The Care Quality Commission (CQC) has launched guidance for all health and adult social care providers on meeting the new essential standards of quality and safety that will apply across the care sector.

Providers must show they are meeting essential standards as part of a new registration system which focuses on people rather than policies, on outcomes rather than systems.

The essential standards relate to important aspects of care such as involvement and information for people, personalised care and treatment, safety and safeguarding.

Subject to legislation, the new registration system will come into force for adult social care and independent healthcare providers on 1 October 2010. Applications for registration under the new system will commence from April to September 2010. CQC will contact all providers giving them a four week window in which to submit their application. For more information go to: www.cqc.org.uk/guidanceforprofessionals/registration/newregistrationsystem.cfm

Important—PCT changes for providers

NYCC offers no increase in fee rates to care providers—leaving them with a bigger funding gap

ICG has been unable to persuade NYCC to increase fees this year to cover the cost of care. The sector has been under-funded for a number of years and this will increase pressures on all providers but especially small providers who have very small margins. The costs of the increased Minimum Wage, increased holiday allowances and the rising cost of utilities will all have to be borne—at a time when placements within the sector are being restricted. The net effect of a 0% ‘increase’ is that the Council will pay providers less and will make a small gain.

NYCC fee rates 2010-2011

- Residential Care £344.45
- Residential EMI £389.92
- Nursing Care £482.07 (£375.77 + NHS FNC £106.30)

CYC is also likely to make a 0% award but we are waiting to have this confirmed by the Council at the end of February.

When care is paid for by the local authority there is always a client contribution—and this is adjusted upwards when pensions are increased. The Council will take this into account in its calculations and will therefore pay less and make a financial gain.
Dr Graham Stokes promotes person centred care at Learning Network for Dementia event

More than 120 care providers attended a Learning Network for Dementia event at Riccall where Dr Graham Stokes gave a compelling talk on the importance of giving person-centred care to people with dementia.

Dr Stokes described how the person suffering from dementia lives in a state of unremitting insecurity and anxiety. And that people with dementia who are quiet and acquiescent could be showing passive withdrawal and could also be suffering from unrecognised depression.

He explained how for dementia sufferers recent memories disappear first and only historical memories remain. He said that when people display anger and challenging behaviour—this is not a symptom of their dementia—it is more likely to be connected to the way they are being supported and/or to incidents from their deep past.

For a person suffering from dementia the performance of social care activities can feel very threatening. He asked the audience to imagine how they would feel if someone they did not know came and began to get them undressed. He said that each of us forms a sense of dignity between the ages of 2-3 years. He warned of entering someone’s personal space, without either invitation or explanation, or with inadequate explanation. People may express feelings of pain when being helped—when what they feel is fear.

Dr Stokes said ‘With dementia the mysterious is never transformed into the familiar’. He spoke passionately about insensitivity in the care of people with dementia, and unthinking behaviour—which he called ‘an accumulation of care malignancies’.

He emphasised that good dementia care is slow care because the memories of people with dementia are less efficient, they think more slowly and their ability to problem solve is impaired.

Dr Stokes spoke strongly against infantilism—treating people with dementia like infants—giving care that is not empathetic to them as adults.

Dr Stokes is the author of a number of books on dementia including: The Essential Dementia Care Handbook: A Good Practice Guide (written jointly Fiona Goudie)

This event was sponsored by:

We congratulate the LND on arranging an excellent learning event
CAWD has arranged two training days for our Care Ambassadors. The training on Presentation Skills was run by Julie Scott of Selby College and gave people tips on how to engage an audience. Many Care Ambassadors will choose informal rather than formal presentations—and all found the sessions useful.

Care Ambassador Project Manager Michael Watt, has been organising for small groups of Care Ambassadors to go into Jobcentre Plus Offices to talk to staff, and to local schools and colleges to talk to students about what working in care means to them.

Do you know someone in your team who has got what it takes to be a Care Ambassador—to promote the sector and recruit for your organisation?

Contact Michael Watt on 01609 798 541 or e-mail: Michael.Watt@northyorks.gov.uk

Following from the success of events held at Harrogate, York, Northallerton and Scarborough, CAWD has held an event for care providers at Selby.

Our events help providers to get the most out of training and funding opportunities; Skills for Life; recruitment and retention; leadership and management and more. Presented at this event was a template job advert created jointly between Jobcentre Plus and CAWD to aid care providers in successful recruitment.

The next CAWD event will be held at Embsay near Skipton on Wednesday 12 May.

If you would like to know more please contact Keren Wilson of ICG (details on back page)

ICG is extremely grateful to NYCC for its commitment to CAWD and the support of its excellent staff and resources from the NYCC Workforce Development Unit.

CAWD is funded by the Yorkshire and Humber Joint Improvement Partnership to promote workforce development and funding for learning and qualification across the care sector in North Yorkshire and York.

CAWD has been set up with three lead partners ICG, NYCC and the Wilf Ward Family Trust and a range of other partners to work with employers to promote workforce development. It works in partnership with Skills for Care.

Recruitment news

New Money available
The new Apprenticeship Grant: £2,500 to enable employers to offer 5,000 new Apprenticeship places and take on an unemployed 16 or 17 year old apprentice immediately.

The £2,500 grant is in addition to the costs of training which is met by the National Apprenticeship Service.

N.B. grant is only available until March 2010. Call the National Apprenticeship Service on 08000 150 600 or visit www.apprenticeships.org.uk

Care First Careers
A new financial incentive for care sector employers:

Employers across Britain will get £1,000 for taking on a young person who is struggling to find work. Additional free pre-employment training packages will also get young recruits off to a flying start through the Care First Careers.

Care First Careers is part of the Government’s young person’s guarantee that everyone between the ages of 18 and 24 who has been looking for work for six months will get a job offer, work experience or training. It is making £75million available to fund up to 50,000 jobs.

To find out more go to: www.jobcentreplus.gov.uk/JCP/Employers/carefirst/index.html

CAWD
Care Alliance for Workforce Development

Carole Whiles gives Leadership & Management advice

We are an Alliance of care employers and interested parties who have come together to promote workforce development and funding for learning and qualification across the care sector in North Yorkshire and York.

CAWD works in partnership with Skills for Care.
Mike Webster—new NYCC Assistant Director

I took up the role of Assistant Director with responsibility for Contracting, Procurement and Quality Assurance within Adult & Community Services in North Yorkshire in September 2009. This spans the voluntary, private sectors and North Yorkshire’s own services.

The key part of the role is to work with the ICG amongst others to raise standards in the care sector and to assist the market to develop, in light of the opportunities and challenges that face us.

Those of you who have met me will know that a number of things have impressed me about the sector in North Yorkshire. These include the way both the county and independent sector providers continued to provide care in the recent wintry weather and the area is very well advanced in areas such as Telecare and Extra Care Housing. I have also been impressed with the relationships that exist between the council and provider organisations and the role of the ICG and the Market Development Board is central to this.

Before moving to North Yorkshire I headed a large contracting unit in Lancashire Adult Services and have interests in training, workforce development and developing contracting mechanisms that particularly suit the care market. I also chair the organising group for the National Contracting and Commissioning Conference.

At the moment, both the council and the provider sector face huge challenges which include the current financial position and the move towards more personalised services. It is my view that we need providers to be involved in how we develop new approaches and that there will be a continuing reliance on the independent sector to provide support for vulnerable people on the council’s behalf.

We are already working with the sector on a number of initiatives including the development of a Quality Assurance Framework and some practical help with business continuity planning. An important area looking forward is to jointly develop further the Care Alliance for Workforce Development. Hopefully this will become a crucial organisation for providers to gain information and assistance in all training and workforce development matters.

I am looking forward to working with you all and to jointly develop a thriving and high quality care sector in North Yorkshire.

Home care in the City of York—contracts

City of York Council will be advertising in early March for expressions of interest for their Locality Home Care Contracts with formal tender documentation available in April. Following the initial tendering of services in 2006, it is proposed to follow the existing Locality structure with three locality contracts being available for award.

It is intended that the new Locality Service contracts will commence on the 1st November 2010 with an award due in June. It is also proposed that the Council will be using a Framework contract approach as part of this procurement exercise to include any service provision outside of these locality contract awards. Information will be available via the SCMS system and OJEU from March 8th and will be advertised in Community Care. Organisations wishing to submit tenders will need to express their interest to the Council by 26th March 2010. Contact Katie Brown on katie.brown@york.gov.uk
The way that care is commissioned has to change—care providers were told at The Shaping the Market event organised by North Yorkshire County Council as part of its consultation on the future of social care in North Yorkshire. The event in Harrogate was attended by around 150 care providers who heard about the difficult situation faced by the County Council.

Seamus Breen, Assistant Director Commissioning and Partnerships laid out for the audience the serious mismatch between the care which will be needed and the money that is available. Every year Social Services is being asked to support more people with a reducing budget.

He explained that the Council would be transforming its own provision and in future would not be providing long term care through its own home care staff—who would be re-deployed into a Reablement Service.

ICG Chair Mike Padgham welcomed the consultation and urged all independent care providers to take part because the outcome will have a direct effect on their businesses. He said that these were very tough times but that the independent sector needed to look carefully at the issues in the consultation document, give their views, and begin to think of innovative solutions.

The Council will publish the results of this consultation.

REALLY IMPORTANT
If you are a care provider in North Yorkshire—please give your views. Go to:
Use Vol 4 of the Shaping the Market document to give your response.
The consultation ends on 28th February 2010

Get Connected Grant
SCIE is running a capital grant scheme for registered care providers to improve access for staff, clients and visitors to information and communications technology (ICT) so they can use the power of the internet to communicate, learn and to train. To find out more go to:
www.scie.org.uk/workforce/getconnected/cycle1.asp
Cycle 1 is for providers with up to 250 staff
Registration closes on 19th February 2010.

ICG Annual General Meeting
All ICG members are invited to attend our AGM which will be held as follows:
Date: Tuesday 16th March 2010
Venue: The Folk Hall, New Earswick, York
Time: 10 am

Dignity—new Bright Ideas Grant
A national grant of £50k is available for bright ideas about dignity in care and helping people put them into practice. To find out more go to:
www.big.dh.gov.uk/
Dear ICG

I was interested to read the letters in the last ICG Newsletter regarding poor experiences with recent inspections.

Not all homes have a poor experience of course, and the Inspection should be a co-operative and learning affair (as we have been reminded by NCSC/CSCI in the past). Currently the list is, of course, NCSC/CSCI/CQC which gives the lie to ‘New Labour’ crass incompetence and wishy washy thinking (something about drinking in a brewery!) which, apart from creating legions of useless work for care homes, vast wastage of money revamping everything from their letterheads, door signs, buildings (rented in expensive prime business locations) and ‘educating’ us about the latest great idea, creates uncertainty of roles and procedures for inspectors.

They (the inspectors) should be able to ride over these problems of course and conduct their inspections in a fair and relevant manner and most do I’m sure. But every so often you may come across an inadequately trained, unsuitable inspector or one with an unfortunate persona who really shouldn’t be in the job—and yes, they do get through the selection procedure.

Many years ago in a former life I was a Guardian ad Litem (representing children and young persons in court proceedings) and I always remember a senior social services officer reminding us guardians that we didn’t have a monopoly on opinions and we should always be prepared to listen to other professionals—and indeed to be wrong sometimes. Inspectors please note!.

On a lighter note, I was speaking to a home Manager recently and she had a good inspection experience with a bright and intelligent Inspector who didn’t shy away from pointing out things that needed attention but was fair and intuitive AND could suss out whether the Home was good, poor or downright bad—a skill all inspectors should have.

I would point out that the outcome was good! Mind you, on the issue of ‘Diversity’ ALL homes fail in my opinion. In all the years that I have visited and inspected independent and LA homes I have never once seen a copy of ‘The Retired Bilge Pump Attendants Monthly’ for residents to read. Nuff said!

Harry Larcombe
Whitby

Changes to the way the PCT will work with providers
(See page 7) If you have any comments to make on this please e-mail: keren.wilson@indcaregroup.plus.com
Dear ICG

Payments by the PCT

Further to the piece in the ICG newsletter Issue 17 I thought it would be useful to give an update on the progress that has been made with regard to the prompt payment of invoices.

Firstly I must say a big thank you to Keren for all the help she has given by providing information to us and for the feedback that she gives to you. We have regular meetings with Keren where we identify why the problems with delayed PCT payments have been occurring and agree what procedures need to be put in place to try to prevent them happening again.

I think we have made significant progress and hope that most of the problems that have been experienced in the past have now been resolved. However if you have any issues regarding invoice payments please use the contact details below as a first point of contact. These are your PCT contacts:

KEEP THESE NUMBERS SAFE
Charlotte Hay
Tel: 01423 859 655
E-mail: Charlotte.hay@nyypct.nhs.uk

Lucy Kitchener
Tel: 01423 859 661
E-mail: Lucy.kitchener@nyypct.nhs.uk

If for any reason your query is not resolved then please highlight any concerns to Keren who will bring the matter to my attention.

I would also like to take this opportunity to thank you for your patience and co-operation through what has been a challenging process for all involved, and I can assure you that my team will do all it can to assist you and improve procedures in the future.

Debbie Newton
Deputy Director of Finance, NHS North Yorkshire & York

NHS North Yorkshire and York (the PCT) has informed ICG that it is keen to work with care homes in North Yorkshire and York in establishing a robust contracting and funding for patients who are eligible for and in receipt of NHS Continuing Healthcare funding. Initially the PCT will be contacting all care home providers to ask if they want to be included on its Care Home Lists for future care home placements; these care homes will be expected to demonstrate they provide a high quality provision of care which is flexible to the needs of the individual patient. CQC ratings and the proposed NYCC Quality Framework will be taken into consideration.

At present the fees for NHS Continuing Healthcare placements with care homes in North Yorkshire and York differ considerably. During the spring and summer of 2010 the PCT will be working with the ICG to explore establishing standardised fees which it will pay for care home placements.

The PCT plans to introduce 3 levels of funding for each locality in North Yorkshire and York (York, Selby, Hambleton and Richmondshire, Craven, Harrogate and Scarborough, Whitby and Ryedale). The rationale for locality agreements is in recognition of the differing levels of funding existing within these localities and the differing costs of delivering care within localities. The PCT will consult with ICG on the proposed criteria for the 3 levels before implementation. The 3 levels will be:

Level 1 standard patient placement
Level 2 patients with increasing levels of needs and support
Level 3 for patients with high levels of need and support

As all patients are assessed by clinical and social care staff for NHS Funded Continuing Healthcare eligibility the teams undertaking the assessment will advise the PCT’s contracting team of the level of funding a patient is within. The contracting team will then agree with the care home provider the placement of the patient and payment mechanism.

Initially this work will focus upon care home placements, however in the longer term it will also include domiciliary care packages.

See bottom of page 6
ICG is a care association which represents independent care providers in York and North Yorkshire including care home providers for all client groups, domiciliary care agencies, supported living and extra care housing providers, and day centres in the private and voluntary parts of the independent sector.

**Independent Care Matters** is sent currently to all care providers in York and North Yorkshire; all City Councillors; all County Councillors; Chief Executives of NY&Y PCT, Borough and District Councils & NHS Trusts; to all local MPs and MEPs and to senior managers at NYCC & CYC.

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**Message from the ICG Chair—Silence on Fees**

Are the fees paid to you for care a worry? Do you spend time discussing where you can make more savings in order to keep your care service going? Do you feel under pressure trying to balance cost and quality?

These are many of the issues that providers tell us are uppermost in their minds and because of this we continue to keep up the pressure on commissioners to re-think their standstill offer on fees for 2010.

The zero increase is in reality, a cut in the fees providers are paid, especially as the retail price index inflation figure is 2.9%, and other costs like staffing, utilities and of meeting new legislation continue to rise.

We have pointed out to the commissioners that the only likely outcome of a cut in fees is a fall in standards and, during the current difficult trading climate, business failures. The cost to clients when care services close can be serious. It is documented that trauma and death sometimes occur when people have to move from care home to care home.

But is this a message which is taken up across the sector? At the recent Shaping the Future event held by NYCC (see page 5) it was disappointing to note that in spite of the lead given by ICG - *and the representations we have made and those made to us privately – not one provider, out of 150, made any reference to difficulties the sector faces.*

Nobody is trying to pretend that the current economic situation is easy and we sympathise with local authorities and PCTs that are facing tough financial restraints. But at the same time demand for high quality care continues to grow and if savings have to be made, we would argue that cutbacks that harm the care provided to some of our most vulnerable members of society should be avoided at all cost.

We will as an organisation continue to press for the commissioners to think again. We have to hope that individuals will do the same.

The ICG is often asked what it is doing about getting better fees for providers but it takes a united approach to achieve success. We know that these are depressing times but if we believe in the value of what we do then we should fight to preserve it. The recent event with the local authority directors was the perfect setting to indicate the strength of feeling – in fact it was an opportunity lost.

The message that silence sends out for now and for 2011/12 could not be clearer...

**Mike Padgham**