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## David Behan's Voicepiece

### Improving care and support in England

The Government has now published the Care and Support White Paper, the Draft Care and Support Bill and the Progress Report on Funding. These documents set out how social care will be transformed to become a service that focuses on wellbeing and prevention built around people's needs and goals. The Government's plans include actions to improve the quality of care by:

- training more care workers and increasing the number of apprenticeships
- giving people more control over their care by giving state-funded care users control over their budget
- improving and clarifying people's entitlements to care and making eligibility thresholds consistent across the country
- providing better national and local information on the quality of care providers and how they compare
- establishing firm legal rights for informal carers.

The plans we have set out follow the thorough engagement co-led with the care and support sector at the end of last year. We asked people who work in care and support, who use services and also carers and relevant organisations about their views on the priorities for reform.

The draft Bill provides the legal vehicle to make many of the Government's plans a reality and will fundamentally reform and modernise social care law. The significance of this Bill shouldn't be underestimated. It represents the biggest overhaul and clarification of the law in more than 60 years, replacing over a dozen pieces of legislation with a single, clear legal framework. People currently find social care confusing and difficult to navigate, and this legal reform will bring it considerably closer to being a more person-focused, less intimidating process.

The Bill is now open for consultation, and we would welcome people's views on it. We have published it online in its entirety in a way that will allow people to comment, clause by clause. This makes it one of the most open and transparent pieces of draft legislation ever published. It gives everyone with an interest the opportunity to contribute.

In the autumn, the Bill will undergo a parliamentary, pre-legislative process. It will be scrutinised to ensure it is absolutely robust and improvements made if necessary.

The Government has also published a progress report on funding reform alongside the White Paper and draft Bill. This sets out the Government's support for the principles of the Dilnot Commission's report – financial protection through capped costs and an extended means test – as the right basis for any new funding model. Final decisions on funding reform will be taken at the Spending Review. The progress report also announced a Universal Deferred Payments scheme that will ensure no one will be forced to sell their house in their lifetime to pay for care.

**For more information on the Government's reform plans, please visit:**

<http://caringforourfuture.dh.gov.uk>

**To comment on the draft Bill, please visit:**

<http://careandsupportbill.dh.gov.uk>

This is my final voice piece after six brilliant years as Director General for Social Care, Local Government and Care Partnerships at the Department of Health. It has been an honour and privilege to work with you during this time. I am convinced much has been achieved over this period and, whilst there is still more to do, real progress and improvements have been made. Thank you for the support you have shown me over the years and I wish you well for the future.

With best wishes,

**David Behan**

**Director General, Social Care, Local Government and Care Partnerships**

## **Introducing the Care and Support White Paper**

**Welcome to the Social Care Bulletin: Care and Support White Paper Special. This edition is dedicated to bringing the White Paper's key policy areas to life. What will it mean for those working in social care or using its services? What are the intended benefits? How will lives be changed? How will careers be improved?**

The White Paper is governed by two core principles; the first is that we should do all we can to prevent, postpone and minimise people's need for formal care and support.

The second principle is that people should have control of their own care and support. Personal budgets and direct payments, supported with clear, accessible, reliable information are just two paths to greater independence.

Ultimately, the White Paper is about establishing a sustainable and empowering social care system, which creates positive experiences for those in care and the colleagues who support them.

You can read the full detail of each policy area by clicking on the links below:

1. [Information and advice](#)
2. [Vibrant markets](#)
3. [Carers](#)
4. [Quality and safeguarding](#)
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To read stories, news and features, which illustrate the spirit and aspirations of the White Paper, return to the contents page and start clicking through.

## Information and advice: the challenge of complexity

**The White Paper makes clear its commitment to improving local information and advice for people who use social care services. Carers and families are to be better informed, giving them more confidence about their entitlements to care and support. But how is this to be achieved? Carl Evans, Policy and Innovation Project Officer, Social Care Policy and Legislation, DH, outlines some key expectations and the actions needed to meet them.**

“I want to be able to get hold of reliable, trustworthy information and advice on care and support that will enable me to live independently in the community. I want to do the things that are important to me and my family.”

Not such a tall order, you would think.

### Questions, questions, questions

Despite - or perhaps because of - the amount of information now available, people remain confused about what social care is, what their options might be and what support or services are available in their area.

Will I have to pay for it, how much? Is this particular residential care home or care provider any good? Is there anyone I can talk to who can advise me or help me make decisions?

Getting access to good information and advice was the one issue raised by the public in all six discussion strands in the social care engagement conducted last year. So what is the Department doing to improve things?

### Making the web work

From April 2013, for the first time, there will be a national website covering care and support, public health and the NHS. It will provide a clear and reliable source of information to help people find out about the resources that can help them to live independently.

This information and advice will help people:

- understand the benefits of prevention and early intervention measures, and how they can act on them
- be more aware of financial planning from an early stage, and how to access individually tailored advice
- judge the quality of care providers and the care and support options they offer, via clear comparative information which helps people make informed decisions
- comment on their experiences, and raise concerns if they have them.

### **Make the call**

For those who do not have access to online information, NHS 111 is a free, national telephone service already providing advice on care and support, as well as the NHS and health matters. We will improve signposting and connections to local authority phone services for callers with social care needs and we will explore further integration as NHS 111 is fully rolled-out across England in 2013

### **Local care for local people**

We will provide £32.5 million of start-up funding over two years from 2014/15 to support local authorities to develop improved online public facing information and transactional services, such as self-assessments about local care and support options.

These will be linked to service directories, which provide information on local and national care providers. This will help improve the responsible sharing of people's personal information, assessments of need and care plans, with clients, family and carers, as well as across relevant organisations and professions.

We will provide annual funding to local authorities to help them increase the level of independently provided advice and support in their area. This will focus on helping people who are eligible for support to develop their own care and support plans and choose how their needs could be met.

We will also work with the voluntary and independent sector, and local authorities, to help develop new models of advice and support, building on peer networks, user and carer-led organisations, and community-based resources

### **I told you the first time!**

These actions will also support the work to provide a more joined-up service described in the Department of Health's recently published [information strategy](#). In other words, people should not have to give the same information every time they come into contact with health and care services.

### **Power to the providers**

Commissioners of services will also benefit from these information developments. This improved knowledge and understanding will help them make sure that care and support is available and delivered in ways people want. It will also help them support local sector led improvements and give them the capacity to focus on regional priorities with their partners.

### **For more information, go to:**

[Improving information](#)

## **Vibrant markets: helping local authorities shape their local provision**

**Local authorities will be expected to promote their local market in social care effectively, to make sure a range of quality providers can meet the needs of individuals and carers. The White Paper spells out a Government commitment to provide support to help LAs develop or enhance their market development capacity, as Kendall Gilmore, Policy Officer, Social Care Markets, DH, explains.**

In social care, we already have a well-developed market, and diverse providers offering a range of services. However, we are aware there are still barriers to the development of that market. A specific strand in the engagement on the social care market looked at this point and is why we are taking clear steps to address the issue in the White Paper and draft Bill.

A problem we consistently hear about is the variability in local authority commissioning capability. To help LAs become more adept, we are making support available for each LA to develop or improve their market shaping strategy, including production of a market position statement.

### **Signal of intent**

We will carry out this programme of activity in conjunction with the Association of Directors of Adult Social Services (ADASS). These statements provide a powerful signal to the market by summarising important intelligence and explaining how the local authority intends to commission services in the future, and encourages development of high quality provision to meet the needs of the local population.

### **Guarding against uncertainty**

In social care, as in any market, providers can enter and exit the market. This has been happening for many years, and has to date been managed effectively at the local level. However, recent events have highlighted the risks should a large provider fail, and the uncertainty that residents and their families may face at such times. The draft Bill clarifies the existing duties of local authorities to ensure continuity of care for people receiving state support, and includes a new ability for anyone with eligible needs to request the assistance of the local authority, whether they pay for their own care or not.

Furthermore, to reassure people about the availability of care and support should a care provider fail, later this year the Government will be consulting as to what extent there should be further oversight of the social care market. Continuity of care – not of provider - will be one of the core principles underpinning the consultation.

## **Vibrant markets: improving market relations**

**Think Local, Act Personal Partnership (TLAP) is pleased to launch a new protocol to guide market relations, developed by the National Market Development Forum (NMDF). ‘Stronger partnerships for better outcomes’ offers a set of principles and good behaviours that, if applied, will enhance effective ways of working between people, family carers, service providers and local authority commissioners.**

The protocol is supported by a set of workshop materials, ‘Commissioning the Future’, which have been designed to help those involved in strategic commissioning rehearse and explore new ways in developing the care market. These five scenario-based exercises will start new conversations between people who use services, carers, providers and commissioners on issues including:

- re-shaping accommodation for people with learning disabilities.
- how people with personal budgets and those who fund their own care can create opportunities for business change in the care market.
- driving integration through outcome-based homecare.
- people who use services taking a lead in commissioning for end of life care and brokerage services.

**For more information, go to:**

TLAP news release: <http://www.thinklocalactpersonal.org.uk/News/PersonalisationNewsItem/?cid=9325>

NMDF Chair Bill Mumford's blog announcing the materials:

<http://www.thinklocalactpersonal.org.uk/Blog/Stronger-partnerships-for-better-outcomes/>

Stronger partnerships for better outcomes:

<http://www.thinklocalactpersonal.org.uk/Blog/Stronger-partnerships-for-better-outcomes/>

## **Carers: giving them the support they deserve**

**The Care and Support White Paper proposes unifying carers legislation, to put them on an equal footing with care users in law for the first time. Carers will have a legal right to an assessment and an entitlement to support to help them with their caring role. It's a reflection of the growing recognition within Government, business and local communities that carers need help and support too.**

## **Sainsbury's sees double**

**Sainsbury's supermarket discovered some interesting shopping statistics during a recent analysis of in-store purchasing patterns.**

They found that their larger supermarkets served around 500 - 600 'double shoppers' a week. These are customers who purchase groceries separately for others while doing their own shopping. Many of these customers, it transpires, are carers.

A further number of carers have been identified through the store's pharmacies, when picking up prescriptions on behalf of others.

Last year, the Torbay Care Trust, the NHS organisation responsible for providing and commissioning health and adult social care services in Torbay and Southern Devon, worked with Sainsbury's in a joint initiative to help customers with caring responsibilities to identify themselves as carers.

### **Share that you care**

Store staff were encouraged to ask double shoppers if they had caring responsibilities and, if so, to point them in the direction of display stands in the supermarket foyers, staffed by local carers and the Torbay Care Trust carers team.

The publicity focused on the distribution of carers emergency cards (provided free through Torbay Carers Register) which make sure that arrangements are in place to support the cared for person should the carer have an emergency and be unable to return home. This service gives carers peace of mind and they value it highly.

### **Care in the capital**

The success of the Devon pilot has encouraged the London LA Carers Leads Network and the Carers Trust to take forward further pilots with Sainsbury's. A new initiative was launched by Social Care Minister, Paul Burstow, at the North Cheam Sainsbury's on 15 June this year.

## **Carers: Improving families' fortunes**

**Business leaders and Government have pledged to take joint action to support families juggling work commitments with caring for ill, frail and disabled relatives. During June's Carers Week, employers and the Government committed to a new working group to deliver a 'triple win' for families, employers and the economy.**

Care Services Minister, Paul Burstow and BT were joint hosts of the summit, the first of its kind to focus on care and employment. In attendance were business leaders, care providers, care technology developers, local government representatives, and European labour market experts.

Alongside evidence from Carers UK on the impact on families' finances and career prospects of giving up work to care, the summit considered employers' findings, including those of BT, Sainsbury's and PricewaterhouseCoopers. All reported increasing numbers of employees struggling to juggle work with caring for older and disabled relatives.

### **Care vs career**

In addition to workplace stress, the business community is facing increasing costs in retraining and recruitment, as an estimated one million people feel forced to quit their jobs, often at the peak of their careers and experience. This is often because they are unable to find the support they need to combine work with caring responsibilities.

Business forum, Employers for Carers, chaired by BT and with a membership of over 50 major employers, continues to promote good workplace practice to support staff with caring responsibilities – pointing to the real business benefits in reduced stress and sickness absence and improved staff retention.

### **Better ways of working**

To explore how employers, statutory services and providers can work better together, Care Services Minister Paul Burstow announced the creation of a new joint working group between Government and employers. The group will look at how reform and innovation in the social care system and stimulation of the market in care services could help provide staff with the support they need to stay in work alongside caring responsibilities.

**For more information, go to:**

[Supporting carers](#)

## **Quality and safeguarding: bringing clarity to quality in care and support**

**Improving the quality of care remains of paramount concern as our population continues to grow and age. An increasingly diverse range of health and social care issues requires clarity and collaboration to work hand in hand.**

The Department's 'Caring for our future' engagement identified a lack of clarity about what quality is, in the context of social care and the roles and responsibilities of the organisations involved.

[Bringing clarity to quality in care and support](#) aims to:

- help people understand what to expect when they use care and support services
- help everyone working in care and support to be clearer about what quality is
- be clearer about the roles and responsibilities of the different types of organisations working in care and support.

The Department has asked the Think Local Act Personal partnership (TLAP) to develop this work. A final version of the framework will be published before the end of 2012.

Des Kelly OBE, Executive Director of the National Care Forum, is supportive of current initiatives:

“The National Care Forum welcomes the publication of ‘Bringing clarity to quality in care and support’. [Good] relationships are clearly vital to effective quality care. The TLAP partnership is a demonstration of the added value that results from genuine [collaborative] working. As a member of the TLAP partnership, the National Care Forum will play its part in supporting providers to continuously improve the quality of care and support services they offer.”

Andrea Sutcliffe, Chief Executive, Social Care Institute for Excellence (SCIE), is similarly upbeat:

"It is so important that we all understand what high quality social care looks like and what we can expect from everyone involved. We welcome the focus on improving quality set out in ‘Bringing clarity to quality in care and support.’ As a member of the Think Local Act Personal (TLAP) partnership, SCIE is keen to contribute to the development of the framework to make sure it is firmly based on the knowledge of what works, for the benefit of those who use care services."

## **Quality and safeguarding: best foot forward for Safeguarding Adult Boards**

**Detecting, preventing and responding effectively to cases of abuse and neglect is a fundamental tenet of the White Paper and already a guiding principle for all responsible colleagues working in social care. But more needs to be done to protect the vulnerable.**

In 2011, Government announced its intention to place Safeguarding Adults Boards on a statutory footing in its [statement of government policy on adult safeguarding](#). That statement also set out the key principles that local authorities and their partners should use to establish and evaluate their adult safeguarding policies and practice locally.

The White Paper and draft Bill reaffirms the intention to legislate in the critical area of adult safeguarding. It is expected that existing Boards and multi-agency partnerships will make sure they are using current resources to deliver clear and effective local safeguarding arrangements.

Meanwhile, local authorities should be working in partnership with police, NHS organisations, housing bodies and others to improve the safety of those in vulnerable situations. In anticipation of the legislation, local authorities and partners should take action to make sure everyone involved in local adult safeguarding is clear about their role and accountability.

## **Quality and safeguarding: ‘People power’ improves dignity in care in Kensington and Chelsea**

**The Kensington and Chelsea dignity champions project, which is run through the Local Involvement Network (K&C LINK), offers members of the local community a proactive approach to improving local health and social care services. Anna Hook, from charity Hestia Housing and Support, explains how peer-led assessments put dignity at the heart of social care.**

For the past two years, the LINK dignity champions have been carrying out peer-led assessments of social care services, ranging from older people’s care homes and day centres, to home care and mental health services.

The project began in 2008 when members of the LINK decided to sign up to the Department of Health's 10-point Dignity Challenge. At the time nutrition and dignity in care for older people in health and social care services was identified as a priority in the borough. The project has since expanded beyond older people's care to include a range of health and social care services.

Gaenor Holland-Williams has been working as a dignity champion since the project began. "We are used to hearing different horror stories about care in the news," she explains. "The only way to do anything about it is people power."

### **Giving dignity a voice**

Gaenor believes users of social care services often need someone to speak up for them. "Older people in care homes can be going through so many different emotions. It can affect a person's whole character," she continues.

The dignity champions are well-placed to represent the views of social care service users. The assessments are peer-led, so they are often a similar age, or have had similar experiences to the service users they talk to. This helps service users to feel comfortable in speaking openly about their experiences of care. "People do loosen up," says Gaenor. "Going in with the right attitude is a trigger for them to open up." People who use services are also reassured that the information they provide will be used anonymously.

### **New perspectives**

Gaenor believes health and social care services need someone to come in and look at what they are doing with "an objective but friendly eye". Indeed, social care staff are often keen to gain the insights of the dignity champions' assessments because it offers a fresh perspective on the way they are working.

So far a total of 12 assessments have been carried out. During each assessment, the team of dignity champions use specially designed questionnaires to guide their interviews with service users and help them record the details of what they observe during visits. In a residential care home, for example, this includes factors such as the décor and cleanliness of the facilities, how staff communicate with residents, and the serving and appearance of food at mealtimes.

### **Freedom of information**

Following each assessment the champions' feedback is compiled and a report is produced by the LINK, including a series of recommendations for the provider. The report is then circulated to key organisations involved in care and support' including the Care Quality Commission (CQC) and the local authority, and made available to members of the public via the LINK's website. Each provider is then encouraged to draw up an action plan. Follow-up spot checks have recently been introduced to make sure improvements have been made.

The Council has recently recognised the value of the project by awarding the dignity champions a Dignity in Care Award. While the assessments are performed independently by the LINK, the project has received Council funding since it began and the Council is very supportive of the work they do.

Talking about her ideas for the project's future, Gaenor says she hopes everything the dignity champions are doing now will be sustained. She believes the project could also be expanded to include areas such as learning disabilities services, children's services and day centres for people with physical disabilities. "This model could be used everywhere," she concludes.

## Quality and safeguarding: Healthwatch training

**People who use services, carers and relatives can bring valuable insight into the way they experience care and how that experience could be improved. This feedback can really help care providers understand how they can deliver the very best care, explains Karen Dooley, Adult Social Care Quality Policy Manager, DH.**

Some local authorities and Local Involvement Networks (LINKs) have already invested in training local people as lay and peer assessors and have found people using care services and their carers often feel more comfortable opening up to a peer or someone from their own community.

As local Healthwatch takes over responsibilities from LINKs in April 2013, we expect many of those volunteers will continue their good work. We also hope the increased profile of local Healthwatch will encourage more people to become involved.

**Find out more about Healthwatch [here](#).**

Training will be provided to local Healthwatch to help them fulfil their role with respect to social care and to put in place the necessary safeguards to make sure rights of social care users are preserved before 'enter and view' powers are used. Training is likely to build on the success of existing lay monitoring schemes in health, social care and other settings.

### **Tact and diplomacy**

Where 'enter and view powers' are being used by local Healthwatch in response to concerns made about a provider, it is quite possible that a provider will not initially appreciate such interventions. The proposed training should help address this issue and make sure lay assessors use their powers in a reasonable, helpful and constructive manner. There are potential benefits to providers of encouraging more lay assessments in care settings. In some existing schemes, providers have asked for local people, trained as lay or peer assessors, to come in and review their services, as they recognise the unique insight and value they can bring to service improvement.

Encouraging more local lay and peer assessments of care services should enhance the inspection process. It will not be a replacement for regulation. Care Quality Commission (CQC) inspectors will quite rightly continue to formally inspect care providers against essential standards and publish their findings.

### **The partnership approach**

The Department will also support work led by voluntary organisations and the care home sector to develop approaches to help local Healthwatch make best use of lay people and programmes connecting care homes with their communities. This will help local Healthwatch fulfill its functions, helping to spot and resolve users' concerns in care homes as they arise. Later this year, we will start testing this approach in specific locations, working with areas preparing and planning for local Healthwatch, the voluntary sector and provider organisations, to learn lessons that could be adopted in a wider roll out.

**For more information, go to:**

[Quality of care and support](#)

# Prevention and early intervention: the technology of independence

Helping people stay well, independent and active for as long as possible is another stated aim of the White Paper. Services such as telehealth and telecare are leading the way. From the remote monitoring of a person's condition, to the provision of domestic mobility devices, more people are staying in their homes for longer, allowing time to plan properly for their future care. The White Paper, it is hoped, will help generate more stories like the one below...

Sixty-year-old Joe Barr lives in St Keyne, Cornwall with his wife and two dogs. He has a number of long-term conditions, including COPD, diabetes, kidney disease and obesity. Telehealth was fitted into Joe's home in August 2009 to monitor his COPD.

## What was your quality of life like before telehealth?

I have four main long term illnesses which I need to be careful about and be responsible for. I used to see the GP a lot as a result.

## How has telehealth benefited you?

Telehealth monitors my body. If there is anything wrong I know I am going to get a phone call from someone to discuss it with me, and advise me what to do. To give you an example, one day I took my readings as usual in the morning and had been experiencing some pain in my chest going down the left hand side of my arm. I thought it could be my heart. I didn't want to worry my wife so took myself down to the doctors where they ran an ECG and confirmed there was a problem with my heart.

I got back home to be greeted by my wife at the door who said: "What's wrong – have you been having a problem with your heart?" She explained the telehealth nurse had rung in shortly after I left for the doctors, asking that I should contact her urgently. They knew something was happening as a result of what the readings were telling them!

Since using telehealth I have been to see my GP a lot less. I understand more about my readings and how they relate to my condition.

## Is there anything you particularly like about telehealth?

It's about caring for myself and taking responsibility for my illnesses. It helps me manage my conditions.

*Case study reproduced with the kind permission of Peninsula Community Health*

## What is telehealth?

Telehealth employs monitoring equipment to record and measure patient's physiological status and health conditions. In tandem with individually created chronic disease management regimes, it can significantly enhance an individual's quality of life. Electronic sensors or equipment monitor vital health signs remotely from home or while on the move.

## What is telecare?

Telecare helps people, especially older and more vulnerable individuals, to live independently and safely in their own home. It includes services that incorporate personal and environmental sensors in the home, and remotely, that enable people to remain safe and independent in their own home for longer.

## The 3 million lives campaign

On 5 December 2011 the Department of Health published the headline findings from the Whole Systems Demonstrator (WSD) programme, the world's largest randomised control trial of telehealth and telecare services. The potential for telehealth and telecare is enormous and Paul Burstow MP, Care Services Ministers, has made clear the Government's commitment to work with industry to improve the lives of three million people over the next five years, by increasing access to telehealth and telecare technologies as an integral part of health and care services.

## For more information, go to:

[Staying independent](#) and [3millionlives](#)

## **Workforce: award-winning empathy**

**The White Paper rightly places emphasis on celebrating the social care workforce and supporting the efforts of those who provide care. The Great British Care Awards already celebrate and encourage the pursuit of great care in this profession.**

**On Saturday 12 May and 23 June 2012 the Grosvenor House Hotel, London provided a spectacular backdrop for the national finals of the Great British Care Home Awards and the Great British Home Care Awards.**

The Great British Care Home and Home Care Awards hosted the national finals from the nine regional Great British Care Awards held in autumn 2011. Winners from each region were invited to compete once again to become national champions.

Sector support included the Department of Health, the Association of Directors of Adult Social Services (ADASS), the Social Care Institute for Excellence (SCIE), the National Skills Academy for Social Care, Ceretas, local authorities and commercial organisations.

### **Fifteen of the best**

Fifteen categories represented all areas of the care sector, from older people or specialist services to care workers and care managers, from people who have made an impact in training, to specialist care in areas such as dementia and innovation.

The awards support the Care Professionals Benevolent Fund. This registered charity for the care sector supports current, former and retired care professionals, by providing assistance to relieve financial hardship or sickness. The Fund also provides advice and guidance on the availability of state support and links with debt counsellors.

### **Inspirational carers**

Glen Mason, Director for People, Communities and Local Government, who presented an award on behalf of the Department of Health at both ceremonies said: "It's fantastic to see the very best in our sector rewarded at these two prestigious ceremonies. The winners were blown away by the events and the recognition they received. I met some truly inspiring people, including some wonderful young people that have set out on a career in care."

The Great British Care Awards is the culmination of a series of regional and national awards throughout the UK.

Dates and locations for 2012 regional awards are:

- **North West – Blackpool Tower – 12 October 2012**
- **East Midlands – The Belfry, Nottingham – 19 October 2012**
- **West Midlands – The National Motorcycle Museum, Birmingham – 26 October 2012**
- **East of England – Imperial War Museum, Duxford – 2 November 2012**
- **London – The Grand Connaught Rooms – 3 November 2012**
- **Yorkshire & Humberside – The National Railway Museum – 9 November 2012**
- **South West – The Passenger Shed, Bristol – 16 November 2012**
- **North East – Hilton Hotel, Newcastle – 24 November 2012**
- **South East – The Brighton Dome – 30 November 2012**

## **Workforce: capable, effective and responsive**

**The White Paper makes clear the Government's commitment to sustaining and enhancing the social care workforce, making sure it is able to take on the challenges of modern society.**

An expansion of the existing apprenticeship scheme is just one flagship proposal towards this goal and will see the Government work with business, Skills for Care and the National Apprenticeship Service to double the number of social care apprentices to 100,000 over the next five years.

To discover how apprenticeships are already making a difference to social care employees and the people they help, take a look at these case studies...

### **Never too old to upgrade**

Lorna, 60, began working at Hendra House as a part-time care assistant after a period of unemployment. Hendra House is a residential home in Ludlow, South Shropshire, with 28 residents.

Shortly afterwards, her employer offered her the opportunity to join an apprenticeship programme. Although she had worked in the care sector on and off since the age of 20, she had never undertaken any formal training.

Lorna was keen to update her skills and knowledge and give the residents the highest quality of care possible. During the apprenticeship she received full support from her manager and colleagues, including former and current apprentices, and the training provider.

Although initially anxious about coping with the English and maths requirements, with the support of her colleagues she managed without difficulty.

As a result of her new skills and knowledge, Lorna feels she has been given a new lease of life and recognises that she is able to provide the residents with an even better quality of life. Her confidence in her communication and listening skills with both residents and colleagues has improved. She believes her apprenticeship provides the opportunity for her to be recognised for the levels of competence achieved.

### **A view from the client side**

"The apprenticeship scheme is just perfect for training staff. They have picked up a lot of useful skills." That's the verdict of Rory Moss, a direct payment recipient, who uses his personal budget to employ personal assistants.

Rory has created his own bespoke apprenticeship programme for the personal assistants who look after him, with the support from the pioneering Cheshire Centre for Independent Living. He worked closely with the training provider to make sure the apprenticeships' assessment element fitted with his care schedule.

Donna Candland, one of Rory's team supporting him to live in the community, actively embraced her apprenticeship as a learning and development opportunity, gaining a level 3 qualification (advanced apprenticeship).

"Being an apprentice has taught me how to do things correctly, rather than the way we think they should be done. We follow guidelines now," Donna says.

Rory adds: "The benefits for the apprentices transfer to me at home and I find things now happen naturally. My personal assistants get on with their jobs much more professionally."

**For more information, go:**

[Workforce](#)

**For further information about apprenticeships and other training opportunities, go to:**  
<http://www.apprenticeships.org.uk/Types-of-Apprenticeships/Health-Public-Services-and-Care/Health-and-Social-Care.aspx>  
[http://www.skillsforcare.org.uk/qualifications\\_and\\_training/apprenticeships](http://www.skillsforcare.org.uk/qualifications_and_training/apprenticeships)

## **Eligibility, assessment, portability**

**Simplification of processes is at the heart of the White Paper's intent to make the provision, assessment and continuity of care as straightforward as possible, wherever people live in England.**

### **Assessment**

The Government intends to make the assessment process simpler and easier for people to understand. The new legal framework, set out in the draft Care and Support Bill, replaces a number of different laws to create a single duty for local authorities on assessment. This emphasises the need to involve users and carers in the assessment process.

### **Eligibility**

From April 2015 we will introduce a national minimum eligibility threshold for care and support in England. The 'eligibility threshold' is the minimum level of need that someone must have to be entitled to care and support from their local authority. At the moment different local authorities have different thresholds. But in the new system the minimum eligibility threshold will be the same across England. People who use care and support will be able to move between local authority areas without facing a gap in the care and support they receive. Carers who move with the person they care for will also receive continuity of support.

### **Moving to a new area**

The draft Care and Support Bill introduces a new duty for local authorities to make sure that people do not experience a gap in their care provision when they move to a different area in England.

**For more information, go to:**

[Assessment](#)

## **Integration: coordinated, continuous and person-centred care**

**Care in the 21<sup>st</sup> century can involve individuals and organisations needing to work with multiple service providers and systems. The challenge is finding ways to move to a fairer and more effective system of 'joined-up care' that helps reduce inequalities for individuals, families, carers and local communities. Damon Palmer, Policy Lead for Health and Social Care Integration, DH, explains how extensive research helped inform this critical policy area.**

Through our successful national engagement 'Caring for our future', in partnership with the NHS Future Forum integration workstream, we heard from many patients and services users about their concerns and priorities for integration. They told us that:

"The lack of joined-up care is the biggest frustration for patients, service users and carers" (National Voices)

"Patients and service users want services that are organised around, and responsive to, our human needs. We are sick of falling through gaps. We are tired of organisational barriers and boundaries that delay or prevent our access to care. We do not accept being discharged from a service into a void. We want services to be seamless and care to be continuous." (National Voices)

### **The integration imperative**

“Integration of social care and health care is a must. Staff working together around local needs of patients ensuring the GP is the clinical coordinator of care. Local teams need to be responsible for the local population they are servicing, whether a patient is at home, in the hospital, in a care home etc. Places of care are irrelevant and organisational boundaries need to be reduced and replaced with pathways of care.” (individual, name withheld)

For the first time, the White Paper sets out in one place this Government’s commitment to actively supporting better joint working and integrated care to improve outcomes, user experience and value for money. It commits us to ‘taking integration further’. For example, later this year, the Government will publish a five year framework, co-produced with partners across the new health and care system, that will support the removal of barriers to making evidence-based integrated care and support normal practice.

The Department of Health has now created a joint integration unit to progress this work. It is considering how it can work with these key partners to build on the recent reports by the Future Forum, The King’s Fund and Nuffield Trust, and Health Select Committee to achieve ‘pace and scale’.

### **Aiming for the hat trick**

It is widely recognised there are three rewards on offer, which closer integrated working and care can bring for commissioners and providers, individual users of health and social care and Government overall:

- better health outcomes and experiences for people, especially older people and those with long-term conditions
- better care for patients, users, carers and families
- better value for money, efficient use of resources and increased productivity, leading to delivery of QIPP and local government finance pressures.

All of these are central to our ambition to improve the health and care for service users and the public purse.

**For more information, go to:**

[Integrated care](#)

## **Housing: care in comfort**

**The environment in which someone is cared for is just as important as the quality of care they receive. The White Paper seeks to promote high quality housing equipped to individual needs and the development of housing stock suitable for older and disabled people, as Sam Schwab, DH Policy Manager for Housing explains:**

The White Paper outlines a vision for increasing specialised housing options for older and disabled people, including the announcement of a £200m capital grant to stimulate the market. The White Paper also puts the onus on local authorities to do the proper research on the ground.

### **Build to order**

As part of their assessment of local demographics, local authorities must consider housing needs and resources, and plan for an appropriate range of accommodation. The Government expects that new specialised housing developments, built either by private developers or by housing associations, will be produced through joint working with local authorities. This partnership will enable a better response to the needs and demands of the local demographic.

## **Sandford Station**

An example of an existing specialised housing development achieving this is the Sandford Station Retirement Village, run by St Monica's Trust. Developed in partnership with North Somerset Council, Sandford Station offers over 200 units including properties available through a variety of tenures, such as lease-purchased, shared ownership and social rental arrangements.

## **Care for the local community**

At Sandford Station, a range of care and support services respond to local needs. Round the clock care is available on-site, from low-level domiciliary care (in extra care apartments) to complex dementia nursing.

Local authority and PCT teams commission services in the 103-bed care home, comprising 30 general nursing beds and 73 beds in an award-winning specialist nursing dementia facility.

Furthermore, the physical design of the development, multi-disciplinary team and philosophy of care, encourage individuals to explore and stay active, maintaining capabilities for as long as possible, and enabling families to stay involved as care needs change.

## **Housing: news in brief**

### **Extra care housing scheme wins award**

Willowfields, a Department of Health funded extra care scheme for older people in Coseley, Dudley, has won a prestigious award for the best Housing-with-Care scheme at this year's National Housing for Older People Awards. The 72 units of accommodation, managed by Midland Heart Housing Association, offer tailored support, combined with extensive communal facilities, to enable residents to stay active and independent in later life. For details and a list of all schemes funded by the DH, visit the Extra Care online directory at: [www.housinglin.org.uk/Topics/ECHScheme/](http://www.housinglin.org.uk/Topics/ECHScheme/)

**For more information, go to:**

[Housing](#)

## **Law reform: clarity in care**

**The current law on adult social care is fragmented, out of date and unclear. It causes uncertainty for people working in social care, and confusion for those who use services. Simon Medcalf, Bill Manager, Social Care Policy, spells it out.**

With the publication of the White Paper, the Government set out its proposals for modernising this legal framework in the draft Care and Support Bill. This is a critical step in achieving the reform agenda set out in the White Paper, Caring for our Future.

### **Making it simple**

The new legal framework will bring unprecedented clarity to the role of the local authority, removing over 60 years of complicated and confusing law. It will remove unnecessary legal barriers, free up time spent navigating the old statute, and provide new flexibility by focusing on the needs of local people, rather than just what services should be provided.

### **Principles, plans and personal budgets**

The draft Bill includes the following key provisions:

- new statutory principles which embed the promotion of individual wellbeing as the driving force underpinning the provision of care and support
- obligation on local authorities to provide information and advice, prevention services and to shape the market for care and support services. These will be supported by duties to promote cooperation and integration to improve the way organisations work together
- clear legal entitlements to care and support, including giving carers a right to public support that puts them on the same legal footing as the people for whom they care
- set out in law that everybody, including carers, should have a personal budget as part of their care and support plan, and give people the right to ask for this as a direct payment
- new duties to make sure that nobody's care and support should be interrupted if they move from one local authority area to another
- a new statutory framework for adult safeguarding, setting out the responsibilities of local authorities and their partners, and creating safeguarding adults boards in every area.

The draft Bill will be subject to a consultation and pre-legislative scrutiny over the coming months to allow those with experience and expertise in care and support to comment on the proposals.

### **Is the law right?**

We welcome all contributions to this important debate and have published. We have published the draft Bill online in its entirety and in a way that will allow people to comment, clause by clause. Get involved at <http://careandsupportbill.dh.gov.uk/home/>

**For more information, go to:**

[Law reform](#)

## **Personalisation: making care personal**

**The White Paper makes clear the desire that those receiving care or in need of support should have a greater say and degree of control in how they are looked after or encouraged to be independent.**

**Personal budgets, telecare and local schemes to help disabled volunteers improve their employment prospects are just two examples of the kind of approach the White Paper is talking about. The case studies below, kindly supplied by Surrey County Council are evidence this approach is already working.**

### **Case Study 1 – Young person with disabilities**

Mathew is 21 years old and has a mild to moderate disability, Polymicrogyria, a condition characterised by abnormal development of the brain before birth. Mathew also has epilepsy, Attention Deficit Hyperactivity Disorder (ADHD), language difficulties, visual perceptions and more.

Mathew's mother is his main carer and she found it very difficult to work and care for him on her own. She almost lost her job because the demands of caring became too much with the amount of care Mathew needed.

They decided to take up supported living options. He received direct payments, which gave him an element of control.

Mathew and his mother found out about telecare and had sensors installed under Mathew's bed to notify his family if he had a seizure. His mother was able to continue to provide ten hours care for him with another ten hours provided by a personal assistant.

Mathew never thought he would ever be able to move on with his life to be more independent. However, since being assessed, Mathew has been living away from his mother, sharing a place with two other friends. He is enjoying his independence.

### **Case Study 2 – Tom and telecare**

47-year-old Tom suffers from epilepsy, diabetes, arthritis and premature dementia. As a result, he has suffered frequent seizures and falls, some requiring hospitalisation.

Staying in his own home was very important to Tom, so he was fitted with a telecare alarm system which had a fall detector and bed sensor. If he was away from the bed for 20 minutes or longer during the night, an alarm would be raised.

Telecare also provided overnight monitoring and a keysafe to allow quick access for the emergency services at night, when many of Tom's falls were happening.

Since discovering Telecare, 80 percent of Tom's seizures are now picked up by the equipment, meaning less time in A&E. Tom remains at home to this day, three and a half years after the installation of the system.

### **Case Study 3 – Volunteering at the Woking Hub**

S is a young woman with a learning disability, who is also on the autistic spectrum. Despite finding employment, she was unable to sustain it on her own. A referral was made to the Right to Control Disability Employment Advisor, who identified her suitability for the Work Choice programme, and also made a referral to adult social care.

S, who is one of a number of volunteers in the Citizens' Hub at Woking said: "I started volunteering for The Hub because I had been helped by the organisation in the past and knew personally what a difference it could make to people's lives. I had never worked in an office before, and having previously been housebound since my early teens, it has really opened up my world. I love the sense of shared purpose gained from working together with other staff and volunteers and it's great to feel that my experience of living with disability can be harnessed to help others in similar situations."

**For more information, go to:**

[Personalisation](#)

## **Funding reform: Government publishes progress report on social care funding reform**

The Government has published a progress report on social care funding reform – 'Caring for our future: progress report on funding reform'.

The report sets out that the Government agrees the principles of the Dilnot Commission's model – financial protection through capped costs and an extended means test – would be the right basis for any new funding model.

It is the Government's intention to base a new funding model on the principles if a way to pay for it can be found. However, whilst it is the right thing to do, given the size of the structural deficit and the economic situation the country faces, the government is unable to commit to introducing a new system at this stage. Funding reform needs to be considered alongside other priorities and the right place to do this is at the next Spending Review. Decisions will be taken then.

The government is also taking definitive steps to take forward a number of important recommendations made by the Commission. The progress report commits to introducing a Universal Deferred Payments scheme to ensure no-one will be forced to sell their home to pay for care in their lifetime.

The Government will continue to work with stakeholders to consider in more detail variants under the principles of the Dilnot Commission's model, before coming to a final view in the next Spending Review.

**For more information, download:**

[Caring for our future progress report on funding reform \(PDF, 1549K\)](#)

## News in brief

### **Interim Winterbourne report sets out actions to improve care and support of vulnerable people with learning disabilities**

The Department of Health has published an interim report as part of a review set up by Care Services Minister Paul Burstow, following the abuse of patients at Winterbourne View, and a wider investigation into how the health and care system supports vulnerable people with learning disabilities and autism.

The interim report sets out 14 national actions to improve the care and support, based on the findings of the Care Quality Commission (CQC) at units similar to Winterbourne View. It also draws on the experiences and views of people with a learning disability, autism, and challenging behaviour, as well as their families, doctors, social workers and care professionals.

The actions include promoting open access for families, visitors and professionals and encouraging people to be involved in the reviewing the care they receive. The CQC will carry out unannounced inspections and look at how their registration requirements could be changed to improve services. A national public commitment to deliver the right care for people with learning disabilities, or autism and challenging behaviour, will be made in the autumn by key partner organisations, including the Association of Directors of Adult Social Services and the NHS Commissioning Board.

A final report will be published once criminal proceedings have concluded.

- [Read the report and find out more on the DH website](#)

### **Personal health budget pilots**

The fifth interim independent evaluation report about the personal health budget pilot programme has been published.

The report is based on interviews with 52 budget holders and 13 carers in the pilot. It indicates there is widespread potential for personal health budgets to lead to improvements in health and wellbeing. It shows the majority of people with a personal health budget benefited through improved health outcomes and increased satisfactions levels. Other benefits include increased self-confidence, reduced use of GP services and a better relationship with health professionals.

Carers also reported benefits where personal health budgets reduced the amount of care they had to give and indirect benefits from seeing improvements in the wellbeing of the person they supported.

- [Read the report here](#)

### **Alzheimer's Society training programme can reduce antipsychotic prescriptions in care homes**

Focused Intervention Training and Support (FITS), a new training programme designed by the Alzheimer's Society, can reduce the use of antipsychotic drugs for people with dementia in care homes by 50 percent.

The programme is supported by funding from the Department of Health and the HC-One care home group. Following a successful trial, it is being rolled out to 150 care homes across the UK.

Care Services Minister, Paul Burstow, said projects such as FITS are vital for achieving the coalition's plans to make the UK a world leader in dementia care.

- [Find out more about the FITS programme on the Alzheimer's Society website](#)

## **Homeless Link and St Mungo's publish report on hospitals and the homeless**

A report on how hospitals treat homeless people has been produced by the charities [Homeless Link](#) and [St.Mungo's](#).

The report is part of a commitment made by the Ministerial Working Group on Homelessness to identify what more can be done to prevent people at risk of rough sleeping being discharged from hospital without accommodation. Results in the report indicate more than 70 percent of homeless people are discharged from hospital back onto the streets.

- [Read the report on the Homeless Link website](#)

## **New dementia support**

There is new support for anyone affected by the early signs of dementia. The Social Care Institute for Excellence (SCIE) has launched a new section to the [Dementia Gateway](#)

The resource covers early signs of dementia, dementia risk factors and diagnosis.

## **Campaign to improve patient hydration**

A 'Hydration Matters' poster campaign is encouraging health and care staff to better monitor and manage patients' fluid intake.

Dehydration is one of the main causes of acute kidney injury (AKI) and can result in falls, pressure ulcers and an increased risk of infection or deep vein thrombosis.

Acute kidney injury affects around 750,000 people in England each year but is preventable. The mortality rate in patients with severe AKI is up to 50 percent and survivors can have permanent kidney damage. Management of AKI also costs the NHS about £500 million per year – more than lung cancer and skin cancer combined.

- For more information and campaign materials, please visit: [www.kidneycare.nhs.uk/hydration](http://www.kidneycare.nhs.uk/hydration)

## **Healthwatch England Regulations**

Following the public consultation on membership regulations for Healthwatch England, the Department of Health has published its official response. The consultation ran from 26 January to 2 March 2012 and views were sought on the number of members, suitability of membership and the process and period of time for appointment. The response document provides a summary of consultation responses, and sets out the policy DH has adopted.

<http://healthandcare.dh.gov.uk/healthwatch-england-consultation-regulations/>

## **Health and wellbeing board tools**

A new set of tools have been launched to support shadow health and wellbeing boards as they move towards statutory form in April 2013.

Learning sets, comprising health and wellbeing board members and associates, have been developing the products in association with the Department of Health, NHS Confederation, Local Government Association and the NHS Institute for Innovation and Improvement.

The products summarise each learning set's key points of learning and include themes such as a review of policy documents on children and young people's health and wellbeing and best practice examples of using collective resources. Additional products will be published over the coming months, ahead of the National Learning Network's learning and sharing summit on 8 November 2012.

- [Look at the DH website to find out more.](#)

## **2012 Local Health Profiles published**

The 2012 Local Health Profiles give a snapshot overview of health for each local authority in England in a user-friendly format.

The profiles are valuable tools for local government and health services to help them understand their community's need.

The profiles are produced by the Public Health Observatories of England. They are available as interactive maps and charts, which include a summary showing the differences in health between area, and regional or national average for issues such as adult health, life expectancy and cause of death.

- [Access the profiles](#)

## **Employers urged to offer flexible working to support mental health needs**

Health Minister Lord Howe has launched a new initiative to offer thousands of people with mental health needs more flexible working.

The new Responsibility Deal mental health adjustments pledge will help manage and support employees by taking a flexible approach to start and finish times, allowing paid or unpaid leave for medical appointments, offering phased return to work and the option of job sharing.

- [Read more about the mental health adjustments pledge](#)

## **Compact to improve social care**

Some of the country's biggest care providers have committed to publish new data that will transform people's ability to make informed choices about the care they choose. The organisations who have signed up to this new agreement include some that provide care at home, and some that operate care homes:

- Anchor Trust
- Barchester Healthcare
- BUPA
- Four Seasons Healthcare
- Good Care Group
- HC-One
- Methodist Homes Association
- Saga
- Westminster Homecare

Data published from autumn 2012 varies between care homes and home care but is likely to include:

- staff turnover (home care and care homes)
- ratios of trained to untrained staff (both home care and care homes)
- compliments and complaints (both home care and care homes)
- percentage of residents developing pressures ulcers (care homes)
- percentage of residents who have a fall (care homes)
- number of medication errors (care homes)
- percentage of appointments not missed (home care)
- appointments carried out at the agreed time (home care)

The trade bodies involved in this new initiative are English Community Care Association (ECCA), National Care Forum (NCF) and UK Home Care Association (UKCHA).

- For more information go to: [www.ecca.org.uk](http://www.ecca.org.uk)

## News round-up

The following stories have appeared in the online Social Care bulletin site since the publication of the March 2012 issue:

### **Paul Burstow calls for improvement in the early diagnosis rates of dementia**

Care Services Minister, Paul Burstow, has said that regional variation in the diagnosis rates of dementia must improve

### **Healthwatch England consultation responses**

The Department of Health has published its official response to the public consultation on the membership regulations for Healthwatch England that took place earlier this year.

### **The Year 2011/12 – NHS Chief Executive’s annual report published**

The Year 2011/12 has been launched at the annual NHS Confederation Conference and Exhibition.

### **Department of Health publishes interim report to drive up standards and prevent abuse**

Care Services Minister Paul Burstow has announced a series of national actions aimed at tackling the worst aspects of the care of people with learning disabilities or autism and challenging behaviour, which can lead to inexcusable abuse.

### **David Behan CBE appointed new Chief Executive of CQC**

David Behan CBE, Director General of Social Care, Local Government and Care Partnerships at the Department of Health, has announced his departure to take up the role of Chief Executive at the Care Quality Commission.

### **Third edition of Long Term Conditions Compendium published**

The Department of Health has published the third edition of the Long Term Conditions Compendium of Information.

### **£60 million boost for hospices**

Hospices are to benefit from up to £60 million of funding to help improve the quality of care for people nearing the end of their lives, Care Services Minister Paul Burstow announced today.

## At a glance

### **Key dates from this edition**

#### **11 July 2012**

Care and Support White Paper, draft Care and Support Bill and Care and Support Progress Report on Funding published.

**Unless otherwise stated, guidance referred to in the bulletin has not been commissioned or endorsed by the Department of Health – it is evidence that organisations and professionals may find helpful in improving practice. The National Institute for Health and Clinical Excellence is the Department's provider of accredited evidence and guidance. This information can be found on the Institute's website at [www.nice.org.uk](http://www.nice.org.uk)**