

National Care Forum

Leading the Way: The Distinctive Contribution of the Not-for-Profit Sector in Social Care

Paper 2: Innovation

May 2012

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Introduction

The Institute of Public Care at Oxford Brookes University (IPC) has been commissioned by the National Care Forum (NCF) to produce a series of three papers which provide an overview and practical examples from NCF members of the distinctive contribution made by the not-for-profit sector to social care. The three papers cover:

- People: not-for-profit organisations as good employers.
- Innovation: not-for-profit organisations as deliverers of innovative and creative forms of care.
- Value: not-for-profit organisations as providers of added value and social capital.

This second paper focuses on the distinctive contribution that the sector makes to innovation in social care practice, and why it is so well-placed to deliver the changes which people need and public policy demands.

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Leading the Way: The Distinctive Contribution of the Not-for-Profit Sector in Social Care

Paper 2: Innovation

1 Introduction

This is one of three related papers which explore the distinctive contribution which the not-for-profit sector makes to social care. It explores the importance of innovation in the design, delivery and funding of services, and shows how the not-for-profit sector is responding effectively to the need for new approaches to the delivery of social care.

As the Wanless Report¹ made clear in 2006, England has an ageing population with increasing levels of disability and need – by 2026 the number of people aged over 85 is expected to have doubled; adults with a learning disability will increase by 30% over the next 20 years, and the number of people with dementia will double over the next 30 years. The ratio of working-age people to retired people will fall from 4:1 to 3:1 by 2029.

Since 2006 the accelerating pace of demographic and social change has strengthened the understanding of the need for reform, not only for older people but also for younger adults. While improved residential capacity of good quality is needed to respond to dementia, at the same time central government and local authorities recognise that more developed care markets and better integrated structures are urgently required so that more people can remain at home longer, cope more independently and have choice over, and engagement in, the services they and their families choose and use.

There are some major challenges. Funding for care has to be addressed and the Government is currently considering its response to the recommendations of the Dilnot Commission². Questions about the capacity and quality of the residential care market have also been raised following the financial problems of the private sector Southern Cross in 2011, which left 35,000 residents across the country uncertain about continuing places in their care homes. There have also been concerns about the capacity of

¹ Securing good care for older people, D. Wanless, King's Fund 2006

² Fairer Care Funding- the Report of the Commission on Funding of Care and Support, A. Dilnot, DH 2011

the Care Quality Commission to regulate performance effectively, and as the National Audit Office noted recently, the Commission completed only 47 per cent of the target number of compliance reviews between October 2010 and April 2011.³

These developments raise deep questions about the quality of care that people should be entitled to, and what kind of organisations are best placed to ensure that those employed in the sector are able to provide that care. The need for innovative approaches across care services, which can deliver improved outcomes at good value has never been more urgent.

This paper explores examples of how the not-for-profit sector is responding to this challenge, and argues that the nature of organisations in the sector makes innovation and adaptability easier. There are 5 clear characteristics of the sector which make this more likely:

- A strong commitment to shared values at governance level, and an enthusiasm to share creative ideas and good practice from all staff.
- A commitment to reinvestment any surplus to enhance and develop services still further.
- The capacity to raise extra funding to support innovative practice or new projects through public giving and charitable donations.
- A well trained and committed workforce able to offer ideas about innovative practice.⁴
- The capacity to share best practice through infrastructure and information sharing organisations, of which NCF is a leading example.

This paper explores examples of the sector's recent achievements in delivering effective change and innovation, centred on some key themes:

- Raising quality.
- Supporting independence.
- Partnership.
- Flexible funding.

The themes relate to the main discussion areas covered in engagement exercises carried out by the Department of Health for the forthcoming White Paper on social care, due in the spring of 2012. In each section the examples cover a range of services and locations. Some involve major investment or reconfiguration. Others show how much can be achieved on a smaller scale by creative thinking based on responding to the experience of service users and their families.

³ The Care Quality Commission: Regulating the quality and safety of health and adult social care. National Audit Office 2011

⁴ See Paper 1 on Why People Want to Work in the Not-for-Profit sector.

2 Raising quality

Good innovation needs to be based on an awareness of best practice, wherever it can be found, and then carefully planned implementation, which responds to local conditions:

2.1 Designing high quality care environments – The Russets (St. Monica Trust)

St Monica Trust provides a wide range of services for older people in the south west of England, and in 2011 provided for 1,206 older people in its care homes and sheltered housing, as well as aiding 1,000 people with gifts or grants through its charitable Community Fund.

The Trust wanted to develop new provision and was inspired by the Brightwater organisation in Western Australia at its Inglewood village project. A team from St. Monica made several visits to Australia to understand their approach. Here high levels of well-being for residents are achieved through; positive design (with the emphasis on maximising light and outdoor garden space); a philosophy of care based on maximising individual freedom for residents who are mobile, along with a range of meaningful stimulation. The St. Monica Trust visits involved a whole team led by the Chief Executive, Head of Care, Head of Facilities, Head of Marketing, and crucially their Architect.

As a result the Trust was able to plan and develop the Russets in North Somerset, which supports 73 individuals in 5 bungalows with a garden and central clubhouse. As Zara Ross, Head of Care explains the model is based on an integration of four key elements:

- Positive design.
- A clear philosophy of care.
- A multi-disciplinary approach.
- Constant engagement with service users and carers.

The premises have a safe perimeter and people with dementia who wish to walk around are able to roam safely and never far away from a staff group which keeps a close eye on key well-being issues of nutrition and hydration, along with the opportunity for individuals to stay active and increase the capabilities they have.

Each bungalow has an open-plan but secure kitchen, where residents are supported to help prepare food if they wish, along with two dining areas and sitting areas. One bungalow has additional equipment to support the needs of residents who are very frail or who have limited mobility.

Simple visual cues make it easier for people with memory loss to identify their surroundings, encouraging residents to explore the central clubhouse with its kitchen and hairdressing salon, home to many social, physical and spiritual activities. Colours, layout, furniture, fittings and signage are all designed to make purpose and function clear, to aid understanding and orientation. Wardrobes with some clear doors help residents select their choice of clothes whilst unseasonal clothing is locked away. Sensors in every bedroom control the lights in the en-suite bathroom, turning on when someone leaves their bed, turning off when the bed is re-occupied.

This design and approach also demands commitment from a staff group prepared to work flexibly and with attention to detail. A supportive training programme was seen as a key component in developing the scheme and the culture amongst staff.

The Russets has become recognised as a centre of outstanding practice and has been awarded the prestigious Pinders Awards as Best Dementia Care Facility 2011. It is now regularly visited by professionals from the UK and other countries. In addition to the Russets a 30-bedded Nursing Home, Sherwood, has subsequently been developed, so that the Trust now offers a full range of facilities, which also includes extra care housing. .

The development of the Russets is a good example of the sector's ability to attract investment because of its sound foundations and concern with quality of care. An integrated management approach has then been taken to ensure successful implementation of a major new type of care. As the Trust President has written:⁵

'At the St Monica Trust, we are aware that we must respond in a wide variety of different ways to meet the changing needs of a changing world'

2.2 An integrated approach to practice quality – Somerset Redstone Trust

Somerset Redstone Trust was formed on the 1st October 2000 as a result of the amalgamation of Somerset Care Trust (1992) and Redstone Trust (1996). The Trust objectives are to care for elderly and disabled people in the UK, and it manages 5 care homes in the south west of England.

The Trust is developing its capacity to respond to higher levels of dementia need by incorporating Dementia Care Mapping (DCM) into its approach in collaboration with Bradford University. DCM is an internationally recognised process for promoting a holistic approach to improving life for each individual.

It's based on close observation. Staff who are trained in DCM observe a

⁵ Delivering well-being for older people: St Monica Trust Annual Review 2010/11

group of residents over several hours, recording at five minute intervals every detail about their care, about what each individual does and how engaged he or she is with their environment, and their emotional responses.

DCM is valuable for two key reasons. It shows up the level of satisfaction each resident has with their current experience, and the trained mapper is also able to help other staff understand how best to help each resident to have as high as possible an engagement with their surroundings, a more positive mood and a greater variety of activity. The implications are considerable for the culture and operation of each home and the Trust sees this as crucial to developing a more flexible and responsive approach, which stimulates staff as well as residents.

The Trust has also worked hard to 'future proof' the organisation by modernizing its homes. This has meant an extensive programme of rebuilding and substantial investment. The new facilities have all been designed to ensure that they are dementia friendly. In developing a range of private extra care housing the Trust has also ensured that its clients can choose to progress through the service as their needs change.

2.3 A culture of quality – The Eden Alternative

The Eden Alternative is an approach to care delivery developed by Dr. William Thomas of Harvard in 1991. It is an international not-for-profit organization dedicated to transforming care environments into habitats for people that promote quality of life for all involved. The approach works from the premise that three things drastically affect the lives of older people - loneliness, helplessness and boredom. A number of working principles follow from this- they include the need for companionship, access to plants children and animals, and an emphasis on changing from top-down bureaucratic authority to an approach which maximizes the decision making of older people or those who are closest to them. 'Edenisation' aims to encourage a more creative and inclusive environment in which spontaneity is possible.

Edenisation is essentially a process of cultural transformation which requires a different approach from staff and a commitment to 'doing things with people instead of to them'. In England to date one local authority, Kingston upon Thames, has achieved official Eden registration, but 3 NCF member organisations have done so: Avante, Accord Housing, and Greensleeves.

The results can be impressive. Accord released figures to mark National Dementia Week in 2011 indicating that during the trial of the Eden approach at its Bennett House Care Home in Shropshire the number of residents being prescribed psychotropic drugs dropped from 47% to 2%. Accord reported that:

Residents look after pets including two rabbits and a talking parrot. They also regularly invite children, such as local Brownies, to the scheme to take part in activities with them, such as cooking and crafts. Residents also decide what activities and outings they would like to do – giving them choice and control. Residents are also given opportunities to engage with plants with a variety of activities from arranging to gardening – all available in the home.

Lisa Johnston, Manager of Bennett House said: “The changes we have seen here since we adopted the Eden approach have been massive. It has changed things for everyone, all for the better. Residents are happier, so are staff. It’s a real pleasure coming to work.”⁶

Greensleeves Homes Trust is a charity established in the mid 1990s which runs 17 residential Care and Nursing Homes for older people in the Midlands, south and east of England. It is strongly committed to activities work with its residents and provides a ratio of at least one hour of organiser time per week per resident, but more than this where need is higher. The Trust is implementing the Eden Alternative at all its homes, and its homes on the Isle of Wight (The Briars) and Tunbridge Wells (Mount Ephraim House) are 2 of only 8 in the country to have full Eden accreditation. This has meant a real change of approach not only for the Activity Organisers but also for all care staff and in some cases the layout of the home itself. At the Briars on the Isle of Wight the kitchen was revamped to allow residents safe access to be involved. Pets belong to residents and are encouraged. Spontaneous activities take place and residents play a much greater role in planning outings and activities.

As Kate James of Greensleeves points out, the investment in training is significant, with a 3-day programme for the key staff involved and a cascade approach to other members of staff. Greensleeves too has found an impressive change resulting in the culture and atmosphere of the homes involved.

This is a further example of willingness by not-for-profit organisations to take on pioneering methods and apply them with appropriate commitment and investment.

2.4 Redesigning quality assurance arrangements – Somerset Care Group

Somerset Care Group is one of the largest not-for-profit care organisations in the U.K. delivering residential, nursing and domiciliary care across southern England. It has an annual turnover of £71 million and employs more than 4,000 staff.

⁶ <http://accordgroup.org.uk/news-and-events>

Following the creation of the Care Quality Commission in 2009 Somerset Care recognised the need to develop a pro-active quality assurance system within the organisation, which not only ensured regular performance review but also built in staff and service user engagement linked to action planning to drive up standards.

The scheme uses 6 main headings in line with CQC but instead of a reliance on questionnaires and 'tick boxes' employs 'team conversations', records examples of best practice and an overarching 1 to 10 scoring system. Conversations are also held with service users and their views are fed into the process.

Action plans are generated from each review and across the organisation a league table enables homes and projects to see their performance in relation to others. A 'Best Practice' Forum is run to share ideas and 'capture' achievements.

This integrated and participative approach also includes an annual external audit for each of 52 service locations. Managers and staff take part in auditing another facility and there is a crossover between residential and domiciliary projects. This part of the overall approach also ensures that staff gain a wider experience of the organisation.

Somerset Care is an example of an organisation which has responded to the challenge of greater self assessment and audit by planning and implementing a thoroughgoing and integrated model rather than settling for a simple bureaucratic model or 'hoping for the best' and is an example of the not for profit sector's ability to innovate and challenge itself on quality issues and best practice.

Somerset Care's commitment to excellence is perhaps indicated by their adoption of a 'Traffic Light Plus' system- as well as Green, Amber and Red they have Purple for excellent!

2.5 New forms of quality care – the extra care innovators, ExtraCare Charitable Trust and Linc Cymru

The not-for-profit sector has played a leading innovative role in developing extra care housing, which is housing designed with the long term needs of older people in mind and with varying levels of care and support available on site. People who live in extra care Housing have their own self-contained homes, their own front doors and a legal right to occupy the property. It comes in many built forms, including blocks of flats, bungalow estates and retirement villages. It is a popular choice among older people because it can often provide an alternative to a care home.

Its strength as an innovation has been to provide a means for people with considerable support needs to retain real independence at the same time

as having easy access to the support services they need. In addition to the communal facilities often found in sheltered housing (residents' lounge, guest suite, laundry), extra care often includes a restaurant or dining room, health & fitness facilities, hobby rooms and even computer rooms. Domestic support and personal care are available, usually provided by on-site staff. Properties can be rented, owned or part owned/part rented.

The ExtraCare Charitable Trust began in 1988 and has been a major pioneer in this field. It has developed a network of 12 retirement villages and 17 smaller housing developments across the Midlands and North of England. It provides a total of 3,000 homes for over 5,000 people.

The agency continues to be innovative and has developed award winning new practice in both 'well being' and dementia work within extra care settings. Osteoporosis assessment has substantially improved outcomes for those who have had falls and residents using the Well Being Service achieve an average 9% improvement in their health across 10 key health indicators.⁷ In dementia care the Trust's Enriched Opportunities Programme provides 'Locksmiths' (specially trained support workers to provide individually assessed programmes which have been shown in evaluation to achieve a number of key outcomes including significantly prolonged independent living.

In Wales Linc Cymru was established in 1977, as an Industrial and Provident Society registered with the Welsh Assembly Government. As well as providing family housing the organisation operates Lin Care, which has a wide range of projects including extra care housing schemes in Blaenau Gwent, Cardiff and Newport. Linc Cymru was the first organisation in Wales to achieve accreditation from the Centre for Housing and Support (CHS) for the high standard of service provided in its extra care housing. Additionally they were the first extra care provider in Wales to achieve the Royal National Institute of Blind People's 'Visibly Better' accreditation and the first in the UK to be awarded 'Gold' status at the Plas Bryn extra care scheme in Cardiff. The award recognises outstanding work and a commitment in providing high levels of accessibility for people with sight loss and impaired vision.

Despite the difficult economic circumstances at the moment, examples like those above show how the not-for-profit sector is willing to invest in quality buildings, and in new care models and systems to build better experiences for older people. Innovation and service quality are linked, and not-for-profit organisations not only achieve good levels of re-investment but are also effective at implementing new ideas because of their ambitious approach to social care and their passionate and dedicated workforce.

⁷ Well Being Service Review 2010/11, available on the ExtraCare Charitable Trust web site www.extracare.org.uk

3 Supporting Independence

Commissioners need providers who can respond willingly, promptly and creatively to a rapidly changing environment. They also need organisations which welcome accountability and believe in the full involvement of their clients in the design and management of services. This is particularly true in innovative practice to support and encourage greater independence, choice and control for service users. Innovative organisations can of course be found across the provider market including local authority and private provision, but the following examples show that a belief in promoting independence and choice are particularly strongly rooted in the traditions and values of the not-for-profit sector, and that this helps ensure that the sector is at the leading edge of social care practice.

3.1 Independence through partnership – The Fremantle Trust and its partner, Talkback

The Fremantle Trust is a registered charity and not-for-profit organization, originally established 20 years ago as a transfer organisation from Buckinghamshire County Council. It now provides a wide range of services for older people and adults with a learning disability. Talkback is a user led organisation for people with a learning disability.

The Trust had previously involved Talkback in self-advocacy work within its own organisation, and wished to develop a new approach to its day activities in Aylesbury. The partnership created an activities 'Hub' that successfully provided a range of opportunities for adults with learning disability. The selection of activities is led by service users and has included drama work, beauty courses and photography. A young woman who took the photography course now serves as the photographer for the Buckinghamshire Learning Disability Partnership Board.

A range of practical courses is provided including employment training, a 'world of work' course and a travel-training course, which boosts in a very practical way the capacity to travel independently. The Hub, working from premises rented from the Buckinghamshire Community Foundation, has now operated for a year and there are plans to roll out the model in other locations across the county.

As Carole Sawyers, Chief Executive, points out, the distinctive feature of the scheme is that it is flexible to the wishes of its participants. The link between two very different types of organisation has enabled Talkback to work collaboratively with a major provider of local services, and Talkback's commitment to a user led approach has provided creativity and credibility for the initiative. This is an attractive collaboration which avoids duplication and is mutually helpful.

As personalisation develops in all forms of care the ability to respond flexibly to self identified need, support greater independence and deliver service models which offer a flexible use of staff and resources will be the main routes to cost effectiveness and service user satisfaction.

3.2 Independence by design – Joseph Rowntree Housing Trust

The Joseph Rowntree Housing Trust (JRHT) provide 4 care homes in York and in collaboration with the local authority took a decision to transform the service to help people move into their own secure tenancies in redesigned premises. This was a major operation for one of York's leading service providers, and as John Kennedy, Chief Executive of the Trust points out it was a decision motivated not by money but by a commitment to get the service right and provide new opportunities and choices for residents.

Existing premises were either reassigned or completely redeveloped with improved facilities. Some new properties were also acquired. JRHT recognised the need for the project to be planned carefully at all levels, as it meant a major change of role for staff, new support needs and a great deal of careful preparation for residents who had only previously experienced institutional life. The result overall has been that 50 young adults are now living as independently as possible with a support system which has adapted to their new needs and responsibilities.

3.3 Helping people back home and working with tenants – Heritage Care

Heritage Care Group was formed in 1993 as an Industrial and Provident Society and part of English Churches Housing Group It changed its status and became a charity in 2010. Heritage Care is a care and support provider with a range of flexible individualised services which support people with Learning Disabilities, Mental Health Support Needs and Older People. Services across 130 locations in the Midlands, London and the South East include supported living, domiciliary services, extra care schemes, registered care homes, day services and respite/short break services.

In its work with people who have complex needs in learning disability and mental health, the organisation works across 25 local authorities from the East Midlands to the South East and helps people to move from institutional settings, which are frequently 'Out of Area' into their own accommodation in their home areas. This is achieved by careful planning and an intensive support package which prepares people to live as independently as possible. The project demonstrates that many not-for-profit organisations have fewer constraints and less bureaucratic barriers to innovation in social care. A key factor in Heritage Care's success is that decision-making is pushed down the organisation, with staff who have the immediate responsibility for clients being empowered to decide the best course of

action. This leads to a 'can do' attitude with a commitment to keep trying until the support package is right. A good example is the following case history:

Robert lived in long-stay hospitals and residential care from the age of four. At the point that we were introduced to him he was living in a large specialist residential home for people whose behaviour presents challenges. The use of restraint was commonplace and techniques used were very forceful. He was not making any choices for himself and staff controlled every aspect of his life. He was described as someone with extremely aggressive challenging behaviour who was a 'lost cause'. We discovered after we had started supporting him that he had been locked out of the house during the day, in all weathers, often not appropriately dressed. He was often hungry and as a result would eat grass, twigs, stones etc and would take food and drinks from people in cafes. Action was only taken by the local authority when CQC became aware of issues at the service and took enforcement action.

Having helped Robert to establish a circle of support of people who knew him well and cared about him, we supported him to identify what he really wanted. He was clear that he wanted to return to the area he came from and to live in an ordinary house. He was introduced to three people who were looking for someone to live with. He spent some time getting to know them and they all decided that they did want to share a home together.

Initially when Robert moved in he was aggressive, inappropriate, damaged property, bit people and took people's food. But with good structured consistent approaches from staff, the implementation of guidelines to support him to manage his behaviour, the development of routines, the feeling of security, a homely relaxed environment and staff knowing if he is in pain we have been able to support him to live the life that he wants. Robert now makes all the decisions in his life and is living in his own home, with friends. He can now cook for himself and look after his home, with support. He is well known in his local area, going shopping, bowling, swimming and out for meals. He has gained weight and uses simple signs to communicate. He now smiles- something that no one had seen him do for the previous ten years. In addition to having a much better quality of life where he is in control the cost of supporting Robert has reduced from £150,000 per year to £70,000 per year.

Kim Foo, the Chief Executive, comments that Heritage Care is responding frequently at the request of Commissioners who are seeking better value services which are able to maximise independence and enable people to live nearer to their families.

Heritage Care operates through Area Teams and particular emphasis has been placed on supervision and management support so that an individual manager is never responsible for more than 8 workers and sometimes less

than this. The result is a service which can respond in detail to complex needs and which works very closely with families as well as tenants.

3.4 Engagement and innovation – Sanctuary Care

Not-for-profit organisations have a strong record in service user engagement, and the development of personalisation makes this area of activity crucial in the ongoing work and development of social care agencies. It is important that a 'one size fits all' approach is not taken.

Established in 1995, Sanctuary Care now provides a wide range of services to children, younger adults and the elderly including residential and home care services. Sanctuary Care is committed to involving the people who use their supported living services in all aspects of service design, delivery and evaluation. They say that their philosophy is 'nothing about us, without us'.⁸ The agency has a dedicated client involvement team and Sanctuary has been awarded the Tenants Participation Advisory Service (TPAS) Award for Involvement on two occasions.

Sanctuary Care has a Client Involvement Compact which guarantees that clients will be supported and encouraged to share their opinions. Clients are worked with individually to find the method of involvement which will suit them best, and the necessary training and resources support this. Clients are involved in staff recruitment, including interviews and the induction and training of staff. They play a full part in the evaluation of services. Sanctuary demonstrates very well that an agency which enables its clients to be as independent as possible will also be much more able to give them greater control over decisions at all levels.

The commitment to engagement is also reflected in other innovations in Sanctuary Care homes, such as not using standard uniforms, encouraging staff to dine with residents, and changing terminology to introduce the "personal carer" approach. Regular support groups in the homes share experiences with families and link closely with local Alzheimer societies. Sanctuary Care works to develop close relationships with local businesses for active support and participation, helping provide opportunities for wider community involvement.

Improvements in engagement work most effectively if they are accompanied by enhancement of the living environment. Within Sanctuary Care key features have been the installation of memory boxes, street scenes, fireplaces with zoned seating, homely furniture, themed activity stations, nostalgia rooms, themed corridors, open serveries, themed gardens, and a range of specialist dementia furniture with open drawers and see through wardrobes. Sanctuary Care has introduced discreet pagers to avoid call bell noises and every home has a variety of pets resulting in an

⁸ Taken from the Sanctuary Group website www.sanctuary-group.co.uk

award by the RSPCA.

Innovations have extended to ways of enabling residents to benefit from Information Technology- an increasingly important issue. Sanctuary Care have sponsored St Andrews University in launching CIRCA, an innovative computer aid, and have developed Skype access within resident internet bars. WiFi is used in every home. The overall activity programme is led by trained activity leaders in all homes, but Sanctuary Care has also worked closely with the National Association for Providers of Activities for Older people (NAPA) to ensure best practice.

Training of staff is crucial to implementing and sustaining innovation. Sanctuary Care has a specific dementia strategy called "See Me " which provides an in-house "introduction to dementia" training programme. Dementia champions in every home are provided with more specialist advanced training. The organisation has invested in a dedicated specialist dementia trainer who works with staff 'on the floor' to apply good engagement techniques. Additionally, a unique person-centred care plan has been introduced, which is approved by CQC.

3.5 Independence for people with dementia in the community – the Somerset Care Petals project

As mentioned earlier Dementia Care Mapping is an internationally recognised and holistic approach which uses detailed assessment of behaviour to be used to respond more effectively to supporting an individual's choices and preferences. DCM has been well established as a central part of Somerset Care's approach in its residential homes for over 5 years. The Petals project aims to transfer those skills into helping people remain for longer in the community with the involvement of their families.

Small teams of staff in two Somerset Care areas, Somerset and Surrey, were set up to operate a key worker system using newly developed individual work plans. The result is a very much more flexible approach to domiciliary care, and signs from the pilot have been very successful with a significant impact on the incidence of falls and emergency admissions. With support from both Bradford and Exeter Universities the scheme is being carefully evaluated with use of a control group and Commissioners have been very positive about the scheme.

The scheme highlights not only the innovative capacity of a not-for-profit organisation, but a commitment to careful and implementation- new approaches require quality training, and training requires significant investment.

Maximising independence and choice for all care groups demands good planning and effective implementation, and a long-term commitment to building better services and systems for all types of service user. It also

needs to be fully informed by the contribution of clients and their families. These examples show that at all stages of care the not-for-profit sector is making a powerful and innovative contribution.

4 Innovation in End of Life Care and Health Partnerships

The Government produced its End of Life Care Strategy in 2008.⁹ It was the first of its kind and was aimed at promoting high quality end of life care for adults in England. Its purpose is to provide people approaching the end of life with more choice about where they would like to live and die. It encompasses all adults with advanced, progressive illness and care given in all settings. As well as contributing to the Strategy itself the National Care Forum (NCF) subsequently continued to play a key role in promoting better end of life care within the not-for-profit sector.

4.1 National Care Forum and national partnerships

There is close co-operation between the Forum and the National Council for Palliative Care (NCPC). Sharon Blackburn of NCF works with NCPC as their National Adviser on Older People, and all NCF members are signed up to NCPC's Dying Matters Coalition. The Coalition has been working hard to develop greater awareness of good practice nationally, and many NCF members are well placed to apply the key lessons of Living Well and Dying Well locally. As Sharon Blackburn points out, in order to develop quality end of life care it is necessary to 'take the subject out of the closet'. Good practice in this field is based on a synthesis of good physical care and an approach by staff of relationship-centred care, whether in health or social care settings, which encourages discussion, includes family members and takes a holistic approach to the process of dying.

NCF also made a substantial contribution to initiating and developing the 'My Home Life' movement together with Age UK, the Joseph Rowntree Trust and City University. 'My Home Life' is based in London and is a collaborative programme bringing together organisations which reflect the interests of care home providers, commissioners, regulators, care home residents and relatives, and those interested in education, research and practice development. The programme provides a very wide range of material, including research and DVDs, much of which is directly available from the organisation's website, www.myhomelife.org and one of its 8 themes is the provision of good end of life care.

NCF members all have access to these national initiatives and the following examples indicate the determination to provide quality end of life care which characterises many not-for-profit agencies.

⁹ End of Life care Strategy- promoting high quality care for all adults at the end of life, DH, 2008

4.2 Somerset Care and the Gold Standard Framework

Somerset Care is one of many not-for-profit organisations which have joined the Gold Standard Framework (GSF). The Framework was originally developed in 2000 as a grass roots initiative to improve primary palliative care from within primary health care. It was developed by Dr Keri Thomas, a GP with a special interest in Palliative Care, supported by a multidisciplinary reference group of specialists and generalists. It was first piloted in Yorkshire in 2001 followed by a national phased programme supported by the NHS, Macmillan and more recently the DH End of Life Care Programme.

Qualification is based on a demanding range of 20 standards, all of which have to be passed and then sustained by a process of self-assessment and annual review. All staff are involved in training and ongoing training meetings. Sharon Watts, a Shift Leader at Somerset Care's Croft House is also a Lead Co-ordinator for GSF. She feels that the whole process has had a profound effect on staff and their practice. She says that they have the knowledge and understanding to help residents and their families cope with the stages of dying in a helpful and very open way whereas in the past these subjects were very often avoided.

GSF also enables staff to liaise with GPs in a more integrated way, using a colour coding system to alert each other to the stages of patient need- in this way yellow indicates a need for palliative care, red indicates imminent end of life, green an unstable situation and blue a stable condition.

At Croft House and other Somerset Care Homes involvement in the Framework has also boosted commitment to innovation. Croft House has a sitting service using time voluntarily given by staff members, so that no one has to be on their own. This may involve talking, but may have more to do with the comfort provided by simple caring contact - holding the hand or stroking the forehead. Families are also fully involved in advance care planning, to ensure that an individual's wishes are fully understood and honoured.

Somerset Care is working hard on positive approaches to end of life care. Much of this involves marking death well by celebrating the individual's life, using Books of Remembrance, Photographs and an overall approach of respect and attention to detail. A striking example is the book *Somerset Centenarians* published by Somerset Care, as part of its 20th Anniversary celebrations. The book gives the life stories of 20 of the centenarians the agency cares for.¹⁰

¹⁰ *Somerset Centenarians*, K. Newman, Halsgrove Publications, 2011

4.3 Quantum Care and the East of England End of Life Care Programme

Quantum Care was formed on the 1st July 1992 to operate care homes for older people in Hertfordshire. It was one of the first companies created to operate care homes that were formerly owned and operated by a local authority and now provides a wide range of services for more than 3,000 older people, including 28 purpose-built Care Home across Hertfordshire, Bedfordshire and Essex. In 2011 Quantum Care won the UK Over-50s Housing Award for the 'Most Outstanding Not-for-Profit Residential Care Provider in the UK'.

Quantum Care is involved in the East of England End of Life Care Programme. This is one of 12 national pilot schemes in different regions, and reflects the concern expressed in the national End of Life Strategy that effective and sensitive communication between staff and patients, their relatives and carers is fundamental to high quality end of life care. The aim in the overall programme is to develop more effective and sensitive communication between staff, patients and their families.¹¹ Participants in the plots have been working with Connected, the national training programme in advanced communication skills developed for senior health professionals working with cancer patients.

20 of Quantum Care's Homes are now involved and the agency is positive about the training programme, which includes e-learning video modules and face-to-face training from facilitators with hospice experience. Quantum feels that the training process has underpinned existing skills and expanded awareness of end of life issues. This has made for a more open culture within homes about dying and the need for sensitive and open communication skills with all those involved. The courses are common to all types of care staff and cover awareness of appropriate responses to the identified stages of dying. They enable staff to have a much more pro-active role. Learning is supported by a reflective practice process.

The work is funded by the Department of Health, and the pilot has been operating across Hospices, NHS facilities and Care Homes, so the project also has relevance to the overall health and social care integration agenda. A 'training the trainers' approach is now being developed to cascade the learning further, and after a year of involvement Quantum Care has developed a Circle of Learning with regular meetings involving staff from the participating homes. The impact overall has been considerable, and the agency's commitment to sustained implementation of the approach is further evidence of the not-for-profit sector's willingness to embrace new approaches and opportunities.

¹¹ Developing Skills- talking about End of Life care, NHS End of Life care programme and Connected 2009.

4.4 The Orders of St John Care Trust – partnering with health

The Orders of St John Care Trust (OSJCT) operates 73 care homes in Oxfordshire, Wiltshire, Gloucestershire and Lincolnshire. OSJCT delivers care to elderly people of any background irrespective of race or religion in Nursing Home, Residential and Extra Care settings and employs 3,700 staff. In two towns in England OSJCT has taken opportunities to develop sites which have modernised health and social care provision for the benefit of local communities.

In Malmesbury, Wiltshire the Primary Care Trust issued a tender for redevelopment of a Victorian Community Hospital which was no longer fit for purpose. The tender also incorporated provision for a GP centre to replace unsuitable town centre premises. OSJCT won the contract and with its development partners, Brackley Investments and Aspen Housing have transformed the site.

The Hospital and a 1960s Care Home were demolished and in their place and 80 bedded nursing home was established which included 14 intermediate care beds designed for stays of up to 6 weeks, thereby meeting more effectively the needs of those who had previously gone to the Community Hospital. Staff were transferred under TUPE from the hospital and the GP practice had a new building for 10 Doctors. The new Health Centre also had a base for the PCT and Community Nurses, thereby making it a local health hub. Nearby space was made for a Pharmacy. The comprehensive development of the site was completed by the building of 28 flats built as an Extra Care scheme.

While the financial capacity of the development partners was crucial, OSJCT's leadership and expertise enabled the community to have an integrated and well-planned set of facilities which had a transformative effect on health and social care options in Malmesbury.

At Chipping Norton in Oxfordshire OSJCT was involved in a second transformation process. Again a Community Hospital and Care Home were replaced by a new nursing home and additional health provision for the community. In this case a visiting room for consultants was provided, together with x-ray facilities, a base for District Nurses and for good measure a small birthing unit built to run in association with Oxfordshire maternity provision at Banbury and Oxford.

These schemes indicate the capacity and willingness of experienced not-for profit organisations to take a leading role in the design and implementation of a new generation of more integrated health and social care provision, and to embrace the need for innovation in practice in response to the needs of service users.

5 Funding flexibility and financial innovation

The tradition and values of most not-for-profit organisations recognise the importance of attaining as broad an access to services as is possible, especially for poorer or marginalised groups. In practice this often means a commitment to keep people within services using charitable funding when the private sector could not have done so. A number of organisations have also found innovative ways of operating fees and charges so that residents and their families are given a security and flexibility which could not be achieved otherwise. By the same token creativity is needed in developing the funding partnerships which can make new facilities achievable, and the not-for-profit sector is leading the way in delivering on this. The following are examples of emerging good practice in this area.

5.1 Ensuring access for those unable to fund their own care and other forms of donation to those in need.

This is a specific commitment made by many not-for-profit organisations in honouring values and traditions which were frequently established a long time ago, but which in modern times help ensure a fairer care system. For example,

The Salvation Army Older People's Service provides residential care for 650 people in 17 homes, and although it provides care for large numbers of self funding residents the service ensures that 50% of places are given to local authority funded residents because of the organisation's wider commitment to inclusion and social justice.

The Joseph Rowntree Housing Trust operates a loan stock scheme, which allows those who invest in a care home to have a reduced fee. For those whose funds are running out they can then use their loan stock to extend their funding. This enables people to use their capital creatively.

It is also common for not-for-profit organisations to provide additional support for those funded by local authorities to ensure that they receive exactly the same level of service.

A major concern for older people and their families is what can be done once available funds are exhausted. It is a fear which haunts many people. It is not uncommon in the private sector for people to be given four weeks' notice, with all the disruption and uncertainty which this inevitably involves. Steve Hughes of **Lilian Faithfull Homes** makes the point that available evidence points to moving older people in this way having a serious effect on their wellbeing.

Many not-for-profit organisations regard this as unacceptable and budget to enable them to continue supporting people. As a not-for-profit organisation Lilian Faithfull can plan to reinvest a proportion of its surplus in enabling

residents to remain. While this cannot be guaranteed every effort is made to provide this continuity.

5.2 Taking the longer view on financial return – Heritage Care

Heritage Care, a charity providing a range of different care services in 130 settings in the Midlands, London and South of England were approached by a property developer who had built 5 two-bedroom houses in a cul-de-sac in a village in the East Midlands. Heritage Care were aware that the council had a large number of people placed in residential care out of area, or unable to move on from assessment and treatment units. They offered to assess the needs of identified individuals and co-design a support package with the prospective tenants so that their support could be customised to their exact requirements. Having been given the costings of people's placements they were able to guarantee that they could provide a better service at a reduced cost.

Work was undertaken with the landlord to ensure that each property was suitable for the needs of each individual that was moving in. Preparing the properties, recruiting staff matched to the needs of each person and undertaking the transition process in a way that met the needs of each person took time. It was 18 months before all ten individuals moved into their new homes and this meant that initially the service ran at a loss. Heritage Care was able to take the decision to allow the service to do so recognising the longer-term value of the project. The project has now expanded with more individuals who live in the village being supported for some hours each week, using personal budgets. One of the key strengths of many not-for-profit sector organisations, including Heritage Care, is the willingness at governance and senior management levels to take a longer investment view which reflects the organisation's values.

5.3 Innovative partnership for future development – Fremantle, Buckinghamshire and Housing Solutions

'Project Care' in Buckinghamshire is a creative partnership between the Fremantle Trust, Buckinghamshire County Council and Housing Association, Housing Solutions Group. The County Council wished to ensure that it could buy affordable and good quality care into the future. Instead of a tender process they sought a long-term development partnership, and tested the feasibility of this idea through a rigorous business case process. The transformation of provision against identified need and demographic trends meant that provision had to be redistributed geographically.

The result has been to replace a number of existing homes with 8 new premises, maintaining the same number of places, and successfully moving a large number of residents into new accommodation. A three-way development agreement links the three organisations together.

The future provision of social care services will rest on key policy decisions about personal planning and a new approach to the funding of care. In responding to The Dilnot Commission, the Government is likely to look to innovation from financial services, as well as care providing organisations. These examples suggest that not-for-profit organisations will in many cases be very well equipped to provide innovative thinking without sacrificing a traditional and proven commitment to charitable assistance.

6 Conclusion

The not-for-profit sector is a large and important part of social care provision across England, and many individual users and service commissioners are turning to not-for-profit organisations to meet their care and support needs. Perhaps this is not surprising. As we have seen from the examples in this second paper, the sector is leading the way in the development of new approaches both in residential care and in the community.

The commitment of loyal and well trained staff, the theme of the first paper, is of course one key component in the sector's capacity to deliver a transformation in care services, but others are also involved- notably an ability to reinvest surplus to fund new practice and modernised facilities, and a commitment at governance and management levels to hold fast to values and principles centred on fairness and sustainability. This is having an impact on the choices people are making about how best to have their care and support needs met.

We shall see in the third and final paper how the not-for-profit sector makes a further and wider additional contribution to the well-being of the community by its emphasis on developing social capital and community well being.

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