

Care Agenda

February

Care Quality Commission Provider Portal and API (Application Programming Interface)

Delivering the Forward View: NHS Planning Guidance

HEE Commissioning and Investment Plan 2016/17

Delayed Transfer to Care (HoC Briefing paper)

Learning Disability Census 2015 (HSCIC)



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Chief Executive's View

The Chief Executive of NHS England, Simon Stevens, has made it very clear that the plans for the NHS will never be delivered without a strong and sustainable social care sector. Simon Stevens is one of many voices that have been telling the Government this for many years and yet, as we saw in the recent Comprehensive Spending Review, the Government is incapable of understanding the importance of our sector.

Social Care is delivered by people who have good core values and who support those who need care and often make sacrifices personally in order to make sure that others are not disadvantaged. The government should know that this cannot go on forever, and our reservoir of goodwill is now on empty.

We are now entering the time when care providers will be receiving their offers from local authorities and it is really important that you let Care England know what level of increase is being proposed.



We intend to send data to the Department of Health every fortnight identifying the offers which have been made to care providers and triangulating this data with the amounts of extra money that have gone into local authorities. For those authorities who have levied the precept we should see significant increases in care fees, and for councils who have decided not to levy the precept, they should be increasing fees by using their reserves.

There has been a lot of discussion with the Department of Health about how we ensure that we triangulate the data so that we really know where the money that local authorities have been allocated is going.

Every single local authority should be starting to negotiate with their care providers and this should be a real negotiation based on the true cost of care, not on what the local authority feels like paying. There should be no discussions that start below 5% increases and this is the starting point for discussion, it is not the end point for a settlement.

If any local authority thinks they can get away with continuing to underfund care we have to send them some clear messages that we will not take contracts and, where possible, we will move out of local authority provision altogether.

In the coming months, Care England will be studying each settlement and in any area where the true cost of care and the increases that have accrued for the new National Living Wage have not been taken account of, we will challenge the Department of Health to do something about it.

This will be a tough year for social care and Care England will do all it can to fight your corner.



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CQC seeks views on its vision for the future

The Care Quality Commission (CQC) is seeking views on its plans for the next five years as it develops its approach to regulation in its consultation document 'Shaping the future'

A key element of these proposals is an approach called 'implementing a single shared view of quality', which builds on a single framework for measuring quality. This framework can be used to help providers better understand their quality of care and to share this information with CQC - information that can then be checked against what is already known about the provider, including information from inspection. The transparency that CQC's judgements bring to quality would be even greater if the whole system looked at quality in the same way.

The key themes of the consultation are:

- Strengthening CQC's use of data and information – CQC's aspiration to develop even better insights into quality of care, particularly through the use of new technologies and involving more members of the public in its work than ever before.
- Implementing a single view of quality – a single shared system of measurement that supports providers to easily monitor their own quality and share information about their performance.

- Developing methods to assess quality for populations across local areas – looking at how care is coordinated to better meet people's needs.
- Targeting and tailoring inspection activity – focusing on providers who are performing less well to encourage improvement.
- Developing a more flexible approach to registration – with greater focus on high risk providers and innovative approaches for new models of care.
- Assessing how well hospitals use resources – ensuring services are increasingly sustainable and efficient – as recommended by the Secretary of State last July.
- Moving towards a risk-based model to protect people from poor care

The consultation is open until 14 March.

A link to the consultation document *Shaping the future* can be found here.

<http://www.cqc.org.uk/content/2016-2021-strategy-consultation>

CQC ratings map

CQC will be launching a ratings map in early February for care homes similar to the map developed for GPs. You can find the GP ratings map here:

<http://www.cqc.org.uk/content/map-gp-practice-ratings-england>.

We will share the link with you once the care homes ratings map has published.

Public Accounts Committee Inquiry finds CQC 'not yet an effective regulator'

The PAC has raised new concerns about the performance of CQC. Its report can be found here:

<http://www.parliament.uk/business/committees/committees-a-z/commons-select/public-accounts-committee/news-parliament-2015/care-quality-commission-report-published-15-16/>

The PAC focuses on the significant impact of staff shortages, and how these may well impede the CQC's intention of completing all inspections under its current regime by the end of this year.

The Committee also expressed concern about the CQC's ability to respond and act quickly on information received from staff whistleblowers, or residents and family members. The Committee also criticised the information available from CQC for those seeking to find good care.

The gap between inspections and reports being published was another issue of concern, with potential safeguarding implications and implications for freedom of information. The Chair of the PAC stressed that it 'is vital the public is clear on what the Commission has actually inspected, and when.'

The PAC concluded that when the CQC fails in one regard or another, 'there must be robust measures in place to enable Parliament and the public to hold it to account.'

CQC provider portal Ratings review information

All adult social care providers with one or two locations should now have received an invite from CQC to join the Provider Portal.

The Provider Portal is an online system where registered providers can submit statutory notifications and apply to make changes to their CQC registration quickly and efficiently.

For more information, you can download the quick start guide to the Provider Portal

<http://www.cqc.org.uk/file/248189>

This has been published and is available on the website here:

<http://www.cqc.org.uk/content/reporting-ratings-reviews>

This gives a summary of numbers of providers asking for a review and the outcomes of those reviews.



The CQC API

CQC is now making a lot of the information about services it regulates available through an 'API'.

What is an API?

An API is an application programming interface. It's a tool that can be used by developers to build websites, apps and other software which update automatically.

The Met Office and Transport for London (TfL) make weather and travel information available in this way and this is used by a variety of mobile apps.

<http://www.metoffice.gov.uk/datapoint>

<https://tfl.gov.uk/info-for/open-data-users/>

What information is available through the CQC API?

The CQC API includes a list of all providers (both those currently registered and those that have now deregistered) and locations (again, both those currently active and those that are now inactive).

You can also retrieve information relating to registration and inspection for individual providers and locations such as:

- The name of the service
- The date their registration under the Health & Social Care Act started
- The date their registration under the Health & Social Care Act ended (for deregistered providers only)
- The type of organisation (e.g. social care, NHS healthcare)
- The address
- Any information on linked

- organisations (such as when a location was previously run by a different provider)
- The regulated activities registered
- Service types and specialisms (for locations only)
- Latest published ratings
- Publication dates for the latest report.

How do I access the API?

To get technical details, please visit the API Portal. You don't need to register with uCQC in order to use the API – it's open access.

<https://anypoint.mulesoft.com/apiplatform/openanswers-co-uk/#/portals/organizations/262a9203-e08f-4d1d-809d-2fc07032e8e8/apis/10878/versions/11228>

As with the CSV file, the data in the API is made available under the Open Government Licence and by using it you are accepting the conditions of this licence.

<http://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/>

Get started now on our API Portal

<https://anypoint.mulesoft.com/apiplatform/openanswers-co-uk/#/portals/organizations/262a9203-e08f-4d1d-809d-2fc07032e8e8/apis/10878/versions/11228>

How often is the data refreshed?

It's updated daily. This is the same frequency as the information about services on the website.

ASC CQC Ratings

As at 7th January across ASC services there were

1%	-	rated as outstanding
63%	-	as good
32%	-	as requires improvement and
4%	-	as inadequate

However by type of service nursing homes were

<0.5%	-	outstanding
50%	-	good
44%	-	requires improvement and
6%	-	inadequate

Publication of Intelligent Monitoring methodology and FAQs

These have now been published on the CQC website and you can find them here:

<http://www.cqc.org.uk/content/monitoring-adult-social-care-services>



Code of practice on confidential personal information - consultation

The Code establishes the practices that CQC follows to obtain, handle, use and disclose confidential personal information. Access to confidential personal information plays an essential role in CQC's inspections and the wider regulation of health and social care services in England.

CQC is asking for people's views on whether their updated Code of practice provides a consistent and lawful approach to obtaining, using, disclosing and handling confidential personal information across all areas of CQC's work. Asking whether the Code of practice is clear and easy to follow, and fully explains why and how CQC may need to use people's confidential personal information, and whether it reassures people that by following this Code, their information will be handled safely and appropriately at all times.

How to give your views

The full proposed Code of practice is described in more detail in the consultation document. You can tell CQC what you think using the online form, or send your comments by email or post.

<http://www.cqc.org.uk/content/code-practice-confidential-personal-information>

Freepost RSLs-ABTH-EUET
Code of Practice Consultation
Care Quality Commission
Citygate, Gallowgate, Newcastle Upon Tyne
NE1 4WH

Email: CPIconsultation@qc.org.uk

This consultation closes at midday on 19 February 2016.

Castleoak and Pramerica partner to offer attractive commercial care home development solutions



Mel Knight, Executive Chairman, Castleoak, and Charles Crowe, Managing Director, Pramerica



Castleoak and Pramerica Real Estate Investors have reached agreement to collaborate on the development of quality care homes across the United Kingdom. Pramerica, the real estate investment business of U.S. headquartered Prudential Financial Inc., is expected to invest an initial £50 million in new care home opportunities on behalf of an institutional investor.

The new partnership was announced recently at the Rosewood Hotel. The event gave Castleoak the opportunity to introduce the new funding solution to existing customers and leading figures from the care sector, as part of the extensive development solutions Castleoak offers care home providers.

Castleoak, specialists in the development, design and construction of retirement housing and care accommodation since 1987, have an established reputation for quality delivery of attractive, commercial care home developments. They have delivered 23 care developments including 1500 units to site, and have facilitated the investment of over £180 million of funding to date.

"Partnerships like this are key to Castleoak's ability to offer customers attractive commercial options. Because our finance partners employ a flexible approach to investing, we are able to develop bespoke funding solutions that match our customers' needs. Our complete care home development solutions are designed to reduce risk for our customers and improve speed to market."

Mel Knight, Executive Chairman, Castleoak

Castleoak's development solution includes:

- Land finding and acquisition
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www.castleoak.co.uk

2016/17 Better Care Fund - Policy Framework

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf

The Better Care Fund requires Clinical Commissioning Groups and local authorities in every single area to pool budgets and to agree an integrated spending plan for how they will use their Better Care Fund allocation. In 2015-16, the Government committed £3.8 billion to the Better Care Fund.

Greater integration is seen as a potential way to use resources more efficiently, in particular by reducing avoidable hospital admissions and facilitating early discharge.

The Better Care Fund and other drivers of integrated care such as New Care Models pave the way for greater integration of health and social care services.

In 2016-17, the Better Care Fund will be increased to a **mandated minimum of £3.9 billion** to be deployed locally on health and social care through pooled budget arrangements between local authorities and Clinical Commissioning Groups. The local flexibility to pool more than the mandatory amount will remain. **From 2017-18, the government will make funding available to local authorities, worth £1.5 billion by 2019-20, to be included in the Better Care Fund.**

The Framework

This Policy Framework sets out the plans for the implementation of the fund in 2016-17 and the DH has streamlined and simplified the process, including removing the £1 billion payment for performance framework. In place of the performance fund are **two new national conditions**, requiring local areas

to fund NHS commissioned out-of-hospital services (which may include a wide range of services including social care) and to develop a clear, focused action **plan for managing delayed transfers of care (DTOC)**, including locally agreed targets.

Further detailed guidance will be issued by NHS England, on developing Better Care Fund plans for 2016-17. The guidance will form the Better Care Fund section of the NHS technical planning guidance, which will be available on NHS England's website.

The Spending Review sets out a plan so that by 2020 health and social care are integrated across the country. Every part of the country must have a plan for this in 2017, implemented by 2020.



Policy Developments

For 2016-17, the allocation will be based on a mixture of the existing Clinical Commissioning Group allocations formula, the social care formula, and a specific distribution formula for the Disabled Facilities Grant element of the Better Care Fund.

Individual allocations of the Better Care Fund for 2016-17 to local areas will be published on NHS England's website.

Conditions to access the funding

In 2016-17, NHS England will set the following conditions, which local areas will need to meet to access the funding:

- Better Care Fund is transferred into one or more pooled funds established under section 75 of the NHS Act 2006
- A requirement that Health and Wellbeing Boards jointly agree plans with plans signed-off by the relevant local authority and Clinical Commissioning Group(s)
- A requirement that plans are approved by NHS England in consultation with DH and DCLG
- A requirement that a proportion of the areas allocation will be subject to a new condition around NHS commissioned out of hospital services,

NHS England will also require that Better Care Fund plans demonstrate

- Jointly agreed;
- Maintain provision of social care services;
- Agreement for the delivery of 7-day services across health and social care;
- Better data sharing between health and social care, based on the NHS number;
- A joint approach to assessments and care planning
- Agreement to invest in NHS commissioned out-of-hospital services, which may include a wide range of services including social care;

- Agreement on local action plan to reduce delayed transfers of care

Under the 2015-16 Better Care Fund policy framework, local areas were asked to set targets against the following five key metrics including:

- Admissions to residential and care homes
- Delayed transfers of care

Areas will be expected to maintain the progress made in 2015-16. The detailed definitions of these metrics are set out in the Better Care Fund section of the NHS technical planning guidance.

Detailed Definitions of National Conditions

Providers: In agreeing the plan, Clinical Commissioning Groups and local authorities should engage with health and social care providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.



Policy Developments

Social care services: Local areas must include an explanation of how local adult social care services will continue to be supported within their plans in a manner consistent with 2015-16.

Any change should not destabilise the local social and health care system as a whole.

Delivery of 7-day services: Local areas are asked to confirm how their plans will provide 7-day services across community, primary, mental health, and social care to:

- To prevent unnecessary non-elective admissions
- To support the timely discharge of patients, from acute physical and mental health settings, on every day of the week

Better data sharing: The appropriate and lawful sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a consistent identifier is an important element of this.

Joint approach to assessments and care planning and ensure that: Local areas should identify which proportion of their population will be receiving case management and named care coordinator.

Agreement to invest in NHS commissioned out of hospital services: Local areas should agree how they will use their share of the £1 billion that had previously been used to create the payment for performance fund.

This should be achieved in one of the following ways:

- To fund NHS commissioned out-of-hospital services, which may include a wide range of services including social care.
- Local areas can choose to put an appropriate proportion of their share of the £1bn into a local risk-sharing agreement as

part of contingency planning in the event of excess activity, with the balance spent on NHS commissioned out-of-hospital services, which may include a wide range of services including social care.

Local action plan to reduce delayed transfers: Under the Better Care Fund, each local area is to develop a local action plan for managing DTOC, including a locally agreed target.

Plans should:

- Set out clear lines of responsibility, accountabilities, and measures of assurance and monitoring;
- Take account of national guidance on DTOC
- Demonstrate how activities across the whole patient pathway can support improved patient flow and DTOC performance, specifically around admissions avoidance;
- **Demonstrate consideration to how all available community capacity within local geographies can be effectively utilised to support safe and effective discharge, with a shared approach to monitoring this capacity;**
- Demonstrate how CCGs and Local Authorities are working collaboratively to support sustainable local provider markets, build the right capacity for the needs of the local population, and support the health and care workforce - ideally through joint commissioning and workforce strategies;
- **Demonstrate engagement with the independent and voluntary sector providers.**

A Care England briefing on the BCF is now available on the members' section of the website, under 'Legal and other briefings'

Delivering the Forward View: NHS planning guidance 2016/17 - 2020/21

<https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

This document set out a clear list of national priorities for 2016/17 and longer-term challenges for local systems.

The NHS is now required to produce two separate but connected plans:

- a five year Sustainability and Transformation Plan (STP), place-based and driving the Five Year Forward View; and
- a one year Operational Plan for 2016/17, organisation-based but consistent with the emerging STP.

STPs will cover the period between October 2016 and March 2021, and will be subject to formal assessment in July 2016 following submission in June 2016. We are asking the NHS to spend the next six months delivering core access, quality and financial standards while planning properly for the next five years.

Place-based planning

Planning by individual institutions will increasingly be supplemented with planning by place for local populations. Producing a STP involves five things: local leaders coming together as a team; developing a shared vision with the local

community, which also involves local government as appropriate; programming a coherent set of activities to make it happen; execution against plan; and learning and adapting.

Success also depends on having an open, engaging, and iterative process that harnesses the energies of community partners including the independent and voluntary sectors, and local government through health and wellbeing boards.

The STP must also cover better integration with local authority services, including, but not limited to, prevention and social care, reflecting local agreed health and wellbeing strategies.

The most compelling and credible STPs consider:

- quality of plans, particularly the scale of ambition and track record of progress already made.
- the reach and quality of the local process, including community, voluntary sector and local authority engagement;
- the strength and unity of local system leadership and partnerships, with clear governance structures to deliver them; and
- how confident we are that a clear sequence of implementation actions will follow as intended, through defined governance and demonstrable capabilities.



The nine 'must dos' for 2016/17 for every local system:

1. Develop a high quality and agreed STP
2. Return the system to aggregate financial balance.
3. Develop and implement a local plan to address the sustainability and quality of general practice
4. Get back on track with access standards for A&E and ambulance waits
5. no more than 18 weeks from referral to treatment
6. Deliver the NHS Constitution 62 day cancer waiting standard
7. Achieve and maintain the two new mental health access standards including continue to meet a dementia diagnosis rate of at least two-thirds of the estimated number of people with dementia.
8. Deliver actions set out in local plans to transform care for people with learning disabilities, including implementing enhanced community provision, reducing inpatient capacity, and rolling out care and treatment reviews in line with published policy.
9. Develop and implement an affordable plan to make improvements in quality particularly for organisations in special measures.

The development of the new care models will feature prominently within STPs.

Operational Plans for 2016/17

By April 2016, commissioner and provider plans for 2016/17 will need to be agreed by NHS England and NHS Improvement, based on local contracts that must be signed by March 2016.

All plans will need to demonstrate:

- reconcile finance with activity
- planned contribution to the efficiency savings;
- their plans to deliver the key must-dos;
- how quality and safety will be maintained and improved for patients;
- how risks across the local health economy plans have been jointly identified and mitigated through an agreed contingency plan; and
- how they link with and support with local emerging STPs

Efficiency assumptions and business rules

- The consultation on the tariff will propose a 2% efficiency deflator and 3.1% inflation uplift for 2016/17
- CCGs and councils will need to agree a joint plan to

deliver the requirements of the Better Care Fund (BCF) in 2016/17. The plan should build on the 2015/16 BCF plan, taking account of what has worked well in meeting the objectives of the fund, and what has not.

CCGs will be advised of the minimum amount that they are required to pool as part of the notification of their wider allocation. BCF funding should explicitly support reductions in unplanned admissions and hospital delayed transfers of care; further guidance on the BCF is expected.

NHS England will measure progress a new CCG Assessment Framework. The framework is referred in the Mandate as a CCG scorecard.

It is a new version of the CCG assurance framework, and it will apply from 2016/17.





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Launch of a new comparison site for care homes

The Government has launched a new service for the public who will be able to access and compare information about every care home across the country.

The public will have access to information about all care homes and people will be able to play their part by sharing their experiences of different care homes. The new site will also highlight differences in care and quality.

This data will be able to be used also by councils to see how well care homes in their areas are performing in relation to other areas.

The information people will be able to access includes:

- user reviews – including star ratings;
- Care Quality Commission inspection ratings of care homes;
- Food Hygiene Standard rating;
- levels of staff turnover;
- whether the home has a registered manager in post; and
- information such as location, services on offer, contact details.



Care England needs you!

Call to managers and providers of care homes with dementia

Care England, in partnership with the Alzheimer's Society, is conducting research into GP care for care home residents living with dementia. We want to hear your experiences as a provider or the manager of your home.

There are a few short questions to answer, which will take less than five minutes. Your help would be extremely valuable: we are trying to gather strong evidence on this issue. We would appreciate your help in forwarding this to the relevant people in your organisation.

Please take a moment to follow this link:

<https://survs.com/survey/fa2sm0lszz>

The survey will close in early-mid February.

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House of Commons Briefing paper: Delayed Transfers to Care

This Commons briefing paper outlines what is meant by a 'delayed transfer to care', and the prevalence of delayed transfers.

'In 2014/15 there were 1.6 million delayed transfer days in England, an average of just under 4,500 per day. The average number of delayed days for the year to September 2015 was 14% higher than the previous year.' This demonstrates a concerning upward trend.

This paper also explores the reasons for delayed transfers, and therefore so-called 'bed-blocking'; citing a lack of social care provision alongside delays in the NHS. The paper states that 'delays attributable to local authority social care have risen by 44% over the past two years.'

The paper illustrates how a lack of social care, as a reason for delayed transfer, has been growing:

'The number of delayed days attributable to social care had been declining until August 2013, when the figure began to rise. September 2015's total is 44% higher than September 2013. A similar pattern can also be seen for delays attributable to both the NHS and social care.'

The NHS's own figures on reasons for delayed transfers show a 62.1% rise on the previous year in delays due to a patient waiting for a care package in their own home. The paper therefore conceded that this 'gives weight to the argument that the social care system is responsible for recent growth in delayed transfers of care'

The paper notes the detrimental impact of unnecessary extra days in hospital, including loss of mobility and exposure to infections. It explains the new Care Act duties the NHS has

towards local authorities (LAs): they must let LAs know, via an 'assessment notice' if they are discharging a patient who will not be safely discharged without social care support. They must also give at least 24 hours' notice to the LA that they are discharging the patient. If the LA fails to make the necessary arrangements to enable a patient's discharge, the NHS is entitled to reimbursement by the LA of £155 per day in London or £130 elsewhere, if this LA failure is the sole reason for delayed discharge.

The only region to have reduced rates of delayed discharge is the North East, which has impressively reduced delays by 40% in the last year. The majority of regions had significant increases in delayed discharges, with two having some small reductions. The success of the North East demands further enquiry, particularly as the North West has seen a contrasting 70% increase in delayed discharge in the same period.

The paper explains that the government's effort to tackle delayed transfers has chiefly been in the creation of the Better Care Fund (BCF). Although it states that it intends to reduce delayed discharges, there is no information available as to its impacts yet. As the recent Spending Review sought to address social care underfunding through the BCF, the sector will have to wait and see what impact the BCF has had on delayed discharges so far, and how best the fund can be used in future.

<http://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7415>

Information on delayed transfers to care in the areas you work

You can find daily 'SitReps' data on the below webpage. SitReps stands for winter situation reports. These are collected from acute trusts each weekday during winter and indicate where there are any winter pressures on the service around the country such as A&E closures and diverts or bed pressures. Data for weeks ending 20 and 27 December 2015 and 3 January 2016, have recently been published.

<https://www.england.nhs.uk/statistics/statistical-work-areas/winter-daily-sitreps/winter-daily-sitrep-2015-16-data/>

HSCIC publish Learning Disability Census 2015

The Health and Social Care Information Centre has published its Learning Disability Census for 2015

<http://www.hscic.gov.uk/article/6874/Learning-Disability-Census-2015-almost-half-of-inpatients-with-learning-disabilities-common-to-each-census-since-2013>

Responses came from 89 provider organisations were received on behalf of 3,000 patients. Key facts for 2015 show that on the 30 September 2015 (the day of the census data collection):

Reason for being in inpatient care

For 2,340 patients (78%), the main treatment reason for being in inpatient care on census day was either due to a continuing behavioural treatment programme (690 patients, 23%), the continuing need for inpatient care of mental illness (1,155 patients, 39%), or where current behaviour has been assessed as being too high risk for the Ministry of Justice to agree any reduction in security level (495 patients, 17%).

Experience of care

On census day in 2015, 2,155 patients (72%) had received antipsychotic medication either regularly or as needed in the 28 days prior to the census collection, compared to 2,345 patients (73%) in 2014.

In 2015, 1,670 patients (56%) had one or more

incidents reported in the three months prior to census day, compared to 1,780 (55%) in 2014. Incidents are defined as: self-harm, accidents, physical assault, restraint or seclusion.

Distance from home and length of stay

Average length of stay and distance from home remained stable between the three censuses. Average length of stay on census day 2013, 2014 and 2015 respectively was of 542 days, 547 days and 554 days. The median distance from home on census day 2013, 2014 and 2015 was 34.5km, 34.4km and 38.6km respectively.



RadcliffesLeBrasseur



Free advice on regulation for Care England members

Care England members may obtain up to 15 minutes free advice on regulatory matters from RadcliffesLeBrasseur by telephoning the special number. The advice line is open between 9.30a.m. - 5.30p.m. Monday to Friday to provide advice and assistance on all regulatory issues especially relating to CQC or HSE matters.

The complete legal advice specialists for care home providers

RadcliffesLeBrasseur is a well known national firm specialising in the health and social care sector. We act for many of the large national care home operators as well as many smaller providers.

We provide a full range of services, including specialist advice on:

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- Care home acquisition, disposal and re-financing
- Resident complaints and clinical negligence issues
- Employment advice, including contracts, dismissals & work permits
- Residents and commissioners contracts
- Mental health and public law
- Inquests and inquiries

Advice Line: 020 7227 7308

Care England members may also obtain free copies of RadcliffesLeBrasseur's monthly Care Home Briefings by emailing andrew.parsons@rlb-law.com

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Considering an electronic medication management system?

Prescribing – Removal of ambiguous prescriber instructions

Dispensing – Improved accuracy of medication data from pharmacy interface

Administration – Reduced medication errors from alerts & warnings

Monitoring – Management reports to inform medication reviews

Training – Bespoke e-learning and competency management system

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Policy Developments

Health Select Committee inquiry

The impact of the Comprehensive Spending Review on health and social care

Care England has submitted written evidence to the Health Select Committee inquiry on the impact of the Comprehensive Spending Review on health and social care.



New NICE guidance: Older people: Independence and Mental Wellbeing

This new NICE guidance is for providers as well as the local authorities they work with.

<https://www.nice.org.uk/guidance/ng32>

The guidance advises on:

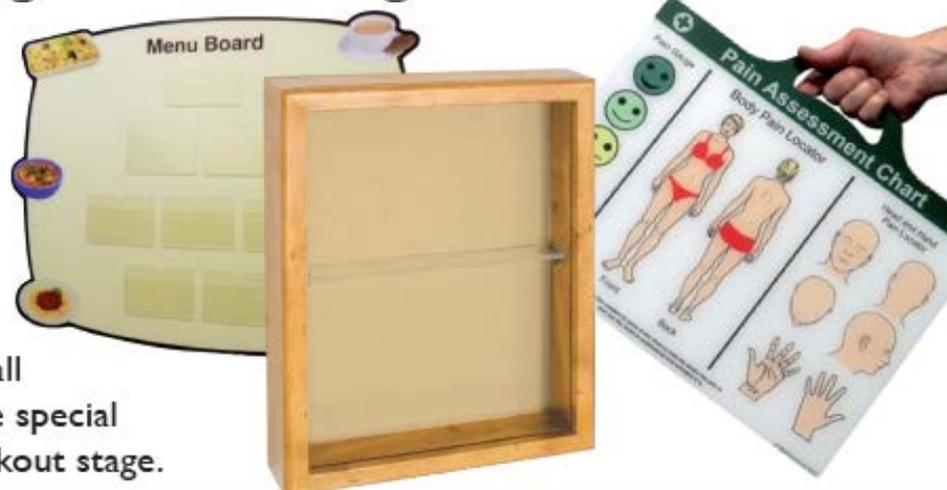
- Principles of good practice
- Group activities
- One-to-one activities
- Volunteering
- Identifying those most at risk of decline

This guidance is highly relevant for those providing residential care to older people and seeking to enhance activities schedules to encourage mental wellbeing and greater independence.

Specialist dementia boards, charts and boxes

An extra 5% saving for Care England members

- Display boards
- Memory boxes
- Pain assessment charts



Order direct from the website or call 0800 999 6659. Save 5% by using the special promotional code CE22 at the checkout stage.

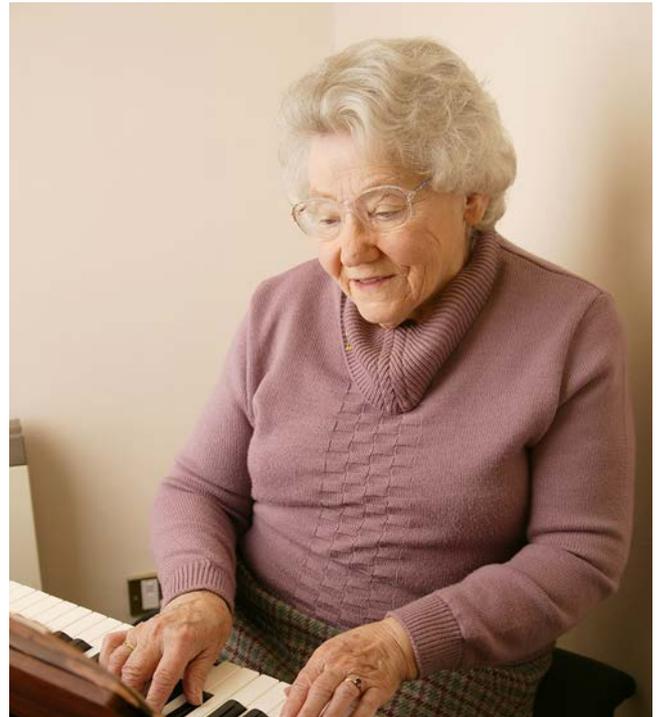
www.careenglandshop.org

NICE guideline on Transition between inpatient hospital settings and community or care home settings for adults with social care needs

<http://www.nice.org.uk/guidance/ng27>

This final guideline has now been published on the NICE website. You can also find the supporting evidence, as well as all the stakeholder comments that NICE received during consultation and the responses to these comments.

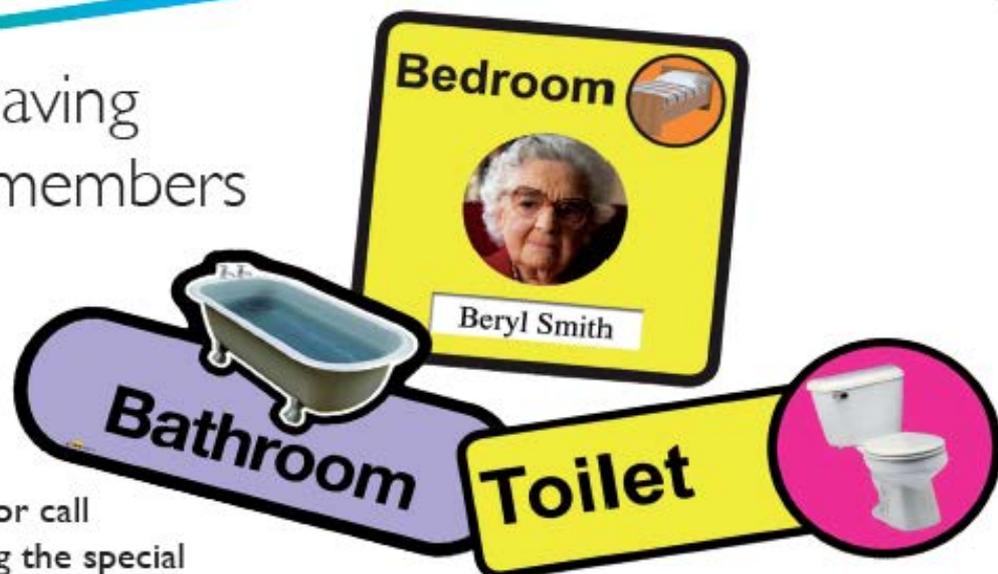
<http://www.nice.org.uk/guidance/ng27/evidence>



Specialist dementia signage for your care home

An extra 5% saving for Care England members

- Dementia signage
- Door decals
- Window decals



Order direct from the website or call 0800 999 6659. Save 5% by using the special promotional code CE22 at the checkout stage.

Market Shaping Review

helping local authorities discharge their market shaping functions

The Care Act places new duties on local authorities to facilitate and shape their market, including mitigating risks, for adult care and support. A key tool to do so is engagement with local providers on the development of a market position statement (MPS).

Recent research led by the LGA is clear that discharging their new market shaping functions remains a significant area of concern for local authorities. Going beyond the production of an MPS, local authorities are keen to understand better how to use their MPS and what best practice in market shaping looks like, taking into account their local circumstances.

As a result DH has commissioned Institute of Public Care (IPC) to undertake a project to provide a support programme for local authorities to help them discharge their market shaping functions by identifying, analysing and disseminating best practice.

NICE Quality Standard

A topic engagement exercise for the falls prevention quality standard will run from 30th March – 13th April 2016.

The NICE quality standards team develops a topic overview for each quality standard, based on the referral. The overview describes core elements of the standard, such as the population and condition or services to be covered, and lists the key source guidance that will be used to underpin the quality statements.

At publication of the topic overview, NICE requests written submissions from QSAC specialist committee members, registered stakeholders and individuals asking them to:

- identify key areas for quality improvement
- highlight any national or routine indicators and performance measures not listed in the overview
- provide examples of published information on current practice (such as, reports of variation in care or service provision, comments as an individual there is no need to register.



- evaluations of compliance with source guidance, or patient, carer or service user experience) to support the identified areas for quality improvement

For any further information on the quality standard or the quality standards programme in general please see the links below:

Falls prevention: <http://www.nice.org.uk/guidance/indevelopment/gid-qs10011>

Quality standard programme: <http://www.nice.org.uk/standards-and-indicators>

If you would like to register as a stakeholder for this quality standard please follow this link to find out more. Please note if you are submitting comments as an individual there is no need to register. <http://www.nice.org.uk/get-involved/Stakeholder-Registration>

National Skills Academy for Health Access free resources and practical support

If you provide health or care services within England as part of the NHS or in the independent or voluntary sectors, then you're eligible to become an **Employer Partner**.

It's free for healthcare employers to become an Employer Partner and have access to industry-leading resources via the online Knowledge Exchange, news, articles, webinar recordings. Help to set up and run apprenticeship, adult learning and pre-employment programmes, are also available.

The opportunity to ask questions, share ideas and gain new insight in the online discussion forum. The National Skills Academy for Health is establishing a network of Excellence Centres across England to bring together employers from the NHS, independent and voluntary sectors to coordinate and implement high quality skills programmes for support workers.

Each Excellence Centre will:

- Provide a local hub for employers and learners to access high quality relevant training
- Plan and run training events for support workers in all organisations within the region
- Manage new e-learning development and facilitate e-learning for local support workers
- Help training providers ensure their development programmes are viable
- Recognise and promote high quality training provision through the Skills for Health Quality Mark scheme
- Provide an accessible and relevant on-line resource through which employers, managers and individuals can stay up to date on matters affecting education and skills

Each Excellence Centre will act as a regional hub to develop strong collaborations between training providers and health care employers from the public, independent and voluntary sectors.

Together, the organisations in each Excellence Centre network will design and deliver new learning resources for healthcare support staff, share training expertise and make best use of skills development facilities.

Each Excellence Centre will have a Regional Advisory Group, made up of employers and other stakeholders.

Smaller organisations will be a particular focus of engagement aiming to reach out to a broad range of employers including care homes.

The Excellence Centre network will also coordinate the development of 20 new national e-learning resources. These will cover such areas as:

- Skills for providing community care, for example dementia support
- Support for developing key behaviours and values critical to new entrants
- Further development of foundation skills, such as English

Find out more

If you are a healthcare employer or training provider and would like to find out more about working with regional Excellence Centre, please call **020 7391 7173**, email information@nsahealth.org.uk or visit www.nsahealth.org.uk

Diabetic Management for Care Homes

Nursing Notes by Eileen Ross, RN



We choose to do what we do because we are inspired to make a difference, and we are passionate about our vocation.

I am a clinician, and just like all the people working in Elderly Care I want to deliver the best that I can to the people in my care. There are moments when we are so time and resource poor that it threatens to overwhelm us, but we stay because we make a difference.

Working in Elderly Care is challenging enough, it is not seen as 'sexy' and nor is it highly paid. We also face the increased cost of providing care; the increased level of acuity of residents with multiple co-morbidities; a decrease in the number of Registered Nurses – not to mention a difficulty in recruiting the right people. Phew!

We need to be continually searching for ways to face these challenges.

Diabetes, like Dementia, is increasing in prevalence. It is more likely that you will develop diabetes as you age, and people in developed countries are enjoying longer lives.

We all know the statistics, but it is useful to re-visit them:

Diabetes in Care Homes

- Estimated **1 in 4** care home residents have diabetes¹
- Every **25 minutes** a care home resident is admitted to hospital with a diabetic related illness²
- Estimated as many as **13,500 people** in care with undiagnosed diabetes²
- Older people with diabetes often have other long term health conditions such as dementia, mobility and sensory problems³, **and are more susceptible to infections**²

We can conclude, therefore, that there may be people in care homes with diabetes who have care plans not fully meeting their needs. There may be a group of residents who are undiagnosed diabetics. There may also be residents that have wounds, malnutrition and infections that could be a complication of an underlying diabetic illness.

Ultimately, this affects their health outcomes and their quality of life.

Recommendations

There are research papers and industry guidelines available that can improve these outcomes and quality of life for

these vulnerable residents.

Some of the key recommendations from the "Good clinical practice guidelines for care home residents with Diabetes revision"¹ and the "England-wide Care Home Diabetes Audit"⁴ include:

- Individualised care planning for each resident
- A policy for diabetic care within the home
- Each care home should have an implementable policy on the management of hypoglycaemia
- Screening of residents upon admission and at two yearly intervals
- Daily foot assessment
- Cognitive function and mood status assessed on admission and on an ongoing basis
- A designated member of staff responsible for the management of Diabetes
- Access to training and education on Diabetes

The Institute of Diabetes for Older People also suggests that the next steps should include "Care Homes that deliver quality diabetes care should receive recognition, possibly in the form of an accreditation award".⁴

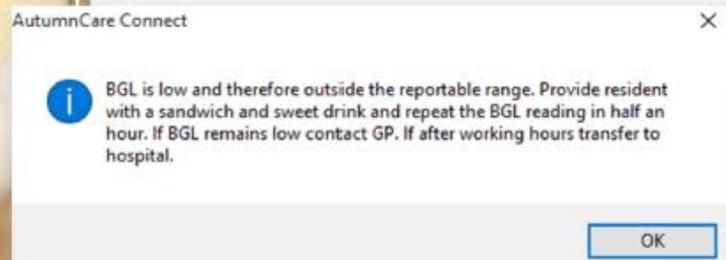
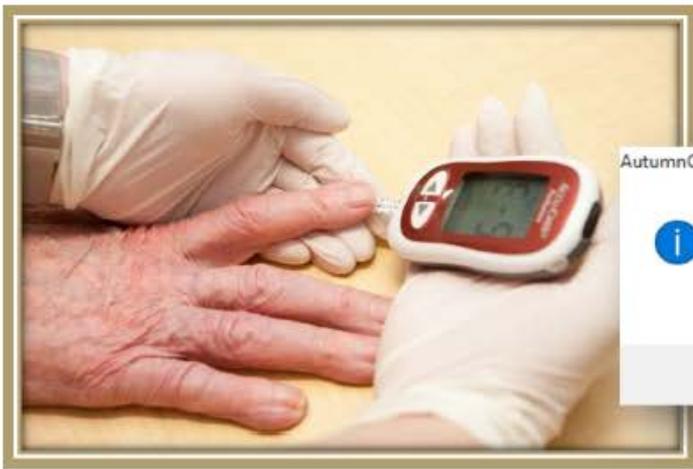
However, due to the previously mentioned challenges, it may prove difficult for Care Home Managers to successfully implement these guidelines.

¹ Diabetes UK (2010) Good Clinical Practice Guidelines for Care Homes Resident with Diabetes; 5

² Diabetes in Care Homes; Awareness, screening, training Report

³ Diabetes UK (2010) Position statement

⁴ England-wide Care Home Diabetes Audit (2014) Key Recommendations



How can AutumnCare's Technology help?

Individualised Care Plans

- Bespoke & person-centric care plans are generated automatically from assessments ensuring consistency of treatment and data
- Frequency and time of BGL monitoring can be set at an individual resident level
- Individualised parameters for target BGL
- Interventions can be evaluated regularly
- Reminders can be set for staff to receive periodic notifications to review care plans
- Foot care is included in the Diabetic Care Plan

Automation

- Automated comparison between target & actual BGL readings
- Expert clinical guidance prompts for staff in the event of hypoglycaemic and hyperglycaemia readings
- Internal notifications of events to managers & for handover

Policy on Diabetes Care

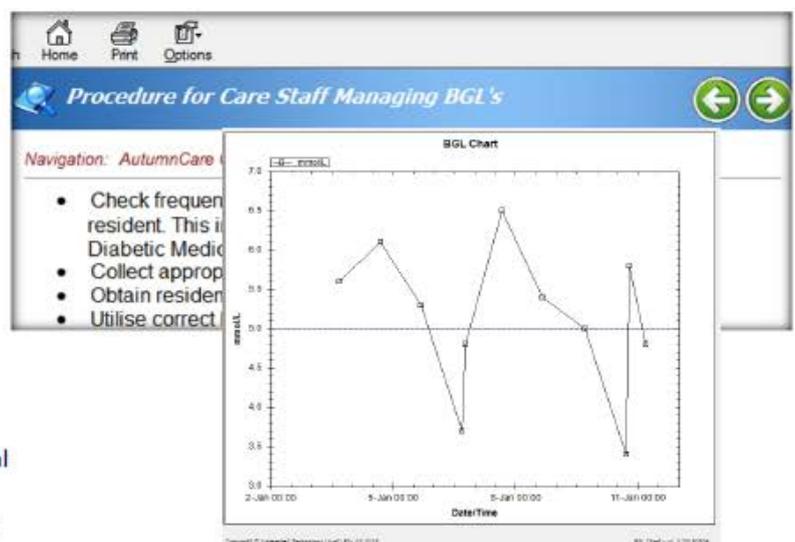
- Embed your own policy into AutumnCare
- Prompt staff with policy and procedures when a specific action is taken

Audit Tool

- Never miss a potential low or high BGL event with dashboard indicators
- Run reports on individual residents BGL history and evaluate their treatment

Screening & Re-screening

- Mandatory completion of a BGL reading during Initial Clinical Assessment on admission
- Automated notifications if screening reading is not nominal



- Set automatic periodic reviews of the BGL for diabetics and non-diabetics alike
- Run reports at any time to ensure every resident has had a BGL measurement performed on admission and every 1-2 years' after

Cognition and Mood

- Cognition and mood status is measured on admission and on an ongoing basis
- Cognition assessment is a mandatory form to be completed on admission
- Automatic reminders for reviews
- Run reports to identify residents without a current assessment

And more

- Staff training status
- Competency assessment & tracking

For more information on managing diabetes in your care home visit www.autumn.care

Workforce

Care England Comparative Costs Briefing

On the members' section of the Care England website under 'Legal and other briefings', you will now find a 'Comparative Costs briefing', comparing the costs of different types of care

provision, different roles and nursing across the NHS and social care.

We hope that this will be a useful resource for you: please do take a look and use it for the benefit of your work.

<http://www.careengland.org.uk/>

SAVE THE DATE Waverley Cares

An action-based workshop towards creating a sustainable care system in Waverley

Waverley Health and Wellbeing Partnership

When:
Tuesday
15 March 2016
10am - 4.30pm

Where:
Farnham Castle
Castle Street, Farnham
Surrey, GU9 0AG



This event will help to develop and launch creative and practical solutions to some of the challenges faced within the care system including:

Accommodation
Enabling Care Workers to live and work locally

Funding
Innovative ways of reducing cost or reallocating existing resources

Technology
Improving outcomes and productivity through technological development and innovation

Workforce Development and Change Management
Identifying enhanced roles, new career structures and opportunities to improve workforce resilience



Care England responds to MAC Call for Evidence: nurses on the SOL

Care England submitted comprehensive evidence to the Migration Advisory Committee (MAC) as part of their partial review of nurses on the Shortage Occupation List (SOL).

Care England's evidence contained 'case studies' from five providers of differing sizes, geographical locations and across charitable and corporate providers. We are grateful to our members who helped us in contributing to the MAC call for evidence. Their case studies addressed all the key areas of inquiry as outlined by the MAC's Call to Evidence document, including trends in foreign recruitment, factors driving demand for non-EEA nurses, challenges recruiting nurses, issues of pay, retention, and regional variations.

As well as this new information for submission, Care England reminded the MAC of the headline statistics that we drew from our research on the nursing shortage in 2014, at the time of a general review of the SOL:

The respondents to our research comprised of 26 separate provider organisations providing a total of 58,527 nursing beds and owning approximately 2,000 homes employing 8,900 nurses. We estimated this survey to represent 15% of the social care sector, a significant percentage.

- 100% of respondents struggled to recruit nurses.
- 100% of respondents felt that there was little desire in the indigenous workforce to work in nursing homes.

- 100% of respondents were confident that sourcing migrant labour would not negatively impact the UK nursing profession due to the profundity of the shortage.
- The mean pay increase for nurses was 13% over the last two years, with the range from 2% to 20%.
- The mean vacancy length of a nursing role was 10 months, with a range from 1 month to 24 months.



We hope that the MAC finds this information, and the information that we urged members to submit themselves, sufficient and compelling evidence of a nursing shortage in care homes in the UK at the present time. We are convinced of the need to keep nurses on the Shortage Occupation List beyond February 2016 to address the profound shortage.

HEE commissioning and investment plan – 2016/17

<https://hee.nhs.uk/sites/default/files/documents/HEE%20commissioning%20and%20investment%20plan.pdf>

HEE is responsible for assessing the workforce requirements of the English health system. Each year it provides local and national forecasts of the supply that will arise over the next five years and uses these forecasts to discuss with stakeholders whether this supply will match the system's view of future demand including the extent to which any current shortages will be addressed. This analysis and discussion is then used to identify whether any changes are required to the volumes of training commissioned by HEE.

All commissioning proposals have historically been constrained by the total amount of resource available to HEE, and consequently a critical part of local and national discussions has been in respect of which investments represent the highest priority or address the highest risks. This plan indicates an additional 80,000 staff could be available to be employed in the NHS

by 2020 with the levels of training proposed. Even in the 'worst case' forecast scenario available, supply increases by nearly 25,000 fte.

It should be noted that the percentage increases are in respect of the NHS workforce only. For professions where a large element of the workforce are employed in care, local government, and private/independent sectors, then this growth will represent a smaller percentage increase of the whole profession.

Adult Nursing

The 2015 planning process has shown that provider demand has continued to grow and increased turnover has resulted in slower growth than anticipated. Partners are committed to collective action to manage both supply and demand, but further growth in

commissions is warranted ahead of the fundamental changes to under graduate supply planned for 2017.

Commissioning Intention – 257 increase

Mental health

The current level of mental health nurse

HEE undertakes a comprehensive collection of NHS provider forecasts of what their future demand for staff will be.

training is the highest of any nursing branch as a percentage of the workforce it serves and should allow for significant growth in the MH Nursing workforce (22% by 2020, over 8,000fte). However the existence of over 3,000 vacancies indicates this education supply is not translating into increased numbers in employment. HEE will work with NHSI, HEI and employer partners to understand why its high levels of training investment are not having the impact it would

anticipate, and thereby identify what actions over and above additional training volumes may be taken to meet future need.

Mental Health Nursing – 100 increase

Forecast

In respect of the 2015 forecasts, the aggregate of this year's forecasts do not appear to represent a position consistent with the expectations of the five year forward view. There are real risks that the forecast supply described above is not fully achieved if employers are not able to improve the rate at which the workforce, other than retirees, is leaving NHS employment.

The record for the previous four years shows that the rate at which nursing and midwifery staff are leaving the NHS has increased by over 3,700 per year. A component of this will be the impact of increased retirement rates but the majority describes increased turnover.

Anecdotally some of this may reflect staff moving to agency employment from substantive jobs, the price and volume controls instigated over the past few months should go some way to reversing this reported trend. However HEE believes that new education supply cannot and should not be used as the 'go to' response, regardless of performance in respect of staff retention only in NHS.

Supply forecasts do not yet anticipate any additional International Recruitment, and as such the inclusion of nursing on the Shortage Occupation List represents an opportunity to improve the supply prospects for nursing as a whole in both the shorter term and to support the system to achieve supply / demand balance from domestic supply by 2020.

Similarly forecasts do not yet reflect the full achievement of the aspiration to reduce inappropriate course attrition. Initiatives to ensure we maximise the use of those graduates we produce, such as employment guarantees, would also act to secure maximum supply from the inputs HEE commissions.

Return to Nursing

HEE has also intervened to support employers with shorter term supply through the 'Come back to nursing' campaign and associated structured return to practice education and support. In the academic year 2014/15 1,504 people commenced RTP programmes and 160 of the September 2014 starters have already joined full time employment. HEE aims to deliver similar volumes in 2015/16 and intends (subject to agreement) to maintain this initiative as a standing offer to the system whilst recognising future volumes may reduce once this first wave of activity is completed.

The document can be found:

<https://hee.nhs.uk/sites/default/files/documents/HEE%20commissioning%20and%20investment%20plan.pdf>



Summary of the House of Lords' Residential Care Cost Cap Debate

by Joshua Peterman, Parliamentary and External Affairs Officer, Care England

On the tenth of December 2015, in light of the Government's decision to delay the implementation of the care cost cap, a parliamentary debate focusing solely on the residential care sector took place in the House of Lords: the first for quite some time. Lords and Baronesses of all parties, alongside ecclesiastical speakers, discussed the future and sustainability of social care with real intelligence and passion. Members of Care England were present, having lobbied for such a debate and briefed many of those who spoke.

The debate, moved by Baroness Wheeler, echoed much of Care England's current concerns over the future of the sector. The delay of the care cost cap formed the majority of proceedings but concerns over continued cuts, the impact of the looming National Living wage and the inadequacy of new Council powers to raise tax by 2%, were pervasive. Only Lord Lansley expressed any real praise for the Spending Review - appealing that it afforded social care 'considerable resources over this parliament' - yet even he admitted, rather ambitiously, that these provisions were 'sufficient at best'. Lord Lansley aside, all speakers agreed that recent government actions had left social care, to borrow from Baroness Wheeler's opening remarks, "balancing upon a financial cliff edge."

Whilst each Lord in turn maligned the Government's neglect of social care, the debate was not all doom and gloom; fantastic ideas, old and new, were raised for positive systemic change. Nearly all those who spoke expressed praise for the recommendations of the Dilnot Commission for instance – of which one recommendation was of course the care cost cap itself. These discussions were met with ministerial assurances that the cap will be implemented in 2020. Similar consensus was also found behind a greater level of integration between the NHS and social care; this was most eloquently put forward by Lord Hunt, who stressed the symbiotic relationship

between the two. Moreover, many peers, as is the conviction of Care England, spoke for the need of a strategic long term plan for social care – much like The Five Year Forward View of the NHS.

It is important to note, despite the obvious displeasure with government over social care legislation and funding (or lack thereof), there was constant praise for those who worked within the sector. Baroness Brinton in particular praised at length the level of care her mother received, for the eleven years before she passed away in 2014, as faultless. These thoughts were echoed by all peers who had any experience with family or friends in the sector.

In an effort to maintain momentum toward a more positive future for social care, Care England has been in contact with all peers who spoke in this debate. Many have agreed to join our embryonic parliamentary network; an informal arena where Parliamentarians can acquire or impart knowledge on the latest health and social care developments and hold reasoned and apolitical discussions. We are confident that such a network will raise the profile of social care in 2016 within parliament and as such will be a valuable weapon in the battle for better regulation and fairer funding.

Summary of the House of Lords' NHS debate

by Joshua Peterman, Parliamentary and External Affairs Officer, Care England

On the 14th of January, Lord Turnberg moved a debate in the House of Lords on the ability of the National Health Service to meet present and future demands. Here at Care England we were delighted, having briefed Lord Turnberg and other peers, that many who attended saw the future of the NHS as intrinsically linked to the future of social care. There is now greater understanding that integration is a necessity if national health is to move in a positive direction.

Lord Turnberg's opening speech set the tone for a debate that saw integration as the key change for a better and more efficient health service. Peers spoke eloquently on the need for not only integration between social services, general practice and hospital care, but integration of budgets and management. Such a level of integration is vital to a more efficient and sustainable future for the NHS. Many peers, Lord Turnberg included, demonstrated how greater integration could eradicate costly issues like delayed discharges or call-outs.

Other peers, Baroness Pitkeathley in particular, demonstrated that integration would provide a fairer and more effective end product for patients:

'We are all familiar with the reasons why the post-war settlement set up different systems of care: men died at 66—one year after retirement—and women at 68 or 69, so you did not need much social care in those days. Now, with our ageing population, the contrast between a health service free at the point of use and a social care system which is means-tested, results in a lottery. The type of ailment you have will determine the financial support you get to cope with its effects.' With this in mind, many peers praised the example of the Salford Royal NHS foundation trust. Peers championed the trust as a 'wonderful example' of integration, where the work of David Dalton and many others have led to more efficient and effective healthcare. Greater integration, argued peers, has led the

trust away 'from simply being a hospital' to becoming a 'part of the community for which it provides health and care to all 250,000 residents'. The trust was rated as 'Outstanding' by the CQC only last year.

Another theme consistent throughout the debate was the role of prevention in the future of both health and social care. Peers collectively expressed alarm over the drastic cuts to the public health budget, citing the success of the government's AIDS campaign in the late 1980s, and the potential for such a campaign with regard to smoking, alcoholism and obesity. Peers stressed that long-term savings, made through prevention campaigns, are vital to meeting the ever growing demands on health and social care. Here at Care England we agree.

This debate was the third in the House of Lords concerning the National Health Service since the election (not including last month's debate on the 'Residential Care Cost Cap'): it is clear then, growing momentum toward positive change exists. Much to the pleasure of the Care England team, the relationship between health and social care, and the need for greater integration, is playing a larger role than ever in this movement. All peers who were briefed by Care England have since been thanked for their part in raising the issue of social care and all other peers have since been engaged in dialogue. Care England's 'Parliamentary Network' continues to grow, and with that, our chances for a brighter social care future grow too.

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Parliamentary round-up

By Sarah Clarke, Account Executive, PLMR

The social care sector has this month found a vocal and influential champion in the NHS' Chief Executive, Simon Stevens. In an exclusive interview with The Guardian, Stevens resoundingly called for a cross-party consensus to be established on the critical issue of funding in the social care sector, all in the name "intergenerational fairness".

Looking forward to the year ahead, a key date sticks out in the calendar – that is, 1st April 2016, when the government's new National Living Wage for those aged over 25 is due to come into effect. The sector waits with baited breath to see whether the government will make any commitments towards securing much need long-term funding for social care services, and Stevens is cognisant of the wide-reaching impact that a failure to fund would have on the wider healthcare system.

In his interview, Stevens made an urgent call for a "political consensus on paying for elderly and social care", and he has suggested the government casts a wide net when searching for solutions to systemic funding challenges. This includes a serious consideration about whether the money spent on the package of benefits and entitlements reserved for pensioners should instead be put towards plugging the elderly and social care funding deficit.

One government commitment Stevens has suggested could be revisited is the "triple lock" – a guarantee that state pensions will increase year-on-year until 2020. Stevens asked; "would intergenerational fairness support a further increase in the share of public funding on retirees, at the expense of children and working-age people?" Stevens also posited that making it easier to draw down on assets such as housing and pension pots could also go some way to helping families fund social care.

Politically, these solutions would no doubt prove to be unpopular. Any reconsideration of the commitment to the "triple lock", for example, would jeopardise support for the government amongst a core part of the electorate that consistently turns up to the polls in large numbers - the over 65s. In the 2015 general election, Ipsos Mori estimated that 78 per cent of over 65s turned out to vote, and the Conservatives had a 24 per cent lead in this group over Labour. For a government that won the 2015 election on a very slim majority, a policy which could be perceived as taking away pensioners' benefits would likely prove too risky.

<https://www.ipsos-mori.com/researchpublications/researcharchive/3575/How-Britain-voted-in-2015.aspx?view=wide>

Stevens is by no means the only high profile political figure calling for immediate action to be taken on social care funding. Former Health Minister and current Liberal Democrat MP, Norman Lamb, has long been proposing that a cross-party commission is established to investigate how much money the health and social care sector needs, and decide where this funding will come from. Lamb has been publicly backed by two former health secretaries, Alan Milburn and Stephen Dorrell.

The impact of a failed social care sector would be catastrophic, with an unavoidable knock-on effect on the wider healthcare system. The pressures of the ageing population will not taper off any time soon, and the NHS is already under immense strain. Stevens has thrown down the gauntlet by challenging the government to reach a consensus on the future of the health and social care sector by the NHS' 70th birthday, which will be marked in 2018, and whilst it may seem unlikely that the government will look to pension pots to bolster the future of elderly and social care services, a funding solution of some kind is needed urgently.



92 year old Norman achieves his goal as local care home kicks off new initiative

The staff at The Grange Care Home in Colne have gone above and beyond to fulfil a long term wish of 92-year-old resident Norman Bannister, who is a lifelong fan of Burnley Football Club. He has visited hundreds of the team's matches throughout his life, but never thought he would be able to see a match again.

Thanks to the generosity of Burnley Football Club, Norman – who, despite his age, continues a daily exercise regime - and his grandson were given a tour of the ground with an 'old claret', before having lunch and settling down to watch the Bank Holiday match on the 28th December.



Organised by the home's Activity Coordinator, Katherine Birtles, Norman's day out was a resounding success, bringing back fond memories and fulfilling his dream as part of the home's 'Wishing Well' initiative. All residents in the home are invited to choose one long term wish they'd like to fulfil during their time in the home and the staff team are challenged with making the residents' wishes come true.

Katherine Birtles commented: "Norman can remember visiting 'The Turf' when he was aged just five in the year 1928. He recalls the match as if it were just yesterday, remembering players and match specifics in great detail. When asked about what his 'Wishing Well' wish might be, returning to The Turf was an obvious choice for him.

Norman said about the trip, "it was one of the

best days of my life! The day just got better and better!" Katherine added: "Norman has not really stopped talking about it and is delighted and so obviously enthused about the whole experience."

Norman is one of the residents in all brighterkind care homes throughout the UK taking part in a new programme of recreational activities and exercise classes, designed to be an enjoyable way of improving their health and wellbeing. Staff in the brighterkind homes have received specialist training from Oomph! Wellness, an award-winning social enterprise that is the UK's largest provider of fun activities programmes for older people. The programme equips them to deliver imaginative activities that support physical and mental wellbeing.

The partnership follows a successful pilot in 15 brighterkind homes, which showed a significant beneficial effect for residents. Residents participating in the recreational activities and exercise classes gave them a resounding endorsement, with 95% saying the sessions had a positive impact on their health and all respondents saying they made them feel happy. Regular attendees to the sessions saw a 13% improvement in self assessed quality of life and a 20% increase in grip strength over three months.



AGE FRIENDLY MUSEUMS NETWORK



The Age Friendly Museums Network encourages and promotes older audiences in museums and galleries across the UK. The British Museum is a lead partner of the Network, and worked with Anchor to deliver a Christmas event.

The British Museum provided a large space in the Clore Centre for Education and, thanks to Anchor's sponsors, residents were treated to a delicious Christmas lunch, refreshments and entertainment in the form of a magician and the Salvation Army Choir. The British Museum invited residents with support from the Elves (volunteers from the sponsors) to visit the galleries throughout the day. Wheelchairs were made available and stools for those who might need some help, and British Museum volunteers were also on hand to provide help and information about the museum.



I would say the day was full of adventure and appealed to many different tastes and interests. The British Museum particularly welcomes those who have never visited or who have not visited the museum for many years. Why not find out what your local museum can offer?



Many residents took the opportunity to visit The Waddeston Bequest (see pictures), a gallery which opened in June 2015 consisting of a superb collection of medieval and Renaissance treasures left to the museum by Baron Von Rothschild. Those who took advantage of venturing into the galleries were not disappointed, returning back to the group (from their short 'tour') with beaming smiles and full of excitement.



You can read more about the Network and find out what is happening in your area by signing up here:

<http://ageof-creativity.co.uk/items/view/1077>

Creativity & Learning

WELCOME TO ORCHARD COTTAGE

Our cosy cottage, at the 1940s Farm, is full to the brim with fascinating and familiar sights, sounds, smells and even tastes.

It's an ideal space for groups of older people and people living with dementia, and their families and carers, to enjoy together.

Groups can take part in a whole host of activities, from toasting bread on the fire and baking, to pottering in the garden, playing traditional games together, having a sing-along around the piano and creative storytelling.

The cottage is a great space for a traditional birthday party or Christmas celebration too.

Get in touch - we'll arrange a session just for your group.

“Dad doesn't try to talk very much after his stroke but he was determined to talk in today's session. It was lovely to see him joining in.”



www.beamish.org.uk

Loans boxes

We have a range of themed loans boxes containing objects, photographs and ideas for activities, which you can borrow, free of charge, to use with your group.

Use the boxes to explore famous events, home life, a man's world and many other topics.



“We always love coming to the little cottage, everyone makes us feel so welcome and I end up doing things I'd forgotten I could do!”

Workshops

We run skills workshops for care home staff and support group leaders to:

- Develop skills and confidence in running activities.
- Share knowledge and experiences with others.
- Discover Beamish's loans boxes and collections.
- Take a look at the cottage and facilities.

To find out more about booking workshops and loans boxes visit www.beamish.org.uk.

www.beamish.org.uk

Creativity & Learning

Getting there

Beamish Museum is just 5 minutes from the A1(M) J63, 8 miles from Newcastle upon Tyne and 12 miles from Durham. Orchard Cottage is opposite the 1940s farmhouse and has its own parking space for a minibus.

Accessibility

The cottage is wheelchair friendly and has an accessible toilet.

Price & how to book

A half-day session is £50 for a group of 3-5 people, plus carers. (Additional admission cost applies for Museum visit, if required, carers free.)

For more information about Orchard Cottage activities, or to book a session, tel. 0191 370 4026 or email bookings@beamish.org.uk.



Beamish Museum, Beamish, County Durham DH9 0RG
T: 0191 370 4000 E: museum@beamish.org.uk
www.beamish.org.uk



this is durham



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ENGLAND



Details correct at the time of printing. Beamish Museum reserves the right to withdraw any facility, exhibit, service, price or event without prior notice.
This information is available in large print on request.

www.beamish.org.uk

Creativity & Learning

Case Study 1

Working with older people

Beamish Museum has been developing a range of activities to support health and wellbeing amongst older people for several years, with the focus very often being upon people living with dementia and other cognitive impairments.

Its programmes have been highly commended by the Royal Society for Public Health for its innovative and excellent contributions to arts and health practice.

We welcome a diverse range of groups from around the North East; residents from care homes, day centres, and also provide opportunities for older people living independently in the community, to participate in group activities at the museum too.

The unique environment of the open air museum provides a wonderful space for a whole host of engaging and meaningful activities, such as planting vegetables and flowers in the garden, baking bread and cakes in the coal fired oven, enjoying music and dance together and taking part in traditional crafts and art activities. Although set in a 1940s cottage, we do not solely focus upon reminiscence during the sessions. It is an option if the group wish to but we ensure that any 'pressure' to remember and share memories is removed.

We are currently involved in an Erasmus+ funded project with colleagues at other Open Air Museums in Europe - in Denmark, Sweden, Norway and Hungary. All of these museums provide similar activities, with obvious cultural differences. This current project aims to develop and use a methodology to evaluate unique activities within the open air museum environment, with a focus upon reminiscence, for the purpose of the project. It will also produce a set of guidelines for other museums and galleries keen to develop their activities for older people and people living with dementia and develop skills workshops to share our knowledge with formal and informal carers too.



Case Study 2 Working in partnership with care homes

Beamish has worked collaboratively with care homes around the north east since 2008. Initially the Collections Access Team visited care homes with boxes of objects from their handling collection. However, demand for this very quickly snowballed to undeliverable quantities. Instead, the museum took a step back and decided to focus on supporting these groups to visit the museum and to share their skills and knowledge with carers to enable them to deliver similar sessions within their care home. This work has been developing ever since and we now welcome around 300 care home residents and 150 carers to our Orchard Cottage per year.



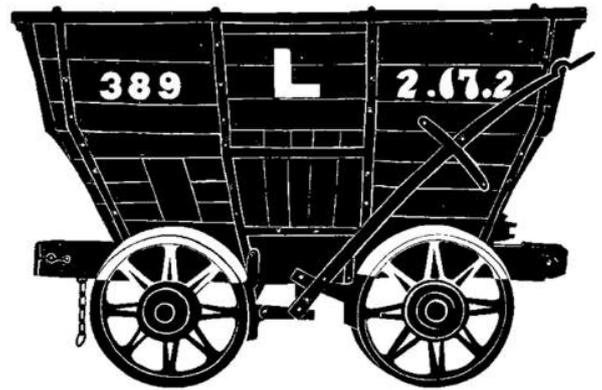
The most recent example of a partnership with a care home is our development of a 'Men's Group' for men living in Four Season's care homes. This developed from our original Men's Group, which was set up in 2014 in partnership with an Occupational therapist at a hospital near to the museum. It was for a group of men, all living independently at home, with a range of cognitive impairments, with the aim of providing opportunities for them to socialise with other men and take part in group activities based on their interests and skills – for example woodwork, painting, DIY. One of the members of this group later moved into a care home as his dementia was advancing quite rapidly. This gentleman was so keen to continue to come to the museum, and most importantly to water his leeks in the garden, as were his family, that we contacted the Activities Coordinator at his care home to see if we could arrange for him to continue to visit regularly as part of a group, and importantly, as part of a group of men.

Creativity & Learning

Through speaking to colleagues within the **Four Seasons Group**, we found there was great enthusiasm for this unique opportunity for some of their male residents, especially given the very common high ratio of women to men in care homes and the common difficulty in trying to find activities that men will enjoy engaging with.

Three Care Homes, all near each other, share the transport and regularly bring a group of men to Orchard Cottage. As well as gardening and tending to our prize winning vegetables (the gentleman won 1st & 3rd for the onions and leeks in our Agricultural Show!), we do all sorts of things together, whatever the group like to do.

One of the participants ran a bakery for years and so taught everyone how to make bread and, weather permitting, we always try to go for a short walk somewhere too. As well as the evident benefits for the men, with comments from them such as "the one good thing about having this dementia is that I get to come here", the care home staff have also said they feel they are more confident in thinking of different activities they could do at the care home and they also feel they have got to know these residents much better and have discovered lots of things from their life story that they otherwise wouldn't have found out.



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VINTAGE HEALTH **VINTAGE WEALTH MANAGEMENT** **VINTAGE CORPORATE**

Banish winter blues with colour and activity

Many people find it challenging to stay motivated and feel cheerful in the short, dark days after Christmas. Residents may want to sleep longer, feel lethargic or lose interest in activities.

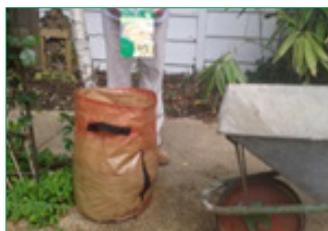
Engaging older people with gardening activities may feel impossible in the winter, especially with the downpours of the last few months making the garden wet and muddy. However, there are plenty of activities that will bring colour and energy into your care home and make the most of the good weather when it arrives.



Here are our top tips for activities that can be carried out indoors whilst retaining a connection with the outdoors. They can all be completed in simple stages over a few weeks creating talking points and something to look forward to for staff and residents alike.

1. Look forward to delicious home grown new potatoes

Tasty and nutritious potatoes are easily grown in a bag on a patio or balcony and can be planted from March.



'Chitting' potatoes, to prepare them for planting, can be done indoors and is a good activity for people with poor eyesight or limited dexterity. Planting potatoes is an activity which often brings back memories. Bringing residents into contact with soil provides sensory stimulation as well as having proven health benefits.

Potatoes grown in a bag only need a few minutes attention each week helping to provide a sense of achievement while they grow and providing something for residents to care for and nurture.

2. Make the most of windy days by making and flying a kite

Our bright, colourful homemade kites are great fun and straightforward to make. This creative activity is excellent for encouraging

remembrance of flying kites as a child or with children. Once the kites are complete they provide a great motivator for stepping outside into the garden and getting some fresh air.



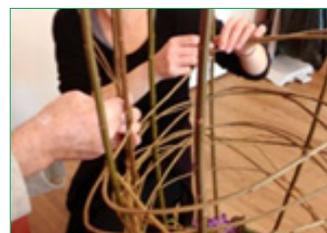
3. Prepare for spring by making willow climbers for fragrant sweet peas

Willow weaving helps maintain manual dexterity and is a good sociable activity for staff, volunteers or family members to work together with residents.

Willow climbers can be used to grow fragrant sweet peas in the summer creating a lovely colourful display and sweet smelling decorations for lounges or bedrooms.

Step by step instructions for how to deliver these activities are available to be downloaded for free from our website

www.growingsupport.co.uk.



If you would like to find out more about how to run a programme of therapeutic gardening activities for your residents please call **Dale Cranshaw** on **07581 281 578** or drop him a line on dalec@growingsupport.co.uk



80% of people living in care homes have a form of dementia. That's why **Care England** would like to offer their members the opportunity to join the Dementia Action Alliance. The DAA brings together leading organisations from across the health and social care sector to take action on dementia.

The ethos behind the DAA is that we are stronger when we work together. Not only will you have the opportunity to network with 150 members, you will also gain insights from leading figures in dementia care and support through our events, newsletters and webinars. As a result your workforce will be equipped to deliver the best possible care and support for your residents.

The DAA is a unique platform that aims to bring about a society-wide response to dementia. Members make individual commitments to action within their organisations, setting out what they hope to achieve to support people affected by dementia. We also work as a collective on wide reaching Calls to Action, or campaigns, which have driven improvements in the quality of life for people with dementia and their carers.

In signing up to the DAA, you will demonstrate your commitment to helping people with dementia and their carers. You will have the opportunity to promote your organisation and your positive actions through a number of different channels.

The DAA relies on financial contributions from our members, and in return will receive the following benefits:

- Free quarterly meetings, which bring together the DAA members for networking and information sharing
- Monthly newsletters where you can promote your initiatives or advertise vacant roles within your organisation and learn about the work of the members
- A dedicated online member's page
- Collaborative opportunities on Calls to Action
- Mention of your organisation and your actions in the Annual Report
- Access to the DAA Secretariat who can provide you with information and resources and facilitate introductions to other members
- Attendance at our Annual Conference, where keynote speakers have included leading figures from across health and social care

We have achieved a great deal over the last few years but there is still more to be done. In joining the Dementia Action Alliance you can play a key role to improve the lives of people with dementia and their carers.

Take action today by joining via our website at www.dementiaaction.org.uk or by contacting us at dementiaactionalliance@alzheimers.org.uk



advice and support for older age
**Independent
Age**

Campaign for great health and care services

As a country, we are ageing: nearly a quarter of us will be over 65 in 20 years' time. But our health and care services aren't ready for these changes. We want to see the UK become the best country in the world in which to grow older, and having a great health and care system is a key part of this.

Sadly, right now, these vital services aren't getting the attention they need from the Government. We're writing to the Prime Minister, David Cameron, to call on him to tell us what he will do to make sure that we have a great NHS and brilliant care services for everyone who needs them.

Will you join our campaign by signing our letter below? Together, our voice is much more powerful. All you need to do is fill in your details using the form on our website by following this link:



<https://campaigns.independentage.org/campaign-great-health-and-care-services%20>

It should only take a couple of minutes and we really appreciate your support.



Milton Keynes nurse wins top care award

A nurse from a local care company has won an award at a prestigious ceremony to recognise excellence in the sector.

Registered nurse Paulina Meyers, who works at PJ Care's Bluebirds Neurological Care Centre in Shenley Lodge, was named Good Nurse of the Year at the Great South East Care Awards held in Brighton recently.

Paulina started working for PJ Care in 2005 as a registered nurse and is now lead nurse in the specialist centre that cares for younger adults with neurological conditions.

The judges praised Paulina on her "passion, enthusiasm and high standards." They added that "her attention to detail in supporting her clients and empowering her staff ensure a great service is delivered."

PJ Care Chief Executive Johann van Zyl said: "Paulina is a wonderful nurse and is a real asset to our company. Our residents love her warmth and compassion and we are so proud of her." Paulina was surprised to receive the award and

added "What a wonderful evening, I couldn't believe it when they read out my name. I really do have one of the best jobs in the world!"

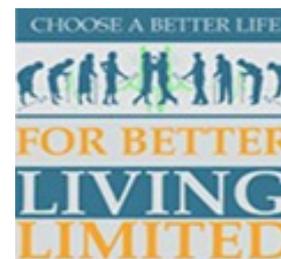


PJ Care
specialised neurological care



Fit for Better Living

Fit for Better Living is a service that enables residents to set goals for their ability to move and live better, providing hourly 1:1 sessions with functional exercise professionals and simple movement activities to build from low levels of strength, mobility and confidence to the next stage.



Professor Martin Green, Chief Executive of Care England, says:

"Care Homes recognise the importance of keeping people as fit and mobile as possible and Fit for Better Living helps to deliver personal support that maximises independence."

Generically the stages are:

- From Bed to Chair – suitable perhaps for post op or recovery from a fall
- From Chair to Frame – helping people become mobile again
- From Frame to Stick – building the strength to walk
- From Stick to Walk – regaining independence of movement and the confidence to choose where and what to do.

In summary the service provides weekly one-to-one functional exercise sessions for care home residents to improve their ability to carry out the activities of daily living – hence Fit for Better Living.

Fit for better living (FFBL) have worked with seniors ranging from those who are bed bound, in wheel chairs or using frames as well as those who are currently mobile. Of course the process is as much preventative as remedial. They have worked with a wide range of medical conditions including dementia.

Many care homes already provide a range of group activities which are both therapeutic and beneficial to their residents. However what FFBL have demonstrated through their pilot work is that:

- one-to-one interventions provide powerful motivation
- a training regime which is tailored to the individual has more impact on behaviour
- using the movement aspirations of each individual generates focus between sessions
- the combination of tailoring and motivation can deliver truly transformational results.

Whilst the main aim is preventative i.e. to stop deterioration, FFBL have worked with seniors who have experienced amazing transformation - such as:

Cyril who had been a wheelchair user for five years due not to health conditions but to muscular weakness following a fall, after 3 months gets about with a frame and feels more independent. Cyril now says "wheelchairs are for old people"! (Offington care home)



Jeremy (Sunhill Court Nursing Home) said he now had something to look forward to in his life. Rita (Sunhill Court Nursing Home) had given up hope of being able to go out in the car with her son but now knows this is a realistic prospect and is working towards it.

How does the programme work?

It starts by assessing the capabilities of the individual, by identifying and leveraging the individual's motivation which can range from improving activities of daily living to aims such as the lady whose main desire was to be able to be fit enough to go out to lunch with her son.

There are a range of exercises - delivered often in the residents own room. The service is delivered by exercise professionals who work to a prescribed program that is tailored to each individual.

The programme begins with a detailed assessment and then an individualised programme card is developed and used to track progress with regular further assessments:

FOR BETTER LIVING LIMITED		Participant Assessment sheet		Date:
				Trainer sign:
				Participant sign:
NAME:		MEDICAL CONDITIONS:		
CARE HOME:		BRIEF OUTLINE		
AGE:				
WEIGHT:				
FAMILY CONTACT:				
PERSONAL GOALS:				
MOBILITY		OTHER		
DAILY ACTIVITIES		OTHER INTERESTS		
RECOMMENDED PROGRAMME				
highlight in appropriate				
From:		Bed/Chair/Frame/Stick/Walk		
To:		Bed/Chair/Frame/Stick/Walk		
frequency of Sessions needed: Daily/Weekly/Fortnightly				
Recommended Activity Sheet to use -				
Personal Supplementary Activities				

Helping You be Fit For Better Living
See your scores outside!

Healthcare in association with CARE ENGLAND **FORUM 2016**

**21st-22nd March at the Grange City Hotel
in association with Care England**

The Healthcare Forum has now been successfully running for 9 years and in 2016 will see many of the UK's leading Care Sector executives meeting together to discuss business opportunities, sector news and industry trends.

Held at the 5* Grange city Hotel in London, this unique and dynamic business forum focuses fully on the operational requirements of private care/nursing homes, private Hospitals/hospices and NHS Trusts.

Fully complimentary

Care Executives, Purchasing Managers and Buyers are invited to attend on a fully complimentary basis. It will be an incredibly productive 2 days for you and your business when you can:

- Meet with key suppliers
- Meet with other operators
- Take part in key note seminars run by Care England

The forum is totally geared up for generating opportunities for your business and to keep you fully up to date with what is happening in the sector.

Package details

- 5* Accommodation at the Grange City Hotel
- Forum meals and beverages
- Place at the Gala Dinner Function
- Attendance at Care England Forums
- Your 2 day business itinerary

All you have to do is invest your time! As you can imagine with such an established and successful forum, places do fill up quickly so call me straight away to book your complimentary place.

Mark Ewen

Events Manager

Tel: **01455 559 248**

Email: markewen@dpbusinessevents.co.uk

TheKingsFund>

Delivering integrated care for older people with frailty

Tuesday 15 March 2016

Time: 8.45am-4.30pm

Venue: The King's Fund, London W1G 0AN

About this Conference

Focusing on the ways in which integrated care can be delivered for older people with frailty, this conference will examine the interactions between: acute, primary, community and social care services; older people living with complex co-morbidities; and ways in which older people with frailty can be supported to maintain their health and wellbeing.

Expert speakers, including: commissioners; clinical leads; national advisors; pharmacists; GPs and more will provide you with practical guidance on:

- providing better care for frail older people with long-term conditions or co-morbidities
- working together to provide integrated health and social care for older people with frailty
- improving acute care and discharge planning for older people with frailty
- ensuring health and wellbeing in older people with frailty.

For more information, please go to:

http://www.kingsfund.org.uk/events/delivering-integrated-care-older-people-frailty?utm_source=CareEngland&utm_medium=Link&utm_campaign=j515



Edinburgh 2016



Programme highlights

- Obstetric Analysis Sphincter Injuries
- Update on the MultiCath Study
- Anti-cholinergic Overload
- Intermittent Catheterisation - The Real Alternative
- Professional Standards - What Happens if they Drop
- Protecting the Pelvic Floor and Perineum Before and During Childbirth
- Ethical Issues in Continence Care
- Experience of Neuromodulation
- Dementia Pathway in Scotland
- Maintaining Continence in Care Homes
- Fistulae Management
- Bladder Cancer

Transitions in Continence Care

Edinburgh International
Conference Centre
23rd & 24th May 2016

REGISTER NOW at www.aca.uk.com



BOOK YOUR PLACE AT WWW.NRCSHOW.COM



A unique learning experience for care professionals

The **Nursing & Residential Care (NRC) Show** is a brand new event that will bring together care home managers and owners, nurses, healthcare assistants and support workers on 8 March 2016 at the iconic Brighton Hilton Metropole.

Register your free place: www.nrcshow.com

New website launched to help families face end-of-life decisions

A new campaign aimed at helping families cope with heartbreaking life-or-death decisions about relatives struck down by stroke and other incapacitating illness has been launched by senior health professionals and lawyers.

With only three percent of people in the UK having 'a living will' pre-specifying what kind of treatment and care they want should they lose the capacity to decide, families can be devastated and even destroyed by fierce disputes over what action to take.

<https://www.mylivingwill.org.uk/>



In response, a new not-for-profit website - My Living Will - allows for a 'personalized individualized' Living Will to be created with confidence so if illness strikes, people's wishes about how they want to be treated are clear to their doctors, carers and loved ones.

Professor Isky Gordon and Dr David Metz of University College London have launched My Living Will with the support of senior healthcare experts, lawyers and ethicists.

The website has been reviewed by a senior member of the Court of Protection who ruled that its content conforms to the Mental Capacity Act (2005).

A living will consists of both a 'Statement of Preferences and Wishes' and an 'Advance Decision' to refuse treatment, through a series of guided steps using the site's planning tool.

Relevant clinical conditions and treatments are detailed, allowing individuals to think about what they might want to do if there is a loss of capacity.

Professor Gordon, co-founder of My Living Will, said:

"We were shocked when we found out that just 3% of people in the UK have a living will, even though many express a wish to have some control over the end of their lives.

"Writing a living will involves making difficult decisions about circumstances we prefer not to think about, but many people don't know the treatment options available and the consequences of refusing such treatments.

"This is why we have created a clear and comprehensive tool to help support people plan for their end of life care. We are passionate about this issue and hope that it proves to be helpful for many people around the world."

My Living Will also provides in-depth information to help people understand the rights they have under The Mental Capacity Act 2005 framework, explaining the legal status of an Advance Statement and Advance Decision, as well as their relationship with a Lasting Power of Attorney for Health and Welfare.

My Living Will has been welcomed by organisations involved in end-of-life issues – including: AGE (UK) Camden, Dying Matters, Co-ordinate My Care, as well as individual GPs, palliative care physicians and other health professionals – as a way to encourage and guide those who wish to make a living will.

In addition to people that create a living will, the website can also be used as a training tool for health professionals, carers and volunteers.

For further information contact www.mylivingwill.org.uk or help@mylivingwill.org.uk or isky@mylivingwill.org.uk
Mobile: Isky Gordon **07854060820**

Introducing...

Introducing John Kennedy Life after Care Management



50 is hurtling towards me at a speedy rate and this new year I have taken up two challenges, both of which I've been thinking about for some time. (Well actually there are three but the less said about Dry January the better, I'm leaving that one 'til Lent). The first challenge is to complete the NHS 'Couch potato to 5k' programme (I am on week 2)! The second is to carve out a new career as a freelance consultant. (I am on week 2)! I have run care homes for many years and have learned from chatting with countless older people. It is clear to me, that most regrets in life are about what you didn't do not what you did do! So here goes.

The challenges that care workers, managers and organisations face in providing caring, kind, consistent and relationship centred care are immense. I have spent time visiting 'outstanding' care homes to try and understand their secret. It's clear that it can't be done without adequate resources, valued and supported people and a vocational vision. Three key necessities that are often ignored in our social care system.

I am hoping to be able to use my 30 years of experience working in social care. Doing everything from cleaner, cook, care assistant, registered manager and Director. To work with the many highly committed people striving to make our social care system better for all of us. One day it will be me! And you! I hope I can bring a clear strategic perspective and some appreciative enquiry to the sector from an independent but experienced position.

During my career I have developed and managed a diverse range of care models in both charity and private sector. Retirement villages, care homes, extra care and 'at home' services. I understand from personal experience the challenges in providing care today.

In my last role at the Joseph Rowntree Foundation I was also very privileged to be able to work on a number of research projects around loneliness in neighbourhoods, how cities could become a 'dementia-friendly' and a programme of work looking at "Risk and Regulation" in care homes, particularly how attitudes and the 'system' prevent the enabling of relationship centred care. Culminating in the publication of the John Kennedy Care Home Inquiry in Oct 2014. This was an unusual report and I was anxious as to how it would be received; after all a lot was personal! I've been really grateful for the positivity that has come from it and the many invitations to speak and engage.

Social care really does have to gain a much higher status than it currently enjoys. It's a fundamental part of our society and the infrastructure of our economy. We must as a society do better.

I really hope I can be part of making that change.

John is currently available for: Strategy development consultancy; 'Blue Sky' thinking; Chairing and facilitation; Public speaking

John can be contacted at: jpkennedy366@gmail.com

The need for a proactive approach to finance

The delay to the funding reforms under the Care Act combined with the introduction of the new living wage and the requirement for yet more savings from local authorities will dictate that finance is very much at the centre of care for 2016 and beyond.

The facility to add up to 2% to Council Tax bills for social care spending may not be enough to meet the cost increases of the living wage let alone cope with the budget reductions being expected from local authorities and with more than a third of local expenditure being on social care we can again expect to see tough financial conditions in the sector.

Following the loss of 3,000 homes last year, we must expect to see more closures in the year ahead and although we will eventually see the balance of power return to the provider as demand rises above supply, this may still be 4 or 5 years away. In the meantime, we can expect difficult trading conditions and looking after the finances of your business has never been more important. This begins with the need to educate the public about the complexities of our care funding system. This was introduced as a legal requirement for local authorities from April last year and care providers will need to take a more pro-active approach in making sure that residents and their families get the specialist help and advice that they need.

Funding support for families

Ensuring that families are better informed about how the system works, which benefits they could qualify for and what funding support they might be entitled to now or in the future together with considerations in terms of their legal affairs or the transfer of capital, are all vital if we are to collectively get the best out of the limited resources that are available.

We realise that it is unreasonable to expect care providers to take on this task in addition to the ever increasing demands on their time and resource and while there are more factsheets and websites about care and its funding than there have ever been, the problem is in the application of the system to each individual situation.

Offering residents and families access to an independent service that can help is an important boost to the service proposition of care providers and will ensure that residents receive the advice to help them pay your fees at a commercially viable rate.

Vintage Wealth Management are a highly successful Independent Financial Advice practice working with corporate and owner managed businesses. We have carefully nurtured an unrivalled reputation for imaginative solutions, first class customer service and a commitment to the highest standards of honesty, transparency and integrity.

We are delighted to be able to offer these qualities to the membership of Care England through advice to companies, owners, residents and families in helping to meet the challenges that 2016 is likely to present.

This review is based on literature supplied to us unless other sources are quoted. Whilst every effort has been made to ensure its accuracy, no liability can be accepted in respect of any errors.

Vintage Wealth Management Limited is authorised and regulated by the FCA under number 593380.

Introducing the Social Care Elf

Teaser

Whilst we are all struggling to keep up with new evidence, policy and guidance, it's good to know that we have an ally: the Social Care Elf.

Content

The Social Care Elf is a free service that provides regular updates on important new evidence in health and social care. Part of the National Elf Service website, which also includes Elves that focus on Mental Health and Learning Disabilities.

Digestible evidence

The Elf is based around the idea that we have to make the best use we can of the little time we have to keep up to date.

Not everyone can be an expert in finding or appraising research, so we work with a team of academics, practitioners and researchers and the focus is around issues that affect quality improvement in social care practice.

Our writers all share our commitment to producing independent, unbiased and usable summaries of important new evidence for the benefit of all.

At your fingertips

By following the Social Care Elf you receive regular notifications by social media or email and can pick up the evidence when it's convenient to you. Connect to the website to browse the archive of over 3,000 evidence blogs across health and social care.

Typical of the topics we cover are:

- Home care <http://www.nationalelfservice.net/social-care/home-care/>
- Integration <http://www.nationalelfservice.net/social-care/integration/>
- Personal budgets and Direct Payments <http://www.nationalelfservice.net/social-care/personal-budgets-and-direct-payments/>
- Residential care <http://www.nationalelfservice.net/social-care/residential-care/>
- Safeguarding <http://www.nationalelfservice.net/social-care/safeguarding/>
- Social Care workforce <http://www.nationalelfservice.net/social-care/social-care-workforce/>

Learning support

This year, the Elf has added further functionality to support professional development via a paid subscription. Whilst you are reading the evidence, the website keeps a record to make it easier for you to record your CPD activities. You can also set up email alerts and receive a monthly digest by email. Finally, you can convene or take part in online discussions or online video tutorials.

So whether you just want free evidence updates, or are looking for a serious solution to manage your team's learning, check out the Social Care Elf. <http://www.nationalelfservice.net/>





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