

The magazine for supporters of Community Integrated Care

Tou First

ISSUE 24 - WINTER 2009/10

CIC Conference and Awards Special

Alexandra Norrish | Relationship Centred Care | A Lifetime Achievement



Phil's Foreword

This is a very special edition of You First magazine, packed with pictures and features from our recent National Conference and Awards event.

On December 1st, CIC invited hundreds of our community to join us at one of Britain's most iconic buildings, St George's Hall, Liverpool.

Two hundred of our managers, team leaders and trustees attended the Conference and over 400 evening guests joined us for our Awards celebrations.

The Conference gave CIC the opportunity to share some of our ideas for best practice and to explore the latest developments in 'relationship centred care' pioneered by some of the key figures in our industry. We were proud to introduce the Department of Health's Head of Strategy, Alexandra Norrish, to open our afternoon session with a topical presentation on the Green Paper, "Shaping the Future of Care Together" (page 22-23). The issues raised in this paper will affect every one of us.

Another Government paper that is having a huge impact upon how CIC deliver services is the 2008 Drug Strategy. Ronnie Murrell MBE, from Sefton's Drug Action Team, presented seminars on the personalisation and community engagement elements of the strategy (page 15).

Personalisation is transforming the care sector. Our team of legal experts for the day, Belinda Schwehr and Susan Inker, put this agenda up for debate. Read our verdict in (page 20-21).

One thing we can all agree on, care is all about relationships. Trust, respect and understanding are the key to delivering great care. Christine Brown Wilson's seminars explored relationship centred care in care homes (page 16-17) whilst Jim Connechen, Interim Chair of the Mental Welfare Commission for Scotland, provided a Scottish perspective into how relationships in mental health care can be improved (page 19).

David Sheard, Head of Dementia Care Matters, developed the theme further in his seminars by sharing his personal experiences and outspoken views on care

The conference really stimulated debate and it was great to hear the animated buzz of conversations around the rooms. It was also a fabulous lead up to our Awards evening.

Our host for the evening was TV star Esther McVey. She did a great job of presenting the films of our award winners and welcoming them up on stage to accept their trophies from our sponsors. We received hundreds of award nominations, but our judges whittled it down to 18 worthy winners. Meet our CIC stars on pages (9-13). Having said that, I'm very aware that these are really just representative of many more stars across CIC.

A fitting end to the awards was the Lifetime Achievement Award which went to CIC's founder, Dr David Robertson, to whom CIC Chairman Simon Attwell paid tribute. Dr Robertson accepted his award with a moving and entertaining speech and thanked his wife (and best friend) Frankie for her unerring support (page 14).

It would have been good to have you all with us but obviously it wouldn't be possible so I hope this edition of You First will give you a good flavour of the event.

CIC would like to say a big thank you to everyone who offered their time and support to make our event a success, not least our sponsors whose generosity funded our event.

Best wishes

Phil Edgington

Chief Executive







Congratulations to...





Tanya Reed and Shelly Nkhoma, from The Mullion, Portsmouth, who have achieved NVQ 4 in Health and Social Care.



Karen Sanders, PA to CIC's Chief Executive, pictured with daughters Melissa Jo (left) and Daniella (right) receiving her CMI Level 7 Executive Diploma in Management.



Claire Chauhan and Tina MacLean, from Leicester, who received their Registered Managers Awards.

4 | Youfist | www.c-i-c.co.uk

Top assessment

Leeds Home Manager, Rachel Hickman, received a glowing report from her NVQ assessor for her work for her Leadership and Management Award in Care Services. Assessor Sharon Saund wrote to CIC to say: "This was an outstanding piece of work displaying thorough understanding and application of management theories and a vast knowledge of legislative and governing associations that mould the care sector. In my years in management and in vocational education Rachel's work stood out as a shining example of how it should be done." Rachel's work will be displayed at a forthcoming Leadership and Management Award workshop. Well done Rachel!

Better funding for Mental Health

Mental health campaigners are calling for more funds for research. They believe that the true scale of mental ill health is unrecognised since many conditions are diagnosed as "physical" problems. Professor Peter Jones, head of psychiatry at the University of Cambridge, said: "Mental health and illness are seen as separate from physical health and disorders but it's becoming increasingly clear that is wrong. Take smoking and lung cancer. People think of it as a physical illness but lung cancer is a behaviour disease due to smoking habit." Professor Jones and other leading mental health experts are calling for mental health research funds to treble to £200m a year.

Shirley shapes care

This month, Shirley Wrigley of Elwick Road, Hartlepool, wrote to us to tell us about a very special event she attended in her role as advocate for CIC's social inclusion group, Step Up To Life...



'In October I travelled down to Oxford, to take part in the Department of Health's 'Shaping the Future of Care Together' Conference. The conference was organised so that the government could learn more about what people with learning disabilities think about their ideas for a new national care service. We need a new care service because in the future there will be lots more people who need care and support. I really enjoyed the day because it was great to meet new people and to put my views across. The main thing I learnt was that people who need help should get help and that you should get the same support wherever you live in the country. Hopefully the government will listen to our views and this will help them decide what the new care service will be like.

Message from your Employee Forum

This year, the employee forum will be awarding a special Christmas Excellence Award to the staff team that has made an extra special effort to give their tenants or residents a magical Christmas. So, if you think this is your team, please contact your employee rep in writing by January 12th 2010, telling them why you think your team deserves this award. The winning team will be announced in the next edition of You first.

CIC have launched an accredited BTEC training course in dementia. The course, which was written by CIC's Learning and **Development Manager Alan** Howells, is designed especially to equip our care staff with the skills to deliver excellent care to individuals with dementia.

Awards Success



CIC were delighted to be named as the North West and North East Care Employer of the Year at the regional heats of the Great British Care Awards, Well done also to Service Manager. Caroline Bairstow, who was named as North East Care Innovator of the Year, and to finalists Home Manager, Amanda Parkin, of Pinfold Lane, **Leeds, Trainer Stephanie Marsden and Activities Organisers Jackie Flahert and Terri Kennedy of** St Lukes Care Home, Runcorn, and the whole staff team at Belle View Terrace, Durham.

Euro Friends

There was a continental feel at Salford care home, Pemberton Fold, this month, when the service welcomed some very special visitors from

France. Health and social care professionals, Katrine Pierre, Chantelle Sawune and Sevrine Pierre, visited the home as part of Salford's town twinning with Saint-Ouen, France. The ladies were all very impressed with the service. particularly commending the home's approach to the holistic dementia care and support for both patients and their families and carers. The visit was timely, given Pemberton Fold's recent commendation as one of only a handful of 3 star excellent rated senior care services in Salford.

Longford care home celebrated the completion of a £375,000 refurbishment last month, by hosting a special open day at its site in Chorlton, Manchester, The home, which provides specialist residential care to over 35 residents, has been transformed into a flagship care home for the Chorlton community. CIC's Director of Senior Care Services, Kathy Farmer, says, 'We are delighted with the results of this huge renovation project and are pleased that we have been able to positively enhance the local community in this way. I am confident that these new surroundings, combined with Longford's team of dedicated, professional staff, will enable us to offer residents the best in terms of person-centred care, independence and quality of life."

Gommunity

A big thanks to DOW **Chemicals who kindly** donated £800 to **Charlotte Grange Care** Home, Hartlepool. The money will be used to develop a home cinema for residents.



Pauline Ludgate and Janet Whaites of DOW **Chemicals, presenting the cheque to Maintenance** Officer, John Scott.

House, Widnes and Belvedere, **Runcorn visited the home** of their heroes thanks to a complimentary tour of Liverpool Football Club.

Staff and residents from Orchard



Happy 65th birthday to **Michael Haugh of Seaview**

House, Cumbria, who

celebrated his big day

Dearham.

with friends and family at

the Heavy Horse Centre in



Good bye and good luck to Mary Anglim, Assistant Housekeeper at Winsford Grange, Cheshire, who retired on 30th October. Service Manager Sharon Timms praised Mary saying, "It is with sadness that we bid a fond farewell to Mary after 19 years of service. She has always been an asset to our home, ensuring the highest standards and keeping residents' best interests at heart."

Ghoulishly good fun...

Halloween was celebrated in style again this year by residents and staff at Muirs Court, Uphall, who invited quests from local homes (Mill Road, Lismore, Howden Hall and Fernie Hill) to take part in their fancy dress competition. Top prizes went to **Dracula (Jonathan Alps from Muirs Court) and She Devil** (Sheila Hamilton from Lismore).







Residents from Munches Park care home, Dumfries, enjoying their Christmas lunch at Lockview Motel.

Staff and tenants from **Chester Close, Runcorn,** enjoying 'Cycling in the Park' in Victoria Park, Widnes.



It's been a busy few months for staff and residents at Amberleigh House senior care home, Merseyside. As well as enjoying a new garden water feature, kindly donated by Soroptimist International, residents enjoyed a Halloween party, with musical entertainment from 'Dicky Heart and the Pacemakers Ukulele band, and Christmas pantomime, 'Cinderella' presented by Pedita & Company. Congratulations also to resident Catherine Lyons, who celebrated her 80th birthday in October.

Finally, as many of our readers will know, Amberleigh House administrator, David Phillips has only a few weeks left until he embarks upon his charity cycle around Cuba, in aid of the Alzheimer's Society. To show your David support, please visit www.justgiving.com/davidirvingphillips.





Well done to all the staff and residents at Cornwall Park care home, Newton Stuart, who raised a whopping £400 for their service and Marie Curie Cancer Care by holding a special coffee morning.

Pictured: Barbara Matthews Deputy Home Manager, Cornwall Park.



Good luck to Kemp Lodge gardener Jill Jones who retires after ten years working at the senior care home in Merseyside.

CIC National Conference and

A CIC conference in the morning, a national conference on 'Relationship Centered Care' in the afternoon and a glitzy awards evening....December 1st was a busy and exciting day for CIC!

Our big day truly celebrated everything that is great about our charity; our commitment to innovation, dedication to providing excellent care and support and the great relationships that make up the CIC community.

Our morning session drew over 200 CIC managers together to discuss CIC's ambtions for the coming years and to pool their great ideas to further improve our work. The National Conference attracted a stellar panel of care sector experts for a discussion on the latest developments in 'relationship centered care' and our Awards evening celebrated the many successes of our staff and service users. It was a truly memorable day.

CIC would like to say a big thank you to everyone who offered their time and support to make our event a success. not least our sponsors, whose generosity funded our event.

This special edition of You First shares with you the highlights and unforgettable moments from December 1st.



CIC Chair. Simon Attwell began the Awards evening by welcoming all our guests, including service users, their families, staff, sponsors, suppliers, and his fellow trustees. He said: "You are all here this evening as friends of CIC and it is as friends that I would like to welcome you to the 2009 Putting Individuals First Awards."

Talking about the short

film that had been shown at the opening of the awards. Simon pointed out how well it had "showcased our award winners and given a brief insight into the many services that CIC deliver."

He said: "Tonight is about honouring the work of some of these very special individuals including colleagues who have provided a level of support and care that goes well beyond that which we expect and also users of our services who have overcome personal difficulties to excel in individual ways.

"It is above all a celebration of these relationships that have made these achievements possible and in that respect we honour all service users and our employees and not just the award winners you will see this evening."

Simon pointed out: "CIC have had 21 years of creating these strong bonds, between people who are supported and those providing this support. Our success is built on an inspired vision that has been sustained for over two decades." He then added that he would be back later to talk about CIC's legacy in more detail "when I return to present a very special award to an individual who epitomises CIC for us all." (See page 14)

Our host for the evening was TV presenter, turned prospective MP, Esther McVey.

Esther is a successful business woman, heading up her own media consultancy, Making IT (UK) and has more recently embarked upon a political career, representing her constituency Wirral West as a prospective parliamentary candidate for the Conservative Party.

With a distinguished career

in TV journalism, Esther's experience in both presenting and producing a wide range of programmes, including GMTV, BBC1's How Do They Do That, The Heaven and Earth Show and BBC2's Reportage, ensured our awards presentations were professional and entertaining.

Esther very generously provided her exceptional skills and her time for free. So from all of us at CIC: "Thank you Esther, your warm and friendly approach put our winners at ease and helped make our evening such a great success."



Putting Individuals First Awards 2009 Personal Achievement Awards

The winning service users were first up to receive their awards. Sponsors presented each individual with a beautiful glass star shaped trophy to celebrate how they had achieved their aspirations, overcame obstacles and surpassed their goals and expectations.



DARREN YATES - Independent Living

Darren (pictured with mum, dad and manager Carol Jamieson) from Wigan is supported at home 24 hours a day by CIC. He has truly embraced Independent Living discovering many new interests including gardening, shopping and even baking, despite being quadriplegic and having cerebral palsy.



ELLEN DALEY- Senior Care

Ellen (third right) joined CIC care home Kemp Lodge in 2005 having suffered a serious fall. Ellen undertook daily physiotherapy and support to recover. Four years on, Ellen's personal determination has enabled her to return to her own home.



SUSAN ATHERTON - Addictions Services

Susan (third right) used alcohol as a coping mechanism to escape a violent relationship. With the support of CIC's Community Link Addictions Service, Sue has found stability in her life and now helps others by working with the police to give presentations on domestic violence.



CHRIS HAMER - Homelessness Service

With support from Belvedere Homelessness Service, Chris (far right) overcame life on the street to find a bright future with his own home and a career working in a CIC Senior Care Home. Chris seized the training the service offered, securing gainful employment and his own flat in Widnes.

MANAGER OF THE YEAR

This award went to an individual who embodies the CIC approach to service delivery.



SHIRLEY MCTIER - Senior Care

Leading by example, Shirley (right) inspired her staff at Charnwood Lodge Senior Care home to achieve high scores in its recent Care Commission Inspection. Kathy Farmer, Director for Senior Care, praised her saying: "When the going gets tough, Shirley rolls her sleeves up and gets out there working alongside her team."

HOSPITALITY AWARD

Recognising the unsung heroes of our services, the individuals working in hospitality roles whose support is integral to the success of our services.



MELANIE CHAPMAN - Hennesy House

Hennesy House, Housekeeper, Melanie (right), collected the award in recognition of her dedication and professional standards which are praised by residents and have been commended by CQC inspectors.

BRIGHT SPARK AWARD

Our staff have fresh ideas, a determined outlook and big ambitions for their service users, and these qualities can certainly be seen in our Bright Spark Award winner.



CAROLINE BAIRSTOW - CIC Independent Living

Caroline (right) established CIC's North East social inclusion group, Step Up To Life, assisting service users to develop a charter mark that demonstrates their involvement in CIC's policies and procedures. She also helped create 'Check it Out', a service user audit tool to evaluate support and launched 'CIC's Got Talent', a musical competition featuring our service users.











CUSTOMER SERVICE AWARDS

Celebrating the work of CIC support staff who have an exceptional attitude to customer service.



SUE HORROD-Senior Care Winner

Friendly, caring and described as the 'backbone' of Cornwall Park Senior Care home by manager Evelyn Thomas, home administrator, Sue (right) was a worthy winner of our Senior Care award.



JO HALLT - Portsmouth Locality Office

As Adminstration Assistant for CIC's Portsmouth Office,
Jo (right) demonstrates the CIC approach to customer service.
As well as her general tasks, Jo supports service user Pauline
Bond, to help out at the office. Her support has given Pauline new
skills, confidence and independence.



CAROLINE WILCOCK - Support Services Winner

HR Officer Caroline (right) was nominated for the award by Joanne Warren, Lead Manager for Inspirit Care, in recognition of the 'trust and respect' she has built with new staff joining the CIC Group.









BETTER TOGETHER

'Putting Individuals First' often relies on team work. Our Better Together Awards went to teams who have worked collaboratively to achieve amazing results for the people they support.



ST ANDREWS DRIVE - Independent Living

The Fraserburgh team (third right Karen Woods, Brenda Malcolm and Laura Heasman) have changed the life of their service user beyond recognition. With their support, William Keith has overcome behavioural difficulties and discovered a love of horse riding, resulting in him winning an equestrian gold medal at this year's Special Olympics.



THORNEY CROFT DAY SERVICE - Senior Care
The Stranraer team (centre left Kay McCowan and Margaret
McCurdy) are full of big ideas for the 65 older people they support. With activities as wide ranging as musical therapy and playing Nintendo Wii, the team and their members prove you are never too old to learn new things and have fun.



CHESHIRE ADDICTIONS SERVICE

The Crewe team (pictured left to right Miles Couchman, Joanna Mos and Brian Metcalf) is committed to delivering an exceptional service to their community, providing addictions training for the emergency services and translating literature and documentation to cater for diverse needs.



ORCHARD HOUSE - Homelessness Service

By focusing their efforts on giving resident the life skills to flourish in the outside world, the Widnes based team has given countless young people secure, independent futures (right Norma Williams).









CIC CHAMPIONS

Dedication, commitment and a determined attitude are just some of the qualities that make a CIC Champion.



MARIA MOULE - Independent Living

With an encouraging nature and communications skills such as sign language, Maria (right) has seen her clients achieve meaningful employment, helping them grow in confidence and independence.



BERNADETTE ROGERS - Senior Care

Domiciliary support worker, Bernadette (far right), supports older people at home in Salford. Her caring and bubbly nature ensures she becomes a friend, as well as a helper, to the people she supports.



ELAINE HO - Liverpool Addictions Service

Project Worker, Elaine (right) demonstrates a strong commitment to diversity, actively working with colleagues across CIC to explore new ways to involve and engage black and minority ethnic communities to access CIC services.



BRIAN PARSONS - Homelessness Relief

Brian (right) has recently been made acting manager for two homelessness services, Halton Goals and Belvedere. Nominating him Cath Groves, Director for Addictions and Homelessness Services said: "Brian is committed to his service users and dedicated to finding new ways to make his services the best they can be."











With such a high standard of entries, our judges also made a number of Special Commendations. Our Chief Executive, Phil Edgington, welcomed our commendees to the stage.

Thanks to Zoe Photography for kindly donating her services for free at our Conference and Awards Ceremony.

14 | You First | www.c-i-c.co.u





Ronnie Murrell MBE is the clinical lead for Sefton PCT Drug Action Team. He was awarded the MBE in 2007's Queen's Birthday Honours List for his achievements in developing accessible services for disadvantaged groups, and particularly for those in the criminal justice system. Ronnie spoke to the conference delegates about how Personalisation and Community Engagement are reflected in the 2008 Drug strategy.

The 2008 National Drug Strategy **Protecting Families and Communities**

The strategy covers four main areas:

- Protecting communities through robust enforcement to tackle drug supply, drugrelated crime and anti-social behaviour
- Preventing harm to children, young people and families affected by drug misuse
- Delivering new approaches to drug treatment and social re-integration
- · Public information campaigns, communications and community engagement.

Ronnie explained that there are three key areas of responsibility for local drugs partnership. These are:

- 1. Harm reduction reducing the harm people who use illegal drugs and alcohol do to themselves, their families and community.
- 2. Demand reduction reducing the demand for illegal drugs. There are a number of initiatives e.g. drug education in schools; diversionary activity programmes that support people who are misusing drugs to stop such as residential and community detox, rehabilitation and the structured day services (like those CIC provide).
- 3. Supply reduction reducing the availability of illegal drugs by working with criminal justice agencies to stop drugs being produced here or entering the UK to be sold on our streets.

Spotlight on the National Drug Strategy Ronnie identified four groups: young people, parents and carers, drug users and local communities and discussed.

Investment

Discussing how the money that is being invested in the drug strategy and particularly in treatment will achieve better individual and community level outcomes, Ronnie said that it follows that it "has to reflect a more individualised and personalised approach to service delivery."

"For the Addictions sector, Personalisation or Self Directed Support relate to the reworking of social care interventions to ensure that the service user is in control of what services they receive, how they receive them and who provides them," he added.

Personalisation

Ronnie explained that in Sefton it is the intention to mainstream drug treatment services and bring them under the auspices of the Health and Social Care Directorate of Sefton Council. The Personalisation agenda will then put drug users at the centre of their treatment development. The Drug Action Team is working in partnership with providers to develop a workforce that has higher expectations of themselves and of their service users. They are encouraging service users to increase their own expectations and that of the service.

An effective way of doing this is Single Point of Assessment (SPA). This provides a 'One Stop Shop' for a service user, which ensures that once they have taken the step to get help they can quickly access the professional help and support they need.

He pointed out that a key factor to the success of the Personalisation Agenda in the 2008 Drug strategy is Community Engagement.

Community Engagement

Community engagement is an important element of the Drug Strategy and calls upon service practitioners to ask: "Who do we engage with, how and why?"

people, parents and carers, drug users and local communities and discussed how the Drugs Strategy identifies aims for community engagement:

Young People

"Prevent today's young people becoming the drug users of tomorrow" by:

- Providing correct information
- Developing an evidence base
- Supporting stakeholders to deliver local information and prevention campaigns
- Encouraging young peoples use of online self-help facilities
- Listening to young peoples fears and anxieties

Parents & Carers

Support parents by:

- Providing them with the facts surrounding drugs and their use
- Providing information regarding local support services
- Encouraging the development of "young peoples & parents" forums to provide confidence and knowledge

Drug Users

Encourage drug users to enter into treatment by:

- Consulting with drug users to identify their needs
- Promoting the benefits of engagement with treatment services including NX
- Encouraging engagement with "fellowship" organisations
- Encouraging users to have regular screenings for BBVs
- Encouraging the proper disposal of drug related litter

Community

Increase confidence in local agencies by:

- Developing communication campaigns
- Raising awareness of local policing initiatives
- Localising national campaigns to fit with local needs
- Regularising consultation



Caring for our relation

"Christine Brown Wilson is Lead University Link Lecturer at the University of Manchester. Until recently, she worked in care homes as both a manager and staff nurse, giving her a unique mix of academic and practical experience. Christine is also a founding member of the National Care Homes Research and Development (NCHR&D) Forum. The NCHR&D is an academic forum that provides support to researchers involved in care homes, seeking to influence both policy and practice through research.

Christine defines relationship centered care as 'respecting the person you are caring for and valuing their sense of identity'. She explained that one of the ways you can really get a sense of a person's identity is by gaining as much biographical information on them as possible. By speaking to the person you are caring for, their family and their friends, you can really understand the interests and routines that form their identity and this can be reflected in their care plan.

An interesting example given by Christine to demonstrate this point was that every evening her husband routinely sets the table, ready for breakfast the following morning. If he were to develop dementia, he would instinctively want to set the breakfast table in his care home and would become agitated when he couldn't. Some people

talk about 'challenging behaviour' in dementia services, but what they need to realise is that it is just a person's way of communicating their emotions. In the case of Christine's husband, if they were to take the time to understand his past routines, they would realise the source of his agitation and could alleviate it by allowing him to help set the table.

Christine really emphasized that everyone working in a care home needs to share a common goal: providing relationship centered care. To do this, you need strong leadership that truly believes in delivering high quality care. Christine also discussed the value of having a consistent staff team who all share the same core principles. With a consistent staff base, a sense of familiarity is built in a home, giving service users a sense of stability and security, and staff the experience to recognise and respond to the needs of the people they are caring for.

Relationship centered care is not just about building a relationship between staff and service user. Rather, it recognises the range of relationships that exist in a care home. A successful home is one that values the contribution of everyone in its community - the person who is being cared for, their family, and its staff. Care homes in themselves should become miniature communities with everyone involved in its decision making. I took a lot from Christine's seminar and I know my colleagues did too. We all left feeling inspired to take a fresh look at the relationships that exist in our services and to think of new ways to enhance them. For me, it was great to see that the values that underpin CIC's approach to Senior Care - and indeed all our care services have strong academic support.

We are fortunate to have so many staff who all share a common passion for supporting the individual in the best way they can. We provide great training and support, but there is also something instinctive about our staff's approach to care; so many of my colleagues are simply born carers. Because of this, our homes truly have a relationship centered focus. That's what I think make CIC services so special."



All our Putting Individuals First Award winners demonstrate Christine's assertion that relationship centered care relies on a bond between the carer and the person being supported. A great example of this in practise is our Personal Achievement Award winner, Ellen Daley.

nships





In September 2005, having seriously injured herself in a fall, Ellen Daley was discharged from hospital to Kemp Lodge care home, Waterloo. Ill and immobile she looked to have a dependent future. Fast-forward four years to October 2009. Ellen has regained her mobility and independence and returned to her own home. The staff at the service dedicated themselves to truly understanding Ellen, her abilities and her hopes.

Home manager Edna Jenson explains, "We knew how important it was for Ellen to be independent and therefore at every opportunity we worked with her to build up her strength and stability. Although Ellen's goal was always to move back home, she also really enjoyed her time here. She became a true member of the Kemp Lodge community, making friends and getting involved in all of our activities." Relationship Centered Care relies on a range of relationships. This was

certainly the case for Ellen whose journey back home was the culmination of her own great efforts and those of her loving husband Eddie, her family members, staff at the service and health professionals, who all together devised a plan for Ellen to make the big step back home.

You First visited Ellen two weeks after her move. She told us, "I credit Kemp Lodge for it all. They got me here. They really went out of their way to help me and we all got on so well. It's great being back home but I do miss the staff and my friends at Kemp Lodge."

Sheard Vision

David Sheard, Director of Dementia Care Matters, is not afraid to speak out when it comes to his feelings about the current state of dementia care in the UK today. Drawing upon his experiences as a young care worker, David recalls being asked to continually tell an elderly patient that her husband had died. He deeply shared her sense of devastation at each fresh realisation that her husband had gone, yet his actions were simply a reflection of the then current thinking that carers should be direct with dementia patients. However, David chose to trust his instincts and turn his back on what he saw as an outdated, futile and harmful method of care for people with dementia.

Following his CIC seminar where he delivered a challenging, frank, and highly emotional account of his experiences in the field over the past three decades, You First takes a look at some of David's most thought-provoking and radical views ...

> Whenever I am with a person with dementia I do think about what it feels like to be so lonely, so lost, frightened and insecure. This is what real dementia care is about. Creating staff teams who can reach inside, dig deep and make a parallel connection.

Dementia care is all about relationships but to make these relationships work we have to stop being false clowns; we have to take the mask off and start feeling it. But some managers are telling staff to keep their distance, leave their feelings at home, be professional, don't get too close and keep focused on being busy. And so what do we get? Robotic task based care, where staff never really connect with people. We get dementia care that is about doing it, not being it.

I talk a lot about getting the heart back into dementia care. But it's not a fashionable word – 'love' – is it? Do I love people with dementia like the way I love my partner and daughter? No. But do I hope that I know how to be loving towards people with dementia rather than caring? I certainly hope so. Because 'caring' is delivered, clinical, antiseptic care that harms people. People with dementia can't rely on facts and figures, logic or reason, all they can rely on is their instincts, their heart. So I ask people – 'are you working from

your head or your heart?' Because

for people who are working from

people with dementia are searching

People arrive at our linked care home from all across the country, and they arrive with care plans that aren't worth the paper they're written on. They're all about what the person can't do, their losses, their dependency, and I throw them straight in the bin. I want to know what is great about this person, their strengths, their abilities and qualities. I want to run a shift that is about that. The old rules haven't delivered for us. They've stopped us. We've got to start burying these rules. We have to realise you can't fix [people], you accept them as they are, their reality.

This is what

relationship-centred

care is all about.

You know within five minutes of walking in whether what you really have is person centred. You know in your gut. 'Does this feel like a family, a community, sharing like best friends, or this just being run by people in control'. The problem is we have decided everything is 'person-centred', so no one really knows what it really looks, sounds, and feels like anymore.

What do you think?

David's radical views are creating a stir in the care sector. Did you hear him speak? What are your thoughts reading this? Why not write and tell us what you think?(address p3).

their heart.



Jim Connechen, Interim Chair of the Mental Welfare Commission for Scotland

Providing an insight from a Scottish perspective into how relationships in care could be bettered, was Jim Connechen, Interim Chair of the Mental Welfare Commission for Scotland (MWCS). Jim travelled down from Dumfries and Galloway to join us in Liverpool to give our delegates an insight into the work of MWCS, explaining how it influences and challenges policy to safeguard the rights and welfare of those with mental health needs. CIC Service Director, Alice Drife, interviewed Jim, to give to first readers the lowdown on the work and ambitions of the Mental Welfare Commission for Scotland.

Q. What is the function of the Mental **Welfare Commission for Scotland?**

Drawing on the 2003 Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adults with Incapacity (Scotland) Act, 2000, the Commission exercises a protective and safeguarding role for people with a mental disorder or learning disability. They do this by visiting service users in hospitals, care homes, prisons, young offenders institutions and in the community, investigating deficiencies in care, providing advice and information and publishing good practice guides.

Q. Is there a similar body in England?

Yes. The Care Quality Commission (CQC) performs the functions of the former Mental Health Act Commission (MHAC) in England. However, the MHAC did not offer the range of advice and guidance that we do. We'll be interested to see how the CQC performs its functions. We have been giving support and guidance to the organisations in Wales and Northern Ireland that have functions similar to ours.

Q. How does the MWCS influence and change policy?

The Commission analyses information and reports on its findings to Government Ministers. Health Boards. Local Authorities and others and submits its views to the Scottish Law Commission and to Government reviews of the Mental Health Act.

Q. What links does the Scottish Mental Welfare Commission have with the Scottish **Government?**

The Commission is funded by the Scottish Government. While it links with the Government's mental health policies and priorities, its independent status means that it is not subject to interference in the way that it carries out its functions.

Q. Does the Scottish Mental Welfare Commission have enforcement powers? If not, how does it ensure that action is taken to safeguard those with mental health needs and learning disabilities?

The Commission has few enforcement powers. It has professional practitioner, service user and carer advisory groups which help inform its priorities and overall approach. It does, however, have an escalation policy which means that it will liaise with the Care Commission to make sure that, where appropriate, recommendations are implemented, or if necessary, it will follow through with its recommendations to the highest level in Health Boards or Local Authorities.

Q. What is the biggest change, in your view, that the Commission has influenced which has made the biggest impact on the lives of those with mental health needs and learning disabilities?

We influence the culture of care through all our work and our availability for advice and guidance. I think our greatest influence comes from our investigations into an individual's care and treatment. By reading through our investigation reports, people who provide services can examine and improve their own practice.

Q. What are the key priorities that the commission is taking forward in 2010 to safeguard the rights and welfare of those with mental health needs and those with learning disabilities?

The Commission will be looking to visit more people living in the community, particularly the most vulnerable and high risk groups. It will collaborate with scrutiny bodies to look at people in psychiatric intensive care units across Scotland, and it will publish a good practice guide on the right of people with mental illness or learning disability to have safe sexual relationships.

Q. What best practice documents has the Commission produced in recent years and how can these be accessed?

This year the Commission has produced four good practice guides. These are: Working with independent advocacy: Mental health act care plans; Money matters and Social circumstances reports. In recent years we have published a variety of other good practice guides and these can be viewed on our website:

www.mwcscot.org.uk

CIC have set up a 'Mental Health Forum to enable the transfer of good practice, look at new developments in mental health support and discuss government initiatives. If you would like to join our forum or would like any further information, please contact your manager for details.

Personalisation The Big

The date was 1st December 2009 - CIC's National Conference. The scene: the oak panelled Old Courtroom, St George's Hall, Liverpool. The debate: Personalisation.

In the chair was Chris Duffy, CIC's Director and Head of Legal Services.

As the eager delegates took their places, the advocates Belinda Schwehr (tasked with the debate for) and Susan Inker (tasked with the debate against) prepared to make their arguments.

There was silence as Chris Duffy began: "Ladies and Gentlemen, welcome

to today's debate, which will see us consider the arguments for and against Personalisation. By the end of today we hope that the delegates will have reached a decision on whether Personalisation is transforming social care for the better or whether there are potential pitfalls of this new agenda. We hope that everybody will gain a better and clearer understanding of personalisation and take the opportunity to participate. After we have heard both sides as presented by our eminent advocates, we will open the floor to questions and then invite delegates to weigh up both arguments and reach a decision.

Here to present the argument for Personalisation: Belinda Schwehr, previously a barrister, respected for her work advising on the lawful implemenation of the personalisation agenda. The debate against Personalisation: Susan Inker, a specialist in training on the legal framework surrounding adults' social care.

Ms Schwehr, please present your argument......



The argument for personalisation...

To summarise the main themes of my argument for the argument in support of personalisation...."

- 1. Personalisation will mean the right care for the right person. Care packages that are based on partnership working between service users, their families, friends or advocates, and councils. This will result in more tailored care, dependent on specific need.
- 2. The new system will enable people with specialist needs to access a better choice of services and live in more diverse community settings.
- 3. Resource allocation will undergo positive change. Currently decided on a discretionary basis according to each council's staff's judgement, the new Resource Allocation Systems will mean that councils across the country will use the same methods to calculate budgets for each individual, resulting in greater transparency.
- 4. Each individual can decide how involved they want to be. No one has to take a direct payment, or become an employer if they don't want to. The change in contracts culture will mean that everyone, no matter how involved they choose to be, will have more say over the content of their care packages, making personalisation a real choice for people, not just 'spin'.
- 5. The new rules for direct payments balance risk to the client and the public purse and a person's desire to be in control, in a sensible way.



After much deliberation, the delegates voted in favour of Personalisation.

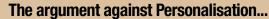
Delegates agreed that the concept of Personalisation is a positive step forward for the care sector, but some reservations over the practical implementation of the agenda, were raised

Of particular concern is the wish for Local Councils not to devolve their power completely. Some delegates felt strongly that councils should still retain involvement in assessing a person's ability to manage funds. Delegates also see it as vital that all stakeholders are educated about Personalisation to dispel any myths or misconceptions.

Debate







"Thank you Ms Schwehr, let me now proceed with the arguments against personalisation..."

- 1. The new Resource Allocation Systems may work against some people because of the uniform method of calculating budgets. People who wish to challenge the size of their budget will find it more difficult, as the rationale underpinning the new system will be less open to scrutiny or challenge.
- 2. The new arrangements will place a higher burden on the public purse due to the frontend complexity of the new assessment process, which relies on new paperwork and even more face-to-face working. This process may also prejudice those service users and families who are unable to adequately articulate their needs and preferences.
- 3. Personalisation allows each individual to spend their budget as they wish, which may lead to mayhem and misuse - how will this be monitored and by whom? Who will bear the responsibility of the shortfall if money is spent, leaving care needs unmet?
- 4. Personalisation places the burden of commissioning care provision on service users and providers, rather than on the councils.
- 5. Personalisation in theory may not be the same as personalisation in practice will it really live up to people's expectations?

CIC have been actively involved in Personalisation since the first In Control pilots. We participated in the pilots in the North East and are now delivering individual budgets and personalised support to a growing number of individuals across the country. CIC also has our own Personalised Support Officer, Michelle Elstob.

Michelle, who attended the day was thrilled with the level of debate. "It really helps raise the profile of Personalisation in CIC. My colleagues can see real scope for transformation of our current system of care, resulting in empowerment of those in need, giving them more control over their lives, and delivering support which is, quite rightly, tailored to their personal needs and wishes."





Alexandra Norrish the Head of Social Care Strategy from Department of Health (DOH), delivered this stark message about the future of the NHS to the CIC Conference.

Alexandra is tasked with the unenviable mission of resolving the problems of the NHS. With their radical Green Paper on reform of the care and support system, 'Shaping the Future of Care Together,' Alexandra and her team at the DOH believe they may have the solution. She began her presentation to CIC's delegates by giving the context of the burden on the NHS.

"When the NHS was first founded, a person could expect to live one year after retirement, in 2009 the average lifespan after retirement is 11 years", Alexandra explained. As life expectancies rise, so do the care needs of the population and their expectations of the care they should receive. The NHS is rapidly becoming an outmoded system that can no longer cope with the scale of its founding ambitions. The consensus is that a system that provides comprehensive care for all, paid for by general taxation is now unsustainable. "We now have children who are surviving into adulthood with conditions you would not previously have expected them to, which is fantastic news. People are living longer and needing greater care and support." To illustrate her point, Alexandra pointed out that "the first woman to reach 120 is currently living

in England and drawing her pension." Currently, for every person retired there are four people working. Twenty years from now the ratio decreases to three people working for every person retired. Forty years from now, it decreases even further to only two people working for every person retired - even accounting for increases in the retirement age. This poses serious questions, "Where are the workforce going to come from? Who will pay taxes? These are complex problems." With a similar scale of ambition as when the NHS was set up in 1940's, the Green Paper proposes that a National Care Service is set up to stand up alongside the NHS. Its aim is to offer everyone fair, simple and affordable care when needed.

To get a sense of the state of our health services, Alexandra and her team spoke to thousands of people who deliver and access care. They received some reoccurring themes, "People are sick to death of services that treat them as charity cases. People should not have to beg and plead for the services they need. We want to create a health service that is based on rights and entitlements, so you know what you can expect and can get it around the country. Many of you will have seen this in personalisation."

To deliver this, the Green Paper makes six proposals:

Prevention services - Early intervention services will be offered to ensure individuals will be given the right support to stay independent and well for as long as possible.

National assessment – People will receive the same assessment of their care needs and the same service wherever they live (or move to) in England.

Joined up services – Providers will work together, so an individual's experience of care is efficient.

Information - People will be given all the necessary support to understand their care options.

Choice - Services will be built around how individuals with care needs want to live and the needs of their family carers.

Fair funding - Everyone who needs care will get some help to pay for their care and support needs and assistance with how to spend for their money wisely.



the government 'Shaping the Future of Care Together' is very much a vision document. For it to become a reality, Alexandra suggested that the government, needs to make three key changes:

1. More joined-up working

Whilst there is a need for services that will keep people independent and well for longer, these services should also help people with ongoing care needs to continue living independently in their own homes, if this is what they want.

Better joined-up working will be needed between health, housing and social care services and between social care and the disability benefits system. This will ensure people receive appropriate care in the right settings, reducing costs and improving outcomes.

2. A wider range of services in care and support

To have greater choice of care options, people will require a range of quality services to choose from in their area.

3. Better quality and innovation

Everyone who requires care and support should expect to receive high quality services that treat them with respect and dignity. The National Care Service will be underpinned by rights and entitlements. The Green Paper recognises that it is better for people and better value for money, to provide a goodquality service that keeps people as well as possible. To support this, carers and supporters will be given training to develop their own skills.

With such ambitious proposals, the obvious question is how will the new system be funded? Alexandra explains, "The new care system needs a financially stable footing. At the moment a 65-year-old will receive on

average £30,000 of care before death. About 20 per cent of pensioners will need care costing less than £1,000, but then 20 per cent will need care that costs more than £50,000. How do you make a system that is fair for people at both ends of spectrum? That catch-22 situation is one that needs solving if the Green Paper is to have any real future. "We want it to be a long term system that lives as long as the NHS. We are looking to create something that doesn't require constant changes to its funding." Following a three-vear study with the London School of Economics, Alexandra and team looked at a whole range of funding options, considering if they sustainable across time and if they were fair to people across all areas of society.

Controversially, the research team ruled out a system funded exclusively by general taxation. Alexandra explained why, "The vast proportion of tax is paid by people of working age, a group that is shrinking in comparison to people of retirement age." Over the past 40 years, there has been a transfer of wealth to older generations. Whereas those in younger generations are faced with mortgages worth four times their salary and student debt, older generations tend to have large assets such as their own houses. "It is not fair to fund all social care by the taxation of working people", Alexandra told the conference delegates. The researchers found three possible systems, but as Alexandra explained, "All these systems have tradeoffs. There is no perfect solution given variety of needs we face."

Partnership – In this system, everyone who qualified for care and support from the state would be entitled to have a set proportion - for example, a quarter or a third - of their

state. People who were less well-off would have more care and support paid for, while the least well-off people would continue to get all their care and support for free. The majority of those of working age would get their care

Insurance option – Like the partnership system, everyone will receive a proportion of their care costs paid for by the state. However, individuals have the option to take out a state insurance policy. At £20,000 -£25,000, the costs of these policies are high but they will ensure that those who pay into them don't need to contribute any additional care costs. This option would allow people to protect their wealth and assets should they ever need care and support, ensuring that their wealth could be passed on to their loved ones.

Comprehensive Option - Alexandra, suggested that this option is closest to NHS we have now. Everyone makes a contribution towards the care system and everyone gets care free when they need it. Those of working age will pay for their care and support through general taxation, whereas the over 65's to pay into special insurance pot which will fund care for their generation. The insurance would help people to protect their wealth. People would know that once they had made their contribution and paid for their accommodation, the costs of their care and support would not prevent the rest of their wealth being passed on to their children.

Clearly, the Green Paper proposes a monumental change to the way we will all receive care and support in the future. The changes put forward by Alexandra will cause huge debate, particularly in an election year. We were privileged that CIC could be part of the discussion.

For more information go to: www.dh.gov.uk

ALLDEC (Northern) Ltd.

Lainting & Decorating Contractors

Telephone: (0191) 567 2111 Email: info@alldecnorthern.co.uk



Building and Maintenance Contractors.

Telephone: 0151 346 1777 Tom Kelly mobile no: 07770 772459

CONGRATULATIONS CIC ON YOUR SUCCESSFUL AWARDS AND CONFERENCE

FROM THE FOLLOWING SPONSORS...

GREENBERGS

Telephone: 0151 448 1122 www.greenbergs.co.uk

Established in 1903 Greenbergs are one of the oldest suppliers of Healthcare uniforms in the U.K.

We are proud to be the official uniforms suppliers to the CIC Group & ICL

