

Social Care - hitting the target?

"That which is in locomotion must arrive at the half-way stage before it arrives at the goal." - Aristotle.

"Zeno's arrow" is a famous logical paradox. The arrow, because to travel the whole distance it must travel half the distance first, gets ever closer but never actually hits the target. It seems this paradox has transferred itself from the abstruse world of logic to the world of care.

At the time of writing (the day of the Queen's Speech) 'social care and disability' is one of the areas highlighted for priority amongst the policy areas for the new Coalition Government, the consequence of which is that it will...yes...be looked at by a commission! The cynic will feel reassured that there is to be yet another commission on care; yet more analysis on how much it might cost (depending on assumptions in whichever model is used), how it is to be paid for, and who pays (and the balance between citizen and state). That same cynic will expect that whatever arrow leaves the 'social care' bow it will never hit its target, as each increasingly fractional step forward is held up, in transit, by another commission.

Perhaps a 'Big Society' approach, however, gives us a genuine new opportunity. All-party consensus on care had been lost, something which many commentators thought crucial for effective planning on such a knotty problem. Perhaps we can find it again in the context of the 'new politics' associated with coalition government. We might have the opportunity to ask the old questions anew: how we steer care delivery towards a place of quality AND affordability, a place of openness, a place of safety, and a place where (remembering the Wagner report) 'positive choice' is exercised. Perhaps there is a new way of responding to the old questions. Less top-down planning, by diktat and exhortation, and more nurturing (recognising what is good and helping it to grow). There is a clear role for consistent national standards but care is personal, care is local, and it is the key relationships in the locality that are crucial. These relationships involve the local commissioning bodies (local authority and PCT), the range of care providers (from the public, private, voluntary sectors), and people who want and need care and their kith and kin. The latter will, increasingly, be in the role of customers (actual or by proxy) with spending power to exercise. All this will occur in a marketplace that may encourage or discourage quality and innovation and may or may not lead to a viable quality provider network (depending on how those in leverage positions understand and drive the system).



We have some key learning from our work in Lancashire, over some six or seven years now, trying to set up a genuine partnership (dare I say 'coalition') model. The lessons are these: there needs to be good leadership (good leadership requires a committed followership and this means that leadership needs legitimacy); there needs to be capacity and willingness on all 'sides' to reach across traditional boundaries, and to be allowed to do so; and there needs to be some effective enduring structure for joint working. We have learned it is better, where possible, to depoliticise the issue (getting the best from the mixed economy of care and recognising the strengths of different parts of the sector), a process made easier through the use of independent costings models (which help formulate the narrative around linking 'ends' and 'means'). It is important to establish some meaningful dialogue at the health and social care interface (but much, much, easier to say than to do) while constant, radical, change prevents those 'leaders' at local level manage that complex, ever-changing, system.

We also know that over-regulation can be deadening to a creative culture as well as resource-hungry, and that provider concerns about 'burden' and 'double jeopardy' issues (where more than one body carries the same or overlapping roles, as CQC and local authorities are currently) cannot be ignored. There are also legitimate fears within the heavily regulated part of the sector that a burgeoning unregulated sector will create enough of an imbalance between the parts of the system so as to affect viability, quality and safety. And, last but not at all least, there is a need to make some effort to understand the operation of markets in social care. There is no evidence that government departments or local authorities have any special expertise in taking a lead in developing social care markets but relinquishing top-down control should not mean leaving change to chance.

The independent sector needs to be a full partner and this is where representative bodies (like LCA in the Lancashire context) are so important. A 'Big Society' solution (as opposed to a 'Big Government' one) can, and should, learn from the enterprise and experience of successful local partnerships like the Social Care Partnership here in Lancashire.

Paul Simic, CEO

LCA Annual Conference & Exhibition 2010

29th April, Mercure Dunkenhalgh Hotel & Spa

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The conference covered three key aspects on care: front line care, the broader 'safeguarding' and 'dignity' context for that care, and the challenges for commissioning and market management.



1 Ken Nolan, Chair of LCA, introduced the day and outlined keynote points: the association's view of the challenges ahead as a result of having to meet ever rising expectations within the context of the economic circumstances.



Session 1 ('Care in Practice') covered 'front-line' quality issues, how we set up processes that help independent sector providers and help professional care staff do a good job. That is, face ever increasing levels of disability and need with commitment, enthusiasm and skill.



Presentations by 2 Chris Manthorpe (JRF 'A Better Life Programme'), 3 Gill Bailey (HSA, 'Person-centred approaches'), and 4 Nikki Sawkins ('Gold Standards Framework') each brought a fresh perspective and energy - as well as some tips, tricks and toolkits - to 'front-line' care practice. The challenge for the sector - for government and bodies like LCA - is how we make use of these approaches to develop a positive discourse on care, a foundation on which to build something better.



Session 2 ('Safeguarding and Dignity'). 5 Dr Margaret Flynn, Independent Chair of the Safeguarding Board, gave a presentation calling on us to recognise and give proper consideration to the importance of Safeguarding and raised as problematic the 'taken-for-granted' notions of 'home' and 'care'. She also highlighted the challenges brought from too frequent professional 'incuriosity'.



In the second presentation of the session, the work LCA and LCC have done together: 'Safeguarding - Everybody's Business', a project researching care providers' perspectives which was presented by Steve Newton, a Director of LCA. One key point is that Safeguarding will be delivered better if providers are working with, rather than in conflict with, the local authority. [Note: The June 15th 'Safeguarding: Learning Together' workshop will launch a joint statement on Safeguarding in Lancashire].

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The morning session ended with Jon Price, Director of Complete Care Network, giving some advance information about a new 'edit your own website' facility. He noted that LCA's website now gets 1.5 million 'hits' a year and emphasized how important the internet is for care businesses and for the IT-savvy generation looking for help for themselves and / or their parents.

“Personalisation, Partnership and Quality The independent sector: taking the lead”

⑥ “Ken Nolan, Jeff Jerome & Steve Gross take questions from the floor”

Session 3 (Commissioning and Markets). Steve Gross, Director of Commissioning Adult Social Care Services at Lancashire County Council, outlined some of LCC's thinking on its commissioning intentions noting strong drivers from national policy towards early intervention and prevention and towards local authorities as system 'guarantors' rather than, primarily, providers or commissioners.

Jeff Jerome, National Director for Social Care Transformation, directed a challenge to the care sector, particularly the care homes part of the sector, to "rethink its offer" and echoed some of the previous presentation's account of the changing role of local authorities and the changing context they face, whereby 'personalisation' will bring users who will know the value of the public funding they receive and will have much greater knowledge about the way services are delivered.

⑦ Paul Simic wound up the day with key points around leadership and the independent sector, the structural challenges explicit in the title of the day: 'personalisation' as more than just a piece of rhetoric but a genuine new approach and 'partnership' with the independent sector as a critical success factor to managing change.

There were presentations from Natwest, Quantum Group and Carewatch through the day. Their presentations, along with the presentations from the other speakers from the day can be found on the LCA website: http://www.lancashirecare.org.uk/conference_&_charity_gala_dinner.asp

Exhibition 2010



We would like to thank all sponsors and exhibitors who attended and contributed to making this a very successful day.

Charity Gala Dinner 2010



Paul Simic LCA, Sarah Cuthell, Alzheimers Society & Barbara Pointon MBE. Barbara presents Sarah with a cheque for £1,500, the money raised by guests at the Charity Gala Dinner. Barbara Pointon, Alzheimer's Ambassador, gave a very intimate insight into caring for someone with early onset dementia. "Malcolm and Barbara: a Love Story" and, later, "...Love's Farewell"(*) charted some of their journey together. Barbara's message was that the challenge for carers, professional and family, is to be wary of imposing their understanding of the world on the sufferer but to look to a more insightful interpretation of behaviour and to understand the world from the sufferer's point of view.

(*) <http://www.itv.com/documents/pdf/MalcolmAndBarbara.pdf>

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LCA's Charity of the Year 2009-2010:



What is the Gold Standards Framework Programme in Care Homes?

“It’s about living well until you die”

The GSF care homes programme is one of the biggest of its kind ever undertaken to enhance end of life care in care homes. It is endorsed by four national care home organisations and supported by Help the Aged.

GSF in care homes has three aims:

- 1 To improve the quality of care for all residents from admission to the home.
- 2 To improve the collaboration between care homes and GP’s, primary care teams and specialists.
- 3 To reduce hospitalisation in the final stages of life enabling more to die with dignity in the home if that is their wish.

The following are comments from members of staff of an accredited home:

Matron *“GSF is imperative when nursing people at the end of life. Collaboration, Team working eg: GP’s out of hours is pulled together and means best practice is put in place for a dignified, peaceful end of life with resident’s wishes put first.”*

Staff Nurse *“GSF has made me feel more confident in my decisions when dealing with a resident’s wishes at the end of life, providing a framework which is well thought out and user friendly.”*

Aux Nurse *“GSF has given me a greater understanding of End of Life Care which enables me to look for and notice changes and report to staff nurse. I can give support and reassurance and respect the resident’s wishes.”*

There are many benefits of being accredited, including recognition by PCT’s and commissioners of the high quality end of life care provided, entry on a database of accredited homes, etc

For further information on the GSF Programme please visit www.goldstandardsframework.nhs.uk or contact Sarah who will put you in touch with an LCA member holding GSF accreditation.

Safe & Sure CRB Update June 2010 – ISA Registration

www.lancashirecare.org.uk/safe_&_sure_crb.asp



All Safe & Sure CRB members will shortly be receiving an ISA registration information pack to help ensure you are fully prepared for when the ISA registration goes live in July 2010. The information pack will include a timescale of changes, guidance notes and copies of the ‘new style’ application forms.

Remember to keep checking our website http://www.lancashirecare.org.uk/safe_&_sure_crb.asp for regular updates and information. You will also find documents and attachments to download to help you complete CRB checks.

If you have any queries about the Independent Safeguarding Authority’s Vetting & Barring Scheme or the CRB process in general then please contact Deborah Baldwin on 01772 455574 or email: deborah.baldwin@lancashirecare.org.uk

Please note that as of May 2010 there has been a small increase of £1.00 per CRB check, you can find a copy of the current price list on our website.

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