Homecarer
May 2019

UKHCA
UNITED KINGDOM HOME CARE ASSOCIATION

Inside:

Domestic agenda is disrupted by Brexit

While the Government continues to sit on the Green Paper for adult social care in England, think tanks like the Centre for Policy Studies and the Nuffield Trust are publishing their own proposals. (See more on pages 20-21).

At the time of going to press, the Government has yet to publish its own plans. So why the delay? Election purdah prevents publication of government papers in the six weeks prior to elections, so that ruled out publication before 2 May, the day of local elections in parts of England and all of Northern Ireland.

But more serious is the delay due to Brexit. The rumours are that Matt Hancock MP, the Health and Social Care Secretary, has yet to agree his funding plans with the Prime Minister and the Chancellor, who are both currently fully occupied with Brexit negotiations.

With a longer delay to Brexit agreed with the EU, there might, in theory, be more time to return to domestic policy issues. However, few in the care sector would bet on this, given the number of times Governments have faltered in their attempts to secure the long term funding of social care.

A glimmer of hope might be seen in the Conservative's leadership race. The Prime Minister has indicated she will step down and let someone else take forward negotiations once her Brexit deal is done. There is much conjecture she may be forced into an earlier departure.

Of the many potential candidates, Matt Hancock is a rising star. He has enjoyed a higher profile since taking on the health and social care portfolio and may wish to add the published green paper to his list of achievements.

This is all speculation and we may need to temper our expectations of the Green Paper in any case, as crucial decisions on public finances will be in the Government's Spending Review.

An interesting question is how far the Spending Review itself will be affected by the delay in Brexit.

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Has the focus come back to social care? Chairman's letter – page 5

Brexit continues to disrupt the domestic agenda

Continued from front page

UKHCA Policy Officer Veronica Monks said:

"At the moment we can't predict if and when the UK will leave the EU, so the Chancellor may opt for a one-year spending review, rather than the full three years. This would be consistent with his suggestion that a one-year review would be carried out in the event of a no-deal Brexit, an outcome that is now receding. What is certain is the uncertainty on Brexit is making the planning of public finances extremely difficult. "

The threat of a no-deal Brexit may be reduced, but there are still worries about shortages of goods imported from Europe. Three quarters of medicines for UK patients come from or through the EU.

Recently the Epilepsy Society reported a steep increase in calls to its helpline from people having difficulty getting their epilepsy medication. Although Brexit was not the cause of these supply difficulties, the uncertainty it is causing was adding to patients' anxiety. The charity recommended that people establish a good relationship with their pharmacist, order repeat prescriptions up to seven days in advance, keep calm and crucially, do not stockpile to avoid creating shortages.

Jayne Easterbrook, UKHCA Training Specialist, commented: "There was a considerable amount of planning for Brexit-related disruption. Now that a no-deal for Brexit is off the table, for the time being, there is a feeling we can all relax. However, there are still shortages of some vital medicines which need to be managed carefully."

The Department of Health and Social Care is issuing regular guidance to health and social care providers, and engaging with the sector to make sure communication lines are open both ways.

We urge our members to keep their contingency plans under review, and ensure they establish good links with pharmacists and suppliers they and their service users use.

The delay in Brexit makes supply issues less likely in the short term, but there is no room for complacency. As the Institute for Government pointed out recently, the decision to delay Brexit raises questions about how the country continues to prepare for a no-deal outcome. Preparation may slow down, but it cannot stop entirely.

Carole Broughton
Acting Homecarer Editor

Resources

- "Planning for a possible no-deal EU Exit: information for the health and care sector", Department of Health and Social Care: **http://bit.do/ePs9j** The health services in the devolved nations are working closely with DHSC on Brexit planning.
- 'The Government must explain what this Brexit extension means for no-deal planning', Institute for Government: **http://bit.do/ePysF**

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Not everyone will read this.

But everyone SHOULD read this.

An evaluation to understand the impact of the PASSsystem on 101 care businesses was commissioned by everyLIFE Technologies in 2017 and completed in 2019. The evaluation was led by both the Social Care Institute for Excellence (SCIE) and York Consulting. The evaluation has demonstrated evidence based on feedback from business owners, care managers and care workers that the PASSsystem brings significant tangible benefits in terms of managing risk, efficiency, accountability and quality of care.

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scie social care institute for excellence

With a Brexit hiatus, has the focus come back to social care?

Now that Brexit has been delayed, we can but hope politicians and civil servants turn their attention to domestic policy, like social care.

Proposals for long-term care from Damian Green MP in his paper published by the Centre for Policy Studies look promising. Given his close connections with the top of the Conservative Party, you could be forgiven for thinking that his suggestions are close to Government thinking. He wants the state to pay for a level of personal care while allowing people to top up provision through insurance.

For homecare providers who provide state-funded care, it is crucial that more funding is pumped into the sector. But uncertainty over Brexit is making spending review planning very difficult for the Treasury, and big decisions on securing the future of health and social care less likely.

Our sector continues to face huge challenges. Workforce recruitment and retention remains the key issue. We need to focus on bringing the best available care staff into our sector, and keeping them.

There are a growing number of providers in England who are being rated 'Outstanding' in all five key areas – many congratulations to them.

Such success does not come easily. The best providers talk about looking after their employees first, on the basis that if you look after your employees, they will look after your clients.

But in London and the South East, and in sectors like live-in care, there are many providers dependent on staff from the EU. The continuing uncertainty because of Brexit will be hard for such staff - they deserve our support in applying for settled status and our reassurance about how much we appreciate their contribution.

The current Department of Health and Social Care recruitment campaign is now winding down. This is a first step in what needs to be a sustained campaign to recruit new staff and reinforce to existing staff they are doing a great job, highly valued by people receiving care and their families.

It is likely to be 2020 before the issue of calculating pay for sleep ins, from the point of view of the National Minimum Wage, is resolved. In the meantime, our preferred solicitors, Anthony Collins, have updated our National Minimum Wage Toolkit with their advice on how best to proceed, post Mencap decision.

We have also issued our Minimum Price for Homecare, Version 6, revised to include the latest NMW rates. This remains our flagship document for use campaigning for better homecare rates for state-funded care across the UK, along with our webinar on costing care.

As an Association, we said a fond goodbye to our departing Chief Executive, Bridget Warr CBE, at a farewell dinner in April. Sadly, Bridget's replacement, Roger Berry, decided not to continue after his induction due to a change in personal circumstances.

While we seek another Chief Executive, I will work closely with the strong Leadership Team of Peter Randall, Colin Angel and Andrew Heffernan to ensure we continue to drive forward our plans for representing and supporting our members.

Trevor Brocklebank

There have been some Board changes too. Jane Townson stepped down as Vice Chair at the end of last year, and the Board elected Dominique Kent to replace her, with David Chalk becoming Honorary Secretary.

I would like to say a big thank you to Jane for all her work on the Board, and wish Dominique and David well in their new roles.

I am delighted to confirm that Roger Booker, Managing Director of Direct Health Group, was successful in the Band 2 election and warmly welcome him to the Board. Roger's experience at a senior level in the sector will be immensely valuable.

Finally, we remain committed to reaching out to members in as many ways as possible. Our recent roadshows were such a success we added extra dates to the schedule.

Thank you to those of you who took the time to complete our member survey. We will be looking at your responses closely.

We are interested to know what you think about your UKHCA membership, and how we can continue to support you most effectively.

Your views will help us tailor membership to our members' needs, both now and into the future.

Trevor Brocklebank
UKHCA Chair

Resources

- Minimum Price for Care, version 6: **https://www.ukhca.co.uk/downloads.aspx?ID=434#bk1**
- Getting the price right: calculating the cost of homecare: **https://www.ukhca.co.uk/downloads.aspx?ID=561#bk1**
- National Minimum Wage Toolkit: **https://www.ukhca.co.uk/downloads.aspx?ID=422#bk1**
- Full list of UKHCA Board members and honorary officers: **www.ukhca.co.uk/UKHCAboard.aspx**

DBS Checks – the right to have against the rights of employers

The battlefield of competing rights is a busy one in the 21st Century! The latest battle, played out in the hallowed walls of the Supreme Court[1] pitted the right of an individual to have their historic convictions forgotten against the right of employers to have full disclosure of convictions in certain circumstances.

The rights of the individuals were held stronger by their Lordships leaving employers in the homecare sector caught in the crossfire. Do you follow the judgment and reduce the level of investigation and scrutiny of the criminal records of your potential employees? But what about the guidelines and requirements laid down by the Care Quality Commission?

Care providers must ensure they employ people of good character to care for vulnerable adults or children. But what happens if a potential recruit has a historic conviction? Professional Support Lawyer Libby Hubbard of Anthony Collins Solicitors LLP discusses an important Supreme Court decision.

The case

The case combined four individual cases each with similar complaints; their previous convictions, some committed whilst minors, were being disclosed either through self-disclosure or the DBS scheme, so hampering the individuals' employment prospects in certain areas.

P had been convicted of two counts of shoplifting in 1999 when suffering from schizophrenia and living rough. Years later, she wanted to work as a teaching assistant but her previous convictions and so her medical history would be disclosed.

W received a conditional discharge when 16 for assault (a fight between boys on their way home from school). In 2013, aged 47, he trained to be a teacher but realised that to teach he would require a DBS check and these reprimands would appear.

G was given a reprimand, when 13, for sexual assault although the Police noted that the actions were consensual. When seeking employment at a children's library as an adult, however, G withdrew his application, concerned that this information would come to light.

Lastly Lorraine Gallagher had convictions from 1996 and 1998 for driving without a seat belt and failing to ensure that her children were wearing seat belts. On an application for a job at a day centre for adults, she disclosed one of the convictions but not the other. The other conviction was then disclosed in her enhanced disclosure check from Access NI and the job offer was withdrawn, the prospective employer using her lack of honesty and integrity as cause.[2]

Their Lordships held that the criminal records process be that through voluntary disclosure or DBS was a breach of human rights and that a blanket rule requiring auto-

UKHCA members are seeking advice on employing ex-offenders

The UKHCA helpline has received a few calls recently from members asking for advice when they discover a job applicant has convictions on their Disclosure and Barring Certificate.

When a member calls the helpline, we will often refer them to NACRO, the National Association for the Care and Resettlement of Offenders, who have an excellent website and very readable advice on employing ex-offenders.

It is a matter for employers to decide whether or not to offer a person a job when they have a criminal record. In some instances, it may be clear that a particular applicant is unsuitable for the post because of their record.

However, it is important not to make these assumptions without gathering more information. In general, it will not be clear whether a person is suitable until questioned further. Therefore, it is important to carry out a risk assessment to inform your final recruitment decision.

NACRO suggests the criminal record information is assessed in relation to the tasks which need to be performed and the circumstances in which the work is to be carried out. Here is a list of questions employers could consider when deciding whether the offence is relevant to the post applied for:

- Does the post involve one-to-one contact with children or other vulnerable groups such as employees, customers or clients?
- What level of supervision will the post-holder receive? Is it unsupervised? Does it involve working in isolation?
- Does the post involve any direct responsibility for finance or items of value?
- Does the post involve direct regular contact with the public?
- Will the nature of the job present any opportunities for the post-holder to reoffend in the course of work?
- Are there any safeguards which can be put in place to minimise any potential risks?

If you decide to employ a person who has a previous criminal record, it will be important for you to carry out a risk assessment. The NACRO website gives useful advice on how to carry out an assessment and of course it is important that you document the reason for your decision, including what risks have been identified and how you plan to mitigate those risks.

More information is available from: **www.nacro.org.uk** Although the website applies to England and Wales, some of its content may be useful to members in Northern Ireland and Scotland.

historic convictions forgotten to receive a full disclosure

Potential Government rethink over disclosure to employers

UKHCA asked the Disclosure and Barring Service if they are likely to change their filtering guidance on which convictions and cautions are disclosed, following the Supreme Court decision discussed here.

Our enquiry was referred to the Home Office, who said: "We have noted the Supreme Court judgment and will consider the ruling carefully before responding."

According to the Home Secretary Sajid Javid, the Home Office is in discussion with the Ministry of Justice about a potential change.

Sajid Javid is quoted as saying: "One thing I am looking at, to give you one example, is the disclosure service, youth criminality disclosure, and whether we can look again at the approach that is sometimes taken here. So for example, if a young person today has committed two offences, no matter what they are, so could be twice they shoplifted when they were 11 or 12 or something, that record can linger for years and years when they are an adult".

His remarks were made in the context of young people with a conviction or caution when they were a minor never getting a proper chance to turn their lives around.

Veronica Monks, UKHCA Policy Officer said: "There are clearly competing policy interests here, so we will have to wait for developments."

matic disclosure of all convictions and a requirement that childhood cautions can be disclosed indefinitely was disproportionate.

The current systems for disclosure

As homecare providers will be aware, currently an employer can request disclosure of a prospective employee's "criminal past" under two related statutory schemes - self-disclosure under the Rehabilitation of Offenders Act 1974 (ROA) or the disclosure of criminal records under the Disclosure and Barring Service (DBS). Under s1 ROA, when an individual has been convicted of an offence and the time for that offence has been spent, the ex-offender shall be treated as being rehabilitated. For the purposes of self-disclosure, it is as if the conviction never happened, there is no duty to disclose. However, under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, this does not apply if the individual's suitability is being assessed for, amongst other things, working with children and/or vulnerable adults in specified circumstances. All convictions, whether spent or otherwise, must be disclosed.

Libby Hubbard

This system then dovetails with the Disclosure and Barring Service (DBS). As homecare providers will be aware, if an employee is to be in a regulated activity either with children or vulnerable adults, they are required to complete an enhanced check. This discloses all convictions, reprimands and cautions, and spent convictions for sexual or violent crimes or multiple convictions for the same crime. Additional information from local police forces will also be included with the disclosure.

What to do?

This rather leaves social care providers caught between the devil and the deep blue sea! The Supreme Court ruled that the current system is not compatible with Article 8,[3] the right to a private life, but this decision has not been reflected in either legislation nor regulatory guidelines. Until this happens, we would suggest that there are the following practical

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Notes

1 The Supreme Court is the highest appeal court in the land for civil and criminal cases from England, Scotland and Northern Ireland and hence their judgments apply to the courts throughout the UK.

2 The disclosure services in England (including Wales), Scotland and Northern Ireland differ in what will be disclosed. This case concerns disclosure under Access NI. Some driving offences will be disclosed under DBS in England and Wales, if they cross the border from civil motoring offence into a criminal offence which is dealt with through the court. There is a wide of range of offences that fall into this category and it is not always clear which will; driving without a seatbelt and failing to ensure that children have seat belts may, given the circumstances of the case, result in a criminal offence which would then be reflected in a DBS check in England and Wales.

3 The European Convention on Human Rights.

DBS Checks – individuals' rights against those of the employers

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steps to take;

- Assess each role within the organisation – do not assume that each role will need an enhanced DBS check. Have clear criterion and guidance when assessing each role and the necessary checks and be prepared to revisit this regularly to assess any changes. Be aware that it is a criminal offence under s123 of the Police Act 1997 to obtain an enhanced DBS check if you know that it is not necessary. If you are concerned whether a role requires an enhanced check, use the following useful tool: **www.gov.uk/find-out-dbs-check**
- Examine whether a question asking for full disclosure of all convictions/cautions/reprimands on an application form is proportionate and appropriate. You may want to address such a wide question and qualify it somewhat or even rethink whether it is necessary in circumstances where an enhanced DBS will be conducted in any event.
- Be willing to risk assess any individuals whose DBS checks or self-disclosure throw up issues and shy away from rejecting any candidates whose DBSs are not clear for whatever reason. Be willing to take account of other Police evidence and/or request further references. You may not of course refer to the DBS check and any convictions etc in the reference request, but rather gather more information as to suitability. The courts are looking for proportionate responses; provided there is written evidence of a proportionate response that weighs the risk of harm to any vulnerable children or adults against the right of the individual to have historic convictions forgotten then that is all that really can be done for now.
- If in doubt, seek direct advice from your regulator, whilst they will not be able to speak directly into your specific situation, they are useful for a general steer, or a regulatory lawyer who will be able to advise you on the appropriate approach. You could also take up the issue with a representative association like UKHCA, who engage with care regulators on matters of policy.

More Information

- You can find out more information about Anthony Collins Solicitors' regulatory team and services and the support they offer at: **www.anthonycollins.com**.
- UKHCA members are entitled to a limited amount of free telephone advice from the legal helpline operated by Anthony Collins, including care regulatory issues, and quotes at preferential rates for this type of work. Call 020 8661 8188 (Option 4) for referral.
- The Supreme Court case referred to above is: R (on the application of P, G and W) (Respondents) v Secretary of State for the Home Department and another (Appellants): **https://bit.ly/2vcPWtr**, which included In the matter of an application by Lorraine Gallagher for Judicial Review (Northern Ireland): **https://bit.ly/2GvWIGH**

Why do homecare workers do their job?

If you are struggling with recruiting and retaining staff, then understanding what careworkers think about their roles is crucially important. Researchers from the University of Nottingham published an article earlier this year in Home Health Care Services Quarterly, which considers the viewpoint of careworkers.[1]

What makes a careworker's job rewarding is the subject of recent research by the University of Nottingham. UKHCA's Veronica Monks looks at the findings.

Recruiting and retaining staff is one of the most pressing problems in homecare, and those problems will not go away as the proportion of older people in the population increases. The Office for National Statistics says that by 2041, the 1960s baby boomers (aged in their 50s now) will have moved into older age and by 2066 there will be a further 8.6 million projected UK residents aged 65 years and over, taking the total number in this group to 20.4 million. This makes up 26% of the total population.[2]

We know about what might make a homecare job unattractive - unsocial hours, relatively low pay, dealing with incontinence, and low status. Job applicants also have to deal with perceptions of homecare as poorly paid, insecure and with little opportunity for career advancement. We understand that careworkers find that dementia care can be stressful and the job physically tiring, emotionally draining and morally challenging. Yet there is a puzzle here because what employers recognise is that many careworkers find the job extremely rewarding.

Justine Schneider, Professor of Mental Health and Social Care, University of Nottingham

It is important therefore to tease out which aspects of the job careworkers find satisfying. The research identified that careworkers are motivated by the prospect of preserving or maintaining a person's physical, mental and emotional capacity. They regard it as important to be able to achieve an improvement in the service user's wellbeing, however small, and even where service users might be uncooperative. High on the scale of satisfaction is being able to provide opportunities for service users to interact socially.

This shows the importance that careworkers place on building relationships with service users. From the careworker's viewpoint, relationship building, chatting, having a laugh, preparing and offering food, giving personal care and grooming were all activities described as driving forces for careworkers. Chatting often accompanied practical tasks like washing and dressing, and served different purposes such as making mundane tasks more agreeable or diverting attention from the embarrassment involved in carrying out personal or intimate care.

What also emerges from the research is the high level of emotional intelligence and social skills good homecare requires of careworkers, but which may not be evident from job descriptions:

- thinking ahead and anticipating a person's needs;
- using practical tasks to meet social needs, such as baking cakes;
- recognising and using opportunities for promoting mental activity in people with dementia;
- using tact and social skills to avoid embarrassing or humiliating clients, for example when dealing with incontinence;
- being diplomatic with relatives who, for example, may not understand why some tasks are undertaken in a certain way;
- developing knowledge of a service user's preferences and behaviour patterns;
- understanding the benefits for social wellbeing, cognition and quality of life from activities such as outings, board games, looking at family snapshots and other shared activities.

The researchers were concerned with the question of what does 'good' homecare look like from the point of view of careworkers. Their findings can be applied to tackle the need for more careworkers who are suited to the challenging demands of domiciliary dementia care. Employers can draw on the research to review their approach to recruitment and rewards and look at their training and education opportunities to engage more effectively with their workforce.

Veronica Monks
Policy Officer, UKHCA

Notes

1 Justine Schneider, Kristian Pollock, Samantha Wilkinson, Lucy Perry-Young, Cheryl Travers & Nicola Turner (2019): The subjective world of home care workers in dementia: an "order of worth" analysis, Home Health Care Services Quarterly. http://bit.do/ePr88

2 Living longer: how our population is changing and why it matters, Office for National Statistics, 2018: http://bit.do/ePr9u

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Key Person Cover – your financial safety net

How would your business deal with the loss of a key member of the team?

As a professional service organisation, you will have taken the necessary precautions to protect your business and its assets against theft, damage to property, equipment and stock.

However, many businesses often fail to protect their most important resource – the people they employ whose skills, expertise and knowledge drive the success of their business.

As one of your biggest resources, the consequences of losing a key person could be serious. Profits could fall, and commercial relationships jeopardised. At worst, the future of your business could come under threat.

Who is a key person will vary from organisation to organisation. Both small and large companies may depend on a single charismatic person who drives their success. There may be an owner, who started the business, or an experienced registered manager who is the lynchpin of the organisation's care service.

Deciding on Key Person insurance cover can involve many things, such as whether that individual is responsible for securing and looking after major contracts in the organisation. Their unexpected absence may cause concern and require the organisation to reassure customers, suppliers, the board, as well as staff members, that the business is secure.

Planning for the serious illness or death of a key person should be an essential part of the organisation's contingency planning and risk management process. This is essential where a care regulator, like the Care Quality Commission, regulates the business. The loss of a registered manager must be notified to the care regulator, and an extended period without someone in that role could affect the organisation's ratings, and worse, lead to enforcement proceedings.

A Key Person insurance policy will provide the funds to ensure continuity for all stakeholders, and proceeds can also be used to fund the cost of recruiting a replacement.

Does your business rely on the expertise, skills or knowledge of an individual employee?

Losing a key person can be detrimental to the long-term survival of a business, large or small, profit-making or non-profit-making. Although you cannot predict the future, Key Person cover can protect against unexpected costs of business continuity following the untimely loss of a key individual.

Key Person Cover can be used to help businesses who want to secure future profits and the financial stability of the organisation if something happened to one of their key employees. If of interest, we can put you in touch with our specialist protection team to help you find out if Key Person Cover is right for you. There may be tax implications on either the premiums or the proceeds of a Key Person policy if tax relief is taken on the premiums; so it is essential to talk to a business protection specialist to help you find out if Key Person cover is right for you. They will also discuss your circumstances and advise on the best course of action for your business.

Towergate Insurance Brokers – Insurance Partners of UKHCA

Towergate are the preferred insurance provider of UKHCA and can provide help and advice including which type of policy meets your needs as a homecare business. They can also arrange for their specialist protection team to speak to you in more detail about Key Person Insurance.

To find out more how they can support you to minimise risk and save money, call their specialist advisers on 0330 123 5154, email **newcare@towergate.co.uk** or visit **www.towergateinsurance.co.uk**

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BUILDING A BETTER FUTURE FOR CARE

The Residential & Home Care Show returns on 26th - 27th June 2019 at London ExCeL, it's the event where owners, directors, CEO's, head of departments, registered managers and senior management teams from care homes, dementia homes, nursing homes, care villages, extra care specialists, housing associations and all forms of home care providers gather to gain ideas, products and services to boost their business and improve levels of care.

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Education partner: CareQuality Commission

Organised by: CloserStill

Guidance on CQC inspections proves popular

Since its launch at the end of last year, our "CQC Inspection Guidance" has quickly become one of our most popular downloads for members.

The aim of the guidance is to assist homecare providers in England at all stages of a CQC inspection. This includes pre-inspection preparation, advice for the day of the inspection, and guidance on the post-inspection feedback process.

The emphasis throughout the guidance is on preparation, not just for the day itself, but also on being able to deliver a service where quality, excellent care and better outcomes for people are routinely achieved.

Business owners, registered managers and other staff will find it useful and help them move from a reactive to a proactive service, always ready to demonstrate excellence in homecare provision no matter when an inspection occurs.

UKHCA's "CQC Inspection Guidance": **https://www.ukhca.co.uk/downloads.aspx?ID=580**

NHSX is set to drive healthcare innovation

The Rt Hon Matt Hancock MP, Health and Social Care Secretary, has launched a new specialist unit to drive forward his ambition to get the best technology into the NHS in England.

Called NHSX – the 'X' stands for user experience - the new unit will be led by Matthew Gould, the government's current Director General for Digital and Media Policy, and combine tech leadership from the Department of Health and Social Care , NHS England and NHSI.

The new unit will be recruiting a team of technical experts this summer and its priorities[1] will be to:

- Ensure tech saves time for NHS staff so they can focus on patients.
- Give patients tools to access information and services directly.
- Create a system that means patient information can be accessed safely and reliably, wherever it is needed.

Matt Hancock MP

NHSX CEO Matthew Gould explained: "Our single goal will be to improve the care that everyone in the country gets by making sure that both staff and patients have the technology they need". He said he would know he has succeeded if:

- The time clinicians spend inputting data is reduced.
- Patients have the ability to access information and services from their phones.
- A system is built which allows patient information to be securely accessed from wherever it is needed, ensuring safer and better care as patients move around the system and saving patients from having to tell their story over and over again to different clinicians.

Colin Angel, UKHCA Policy Director, commented: "The Health and Social Care Secretary's commitment to realising the potential of technology in the NHS is well-known.

"What we will be looking for is an integrated system that treats social care providers as equal to their health counterparts. For example, a homecare provider caring for someone on discharge from hospital must have access to appropriate patient information to plan the care package."

James Whynacht, UKHCA Policy Officer added: "NHS Digital has made strides to include social care providers in tech advances like the Data Security and Protection Toolkit, NHS Mail and summary care records. We trust the experience of the NHS Digital Social Care Programme will be shared with NHSX, so social care providers and people who use their services can be part of the Health and Social Care Secretary's vision."

Carole Broughton
UKHCA Information Officer

Notes

1 Speech by the Health and Social Care Secretary, Matt Hancock MP, at The Royal Society of Medicine event 'Medical apps: mainstreaming innovation": **http://bit.do/eQmrw**

- More on current NHS Digital projects on information sharing, see September 2018 Homecarer, pages 18-19 or download from: **https://www.ukhca.co.uk/downloads.aspx?ID=577#bk1**
- UKHCA sits on a consultative group with NHS Digital. UKHCA members are welcome to send us their views to **james.whynacht@ukhca.co.uk**

"Your team looked after my mum ad hoc over the last two years to give me vital half-day respite periods as I was my mum's full-time carer. Her conditions (including dementia) made that care very challenging at times, especially toward the end of her life. So the respite was a real lifeline."

Child of person who received care from UKHCA member, Home Instead Senior Care (Ascot, Camberley & Wokingham)

Email your great care stories to: editor@ukhca.co.uk

Making the switch from commi

Colin Angel: What made you move from the role of commissioner to that of a provider?

Olly Spence: I'd always reflected on the fact that very few of my commissioning peers had worked as providers. I have always been someone who seeks out new challenges and was eager to test myself working as a provider. I was eager to gain experience in the private sector and develop my commercial and entrepreneurial skills.

During my time as a commissioner I'd often talked with peers about the similarities and differences between the private and public sector. We still talk different languages at times across the divide, but I am convinced the similarities (passion, innovation, and resilience) are more pronounced that the differences.

Finally, as a commissioner I had always welcomed opportunities to engage with people who use care and support services. The best services I have designed or been involved in have been based on conversations with people who use services, working as a provider gave me the opportunity to work closely with people who access services.

Oliver Spence is Commissioning, Brokerage and Market Engagement Lead of UKHCA members First City Nursing and Care (FCNS), a medium sized business who deliver care and support services to a number of local councils and Clinical Commissioning Groups in South West England. Here Olly discusses switching from commissioner to provider with Colin Angel, UKHCA Policy and Campaigns Director.

How is the role of the commissioner and provider changing, and how would you like to see it evolve?

Commissioning has traditionally been based on a cyclical process, assessing the needs of a community, identifying gaps and then procuring services to meet those needs. I believe, as we move towards integrated care, commissioning will become an increasingly facilitative discipline that will seek to create the environment and market that meets the needs of local citizens now and in the years to come.

Given this context, providers are being challenged by commissioners to innovate and be creative. Providers used to prescriptive service specifications can find this difficult. As providers are challenged to work creatively it's important we embed organisational cultures that encourage responsibility, empower people to be creative and facilitate measured risk taking.

Personally, I would like to see commissioners and providers working collaboratively as part of a marketplace to achieve system goals. For me this is made challenging by short term contracts or contracts that limit the number of providers who can participate within a market place.

What can providers do to develop more positive relationships with their commissioners?

Good relationships between commissioners and providers are an essential aspect of great service delivery. Both commissioners and providers have a responsibility and interest in investing the time to develop effective relationships.

In my view providers often auto-

issioner to homecare provider

In conversation – Oliver Spence and Colin Angel

matically take on a passive role in relationships, waiting for direction from commissioners. Providers need to become active and respected stakeholders working with commissioning bodies to solve collective challenges. Commissioners must be willing to listen to providers if mature relationships are to develop or else risk continuing traditional buyer supplier relationships which can lead to polarised relations.

One of the things that has struck me about working in the provider sector is how many of my peers do not understand the wider health and social care system. I think providers should take the time to understand the local system, goals and pressures. For instance, understanding the importance and impact of delayed transfers of care (DTOC) across the system will facilitate meaningful conversations about how providers and commissioners can work together to improve performance. Before both 'sides' understand the respective pressures the tendency in my experience is to direct pressures and look to identify blame.

Providers and commissioners often don't see eye-to-eye over the cost of care. What would help them find some common ground?

I have been struck by how it feels as a provider when discussing money with commissioners. It seems to me that as soon as money is involved the traditional frictions between commissioners and providers are heightened and that can have an impact on longer-term working relations. I've reflected a lot on this and believe the key to finding common ground is for both parties to take an integrative approach that doesn't start with the numbers.

Be open and honest with each other – take the time to understand how respective private and public sector finances work. I have met commissioners who do not understand how commercial businesses operate (I used to be one of them) but equally met providers who do not fully understand the context councils are working in. Starting with shared aims rather than divergent positions is essential.

Providers and commissioners should begin conversations about money by identifying and co-producing the priorities for the system or service for the coming period. Commissioners need to be transparent about savings that need to be made and the available budget.

This will facilitate 'better' conversations about money. There will still be disputes, but I believe by identifying shared objectives these discussions will be more collaborative and add greater value.

Is there a genuine way out of the general practice of commissioning services on a 'time and task' basis?

Yes…. Throughout my career I have firmly believed that social care can-

> "As soon as money is involved the traditional frictions between commissioners and providers are heightened and that can impact on longer-term working relations.

not just do what we have always done better.

This is a view that has not changed during my experience working as a provider. The numbers just don't stack up, more and more people will need care services and the numbers of people who deliver those services will never be enough based on a time and task model. Moving away from deficit-based commissioning models where providers are paid based on the time they spend delivering prescribed tasks is critical.

In order to achieve this commissioners must trust providers to adopt flexible and creative approaches in the delivery of services. One of my fondest recent memories as a provider was a colleague saying they had felt as if a social worker had listened to them: they did not agree with them but had been trusted and listened to. When this becomes the norm rather than the exception both providers and commissioners will be in a better place to deliver great outcomes.

Moving from time and task requires transformational not transactional change. So back to my original thought, yes there is a way out, the way out is challenging, harder than staying the same but is equally exciting and essential.

Based on what you know now, what piece of advice would you have given yourself at the start of your commissioning career?

This is a generalisation but there can be a perception amongst commissioners that providers are looking to make as much money as possible and an impression amongst providers that commissioners are there to buy care as cheaply as possible. I've seen examples of providers charging high rates and not rewarding staff. I've seen commissioners negotiate providers into almost (if not) unsustainable service delivery models then raise challenges when quality drops, but I am thankful to say that is a minority of my experiences. I love working in this sector as providers and commissioners are in it to support people to live the life they choose to lead.

My one piece of advice to myself would be to listen more than I spoke and take the time to understand before starting to design.

Thanks Olly, that is sound advice for anyone in starting out in commissioning, or indeed, involved in designing homecare services. We wish you well in your role at First City Nursing and Care.

Member's concern over safe disposal of fentanyl patches

We received a call recently on the UKHCA member helpline asking how to dispose of fentanyl patches safely.

Fentanyl is a synthetic opioid that is similar to morphine but considerably stronger, and typically used to treat patients in severe pain. It is sometimes misused and so disposal must be carried out carefully.

Used patches should be folded so the adhesive side of the patch adheres to itself. It should then be placed back into the original sachet.

It is vital the sachet is kept out of sight and reach of children and pets as even used patches contain some medicine that could cause harm. Both new and used patches have a street value, and can be chewed or smoked.

The local Clinical Commissioning Group (CCG) may have a patient safety notice for fentanyl patches, as they should issue guidance on disposal in their local area. These are sometimes available on the internet.

It may be appropriate to collect used patches and return them regularly to the pharmacy for disposal. If collecting patches for return to the pharmacy, it is necessary to ensure they are safely stored and returned.

If the service user has a "sharps" container, it may be possible to dispose of patches in this, but check with the local pharmacy, as this may differ depending on the location.

In some locations disposal in the household waste bin is allowed if the patch is folded and in its original packaging, but this must be only if it is safe to do so, and, for example, away from children and pets.

You would need to show you have considered disposal as part of the risk assessment as well as in your policy and procedure.

There is some useful further reading at: **http://bit.do/ePteo**

There is also NICE guideline NG67, Managing medicines for adults receiving social care in the community (specifically 1.10 Transporting, storing and disposing of medicines), which relates to all professionals supporting people with medication in the community, including pharmacists: **http://bit.do/ePteG** The Health and Social Care Secretary has recently announced that all opioid medicines will carry prominent warnings to say they can cause addiction: **http://bit.do/eQWhq**

Jayne Easterbrook
UKHCA Training Specialist

Resources

- UKHCA Medication Policy Guidance, February 2019: **https://www.ukhca.co.uk/downloads.aspx?ID=60#bk1**
- UKHCA Medication Policy Template, updated: **https://www.ukhca.co.uk/downloads.aspx?ID=151#bk1**
- UKHCA Medication Train the Trainer Workshops: **https://portal.ukhca.co.uk/Events/Event-Listing.aspx**

GP-led services are taking homecare to the next level

A recent innovation has been GPs getting involved in homecare. Here UKHCA members Vitality Home Health describe their new service.

Vitality Home Health is an innovative GP-led bespoke homecare provider. Launched in Gravesend and Dartford this year, the second branch opened just three months later in Sevenoaks. Although the business is new, the experience of the staff adds up to over 100 years.

Headed up by Dr Manpinder Sahota, a Kent based GP, Vitality Home Health takes a unique approach to domiciliary care, including a team of Lifestyle GPs who can assist in improving the lives of their customers through advice, support and direction to care givers to ensure people at home are provided with care that is truly individual to them.

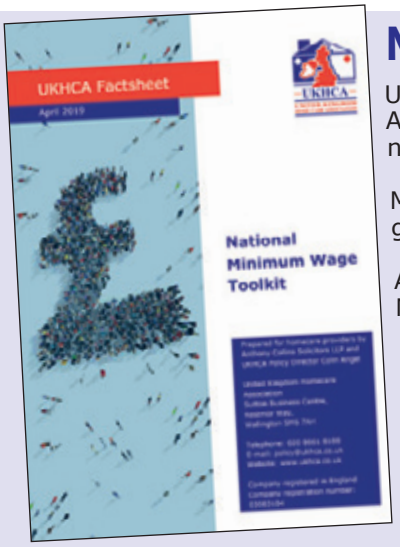
As a lifestyle GP himself, Dr Sahota has treated many patients successfully, by giving lifestyle advice focusing on nutrition and exercise for both the body and mind. Vitality Home Health aspires to have a customer base who are all happy, well cared for, healthy and fulfilled. They plan to connect people through social prescribing within their communities to increase independence and also give customers the ability to manage their own lives.

This approach also extends to Vitality Home Health staff. A 'Healthier You' program has been launched to offer staff access to lifestyle sessions with one of the GPs to help improve their and their family's health. Staff receive advice and support on diet, exercise, and alternative therapies.

The combination of homecare and GP care has been welcomed by the service's homecare clients. Customer Sue from Eynsford said, about Vitality Home Health: "We really do not know what we would have done without the team from Vitality Home Health, they helped John so very much and in turn helped me. I enjoyed their company and they treated John with kindness, respect and above all dignity. The doctor gave us valuable advice, which we followed up and are both feeling so much better."

Another customer commented: "Thank you for all the care Bob has received. It is clear he is receiving proper care, the correct medication and he is clean and tidy every day, I am so pleased I swapped agencies. Great advice from Dr Sahota. Bob has finally been able to remove his leg brace."

For more information on the service offered by Vitality Home Health see: **www.vitalityhomehealth.co.uk**



National minimum wage toolkit revised on sleep-ins

UKHCA's National Minimum Wage Toolkit, prepared with our recommended solicitors Anthony Collins Solicitors LLP, has been revised to include recent case law on sleep-ins, namely the Court of Appeal's judgment in the Mencap case.

The toolkit aims to help homecare providers ensure they are meeting the National Minimum Wage requirements. It sets out the current law with practical examples, and gives providers a step-by-step compliance assessment tool.

The guidance also contains a practical section for homecare providers written by Colin Angel, UKHCA Policy Director, on possible actions to achieve compliance with the National Minimum Wage.

The Toolkit can be downloaded at: **https://www.ukhca.co.uk/downloads.aspx?ID=422#bk1**

We have also updated our "National Minimum Wage Compliance in Live in Care – FAQs", to take account changes in the provision and content of payslips that came into effect from April 2019. This is available to members from: **https://www.ukhca.co.uk/downloads.aspx?ID=569#bk1**

Looking after your lone workers..

A feature of homecare is the high proportion of careworkers who work alone.

As employers, homecare providers need to understand what they need to do to comply with their legal duties under:

- the Health and Safety at Work etc Act 1974;
- the Management of Health and Safety at Work Regulations 1999.

Careworkers also have responsibilities, they should take reasonable care of themselves and other people affected by their work activities and co-operate with their employers in meeting their legal obligations.

As an employer you have a duty to assess the risks to careworkers who work alone. You must also take steps to avoid or control risks where necessary. This must include:

- involving workers when considering potential risks and measures to control them;
- taking steps to ensure risks are removed where possible, or putting in place control measures, e.g. making sure careworkers can report all work-related personal safety incidents;
- reviewing risk assessments periodically or when there has been a significant change in working practice;
- recording the significant findings of all risk assessments if you have five or more employees.

Someone in your organisation should always know the whereabouts and contact details of careworkers while they are working alone. You need to:

- ensure there is a system in place in case careworkers need to covertly raise the alarm;
- enable careworkers to alert the office in case of an emergency;
- have a clear procedure to follow if a colleague does not return or check in when expected;
- be clear where careworkers are expected to be during their working hours and ensure the office has the correct contact details of the person they are calling on, including the exact location and time;
- consider offering all careworkers a personal safety alarm.

The risk assessment should also address the normal work of careworkers and foreseeable emergencies, e.g. fire, equipment failure, illness, accidents and emergencies. Also consider the following:

- Is there a risk of violence and/or aggression?
- Are there any reasons why the individual might be more vulnerable than others and be particularly at risk if they work alone (for example if they are young, pregnant, disabled or a trainee)?
- If the lone worker's first language is not English, are suitable arrangements in place to ensure clear communications, especially in an emergency?
- If a person has a medical condition, are they able to work alone?
- Do any risks arise from the environment, e.g. isolation, lack of street lighting, high crime area?

As for all staff, you will need to put in place arrangements for induction, ongoing training, supervision and monitoring.

These are opportunities where health and safety issues should be discussed so careworkers are clear about their own safety and that of service users.

There is more advice on personal security when working alone from the Suzy Lamplugh Trust: **www.suzylamplugh.org**

Also see the Health and Safety Executive website **www.hse.gov.uk**

..and looking after your night workers

Careworkers not only work alone, they sometimes work at night.

An important part of supporting people to live independently at home is providing care overnight. Often people need help with basic care like moving and positioning, going to the bathroom, or in more complex conditions a person needing help with clearing their airways.

Although night care is highly valued by people who use services and their families, and helps to keep people living at home rather than in residential care, it does place additional demands on the care workforce.

The Health and Safety Executive say shift work outside standard daytime hours can lead to disruption of the internal body clock, fatigue and sleeping difficulties, among other issues.

With an older population growing larger and with greater care needs, night work is likely to continue as a popular alternative that enables people to stay living at home.

But it is vital that the additional demands placed on workers are recognised and their health and well-being preserved. If employers can care for the careworkers who carry out night shifts, they can successfully care for others.

There are a variety of resources for employers. UKHCA's Factsheet on Night working in Homecare looks at night care services, what rules apply on rest breaks, mitigating the effect of night work, steps workers should take before, during and after night work, and switching from night work to day work. The factsheet also contains a list of references for further information.

To download, see the member area of our website at: **https://www.ukhca.co.uk/downloads.aspx?ID=604**

Smoking and vaping in a homecare setting

Our factsheet for members on smoking and homecare outlines the main smoking ban provisions across the UK, considers the issues that arise when service users smoke at home and looks at steps to achieving a smoke-free environment for employees.

The factsheet supplements existing guidance and contains hints on negotiating with service users who smoke and other practical steps that can help employers maintain the health of their homecare workers. Updated in March 2019 to include vaping, the factsheet "Smoking and Vaping in a Homecare Setting", is available at: **https://www.ukhca.co.uk/downloads.aspx?ID=278#bk1**

Brexit negotiations must make adequate allowances for the workforce in Wales

As we approach three years since the UK referendum on membership of the European Union, Brexit uncertainty continues to rumble on for businesses across the UK. In the health and social care sector, uncertainty is rife over the impact that Brexit will have on the availability of the care workforce. Wales is no exception to this.

In response, the Welsh Government has published a new report that examines the possible impact that Brexit will have on the health and social care workforce in Wales. The initial figures put forward within the report are not encouraging.

> Any measures that can be taken to minimise the possible impact of Brexit, and maintain care providers' access to the European workforce, should be welcomed.

The report estimates that 6.4% of the workforce in registered social care services are non-UK EU nationals. This represents a significant chunk of the workforce that could be affected by Brexit.

It is therefore vitally important that any providers who currently employ non-UK EU nationals encourage their employees to register for 'Settled Status' as part of the EU Settlement Scheme.

The free-to-apply EU Settlement Scheme, where non-British nationals from the European Economic Area (EEA) and Switzerland can apply for permanent 'Settled Status' in the UK, is now fully open and accepting applicants. A step-by-step guide to assist applicants has also been published.

If granted 'Settled Status' European Union (EU) citizens, and their families, will have the right to permanent residency in the UK.

The UK Government has confirmed that the EU Settlement Scheme will continue to operate should the UK leave the EU without negotiating a deal with the European Commission (commonly referred to as a 'No-deal Brexit').

Again, we encourage all providers to help and encourage employees to apply to the scheme where relevant to help minimise disruption to the availability of the current workforce. However, this does not address the impact that Brexit will have on workers from the EU who may wish to work in health and social care in Wales in the future.

At the time of writing, no special dispensations have been made for EU nationals who wish to work in care. At a time when providers are already experiencing difficulties in recruiting and retaining sufficient numbers of skilled careworkers, some thought must be given to ensuring that care providers in Wales can continue to access the EU as a potential source of careworkers.

The Welsh Government's publication also reports that 58% of registered social care respondents had described difficulty in recruiting care workers within the last year. Additionally, as part of a recent survey conducted by UKHCA, with support from the Welsh Government and other stakeholders in Wales, 50% of respondents thought that the new registration and qualifications requirements for careworkers would have a negative impact on recruitment and retention.

Given the many changes that are happening in the health and social care sector in Wales, including changes to the inspection regime and the workforce, it would seem that any measures that can be taken to minimise the possible impact of Brexit, and maintain care providers' access to the European workforce, should be welcomed.

The conclusion of the Welsh Government's report broadly agrees with this, stating: "When viewed against the broader context of staffing challenges in the social and childcare sectors, any impact of Brexit in terms of the rights or propensity of non-UK EU nationals to remain in the UK has the potential to exacerbate existing recruitment challenges for the sectors."

We hope that this will be adequately taken into account in whatever deal is negotiated by the UK Government before the 31 October 2019 deadline.

James Whynacht
Policy Officer, UKHCA

References

- Research on Implications of Brexit on Social Care and Childcare Workforce, Welsh Government, 2019: http://bit.do/ePtdj
- A survey of homecare providers in Wales: regulation, registration and inspection, UKHCA, 2019: https://www.ukhca.co.uk/downloads.aspx?ID=602#bk1
- Stay in the UK after it leaves the EU ('settled status'): step by step, UK Government: www.gov.uk/eusettledstatus

How to pay for care – delay to Green

The delay in publishing the Adult Social Care Green Paper for England has been frustrating, but, while we wait somewhat impatiently, we can at least say the delay has allowed the time to look closely at the funding options that have been floated by Government and others.

One organisation which has been considering the principles that should underpin any new funding system is the Nuffield Trust. They started by asking a series of questions and comparing them against various proposals that have emerged such as increased taxation, voluntary insurance and others.[1]

As we know, there is no general consensus for financial support for social care, unlike healthcare where the funding mechanism for NHS is well understood and accepted by all. Sir Andrew Dilnot CBE, who chaired the Commission on Funding of Care and Support, (the Dilnot Report, 2011), has said that the current method of adult social care funding is, "the most pernicious means-test in the whole of the British welfare state".[2]

A fairer funding system for Adult Social Care in England

Not the real Green Paper

Yet, it is obvious to everyone that as for healthcare, the risks of needing social care are not the same for everyone. The Nuffield Trust point out that a small number will have no need, most of us will have some and a small proportion of us will have extreme need for social care and can face 'catastrophic costs'.

The Nuffield Trust came up with four principles on which to consider how to fund social care:

Does it raise money for now and the future?

Tax increases and extending national insurance contributions beyond the state pension age are two schemes that offer the potential to reduce the short-term funding gap and accommodate the growing need for care.

Does it pool financial risk?

Universal mandatory contribution schemes have the greatest potential to protect the largest number of individuals.

Is it fair?

While a universal, mandatory system means that everyone has equal access according to the level of

Notes

1 Oung C and Schlepper L, Nuffield Trust, 2019: "What principles should underpin the funding system for social care? http://bit.do/ePtar

2 Guardian newspaper report, 6 April 2017: http://bit.do/ePtaH

MPs and Lords consider whether social care workers should be professionalised

At their first meeting on 26 February 2019, members of the All Party Parliamentary Group (APPG) for Social Care agreed to undertake an Inquiry into the Professionalisation of Social Care Workers. The Inquiry is being conducted in partnership with residential care provider HC One.

All-Party Parliamentary Groups (APPGs) are informal cross-party groups that have no official status within Parliament. They are run by and for Members of the Commons and Lords.

The APPG on Social Care want to provide a forum for parliamentarians to discuss the world of social care and related public policy and promote awareness in Parliament of the realities of the social care sector for employees, employers and care recipients.

In answer to the APPG's question on the current recruitment and retention challenges, UKHCA said that high turnover rate for homecare services (32.5%), and vacancy rate (9.2%)[1] are largely attributable to councils failing to recognise the full costs of care and reflecting these in paying sustainable fee rates to providers. UKHCA told the committee that we have consistently argued for statutory oversight of local authority commissioning of care and for payment of sustainable fee rates.

On registration of careworkers we told the APPG that homecare workers have found their roles expanding into areas previously undertaken by district nurses, for example in providing assistance with enteral feeding and wound dressings. This is analogous to the increased use of healthcare assistants in NHS settings. However, where the latter are seen to be in support of healthcare professionals, homecare workers carrying out similar roles in the community are not.

UKHCA believe that workforce registration, if properly implemented and funded, would demonstrate a level of status, in both the organisation and the individual. It would also celebrate the attainment of qualifications and encourage ongoing professional development of registered workers. However, at present, there is a significant mis-match between the funding available for training and developing NHS staff and that for homecare staff.

- See UKHCA's full response to the APPG: http://bit.do/ePJgc

Note

1. Domiciliary care services in the adult social care sector 2016/17, Skills for Care, http://bit.do/ePx6B

Paper lets us examine the options

need, a question of intergenerational fairness is raised when considering if social care should be free at the point of use. Another way to look at this question is that although older people are by far the highest users of the NHS, there is no suggestion that they should contribute towards paying for their healthcare.

Is it understandable and transparent?

A feature of social care is that many people think it is already free and so are not saving for the care they might need in older age. No one would argue that the current system is fair or simple to navigate – if we were designing a social care system from scratch, we wouldn't start from here. The Nuffield Trust

suggest the system of funding which is most likely to gain public support is one that is familiar to people. That suggests an element of universality whether from general taxation or a mandatory social care insurance scheme might be an option in the Green Paper.

Previous attempts to resolve the social care conundrum have been smashed on the rocky shores of politics – the so called 'dementia tax' proposed by the Conservatives in the General Election of 2017 was not well received by the public. There is no doubt that changing the way we fund social care will have profound implications for local government, the NHS, commissioners and providers alike.

But if the Prime Minister wishes to leave a long lasting legacy that looks beyond Brexit, she might bring out a Green Paper that settles the question once and for all of who pays for social care.

Veronica Monks
Policy Officer, UKHCA

Improved Green Paper due out 'as soon as possible'

MPs pressed the Government on the reasons for the long delay in publishing the adult social care Green Paper for England, during a recent Opposition Day debate on local government and social care funding.

Caroline Dinenage MP, Minister of State for Care, gave an assurance that the Green Paper would address the catastrophic way in which care costs can currently affect some individuals. On the timing of reforms, she said 'the Green Paper is a big document which covers a range of issues. It will be possible for some developments to take place immediately, but others will take longer.'

The Minister continued 'a version of the Green Paper already exists, but that does not mean that we are resting on our laurels while we are waiting for an opportunity to publish it. We are continuing to improve it

Caroline Dinenage MP

and evolve it so that when we do publish it — as soon as possible — it will be in the best possible shape.'

Hansard report of debate on 24 April 2019: http://bit.do/eQHf9

Ex-Minister's solution to fix the care crisis

Former Cabinet minister the Rt Hon Damian Green MP has also been exploring the options for funding long-term care.

In a paper for the Institute of Policy Studies, he proposed the care system should adopt the model of the state pension, with the Government providing a new Universal Care Entitlement, with an optional top up from savings or housing wealth via a Care Supplement. Funding should be generated from taxing winter fuel allowance, diverting savings from the Spending Review or, as a last resort, a 1% National Insurance surcharge for those aged between 50 to 64.

- Fixing the Care Crisis, Institute for Policy Studies: https://bit.ly/2V8xAti

Fund aims for better integration

As in previous years, in 2019, local authorities and Clinical Commissioning Groups (CCGs) will have to plan jointly how to spend the Better Care Fund (BCF) and have those plans signed off by Health and Wellbeing Boards.

Reducing the length of unnecessary time spent in hospital is one of the key aims of the BCF through better integrated care between the NHS and social care. There will be an increasing trend for the NHS to contribute to adult social care through commissioning of out-of-hospital services.

NHS England will ask CCGs to pool a mandated minimum amount of funding and local authorities will have to pool grant funding from the improved Better Care Fund, Winter Pressures funding and the Disabled Facilities Grant.

The Government has said that there will only be minimal changes to the BCF this year and any major changes from the BCF Review will be from 2020 onwards. Future years' allocations will be decided through the 2019 Spending Review. However, up to going to press, the Government has not said how much money will be in the BCF for this year.

There is more about the BCF in the paper: '2019-20 Better Care Fund: Policy Framework', by Department of Health and Social Care and the Ministry of Housing, Communities and Local Government, April 2019: http://bit.do/ePx8t

Political impasse must end to allow reform to progress

A new report released by Marie Curie has highlighted an ongoing symptom of the political impasse that continues to grip Stormont.

The report revealed that service users in Northern Ireland are continuing to die in hospital settings, despite being declared ready to be discharged to community care or back to their own homes. This is often being caused by delays in arranging suitable out of hospital care.

The Health and Social Care Board has stated that taking steps to allow people to return home, or community care settings, quickly after visiting hospital remains a top priority. The broader long-term goals of health and social care transformation in Northern Ireland are largely in alignment with this priority, with a focus on joined-up care that measures against outcomes for service users.

> Many of the aims of health and social care reform, including a smoother transition between hospital and home, cannot happen without first making sure that the homecare market in Northern Ireland is stable and in good health.

Unfortunately, much of the promising talk regarding reform of health and social care services in Northern Ireland has either faded away, or is moving at a pace that can only be described as glacial, due to the continued lack of a functioning executive in Stormont. Some groups linked to reform are continuing to meet, but it is clear that there is a limit to their scope until a government is returned.

Without system-wide changes, it is unlikely that the lot of homecare providers will change much in the near future. Many of the aims of

health and social care reform, including a smoother transition between hospital and home, cannot happen without first making sure that the homecare market in Northern Ireland is stable and in good health.

One of the first, most obvious steps to achieving this, is to both improve the way that homecare services are commissioned, and ensure that Health and Social Care Trusts have the ability to pay homecare providers a fair price for services that accurately reflects the true cost of providing care and the challenging nature of care work.

We know that this is an area that requires a lot of improvement. There is currently an over-reliance on 'time and task' style commissioning, and a prevalence of low-rates being paid by the Trusts for homecare services.

As demonstrated by UKHCA's Homecare Deficit 2018, the £13.70 per hour weighted average in Northern Ireland is £5.23 below UKHCA's current Minimum Price for Homecare of £18.93 per hour.

UKHCA has also calculated that the Northern Ireland's homecare sector needs at least an additional £59 million per year to ensure that homecare workers receive the current statutory National Living Wage, while also ensuring that homecare providers can meet their statutory obligations.

Without these conditions being met it is difficult to see how long-term stability can be achieved in the homecare market and, consequently, how any transformative agenda can be realised should an executive be returned to Stormont.

James Whynacht
Policy Officer, UKHCA

Resources

- The Homecare Deficit 2018, UKHCA: **https://www.ukhca.co.uk/downloads.aspx?ID=589#bk1**
- Marie Curie Press Release: **https://bit.ly/2vdOCXw**

A cheerless

***Be kind to auld grannie, for noo she is frail*, runs the song.[1] But are we kind to auld grannie (and grandad) in Scotland in the 21st Century?**

Our twilight years are often spent alone and with limited care and support. Older people are classed as those over 50 and we are seeing an increase in this section of the population. The sustainability of the social care system remains a concern.

But in many ways Scotland has led the way in social care in the UK.

In 2018, the government appointed Christina McKelvie as Minister for Older People and Equalities and also published a strategy for tackling social isolation and loneliness and building stronger social connections. 'A connected Scotland: our strategy for tackling social isolation and loneliness and building stronger social connections' sets out a vision of kindness, dignity and compassion, linked to the National Outcomes and associated National Indicators.[2]

In some respects Scotland also leads the way in terms of health and social care integration through the formation of Integrated Joint Boards.

These are making an impact in terms of improving local systems' integration but, as Audit Scotland observed last year: "While some improvements have been made to the delivery of health and social care services, Integration Authorities, councils and NHS boards need to show a stronger commitment to collaborative working to achieve the real long term benefits of an integrated system".[3]

In April the Scottish Government published: 'A Fairer Scotland for Older People: Framework for action setting out a vision of how to improve the lot of older people.'[4]

In the Ministerial Foreword Christina McKelvie wrote that: "Ageing is something most of don't want to think about" and "It is time to remove barriers, tackle inequalities and allow people to flourish and be themselves."

Laudable sentiments but, in a climate of concerns over the future of our country resulting from the ongoing saga that is Brexit, the framework document received virtually no attention

auld age may be feeble and slow

from the media or the wider political class.

The document is long on rhetoric but short on the thornier issues around who is going to pay for this and the quality and sustainability of the health and social care system in Scotland.

Despite receiving extra money from the Chancellor of the Exchequer (through the Barnet Consequentials) in October 2018, the Scottish Government has not shown a commitment to funding a truly sustainable adult social care system in Scotland.

Most adult social care in the UK is purchased by local authorities and in Scotland, during 2018, the average hourly rate for care at home is £16.54 per hour. Although this compares favourably with the UK national average of £16.12, it is well below the UKHCA minimum price for care at home of £18.01 which we estimate is necessary to comply with National Minimum Wage Regulations (including careworkers' travel) and the costs of running the service in a sustainable way.

Move forward to April 2019 and the National Minimum Wage was increased to £8.21 an hour meaning that the minimum price increased to £18.93 for an hour of care.

However, the First Minister announced in April that the (voluntary) Scottish Living Wage would increase to £9.00 per hour meaning that the cost of providing a sustainable service would increase to £20.75 per hour, further opening up a gap between what providers receive and what they are expected to pay out.

In October 2018 we provided our members in Scotland with a draft letter to send to MSP ahead of the Budget discussions. Sadly, care at home did not feature in any announcements about the Budget.

The Framework document, mentioned above, recognises: "that change will not occur overnight and will require years of sustained effort and a change in thinking…Scotland's older people today and those older people of tomorrow are depending on us to deliver."

Yes, Minister, we are.

Properly funded social care enables older people to maintain their independence and dignity and to continue to contribute to society. It should not be seen as a burden and a drain on society.

Social care must be seen as a valued and valuable service and careworkers given proper recognition and opportunities for career development if Scotland really is to be "the best place in the world to grow old."

And mind though the blythe day o' youth is noo yours,
Time will wither its joys, as wild winter the flow'rs;

Chill winds are blowing through the country at present so please, Scottish Government don't leave older people 'tott'rin alane' and be 'the consoling frien' the song speaks of.

So, *Be kind to auld grannie for noo she is frail,*
As a time shatter'd tree bending low in the gale.

Terry Donohoe
Policy Officer, UKHCA

Notes

1 'Be kind to Auld Grannie', a traditional Scottish song by Archibald Mackay, celebrates the role of grandparents but reminds us all of the dangers of growing old without support: **https://bit.ly/2Pf426O**

2 A connected Scotland: our strategy for tackling social isolation and loneliness and building stronger social connections **http://bit.do/ePtbF**

3 Audit Scotland Report: Health and social care integration: update on progress **http://bit.do/ePtcn**

4 'A Fairer Scotland for Older People: Framework for action setting out a vision of how to improve the lot of older people.' **http://bit.do/ePtcL**

Martin joins Silver Line board

The Silver Line, the charity founded by Dame Esther Rantzen DBE, has appointed Martin Jones, managing director of Home Instead Senior Care, to be a member of their board of trustees.

The Silver Line is a confidential, free helpline for older people in the UK. Speaking about his appointment, Martin Jones said: "Our mission is to 'change the face of ageing' and everything that we do is focused on this. Our care service allows older people to remain living at home and stay connected with their local community, where they feel valued and can continue to make a contribution.

"The Silver Line provides an invaluable support service, so our two organisations are well-aligned. My involvement with them will allow me to help shape some of the charity's initiatives, perhaps most importantly those that help to combat loneliness amongst older people."

Martin Jones is also a trustee of the Care Workers Charity, sits on the Age at Work Leadership Team for Business in the Community (BITC) and is the Champion for Older Workers for BITC. He also sits on the board of TSA, the industry body for technology-enabled care. He is one of four new Trustees for The Silver Line.

Bluebird honours special friendships

Working in homecare is sometimes viewed as a solitary occupation, but Bluebird Care have been encouraging people to celebrate special friendships in the workplace.

The aim of the organisation's #FebruaryFriends campaign was to bring people together - office staff, care assistants, customers and their friends.

Participants in the Bluebird Care network wrote down each other's names and why they are friends. They then joined the pages together to make a 'heart' and posted a photo on social media.

Colleagues Kay and Dani from Bluebird Care Mid and West Cornwall shared what they love about their friendship - Kay makes Dani laugh and Dani is always there for Kay!

Katie Holloway, Social Media Manager at Bluebird Care, said: "…An activity like this is small and only takes up five minutes of your day but it gets people thinking about who is really important in their lives and how they can help other people to brighten up their days."

To read more about Bluebird Care's initiative to bring people and colleagues together visit **http://bit.do/ePtdy**

Kay and Dani from Bluebird Care Mid and West Cornwall

Prestige wins 'Outstanding' rating

Well done to staff at Prestige Nursing + Care's Plymouth branch, who have received an overall rating of 'outstanding' from CQC. The branch was praised for its 'exceptionally caring' service and for staff who 'went above and beyond', when caring for service users.

CQC's report said: 'Everyone we spoke with, without exception, told us that the care and service provided by staff and management at Prestige Nursing Plymouth was outstanding'.

The links with local community and businesses were highlighted, and the registered manager, Emma Bonney, was singled out for praise for her open culture and commitment to make improvements.

Jonathan Bruce, Managing Director at Prestige Nursing + Care, said: "There are very few services in the UK that receive an outstanding rating. This rating is testament to the team's outstanding work, including their focus on delivering exceptional care and going beyond what is expected. This is a very proud day for Prestige Nursing + Care."

Emma Bonney added: "This rating is built on the success of previous 'good' ratings that we've received in the past. Fantastic team work has undoubtedly been the key factor in receiving such an outstanding rating. The community team has also played a huge part and it's great to receive such terrific formal recognition."

www.prestige-nursing.co.uk/our-locations/plymouth/

CareLineLive named a technology pioneer

Congratulations to UKHCA commercial members CareLineLive, winners of the 'Pioneers in Technology' award at the Dementia, Care & Nursing Home Expo held at the NEC, Birmingham in March.

The award was judged by a panel of industry experts, who were impressed by the level of visibility and engagement that CareLineLive offers, not only to homecare managers and careworkers but also to family and friends through a dedicated portal, keeping them updated about their loved one's care.

Josh Hough, CareLineLive CEO, commented:

"We are delighted to be recognised as pioneers within the Care Management System sector, helping homecare agencies become more efficient and productive through our one stop solution.

"Through automating daily management tasks such as rostering and invoicing, and keeping carers better informed with our Carer Companion App, we're able to help agencies grow their business whilst providing sustainable care. The fact that our Family & Friends portal also allows families to be fully engaged with loved one's carers, we believe, sets us apart from other care management system providers.

"With further innovative developments planned, CareLineLive is pioneering the way technology is used today and in the future within the domiciliary care sector."

www.carelinelive.com Telephone 03300 885767

Right at Home Solent shortlisted for Customer Engagement Award

Right at Home Solent has been shortlisted for the Customer Engagement Award at the bfa HSBC Franchise Awards, to be held in Birmingham in June. The awards are the flagship event in the franchising calendar and getting a nomination is a major achievement.

The homecare organisation, which covers Southampton, Fareham, Gosport and New Forest East, is run by husband and wife duo, Kev and Amy Popat. As well as offering services including companionship, personal care, medication reminders and live-in care, the provider places great emphasis on improving quality of life and organises a wide range of stimulating activities, giving clients the chance to socialise in their local community.

Kev and Amy, who attributed their success to their dedicated team of CareGivers and office support staff, said:

"We are delighted and humbled to be shortlisted for this award. As a team we have faced many challenges, but through sheer determination and hard work have managed to come out the other side much stronger.

"We are very proud to be able to offer a service that is rated "Outstanding" by the Care Quality Commission, putting us in the top 2% of care companies nationally. We are extremely proud of our amazing office and CareGiving team – this one is for them!"

www.rightathomeuk.com/solent

Amy Popat has also been shortlisted in the Women in Franchising Awards. Right at Home's four nominations for the 2019 Natwest Encouraging Women into Franchising (EWIF) Awards are:

- Right at Home's Director of Operations, Lucy Campbell, who is shortlisted in the Woman Franchisor of the Year category;
- Franchise owners Karen Myres (Right at Home Preston) and Amy Popat (Right at Home Solent) who are both shortlisted for Woman Franchisee of the Year; and
- Helen Garland (Right at Home Bournemouth and Poole) who is a finalist in the Woman Franchise Employee of the Year category.

Winners will be announced at an awards ceremony in London on 1 May 2019. Good luck to them all.

● Members' news continues on page 26

Research highlights the continuing benefit of Electronic Care Monitoring

With electronic care monitoring (ECM) now well-established practice, UKHCA commercial members H.A.S Technology Group have commissioned research on councils' current practices and needs to see if ECM is still relevant in today's market.

The research was led by ADASS Associate, Keith Skerman, who conducted interviews with seven councils. Keith said: "Speaking with senior colleagues reinforced the benefits of ECM technology in terms of safeguarding, supporting quality and delivering efficiencies. These are as relevant now as they were 20 years ago. Whilst the benefits have traditionally been associated with older adult services, it was interesting to hear that deploying monitoring technology in disability services had achieved excellent results.

"In today's cash-strapped market, with increased pressure on providers, it became clear that in areas where the council commissioned less than 50% of the total homecare market, they had the greatest challenges with provider system compliance. This led one of the councils to allow providers to move away from a previously mandated monitoring solution."

The study showed that savings from the use of ECM range from 10-26% of commissioned costs, with

greater recognition that these can be reinvested in care services. The research revealed ECM was helpful to councils' compliance with Care Act obligations and allowed greater transparency.

HAS Technology's report: "How relevant is Electronic Care Monitoring in today's fragile market?" is available at: **http://bit.do/ePtd6**

Members are 'outstanding' across the board

Congratulations to London-based live-care provider The Good Care Group and No Place like Home, based in Kent.

As we went to press, we received the excellent news that these two members have achieved 'outstanding' ratings across the board.

CQC awarded them the highest rating in all five domains, establishing the service is safe, effective, caring, responsive and well-led, leading to a overall 'outstanding' rating.

CQC's inspection report for The Good Care Group said: "The provider was exceptional in its responsiveness to people's changing needs and prevented unnecessary hospital admissions through its flexible service delivery".

It commented: "The service was an excellent role model for other services. It worked in partnership with others to promote positive experiences for people based on good practice."

No Place like Home also received a glowing report. CQC commented: "Staff had outstanding skills and an excellent understanding of people's individual preferences. Staff training was developed and delivered around people's individual needs and this had made a significant impact on people's quality of life."

Many congratulations to both services.

Have UKHCA members received an award or impressive rating? Send your stories and photos to **editor@ukhca.co.uk**

Go the extra mile for charity – July 22-28 2019

UKHCA is an active supporter of The Care Workers' Charity (CWC), which is dedicated to helping current and former careworkers. In 2018 CWC awarded over £150,000 in grants to almost 400 care workers – nearly four times as many people as in 2017.

There are lots of ways for UKHCA member organisations and their staff teams to get involved in supporting the Care Workers' Charity. These include CWC's **Going the Extra Mile** week, during 22nd-28th July 2019, to celebrate the careworkers who go the extra mile every day.

Giving details for Going the Extra Mile, CWC said: "In recognition of the great work we know happens in the care sector we are asking organisations across the country to walk, run, bounce or even skip a mile. It could be a small group of people using their lunch break to walk a mile or someone swimming a mile throughout the week.

"Last year we saw such diversity in people's events we wanted to leave it up to you to be as creative as possible! We want everyone to recognise the great work care workers do every day and to find out more about CWC, so get your community involved too".

CWC the care workers charity

You can find more information on holding an event and registering a team from your organisation for Going the Extra Mile in the events section of the CWC website at: **www.thecareworkerscharity.org.uk**.
You will receive an event pack, which includes promotional materials and ideas for your event.

Not All People Handling Training Providers Are The Same

Successful completion of the EDGE People or Children Handling and Risk Assessment Key Trainer's Certificate courses will provide delegates with the up to date skills, knowledge and tools to teach others in safer people or children handling skills and to conduct moving and handling risk assessments.

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All EDGE Key Trainer events comply with the following professional training standards;

- The National Back Exchange Training Standards (2010)
- The All Wales NHS Manual Handling Training Passport and Information Scheme (2010)
- The Scottish Manual Handling Passport Scheme (2014).

Please contact our friendly office team to discuss your training requirements in more detail.

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Free resources available exclusively to UKHCA members

UKHCA
UNITED KINGDOM HOME CARE ASSOCIATION

As a UKHCA member you can access homecare specific, expert advice and guidance from our free online resources.

We have recently updated and released the following resources:

- ***NEW*** Night working in homecare
- ***Updated*** Medication Policy Template
- ***Updated*** Smoking and Vaping in a Homecare Setting
- ***Updated*** Employing homecare workers aged 16 and 17 years

To download these, or any of our wide range of advice and guidance resources, please visit:
www.ukhca.co.uk/downloads.aspx