

2019

CARE

The Parliamentary Review

■ FOREWORDS

The Rt Hon Theresa May MP
Professor Ted Baker

■ GENERAL REPRESENTATIVES

G&P Healthcare

Moorville Residential

Langley House Trust

Loreburn Housing Association

East Cheshire Housing Consortium

Inclusion Housing

AMG Nursing & Care Services

Health and Care at Home

Rose Care Suffolk Ltd

Blue Crystal Care Agency

Willow Home Care

Trafalgar Community Care

Somerset Care Realise South West

■ FEATURES

Letter from Lord Pickles & Lord Blunkett
Commentary from Andrew Neil



The Rt Hon Theresa May MP

Prime Minister

British politics provides ample material for analysis in the pages of *The Parliamentary Review*. For Her Majesty's Government, our task in the year ahead is clear: to achieve the best Brexit deal for Britain and to carry on our work to build a more prosperous and united country – one that truly works for everyone.

The right Brexit deal will not be sufficient on its own to secure a more prosperous future for Britain. We also need to ensure that our economy is ready for what tomorrow will bring. Our Modern Industrial Strategy is our plan to do that. It means Government stepping up to secure the foundations of our productivity: providing an education system that delivers the skills our economy needs, improving school standards and transforming technical education; delivering infrastructure for growth; ensuring people have the homes they need in the places they want to live. It is all about taking action for the long-term that will pay dividends in the future.

But it also goes beyond that. Government, the private sector and academia working together as strategic partners achieve far more than we could separately. That is why we have set an ambitious goal of lifting UK public and private research and development investment to 2.4 per cent of GDP by 2027. It is why we are developing four Grand Challenges, the big drivers of social and economic change in the world today: harnessing artificial intelligence and the data revolution; leading in changes to the future of mobility; meeting the challenges of our ageing society; and driving ahead the revolution in clean growth. By focusing our efforts on making the most of these areas of enormous potential, we can develop new exports, grow new industries and create more good jobs in every part of our country.

Years of hard work and sacrifice from the British people have got our deficit down by over three quarters. We are building on this success by taking a balanced approach to public spending. We are continuing to deal with our debts, so that our economy can remain strong and we can protect people's jobs, and at the same time we are investing in vital public services, like our NHS. We have set out plans to increase NHS funding annually by an average by 3.4 percent in real terms: that is £394 million a week more. In return, the NHS will produce a ten-year plan, led by doctors and nurses, to eliminate waste and improve patient care.

I believe that Britain can look to the future with confidence. We are leaving the EU and setting a new course for prosperity as a global trading nation. We have a Modern Industrial Strategy that is strengthening the foundations of our economy and helping us to seize the opportunities of the future. We are investing in the public services we all rely on and helping them to grow and improve. Building on our country's great strengths – our world-class universities and researchers, our excellent services sector, our cutting edge manufacturers, our vibrant creative industries, our dedicated public servants – we can look towards a new decade that is ripe with possibility. The government I lead is doing all it can to make that brighter future a reality for everyone in our country.

“British politics provides ample material for analysis in the pages of *The Parliamentary Review*”

Professor Ted Baker

Chief Inspector of Hospitals, CQC



As the regulator of health and social care in England, the Care Quality Commission plays a vital role in making sure people get safe, high-quality and compassionate care and in supporting providers to improve.

Between 2014 and 2017, the CQC's comprehensive inspection programme provided a robust baseline understanding of quality across health and social care. Over the past year we have used that baseline understanding to strengthen how we monitor, inspect and rate services and adapt our next phase approach to be more intelligence-driven, targeting inspections where we see that the quality of care has changed.

Our inspection and monitoring of England's hospitals to date has shown that the majority of people are receiving safe, good quality care – with 62 per cent of hospital services rated as "good" and seven per cent rated as "outstanding". We've also seen a number of hospitals improve their rating as a result of the progress we identified when we reinspected.

However, there remains variation in the quality of care between hospitals and in some cases between services in the same hospital. This reflects the scale of the challenge that hospital trusts and other providers are facing as the number of patients with increasingly complex conditions continues to rise, placing more pressure on all health and care services.

The impact of this rising demand is often intensified during the winter months where we typically see an increase in the number of people attending emergency departments, often with more complex needs requiring more medical attention. However, it is no longer just in winter that emergency departments experience such pressures. In our recent report "Under pressure: safely managing increased demand in emergency departments", we looked at the findings from the CQC's inspections of urgent and emergency services and the key

challenges that emergency department staff told us they faced. Our inspections have shown that more needs to be done to ensure patients receive consistently safe care.

The report highlighted practical solutions from those frontline staff that can be used to help maintain safe services and called for wider action by the whole health and care system to ensure a joint approach to managing the capacity problem as demand continues to grow.

The need for a whole system approach was also a finding from the local system reviews which we carried out during 2018. These reviews explored how well health and social care systems in 20 local areas were working together to support and care for older people moving between health and adult social care services. Sadly, we saw some poor practice where a lack of co-ordination and co-operation between services badly affected older people's experiences. But we also saw that positive outcomes for people can be achieved when leaders in local health and care organisations work well together and support their staff in providing person-centred coordinated care.

As pressures and demand continue to rise, the only way to ensure good, safe, sustainable care is for all parts of the health and care system to collaborate to provide a coordinated patient journey. But, to do this, we need new approaches to funding, commissioning, performance measurement and regulation that encourage local systems to collaborate more effectively to deliver personalised care to the people who rely on their services, and to safeguard quality of care into the future.

“The majority of people are receiving safe, good quality care”

The Parliamentary Review

A message from Lord Pickles and Lord Blunkett

The ability to listen to and learn from one another has always been vital in parliament, in business and in most aspects of daily life. But at this particular moment in time, as national and global events continue to reiterate, it is uncommonly crucial that we forge new channels of communication and reinforce existing ones.

With ongoing fractures in Westminster, the reverberations of which are being felt across the country, it is essential that politicians have a firm understanding of the challenges with which British organisations must contend; and that leaders in both the public and private sectors are aware of the difficulties faced by those working in all levels of politics, from local government to the national arena.

This is why *The Parliamentary Review* combines political content with stories from a wide range of organisations – small and large; new and old; those at the peak of their powers and those who have peaks to surmount. It is why these stories seek to inspire and challenge all who read them.

And it is why we, as former Labour and Conservative cabinet ministers and current members of the House of Lords, feel it is important to put aside our political differences and work together to ensure these stories are given the platform they deserve.

In this publication, you will find an insightful take on the past year in politics from the BBC's Andrew Neil and a concise rundown of key events in industry and parliament. Most importantly, you will be able to read in-depth accounts from the individuals and organisations who make *The Parliamentary Review* what it is.

For many of the representatives in this publication, public funding has not been able to meet the needs of care providers. Many also believe that the sector is not receiving the political recognition it deserves. Alongside this, much has been about the need to address the difficulties of recruitment in the industry. It is our great honour and pleasure to have helped provide the platform for these issues to be aired. We hope you find these articles – which begin on page 15 with a piece from G&P Healthcare – as thought-provoking and informative as we do.



Rt Hon The Lord Blunkett
Co-chairman, The Parliamentary Review



Rt Hon The Lord Pickles
Co-chairman, The Parliamentary Review

Economy thrives while politics divides

It's been nearly three years since the country voted to leave the European Union, but Brexit continues to hang over British politics like an all-encompassing dark, brooding cloud, discombobulating established relationships and upturning traditional verities wherever we look.

Social class no longer largely determines how you vote in the UK. The latest polls suggest the Tories now enjoy a lead among working-class voters. They've always won a chunk of working class votes – Disraeli called them his “Angels in Marble” – but never a majority.

As for Labour, even under its most left-wing leader ever, it now garners considerable support among the professional middle classes, especially in the major metropolitan conurbations.

The reason for this psephological seachange is Brexit. If you voted Leave, you are now more likely to vote Tory; if Remain, Labour.

Brexit is now *the* dividing line within Labour and the Conservatives. It splits the cabinet and shadow cabinet, backbenchers of both parties and their voters in the country. The Tory divisions are more obvious to see because they are the governing party and make big news. But Jeremy Corbyn has managed to lose 103 frontbenchers, often through Brexit-related resignations, which doesn't quite have the impact of Boris Johnson or David Davis walkouts, but must be something of a record nevertheless.

Brexit has also induced something of *rigor mortis* on both frontbenches. For nearly all of the past parliamentary year, cabinet ministers and leading Labour spokespeople have been unable to answer the simplest questions on our post-Brexit

state when it comes to the customs union, the Irish border, immigration policy and the single market. Only recently, with the Article 50 deadline looming, has some clarity emerged – and not always. I believe this widespread prevarication has added to voter disillusion.

Just as important, nearly all non-Brexit matters have been swept into a Brexit-induced Bermuda Triangle. This is understandable. But it has added to the gulf between parliament and the people.

The impact of Brexit on the parliamentary process has been generally unpredictable and often amusing. Left-wing Remainers now speak of the House of Lords as a bastion of democracy. Right-wing Leavers sound increasingly like peasants with pitchforks, determined to bring the whole edifice of the upper house tumbling down.

Jeremy Corbyn, who's spent his political career railing against the iniquities of the market economy, now poses as the champion of business (up to a point). Brexiteer Tories regularly mutter anti-business sentiments in unprintable language.

Overarching all this turmoil and uncertainty, as I explained in

The Parliamentary Review previously, is the resurgence of the two-party system in England, another consequence of Brexit. At the 2017 general election, the Leaver Right collapsed into the Tories and the Remainer Left flocked to Mr Corbyn's Labour party. It is beyond strange that the two main parties should be doing so well when many regard them as weaker, less talented and more divided than they've been in living memory. But they got easily over 80 per cent of the English vote between them in 2017 and all polls since suggest that is the new *status quo*.

The fundamental parliamentary fact in this post-referendum era is that there is no majority for what hardliners on either side of the Brexit divide would like. So, when it comes to determining the eventual shape of Brexit, parliament is very much in the driving seat, as the government has found out the hard way. The problem is it's not sure what parliament wants that shape to be.

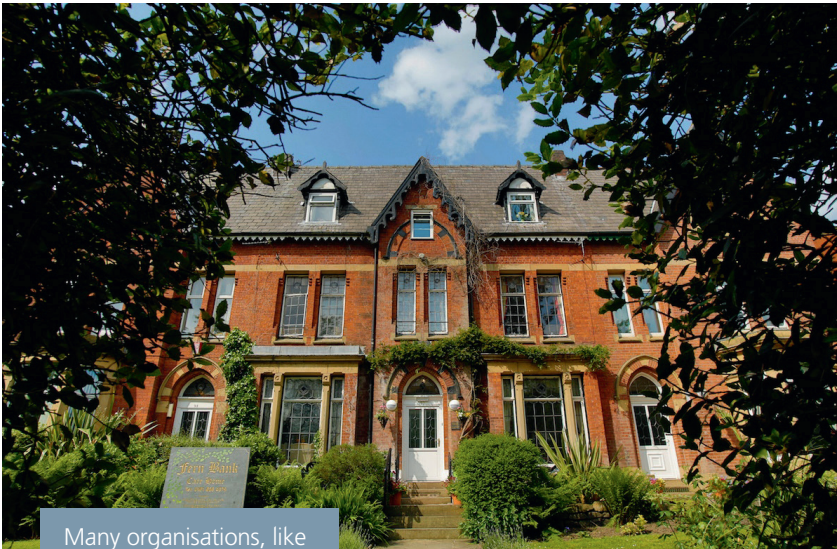
Business might despair at what it sees as an increasingly dysfunctional political system. But it should take comfort from the fact that economics and politics are, for the moment, going their separate ways. No matter how much you might think politicians are mucking it up, the economy in general and business in particular continue to defy them.

I have thought for sometime that business and the economy are in much better shape than established opinion would have it. There were signs in 2018 that this was indeed the case. But, by the time you read this, you'll have a much better idea if I'm right. Keep your fingers crossed – not for my sake, but for the country's!



Neil believes the two-party system is the new *status quo*

Release of social care green paper remains imminent



Many organisations, like Fern Bank Therapeutic Centre, have long awaited the green paper on social care promised in the Conservative manifesto in 2017

In the March 2017 budget, the Conservative government said it would publish a green paper on social care, for public consultation. This followed the decision in July 2015 to postpone the introduction of a cap on lifetime social care charges and a more generous means-test that had been proposed by the “Dilnot Commission” and accepted in principle by the then-coalition government.

During the subsequent 2017 general election campaign, the Conservative Party made a manifesto commitment to introduce the green paper as well as a number of pledges regarding how individuals pay for social care.

The publication of the green paper has been delayed several times; a revised time frame of before the summer parliamentary recess was then announced. In June 2018, the then-health and social care secretary announced a further delay to the autumn of 2018 following the announcement that a ten-year plan for the NHS would be developed; this was subsequently put back to “before the end of the year”.

It will now be published “at the first opportunity in 2019” according to reported comments from the government – no further details have been given as to when in 2019 publication might occur.

The repeated delays have been widely criticised by both care providers and older people’s organisations, both of which point to rising levels of unmet need as local authorities stretch their budgets ever further as demand for social care services continues to rise.

The government has said that the proposals in the green paper will “ensure that the care and support system is sustainable in the long term”. Other topics that the government has said will be included are integration with health and other services, carers, workforce and technological developments, among others.

The green paper will cover all adults – this seemed to implicitly be the case when the green paper was first announced, but during its development the government stated that it would focus on care for older people, with a separate “parallel programme” of work for working-age adults taking place (although not necessarily resulting in a green paper for this group). The position has now reverted to a single green paper for all adults.

Given that total public funding for social care for working-age adults is the same as for those adults aged over 65, it could be argued that a green paper that focused on over-65s would have been an incomplete analysis of the adult social care funding landscape.

In March 2018, Jeremy Hunt, then health and social care secretary, outlined seven key principles that would guide the government’s thinking ahead of the green paper:

- » quality and safety embedded in service provision;
- » whole-person, integrated care with the NHS and social care systems operating as one;
- » the highest possible control given to those receiving support;
- » a valued workforce;
- » better practical support for families and carers;
- » a sustainable funding model for social care supported by a diverse, vibrant and stable market; and

» greater security for all – for those born or developing a care need early in life and for those entering old age who do not know what their future care needs may be.

Mr Hunt added that “innovation is going to be central to all of these principles: we will not succeed unless the changes we establish embrace the changes in technology and medicine that are profoundly reshaping our world”.

The new health and social care secretary, Matt Hancock, reaffirmed the seven principles during a debate on social care in October 2018, and told the House: “those will be the principles behind the green paper, and I hope that we can build cross-party support for it”.

Whistle blown on consumer law breaches

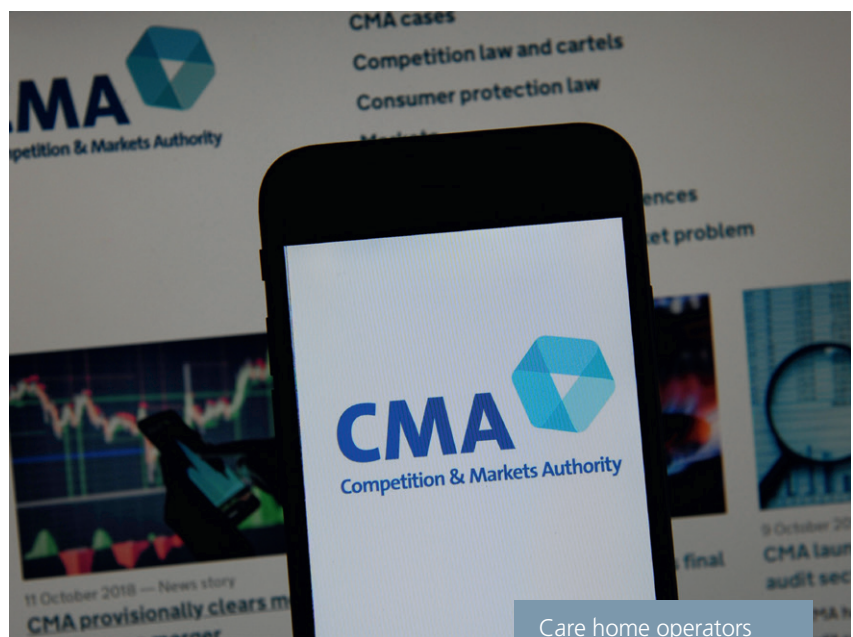
Final guidance on how care home operators should frame placement contracts and meet consumer law obligations was published in late November by the Competition and Markets Authority.

Care home operators who fail to follow the guidance may face action from the CMA, Trading Standards or others, who can bring court proceedings, seek compensation on behalf of residents and bring criminal prosecutions.

The guidance covers what information care homes must give to prospective residents and their families, and highlights how providers can ensure contract terms are fair, and how to handle complaints fairly.

The CMA guidance is explicit and includes the following:

- » There is a requirement to provide key information upfront and in a timely manner, including on websites, so that potential residents and their families can make an informed



decision before signing a contract – including full, accurate and up-to-date fee breakdowns.

- » Contract terms must be clear, easy to understand and accessible. For example, terms contained in multiple documents located in different places may be considered “hidden” and therefore unfair under consumer law.

Care home operators who fail to follow the guidance may face action from the Competition and Markets Authority



It was announced in May 2018 that Sunrise Senior Living had agreed to pay more than £2 million in compensation to residents

- » Fee increase terms need to be treated with great care and must not allow providers to increase fees arbitrarily. Fee variation terms should set out clearly the circumstances in which the resident's fees may change and the method of calculating the change.

In an open letter to care providers published at the same time as the guidance, the CMA said that it and other enforcers, such as Trading Standards Services, could take action against care homes that don't comply with consumer law. The CMA has already taken action against some care home providers in relation to the charging of certain upfront fees and charging fees for extended periods of time after a resident's death.

The CMA will be carrying out a compliance review, starting in November 2019, to assess the level of compliance by care homes with consumer law, and the progress made since publication of current advice. The regulator is also publishing a guide for potential care home residents to make sure they are aware of their rights.

The CMA's scrutiny of the sector has already changed provider behaviour. In May it was announced that care home operator Sunrise Senior Living had agreed to pay more than £2 million in compensation for residents as

part of the CMA's investigation into compulsory "upfront fees". Sunrise said it would give money back to the vast majority of residents or their families who paid such fees since 1 October 2015.

However, in early December, Care UK, a publicly listed care home operator, strongly refuted an allegation by the CMA that the company had unfairly charged care home residents administration fees and said it would defend any legal action initiated by the CMA.

"We do not believe there is any evidence whatsoever to suggest residents have been disadvantaged or that our historic fee structures were in breach of consumer law," said a statement from the company.

"We have always been transparent about our application of administration fees and people have always had a wide choice between different care home providers."

Care UK has acknowledged that in early 2018, it had simplified its fee structure for residents funding their own care to incorporate all one-off assessment and admission costs and adjusted weekly fees accordingly. This approach is in line with the CMA's final guidance.

Greater focus on corporate accountability

Guidance on rules of behaviour for directors of care provider companies has been updated by the Care Quality Commission, widening the scope of what may be judged as serious misconduct or mismanagement. The regulator's new focus means that parent companies could be held to account for failings at subsidiary levels within a company.

Misconduct by management is dealt with in Regulation 5 of the Health and Social Care Act. It could range from a director acting in breach of an employment contract to where a director breaches any regulatory requirements such as not adhering to mandatory health and safety rules. The regulation says a provider must not appoint or have in place an individual as a director where the individual has been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement.

Under the new guidance, if the CQC considers Regulation 5 to have been breached, it will make a judgment as to whether the provider acted reasonably. The CQC may do this by reviewing whether a provider has carried out appropriate checks on directors and whether appropriate ongoing performance reviews had been undertaken – this may involve checking personnel files and appraisal documentation.

In addition to saying how it will deal with misconduct on the part of management, the regulator has also been more specific about what it considers to be "mismanagement", where an individual responsible for the management of an organisation or part of an organisation, and where the decisions and actions of the directors', falls below "any reasonable standard of competent management."



The CQC has implemented stricter controls on corporate governance of care providers from April 2018

The CQC outlines some examples of behaviour that may amount to mismanagement, such as 'providing inaccurate information to a public authority without taking reasonable steps to ensure it was correct' and 'not sharing reports where appropriate, where findings may adversely affect the organisation.'

It is clear that Regulation 5 will now have a wider impact in scope and application than it previously did in terms of determining where a director may be deemed unfit. Although an isolated incident is unlikely to constitute serious mismanagement, an incident may be construed as serious mismanagement if it calls into question the confidence of the organisation and public in the individual concerned.

It is evident that the CQC wants more accountability from directors, and for care providers to have an appropriate system of information sharing between managers and the board, which in turn will provide greater corporate oversight.

The CQC has also changed how it defines a "provider" of care to ensure

that they “hold the right people to account” for the quality of care provided, introducing criteria to ensure that the entity with the “direction and control” of care will be clearly listed in their register. This could lead to a different result from the former test of who has the management of the day-to-day delivery of care.

The CQC’s focus is now further up the corporate structure of larger providers, meaning that parent companies could be held to account for failings at subsidiary level. These changes have been tested by the CQC from April 2018 and go hand in hand with the proposal to introduce provider-level assessment and ratings for all sectors.

Soaring demand for dementia care



In Hackney, there are no care homes providing any form of dedicated dementia care

With increased life expectancy, one in six people over the age of 80 are developing some form of dementia. A study by *The Lancet* predicts that more than 70,000 care home places will be needed by 2025. With only about 25 per cent of existing care home beds being dedicated to dementia care, there is a big gap in provision, both now and in the future. It is estimated that more than 80 per cent of residents living in care homes have significant memory problems or dementia and that 56,000 more dedicated dementia beds will be needed within seven years.

All care providers are looking at how they can adapt or evolve their provision to meet this burgeoning demand. Care home operators developing new homes have recognised this increase

in demand, and about 60 per cent of homes for older people built since 2010 provide some form of dedicated dementia care.

A study by specialist care sector property consultants Carterwood shows that 36 per cent of all care home beds opened since 2010 are dedicated to people with dementia but the current supply of dementia beds is not evenly distributed, and there are significant geographical differences in provision. Notably, the South West has the lowest proportion of total registered dementia beds at 21 per cent, despite the high numbers of older people living in the region. This figure is even more significant because it’s believed that four in ten older people with dementia in the South West are undiagnosed. NHS figures show almost 30,000 over-65s in the South West are registered with the condition, but it’s thought the true figure is about 50,000.

The Carterwood study also identifies major supply and demand differences within London, where an estimated 72,000 people live with dementia. In Hackney, there are no care homes providing any form of dedicated dementia care. Travel 11 miles down the road to Barking and Dagenham, and 60 per cent of beds can support residents with dementia.

While more dementia beds are coming on stream via new developments, beds

are also being lost through closures. About 85 per cent of care homes are over 50 years old; many lack en-suite or wetroom provision and so are unlikely to meet the requirements of discerning customers, particularly those funding their own care.

While much of the focus is on care homes, other providers are looking closely at how they can develop models of provision which meet the needs of people living with dementia, not least retirement communities. The National Housing Federation has recommended new care developments to allow people with dementia to live independently in their own property in the grounds

of a care home with some communal facilities. It has also recommended that purpose-built retirement villages, such as those being developed by Retirement Villages Group, are included in this mix.

RVG Sales and Marketing Director Sarah Burgess argues that the need for people with dementia to move into a care home can be delayed by the positive impact of community and social interaction provided by retirement communities. Ms Burgess particularly emphasises the importance of independence in later life while stressing that it is vital to be wary of loneliness and isolation.

Intermediate care gains ground

The range of care facilities and the types of care and services they provide is widening, and more providers are engaging with the NHS, offering “step-down” facilities to allow elderly people who might otherwise remain in hospitals to move to a sub-acute setting before going home. Major provider Four Seasons Health Care is at the forefront, operating 14 intermediate care services across the UK. Others are beginning to follow suit, but there are significant challenges to be overcome.

Intermediate care is a stepping stone between hospital and home and brings with it the promise of a cost-saving benefit to the NHS and public purse, with like-for-like nursing care in an intermediate care facility coming in at about a third of the cost of care in an acute hospital ward. Four Seasons National Director of Commissioning Operations UK Paul Hayes says typical savings to Trusts are in the order of £104k-£140k per bed per year – potentially a saving of around £4 million a year from an intermediate care unit of 30 beds.



Four Seasons Health Care is a market leader in intermediate care, saving the NHS an estimated £104,000 per bed over the course of a year

While the need for adult social care continues to rise, capacity is decreasing, with almost 4,000 fewer beds in nursing homes in March 2017 than there were in March 2015. Continued demand for patient care, particularly from older people with more complex health needs, and a lack of resources are having an impact. A predicted social care funding gap of £2.5 billion is also creating pressures on the independent care sector, which is already reaching crisis point due to factors such as the National Living Wage and a chronic national shortage of nurses.

Intermediate care is not a new concept – the term was in use 20 years ago, and many care providers began developing facilities at that time, only to abandon the ventures when they found commissioners sending patients with inappropriate care needs (such as

those with a terminal illness who are really in need of palliative, hospice-type care) or terminating contracts when immediate pressures on NHS beds had reduced. Having been once bitten, many independent providers remain wary.

Global investors poised to pour money into UK care sector



CBRE believe that investors are taking a longer term view for care investment, leading to far higher levels of equity in 2019

It is estimated that about \$200 billion will be invested into global healthcare infrastructure over the next five years, and most institutional investors see the UK as an attractive option.

A recent survey by UK investment firm Octopus Healthcare suggests that global investors who already have a stake in healthcare infrastructure plan to increase their holdings in the asset class by more than half over the next five years. Sixty per cent of those global institutional investors surveyed, invested in healthcare infrastructure, already focus investments in the UK, and more than seven in ten who have yet to invest in the sector are still considering allocating funds to the UK. Several major UK social care providers are seeking to restructure to take advantage of this new source of development funds.

This weight of capital will be one of the biggest influencing factors in

the market in the coming year. The demand for healthcare property seems to be greater than ever – an investor sentiment survey conducted for 2018 by commercial property and investment consultants CBRE identified a colossal £3.5 to £7 billion of equity earmarked for investment into the sector for that year alone. While the dust is yet to settle on the exact figures, CBRE’s healthcare director has said that “[investment] has certainly been significant”.

Given that the total value of the healthcare investments (that is, properties let to operators) transacted in 2016 was under £1.5 billion, the sheer amount of money available is likely to impact on what is sold, and the prices that are achieved. Tom Morgan, CBRE’s head of healthcare, believes the sort of investor now entering the market is taking a much longer-term view and typically wants to work with an operating partner rather than just holding the purse strings.

“If the operating partner doesn’t want to do something, then the financial partner doesn’t force them to do it – I think this is a very different approach to what has been in the past,” he said.

“There is also much less debt involved; it is a much more equity-heavy market than it has been historically, when leverage was the key determinant as to whether or not investors invested, and you saw some really quite unsustainable levels of gearing – loan-

to-value ratios of 55-60 per cent are becoming much more commonplace. That can only be a good thing because the investor coming in is taking a long-term view.”

Investors are also looking at a wider landscape of provision in response to the growing self-pay, lifestyle-driven elderly care market.

“Most of the registered care facilities in the UK don’t cater to that market and their services are much more needs-driven and more financially constrained,” says Tom Morgan. “But ironically, the self-pay element is probably part of the solution for some of the chronic systemic problems we have in the health and social care market.

“So I think we are going to have more differentiation – a lot of other countries

have got there before us – there is a skilled nursing market, there is a dementia care market and there is an assisted living market which, when you think about what the intention has been to personalise care budgets, and to improve choice for residents, that makes perfect sense, rather than having a ‘catch-all’ building that deals with all sorts of people with all sorts of conditions, trying to live side by side and the challenges that imposes on staff.

“The market is becoming more sophisticated, evolving its offer, and management teams with different skills are focusing on different areas of the market. Capital, which is a fundamental part of it, is increasingly seeing opportunities to invest where it feels comfortable. And I think that’s a good thing.”

Tooling-up with technology

For the past two decades, the social care sector has more or less kept up with the pace of technological change; electronic business management systems, care plans, medication records, staff rostering and the like are as commonplace as they are in any other sector.

Where social care has lagged somewhat is in developing an interface with the healthcare sector. This lack has been recognised to the extent that NHS Digital has awarded £793,000 to help social care providers embrace the digital agenda, encouraging the uptake of existing digital resources that care providers can use to support integrated care.

Speaking at the World Dementia Council in London in December, former UK prime minister David Cameron said: “Technology is key. It has the potential to transform everything, from how we manage risk, to how we deliver care. Big data can rapidly accelerate dementia research – not just biomedical research, but care research as well.”



Former Prime Minister David Cameron said that “Technology is key” when tackling dementia during a World Dementia Council summit

But there are real fears that the essentially human aspects of care may be compromised by too much reliance on high-tech solutions. In a letter to sector magazine *Caring Times* a care home nurse described many of her colleagues as “handmaidens to Windows 10”:

“The large groups have computerised systems, enabling head office to monitor the performance of each home and respond appropriately to any considered shortcomings,” the nurse wrote.



Currently, it is common for CQC inspectors to ask to see electronic records, such as call bell monitoring

“Daily, countless numbers of care plans are reviewed and assessments re-done, printed-off and filed in the residents’ folders – most times never to be looked at again; then each month they are printed again and filed again. A nurse might spend six hours of one shift on a computer completing various care plans, assessments and other documentation, with only improved computer literacy to show for it – the information is usually not shared with the carers who are looking after the residents.

“The nurse no longer goes on duty with her watch and scissors in her top pocket, but instead, goes with her mouse. Gone are the sentiments of ‘I want to be a nurse to care for people’. Where is all this leading to? Does all this computer work really translate into ‘evidence-based care’?”

Despite this widespread concern, it is currently common for CQC inspectors to ask to see electronic records, such as call bell monitoring. The CQC and

local authorities are known to discuss services prior to inspection, including the use of artificial intelligence to “mine” services’ systems as part of the inspection. It is also not unrealistic to think that other agencies, such as financial investors, would be interested in accessing this information.

Charlie Jones, clinical lead with BKR Care Consultancy, does not dismiss the possibility that at some point in the future the regulatory authorities will move to a full off-site inspection, with inspectors remotely accessing electronic documentation, CCTV footage or undertaking real-time observations of a “normal day”.

“There are, however, many practical obstacles to the use of artificial intelligence for assessing a service’s compliance,” says Ms Jones.

“Firstly, it would require all services to be sufficiently technologically advanced, not only to be able to purchase but to also maintain the necessary systems. In addition, some standardisation of the available systems would be required to easily extract the same data from all services: would software developers be willing to create systems that could be accessed by regulators to the possible detriment of their customers? Would providers be willing to buy such systems?”

Although the potential for remote inspection exists it is fair to say we are still a long way from a practical application.”

Ascendancy of the middle-sized group

Corporate consolidation of the care home sector has been checked by the challenge of maintaining service quality across a portfolio of what might be hundreds of care homes spread across the UK. Indeed, three of the biggest operators – HC-One, Care UK and

Barchester Healthcare – are looking to sell, or at least restructure their holdings, and this could see significant downsizing.

Debt-ridden Four Seasons, another major corporate operator, has been placed on the market by its creditors.

The UK care market looks set to endure as one dominated by smaller-scale, private-sector operators, delivering care in a range of settings and in a range of ways.

Tom Robinson, partner and healthcare advisory at commercial property consultants Cushman & Wakefield, sees the selling-off of 120 Bupa care homes to HC-One in 2016 as being part of a “game of musical chairs” in the league table of UK operators but believes it unlikely that the juggling of the Big Five will continue, now the ticking package of the Four Seasons’ debt structure has seen that company being offered for sale.

“So for now, the mega corps have not turned the acquisition hoover to the ‘on’ position,” says Mr Robinson.

“I am of the view that the current broad structure, where 6.5 per cent of elderly care homes, or 12.5 per cent of beds, are in the hands of the Big Five, will largely remain the case. Even if you look further down the scale to the top 25 operators, this still only comprises some 16 per cent of elderly care homes or 29.5 per cent of beds.

“With around 34,000 beds in the public sector, this suggests that over 68 per cent of all UK bed stock is in the hands of providers outside of the top 25. And this is likely to remain the status quo.”

Many in the sector believe that maintaining quality of service across a platform of hundreds of care homes is a huge challenge, and there is a history of now-defunct care groups to support this. Target Healthcare REIT, a UK-based care home investment company which owns 52 operational care homes, is very clear about the kind of operator it chooses to run its facilities.

“We are an active supporter of the smaller local operator because we think this is essentially a local business and we want best-in-class care in local



Tom Robinson of Cushman & Wakefield said the sale of 120 Bupa care homes to HC-One in 2016 was a “game of musical chairs”

communities,” says Target Founder and Chief Executive Kenneth MacKenzie.

“That is a part of who we are; we think the large operators can do it well, sometimes, and there are some exemplars of that, but generally we support the five, ten, 20 care home operator. This is absolutely a services-based, caring business and if we ever think it is anything else, we are in the wrong place.”

The vicissitudes of the Big Five operators should not be seen as representing the sector as a whole, and Tom Robinson says investors should seek out and support those building small to mid-sized quality groups of homes, looking to exploit the ever-growing demand for high-quality elderly care assets:

“We must acknowledge that two thirds of the market is likely to remain in the hands of small to medium-scale providers, and not be swayed by the common assumption that their days are numbered. Quite simply, they are not.”

Further accounts of changes and trends in the care sector follow from this year’s *Parliamentary Review* representatives – all of whom, big or small, have displayed industry-leading best practice.

G&P Healthcare



Founders Par Law and Gayle Finlayson

Registered nurses and business partners Gayle Finlayson and Par Law established G&P Healthcare in 2013. Both have many years' experience in hospital and community settings and realised that patients with severe and complex health needs were not always getting the competent, specialist care they required at home. As a result, these patients were remaining in hospital or going to a nursing home. While Gayle and Par first established G&P in Cramlington, Northumberland, they expanded by opening a second, Derby-based branch in 2015 and now employ a team of 60 staff across both sites. Gayle tells the *Review* how G&P endeavours to stay one step ahead of other domiciliary providers with the nurse-led complex care its team can provide.

Often, our clients have needs and complexities which requires our nurses to train and ensure full competence of the care team – as such, we integrate nursing and care in everything we do. Clients and CCG case managers come to us with issues that can be difficult to handle safely. Their needs can be anything from safe management of tracheostomies and invasive ventilation through to major spinal cord or brain injuries. To provide effective care and cater to these needs, we have to be completely nurse-led in our work and operate our own clinical training on core competencies in-house.

FACTS ABOUT G&P HEALTHCARE

- » Founders: Gayle Finlayson and Par Law
- » Established in 2013
- » Based in Cramlington, Northumberland and Derby
- » Services: Nurse-led domiciliary care
- » No. of employees: 60
- » Our care team are trained by qualified nursing staff
- » www.gphealthcareltd.com

“For us, quality practice is best when it’s shared. That’s why we also operate as a training provider”

It doesn’t stop there

For us, quality practice is best when it’s shared. That’s why we also operate as a training provider. We work with other healthcare and domiciliary care services, often referred to us by CCGs, to increase their competence base and their level of care.

For example, some providers take on clients who have PEG tubes, without understanding that their staff should be trained and signed off by a nurse. Care for these individuals needs to be competent and consistent across a sustained period of time; that’s why we’re so dedicated to raising standards across the board for homecare, especially with regard to complex needs and issues.

Leading by example

As registered nurses ourselves, we often work alongside our staff to ensure they exercise safe and effective clinical skills in the same personal way that one would for a relative. If we consistently achieve these goals, our high standards will always be met.

We achieve these standards constantly by way of a variety of rigorous internal

processes. We employ specialist nurses, undertake monthly audits, operate continuous training programmes and, at a senior management level, work to refine the care packages through discussion with case managers and clients. This was recognised by CQC, who recognised our work as “outstanding” for the “Well Led” criteria, alongside recent special recognition.

The right person is more important than the right qualification

We’ve put a lot into our recruitment process over the past few years and have learnt that understanding the type of person you’re employing is such a high priority. Having the right person in the right job is so important – because if somebody isn’t suited to their role, or doesn’t share our values, they won’t work effectively.

Once you have the right person, training becomes a real priority. We have invested significantly into employing qualified staff to this end and have acquired specialist equipment for hands-on individual development, including tracheotomy models and mannequins, ventilators and suction machines. We don’t leave any member of staff alone with a complex client until they’re fully trained, and while this isn’t a unique rule across the sector, it is rare.

To ensure that excellence stays and grows within the company, we try hard to promote from within and provide staff with progression pathways for whichever role they undertake. Senior staff all undertake Level 5 NVQ courses for leadership, which equips them appropriately to manage and ensure that high standards are met across every side of the business. We have amazing staff who dedicate themselves to caring for others every single day.

At G&P, training is of paramount importance



National shortages in health and social care staff

Recruitment is a problem that affects the sector as a whole. There is a national shortage for care staff, and while this has been raised in the news, it requires more focus. Eighteen months ago, we would get 100 to 150 applications for one position – now, we're lucky to get three or four.

To help combat this issue, we have set out to raise the profile of care over the past five years, especially with regard to the kind of specialist areas we focus on. Across the general public, wider communities and media, care does tend to be perceived negatively, and this can be really detrimental for recruitment. We try to raise awareness and promote both ourselves and the sector through continuous advertisement, exhibitions and open days, but it's a nationwide problem.

A deep financial problem

Funding is a root problem for the entire sector. We want to reward our staff appropriately, but this is affected by how much we can charge. Our care staff often perform at a level that some nurses cannot reach, yet they could earn more stacking shelves in a supermarket. Our base pay rates are significantly higher than minimum wage, and all profit the business makes is reinvested.

Many providers are struggling as a result of this sector-wide issue; contracts are being handed back to commissioners, and some providers are closing their doors completely. If this trend continues, there won't be services out there to accommodate the care that people need. This should be something of a wake-up call for policymakers and government – they need to find another solution, and their first port of call should be to speak to providers. Reducing hours in care packages for those most at need is not the answer.



Gayle and Par demonstrating the use of training equipment

Pushing on to deliver complex care

We will continue to provide high standards of complex care for those people who have historically had difficulties transitioning home. Going forwards, we will deliver the best service we can in spite of difficult times, and we aim to become the go-to provider for specialist and complex care.

While greater awareness and education across the board is necessary, the perception people have of the care sector desperately needs to change. Our drive remains the same as it was in 2013: we want to provide an excellent career choice with amazing opportunities and outstanding job satisfaction, and we want to raise the profile of care work.

“Having the right person in the right job is so important – because if somebody isn't suited to their role, or doesn't share our values, they won't work effectively”

Moorville Residential



Hallamgate House, our flagship service, new for 2019



Directors Ciro Canello, Ryan West and Rory Boulding

FACTS ABOUT MOORVILLE RESIDENTIAL

- » Directors: Ciro Canello, Ryan West and Rory Boulding
- » Founded in 2009
- » Based in Sheffield
- » Services: Care for adults with autism, learning disabilities and other complex needs
- » No. of employees: 62
- » We operate three sites, two in residential neighbourhoods and one in the Peak District
- » www.moorville.com

With three locations across Sheffield and a dedicated team of staff supporting adults with autism, learning disabilities and other complex needs, Moorville Residential is a dedicated, versatile and person-centred care service. Director Ciro Canello ensures that each of their sites varies in environment according to the needs of the service users, while sharing and remaining driven by the same values and ethos. He tells the *Review* about their passion for delivering high-quality, person-centred care, and how it enables individuals to lead fulfilling lives.

All three of our sites are deeply integrated with the Sheffield community – two, The Glades and Moorville House, are located in the quaint and desirable suburb of Broomhill. Our third, The Lodge, is somewhat further afield, situated in seven acres of stunning private gardens in the Peak District but still only a 15-minute drive from the town centre.

Walking into any of our services, it's immediately apparent that the standard of both the home and the environment is well above the industry norm. All three services provide a harmonious balance of shared and self-contained spaces within luxurious properties to create a truly homely feel. All service users are involved in creating their environment, particularly when it comes to the decoration of their own bedrooms and en-suites. Many visiting parents and relatives even remark on the residential quality of the home.

The importance of detailed care planning

A high-quality, person-centred environment is a solid foundation for care – but it's only the first step. When supporting an individual with complex needs, we recognise and consider their desired outcomes.

To ensure that we meet these goals, we put a detailed care plan into place with input from the individual, their family and friends and involved multidisciplinary team members. We review this scheme at regular intervals with stakeholders to ensure that it responds to each service user's needs.

Remaining committed to and driven by excellence

At Moorville, we're committed to staying up to date with industry best practice. Our service users benefit from a positive behaviour support plan; this detailed document informs staff on how to support an individual whose behaviour may be challenging at times.

We maintain strong links with community professionals and regularly attend workshops with clinical psychologists and occupational therapists to develop our behavioural support. We also have in-house British Institute of Learning Difficulties-accredited PBS trainers. This is part of a large, ongoing training programme which all of our staff undertake, where they receive tailored autism awareness training from a leading expert.

The NHS Transforming Care agenda has supported individuals with learning disabilities to leave long-term hospital placements and return to community settings in their hometowns. Our last five transitions have seen young adults return to Sheffield after hospital stays. The unique environments we provide, along with our specialised skillset, has enabled these placements to be a major success for individuals who have historically been hard to place.

Our ethos of positive risk-taking enables service users to be supported safely to engage in a broad variety of activities. Current weekly activities include horse-riding, tennis lessons, bouldering, go-karting, dog walking, horticulture and gardening, just to name a few.

Moorville House and The Glades

Moorville House and The Glades are two distinct services on the same site that cater for service users with differing needs.

Moorville House was our first service, which opened ten years ago. Set in the highly sought-after suburb of Broomhill, Moorville House caters for young adults with high-functioning autism. The home is a safe and caring environment where individuals are supported and encouraged to develop independence and reach their goals. It's a genuine stepping stone towards becoming self-sufficient, with a majority of service users progressing to supported living settings.

The Glades consists of four large en-suite studio bedrooms, which are adjoined to a communal living room and kitchen. Each bedroom has its own lounge and TV area, allowing service users to choose their desired level of interaction. It caters specifically for individuals who require personal care and a more focused level of support.

“Walking into any of our services, it's immediately apparent that the standard of both the home and the environment is well above the industry norm”

Moorville House and The Glades





The Lodge, set in seven acres of private gardens in the Peak District national park

» CASE STUDY – R

Since opening our services in 2009, we have developed a reputation as a service that “goes the extra mile”. We strive to enable individuals to achieve their goals and pursue their dreams. A good example of this is with R, a young man with a deep passion for music. We supported and funded R to attend private piano lessons locally – he has recently reached Grade 1. R recently achieved one of his lifetime goals when he was supported by our manager to go on the trip of a lifetime to New York City. R is currently planning his next holiday to Nashville, where again we will continue to support him.

The Lodge

The Lodge is a truly specialised and unique service. Located on seven acres of private gardens in the Peak District, it provides an environment that is truly unparalleled for individuals with complex needs. The naturally tranquil, low-stimulus environment has proved invaluable for many service users with sensory processing impairments.

The Lodge currently caters for six service users. It is comprised of four large en-suite bedrooms in the main house and two self-contained apartments, which are purpose-built in an annexe to the rear of the property.

Some of the work we have undertaken at The Lodge is industry-leading. The profound success of two individuals who were placed with us following discharge from hospital has become the focus of an NHS case study. This will inform the local authority on how best to design and commission future care services.

An industry-wide overreliance on medication

The use of psychotropic medication within the sector is extremely prevalent, and this could be potentially damaging for many service users. We feel that there are instances when the right environment and positive support methods could

be used to reduce an overreliance on medication.

In keeping with this, we are signatories of STOMP – an NHS initiative grounded in “stopping the over-medication of people with a learning disability, autism or both”. We believe that positive behaviour support planning in quality environments is the way forward – and it’s how we’ve reduced the unnecessary use of psychotropic medication within our service.

Partnerships and new endeavours

We have had extraordinary support from the Peak District’s planning committee to develop our service at Hollow Meadows. Without their backing, we would not have been able to support our additional residents, nor would we be embarking on a journey of further expansion. They truly understand the need for our residents to have more space inside as well as spacious outdoor environments.

As we look to further expand our offering and capacity at The Lodge, we know that our focus on positive behavioural support and quality environments will underpin all work there. We hope that the provision we deliver will continue to foster independence and enrich life for every Moorville service user.

“A high-quality, person-centred environment is a solid foundation for care – but it’s only the first step”

Langley House Trust



Langley's care home in Taunton provides person-centred support and care



Samantha Graham, Head of Communications

Langley House Trust is a leading national offender rehabilitation charity. It's agile, responsive and intensely passionate about its mission to help men and women live crime-free. Langley is one of the handful of criminal justice charities offering specialist care to men coming from prison and secure hospitals. It also provides housing, support and advice to men and women who have offended or who are at risk of offending. It now focuses on developing the care services it offers, providing housing, care and psychologist and psychiatric support to some of the most difficult-to-place individuals in the criminal justice sector. Head of Communications Samantha Graham states that it is Langley's core belief that someone's history doesn't need to define their future which drives the charity.

We help and support those who have offended or those who are at risk of offending to live crime-free, reintegrate into society and thrive. Our work is about creating sustainable transformation, meeting people at their point of need and working with them on the issues that have contributed to their offending so that they don't go on to reoffend.

Langley has a reconviction rate of under three per cent for those in our housing – one of the lowest reconviction rates in the country. Our long-term results have also been validated by the Ministry of Justice. We are pleased that our history, experience and results have helped to make us one of the leading charities in the criminal justice sector.

FACTS ABOUT LANGLEY HOUSE TRUST

- » Head of Communications: Samantha Graham
- » Founded in 1958
- » Central services in Coventry with operations across the country
- » Services: Offender rehabilitation and housing
- » No. of employees: Around 250
- » Founded by Team K in Winchester; they then became Langley's trustees
- » www.langleyhousetrust.org

“For elderly offenders who are released back into the community, the opportunities are scarce”

Langley’s origins

We have a strong Christian ethos and heritage, which is of crucial importance to us. We determinedly maintain this while working with people of all faiths – our services are open to all. It is this heritage which gives us the resilience, strength and ability to operate despite the external challenges we face.

This also drives our belief that change is possible for everyone; we never give up on the clients in our care. Often, our clients have given up on themselves and have stopped believing in their own potential. Part of our role is to help them to take renewed ownership of their life, and push them to look at where they can be in the future. We believe that everyone has the potential for transformation, no matter their background, and we are committed to being part of that process.

Care for elderly ex-offenders – a growing need

One of the fastest-growing needs in the criminal justice system is the provision of care for elderly offenders. In recent years, offenders over 60 have

been the fastest-growing prison population. This is against a backdrop of a prison population that has dramatically increased by 77 per cent in the last 30 years. As a consequence, almost a quarter of the prison population – 21,000 people – were held in overcrowded accommodation in 2016/17. Many prisons are not physically designed for the number of people or the older prison population that they now accommodate.

This increase in the elderly demographic is causing unique issues within the criminal justice system. Suggestions have been made for specially designed prison wings that meet elderly offenders’ care needs. Local authorities now have a legal duty to commission care services for elderly offenders in prisons within their local area. All of this, however, is increasing pressure on resources in an already cash-strapped environment where organisations are forced to compete for dwindling resources.

For elderly offenders who are released back into the community, the opportunities are scarce. Care homes that are equipped to manage both the risks and needs that elderly offenders present are in short supply. Time and again, we have encountered situations where a prisoner cannot be released because there just isn’t suitable accommodation available to him in the local area.

Over the last few years, we have been developing our care provision to try to meet this need. In 2018, we relaunched one of our projects in Taunton after it lost its local authority funding due to budget cuts. We massively overhauled the building, expanding it from 13 to 31 beds, and added both en-suite wet rooms and disabled access corridors. It has since been accredited by CQC, and we have built up the clientele so that it starts benefiting the local and

We believe change is possible – someone’s history doesn’t define their future



national community. This now serves as a lifeline to men leaving prison with care needs, whether they're mental or physical, including those who are elderly.

One of our clients in Taunton had been in prison for over 20 years; without the appropriate accommodation after his release, there was a real possibility that he would have had to remain in prison indefinitely. Fortunately, we have managed to ensure that this is not the case.

We are growing our care provision in other parts of the country and have ambitious plans to open a new care home by 2020. This is no small feat against a backdrop of funding cuts and increasingly higher thresholds for care funding, which consistently make it much more difficult for funding to be agreed. Equally challenging is NIMBYism: many local communities are virulently opposed to new offender rehabilitation projects being developed in their area.

While community fears are understandable, there needs to be sensible debate and discussion to help communities to overcome them. Without this, it will be virtually impossible to develop any new offender care provision, despite a clear and growing need.

What next?

For the future, we want to grow, purely because any organisation of our kind that doesn't grow stagnates, and quickly ends up going backwards. It's about continually moving forward, expanding and developing our services to meet growing, specialised needs in the criminal justice sector. More care services, housing and innovation will help us to offer an increasingly varied range of specialist provision, while continuing to change people's lives for the better across the country.



Helping ex-offenders reintegrate into society, live crime-free and thrive

When our founders, Team K, first established Langley in 1958, they were a team of only five people. They became our trustees, and began with just one project in Winchester. Over 60 years on, we operate centrally from Coventry; our operations, however, span from Lancaster, Bradford and Wakefield down to Kent, London and Somerset. We now have around 250 contracted members of part and full-time staff, and in 2013, we appointed a new CEO who has seen growth and turnover increase. This proves that, in spite of austerity and local authority spending cuts, we are a charity that is still growing.

“While community fears are understandable, there needs to be sensible debate and discussion to help communities to overcome them”

Loreburn Housing Association



CEO Lorraine Usher



Douglas Gardens,
Castle Douglas

Founded in 1982, Loreburn Housing Association provides housing across Dumfries and Galloway in the southwest of Scotland and has a portfolio of almost 2,500 properties. CEO Lorraine Usher discusses her ambitions for the association going forward and she explains how they are investing in their future through staff training.

FACTS ABOUT LOREBURN HOUSING ASSOCIATION

- » CEO: Lorraine Usher
- » Founded in 1982
- » Based in Dumfries and Galloway
- » No. of employees: 108
- » Services: Social housing, including specialist housing for elderly people and individuals with additional needs
- » www.loreburn.org.uk

Loreburn Housing Association employs a fabulous team of experienced and talented people who have helped us create a number of really great places to live. With 108 employees, we serve over 10,000 tenants across our 2,500 properties and have plans to develop 353 new properties over the next three to five years.

An aspirational association

Our central goal is to ensure the provision of high-quality housing for local people who access our services. While offering people great places to live is vital, we also take a strong interest in quality of life in relation to our tenants. We summarise our ethos with a mission of “Great People, Great Services, Great Results, Great Homes”. We go beyond the provision of a home and believe that with a little extra help we can aid tenancy sustainment, which helps build resilient and vibrant communities. Our community investment is targeted at addressing all types of poverty, including food, fuel and aspiration, helping our customers to better manage their rent commitments.

We have made a commitment to build all new homes to Passivhaus standard, which is a significant step forward, especially in Dumfries and Galloway, a region that demonstrates some of the highest levels of fuel poverty. The upfront capital

investment can deliver significant financial benefits for our tenants through the energy efficiency capabilities. The commitment will benefit the environment and reduce energy bills for our tenants. The Passivhaus commitment is part of a wider strategy that continually targets improvements to our properties which make life more comfortable for our tenants. With the onset of an ageing population and fuel poverty being two of the key concerns this region will face in the very near future, Loreburn are committed to focusing our knowledge and experience on developing strategies that respond to this significant challenge.

Developing tailored properties

At Loreburn we have developed most of our own housing stock. When the association was established in 1982, a small, community-based interest group were able to gain support from the council, who recognised the need for more affordable housing in the area. The founders then received a grant from the government and were able to begin development with a small number of local, low-cost properties.

In recent years, we have been very efficient in collecting rent, which has enabled us to improve our services and add to our current housing base. We will complete 353 new homes in the next three to five years, which we hope will bring in over 1,000 new tenants. We have more demand for our services than we have properties, so we are confident our expansion will be supported by the local community.

Industry challenges

The housing market on the whole needs to address the dwindling stock of affordable, good-quality homes in the UK. Young people are living at home for longer and there are not the home types needed to meet a growing

and ageing population. The obsession with home ownership perhaps became unhealthy and impacted negatively on those who make the choice to rent, like many people in other countries still choose to do. All tenures need to be viewed through the same lens and it is important we ensure that those who choose to rent are guaranteed a quality service and an energy-efficient home.

There have also been generational changes that suggest renting is a model for the future. We are more aware of the benefits of a healthy and active lifestyle, and increasingly we strive for a good quality of life, which may not entail moving away from friends to buy a house, or foregoing activities to save for a home. We believe this change in thinking will see a switch in attitudes towards the rented sector, because it may bring a wider range of offers and solutions to the issues facing the UK housing market.

Preparing for the future

All our employees are very aware of and committed to the social purpose of our organisation; however, we all understand that in order to deliver the best possible service we need to

“It is important we ensure that those who choose to rent are guaranteed a quality service and an energy efficient home”

Station Drive, Dalbeattie





On site

“Over 80 per cent of suggested changes brought forward by staff were implemented”

become more commercially minded. Part of this process includes a large-scale investment in our own staff and listening to and acting on their thoughts and ideas. During a recent change programme, over 80 per cent of suggested changes brought forward by staff were implemented in our day-to-day operations. This has helped staff to fully understand how they help shape the business and the way we do our day-to-day work, and we recognise this way of working delivers better outcomes for our tenants.

We have also introduced various new personal development initiatives, including a future leaders' programme. This is hugely important to our staff and shows them our commitment to their career progression. Improving the happiness, dedication and suitability of our staff is also of benefit to our tenants. By delivering a better-quality service, tenants will be happier, and our reputation will continue to flourish. This will attract new tenants in turn and therefore plays a crucial role in our future business planning.

I have also tried to show all members of staff how valuable they are to the business through my leadership. Offering staff respect and empowering them to achieve is central to my approach, while I have tried to emphasise the importance of collaboration rather than individualism. I try to understand their unique talents and find the best way to utilise them. I have also learned that there is no default style of leadership and that great leaders can be very different from one another in practice. The world is changing, and CEOs of established businesses will have to learn and adapt, looking to the future rather than leaning on the lessons of the past. We live in a fast-paced world and traditional businesses, such as housing associations, will have to adapt to continue to flourish. I am determined to do so, continuing to value the talents every individual brings to this business while embracing the digital revolution. I am confident, as a result, that Loreburn will continue to flourish and thrive.

East Cheshire Housing Consortium



The Weston recreational area



Brenda Wright, CEO

East Cheshire Housing Consortium was established 28 years ago for the purpose of resettling patients after their discharge from nearby Parkside Hospital. With the assistance of a group of governors and doctors related to the hospital, the consortium was founded. It was providing a good service and helping its residents do well, but for almost ten years did not expand. In 2000, a pivotal point occurred when government funding for supported living changed. The consortium faced two options, neither of which were agreeable: merging with another local housing group, or closing its doors. It was at this time that Brenda Wright, CEO as of 2015, was appointed the new business development manager.

In 2000, we housed just 22 individuals; now we house over 100, and take people from not just the East Cheshire area, but all across the UK. We have opened almost a home a year since 2001, all without government funding. This growth and development has been the result of a strong fundamental ethos: ECHC houses the unhousable. We house clients in homes that we would be prepared to live in ourselves; these standards are replicated irrespective of the background of the client.

We provide support and housing for people with mental health issues. We offer anything from three-bed specialist 24-hour forensic housing – for people with backgrounds in prisons or high-security hospitals – to an eight-bed home which is less intensely observed. Unique to these services are our pathways – we don't stop keeping track of the people we house after they leave. We have developed a range of supported accommodation from 24-hour monitored homes to independent flats to ensure there is a support throughout their journey. With our housing people

FACTS ABOUT EAST CHESHIRE HOUSING CONSORTIUM

- » CEO: Brenda Wright
- » Established in 1991
- » Based in Cheshire
- » Services: Support and accommodation
- » No. of employees: 50
- » We provide specialist support packages for complex individuals
- » www.echc.org.uk



The Weston Centre

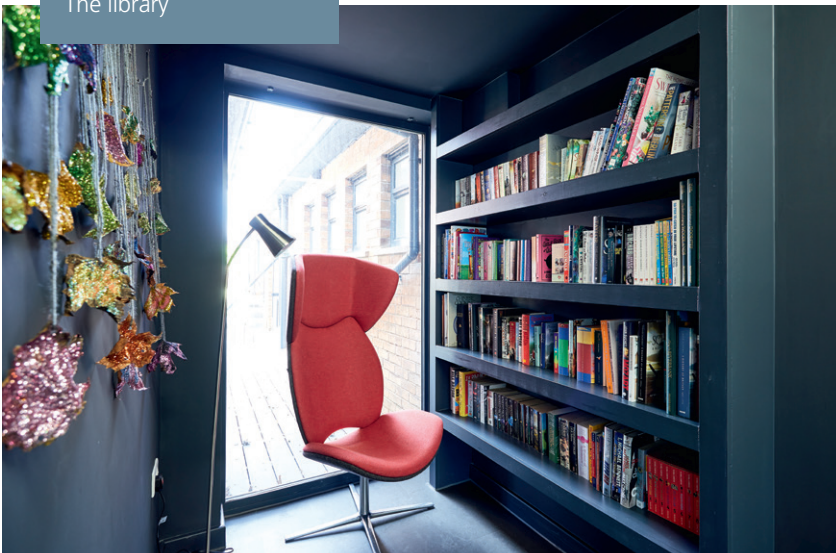
A place to learn and develop life skills

“We help people who would often never be provided with a tenancy from the local authority”

can move through our services with as much or as little support they need; ours is an all-encompassing, individualised service.

We help people who would often never be provided with a tenancy from the local authority. As a result, we house a significant number of people from prison, mental health units and other secure services. These individuals are all now living independently, working hard and contributing to society. We ensure nobody slips through the cracks, even providing a support system for people living with family. Our comprehensive pathway deals with any situations that may arise, and we see people stay with the consortium from anywhere from a few months to their entire life.

The library



Give the best for each individual

Though we are by name a housing consortium, this is only a small element of what we do. We focus on helping people, but a historical organisational attitude was prohibiting the forward thinking we needed to progress. Jim Bissett, our current chairman, has been with the consortium for 15 years and has been a catalyst for the change, development and expansion of the organisation. We agreed that we wanted to give the best to our residents from the start, offering heart and passion in everything we do. Our benchmark is that our service users are housed in properties that we and our families would be happy to live in.

It is for this reason that we operate our signature comprehensive pathway. Things at ECHC are personal – there’s no tick-box bureaucratic mentality, and we allow our criteria to be flexible, stretching and moulding for each individual as necessary. We keep things person-centred and ensure that every housing situation for our residents feels like their own home.

We have seen monumental growth since our inception, beginning with a £20,000 turnover in year one to £3 million now, with a provision of nine 24-hour residential homes, three residual blocks of individual apartments and a comprehensive floating support service. Many of our staff have remained with us along this journey; we have people working here who were seconded from the hospital over 20 years ago. With this continuity of staff and long-term funding, we have invested heavily in training, accommodation and support to ensure that we will continue to provide the best possible services well into the future.

New investments and demonstrable results

With local authority cuts, we have seen a diminished capacity for day services in the sector. As a response to this, we recently invested £120,000 into the refurbishment of a community centre and developed a new day centre. This initiative has been recently completed and is open to all of our service users; further down the line, we plan on opening access to the wider community and broader mental health services.

The centre ensures a safe, structured environment for all involved, providing opportunities for development and growth. There are food hygiene, mathematics and English courses available, and we have partnered with a local college to extend the courses on offer. Using the centre to develop skills, training and work experience, we also offer leisure facilities such as a pool table, library and computer suite. We have been overwhelmed by the success of our day centre, and it is something we are incredibly proud of.

The journey towards remaining “outstanding”

Though we have been historically accredited by the CQC as an “outstanding” institution, it has not been easy to reach this point. We see an almost daily challenge for funding. Once a potential service user is referred we rapidly assess their suitability; however, once they move for assessment funding to, for instance, a local authority panel, things often stall and it can take months to process. This leads to people staying in hospital for longer, and rehabilitation stagnates. This also gets in the way of what we can do, as we put more effort into chasing funding, and hospital costs are far greater than our own.



We provide tailored and specialist support packages

As expected, we are inspected regularly by all purchasers, including the CQC, local authorities, CCGs and other regulatory organisations. One service user can be assessed by many different commissioners, who do not always have the same outcomes. This makes the funding process far too lengthy. Even within the same organisations there can be conflicting views.

As a result of the funding challenges, we want to move towards changing our processes. After an incredibly successful year of growth and expansion, we plan to open our own Enhanced Support Unit earmarked for commissioning in October 2019, which should coincide with a move to new offices. These changes will hopefully see the funding process becoming more streamlined; the unit will serve as a less costly alternative to prison or a specialised hospital while funding is appropriately arranged. It is just another step on the way to continually realising our central objective: housing the unhousable.

“Our central objective: housing the unhousable”

Inclusion Housing



Wayne, who lives in Accrington



Strand Court, Great Grimsby

Based in York, Inclusion Housing is a leading health and social care landlord for vulnerable adults, providing flexible, innovative housing solutions and life opportunities in collaboration. Founded in 2007, Inclusion Housing is an award-winning business and Northern Powerhouse partner, having been recognised as Europe's Best Small Business 2017 and the UK Best Small Business 2016. It was also awarded the Queen's Award for Enterprise in 2018. Chief Executive Neil Brown elaborates.

FACTS ABOUT INCLUSION HOUSING

- » Chief Executive: Neil Brown
- » Founded in 2007
- » Based in York
- » No. of employees: 42
- » Services: Specialist supported housing accommodation
- » Europe's Best Small Business 2017
- » www.inclusionhousing.org.uk

We have challenged ourselves to answer the question: if you were to create the perfect health and social care landlord for vulnerable adults, what would it look like? In response, we believe we have come up with a better, smarter way: a business model that places the tenant's needs at the heart of everything we do and delivers positive outcomes for everyone we collaborate with.

We launched a pioneering solution that provides specialist, tailored support for people in homes that perfectly matches their needs: a serviced portfolio of housing units that delivers social good and commercial returns. We have a variety of supported living schemes designed to meet a range of housing needs for adults with learning disabilities, mental ill-health, acquired brain injuries, physical and sensory disabilities and extra care, including a specialist dementia scheme.

We work in partnership to meet the specific care and support needs of client groups with specialist requirements. We are currently developing further new supported

living schemes across the UK, including Scotland, and have a range of funders ranging from banks to the major financial institutions that invest in the housing and healthcare market.

Unique approach

We operate as a cutting-edge and innovative health and social care landlord and we are unique in the sector, well placed to identify many commissioning authorities and support organisations that require good-quality social housing for vulnerable people. We have exceptional strategic and operational experience of all kinds of community-based care and housing support.

Our distinctive and rewarding approach has led to first-class relationships with our key delivery partners, including institutional investors, commissioners in local authorities, clinical commissioning groups and developers. Consequently, as commissioners increasingly outsource their property requirements, Inclusion is ideally positioned to respond to the increasing momentum, providing local and responsive community-based accommodation solutions.

There is no other organisation in the UK that, through its own people, and with its strategic partners, has the benefit of such long-term relationships with commissioners, the necessary skills to develop supported living and other schemes, and the strategic intent to compete in this area on a national basis. Inclusion manages a substantial and growing national portfolio of social housing properties and will grant long-term residential tenancies to vulnerable people who receive daily support from specialist support providers.

Institutional investment partners recognise that the creation of social benefits through our model in this sector also brings about the opportunity for sensible, stable, regular and reliable commercial returns for their stakeholders too. We've now undertaken a major development programme to help deliver the best property and support services to thousands more people, meeting demands from all over the UK to deliver a better way. Inclusion Housing is now firmly established as one of the UK's leading social enterprise companies.

“Inclusion Housing provides long term grant free independent living for vulnerable adults faced with institutionalised care and an uncertain future; their quality of life improves and care costs reduce”



Dee from Burnley with Errol



Ann from Bury

“Providing community based independent living is a reality for more and more vulnerable adults because of Inclusion Housing”

Our competitive advantage

We have managed to secure a competitive advantage as a result of our specialist expertise gained from a number of years in the sector and our tailored, personalised service. Inclusion is recognised as the best in our sector for delivering specialised supported housing for vulnerable adults. We have achieved this reputation through our stable, competitively priced and high-quality supply chain, which delivers local facility and maintenance services, including an expansion of our utility services. Our network of partnerships across the country ensure a coherent, value-for-money service that delivers high standards for our clients. We are an entrepreneurial and cutting-edge company that responds quickly to new opportunities and ideas so that we can access senior people directly. In addition, our management costs are half of those of our peers.

We also provide intensive housing management visits to residents at least twice a month, in order to help sustain tenancies. We manage the sign-up process, assist with housing benefit claims and respond quickly to issues, which is all part of our industry-leading customer service. We have achieved independent quality accreditations including Customer Service Excellence

and Investors in Excellence. Customer satisfaction is now within the national top quartile. Through our local representatives, we inspect schemes monthly to ensure that standards are maintained and issues addressed and we offer in-house technical expertise to deliver a comprehensive property management service to maintain homes through a national network of local contractors. We have a dedicated business administration team to respond to partners and ensure that lease and contractual arrangements are negotiated, implemented and delivered efficiently, and we have our own dedicated contact centre for residents and business partners. Finally, we have launched our online 24-hour self-service for residents, to increase interaction and achieve a faster response.

Outcomes

The following two quotes from residents summarise the outcomes for those who benefit from the Inclusion independent living model. One client remarked, “I feel really happy in here; I was excited to come and I’m even more excited now I’m here.” Another said, “It’s taken a lot of pressure off my family [being here], because they were very worried about me.”

The model delivers on the governmental priority of Transforming Care; providing independent community care at a local level, while at the same time reducing hospital admission and bed blocking. We are achieving substantial savings; our wraparound average costs for a vulnerable adult are approximately £42,000 per person per year, compared to an average £65,000 in registered care or £180,000 in hospitals. The success of our innovation is demonstrated through growth, which has increased from 275 units in 2014 to 1,600 units in 2018 or 1,325 independent living units in four years.

AMG Nursing & Care Services



Providing opportunities for clients to meet and share experiences



Managing Director Garrett Taylor

Finding out about home care options can be exceptionally difficult for many. Since they were founded in 1983, AMG have sought to make this process much less agonising by providing the entire spectrum of home care services. Their service users range from those who require minimal support, to those in need of more complex, nurse-led services. One of the company's most distinctive features is the fact that nurses play a crucial role in their infrastructure. Also setting them apart is their ambition to ensure service users transition seamlessly between services, so that their health journey is not affected by unnecessary delays in service provision. Managing Director Garrett Taylor says more about the company's manner of operating and the challenges and opportunities for care at home.

The essence of AMG

The principal aim for AMG is to provide an efficient and amiable care service in order that our service users – children and adults – can live independently. We currently employ over 1,200 people and deliver over 34,000 hours of care per week. Our strength is in developing innovative models of care to ensure that service users can receive care at home when they need it most. This approach has enabled us to develop services that are not criteria-led, but are focused on the needs of service users. An example of this model is our rapid response service, which facilitates the immediate transition to home of service users who are medically fit to be home. At its peak, the service accommodates between 30 and 40 discharges

FACTS ABOUT AMG NURSING & CARE SERVICES

- » Managing Director: Garrett Taylor
- » Founded in 1983
- » Based in Stone, Staffordshire
- » Services: Nursing and care services
- » No. of employees: Over 1,200
- » Delivers over 34,000 hours of care per week
- » www.amgnursing.com

“We currently employ over 1,200 people and deliver over 34,000 hours of care per week”

per week, responding to referrals within one hour from request. Our strong achievements are evidence that individualised care can scale well.

At the core of this enormous effort is a team of high-quality, well-trained people – all of whom have undertaken intensive training courses to ensure that they have the necessary attributes, knowledge and skills to look after service users who present with challenging and complex needs. We're so committed in this regard that we at AMG perpetuate their training for the duration of their employment with us, ensuring they are up to date on all aspects of care – which, like other industries, is always evolving.

Our nursing infrastructure is integral to our business. Working alongside our dedicated training team, our nurses provide clinical competency training to ensure our carers are appropriately skilled to deal with every conceivable issue. Our paediatric and adult nurses provide the clinical oversight for our service users who have complex

needs, and work closely with the multidisciplinary teams to share more accurate clinical information and assessments. The goal is to avoid readmission, which can be frequent in winter.

Distinctive also is that we support service users who require palliative care. Enabling people to return home during the end stages of their illness is extremely important and rewarding. Working with the palliative care team, the GP and the district nursing team, our care pathway, although focused on the specific needs of the service users, is also designed to encompass the needs of the family as a whole. Our carers are trained to work compassionately and in partnership with families faced with the inevitable loss of a loved one. They will step back when family members wish to become more involved and will increase intervention when the family need it most.

We believe that by working in partnership with health and local authorities, companies like ours can make a significant contribution to the challenges faced across the sector. An example of this is our work with the NHS in providing a wraparound service to support the home-first model. Our carers work alongside our NHS colleagues to ensure that the key milestones of enablement are met, and that the potential for the service user to achieve independence is maximised. Providing a flexible service, we can meet fluctuating demands, particularly during winter pressures. Working to a capacity model ensures that our recruitment and training strategies are aligned to support the growth in service provision.

Overall, this is a model that is proving itself exceptionally well, and it's on this strong foundation that we can grow. For example, we've just recently started delivering services for children

A day at the football – come on Wolves!



with complex needs in North Wales, with further provision of this kind being planned.

Sector-wide problems

Our successful journey has not always been a smooth ride – funding in particular is a bump in the road. As is often reiterated in the media, the care sector suffers from a lack of funding from all directions. The only solution for us is to better utilise what we already have.

There's also the challenge of integrating and working in partnership with public sector services. We know from experience that we can meaningfully contribute to the challenging agenda facing health and social care. Our rapid response and enablement services exemplify this. By working in a tripartite arrangement – us, the service user and the public sector – there is more that could be achieved to bring independence and comfort to our service users' lives.

We'd also like to see services like ours commissioned in such a way that carers are confident that there will be work for them in the future. As of now, there's too much instability and uncertainty in this area.

Furthermore, there is a dawning reality for us all that home care demand is increasing year-on-year, not least because the UK has an ageing population. Although we're committed to meeting this demand, we must do so without compromising the quality and safety of the services we currently provide.

Opportunities for AMG

Although there are challenges, there are also opportunities, particularly regarding our work with the NHS. We believe that by working in true partnership, we can use our collective knowledge and skills



Celebrating individuality

to ensure better services to meet the needs of service users. By doing so, we can significantly contribute:

- » to admission avoidance;
- » to supporting the NHS in managing their capacity and flow during seasonal demands;
- » to ensuring that service users with complex and end-of-life needs can be cared for at home with a skilled workforce; and
- » to enabling service users to seamlessly transition between health and social care organisations.

Throughout our 18 years of operating, there's been a huge change in the care landscape. Standards in the industry are always increasing, and we've had to ensure that we're not only meeting them, but exceeding them too. These are challenges that excite and motivate us. We can expect further challenges to come, but so long as we remain committed to providing the best-possible care, we believe the future is bright.

“Our carers work alongside our NHS colleagues to ensure that the key milestones of enablement are met”

Health and Care at Home



Dr Clive Acraman, Managing Director



"We are like a family"
– June P 2018

FACTS ABOUT HEALTH AND CARE AT HOME

- » Managing Director: Dr Clive Acraman
- » Founded in 2015
- » Based in Newquay, Cornwall
- » No. of employees: 20
- » Services: Nursing, nursing care, occupational therapy assessments, palliative care, end of life care, dementia care, personal care, household support, meal preparation and assistance to attend community based clubs and activities
- » www.healthandcareathome.co.uk

Health and Care at Home is a private company with a growing reputation for delivering high-quality, premium nursing and care services in the home of the people that choose to use their service. Managing Director Dr Clive Acraman enjoyed a long career in public service, spread across children's and adult's services in social care and the NHS, prior to leaving the NHS in 2015. Clive left the NHS because he believed there was a better way to support people at home. They are passionate about person centred care, and work alongside the people who use their service, their family, friends and community to understand their life history, values and belief systems. This enables staff to empower their customers to continue to be the people they have always been.

We are a highly experienced and professional team providing unique and innovative care. Our services are provided in the comfort of our customers' personal residence. We have been successfully providing high-quality domiciliary health and care services across Cornwall for three years. All our care staff are employed directly by us. They are skilled, talented practitioners with experience of working within a community setting and each holds a minimum Level 2 qualification in health and care.

In addition to our carers, we have a team of professional practitioners, registered nurses, occupational therapists and social workers, all of whom are registered with the Royal College of Nursing or Health and Care Professions Council.



We support people so they can stay in their own home

The team are available to support our customers at any time, assessing people while they are in hospital, co-producing care plans, ensuring their home is discharge ready with the correct equipment in place and assisting their discharge home where necessary. Our occupational therapists and registered nurses are actively involved in establishing all communication and links between ourselves and the statutory services, while our carers develop the relationships that nurture positive, high-quality and sustainable outcomes alongside our customers.

Our care planning process is overseen by our professional practitioners. Central to our success is our ability to build and maintain relationships with GP practices, community nurses and other health practitioners.

All people living with temporary or permanent health conditions receive a full nursing assessment prior to our service beginning, and this helps to inform our care planning process. With consent from the person we are to care for or support, the outcome

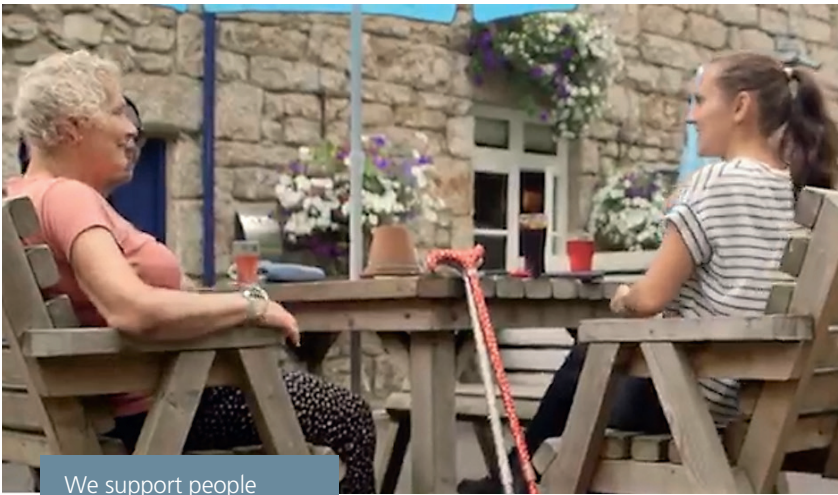
of this, and regular nursing reviews, is shared with other practitioners involved with the person such as their GP, community matron and district nursing service. We believe this is important to maintain accurate and contemporaneous communication between ourselves and the statutory services.

What we do

All our staff are trained to listen to our customers, to understand what is important to them in terms of their care and support and to respond in a way that works for them. We understand that a warm smile and a chat are sometimes more important than the tasks that people need performed. Everything we do is built on evidence-based practice and focuses on building excellent, enduring relationships with the people we care for and support. We understand the importance of developing truly person-centred practices.

We have a minimum call time of one hour. This allows us to support people

“Reablement, supporting people to be as independent as possible, for as long as possible, is central to what we do”



We support people at home and in the community

“Our talented team of professionals and practitioners have the skills and talents to support people living at home with the most complex medical conditions and to support planned and co-ordinated hospital discharges”

at their own pace. We recognise that tasks are important, but the person is more important than the task, and allowing people time enables us to undertake our roles more effectively. While we are with people who use our service, we are happy to support them in any way that is safe. We are happy to offer them a cafetière and read of the newspaper first thing in the morning, or a full English breakfast prepared for them after the shower. We are also happy to accompany our customers on a holiday at home or abroad, and of course support those coming to Cornwall to enjoy their vacation. Put simply, we will support any person who uses our service with complex nursing interventions, personal care, domiciliary chores, shopping and community activities.

One person who used our service, June, had been advised by mainstream services to move into a nursing home; however, she refused to give up on returning home. On discharge to her own home, against advice from the hospital, we began to work with her privately. She had been in hospital for eight months, but our carers supported June alongside her family. June was able to be nursed and cared for at her own pace, and she was determined not to be dependent on others all of her life as she had been told she would be. Gradually, June began to

feel stronger; she moved slowly from requiring a hoist, to being able to support herself, and new equipment was introduced to allow June to bear weight for the first time in a year without assistance. Within five months of returning home, June was walking independently and no longer required our services.

How we do it

Our talented team of professionals and practitioners have the skills and talents to support people living at home with the most complex medical conditions and to support planned and co-ordinated hospital discharges. We always undertake an assessment of the person's requirements and their nursing, social and occupational therapy needs. These assessments can be undertaken in any setting, to allow for the comfort and convenience of our customers.

Once we have an understanding of our customer's health, care and social requirements, we co-produce a care plan, which explicitly states what we are being asked to do, how we will achieve it, where it will take place and when it will be completed. These personalised care and support plans also explain who the person is, as much of their life story as they wish to share – names of family, friends and key events help us to initiate conversation and understand more about the person we support. We also pay close attention to what is important to the people who use our service and how they wish to be supported. Our care and support plans are very clear about how, where and when the care will be administered. Openness and transparency are a crucial part of our process, and our planning process ensuring the service we provide is clear, supportive and safe.

Rose Care Suffolk Ltd



The Felixstowe offices



Registered Manager Penelope Brookes (middle), Elizabeth Russell (left) and Susan Walker (right), the two owners

Rose Care have been providing domiciliary care to elderly and disabled people in the Felixstowe Peninsula in Suffolk since 1995. The company was established by Elizabeth Russell and Susan Walker, and when the company was set up, the first contract was for an hour's housework a week. The ethos of Rose Care has always been to assist clients in their homes, empowering them to remain independent for as long as they can. Both Liz and Sue are still involved in the running of the company, but Penelope Brookes took on the role of Registered Manager in 2010, having started as a carer with the company in 2001 – her take on things is summed up in the following article.

Who we are and what we do

Rose Care provides personalised care to people in their homes. This can be a once-a-week call for cleaning or shopping, or four or more times a day with two carers for someone with more complex health needs or end-of-life care. Eighty per cent of our clients are self-funding, and the remaining 20 per cent are funded by either the local authority or via the "continuing healthcare" scheme.

We currently employ 30 carers who range in age from 18 to 65. As a company, we feel it is very important to recruit the right person. Part of our selection process includes scenarios to test whether or not the candidate would make a good carer. Moreover, when our new carers start shadow shifts, we seek

FACTS ABOUT ROSE CARE SUFFOLK LTD

- » Registered Manager: Penelope Brookes
- » Owners: Elizabeth Russell and Susan Walker
- » Founded in 1995
- » Based in Felixstowe, Suffolk
- » Services: Domiciliary care
- » No. of employees: 30
- » CQC: "Good"
- » www.rosecarefelixstowe.co.uk

“As a company, we also realise that people can feel isolated and lonely”

comments from our clients and their families. We value feedback from our clients, and, thanks to regular visits they receive from the registered manager, client coordinator and team leader, we feel connected to the people we care for.

Our office is situated in Felixstowe, and we often have clients or their families visit us in the office to discuss care requirements. We also undertake an initial assessment free of charge, during which we discuss what outcomes the person would like to achieve from their care and the risk assessments required to ensure both the person and the carer are safe.

Care at the forefront of everything we do



As a company, we also realise that people can feel isolated and lonely, so we've decided to run a small club for our clients, The Rose Care Club. The club has a magazine twice a year, and we encourage clients to contribute to it. We also have outings to local places of interest and arrange coffee mornings or an afternoon tea. This initiative is still in its first year, but it has been very successful, with positive feedback from our clients.

Areas of change and challenges

We feel it is very important for the company to work with the local health professionals to provide the best care possible for our clients. We are very lucky in Felixstowe to have a community matron whom we can contact if we have concerns about our clients. We regularly have joint visits with the matron, occupational therapist and physiotherapist from the local health community team to assess needs and review care plans. The future of joined-up care is for social and health care to work together to achieve the best outcome for everyone. Carers are the people who see clients the most, but often they are not consulted by doctors or hospital staff when those people have health problems. Instead, a carer could tell the health professional what the situation is at home, to prevent a failed discharge.

We face many challenges as we go forward. For example, Rose Care is a private company, not part of a national franchise, and therefore does not have the support systems that many large companies can rely on, such as human resources and compliance departments. With increased regulation – which everyone in the industry would agree is necessary – come extra costs such as training, the changes



Clients and carer on an outing to a local garden centre

in the Care Quality Commission's fees, administration charges and general overheads necessary to run a business. Added to this are the increases in company pensions, the national minimum wage and the need to pay for travel time. As a business, though, we understand the benefits to the workers, and accordingly pay our carers above the national minimum wage.

The issue we and many care companies face is where to find the extra income. We have to increase our rates to our private clients yearly. The local authority and clinical commissioners are only able to increase their payments by a small percentage. These organisations see themselves as price setters rather than price takers, which doesn't allow for smaller companies to compete with the large national companies.

The United Kingdom Home Care Association recommends a minimum of £18.01 per hour to cover the national minimum wage, but our local council pays less than this. The country is already at crisis point with the number of elderly people increasing and the need for social care rising. Small businesses such as ourselves provide personalised care and go above and beyond the call of duty, often with a carer giving their own time and not charging a client for extra time if they need more than their planned care. We need to reward these people, who are not recognised or paid as professionals; care needs to be seen as a career, not just a matter of making a cup of tea and having a chat with someone. At Rose Care, we are ensuring that such a view of care remains at the very core of our ethos.

“The future of joined-up care is for social and health care to work together to achieve the best outcome for everyone”

Blue Crystal Care Agency



Director Latha
Kathirkamathamby



Personal and friendly
approach

Blue Crystal Care Agency are a specialised care provider based in Harrow, north west London. Blue Crystal provide a range of services including a residential home in Harrow for adults with learning disabilities, as well as external care at the homes of clients, hospitals and hospices. They also offer to accompany clients to their appointments and other engagements. Founder and Director Latha Kathirkamathamby explains how their all-encompassing offerings help build their clients' confidence, while enabling them to be happier and healthier.

FACTS ABOUT BLUE CRYSTAL CARE AGENCY

- » Director: Latha Kathirkamathamby
- » Founded in 2014
- » Based in North Harrow
- » No. of employees: 80
- » Services: Residential and home care agency
- » bluecrystalcare.com

My background is completely separate from care, having spent the previous 25 years in IT prior to setting up Blue Crystal Care. My last permanent IT Job was with MTV as their European IT manager; however, my passion for helping people led me to start a new phase in my career. I had experience in care, helping my parents and siblings take care of my brother who had learning disabilities.

Helping my brother and his friends at his workplace gave me a fulfilling sense of purpose, and it soon became clear that it was something I wanted to do later on in life. I feel I have a lot of patience and I am able to understand people with different needs, so it was a path that made sense.

Blue Crystal's origins

The thought of starting a care agency came about when my neighbour began having carers come to their house. We found the service they provided to be

highly unsatisfactory, as there was no empathy shown towards my elderly neighbour. As a result of the lack of care being provided by the agency, I stepped in and began looking after my neighbour. Soon after, Blue Crystal Care Agency was formed.

We provide 24-hour, 12-hour, six-hour, live-in and emergency care for our clients, and I personally spend a number of hours with new clients so that I can fully understand their needs. In all circumstances, the care package will be provided in accordance with the client's requirements.

I felt my team and I could make a change in people's lives by providing a service whereby staff treat clients like their own family members. Regardless of their health challenges, by providing them with love, care, dignity and quality of life we help them to live longer in their own environment. In addition, we support the families and friends of our clients to ensure they are both happy with our service and are able to cope with the condition of their loved ones, especially those in palliative care.

Our services

We deal with a variety of clients who have different care requirements. The clients we provide care and support to include those suffering with dementia or challenging behaviour, those with mental health issues, the terminally ill and adults and children with learning disabilities.

We provide a complete range of care services to ensure that we can work around all our clients' individual needs. We provide care for clients who wish to remain at home, while we also have Rose Quartz Residential Home. Rose Quartz is set up for supported living for people with learning disabilities. We teach them life skills so they can manage some form of independence and we often take on residents whose

parents have grown too old to care for them at home.

Individuals with learning disabilities can often feel like they are not part of the community and can become isolated as a result, while the public can also find it difficult to engage with them.

Our aim is to help teach our clients life skills that will allow them to become more integrated into society and become used to meeting other people. To achieve this, our staff organise external trips to leisure centres and cafés so that they can engage with the public while receiving the support they require. We also provide all our clients with the living accommodation that suits their needs, while our staff will teach them to cook, clean and manage their finances. This increases their levels of independence and confidence and allows them to build the skills that are needed to live alone in the future.

Personalised approach

A key aspect of our philosophy is providing a personal service to all our clients. To ensure this, I take a very

“We provide a complete range of care services to ensure that we can work around all our clients' individual needs”

Perfect match





Three carers and qualified caregivers

“We care for your loved ones like our family”

hands-on approach. Through building a personal relationship with each client, I am able to gain an in-depth understanding of their needs, while a number of our clients come from referrals, so it is vital they receive the standard of care they expect. My hands-on approach also allows me to teach my staff how to deal with clients.

We have very strong relationships with hospitals, GPs, mental health services, adult services and other health-related organisations, and all our work comes from referrals from existing clients and health professionals.

We build relationships with clients through attending appointments with them, which helps us to reduce their stress and ensure they are being treated with dignity and respect. Because of the approach of our care, we get requests from other agencies to help them lift their profile in social care. Not only do we provide

care to clients, we also provide consultancy service to other agencies and individuals who want to set up a care organisation.

Looking forward

Blue Crystal Care Agency has a bright future. We will continue to provide the high-quality care that currently exists, while remaining innovative in our approach to both our external and residential care. As our ethos says: We care for your loved ones like our family.

Unlike other agencies we do not have high turnover of staff, as we all work as one unit. Providing clients with a high standard of care, which gives them dignity and fulfilment, remains central to our ethos. Because of the considerate and thoughtful staff we have working with us, while continuing to build our reputation.

Willow Home Care



A united approach



Director James Lee Davies and Finance Director Janice Davies

Founded in 2016, Willow Home Care Ltd is a care agency based in Market Drayton, Shropshire that provides domiciliary services to adults with dementia, learning disabilities, physical disabilities and sensory impairments. They have built up a base of 70 service users in their two years and are hoping to continue their journey and expand their services. Director James Davies discusses his long-standing motivation for working in the care sector, while explaining the quality service that has ensured their success.

Why care?

I had always wanted to make a positive impact on my local community. I always felt that no career satisfied that need, until I embarked on a career in the care industry. Prior to my decision to go into the care sector, I was employed in a local factory where my managers and directors didn't even know my name or what role I fulfilled. I often felt undervalued and I was never recognised for my achievements.

After seeing an advert for a care position in my local paper, I decided to leave the relative comfort and financial security of my former role to pursue a career in an industry I could truly feel passionate about. I had to travel an hour every day to work in order to complete a 15-hour shift before travelling home while earning minimum wage, but I was given the opportunity to support young people with learning disabilities in Birmingham. I loved the role and although my wife and I had to make several sacrifices and lifestyle changes I felt I was making a tangible difference. My career change was questioned by my friends and former colleagues, but the criticism only made me more determined.

FACTS ABOUT WILLOW HOME CARE

- » Director: James Davies
- » Finance Director: Janice Davies
- » Registered Manager: Claire Godwin
- » Founded in 2016
- » Based in Market Drayton, Shropshire
- » No. of employees: 60
- » Services: Domiciliary care agency
- » www.willowcarenorth.co.uk

“Carers are an important part of society – they prepare meals, promote healthy nutrition and support people to become more independent”

While the management within the care company was equally impersonal to that of my former role, I was aware of the importance of my work and I knew that I was making a real difference to the people I supported.

Despite the difficulties carers face and the challenges they endure there are poignant moments when you realise that you have supported an individual to become more independent. It is special when you are thanked by their friends and family for making a difference to their loved ones last days and this gives you a real sense of achievement. People don't understand the importance of a carers role and as you read this I can guarantee a care assistant has saved someone's life.

Carers are an important part of society – they prepare meals, promote healthy nutrition, support people to become more independent, support people to live in their own homes, support people to access and participate in their local community and help provide a safe environment that allows people to live fuller lives.

Taking action

In May 2014, I began to plan and develop a strategy for starting my own care company. I wanted to provide high quality care on my own terms, to ensure everyone who uses our service receives the best care and support. Everyone employed by our service feels valued and cared for and our staff are regularly recognised for their good deeds and the extraordinary lengths they go to in order to make a difference.

I have never taken a financial risk in the past, so setting up our care company was just about the most risky endeavour I could imagine. I knew given the opportunity that we could make a difference so I was willing to take a risk so to achieve my goal. I was determined to make a positive contribution and a positive impact on the community and the people who lived in it.

I spent months working alone on our policies and risk assessments, ensuring our procedures were robust, before I registered with CQC. I spoke with like-minded people who believed in my ethos and ideas and had experience in what I was hoping to achieve. From these conversations, I could see that others were also dissatisfied with the standards of care and this provided me with an even greater drive to succeed.

High standards

By placing huge value on our staff and investing heavily in the team, I was able to establish a committed group that shared my values and ethos. Staff turnover has been very low throughout our existence and as a result we have been able to deliver on our promise to give our service users high standards of care. The staff team is taught to challenge equality and promote and defend inclusion, while

Raising standards in care



equality and diversity is embedded within our organisation, all our team members embrace and implement equality principles, identifying and removing barriers.

Staff are taught to deal with safeguarding issues that may arise, working in multidisciplinary ways with other professional bodies to safeguard the people we care for. The training we provide helps our staff team to see themselves as more than just care workers; they are cooks, counsellors, mentors, comedians and role models. We have 60 full time staff on board and their dedication and commitment is integral to our service.

At present there is a visible impact and pressure on hospital wards and departments as demand continues to rise. Often patients are not discharged because there is not sufficient care and support in place for an individual to return home. If a person using our service goes into hospital we keep them on rota, something a lot of other care agencies won't do. We do this because we care for our clients.

Quite often our staff will visit them in hospital and we are confident that if every care agency adopted these practices this would help release some of the pressure on hospital wards. I am confident this high standard of care holds us in good stead going forward, and we will retain an unrelenting focus on self-improvements and development to our service.

Overcoming barriers

Before founding the company, it occurred to me that care agencies often do not provide one another with help. Bad road conditions and inclement weather can lead to staff shortages and result in difficulty accessing clients in remote locations. To overcome this challenge, I have set about an ambitious agreement with



The Willow team

a local agency, whereby we have a contingency plan in place that will ensure the safe delivery of care to the service users of both agencies.

The agency continues to progress and deliver care in line with a strict and well-established ethos and value-set at its heart. We believe in the organisation and we trust and appreciate our team of carers and wonderful registered manager. We haven't arrived here alone and there have been numerous people who have supported us along this journey.

I am so lucky to have a supportive wife and we have to thank numerous people for the success of our agency. We have received countless support from people in the community along the way and we will always be grateful for those who have helped and guided us. We are so lucky to have our caring registered manager, dedicated senior team and our truly amazing staff team who go out in all weathers and support people in the community who need care and support. They are the reason for our success and they are the real heroes of our story.

“The agency continues to progress and deliver care in line with a strict and well-established ethos and value-set at its heart”

Trafalgar Community Care



Group shot of the three office staff

Trafalgar Community Care is a family-run home care and support provider based in the Knowsley area of Liverpool. Established to provide a more personalised service than their bigger competitors, they have been trading since April 2009. The company offer a local alternative to larger care providers and are committed to serving the surrounding community. Karon Nelson is the registered manager of the company and boasts over 20 years of experience in the sector

FACTS ABOUT TRAFALGAR COMMUNITY CARE

- » Manager: Karon Nelson
- » Founded in 2009
- » Based in Huyton, Liverpool
- » Services: Home care and support for elderly and disabled adults
- » No. of employees: 30
- » No. of clients: 40 to 50

My son Anthony set up Trafalgar Community Care at the age of 23 after leaving university with a degree in business and law. Combining my knowledge of the care sector with his knowledge of business, supported by Assistant Manager Angela Douglas, we were able to build an organisation that focuses on providing a dedicated care team to help and support our clients in any way they need. Starting Trafalgar in 2009 was a daunting task. Since establishing the company, Anthony and I have achieved care-specific NVQs and have continued to push ourselves and the company forwards.

We pride ourselves on offering a personalised service to clients. This approach saw our organisation expand rapidly over the first couple of years, in part due to the implementation of the direct payments initiative.

Treating each client as an individual

We aim to tailor our approach in order to offer clients a service that puts their needs and requirements first. Being a small organisation has also enabled us to keep a high



Anthony Nelson,
Director



Angela Douglas,
Assistant Manager

level of continuity between clients and carers. This has ensured that clients living with illnesses such as dementia have received specific packages focused on providing regular care workers. This has helped to build personal relationships between carers and clients and has ultimately provided a better quality of life for them and their families.

Angela and I undertake initial visits and assessments. This ensures that the client is aware of our involvement from the very beginning. We carry out comprehensive assessments to ensure that we get to know the client and their specific needs. One of the key ways we achieve this is by using a "This is me" page in our assessments. This gives clients a chance to tell us about their condition and requirements in their own words. This includes things like family history, as well as likes and dislikes. Using this approach ensures that the client feels involved in the formation of their care package and helps us to understand them more completely.

We have an average of 45 clients for whom we provide care and support. Each has a variety of different needs and requirements. Following the initial assessment, we introduce the care team that we feel is best suited to the specific idiosyncrasies of the client. We then review the package regularly to ensure that the client's needs are being met and that they are satisfied with the service.

We also offer a palliative care team with great experience dealing with a variety of different issues and life-limiting illnesses. This has enabled us to provide quality palliative care to local clients who wish to come home for their final few weeks or days. This enables them to be around family and friends, instead of remaining in a hospital or hospice. We provide services throughout the day and night to ensure both the safety and comfort of the client but also to provide support for their family members.

“We are not in the care sector to compete with large organisations. We are here to help with the current and ever-increasing demand for home care”



Karon Nelson, Manager

“Using a robust interview and staff selection process, coupled with initial training and the shadowing of senior carers, we have been able to build a team of dedicated and caring staff members”

Collaboration is key

A major obstacle to providing care within the community is the multitude of policies and procedures designed to ensure that the company is compliant with government standards. Ensuring that we were meeting and exceeding all of these requirements was daunting for a new agency. Since then, we have had several CQC inspections, and each inspector has congratulated us on the quality of our service. Our feedback also clearly shows that our company is focused on providing high-quality care to our service users. We work hard to ensure that this emphasis on quality remains the focal point of our service.

We see our organisation as an alternative option to larger national companies. We are designed for clients who want to choose a local, family-run organisation to provide care and support. Ultimately, we were established to increase the choice and

independence of the consumer within the current market.

As a relatively small organisation, we feel that more emphasis should be placed on support. We feel that this is one of the major issues with domiciliary care. It would be hugely beneficial to work alongside other care agencies and local councils, instead of feeling that we are in competition. That is not our focus. We are not in the care sector to compete with large organisations. We are here to help with the current and ever-increasing demand for home care.

If we were able to work closely with larger organisations and the local councils, we feel that we could pool our resources and knowledge. This would ultimately benefit clients and significantly improve the quality of service and their quality of life, as well as promote the choice and independence of service users within the local community.

I feel that the main reason for our steady growth and enviable reputation is the quality of our staff. Using a robust interview and staff selection process, coupled with initial training and the shadowing of senior carers, we have been able to build a team of dedicated and caring staff members. As a result, we have received great feedback from our clients. We feel that this caring nature stems from the director and manager of the company.

In April 2019, we celebrate ten years of trading. Although it has been hard work, it has been a fantastic journey and a huge learning curve. We are so proud of all of our staff and the quality of service that we provide. Throughout our history, we have been committed to employing local staff and caring for local people. We will continue to do the best we can to ensure that we improve the lives of our clients for years to come.

Somerset Care Realise South West



Helping our clients live the lives they want to live



Registered Manager Joanne Leigh

Ten years ago, when caring for a disabled person with a learning disability in search of a home, Realise was working with their one and only client. However, their ambition to help people did not end there; year after year, they continued to bring on board new clients – until today, where they now care for 34 people across the South West. Integral to their growing client base has been the recognition that every person is an individual with a unique history and set of circumstances. Joanne Leigh tells *The Parliamentary Review* what this means in terms of the care that Realise offers.

Our journey

Realise forms part of Somerset Care, a not-for-profit organisation providing residential and nursing care, domiciliary care, respite care and supported living services for people with a wide range of needs. We were formed ten years ago and started by working with a gentleman with a learning disability who, after being in a long-stay residential home for many years, was looking to have a home of his own in Taunton, Somerset.

We now support many people across the South West in a variety of settings – from shared accommodation to individual flats and living with family. Our customers present a wide range of needs, including mental health issues, learning disabilities and physical disabilities as a result of acquired brain injuries.

FACTS ABOUT SOMERSET CARE REALISE SOUTH WEST

- » Registered Manager: Joanne Leigh
- » Established in 2008
- » Based in the South West
- » Services: Domiciliary care
- » No. of employees: 150
- » www.somersetcare.co.uk

“This does take time, as well as effort and money – but making the investment upfront will produce long-term rewards”

Approximately 18 months ago, we decided to involve ourselves with the NHS Transforming Care programme and develop specialist services to support people whose needs have previously challenged other services or who require specialist support around their mental or physical health needs. We did not start afresh but instead went back to basics, delivering a tailored package of support for each individual, under the belief that one size does not fit all when it comes to supported living. We feel that the provision of individual services, developed around individuals and their needs, wants and ambitions, is the best way to deliver support for everyone.

One size does not fit all

This does take time, as well as effort and money – but making the investment upfront will produce long-term rewards, with fewer readmissions into hospital settings,

fewer involvements with the criminal justice system and potentially a reduced requirement for paid support in the long term. This has already been evidenced in the three successful packages of support we have undertaken for Somerset County Council.

We take time to get to know the real person behind the paper and provide support that is right for them. In our CQC inspection in September 2017, the inspector noted that “staff knew people well and understood them”, which is thanks to the organisation-wide ethos we have adopted.

Communication and personal knowledge form the basis of this understanding and enable service users to tell us what they want and how they want it. By enabling customers to express their preferences, choices and ambitions, we have seen a reduction in a lot of the frustrations and anxieties commonly observed

Getting to know our clients



Catering our services to individual needs



when supporting some of the more complex individuals through the transition process. The development of individualised services means that we focus on the true identity of the person, getting to know them, their families and their history. The individual is encouraged to be part of the whole process from inception to delivery – choosing staff, their home and their daily activities and being able to make decisions and solve problems.

Fulfilling all of our clients' needs

Investment of time during the transition phase means that we are able to work alongside existing service providers. This could be in a hospital setting or elsewhere. This gives the individual the opportunity to forge trusting relationships while still having the security of their environment. We are able to problem solve at this stage, making the move less stressful and unsettling for all parties. By working in this way, with the backing and trust of the commissioners, we have been able to reduce the long-term care cost of the packages. As the need for staffing during the initial move stages has decreased, incidents have been reduced and we have been able to quickly reduce the need for night staff support. Another positive effect for us has been the reduction in our staff turnover – a rate that is now well below the accepted level of the industry.

The future: where to go from here

We need to keep doing what we do best, which is providing genuinely tailored packages for our service users. In other words, we need to keep doing what we're doing. We understand that adult social care is going through tough times, with negative press coverage, financial



Engaging people's passions

constraints and staffing shortages, but if the services being delivered fit the bill, are open to scrutiny and are progressive for the service user, then we should continue with the model and make it available to a wider market. Constant reviewing, feedback and customer involvement enable us to monitor our progress and develop the model further. This will be dependent on continued partnerships – such as working with commissioners – and will need the assurance that services are appropriately funded so that the high-quality services that are universally deserved can be delivered.

In the future, I would hope to see this model of support being used everywhere, ensuring that everyone has the opportunity to receive the type of support that is right for them, delivered in a manner that they choose, by staff who are paid at a level that is indicative of the essential role they play and with levels of training that befit the dedication and commitment we expect from them, and in locations that are beneficial to the individual customer.

“Communication and personal knowledge form the basis of this understanding”

The story of *The Parliamentary Review* and the UK

Each of the articles you have just read is an individual story. It has fascinating characters. It has an exposition that could fill several articles of its own. It has a beginning that was characterised by difficulty and doubt. It has a middle, filled with sinew-straining victories and didactic defeats. And it has an ending, with its cast of characters dreaming of the stories to come.

Taken together, these articles tell an even bigger story. Of a nation who, despite uncertain political times, keeps on working, creating and developing.

This story provides the perfect context for what follows in these final pages: a concise summary of the key events from the past 12 months in parliament. Speak to any parliamentarian and they will tell you how vital it is, when hauled up in the cloisters of SW1, to keep a keen eye on the world outside, on the business owners and employees who will be directly affected by the legislation they pass. For almost every bill approved or rejected parliament, there is a business that is invigorated or stymied as a result.

The final pages of *The Parliamentary Review* will give you a solid overview of recent legislation and debates but, to truly understand this country, it is essential to read the best practice articles first. Any MP who finds themselves at this point would be well served by flicking back through the publication and taking a closer look at those articles before venturing on. The Review of Parliament will remind you of what you already know but the best practice articles will show you what the United Kingdom is.



A country divided by many political issues but firmly united by a sense of duty and that all-encompassing, liberating force called innovation. Whatever challenges are thrown up by the political forces of the day, the organisations, whose articles you have just read, will need to respond to them every bit as much as any parliamentarian.

The best practice representatives are not, on the whole, household names. They are the organisations and individuals who quietly keep the country going.

As you read the following pages, and as you encounter the familiar characters of ministers and other politicians, ask yourself if it is really them, or if it is the daring entrepreneur, the considerate manager and the dedicated, self-sacrificing worker who are the true protagonists of this country's story.

Brady bunch ease Tory family feud



Theresa May's Brexit deal lost by 230 votes – the largest defeat for a sitting government in history

A turbulent few months saw the prime minister and the nation become well acquainted with the hitherto inconspicuous MP for Altrincham and Sale West. Sir Graham Brady raised the flag for Tory civil war in early December before potentially signalling a ceasefire at the end of January.

On December 12, Sir Graham, in his role as chairman of the 1922 Committee, the influential grouping of all Conservative backbenchers, had the thankless task of announcing that he had received letters of no confidence in the prime minister from more than 15 per cent of Tory MPs, which meant that, under party rules, Theresa May would face a no-confidence motion.

The move followed Mrs May announcing her withdrawal agreement with the EU in mid-November, arranging for a parliamentary vote on the agreement on December 11 and then, on the day the vote was meant to be called, announcing that it would be delayed until the new year.

A cynic could argue that Mrs May was exchanging a vote she would definitely lose for one she would probably win. Indeed, despite seeing 117 of her MPs vote against her, she had 200 votes in

her favour and duly survived the no-confidence ballot.

The withdrawal agreement was always going to be a much harder vote to win. It raised the prospect of the UK being stuck in an indefinite backstop, which would essentially equate to remaining in the EU's customs union, without any unilateral means of exit. This led to the resignation of two cabinet ministers, Dominic Raab and Esther McVey, and severe criticism from all corners of the House of Commons.

When MPs resumed the debate after Christmas, the Speaker, John Bercow, defied Commons precedent to make a novel ruling on the framework for MPs' "meaningful vote" debate on the prime minister's proposed withdrawal agreement. The speaker decided to allow an amendment to be proposed to the "Business of the House" motion. This was, most MPs believed, flatly against the Commons' rules, both because the motion would be voted on "forthwith" and because the existing Business of the House motion said that changes could only be proposed by a minister.

This seemingly technical step allowed a combination of opposition MPs and Conservative rebels to vote through an important change; in the event of its deal being voted down, the government would now be required to put down a motion *within three sitting days* which would allow MPs to debate what happened next.

The effect was to sharply reduce the grace period the government would otherwise have had – and to bring forward the moment when MPs might seize control of Brexit. And the result was a furious backlash against the Speaker in the chamber.

The debate on Theresa May's Brexit deal lasted 54 hours, saw 200 speeches and stretched through eight Commons days. It ended with a crushing defeat for the prime minister – rejected by 432 votes to 202, the biggest defeat for a government in modern history.

Hard Brexiteers and hard Remainers had voted against it; the Conservatives' "confidence and supply" partners in the Democratic Unionist Party, and all the other smaller parties, had all, for their different reasons, combined to vote down the central policy upon which the May government had toiled since the 2016 referendum.

The defeat had long been signalled, so the key question was: what would the prime minister do next?

Moments after the vote was announced, to gasps at the sheer magnitude of the rebuff, the prime minister rose to respond: "The House has spoken and the government will listen," she said. "It is clear the House does not support this deal, but tonight's vote tells us nothing about what it does support, nothing about how, or even if, it intends to honour the decision the British people took in a referendum that parliament decided to hold."

She challenged the leader of the opposition to table a no-confidence motion in the government and he duly obliged. The following day, Mrs May faced her second no-confidence vote in just over a month, and, once again, she and her government survived.

After cross-party discussions, a further statement from the prime minister and more discussions in the Commons, the next crucial day was January 29, when the House voted on seven potentially game-changing amendments to Mrs May's statement on the defeat of her Brexit bill.

The official Labour amendment pushed the party policy of avoiding no deal and seeking a form of permanent customs union. The Yvette Cooper amendment would guarantee time for a private members' bill that would force the prime minister to seek to extend Article 50 in the event that no deal had been agreed with

the EU and passed through parliament by February 26. The Dominic Grieve amendment called for a series of indicative votes by decreeing that a motion put forward by a minority of 300 MPs from at least five parties would be debated as the first item for MPs in the Commons the next day, thus transferring power from the executive to the legislature.

Each of these was defeated, with majorities of 31, 23 and 20 respectively. Two other amendments were also defeated. The first of two successful amendments was Caroline Spelman's, which passed by eight votes and stated that the UK would not leave the EU without a deal. This, however, was only advisory and carried no legislative force.

The most significant amendment to be passed was the one tabled by Sir Graham Brady, which stated that the backstop should be "replaced with alternative arrangements to avoid a hard border".

The government whipped MPs to vote for it, and, although the amendment did not explicitly compel her to do so, Mrs May promised that, if it passed, she would seek binding changes to the text of the withdrawal agreement. According to *The Telegraph*, Downing Street said Mrs May had three options: "to seek a unilateral exit mechanism from the backstop; to seek a time limit for the backstop, or to adopt a plan put forward by Kit Malthouse MP to 'recast' the backstop as a type of free trade agreement".

This was sufficient to appease the pro-Brexit wing of her party and nearly all of the Tory MPs who had campaigned for Remain in 2016. With the support of the DUP and seven Labour rebels, the amendment was passed by 317 votes to 301.

Sir Graham's announcement on December 12 tore open a number of Tory wounds, and his amendment on January 29 was an attempt to heal them. Time will tell whether it was a mere sticking plaster, and much will depend on the EU's response. But the Tories have shown their feuding party is capable of familial compromise. With the Brady bunch tentatively behind her, Mrs May must once again talk to the neighbours.

A game of Chequers



President Trump's trip to the UK added to the political drama of an already hectic month before the summer recess

On Sunday, July 8, 2018, Britain was awash with sunshine and optimism. England football fans were preparing for their first world cup semi-final in nearly thirty years, while some Scots were hurriedly buying the chequered shirts and flags of England's opponents, Croatia. And the weather, the hottest summer since the seventies, was keeping everyone in good spirits. In other words, it was the perfect time for a political crisis.

While Gareth Southgate's team spent their Saturday doing battle with Sweden, Theresa May's spent theirs battling each other. Late on Sunday evening, after another day of disagreements, the results of the crucial cabinet meeting at Chequers (the prime minister's grace and favour country residence) began to materialise. The most significant of these was the resignation of David Davis as secretary of state for exiting the European Union.

Mr Davis found himself unable to support a proposal that would see the UK maintain a common rulebook with the EU for all goods. This would mean a co-operative arrangement with EU regulators and very little room for divergence.

The white paper that emerged after the Chequers summit focused on four key

areas: economic partnership, security partnership, future areas of cooperation and the frameworks needed to enforce any eventual agreement. It contained details on the "facilitated customs arrangement", whereby the UK would collect tariffs on behalf of the EU.

It called for the end of the free movement of people but laid out plans for EU citizens to come here without visas for "paid work in limited and clearly defined circumstances". As regards benefits and social security, it advocated "reciprocal" arrangements with the EU.

A "joint institutional framework" would be established to interpret UK-EU agreements. In the UK, this would be overseen by our courts and in the EU it would be overseen by theirs. Some cases would be referred to the European Court of Justice, though it would be unable to resolve disputes between a UK and an EU court.

The white paper also confirmed that we will exit the European Union at 11 o'clock in the evening on 29 March 2019, which will be midnight central European time.

Writing for *The Parliamentary Review* in September, the prime minister argued that a Brexit on these terms would mean we "take back control of our laws, money and borders."

In his resignation letter, Mr Davis took a different stance: "In my view the inevitable consequence of the proposed policies will be to make the supposed control by Parliament illusory rather than real."

If the Brexit secretary's departure threw the government into a spin, it was nothing compared to what came next. On Monday afternoon, with the ink on Davis' letter not yet dry, Boris Johnson announced that he was following suit.

For two years, pundits had speculated about the imminent departures of the Brexit and foreign secretaries. Now they were both gone within 24 hours. In his letter, Mr Johnson said the prime minister was leading the UK into a “semi-Brexit” with the “status of a colony”.

Jeremy Hunt, who had just become the longest serving health secretary in history, was chosen to replace him, with culture secretary Matt Hancock moving to the Health Department. Mr Davis was replaced by Dominic Raab, who himself would go on to resign in November, once Mrs May’s Brexit deal had been formally agreed with the EU, stating that he could not support “an indefinite backstop arrangement” or a “deal that “presents a very real threat to the integrity of the United Kingdom.” Further July

resignations included Steve Baker, Maria Caulfield and Ben Bradley.

It was under this cloud that Gareth Southgate’s Three Lions took on, and were defeated by, Croatia. After which, from both a sporting and a political point of view, it was fair to say that England had been chastened by chequers.

If Mrs May was in need of a brief reprieve, she was unlikely to get one with Donald Trump arriving for his long-awaited UK visit. Amid huge protests, Mr Trump decided to give an interview with *The Sun*, in which he lambasted Mrs May’s Brexit negotiations and suggested that Boris Johnson would make “a great prime minister”. This was followed by a characteristic backtrack, where he said he would support whatever stance the “incredible” Mrs May took on Brexit.

The meaning of the meaningful vote

In June last year, six months on from his success in attaching a “meaningful vote amendment” to the EU (Withdrawal) Bill in the Commons, the former attorney-general, Dominic Grieve, was still fighting the same cause on the same bill.

In what proved to be the final round of the long parliamentary battle over the bill, MPs were considering changes made in the Lords, which included a tougher version of the meaningful vote than Mr Grieve’s original. In earlier rounds of consideration, he had accepted a compromise proposal from the government, only for the consensus around it to break down when Downing Street presented an analysis of what it would mean that seemed far weaker than Mr Grieve had thought.

That in turn prompted the Lords to replace the compromise with a beefed-up version – and this was what MPs, for the second time in a week, were now considering.



Dominic Grieve was responsible for forcing concessions around the meaning of the meaningful vote

The issue remained the narrow but potentially crucial question of what leverage MPs would have in the event that either parliament rejected the Brexit deal between the UK and the European Union, as we now know it would go on to do, or no deal was reached at all. Should there be a vote in the Commons to instruct ministers on what to do next?



David Davis warned that the amendment could become a mechanism for frustrating Brexit

The day before, peers had voted in favour of plans to give MPs a greater say – a move that David Davis, the then-Brexit secretary, warned could undermine the prime minister’s negotiating position because it seemed to foreclose the possibility of Britain walking away with no deal. Mr Davis now offered another compromise that would, he said, ensure that there would be a ministerial statement and a motion to the House in the event of no deal, but the key point was that his plan would not offer MPs a chance to instruct ministers – because the motion that would be put down would not be amendable.

But Mr Davis added that the procedural details were far less important than the expressed mood of the House in a moment of crisis, and he warned that the Lords amendment could become a mechanism for frustrating Brexit.

As part of the elaborate legislative dance, Mr Grieve had put down a new amendment. But now a compromise had been offered, he dropped it: “having finally obtained, with a little more difficulty than I would have wished, the obvious acknowledgement of the sovereignty of this place over the executive, I am prepared to accept the government’s difficulty, support them

and accept the form of amendment they want.”

The government proposal seemed to put the issue into the hands of the Speaker, who, in the event of no deal would have to decide if a future motion would be amendable. There were attempts to ask the Speaker, John Bercow, what he would do in those circumstances, but he declined to say.

What was not clear to MPs was who was climbing down. Had Mr Grieve allowed ministers a face-saving solution, which gave him what he wanted? Or had he flinched from rebellion and accepted a fig leaf in place of the guarantees he really sought?

In the ensuing vote, the government was accused of abandoning the convention that ill MPs can be “noddled through” – allowed to register their vote without trooping through the division lobbies. The result was that ill and pregnant opposition MPs had to vote in person.

In the end, six Conservatives voted for the Grieve amendment, while four Labour MPs defied their party whip and voted with the government. And later that evening, peers accepted the bill – which allowed it to become law.

Parliament approves a third runway at Heathrow Airport

Fifty years after the Wilson government set up the Roskill Commission to examine options for London airport expansion, MPs backed a planning document that endorsed a third runway for Heathrow with a resounding majority: 415 votes to 119.

The decision to endorse a national policy statement for airports, which supported a third runway, followed an intense 90-minute debate. The result was not really in doubt – when the vote occurred in June, Conservative MPs were on a three-line whip, which meant that they were ordered to back the NPS, while Labour MPs, reflecting the considerable differences of view in their party, were given a free vote.

The transport secretary, Chris Grayling, laid out his case: “All five of London’s main airports will be full by the mid-2030s, and Heathrow is full today. We are seeing business leave the UK and go to airports like Frankfurt, Amsterdam and Paris, which have made additional capacity provision ... We are losing those connections to other countries, and we are losing the investment that goes around those connections.”

He promised that there would be tough environmental conditions: the runway would not be allowed to open if it failed to meet air quality standards. There would be a generous £2.6 billion compensation package for people displaced by the new runway, plus a noise insulation programme for homes and schools.

But there was considerable resistance. Labour’s shadow transport secretary, Andy McDonald, warned that the Heathrow expansion would “generate many winners, not least



The long-awaited decision on whether to increase the capacity of Heathrow airport was given the go-ahead by parliament in June

the shareholders of Heathrow Airport Ltd, but it risks making losers of many, including the communities in which thousands of people will lose hundreds of homes.” He was interrupted by a Labour colleague, John Spellar, who said that, globally, aviation would grow anyway – the question was whether Britain would share in that growth.

Some of the most wounding criticism came from Conservatives, notably the former transport secretary, Justine Greening, whose Putney constituency is directly under the Heathrow flight path: “I think that the story of Heathrow is a story of broken promises, broken politics and broken economics. Those of us with communities around Heathrow know about Heathrow’s broken promises better than anyone else. There has been no action, despite promises, on night flights ... I have been at public meetings at which the current Heathrow management has said that the previous promises made by previous managers should never have been made. Regional MPs who are banking on promises from Heathrow should bear that in mind.”

The short debate ended up with a majority of 296 in favour of the NPS. In the end eight Conservative MPs voted against the government and Labour was split almost in half, with slightly more Labour MPs supporting the expansion than opposing it.

Their leader, Jeremy Corbyn, was against it. The NPS does not grant final planning permission for the third runway: it sets the policy framework against which planners (and probably the courts) will judge whether the scheme should go ahead.

Michael Gove's plans for clean air



Michael Gove launched the Clean Air Strategy in early January with a comprehensive plan to tackle air pollution across the UK

In his latest cabinet role as environment secretary, the former Conservative leadership contender Michael Gove has stood out as a radical and innovative minister. While many of his cabinet colleagues have seemed bogged down in Brexit battling, he has produced a series of new initiatives to shape post-Brexit agriculture and to bolster the Conservatives' environmental credentials.

His consultation document on clean air, released in May last year, was the subject of an urgent question from Neil Parish, the Conservative who chairs the environment, food and rural affairs committee. After the government was defeated for a third time in the High Court last year for failing to deal with the problem, Mr Gove

took the opportunity to showcase his plans: "air pollution is the greatest environmental threat to human health in this country and the fourth biggest public health killer."

The government had allocated £3 billion to reduce harmful emissions of nitrous oxide and was committed to ending the sale of diesel and petrol cars by 2040, taking them off the roads altogether by 2050.

On January 14 this year, however, Mr Gove and Defra alongside health secretary Matt Hancock launched what the government has described as an "ambitious new strategy to clean up our air and save lives".

The announcement of the Clean Air Strategy 2019 stated that air pollution is one of the greatest threats to the nation's public health, "behind only cancer, obesity and heart disease".

The plan aims to slash the costs of air pollution to society by £1.7 billion every year until 2020 – a figure set to rise to £5.3 billion every year from 2030 onwards.

The new strategy focuses around minimising exposure to particulate matter in air pollution – something the WHO identifies as the most damaging pollutant in air. The government has committed to providing evidence "early this year" which will help to discern the course of action that will be taken to meet WHO guidelines.

Legalising abortion in Northern Ireland

The referendum vote of the Irish Republic in May last year to liberalise its abortion laws produced immediate Commons pressure for a similar change in Northern Ireland, where abortions are only permitted if the woman's life or health is at risk.

But the issue was fraught with political and constitutional difficulties for Theresa May's government. First, the Northern Ireland Assembly, which is responsible for justice there, had been suspended since 2017 because of a breakdown of trust between its main parties. Second, the Conservatives depended on the support of the ten Democratic Unionist Party (DUP) MPs for their precarious Commons majority – and the DUP did not want a change in the law.

Against that, when Labour MP Stella Creasy sought an emergency debate on the issue, she was supported across the House, including by most Conservative MPs. The result was an emotional debate containing some very personal speeches. Stella Creasy proposed a precise legal change to the 1861 Offences Against the Person Act: the law that is the basis of the abortion ban.

She quoted DUP leader Arlene Foster's requirement in the Brexit negotiations that the people of Northern Ireland should not be treated differently to other UK citizens after Brexit, saying that this should apply to women's rights too. Then she invoked the words of the Irish prime minister, Leo Varadkar, that Ireland will no longer say to women: "'take the boat' or 'take the plane' [to Britain] when they need an abortion. Instead, he said, Ireland will say: 'take our hand'."



In October 2018, Stella Creasy MP put forward an amendment to "address the incompatibilities between the law in Northern Ireland and the UK's human rights obligations"

The women of Northern Ireland deserved the same, she said: "they are women who face a situation where if they are raped and seek a termination, they will face a longer prison sentence than their attacker; women who, when they have a heartbreaking diagnosis of a fatal foetal abnormality, have to go abroad to seek treatment."

In October, Creasy and fellow Labour MP Conor McGinn put forward an amendment to the Northern Ireland Executive Bill, which would require Bradley alongside senior officers of Northern Ireland departments to "address the incompatibilities between the law in Northern Ireland and the UK's human rights obligations". It was signed by eighty MPs, including Labour's Tom Watson, Caroline Lucas and a number of Conservatives.

Days later, the legislation then passed at Westminster by 207 votes to 117, and while it does not change the law in Northern Ireland, it will very much require Bradley to provide further guidance on laws regarding both abortion and same-sex marriage.

The Salisbury poisonings



Decontamination work is still being undertaken on the Skripals' residence in 2019

In March last year, the prime minister issued a grave warning to the Russian government after a double agent and his daughter, now resident in Britain, were poisoned with a military-grade nerve agent at their home in Salisbury.

Sergei Skripal, a Russian defector to Britain, and his daughter Yulia were exposed to Novichok, a nerve agent developed by Russia.

Theresa May gave Russia 24 hours to provide answers about the incident or face sanctions from Britain.

In a statement to the Commons, the prime minister praised the professionalism of the emergency services and armed forces in responding to the incident. She said that the chemical had been identified by "world-leading" experts at the Defence Science and Technology Laboratory at Porton Down and that, given the Russian government's record of state-sponsored assassinations, ministers had concluded that it was "highly likely" that Russia was responsible.

"There are, therefore, only two plausible explanations for what

happened in Salisbury on March 4," she added. "Either this was a direct act by the Russian state against our country or the Russian government lost control of its potentially catastrophically damaging nerve agent and allowed it to get into the hands of others."

Months later in June, mother of three Dawn Sturgess died after being exposed to the poison, which also left her partner Charlie Rowley in a critical condition.

In September, police and prosecutors identified and subsequently charged two Russian nationals over the poisoning. They stated that they had flown into the UK using Russian passports under the names of Alexander Petrov and Ruslan Boshirov, just days before the attack. In the weeks that followed, British investigators announced that they believed Boshirov to be decorated GRU officer and veteran of the Chechen war Colonel Anatoliy Chepiga. Petrov, meanwhile, has been rumoured to be Russian intelligence doctor Alexander Mishkin.

Response from the Kremlin has since entirely denied these claims. Russian state-funded television channel RT interviewed the men a few days after the allegations, where they claimed they had visited Salisbury for its cathedral.

A government spokesman later stated: "The government is clear these men are officers of the Russian military service – the GRU – who used a devastatingly toxic, illegal chemical weapon on the streets of our country. We have repeatedly asked Russia to account for what happened in Salisbury in March ... they have responded with obfuscation and lies."

The impact of this attack continues to be felt throughout 2019, as a military team continue extensive deconstruction and decontamination work on

Skripal's Salisbury home. Skripal and his daughter Yulia were moved to "a secure location" in April 2018, where they currently remain.

The last word

This edition of *The Parliamentary Review* has overseen yet another extraordinary year in British politics. Cabinet ministers have departed, Commons debates have raged long into the night and, at times, it has felt like little has been achieved. From our standpoint, it is clear that this has not been caused by a lack of trying. The members of parliament with whom we have crossed paths, from all parties and none, have each been working incredibly hard to further what they feel is in the best interests of the constituency, and the country, they serve.

And, though the political realm has been a source of frustration for many,

it is clear, as Andrew Neil observes in the opening pages of this publication, that those operating at the micro level of the British economy are not only working tirelessly; they are also achieving great things. The articles from this year's *Review* representatives exemplify this.

A country is not a perfect blueprint put into action; it is the sum of millions of autonomous parts. Individuals who motivate their staff, inspire their students or simply do their job to the best standard they can muster. And, though there are always adjustments and improvements to be made, it is our conviction that British parts are in fine working order.

Lord Pickles addresses the Parliamentary Review gala in the House of Commons



Acknowledgements

Senior Editors: Ross Hindle, Craig Wilmann, Rt Hon David Curry and Joshua Jackson

Journalists: Thomas Wilson, Andrew Neil, William Winter, George Salmon, Mark D'Arcy, Susan Young, Jon Masters, Ben Clover, Geoff Hodgson, Jesse Norton and Robyn Wilson

Designers: Constantin Nimigean and Andreea Cioran

Copy-editors: Jonathan Sherrington, Rupert Douglas and Full Media

Photograph procurement: Jonathan White, William Dodds and James Thomas

Westminster Publications is also grateful to the following people:

Daniel Yossman, Jamie Oglesby, Lord Pickles, Lord Blunkett, Theresa May, Ben Barber, Chris Grayling, Julian David, Damian Hinds, Claire Perry, Julian Davids, Professor Ted Baker, Stephen Phipson CBE, Esther McVey, Melanie Leech CBE, James Patrick Thomas, Brian Berry, Sir Geoff Hurst, Helen Dickinson OBE, Tom Pope, Scott Challinor, Tony Blair, Andrea Leadsom, Liz Field, Andrew Barlow, Josh Terry, Frank Lampard, Ed Balls, James Highfield, Julia Hartley Brewer, Tristram Hunt, Helen Brand OBE, Joanna Mayle, John Kearns, Michael Gove, Sir Nick Clegg, William Graves, Marcin Bulka, Hannah Riding, Devina Lavji, Fern Hall, George Osborne and John Hammersmith

Images in this publication have been reproduced courtesy of Alamy and Flickr.

COPYRIGHT © WESTMINSTER PUBLICATIONS 2019

All rights reserved by Westminster Publications. No part of this publication may be reproduced, stored or transmitted in any form or by any means without prior written permission from Westminster Publications. Westminster Publications warrants that reasonable skill and care has been used in preparing this publication. Notwithstanding this warranty Westminster Publications shall not be under liability for any loss of profit, business, revenues or any special indirect or consequential damage of any nature whatsoever or loss of anticipated saving or for any increased costs sustained by the client or his or her servants or agents arising in any way whether directly or indirectly as a result of reliance on this publication or of any error or defect in this publication. Westminster Publications shall not in any circumstances be under any liability whatsoever to any other person for any loss or damage arising in any way as a result of reliance on this publication.

