor oral health can impact on a person's ability to eat well and enjoy food. It may even lead to dementia and heart problems. In our 2019 publication *Smiling Matters: Oral Health Care in Care Homes*, we found that people were not getting the support they needed to maintain oral health. Most healthcare plans didn't cover oral health, and there was limited access to toothbrushes, toothpaste and the opportunity to visit a dentist.

We did 50 follow-up inspections last year with our dental experts and were delighted to see a significant increase in awareness around what best practice looks like. The proportion of care plans fully covering oral health needs more than doubled in that time (27% in 2019; 60% in 2022). We've seen staff teams introducing Oral Health Champions and heard of homes where the on-site shop sells oral hygiene products for people to choose their own.

We marked the launch of this updated report with a webinar panel discussion, giving space to discuss the findings, and opportunities to share best practice. We heard overwhelming feedback that there are difficulties in accessing dental care for care home residents. We raised this at our Public Board at the end of March 2023 when the report was presented. It's something we'll continue to watch. I'd encourage you to watch the recording of the webinar and to share your best practice ideas by joining our CitizenLab platform.

This is a great achievement, but it's vital that we all keep working to ensure that every resident of every care home has all their health needs met.

Sexual safety

The care sector reflects what happens in society, and as a society, we're not hugely confident when talking about sex and sexuality. In 2020 we published our report, *Promoting Sexual Safety through Empowerment*, which focused on keeping people safe and how people are supported with their sexuality and relationships. Our findings showed that support wasn't always there and there were occasional instances where people behaved in a way that was harmful to others.

We've worked alongside Skills for Care and Supported Loving since 2020 to develop further guidance to support people to have personal relationships. Recently, they launched a fantastic package of training resources. These proactive, accessible tools for you and your colleagues to use will help make sure you're having these important conversations with people. We all know that to support someone to live their best life, we need to see them as a whole person and support all their unique needs.

Mary Cridge is Director of Adult Social Care at the Care Quality Commission. Twitter: **@CQCProf**

Financial management software that helps care homes thrive

Learn how Sage can help:

- Increase revenues by 25% without adding additional headcount.
- Save over 400 person-hours annually.
- Streamline your operations and automate your financials.

Download product brochure

Sage

NEWS

DHSC updates sector support package

The Government's newly released 'Better Care Fund framework' aims to ensure at least £16.8bn is spent to make sure people receive the right care, in the right place, at the right time. However, leaders in the sector argue that the Government has repackaged and cut promised funding. Allocations of over £2bn previously announced funding include:

- Launching a call for evidence in partnership with Skills for Care on a new care workforce pathway and funding for hundreds of thousands of training places, including a new Care Certificate qualification – aiming to increase opportunities for career progression and development, backed by £250m.
- £100m to accelerate digitisation in the sector, including investment in digital social care records.
- A new innovation and improvement unit to explore creative solutions for improving care, such as supporting local authorities to reduce care-assessment waiting times and using best practice from those areas where waiting times have already been cut by a third – backed by up to £35m.
- A £1.4bn Market Sustainability and Improvement Fund.
- £102m over two years to help make small but significant adaptations people need to remain at home, stay independent and avoid hospital.
- £50m to improve social care insight, data and quality assurance – including person-level data collections and new Care Quality Commission assessments.

Responding to the announcement, Professor Vic Rayner OBE, Chief Executive Officer of the National Care Forum, said, 'The People at the Heart of Care reforms are in tatters. Yet again the Government has repackaged and reduced existing promises of support and funding, only to announce them as if they are new. It has now been 16 months since *People at the Heart of Care* was first published and so far, nothing substantial has been delivered in that time apart from delays and very significant reductions in the ambition of the reforms.'

Changes to IPC guidance

The Department of Health and Social Care (DHSC) has updated guidance relating to infection, prevention and control (IPC) in care settings.

The revised guidance included:

- Staff or service users with a positive COVID-19 test result – People who test positive for COVID-19 can return to their usual activities after five days if they feel well and no longer have a high temperature. Testing is no longer required for individuals to return to normal before 10 days following a positive test.
- Outbreaks in care homes – Only the first five residents with symptoms of a respiratory infection will be asked to take an LFD test to identify if there is an outbreak of COVID-19. This is in addition to ongoing testing for symptomatic individuals eligible for COVID-19 treatments. Removal of PCR and whole-home testing.
- Visiting arrangements in care homes – Updated to be explicit that there should not be any restrictions on visits out for individuals who are not symptomatic or who have not tested positive in any circumstance.
- Admission of care home residents – Those being admitted from hospital will take an LFD test within 48 hours before discharge. No requirement for PCR tests. Admissions from the community are no longer advised to test.

APPOINTMENTS

Athena Care Homes

A family-run care home company has appointed a new Finance Director to lead it through a period of planned growth and beyond. Ben Wright joined Athena Care Homes, based in East Anglia, at the start of 2023 and has already launched a number of tender processes.

HICA

HICA Group, which cares for over 1,800 people, has appointed new managers at homes across Yorkshire as it pushes ahead on expansion plans. Specialist dementia home Albermarle, in Hull, has appointed Jessica Costa as Manager. Kerry Moss is now the Manager of Elm Tree Court.

McCarthy Stone

McCarthy Stone, a leading developer and manager of retirement communities, has appointed Shane Paull as its new Chief Operating Officer. Shane brings a wealth of experience to the role having worked at the business for the past 23 years. Shane will be responsible for McCarthy Stone's strategic development functions, including land, planning, build, construction and health and safety, as well as group sales and marketing.

Untold Living

Later living developer and operator Untold Living has appointed former charity leader Amy Herbert as Director of Operations as the company targets new sites for acquisition and development. Herbert, the former Director of Nursing Homes at the St Monica Trust, will oversee the management and operation of Untold Living's growing pipeline of retirement communities across the UK.

Hewitt Review on Integrated Care Systems published

The Hewitt Review on how the oversight and governance of integrated care systems (ICSs) can best enable them to succeed, has been published.

The review has identified six key principles that it believes will create the context in which ICSs can thrive and deliver. These are: collaboration within and between systems and national bodies; a limited number of shared priorities; allowing local leaders the space and time to lead; the right support; balancing freedom with accountability; and enabling access to timely, transparent and high-quality data.

Most notably for social care, the Hewitt Review has identified that in order to make the promise of ICSs a reality, some of the barriers that currently exist for primary care, social care and the way the health and care workforce is trained, need to be pulled down.

Given the interdependence of health and social care, the Hewitt Review calls upon Government to produce a complementary strategy for the social care workforce. The Hewitt Review continues to argue that more should also be done to enable flexibility for health and care staff, both in moving between roles and in the delegation of some healthcare tasks.

Sarah McClinton, President of the Association of Directors of Adult Social Services, said, 'The Hewitt Review is spot on, the current sticking-plaster response to health and care crises isn't working. We need to shift public funds into preventing ill health on a big scale. That will mean people can get great-quality care and support in their communities when they need it before their health deteriorates and they need expensive acute care.'

New leadership development programme launches

The Association of Real Change (ARC) and My Home Life England has announced a new leadership programme for providers working with the learning disability and autism sector.

The six-month leadership support and development programme comprises of in-person workshop days, virtual sessions and action learning sets delivered My Home Life England.

The programme is designed for busy leaders, providing the opportunity to reflect, build capacity and resilience with a focus on supporting positive practice and quality of life. The content of the programme is designed to:

- Improve confidence and resilience, both personally and professionally.
- Improve engagement and involvement for people who use support services and those connected with them.
- Improve leadership and responsiveness to rapid change during times of unprecedented workforce pressures and financial challenges.
- Improve practice including consideration of equality, diversity, inclusion and human rights.
- Provide reflection and connection back to regulation requirements, local systems and relationships.

The programme provides the opportunity to reflect and learn in a group of leaders whose focus is working alongside people with learning disabilities, autism or other additional needs. The programme is running between 6th June – 28th November 2023 and free half-hour taster calls are available with programme leaders.

Older People's Housing Task Force launches

The launch of Government's Older People's Housing Task Force is a 'watershed moment' says The Association of Retirement Communities (ARCO), the membership body for Integrated Retirement Communities.

The task force will be chaired by Julienne Meyer, Emeritus Professor at the School of Health and Psychological Sciences of City, University of London. The Task Force was first announced in the Government's February 2022 *Levelling Up White Paper* and is being launched jointly by two Government departments: the Department of Health and Social Care and the Department for Levelling Up, Housing and Communities.

The call for a cross-departmental task force was first launched by ARCO in February 2020, which highlighted the urgent need for smarter regulation so the UK could go further than the 70,000 housing-with-care units currently constructed, which provide a home for just 0.6% of over-65s compared to 5-6% in New Zealand, Australia and the US.

These calls were followed later that year by an open letter to the Prime Minister, co-ordinated by ARCO and signed by more than 40 politicians and campaigners.

A review of retirement housing by Professor Les Mayhew of City University published in November last year concluded that 50,000 new homes for older people need to be built each year to meet the needs of the ageing population – or one in four of all new homes.

Michael Voges, Chief Executive of ARCO, said, 'The launch of the Older People's Housing Task Force is a watershed moment for our sector – signalling true Government backing for an expansion of housing and care provision for those in later life.'

New report on health and care partnerships

The Health and Social Care Committee has published a report into new partnerships aimed at delivering joined-up health and care services. The report calls for the Government and NHS England to address key concerns if these partnerships are to genuinely improve health and care services for people throughout England.

The inquiry, which focused on autonomy and accountability, found genuine enthusiasm for the potential of the new local partnerships, called Integrated Care Systems (ICSs), to deliver on challenges facing the health and care sectors. However, MPs warn of a serious lack of clarity in some areas with risks that acute short-term pressures could be given priority over longer term ambitions such as preventing ill health.

In response to the report, Sarah McClinton, President of the Association of Directors of Adult Social Services (ADASS), said, 'The Committee's report hits the nail on the head. Integrated Care Systems have the potential to create the sort of health and care system we need, where we prevent ill health by providing high-quality, timely care and support when people need it in their homes and their community. And where decisions about care are made by the people accessing it and the front-line staff supporting them as much as possible.

'Critically, the Government needs to ensure that Integrated Care Systems are not just left to deal with the immediate crisis in health and social care. If they are genuinely going to build a health system that acts for the long term, investing in a way to prevent ill health and improve well-being in their communities, they will need the resources to do that. And they will need the Government to intervene to solve the current crisis.'

Care project celebrates progress

Northumbria University researchers are celebrating a key milestone in the development and delivery of an innovative new programme designed to improve care for older people.

Northumbria University developed the Enhanced Care for Older People (EnCOP) programme in partnership with the North East and North Cumbria (NENC) Ageing Well Network, to understand the workforce development needs and challenges associated with caring for older people.

The project provides education, resources, networking opportunities, career development and research centred on high-quality, evidence-based care. It was designed for those working with older people in health and social care settings – from community case managers, care workers and speech and language therapists, to social workers, physiotherapists, nurses, doctors, paramedics, social prescribers and pharmacists.

The first cohort of 50 health and social care professionals to undertake the new programme has now graduated and in recognition of the success of the programme to date, it was also named as a finalist in the Innovation in Clinical Education category at the Bright Ideas in Health Awards.

Sue Tiplady, Assistant Professor of Adult Nursing at Northumbria University, said, 'EnCOP is a great way to raise and celebrate the value and profile of working with older people. For too long older people care has been seen as a less attractive option for people to work in, with little recognition of the knowledge, skills, values and attitudes that staff require to care for the diversity and complexity of older people. It's time for staff to be proud and celebrate that they work with older people.'

ARC publishes CEO Barometer

The Association For Real Change (ARC England) has published its first CEO Barometer, which finds that CEO confidence in the sector is declining.

The CEO Barometer found that 78% of leaders in learning disability services are feeling less confident in their financial situation than they were three months ago and 56% are feeling less confident in relation to workforce and staffing levels.

The CEO Barometer measures the health of the learning disability and autism sector across a range of key indicators: staffing and workforce, wellbeing and morale, quality/safety, financial stress and overall 'confidence' in sector and business. 70% of respondents said that they are concerned about workforce issues, 69% said they are concerned about commissioning practice and 56% said that they have concerns about financial sustainability.

This decrease in sector health confidence comes amid continued high demand for services; half of the organisations (52%) reported that demand from individuals was high or very high, while over two thirds (65%) said the same about demand from local authorities.

More than half (57%) of organisations report that their available spaces for the people they support are 91-100% occupied – with an overall average of 88% spaces occupied – and almost nine in 10 providers (87%) say they have had to turn down requests for support at least some of the time. A lack of capacity (which in large part is likely to be due to staff recruitment and retention issues) is the most common reason for turning down requests (80%), with the second most common reason being that insufficient funding was offered (65%).

The CEO Barometer results echo the findings of the latest Hft Sector Pulse Check report, which reveals that a third of adult social care providers have considered a market exit in the past 12 months; this proportion rises to half when considering the effect of financial pressures on smaller organisations. With regard to workforce concerns, the CEO Barometer found that 82% of leaders are concerned about their ability to pay their staff at competitive rates.

ARC England calls on the Government to fund social care based on an agreed fair cost of providing care and support to people with a learning disability and autistic people and to take steps to ring-fence social care funding within local authority budgets. ARC urges the Government to act to secure realistic funding for social care.

Celebrating social care campaign

Skills for Care called on all social care organisations and people working in care to join the campaign.

The #CelebratingSocialCare campaign was first run by Skills for Care in April 2022 and following great engagement across the social care sector last year, the organisation decided to run the campaign again this year.

The purpose of the #CelebratingSocialCare campaign is to encourage everyone to take time to recognise the hard work and skill of people working in social care, and the vital contribution that people working in social care make to our society.

Skills for Care ran the campaign across its website, social media, and other communications channels and shared a selection of good news stories from people and organisations across social care. This might include a well done to your team, colleague or manager for a recent achievement, a thank you message to a colleague for helping you out, or simply sharing what you love most about working in social care.

Prior to the campaign launching, Oonagh Smyth, Chief Executive Officer at Skills for Care, said, 'We're delighted to be bringing back our #CelebratingSocialCare activity again this month, after seeing great engagement with this initiative last year. At Skills for Care, we celebrate social care every day working closely with the people who work across social care, but we feel it's important to create this specific occasion to encourage people to really take some time out to recognise the hard work of everyone working in social care, including of course, themselves.

She added, 'As part of this campaign we'll also be celebrating the people who draw on care and support, and sharing insight from people about how social care supports them in living their lives how they choose and doing the things they love. We're very excited for the celebrations to kick off and we hope as many people as possible will join in.'

Find out more about the #CelebratingSocialCare campaign via the Skills for Care website.

WASHCO
LEADERS IN LAUNDRY

LOVE LAUNDRY

We understand how important laundry equipment is to your care or nursing home. Our goal? To make it simple.

Safe and sound

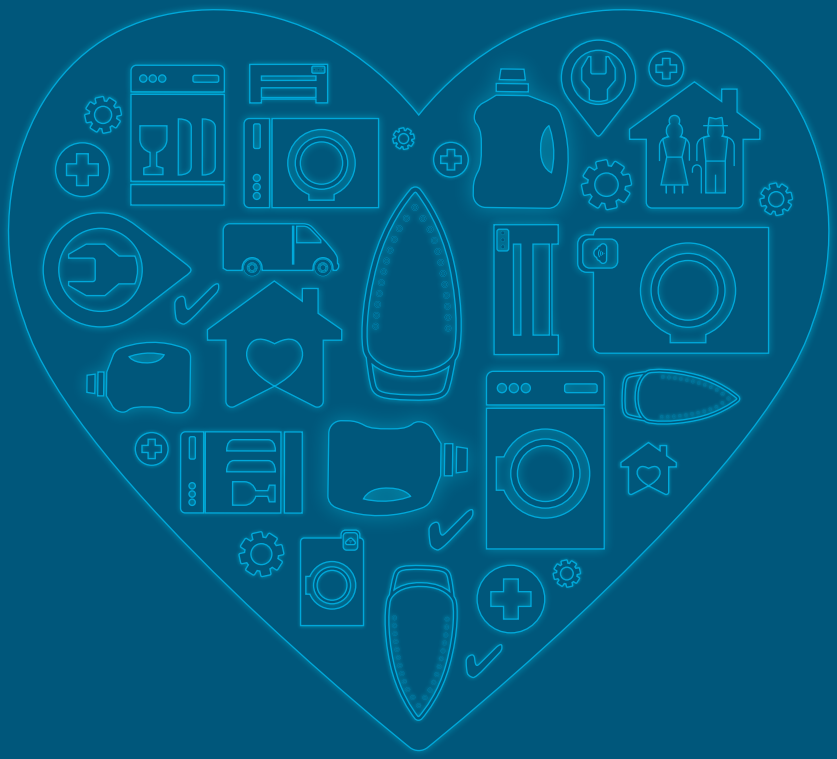
Helping you create an infection-free environment.

Made for you

Bespoke laundry and finance options to suit you.

Count on us

Professional, approachable and at your service.



08000 546 546 | WASHCO.CO.UK

WASHCONNECT Miele Speed Queen primus

New guidance for commissioners

The North West Association of Directors of Adult Social Services (NW ADASS) has published new guidance to support commissioners. The guidance sets out to increase implementation of the Data Security and Protection Toolkit (DSPT) across the adult social care market.

The DSPT is an annual self-assessment that shows adult social care providers what they need to do to keep people's paper or digital information safe and protect their business from the risk of a data breach or a cyber attack.

It reassures everyone they work with, as well as their clients and families, that they are taking data security seriously and supports them in running a care service that people can trust.

The new guidance provides:

- Example wording of DSPT requirements for councils to adopt and adapt as adult social care contracts are revised or renewed.
- Guidance on monitoring provider adherence to DSPT requirements within contracts as part of the Better Security, Better Care programme.

Michelle Corrigan, Programme Director of Better Security, Better Care, the official programme of support that helps adult social care providers store and share information safely, said, 'The guide will help councils encourage adult social care providers to evaluate and improve their data security, whether they be digital or paper-based, by completing their DSPT. This is one of many ways local authorities can support implementation of the DSPT among adult social care providers.'

Commissioner for Older People and Ageing

A consensus statement outlining the need for a Commissioner for Older People and Ageing in England has launched.

The statement has been jointly launched by charities Independent Age, Age UK, the Centre for Ageing Better and campaigning organisation the National Pensioners Convention. The campaign for a Commissioner for Older People and Ageing has amassed 70 signatories from national organisations across the health and social care sectors.

According to Independent Age, a Commissioner for Older People and Ageing is a role that is independent of Government. It raises awareness and works to resolve issues that people face in their later life. This could be around issues getting the right care and support, or financial issues affecting older people in the cost-of-living crisis and beyond.

The Consensus Statement reads:

'We call on the UK Government to establish a Commissioner for Older People and Ageing in England to act as an independent champion for older people and ensure that policy and practice across Government considers the long-term needs of people in later life and the implications of our ageing population on society.

'The support people need in later life from institutions like the NHS and social care, and social security systems are critical, but no single Government department can respond to these issues alone. A commissioner would facilitate the long-term planning that is needed to ensure our economy and public services are adapting to demographic shifts, while also enabling more people to age well. This would not just benefit older people, but our country as a whole.'

Click here to view the Consensus Statement.

MND care home resident publishes book

Robert Murphy, a care home resident in Camberley, has raised vital funds for the Motor Neurone Disease Association (MNDA) following the launch of his new book which he wrote over three years aided by cutting-edge technology.

The book of 21 poems, entitled Reflections of a Life Well Lived, provides an extremely heart-warming and moving memoir of his life's journey, and subsequent Motor Neurone Disease diagnosis in January 2018.

His story covers his early days on the Kings Road in Chelsea, defying his doctors' 18-month prognosis following his diagnosis, consequently allowing him to see his daughter Sarah get married, twice overcome COVID-19, and welcome his grandson into the world.

Robert wrote the book using eye gaze technology, a specialist and life-changing piece of equipment which converts minute movements of the eye into spoken words and allows him to communicate with others.

To celebrate the official launch of his book, the team at Signature at Camberley, where Robert has been a resident since early 2019, hosted a celebratory event to mark his big achievement. The launch party, held on 21st March, was attended by members of Robert's family, friends, and representatives from the West Surrey MNDA branch who came along to congratulate Robert on his inspirational accomplishment.

The emotional day concluded with a book stamp signing by Robert and final reflections from the inspirational man himself. Speaking about the day, Girly Braga, General Manager at Signature at Camberley, said, 'It was an absolute privilege to host such a wonderful event and help in making Rob's dream of publishing his book of poems a reality. He is truly an incredible person who continues to inspire us every single day. Congratulations Rob!'

Liaise acquires eight new homes

Liaise, a provider of specialist care services for adults with learning disabilities, mental health and other complex needs, has acquired eight new homes in Norfolk from Jeesal Residential Care Services Group, a provider of complex care services.

The acquisition highlights Liaise's strategic ambition to expand its presence in the East Anglia region. By taking on the eight new homes, Liaise welcomes 49 people to support and 140 members of staff, and adds 54 beds to its growing portfolio of now 45 care homes across the South East of England.

The eight homes provide a range of personalised residential care services with tailored support to promote independence and involvement in community activities. The homes also offer a range of facilities with large communal areas and gardens, for inhouse activities.

David Petrie, Chief Executive Officer at Liaise, said, 'We are pleased to welcome to Liaise these well-established homes. We also want to welcome our new colleagues to the Liaise team and we look forward to working together to deliver a great service to the people we support by creating environments which help them flourish.'

Meridale
Recruiting Solutions
Finding you the people for the job

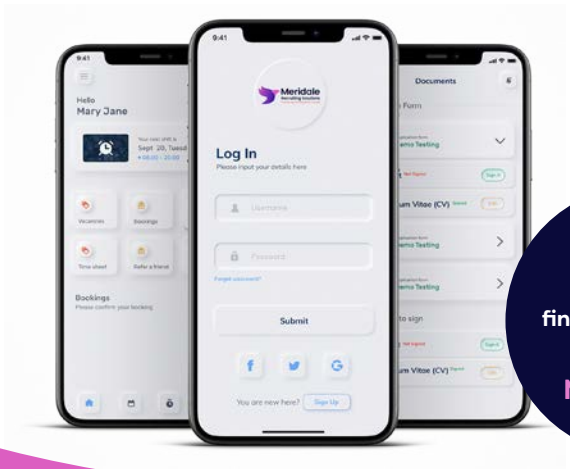
Your go-to solution for health and social care recruitment in the West Midlands, Staffordshire, and South West regions.

At Meridale, we understand the importance of having a reliable and dedicated team of nurses, healthcare assistants, support workers, and social workers in the healthcare industry.

That's why we have made it our mission to provide exceptional recruitment services to ensure that your healthcare facility is staffed with the best talent available.

Our team of experienced recruiters have a keen eye for identifying top talent in the healthcare industry, and we pride ourselves on our ability to match the right candidate with the right position. Whether you're looking to fill a permanent role or require temporary staff, we can help.

At Meridale, we take the time to understand your needs, and we work with you to find a solution that fits your budget and meets your requirements. We take care of the entire recruitment process from start to finish, so you can focus on what matters most - providing quality care to your patients.



With our extensive network of healthcare professionals, we can quickly and efficiently fill your staffing gaps, ensuring that your facility runs smoothly and that your patients receive the best possible care.

Find healthcare shifts at your fingertips with the Meridale Mobile App

Our staff have the opportunity to manage their work-life through our own user-friendly company app

Choose Meridale Recruiting Solutions for all your health and social care recruitment needs. Contact us today to learn more about our services and how we can help you.

30 Riley Crescent, Penn, Wolverhampton, Westmidlands WV3 7DS
01902566650 / 07308515191
info@meridalerecruitingsolutions.co.uk

www.meridalerecruitingsolutions.co.uk

Care home operator trebles in size

A North East care provider has trebled in size within the last 12 months, thanks to support from Mincoffs Solicitors and accountants and business advisory group, Azets, and funding from Allica Bank.

Hark Group Holdings, which was founded by husband-and-wife team Hardip Kang and Rupinder Kang, expanded in the last year following a number of acquisitions across Tyne and Wear.

This includes the business and assets of Cedar House Care Home, Sunderland and the entire issue share capital of Thorncliffe Care Limited – which operates Thorncliffe House, Sunderland – with a view to further acquisitions in the near future.

The teams at Mincoffs Solicitors and Azets worked closely together with Hark Group Holding's senior management team to successfully structure, fund and transact the deals.

Hardip Kang, Director and owner of Hark Group, said, 'Our expansion and growth this past year was greatly assisted with the knowledge, experience and eye for detail from Chris Hughes and all the team at Mincoffs.

'It's the kind of reassurance a growing business needs when trying to achieve their growth targets. Lee Humble and the team at Azets provided me with the financial advice and assistance to accelerate the momentum needed to get the deal over the line.'

Lee Humble, Corporate Finance Partner at Azets, said, 'I am excited to see what the future holds for the group, and we are delighted to be part of their journey.'

Anchor receives gold status for inclusivity

Anchor, England's largest not-for-profit provider of specialist housing and care for people in later life, has been awarded 'Gold Status' in the 2023 Inclusive Employers Standard, becoming the first housing and care provider to do so.

The accolade follows the Bronze award status Anchor achieved in 2020 and the Silver Award status achieved 18 months ago, in 2021.

Anchor is a member of Inclusive Employers, which provides expert advice and support to workplaces who are committed to inclusion and accredits those meeting the Inclusive Employers Standard.

The housing and care provider is only the third organisation that Inclusive Employers works with to achieve Gold status.

Sarah Jones, Chief Executive at Anchor, said, 'While we know there's always more we can do, we're absolutely delighted to have achieved Gold accreditation from Inclusive Employers, recognising us as among the best employers in the UK when it comes to equality, diversity and inclusion.

'For us to have done this only 18 months since we achieved Silver is a mark of the hard work and firm commitment of so many across the organisation to inclusion in the workplace.'

Anchor works with residents and colleagues to ensure inclusion is part of their everyday approach and has been focused on creating a workplace where all colleagues can thrive.

Anchor has given particular effort to embedding its inclusion practices by ensuring leaders and colleagues understand how the whole organisation is responsible for making diversity and inclusion an everyday reality. Anchor has also utilised the many resources and practices it has to further inclusion within the organisation.

IN FOCUS

CQC publishes review on oral health

WHAT'S THE STORY?

The Care Quality Commission's (CQC) follow-up review on the state of oral health care in care homes shows that there have been improvements.

CQC first reviewed oral health in care homes in 2019 and found steps were often not being taken to ensure that people get the oral health care they need to ensure that they are pain-free and that their dignity is respected.

The health and social care regulator conducted a follow-up review of how providers have responded to its recommendations from 2019 and was pleased to find that improvements were being made.

WHAT WERE THE FINDINGS?

Care homes are much more aware of the NICE oral health guideline. In 2019, only 61% were aware of the guidance. This has now increased to 91%.

More than double the proportion of care plans fully covered oral health needs, compared to the CQC's review of care plans in 2019 (60% in 2022; 27% in 2019); however, more work needs to be done to ensure all care plans cover oral health.

The percentage of care home providers saying that staff always (or mostly always) receive specific training in oral health has doubled from 30% in 2019 to 60% in 2022. This however means 40% of staff may not receive training.

Inspectors remain concerned that people living in care homes are missing out on vital care from dental practitioners – both at the right time and in the right place.

Care home providers also highlighted that not enough dentists were able or willing to visit care homes to treat people who may be less mobile.

WHAT DID THE EXPERTS SAY?

Commenting on the report, Mary Cridge, Director of Adult Social Care at CQC, said, 'Whilst I am pleased to see that many of our recommendations from 2019 have been taken on board, and providers are more aware of how important oral health is to keeping people healthy, we recognise that there is still room for improvement. In particular, it is imperative that more is done to ensure people have access to vital care from dentists and that oral and dental health is included in all care plans.

'We have made further recommendations for both adult social care providers and staff, as well as dental providers, so every resident of every care home has their oral health needs met.'

CQC has made a number of recommendations, such as: Getting an oral health assessment on admission to a care home. How much treatment should cost, and who is exempt and entitled to free treatment on the NHS. In addition, to improve collaboration in planning for the health and wellbeing of local people, commissioners should:

- Promote cross-sector integration between care home and dental professionals.
- Use funding to improve oral health in care homes – through local initiatives like peer-to-peer support schemes or increasing dental access and training.

NEWS FROM ACROSS THE GLOBE

New Zealand nurses register to work in Australia

The Guardian reported this month that thousands of New Zealand nurses are registering to work in Australia in pursuit of better pay and conditions, amid staffing shortages and industrial action in their home country.

According to the Australian Health Practitioner Regulation Agency (Ahpra) and the Nursing and Midwifery Board of Australia, almost 5,000 New Zealand nurses have registered to practise in Australia since August. New Zealand nurses held a series of strike actions in late 2022 and are planning a National Day of Action in mid-April, with co-ordinated national protests to call for more nurses and better pay. Last week, New Zealand's Government announced a pay boost of up to 15% for community-based nurses, to try to compete with the Australian sector, where aged care nurses won a 15% pay rise in November 2022.

Canada to spend an extra $200 billion on healthcare

According to CIC News – the voice of Canadian Immigration – new spending for healthcare was highlighted as a top priority in Canada's Budget 2023.

Healthcare is a provincial/territorial responsibility but due to pressure on the system caused by labour shortages and lack of funding before the COVID-19 pandemic, the provincial and territorial governments have requested more funding from the federal Government.

Canada's ageing population puts additional strain on the healthcare system. The 2021 census shows that there are 861,395 people over the age of 85 living in Canada. There are a further 2.1 million between the ages of 75 and 85. Due to the high demand for skilled immigrants in the healthcare sector, it does mean more support is needed for healthcare in Canada.

Global Ageing Network calls for reform

The Global Ageing Network (GAN) released its call to governments on the need to reform long-term care last month. It was a clear call for needed attention to ageing services and the necessary changes for meeting the needs of global ageing. Through GAN, many countries are echoing the call to their policy leaders. GAN says it knows individually and collectively what is needed because we live it every day in the work that Network members do. The 2023 Global Ageing Network's biennial conference in Glasgow in conjunction with Scottish Care and the National Care Forum – leading care and support provider associations in Scotland and England – provides an opportunity and venue for colleagues to gather in a unique forum dedicated to shared learning and professional networking.

The conference will showcase innovative and forward-looking programmes and approaches from around the world, offering a stimulating forum for the exchange of both practical knowledge and new strategies focused on the provision of high-quality care and support. Each of the sessions will provide delegates with the opportunity to learn about innovative practices, explore new ideas, and create environments that maximise the quality of life for those who require/access care and support.

In both the United Kingdom and the United States, there is a call for a Commissioner on Ageing Policy at the highest levels of Government. In Ireland, there is a call for a Statutory Home Support Scheme to grant home care as a legal right. In Australia, a human rights approach to aged care has been adopted. And, in Canada, there is a movement towards greater investment in long-term care.

WHO celebrates 75th anniversary

On 7th April 2023, the World Health Organization (WHO) marked its 75th anniversary, along with its 194 Member States and other partners, by calling for a renewed drive for health equity.

Seventy-five years ago, in the aftermath of the deadliest and most destructive war in human history, the Constitution of the World Health Organization came into force: a treaty between the nations of the world, who recognised that health was not only a fundamental human right, but also fundamental to peace and security.

'The history of WHO demonstrates what is possible when nations come together for a common purpose,' said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. 'We have much to be proud of, but much work to do to realise our founding vision of the highest attainable standard of health for all people. We continue to face vast inequities in access to health services, major gaps in the world's defences against health emergencies, and threats from health harming products and the climate crisis. We can only meet these global challenges with global co-operation.'

Looking forward to the next 75 years and close to the turn of the next century, a renewed commitment to health equity will be the key to addressing future health challenges. In the shadow of the COVID-19 pandemic, WHO's roadmap to recovery includes an urgent paradigm shift towards promoting health and well-being and preventing disease by addressing its root causes and creating the conditions for health to thrive. WHO is urging countries to provide health by prioritising primary health care as the foundation of universal health coverage.

The COVID-19 pandemic has shown that protecting health is fundamental to our economies, societies, security and stability. Learning from the worst pandemic in recent history, WHO stands ready to support the countries of the world as they negotiate a pandemic accord, the revision of the International Health Regulations and other financial, governance and operational initiatives to prepare the world for future pandemics.

Miele

Sustainability through quality.

Miele's washing machines help you **save about 15% in utility costs***

Our dryers are 60% more efficient than conventional drying technologies*

Miele's energy recovery systems contribute to **15% energy savings on dishwashing cycles***

United Nations Global Compact

Miele became a member of the UN Global Compact, promoting sustainability in business in 2004.

Miele GB achieved **Zero waste to landfill** certification.

We are carbon neutral in all of our locations, with the ambitious goal to achieve this across the complete lifecycle of our products.

*Depending on model. Data may vary according to region

Built better to last longer.

Our energy-efficient machines are built and tested to take the rigours of daily commercial use for at least ten years; and when they finally need replacing, they are almost entirely recyclable.

Miele Professional. Immer Besser.

0343 777 3187 **miele.co.uk/p/** **@mieleProf** **Miele Professional**

UNTANGLING THE SYSTEM

Is the regulator fit for purpose in 2023?

The Care Quality Commission (CQC) is preparing to reform its regulatory process, but what reflections can be made on the current system? Professor Martin Green OBE, Chief Executive of Care England, unpicks the current system and suggests where change is needed in the future.

The CQC is changing the way in which it regulates and it aspires to deliver a regulation system that is the cornerstone of public protection. The new inspection framework aims to also give people who use services a clear understanding of the quality of the care delivered. In the next couple of years, providers will not only have responsibility for the provision of services, but they will also have oversight of how these services are commissioned by local authorities. This will be a significant change; those they regulate will increasingly want to see more equity in how the CQC operates and they will also want to see fairness across the entire system. Currently, we have regulation that responds very differently to statutory and independent services and we have a system that allows statutory services to be under special measures for years. However, this would never be tolerated in the independent sector. This lack of equity in the approach taken by the regulator really undermines people's confidence in their judgement and leads to a feeling that there is inequality and unfairness at the heart of regulation. Social care providers are particularly aggrieved by how statutory services are given notice of an inspection. This is unequitable and leads us to ask a justified question: 'Why should a hospital be given a month's notice that the regulator will be attending to inspect the service, when a care home just receives a knock at the door?'

A complex relationship

Another issue that complicates the relationship between the regulator and the services it regulates is the funding model, which relies on care services funding their own inspections. This means that the CQC has both a regulatory relationship with the sector and a customer-supplier relationship. There needs to be more recognition from the regulator that we are customers and require a level of service we would expect if we had similar contracts with other suppliers. This means we should have expectations about the level of service we receive, how long it will take to respond to our queries and evidence that we are getting value for money. In any other relationship where we are spending so much money, we would have some power to control elements of the service we receive, but this is not the case in regulation. Many services are waiting, sometimes years, for a re-inspection and they have worked hard to improve things, yet they continue to have a quality rating that is significantly out of date. If this was with any other supplier, we would expect to have a timely response; however, the CQC is able to dictate the terms to its customer and this leads to dissatisfaction with service quality.

Another issue that has undermined people's confidence in the regulation is several high-profile scandals that have been exposed in the media concerning poor care in services that have been rated as 'Good' by the regulator. This has led people to question whether regulation is working >

> effectively and delivering a robust judgement on the quality of services. It is also interesting to note how many times the same issue comes up in different regulation reports. This is a clear indicator that the regulator can point out problems in a service but seems to have no capacity to spread those messages throughout the sector and improve quality across the board.

Fairness and consistency

It is for these and many other reasons that I have concluded our current regulatory system is not fit for purpose and needs a radical overhaul to deliver what is required in 2023. I want to see a regulatory system that is the cornerstone of public protection, but also the foundation for quality improvement and innovation across an integrated health and social care pathway. For this to happen, we first need to have confidence in the impartiality of the regulator and there needs to be a clear and consistent approach to how all services are judged – there must be no favouritism for the statutory sector or commissioners. Fairness must be the starting point of the new approach to regulation and this fairness needs to be seen in every single report.

Impartiality is critical

There also needs to be far greater emphasis on openness and transparency in the regulator itself and, all too often, we have seen examples where the regulator calls for openness, transparency and accountability in those it regulates. However, there is little evidence of it in the regulator itself. This is particularly true when providers challenge either factual accuracy or the behaviour of inspectors. I know of several cases where the behaviour of inspectors has been totally unacceptable (in one case, it was captured on CCTV), yet the regulator has steadfastly stonewalled any approach to accountability for the behaviour of its own staff. If there is to be any credibility in regulation, this sort of behaviour cannot be allowed to continue and the regulator must understand that when it sits in judgement over others. I would describe it as saying you must be like 'Caesar's wife' – above suspicion. This will only happen when the regulator is open and accountable and is seen to be impartial in the way in which it treats people who provide care.

I also believe that our current system is riven with a focus on blame. When we look at critical incidents, I would like to see an end to the blame culture and the start of a learning and development approach to how we respond. We would have proper accountability, but this must be separated from analysing what went wrong.

I want to move to an airline industry model, where regulation is seen as the cornerstone of developing a safer and better-quality sector. The airline industry regulates in a way that begins with a non-judgemental forensic analysis of critical incidents. A report is delivered from this analysis that sends key messages about how things could improve and these messages are directed towards individual practitioners, organisations and the wider system. When there is an air crash, the regulator will identify how individuals acted, whether there was an issue related to the airlines and/or whether the problem was a systemwide one. After the analysis, there are clear recommendations which are binding on individuals, on organisations and on the wider system. In this way, we see regulation that learns from inspection and analysis and ensures we do not repeat the same problems again and again.

An opportunity for change

The cornerstone of this new regulatory approach would be a complete culture change in the way in which the CQC regulates services and the way in which services respond to regulation. The current system sets up adversarial relationships between regulator and provider and, in the future, there needs to be a clear focus on the outcomes we want to achieve, the delivery of high-quality care to citizens and the efficiency of how we use resources. There is too much focus in the current system of apportioning blame for what went wrong and too much suspicion between regulators and providers. We are all here to deliver high-quality care and support to our citizens and every bit of the system should have that in mind; judgements should be about learning from experience and improving services. If we can work together, there is a real opportunity to change how regulation works and to make it better for everyone but this requires a significant change in culture, attitude and approach. **CMM**

"We are all here to deliver high-quality care and support to our citizens and every bit of the system should have that in mind."

Professor Martin Green OBE is the Chief Executive of Care England. Email: **MGreen@careengland.org.uk**
Twitter: **@ProfMartinGreen**

Do you agree with the statements made in this article? Visit **www.caremanagementmatters.co.uk** and share your feedback on the points raised.

ARE YOU STRUGGLING TO IMPROVE QUALITY OF CARE?

WE KNOW WHAT YOU'RE GOING THROUGH.

LET US HELP.

KATA CARE

The UK's largest network of senior interim managers and care quality consultants who all have a passion for delivering outstanding care services.

- Managers
- Current CQC inspectors
- Directors
- Specialist Advisors
- C-suite Professionals
- Former Inspectors

Need an expert? We know just the person.

Interim Managers

Do you need short or long term Management cover? No problem, we can provide a highly experienced interim within 48 hours.

Quality Improvement

Get back on track for success. Whether your business needs a turnaround management team, or you're aiming for outstanding, our specialist consultants are there for you.

Care quality Consultancy

Mock CQC inspections, care audits and compliance support from our team of CQC experts. Always be one step ahead.

01704 808 164
hello@katacare.co.uk
www.katacare.co.uk

A STUCK RECORD:

Why we're a world away from a sustainable system

The King's Fund set out 12 trends from its *Social Care 360* report. John Kennedy, a Housing and Social Care Consultant, delves into the detail of the analysis and shares what conclusions can be made.

The annual King's Fund *Social Care 360*[1] report was published at the beginning of March. So how is progress on a social care system fit for the 21st Century going? Well forgive me, as I'm going to bore you; indeed, I'm likely to bore myself. A stuck record.

Why? Because we're still in the poor law and workhouse world of the Parish Guardians! Barely emerged from the 19th century, let alone the 20th, and a world away from where we should be.

Requests: More people, particularly working-age adults, are requesting support.

Requests for support are 9% higher than they were in 2015/16 but there is a significant age difference in the rates of growth. Among working-age adults requests have increased 22%, from 501,000 to 612,000 in 2021/22. Among older people, they have increased 4%, from 1.31 million to 1.37 million. Overall, the increase is 9%, from 1.81 million to 1.98 million. At this rate of growth, requests for support will exceed two million for the first time in 2022/23.

So, that equates to almost two million fellow citizens asking for help. Each and every one reaching out and I'd chaffer, in the vast majority of cases, not for much. So, what do they get?

Receipt of care: The number of people receiving long-term care has fallen again.

Since 2015/16, there has been a small increase in the number of working-age adults receiving long-term care, from 285,000 to 289,000 (1.4%) but a much larger fall in the number of older people receiving long-term care – down from 587,000 to 529,000 (10%). Overall, 818,000 people received long-term care in 2021/22 compared to 873,000 in 2015/16.

When increases in population size are taken into account, the fall is

even starker. In 2015/16, slightly more than 6% of people aged over 65 were receiving long-term care but by 2021/22 this had fallen to slightly more than 5%. The percentage of the working-age population receiving long-term care was largely unchanged at around 0.8% in both years.

Therefore, need is increasing but delivery of services is reducing. Creating a huge pool of unmet need. Intolerably expensive and downright miserable.

'Ah, though!' the Parish Guardians say. 'We are investing in neighbourhood level support. People don't want to live in a care home, they want to stay at home. We are investing in "strengths based" and enabling approaches, focusing on the support available from an individual's wider support network and community, rather than through the provision of formal long-term care and support.'

Really? The King's Fund doesn't appear to buy that and said,

'However, it is noticeable that there has been no significant change in indicators that might suggest such an approach has been taken, such as support for carers (which has fallen since 2015/16), investment by local authorities in the voluntary sector (which has also fallen) and use of short-term care to maximise independence (ST-Max) (which has seen relatively modest increases in packages provided).'

Eligibility: Financial eligibility is tighter and reform has been put back.

By not increasing the threshold in line with inflation, successive governments have made the means test even meaner: it has become harder for people to get publicly funded social care, reducing its cost to the taxpayer.

This is an inevitable consequence of our obsession with looking at social care as a 'budget cost'! Tightening criteria fuels failure demand, increases overall system costs and increases misery.

Spending: Total expenditure has increased due to the COVID-19 pandemic and is now higher than in 2010/11. Higher than in 2010! That's over a decade ago! A million more people are now over 65 than in 2010.

Costs: Local authorities are paying more for care home places and home care.

>

NEED 2SUCCEED

START YOUR NEW HEALTH CARE CAREER TODAY WITH THE NEW:

Level 3 Certificate in Social Prescribing

Class Based or Live Online

ONLY £612 WITH YOUR 30% MAGAZINE DISCOUNT + £420 BURSARY FROM SKILLS FOR CARE

Come and visit us at the Health Care Plus Show on the 26th & 27th April - London ExCel - Stand P45

Book Now

Skills & Education Group Awards

RECOGNISED CENTRE

> In March 2021, the National Audit Office reported a Department of Health and Social Care assessment that most local authorities paid below the sustainable rate for care home placements for adults aged over 65 and below the sustainable rate for home care. It also noted estimates that self-funders pay around 40% more for their care in care homes and around £3 more per hour for home care than publicly funded clients. The rates paid by local authorities for home care remain below the Homecare Association's minimum price of £21.43 for 2021/22.

Vacancies: The staff vacancy rate is the highest since records began.

Between 2020/21 and 2021/22, the vacancy rate rose sharply from 7.0% to 10.7% and the number of vacancies rose from 110,000 to 165,000. The gap between the vacancy rate in social care and that in the wider economy has grown to 4.3%.

In my experience of running services, high vacancy rates are the single biggest impactor on quality of the service provided. This level of vacancies is unsustainable and a safeguarding issue.

Pay: Care workers' pay continues to rise but struggles to compete with other sectors.

However, pay in other sectors has been increasing more quickly. In 2012/13, care workers were paid more than retail sales assistants but by 2019/20 they had been overtaken. Many care workers would be paid more in entry-level posts in supermarkets.

Care work is one of the most emotionally skilled and positively impactful roles in our economy. This situation is exploitation.

Carers: Fewer unpaid carers now receive paid support and respite care has also fallen.

Unpaid carers – usually, but not always, family members – contribute care equivalent to four million paid care workers to the social care system. Without them, the system would collapse.

The carer community is the bedrock of social care. We ignore them at our peril.

Quality: Quality is largely stable but fewer ratings were published during COVID-19.

Far fewer ratings have been published in recent years – only 5,081 in 2021/22 compared to 13,337 in 2019/20.

I think it is almost impossible to make any accurate assessment of the quality of registered services at present. The inspection regime is so far behind in relation to inspections, and the omnishambles of confusion over the lack of a properly evaluated and evidenced regulatory framework makes it a muddle of apples and pears.

Personalisation: Fewer people receive direct payments.

Direct payments are intended to allow people using care services more choice and control over their own support. They were intended as a key route to reform of social care in the Care Act 2014. The number of people using direct payments fell from 118,000 in 2020/21 to 117,000 in 2021/22.

The number of people using direct payments is now lower than in 2015/16 and has fallen for each of the past five years. Overall, just 26.7% of people (38.4% of working-age adults and just 15.5% of older people) drawing on adult social care use direct payments, down from 28.1% in 2015/16.

This is a systemic manifestation of the deadening hand of the Parish Guardians. Direct payments are the 'key route' into diversifying and energising the social care offer. Taking the power from the system and giving it to those who draw on services is the way to catapult social care into the 21st Century.

Satisfaction: Satisfaction of people using services is edging downward.

In 2021/22, only 36.3% of carers report they are 'extremely satisfied' or 'very satisfied' with the services and support received by themselves and the people they care for; 8.5% of respondents say they are 'extremely dissatisfied' or 'very dissatisfied'. The 2021 British Social Attitudes survey of satisfaction with social care also reports low levels of satisfaction among people who have used or had contact with services, with 66% dissatisfied. This survey includes both publicly and privately funded care.

If anything was to scream failure, then these satisfaction statistics should be an indicator. In most realms 66% satisfaction would be 'could try harder' but here we have 66% dissatisfied!

If the dashboard of a plane was showing these kinds of trends, then we would be scrambling for the parachutes.

What conclusions?

Our social care system is failing consumers on every front. Yet, we carry on doing the same over and over again. Reform is always just out of reach. The report speaks of the 'Dog that did not bark' in 2022. Well, isn't it time to reflect that we haven't got a mute dog, we've got an ex-parrot.

The report paints a bleak and groundhog picture of our system. Bedevilled by short termism, lack of courage and wilful denial, this has led to us failing on all measures.

Surely the Government understands the concepts of opportunity cost and failure demand. Why does a Government, usually vocal in its support for functioning markets and consumer sovereignty, persist in perpetrating the current antediluvian command economy approach? Deficit assessments, shrinking eligibility criteria, tariffs and dysfunctional regulation. No power in the system for those drawing on services.

If the 360 in 2023, 2024, 2025, etc. isn't going to just say the same, we must grasp the nettle.

Direct payments must become dominant. Local authorities must move from commissioning to helping consumers navigate. Only when the power is in the hands of the consumer, will the system shift to enabling preventative neighbourhood-based approaches, maximising value demand and reducing misery.

John Seddon explains that any industry's capacity to provide a service is occupied by two types of customer demands: 'value demand' and 'failure demand'. The former deals with the customers' expectations: the valuable services that they have a right to expect and should be provided. If industry fails to provide these services, then customers will keep returning with the same problem. Now, a vicious cycle sets in: the failure to supply value has created unnecessary demand, which further eats into the industry's capacity to create value.

We are stuck in failure demand. Insisting on providing, or not providing at all, that which the system thinks is best. We must move to value demand whereby the system meets the consumers' expectations first time. This will only happen when the consumer has the power. **CMM**

Reference

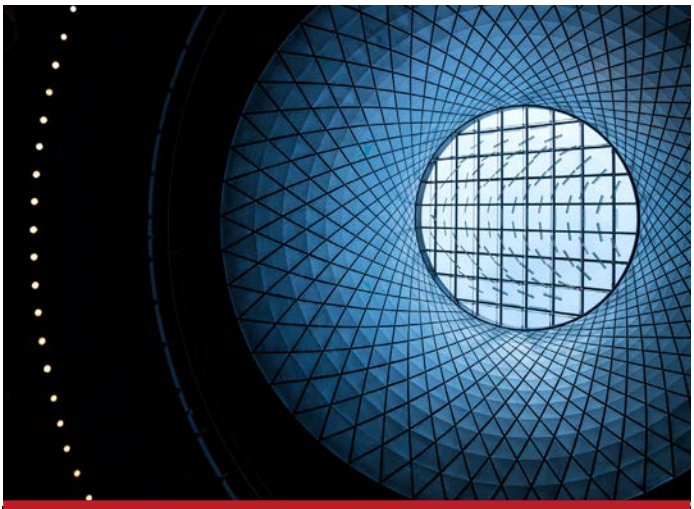
1. https://www.kingsfund.org.uk/publications/social-care-360

John Kennedy is a Housing and Social Care Consultant. Email: **jpkennedy366@gmail.com** Twitter: **@JohnnyCosmos**
John is the author, with Des Kelly OBE, of *'Power to People', Proposals to reboot social care in Northern Ireland* (2017) and *John Kennedy's Care Home Enquiry* (2014).

Do you agree with John Kennedy's analysis relating to the 360 report? Visit **www.caremanagementmatters.co.uk** and share your feedback on the article.

Into Perspective

HOW IS THE FALLING NUMBER OF PEOPLE RECEIVING DIRECT PAYMENTS AFFECTING PERSONALISATION?



According to The King's Fund's latest *Social Care 360*, the number of people using direct payments fell from 118,000 in 2020/21 to 117,000 in 2021/22. Is this decline impacting on the delivery of personalised care and, if so, how?

Empowering choice

According to the Care Act 2014, if an individual's local authority agrees to fund some or all of their care services subject to a needs and financial assessment, they will be offered a choice of options for this funding to be received.

Typically, one of these options is to receive direct payments from the local authority, which an individual can use to arrange and pay for care services themselves. Individuals can also use direct payments to pay for non-care services such as transport costs to meet eligible needs, short breaks and leisure activities.

Skills for Care states that 'direct payments are the main mechanism to deliver the personalisation agenda for adult social care in England'.

Falling figures

The King's Fund reports, 'The number of people using direct payments is now lower than in 2015/16 and has fallen for each of the past five years. Overall, only 26.7% of people (38.4% of working-age adults and just 15.5% of older people) drawing on adult social care use direct payments, down from 28.1% in 2015/16.'

Guidance from Age UK highlights that when calculating the amount of an individual's direct payment, a local authority 'must balance [the individual's] personal preferences for how [their] care is delivered against its budgetary constraints. In doing so, the local authority must always aim to promote [the individual's] wellbeing.' The guidance continues by adding that this 'can be a difficult balance in practice.' This balance is likely to be harder to strike given that much-needed central Government funding is falling short of the sector's expectations.

In April this year, the publication of Government's policy paper, *Next Steps to put People at the Heart of Care*, was met by criticism from the adult social care sector and local authorities alike, particularly in response to Government's plans to reduce the promised financial support for people drawing upon care services.

Professor Vic Rayner OBE, Chief Executive of the National Care Forum, commented, 'The announcements . . . completely undermine the original vision of person-centred reform.' While Councillor David Fothergill, Chairman of the Local Government Association's Community Wellbeing Board, said, 'Given the well-documented capacity issues and levels of unmet and under-met need, it is hard to see how reducing the funding available to begin to address some of the issues can be justified.'

More call for change

In December 2022, the Adult Social Care Committee, having heard from a range of witnesses, including disabled adults and older people, carers, service providers, local authorities, and academics, published a report, *A "Gloriously Ordinary Life": Spotlight on Adult Social Care*, challenging Government to undertake urgent adult social care reforms.

One of the recommendations outlined in the report was to ensure that people who draw on social care have the same choice and control over their lives as everybody else. The Committee believes that this can be achieved by enabling people to make a genuine choice as to who supports them, simplifying the recruitment of personal assistants, and making access to direct payments easier.

Demand now outstrips supply

Clenton Farquharson MBE, Chair, Think Local Act Personal (TLAP) @clentonF

I was disappointed to see in The King's Fund's recent *Social Care 360* report that direct payment numbers have continued falling. Does this mean that personalisation is stalling? I think the answer to that question is yes.

Whilst direct payments are not a single indicator of personalisation (they aren't right for everyone), I see no evidence of a natural ceiling being reached. Too many councils make it too hard for people to take and manage a direct payment which suppresses demand. Even the numbers don't tell the full story, as we know that some councils with respectable figures constrain how budgets are used.

It is also the case that receiving good, personalised care and support shouldn't be dependent on taking a direct payment; it should be the default for all. Individual Service Funds (ISFs) are a proven alternative when a person doesn't want to take full control of their budget. The council delegates the budget to a provider who works with the person to tailor their support.

As a recent example, Bexley Council, with support from TLAP, has developed ISFs to transform supported living for people with a learning disability. People now choose their provider and work together to shape their care and support on a day-to-day basis. Demand now outstrips supply, so the council is increasing the number of providers using ISFs.

Returning to direct payments, through a series of reports (two with the Local Government Association), TLAP has shown how councils can improve: through cutting unnecessary process; supporting practitioners; and, above all, by co-producing with people. This is distinctly achievable, as Leicester City Council amongst others has demonstrated.

We are now receiving a growing number of requests to help councils improve their direct payment offer, using TLAP's *Making it Real* as a basis for having 'improvement conversations'. This goes to show that with concerted effort and co-production, change is possible. Councils need to re-commit to improving and increasing direct payments as part of an overall renewal of personalisation. Not only is it possible, it is the right thing to do.

The drive for equality and self-determination is stalling

Fazilet Hadi, Head of Policy, Disability Rights UK @ DisRightsUK

The disabled people's movement fought hard for direct payments and achieved victory through the Community Care Direct Payments Act 1996. The fight for direct payments was as important as that for civil rights, as it gave disabled people choice and control over how our care and support needs were met. For us, care and support isn't just about washing, dressing and eating, it's about the support we need to engage in life and connect with others.

The use of direct payments has been reducing over the past five years. This is a backward step for personalisation and a sign that the drive for equality and self-determination for disabled people is stalling. We have to ask the question, why when the number of working-age disabled people is increasing, would the number receiving direct payments fall?

Making sure that people providing care and support are part of the household and that the times they work, the support they provide and the way they provide it fit personal preferences, are things that direct payments enable. At best, there will be warmth, trust and friendship between disabled people and the personal assistants providing care and support.

So why, when direct payments have so much to offer, are they not being taken up? Social service departments must do a whole lot more to make direct payments a positive option. They need to tell disabled people about the amazing advantages, ensure disabled people's organisations are funded to provide advice and support on direct payments, reduce ever-rising care charges, increase the pay rate for personal assistants, enable the recruitment and training of personal assistants and reduce bureaucracy.

Over the past decade, disabled people have experienced reductions in public services, inadequate benefit levels, disproportionate deaths and exclusions during COVID-19 and are now being hit by the cost-of-living crisis through energy and food inflation and increasing housing costs. It is vitally important that we have access to high-quality care and support to enable us to live with dignity and independence.

A test of services is whether we would choose them for ourselves, and I strongly suspect that most of us would want to opt for the choice and control over our care and support that direct payments provide.

Joining the dots:

How health and care teams can work together to improve the quality of care

The London Care Record is a digital solution that offers a joined-up picture of people's health and care information. Andrew Coles, Chief Product Officer at Person Centred Software (PCS), explains how the initiative can benefit care homes.

OneLondon, part of NHS England London and a collaborative of London's five Integrated Care Systems and the London Ambulance Service, supported by NHS England (London region), the Greater London Authority and London's three Academic Health Science Networks (AHSNs), is working hard to ensure that as many health and care staff as possible have access to the London Care Record.

The London Care Record enables health and care professionals involved in a patient's care to see important details about their health, when and where they need them, and receive the information they need to improve the quality of care. >

> What is the London Care record?

The London Care Record provides a secure view of a patient's health and care information.

It can show doctors, nurses and other care professionals:

- Any conditions the patient might have.
- Prescribed medications.
- Test results.
- Allergies.
- Plans for their care.

Having a single, secure view of an individual's health and care information helps speed up communication between health and care professionals across London and beyond, helping to improve the safety of care and save lives.

How did it come about?

OneLondon was created in May 2018 to improve the sharing of important health and social care data between services, transform services and improve care for the people of London.

Until recently, information could only be shared by certain health and care providers in their local area; with the London Care Record, which displays information from separate record systems all in one place, health and care providers involved in a patient's care can now share their health and care information across London and the surrounding areas, allowing professionals to see information quickly and safely in order to treat and care for the patient and help provide them with the most timely and efficient treatment.

What are the aims?

The London Care Record, which provides a joined-up picture of a person's health and care information over time and across organisations and areas within London, aims to make sure that every decision made by health and care professionals at the point of care or about a patient in their treatment pathway is informed by the best possible information that is available.

Furthermore, joining health and care services and making information easily accessible prevents the patient from repeating their story again and again and enables health and care staff to have one secure view of a patient's relevant health and care information, helping doctors, nurses and other health and social care professionals directly involved in a patient's care to make better, safer decisions.

Dr Liz Heitz, Consultant Community Geriatrician, said, 'The GP data I can access now lets me see all of my patients' allergies, medications, and other details; sometimes, our patients are a little confused about what they're taking, and sometimes, there are so many medications in a home that you don't know what's new, what's old, or what they're supposed to be taking.

'Now, I have all that data in one place and can get all this information quickly with a click of a button.'

What are the benefits?

The benefits of using the London Care Record include the following:

- Reduces the need for patients to repeat their story to all the professionals involved in their care.
- Enables health and care professionals to tailor care to patients' needs.
- Facilitates faster decision-making.
- Helps to prescribe medicines safely and accurately.
- Avoids repeat testing, investigations and referring patients unnecessarily to services.
- Reduces unnecessary and unplanned admissions or visits to hospitals.
- Helps to make care better and safer and helps to save lives.
- Improves time efficiency.

Should the London Care Record be implemented elsewhere? If so, how should it be done?

The London Care Record is a local initiative that shares information between services in the London region. As part of this project, care homes will be able to access information held on the Shared Care Record.

We have seen through other initiatives, such as GP Connect, that access to data is vital to helping care providers keep people safe.

Whilst GP Connect is a national initiative, a Shared Care Record is localised. One key challenge faced when working on a local and/or regional level is that the work has to be repeated multiple times. Whilst this duplication of effort is far from ideal, the options faced are 'do nothing', wait until a national initiative becomes available or take the opportunities to join up health and care on a regional basis. So, at Person Centred Software, we have taken the decision to expand access to the Shared Care Records with other regions, such as the West Midlands, and will look to support other regions in the country. The hope is that the London Care Record will significantly improve and support journeys for citizens as they move between health and social care settings.

"Care providers can now get pertinent information for their residents at a click of a button..."

The partnership between Person Centred Software and OneLondon began in June 2022. OneLondon was looking to pilot access to the Shared Care Record for care homes directly from our Digital Care Planning System. Together we have embedded the London Care Record within our digital care solution, so the 28 pilot homes can see a wealth of detail about those in their care.

The London Care Record is a huge time saver for care homes. Care providers can now get pertinent information for their residents at a click of a button instead of calling multiple services to build up the full picture of a person's history and needs. Furthermore, there are a number of different levels of access to the London Care Record to suit all requirements, from seeing everything about a person, which a registered manager would need, right down to just past and upcoming appointments, allowing admin staff to arrange travel needs.

The pilot with OneLondon has undoubtedly proved its efficacy with success stories such as being able to avoid taking a resident to A&E because they had all the information about the person to make the right decision at their fingertips, fast-tracking referrals and seeing all results of previous investigations, all of which have saved valuable time and avoided duplicating tests.

Given all these benefits and its fantastic reception, the concept of Shared Care Records would be invaluable across other NHS trusts and ICSs. We hope to see others follow in OneLondon's footsteps. **CMM**

Andrew Coles is the Chief Product Officer at Person Centred Software (PCS). Email: **hello@personcentredsoftware.com**
Twitter: **@PersonCentredSW**

Has your care home been involved in a digital solutions pilot? Visit **www.caremanagementmatters.co.uk** and share your feedback on the article.

Disclosure &
Barring Service

Understanding your legal duty to refer with the **Disclosure and Barring Service**

What is a barring referral?

A barring referral is information provided by an organisation, telling the Disclosure and Barring Service (DBS), that they have concerns that an individual engaging in regulated activity may have harmed a child or vulnerable adult, or put them at risk of harm.

DBS caseworkers make a decision as to whether it is both proportionate and appropriate to include the individual on either the Adults' or Children's Barred List (or both), and prevent them, by law, from working in regulated activity with the respective workforce.

It is a criminal offence for those on the Adults' Barred List to work (or seek, or offer to work) in regulated activity with adults. An employer can also face prosecution if they employ a barred person.

Registered managers can find out if a prospective or current staff member engaging in regulated activity is barred, by applying for an Enhanced with Barred List(s) DBS check.

What is regulated activity?

Regulated activity is a type of employee or volunteer activity defined in DBS legislation.

For those working with adults, this includes the provision of healthcare, personal care, and social work. It also includes assistance with managing an adult's household finances and own affairs, and conveying an adult for health, personal, or social care, due to age or disability.

Who has the responsibility to make the referral to DBS?

The regulated activity provider or the personnel supplier - often the employer, volunteer organisation, or job agency who manage the staff - have a legal duty to make a referral when certain conditions are met and could be prosecuted for failing to do so. However, anyone can make a referral if appropriate to do so.

When do I need to make a referral?

The legal duty to refer is met by 2 conditions:

1. The person no longer works in regulated activity (either through dismissal, re-deployment, redundancy, resignation, or retirement)

2. You think the person has either:

- engaged in relevant conduct in relation to children and/or adults - an action or inaction has harmed a child or vulnerable adult or put them at risk
- satisfied the harm test in relation to children and/or vulnerable adults (including risk of harm)
- been cautioned or convicted of a relevant offence

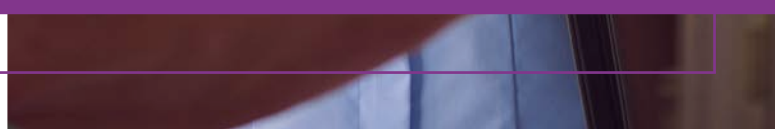
How do I make a referral to DBS?

If you need help to refer someone, please contact DBS on 03000 200 190, or contact a DBS Regional Outreach Adviser by emailing: dbsregionaloutreach@dbs.gov.uk

Further information and guidance about barring referrals, including referral forms, can be found on the DBS GOV.UK website.

10 Years of Making Recruitment and Employment Safer

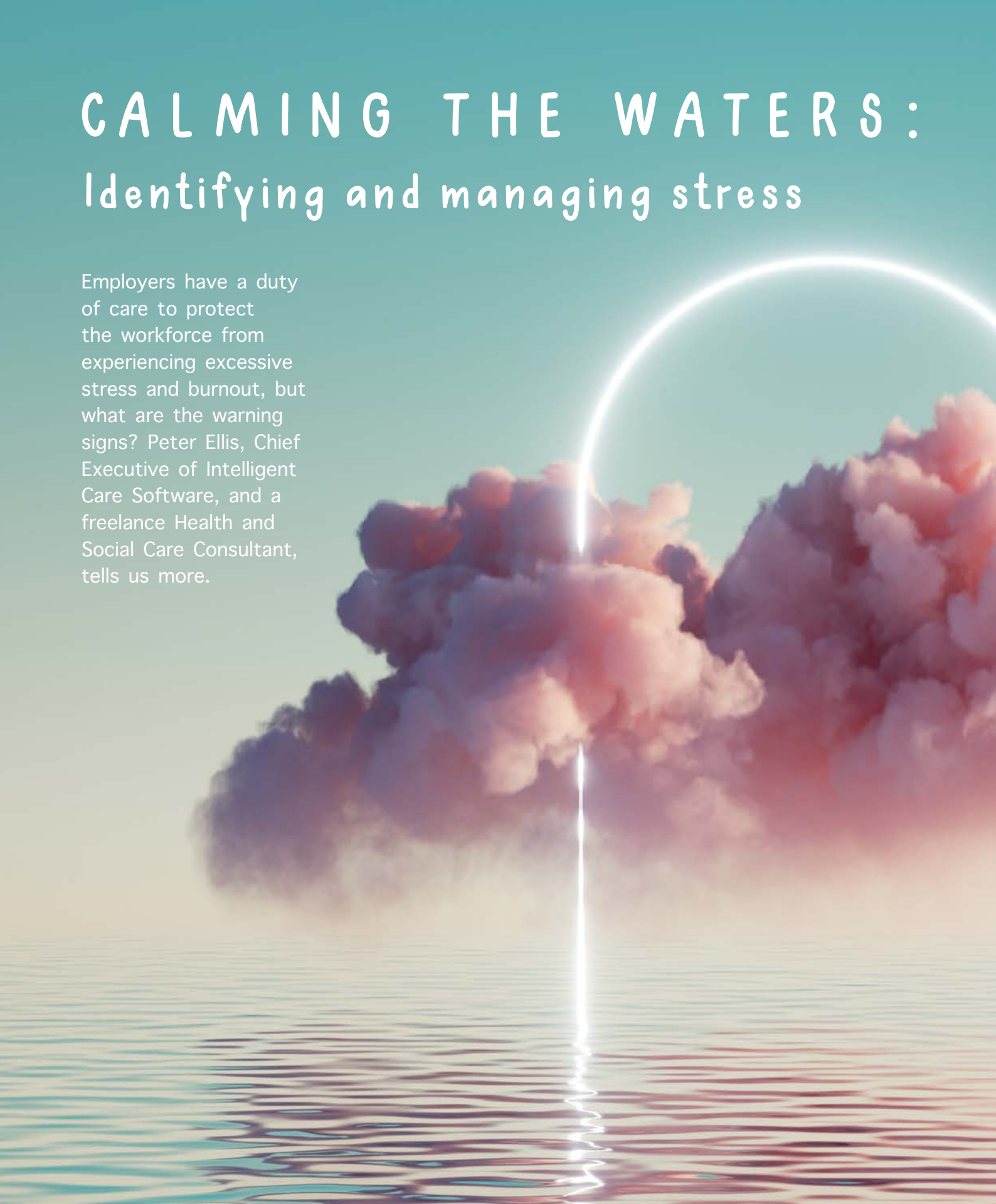
The Disclosure and Barring Service recently marked **10 years** of protecting the most vulnerable by helping employers make safer recruitment decisions. DBS is responsible for processing and issuing DBS checks (previously known as criminal record checks), along with maintaining the Adults' and Children's Barred Lists. Since December 2012, more than **52 million** Basic, Standard, Enhanced, and Enhanced with Barred List(s) DBS checks have been processed, and during that period, more than **41,000** individuals have been placed on one or both Barred Lists.



CALMING THE WATERS:

Identifying and managing stress

Employers have a duty of care to protect the workforce from experiencing excessive stress and burnout, but what are the warning signs? Peter Ellis, Chief Executive of Intelligent Care Software, and a freelance Health and Social Care Consultant, tells us more.



There is little doubt it is currently one of the most stressful times to be working in social care as a provider, manager or care and support worker. The cumulative impact of the highest level of staffing vacancy rates in the sector and the ongoing influence of the COVID-19 pandemic, have left many in the sector wondering if it is all worthwhile.

While not only having to deal with the accumulative effects of poor funding, understaffing, frequently changing, and often confusing, regulation, managers find themselves needing to support a workforce which is often overstretched, poorly paid and suffering from low self-esteem. However, understanding the causes and signs of stress can be difficult. It's therefore important that decision makers equip managers with the necessary tools and knowledge to prevent and manage stress within the team.

What is stress?

The Health and Safety Executive (HSE) defines workplace stress as: 'The adverse reaction people have to excessive pressures or other types of demand placed on them'. Stress affects everyone at some point in their lives and is often associated with feeling out of control. It has been known since the 1970s, at least, that a little bit of stress can be both acceptable to staff and can act as a motivator. A lack of stress, for example. when working towards performance targets, can leave staff feeling under stimulated and unmotivated. On the other hand, too much stress, for example, setting unrealistic expectations, has detrimental effects on work and health and may cause people to panic.

What staff therefore need is an optimal balance of stress; not so little they become complacent and not so much they become anxious or 'stressed out.' Understanding this balance and preventing staff from becoming over stressed is one of the roles of the social care manager.

Understanding stressors

There are several sources of stress and some of these affect all workers and some directly impact on care and support workers. It is worth understanding that preventing or reducing these stressors can have dramatic effects on staff wellbeing, productivity and retention and helps the manager to be more effective. Some of the stressors in social care include:

- The emotional labour of care.
- Dealing with death and dying (often within a long-term care relationship).
- High, sometimes unrealistic, expectations from service users and families.
- Perceived and real increases in compliance monitoring.
- Workloads and poor staffing levels.

Other stresses arise because of the relationship social care has to its better funded and staffed healthcare cousin[1] and all too often with itself. Common themes include:

- Conflict with and discrimination from health care professionals.
- Inadequate preparation for the role.
- Conflict with social care peers.
- Inadequate supervision.

The varying nature of working patterns is widely known to have an impact on the health and wellbeing of care staff[2], especially where the shift rotation includes days and nights. Stressors arise for a variety of reasons including:

- Disturbances of normal circadian rhythms.
- An increase in errors due to fatigue.
- Disruption to personal life.

Illnesses known to be associated with shift working include:

- Sleep disturbance.
- Gastrointestinal disturbances.
- Neuropsychological issues.
- Cardiovascular disease.

Any ill health will inevitably give rise to stress and so the cycle perpetuates.

The effects of stress

The World Health Organization (WHO) recognises stress 'can cause unusual and dysfunctional behaviour at work and contribute to poor physical and mental health.' The physical effects of stress in some ways mirror the impact on health of shift working with a vicious circle of stress and ill health being created.

The NHS identifies how stress can manifest in a number of physical symptoms such as:

- Headaches.
- Muscle pain.
- Chest pains.
- High blood pressure.
- Skin conditions, for example, rashes and hives.

Taken individually each of these symptoms are manageable, but each also contributes to a reduction in the quality of life of carers and to a growth in their stress. Over prolonged periods these signs and symptoms of stress can become dramatically worse and contribute to significant ill health.

Similarly, stress impacts on people's mental wellbeing including changes in both their behaviours and intellectual abilities:

- Diminished concentration.
- A lack of motivation.
- Problems processing ideas and thoughts.
- Memory loss.
- Defective decision making.

>

> Over extended periods of time, these cognitive changes give rise to more dramatic signs and symptoms which may include:

- Becoming withdrawn.
- Erratic eating (under or overeating).
- A desire to over work.
- Becoming accident prone.
- Procrastination.
- Personality changes including becoming more irritable and aggressive.
- Inability to relax/reliance on alcohol, tobacco or drugs.

Such impacts on health and wellbeing and care staff behaviour will have a critical impact, both on the individual and the care environment, and will inevitably lead to increased staff sickness absence.

Taking control

Some managers fail to see that stress among staff is a problem for them until it is too late. It is worth therefore considering what the impact on the workplace might be if managers fail to control or respond to stress.

- Staff turnover increases as staff look to work somewhere else where there is less stress or they take up lower paid roles to avoid stress.
- The levels of sickness in the team increase; there is a rise in people taking several episodes of short-term sickness.
- Staff who may previously have been dependable are late for work and seek reasons to leave early.
- Senior staff won't take holiday because they fear 'that the team will fall apart' if they do.
- Workplace squabbles increase as staff tempers fray.
- Staff increasingly look to the management to solve minor disputes and make trivial decisions.
- Bullying and reports of bullying increase.
- The incidence of complaints increases as staff become less effective.

Obviously, there are major implications for care settings where these sorts of issues take root because care standards drop and the likelihood of a negative inspection increases.

Managers have a duty to staff under the Health and Safety at Work etc. Act 1974 'to ensure, as far as is reasonably practicable, the health, safety and welfare at work of all his employees' and this includes managing or mitigating workplace stressors.

Managers who know their teams are well placed to do three things:

- Work in ways which reduce the likelihood of stress in the team.
- Identify stress when it is present.
- Manage stress effectively and ameliorate its effects by giving team members the resources to manage it.

While individually some of the ways to manage workplace stress seem inconsequential, taken together they can have a dramatic effect on how the team, and individual members of the team, feel about work. This reflects in a workplace culture which is supportive, constructive and where the team is willing to learn, oh and yes, care standards rise and stay high.

Training and supervision

Often the first things to stop when teams are busy are training and supervision. This is a big mistake. We know that among the hygiene factors for all workplaces is supervision; that is staff rapidly become dissatisfied with their jobs if they lack the feedback management supervision provides.

When the workplace is busy and time is precious, the gift of time, training and supervision is all the more important.

Shared decision making

Stress is often about feeling out of control. Returning control to staff can help give them a sense of control, for example, delegate tasks, especially those people like and enjoy, and work with the whole team to set performance targets which everyone can buy into.

Clear vision

Be clear about what you, the manager, are trying to achieve and why. One of the panic factors in any workplace, especially when going through change, occurs when people do not understand what they are expected to achieve and why.

Good communication

Managers with emotional intelligence know you cannot over communicate with the staff team; they also know that one size does not fit all. Managers need to communicate with the team in a number of ways; formally, informally, written and verbally. But taking this approach, not only do you meet the workforce's communication needs, which is respectful, you set an example as to how you expect the team to communicate with you, each other and people using or visiting your service.

Hygiene factors

As mentioned previously, there are some things a workplace should take care of to help avoid staff dissatisfaction, these are hygiene factors. Some simple issues include providing good working conditions, for example, a decent changing area, food at work, a decent wage and fair HR policies (not the bare legal minimum). Provide good-quality supervision and foster good workplace relationships. This shows, if nothing else, that you care about your team.

Support each other

One strategy widely used at times of high stress in the hospice sector, for example, are Schwartz Rounds which are a structured forum where the whole team can come together on a regular basis and discuss the emotional and social aspects of working in social care. Understanding the challenges together means the team can meet the challenges together.

Protecting the workforce

It is increasingly apparent managers and providers working in social care need to be aware of, and work, to reduce the impacts of stressors on their workforce. Employing simple strategies for reducing and managing stress will protect employee health as well as have wider benefits for the workplace and, at the end of the day, improve care. **CMM**

References
1. https://www.gov.uk/government/statistics/adult-social-care-workforce-survey-december-2021/adult-social-care-workforce-survey-december-2021-report **2.** https://cks.nice.org.uk/topics/sleep-disorders-shift-work-jet-lag/management/shift-work/#:~:text=If%20a%20person%20is%20experiencing%20troublesome%20sleep%20disturbance,and%20during%20shifts%20to%20counteract%20sleepiness.%20More%20items

Peter Ellis is the Chief Executive of Intelligent Care Software and a freelance Health and Social Care Consultant. Email: **p.ellis@careis.net** Twitter: **@socialcareplans @carepolicies**

Which strategies have proved successful to you when seeking to identify and manage workforce stress? Visit **www.caremanagementmatters.co.uk** and share your feedback on the article.

The Care Workers' Charity

The Care Workers' Charity is calling upon UK businesses working in the adult social care sector to collectively raise £2.5 million every year for care workers by donating £500 annually or £50 monthly on a recurring donation basis to support our work – equivalent to supporting one care worker through our support programmes.

Your support will enable our charity to keep our programmes open to care workers across the UK, providing essential hardship funds, mental health support and training, raising awareness and advocacy.

DRIVING DIGITALISATION:

How providers can use research to implement new technologies

Jon Glasby, Professor of Health and Social Care at the University of Birmingham and Director of IMPACT, the UK centre for implementing evidence in adult social care, shares findings of a new research project on the implementation of new technology in care settings.

In the 2021 White Paper[1], *People at the Heart: Adult social care reform*, the Government pledged to invest at least £150m over three years 'to drive digitisation across the sector, and unlock the potential of caretech innovation that enables preventative care and independent living' (Department of Health and Social Care, 2021, p.33 – see also Box 1). While these are laudable aims, lots of previous policies have promised to harness the benefits of new technology but have often seemed to over-promise and under-deliver.

White Paper commitments to new technology

In this chapter, we set out how we plan to support the provision of outstanding quality care and move towards the choice, control and independence that people want by... using the full potential of technology to support people's lives and aspirations.

This means:

- Putting practical digital tools in the homes and the hands of those who draw on care and support and their carers.
- Equipping the social care workforce with the digital tools, knowledge and confidence they need to deliver outstanding quality care.
- Creating the digital and data infrastructure needed to drive future transformation in care delivery (Department of Health and Social Care, 2021, p.33).

In early 2023, a team from the NIHR BRACE rapid evaluation centre published a guide for local authorities and care providers seeking to implement new and emerging forms of technology (see opposite for further details). This was based on a recent national research study which sought to explore how social care commissioners and providers go about deciding to explore new technology, how they implement new ways of working and the early experiences of people who draw on care and support, carers and front-line staff. This topic was chosen after a national prioritisation exercise identified various different forms of new technology as a social care innovation that would benefit from rapid evaluation.

While the focus of the study was on a particular form of technology (sensors with artificial intelligence [AI] technology), the research was really about decision-making and implementation, rather than about the technology itself. Anonymised as 'IndependencePlus', the key features of this technology are set out in Box 2, in a direct extract from the research report.

Key features of IndependencePlus

- **Sensors** – Sensors placed in key locations in individual homes collect information about an individual's daily activities, without video or audio recording. Information that is collected includes: opening and closing of doors; getting out of bed; opening the refrigerator; using the kettle; and flushing the toilet.
- **AI capabilities** – Once data is collected on an individual for a sufficient period of time, a baseline can be established, allowing for automated processing of data indicating whether a measure has increased or decreased from the baseline, indicating potential improvement or decline of the individual drawing on care and support. To establish a baseline, continuous data collection is required over a period of time, which may be disturbed if sensors become disconnected or if they run out of battery.
- **Individuals living alone** – Since the technology cannot distinguish between individuals within the living space, it is best used for individuals living alone, rather than in group living situations.
- **Connectivity and Wi-Fi** – Individuals using IndependencePlus must have Wi-Fi connection for their data to be collected, and sensors must be plugged in or with a charged battery in order to operate.
- **Data dashboard** – Data from sensors for each individual are displayed on a data dashboard. In case study sites, only social care workers had access to this data dashboard, although it could theoretically be made available to individuals drawing on care and support or their carers. Social care staff then needed to interpret the data, and understand what increases or decreases in different parameters meant for the individual person.

Research findings

Working with three case study sites (a mix of councils and care providers) in England, as well as a number of care technology innovators, we identified multiple themes that might be helpful for others thinking about exploring new technology in future. Firstly, different people tended to have slightly different views as to what the new technology might be able to achieve. For some people, this was about identifying signs of a future crisis and working in a more preventative way. For others, it was more about improving the accuracy of assessments and more fully tailoring support to people's needs. However, other potential outcomes included promoting the independence of the person, reassuring family and/or saving money by being >

Stay informed.
Stay in control.
Join Care England.

Keeping abreast of the key issues in policy and regulation is a challenge for care providers.

At Care England we provide our members with a daily flow of policy news, regulation changes, media updates and more. This gives access to the latest information and advice from one well connected, reliable source. Wouldn't that save time and worry in your care business too?

To find out more about the benefits of membership, visit **www.careengland.org.uk**, email **info@careengland.org.uk** or call **08450 577 677**.

CARE ENGLAND
Representing independent care providers

@careengland

@wecareforengland

> able to safely reduce staff contact. While these are all potentially important outcomes, the key issue is that they are all different – and it is unlikely that any one way of working could ever achieve so many different, potentially incompatible outcomes all at once. As a result, there is a clear risk that everyone involved would get frustrated, and the lack of a shared sense of what success would look like means that meaningful evaluation is impossible.

"Care staff sometimes felt worried about who was responsible for interpreting the data"

Beyond this initial issue, there were a number of factors which made the decision-making process more complicated. Social care doesn't really have a structured approach to identifying, quality assuring and selecting new forms of technology, so individual authorities and providers could only find out about the possibilities through more informal means, such as word of mouth, conferences, and even 'sales pitches' from technology providers. In some situations it was also unclear whether they were purchasing a finished product that had been successfully used elsewhere, or a new technology at an earlier stage of development, in which social care and the technology innovator were sharing potential risks and benefits. Although sites tried to involve a wide range of people in decision-making, it was often the case that people who draw on care and support, carers and front-line staff felt they had not been involved early enough in the process – and would have welcomed involvement from the outset.

As they moved to implement, our case study sites experienced a number of practical difficulties, including various technical problems in obtaining enough stable data over time. There were also more difficulties than sites had anticipated in installing/moving sensors, in making sure the right technical support was in place and in providing sufficient training, in ways that were tailored to the right audiences. Thinking through issues of capacity and consent could be complex, as were the ethical issues involved in collecting such potentially large amounts of data about people's lives – especially in situations where someone might have dementia and might forget that the technology was installed in their homes. Above all, care staff sometimes felt worried about who was responsible for interpreting the data and it was difficult to embed a more preventative way of working in a system which is often very crisis-focused and episodic.

Learning from others

With the possible exception of the latter two issues, this picture is very similar to previous research into the implementation of technology – and sites seem to have experienced a number of common challenges and potential pitfalls. In addition to the overall research report, therefore, we have turned our findings into a short online guide – 'If I knew then what I know now...' – designed as a checklist or aide-memoire for other councils and providers to use when exploring the potential for new technology. To share this as widely as possible, the guide is co-badged with Digital Social Care and NHS England, and was launched at a free roundtable on the future of care technology, organised by Digital Social Care, the National Care Forum, Skills for Care and others.

In one sense, the guide is very basic – but it takes people through some key questions in terms of:

- Agreeing what problem you are trying to solve via new technology, so that everyone involved is clear on what we're trying to achieve and so that the pilot project is consistent with broader strategy.
- Choosing well, by being more transparent and structured when scoping the market, understanding the risks, paying attention to issues of equality, diversity and inclusion, and assessing the readiness of your digital infrastructure.
- Putting it into practice, involving all the key people throughout, placing significant emphasis on communication and training, working with the cultural issues that are raised by new ways of working and being clear how you will use the data that are generated/who is responsible for what.
- Learning what works, by building in evaluation from the start, being clear on how you will respond if things don't go as planned, and thinking through what you will do next after the initial pilot.

Looking forwards

Hopefully if we work through some of these questions and prompts, then future projects will avoid some of the common issues which typically bedevil technology projects – ensuring that we have technology that works for us, has everyone on board and helps us deliver better outcomes for everyone involved.

Together with Ian Litchfield, Sarah Parkinson, Lucy Hocking, Denise Tanner, Bridget Roe and Jennifer Bousfield, Jon is the author of a recent research report on use of AI in adult social care, funded by the National Institute of Health and Care Research (NIHR) and conducted by the BRACE rapid evaluation centre. Findings from the project have been turned into a practical guide to help councils and care providers who are thinking about implementing new technology in future. For further details, see https://www.birmingham.ac.uk/research/brace/projects/new-and-emerging-technology-for-adult-social-care.aspx. **CMM**

Reference
1. Department of Health and Social Care (2021) *People at the Heart: Adult social care reform White Paper.* London, HMSO

Jon Glasby is Professor of Health and Social Care at the University of Birmingham and Director of IMPACT, the UK centre for implementing evidence in adult social care. Email: **J.Glasby@bham.ac.uk** Twitter: **@JonGlasby**

Do the findings from the research project resonate with your care setting and technology systems? Visit **www.caremanagementmatters.co.uk** and share your feedback on the article.

CELEBRATING EXCELLENCE

CAMPAIGNING FOR CHANGE AWARD WINNER

trekstock
for young adults with cancer

Charlotte Robinson, Communications Manager at Trekstock, shares details of the organisation's Navigating Menopause programme, which won the Campaigning for Change Award at the Markel 3rd Sector Care Awards 2023.

Every day, 34 people in their 20s or 30s are diagnosed with cancer in the UK. Of those, up to 40% of people who identify as women under the age of 40 find themselves in early, or medically induced menopause as a result of their lifesaving treatment.

Strength in community

Through conversations with our community, we discovered that the healthcare system isn't set up to cope with their specific needs. There's a failure to recognise it as a key part of post-treatment care, and so many young people are left struggling with hot flushes, compounded poor mental health, poor bone health, cardiovascular risks, vaginal atrophy and a poor body image, without adequate support.

For those left with low oestrogen or no oestrogen, it can be detrimental to their long-term health, and they often live in fear of getting osteoporosis. It's a taboo – something society doesn't seem to talk about enough, and it all adds up to be extremely isolating, especially when their friends aren't having to cope with it.

When it comes to improving quality of life, there's a lack of support for this cohort of patients, so we're determined that every young person who experiences menopause as a result of treatment has access to expert advice, tailored support and clarity on their options.

Because no-one should face cancer alone, and no-one should face the complex and sometimes deeply frustrating world of the menopause alone – especially when it happens well ahead of schedule.

In February 2020, we decided to hold our first live 'Lifting the Lid' panel series: Lifting the Lid on Cancer and the Menopause, hosted by Lauren Mahon (GIRLvsCANCER, and host of the BBC's award-winning podcast You, Me

and the Big C). We were joined by a panel of renowned menopause experts, including Dr Louise Newson from ITV's This Morning, and two young women with lived experience.

There was a defining moment where we asked the room how many of them were struggling with a dry vagina, a common and often very uncomfortable side effect of menopause; we were struck when 90% of the room put up their hands. It was at this point that we began to realise menopause for this age group was a much larger problem than we had initially thought, so we decided to create our 'Navigating Menopause' programme, to help this group of people feel empowered, supported and seen.

Achieving outcomes

Jemima Reynolds, Trekstock's Head of Programmes, works in partnership with our community, wellbeing specialist Dani Binnington, and several other experts to design and deliver a co-designed, co-produced six-week online programme.

The programme has evolved over time to reflect the feedback we've received from our community, and the topics covered now include how to access your GP, signs and symptoms, how to get help, non-medical and medical options, sex and relationships, exercise and nutrition and grief and loss.

Our feedback shows us that after attending our Navigating Menopause programme:

- 100% felt less isolated.
- 100% felt a little or a lot more informed of non-medical options.
- 100% felt more optimistic about the future.
- 92% felt a little or a lot more informed of medical options.
- 83% would definitely/very likely recommend the programme to others.
- 82% felt less scared about their long-term health worries as a result of menopause.
- 82% now know the part lifestyle (nutrition, sleep, etc) plays in menopause symptoms.
- 75% felt inspired to make an appointment with a GP or Oncology Team.
- 67% felt more confident talking to loved ones and/or family and friends.
- 64% now know there are non-hormone replacement therapy (HRT) medical options they can try.

'I didn't realise that so many of the issues I had were side-effects of the menopause. This programme gave me a reason why I was feeling the way I did and more importantly it gave me the information and tools I needed to improve my health and wellbeing. It's given me back hope.' – A Navigating Menopause programme attendee.

The challenges

The main challenge when it comes to charities is nearly always funding. We know that through the transformational outcomes and feedback we have achieved here, our 'whole system approach' helps the wider system by relieving pressure on the NHS, helping people return to, or stay in work, reducing reliance on benefits, breaking down taboos and giving participants hope. So, guaranteeing the long-term sustainability of the project is vital.

We secured National Lottery Community Funding to support the programme for a further 12 months, meaning 180 new people would be able to access this specialist support. We will also aim to continue seeking new ways to scale up this transformational project across the country, without losing community. This will include a bespoke digital offering – the opportunity for people to access content in their own time (a video library) whilst also giving a safe supportive community which remains at the heart of everything we do.

Another challenge is ensuring that menopause is kept on the agenda. We've taken every opportunity to try and raise the profile of this life-changing work, raising it at policy level, training cancer teams and reminding them of the need for better menopausal symptom treatment options for those living with cancer.

This led to our involvement in the Davina McCall Channel 4 documentary, Sex, Mind and the Menopause, and the BBC's Menopause and Me, which have both contributed to generating lasting social benefit via their reach.

We are also a part of the Cancer52 Working Group and have advocated for better menopause care through the role that Jemima Reynolds plays as part of the NHS Cancer Recovery Taskforce.

Looking ahead

Our vision is a future where anyone in their 20s or 30s who has heard the words 'it's cancer' is given tailored support that matches their unique needs and where the topic of menopause isn't taboo. We are the first charity to run a bespoke menopause programme solely for young people who have gone through cancer which has resulted in early menopause, and we only want to grow our reach.

We are working closely with our corporate partners to develop the Navigating Menopause programme and ensure it is reaching the relevant people in the ways they need. Into the future we are seeking to work with Employer Champions (especially male partners, often previously unaware of the scale of this challenge) in order to support internal workforces across the country.

We are leading the development of workshops aimed at supporting external HR departments and managers to assist their workforce; this includes a specific workshop focused on menopause support within the workplace, and we have targeted a funding pipeline of funders to keep this vital conversation going well into the future.

Internally we're also developing a menopause policy for staff. Our organisation naturally attracts people with lived experience of cancer, and it is important to ensure they are appropriately supported. The policy will lay out how we talk and listen sensitively, develop the knowledge we share externally and demonstrate what guidance and assistance we can offer internally.

We welcome contact for further discussion around supporting young people living with and beyond cancer at hello@trekstock.com and information about our work can be found at www.trekstock.com. **CMM**

Charlotte Robinson is Communications Manager at Trekstock.
Email: **charlotte@trekstock.com**
Twitter: **@char_robinson27**

REFLECTIONS ON THE UK COVID-19 INQUIRY SO FAR

25th May 2023

Care Management Matters (CMM) magazine's second Insight webinar, in association with the National Care Forum (NCF), will be discussing the adult social care sector's reflections on the UK COVID-19 Inquiry so far.

The free lunchtime webinar will take place on Thursday 25th May and Professor Vic Rayner OBE, Chief Executive of the NCF, will be joined by Nathan Jones, Research and Project Officer at the NCF, who together will provide an update on the Inquiry's current state of play and discuss the impact of the Inquiry to date.

What is the UK COVID-19 Inquiry?

The UK COVID-19 Inquiry has been set up to examine the UK's response to and impact of the COVID-19 pandemic and learn lessons for the future. The Inquiry is chaired by Baroness Heather Hallett, a former Court of Appeal judge.

The Inquiry held a public consultation on its draft Terms of Reference in Spring 2022. This gave people the chance to have their say on the topics the Inquiry covers, and how it should go about its work. During the consultation, the Inquiry team met over 150 bereaved families across the UK, and representatives from many different sectors such as charities, unions, faith groups, education and healthcare. In total, the consultation received over 20,000 responses.

The Inquiry has now received its final Terms of Reference, which set out the topics of the Inquiry's investigations into the UK's pandemic response. You can read the Inquiry's Terms of Reference in full on the UK COVID-19 Inquiry website.

Finding answers

In Summer 2022, the UK COVID-19 Inquiry opened its first investigation into how well prepared the UK was for a pandemic. The Inquiry's first investigation, Module 1, which was launched at the time, set out to examine the resilience and preparedness of the UK for the coronavirus pandemic.

It was announced that Module 2 would be split into multiple parts and would examine core political and administrative governance and decision-making by the UK Government. Modules 2A, 2B and 2C would address the same overarching and strategic issues from the perspective of Scotland, Wales and Northern Ireland, and hearings will take place in each nation.

Module 3 would investigate the impact of COVID-19, and Governmental and societal responses to it, on healthcare systems, including on patients, hospital and other healthcare workers and staff.

More to come

Further modules are yet to be announced and are expected in the coming months, at which point key information will be uploaded to the UK COVID-19 Inquiry website. Each module will investigate issues across the UK as a whole, including in the devolved administrations of Scotland, Wales and Northern Ireland. This will cover both 'system' and 'impact' issues across the UK including:

- Vaccines, therapeutics and anti-viral treatment.
- The care sector.
- Government procurement and PPE.
- Testing and tracing.
- The Government's business and financial responses.
- Health inequalities and the impact of COVID-19.
- Education, children and young persons.
- Other public services, including front-line delivery by key workers.

Share your experience

The UK COVID-19 Inquiry is inviting people to share their experiences of the COVID-19 pandemic. People taking part will help the Inquiry to understand the effect of COVID-19, the response of the authorities, and any lessons that can be learned. Visit the UK COVID-19 Inquiry website to complete the online form or request a different format.

Don't miss out!

To book your free place on the next CMM Insight webinar in association with the NCF, visit the CMM website. Please note that all details concerning the webinar are subject to change. **CMM**

WHAT'S ON?

Event:	Integrated Care Summit
Date/Location:	2nd May 2023, London
Contact:	www.kingsfund.org.uk/events/integrated-care-summit-2023
Event:	Adult Safeguarding and Investigation Skills
Date/Location:	15th May 2023, Virtual
Contact:	www.socialcareconferences.co.uk/virtual-online-courses/adult-safeguarding-investigation-training-masterclass
Event:	Association for Continence Advice (ACA)
Date/Location:	15-16th May 2023, Birmingham
Contact:	www.careengland.org.uk/events/association-for-continence-advice-aca-annual-conference-and-exhibition/
Event:	ICB/ICS Collaboration – What Does Good Look Like? (Digital Social Care)
Date/Location:	18th May 2023, Virtual
Contact:	www.digitalsocialcare.co.uk/events/icb-ics-collaboration-what-does-good-look-like/
Event:	The Social Care Conference
Date/Location:	7th June 2023, London
Contact:	www.laingbuissonevents.com/social-care-conference-2023/
Event:	Adult Social Care Workforce Set
Date/Location:	7th June 2023, Virtual
Contact:	events.skillsforcare.org.uk/skillsforcare/frontend/reg/thome.csp?pageID=485780&eventID=1537&traceRedir=4

CMM EVENTS

Event:	CMM Insight Online – In association with the National Care Forum
Date/Location:	25th May 2023, 12.00-13.30, online
Contact:	Lisa Werthmann, Director Email: lisa.werthmann@carechoices.co.uk Tel: 01223 207770
Event:	CMM Insight Online – In association with the National Care Forum
Date/Location:	6th July 2023, 12.00-13.30, online
Contact:	Lisa Werthmann, Director Email: lisa.werthmann@carechoices.co.uk Tel: 01223 207770

Please mention CMM when booking your place.
Sign up online to receive discounts to CMM events and for more information on our upcoming events in 2023.

www.caremanagementmatters.co.uk
@CMM_Magazine #CMMInsight

DR RICHARD WARD • SENIOR LECTURER • **UNIVERSITY OF STIRLING**

STRAIGHT TALK

Dr Richard Ward, a Senior Lecturer in Dementia Studies at the University of Stirling, shares details of a new research project and explains the challenges faced by people living with dementia in the community.

Approximately two thirds of people with dementia live in the community, and while this figure differs between countries, the overall percentage is rising as care and support migrates to a community-based focus in many parts of the world.

Yet people with dementia face multiple layers of exclusion within their communities and historically have been overlooked in processes of policymaking, planning, design and service provision.

One of the biggest changes to take place in the field of dementia care in recent years is the shift away from institutional care towards supporting people living with dementia to remain at home throughout their journey with the condition. People with dementia themselves have expressed a preference to remain at home for as long as they can, so this shift is broadly welcomed.

One of the greatest risks is that people may end up confined to their home if their local community doesn't adapt as well. There is a pressing need for neighbourhoods to become accessible, more welcoming and with a greater awareness of the support needs of people with dementia.

While research into the experience of community living for people with dementia is at an early stage, a prominent theme points to changes in a person's social and spatial experience outside the home following a diagnosis of dementia. Dubbed the 'shrinking world', the pattern of change is often characterised by the reduced geographical reach of people's day-to-day lives and an increasingly limited range of social connections and activities.

Current research shows that people living with dementia face social exclusion across many areas of their everyday lives. Even friends and family members can reduce contact and withdraw, often due to fear and awkwardness. They can face exclusion from social spaces including social clubs and sports facilities. And there is increasing evidence of stigmatising and hostile responses in public spaces. Difficulties in completing everyday tasks such as paying at the shop till, can meet with impatience and disapproval – and that in turn can mean people avoid certain venues and situations.

Evidence shows that familiar environments support people with dementia to maintain independence, stay safe and feel comfortable, while unfamiliar settings or unexpected changes to the environment can be experienced as distressing and disorienting. This is why the accessibility and inclusivity of the local community is of utmost importance.

This is where the idea of dementia-friendly communities and other forms of community development hold out some potential. However, despite their recent proliferation, dementia-friendly communities and initiatives (DFCIs) remain under-researched – and that means few opportunities for sharing of good practice, evidence and learning on an international scale.

There is also an emerging critique that has started to question the role of DFCIs in the context of widespread cuts to social care budgets and reductions in formal service provision. Commentators have highlighted that 'dementia-friendliness' emphasises discretionary support for people living with dementia, rather than ensuring their rights and entitlement to community-based services. As a result, questions are being asked about whether the dementia-friendly agenda can lead to real changes and improvements to people's lives.

Our new research, Centring the Lived Experience of Dementia within Policy, Practice and Community Development, is aimed at better understanding what dementia-friendly community development is capable of and what it means to the people with dementia who are part of these communities. Led by the University of Stirling, the study is a collaboration between teams in the UK, Germany and Canada and we will be working directly with people living with dementia and their care partners.

Our aim is to study the experience of living with dementia in the community and to use this understanding to inform and improve policymaking at local, national and international levels.

In particular, we aim to critically explore how the idea of dementia-friendly communities is being translated into action at the community level and what changes are being achieved. As part of the three-year project, we hope to build an international network of dementia-friendly community initiatives to help share knowledge and good practice and, ultimately, to ensure that anyone diagnosed with dementia can continue to play an important role in their communities.

Dr Richard Ward is a Senior Lecturer in Dementia Studies at the University of Stirling. Email: **richard.ward1@stirling.ac.uk** Twitter: **@Richard_Ward_1**

In what ways do you support people living with dementia at home and in the wider community? Visit **www.caremanagementmatters.co.uk** and share your feedback on the article.

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

CMM

CAREMANAGEMENTMATTERS

OFF THE PAGE

LISTEN • LEARN • LEAD

NEW PODCAST

AVAILABLE ONLINE NOW

- \+ Industry-respected co-hosts
- \+ Provider-led content
- \+ Real life case studies
- \+ Take-home business advice
- \+ Best practice in the social care sector

Available to listen to on **Spotify** and **Apple Podcasts**, and to watch on the **CMM website**.
Visit **www.caremanagementmatters.co.uk** for more information and subscribe for FREE!

Listen on Spotify | Listen on Apple Podcasts | CMM Watch on Our Website

@CMM_Magazine #CMMOFFTHEPAGE

To get involved in the podcast, contact: **editor@caremanagementmatters.co.uk**
For information on sponsoring the podcast, contact: **aaron.barber@carechoices.co.uk**