



My Home Life Southwark
Care Home Quality Improvement Strategy
2013-2015

Treating residents as we would wish members of our own families to be treated

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My Home Life Southwark: Care Home Quality Improvement Strategy

Forward from Cabinet Member for health, social care and equalities, Catherine McDonald

We are committed to treating every resident the way we would wish members of our own families to be treated, and for every care home resident to have the kind of high quality care each of us would want for our own relatives. The council's fairer future promises underline our strong commitment to high quality personalised services and this is why I am pleased to present *My Home Life Southwark*, which sets out our strategy on how we will work together to improve the quality of care in our local homes.

Care homes in Southwark provide essential support to people who are no longer able to live in their own homes. Our vision is that each individual is supported to live their lives in accordance with their own beliefs, preferences and culture so they feel comfortable and 'at home'.

High quality of life is made possible when it is grounded in the relationships between the people who receive, provide or support care and this in turn fosters a culture of respect, dignity and compassion. I recognise that delivering high quality care to a wide range of individuals is complex as each person has their own individual needs, values, aspirations and preferences. This strategy recognises that sustained quality improvement will only be achieved if we re-orient the whole system and all play our part to ensure local homes are not 'islands of the old' but actively supported and open to the community. At the heart of this is ensuring our residents get the best possible care and experience good quality of life.

My Home Life Southwark brings together the Council, NHS colleagues, providers and the voluntary and community sector around a joint vision for the highest possible standards of care and a practical set of actions that will help to deliver this. I am pleased to be able to present this strategy and look forward to an update on progress in 6 months.

Introduction

1. With life expectancy increasing and growing numbers of older and disabled people needing care and support, there is a spotlight both nationally and locally on the quality of care they receive. In Southwark, we are committed to ensuring that our residents have access to high quality care and support in local care homes to support the best possible quality of life, within their own communities. This means every individual is treated with compassion, dignity and respect and, like all our citizens, has access to local health and community services.

2. Our aim in Southwark is to support residents to remain in their own homes where possible, which is what people have told us they want. However, where people need to use residential and nursing homes, it is essential that the care delivered is high quality, promotes good quality of life and provides a safe and healthy environment.
3. We expect a culture of care that puts people first. Where people are seen as individuals, their preferences and care needs are well understood by staff and they are supported to live as independently as possible. We expect to see people come before tasks, care to be respectful and social interactions valued.
4. This strategy sets out our agreed joint vision for what quality looks like so this is clear, the work that we will all do to ensure that this is what people get, and how everyone can contribute to ensuring this. The strategy aspires to improve quality of life for individuals across all care homes but has a focus on the larger care homes working mainly with older people. The approaches to monitoring and driving quality will apply across all care homes. This strategy will ensure all partners are working to the same vision and values and provide a mechanism for partners to measure progress in making changes across the system that will improve the quality of care.
5. Our vision set out in the section below is based on the national evidence-base developed by *My Homelife* and work that has been done locally with a wide range of stakeholders across our local system. My Homelife is a collaborative partnership aimed at improving the quality of life of those who are living, dying, visiting and working in care homes. My Homelife works with homes, councils, residents, families and carers to improve the quality care.

Southwark vision for promoting quality of life

1. People who live in residential and nursing homes should expect to be treated with dignity, respect and get excellent care. In Southwark, we expect every individual to be treated as we would want our own family members to be treated.
2. This means that in care homes, we expect to see systems that identify individual needs and preferences, support accurate record keeping and identify people at risk. Processes should be in place to protect people from the risk of abuse and both staff and people living in homes should know how to raise concerns. Staff need to be well trained to promote dignity and respect, to respond to complex needs, including the impact of dementia, and be used flexibly as needs change.
3. The evidence base developed by *My Homelife* has identified that what is important to older people living in care homes is the ability to emotionally connect with staff and relatives through high quality relationships. In order to create the conditions where this will happen naturally, it is important to retain those things that make a difference to us all as individual human beings, care professionals and members of society, to our quality of life. Then this can be applied to the residents and relatives to improve their quality of life. The key elements that are known to bring out the best behaviours in people are when they feel the following:
 - a sense of security: *we must feel safe*

- continuity: *we need to experience links and connections*
 - belonging: *we need to feel part of things*
 - purpose: *we need to feel motivated*
 - achievement : *we need to see ourselves progress*
 - significance: *we need to feel we matter as an individual*
4. We expect our care homes to be responsive to the different needs of the diverse group of residents, including cultural, gender, sexuality, age, religion, and disability. Homes are expected to have a personalised plan for each resident that ensures their needs are met and that they can live their lives in accordance with their preferences and wishes.
5. To promote quality of life for our residents and to support relationship-centred care, we have set out a clear vision of ‘what good looks like’ for older people which identifies 8 important areas where we want to see improvements:
- Managing transitions
 - Maintaining identity
 - Creating communities
 - Sharing decision-making
 - Improving health and healthcare
 - Supporting good end-of-life
 - Our workforce
 - Promoting a positive culture of compassionate care
6. In full, the vision is about:

Managing transitions

Most of us would wish to be cared for in our own home, but increasing physical, mental and social frailty in older age does not always make this the best option.

Moving into a care home is a major transition in life which may involve considerable losses but, with appropriate planning and support, it can bring benefits and improved quality of life for older people and their families. Many older people regain confidence and begin to ‘thrive’ when they start their new supported life in a care home.

For relatives, it is important that they can contribute to decisions being made about their loved one’s care and are supported to deal with the emotional impact of the move on them and their loved one.

Case example: **Regaining a sense of purpose**

Mr R was always very restless and paced up and down. He was very difficult to engage with any activity. A project which included a carpentry workshop has really helped him engage. He used to do this type of activity previously. He can now take part for up to one hour.

Maintaining identity

Given the considerable losses that older people experience when moving to a care home (loss of health, family, community, home); there is a real risk that older people can lose their sense of identity, culture, religion and self-esteem. Care homes can play a major role in helping residents regain a sense of worth.

Many care homes make real efforts to learn about the older people they care for; not just in terms of their current needs, but also about their culture, religion, interests, strengths and whole life history. This can help them engage with older people in a more meaningful, compassionate and positive way.

Creating communities

Care homes have been described as 'islands of the old' – we tend to think about 'them' not 'us', even when we know we will also grow old and frail!

Quality of life can be enhanced by creating a sense of community, both within the care home, and between the care home and its local diverse communities. Links with local organisations, such as schools or voluntary groups, can be very helpful to older people for social engagement and also rewarding for those that visit.

Southwark example:

A Christian group visit weekly and many residents attend. Catholic priests visit and give Holy Communion enabling residents to practice their faith.

The residents attend Darwin bowling club every week to watch bowling and can take part if they choose. In the same afternoon the local pub is visited, keeping people involved in their local community.

The Irish pensioners group visit the home and people attend the group. This keeps people linked with their friends and maintain their life outside the home.

Southwark have just started a pilot with ATTEND who will be working with residents, staff, relatives, local organisations and volunteers to generate diverse and creative ways to engage the local community.

Sharing decision-making

For many, going into a care home can feel like a move away from being in control of one's own life. Collective living with others can be a new experience for many and the importance of feeling involved in decisions-making in relation to both their care and the wider running of the home, should not be underestimated.

In some care homes, older people get involved in maintaining the garden, being responsible for pets, helping out with housekeeping, planning the decor, recruiting staff and carrying out internal audits.

Did you know?

An estimated 40,000 older people in care homes in England have no regular contact with people outside of the care.

Improving health and healthcare

Older people living in care homes have substantial and complex healthcare needs which require the full range of healthcare services.

They should have access to the same healthcare they would be entitled to if they were living in their own homes. Health can also be improved by spending time with residents in personally meaningful and enjoyable ways.

Did you know?

There are more 'care home beds' than hospital beds' across the UK.

Supporting good end-of-life

Care homes are places where all residents live and where many will ultimately die. Many homes have excellent skills in supporting end of life including accommodating the different cultural and spiritual wishes of the residents and their relatives. In society, there is a real taboo about talking about dying and death, but it is important to have opportunities for discussion around this subject at a time conducive to older people.

“My Friend Betty”

Words from a care home resident about a friend who died in the same care home.

Betty had been very poorly for a couple of days, and in the middle of the night the staff came and woke me up and said “We think Betty hasn’t got long. Do you want to come and say goodbye to her?” So I put my dressing-gown on and went down the corridor and they left me with her. I climbed on the bed next to her and put my arms around her and told her what a good friend she had been to me. She died in my arms’

Our workforce

We want to make quality and compassionate care central to care homes in Southwark. We will recruit and retain the right people with the right skills to provide high quality care and support to our residents. Our workforce provides a critical role in our community. Raising the profile of a career in the profession will be our objective to ensure we are attracting and retaining high calibre people to work in our homes.

Promoting a positive culture of Compassionate Care

A positive culture of compassionate care in a care home is one where routines and structures revolve around the older person rather than simply fit with the needs of the organisation. A good atmosphere in the home is based upon positive relationships, mutual appreciation and some blurring of roles between staff, residents and relatives. Promoting a positive culture also takes into account the older person's diversity (such as age, disability, gender, race, religion or belief and sexual orientation) and provides compassionate care that meets those needs.

Roles of service users, families, carers and the community

7. It is clear that for this strategy to improve the quality in care homes demands each part of the system taking responsibility for their part in delivering high quality care. This includes residents, where that are able, and their families and carers to taking an active role in quality assurance.
8. Experience has shown that people can sometimes have low expectations of care and may express satisfaction with a level of quality that professionals and partners perceive differently. For this reason, it is essential that people who live, work in and visit care homes also understand our vision of what high quality looks like and work with professionals as partners to promote this.

Working in effective partnership

9. Consistently delivering high quality care to a diverse group of people with changing needs within an inner city area is not easy. This strategy recognises that a long-term view is needed to work with people across the sector so we are all contributing to achieving our vision. Providers are responsible for ensuring the quality of the services they deliver, however we also recognise that way we commission these services is important, the support available from the wider health and care system is critical and that residents, friends, families, carers and the community all have a vital part to play.

10. Together we will champion the needs of our most vulnerable older and disabled people and work in partnership with private and independent sector care home providers. We will support them to ensure that their homes have the right culture and robust systems in place to deliver the best possible standards. Working in effective partnership underpins the entire strategy and the action plans that will deliver the changes required. Continuous improvement will be achieved by commitment from across the partnership so all parts of the system are supporting and enabling each other to deliver quality care and promote quality of life. However, the council will continue to hold providers to account when standards are not met.
11. Improvements can only be maintained and built on by having a comprehensive and cohesive approach to quality that is embedded throughout the cycle, from the way care is commissioned right through to the staff that provide care to an individual on a day-to-day basis. A key element of this is to focus on a strong and confident workforce and ensure they are supported to develop their skills and deliver high quality care. In Southwark we want to see work in the care sector as a career of choice for local people so they are able to take advantage of employment opportunities and so that this work is seen as rewarding. We will have robust systems for quality assurance that are focussed on people's experience of care and where all partners actively contribute to enable a deeper understanding of the quality of care being provided and the impact this has on people's quality of life. In the same way that safeguarding is everyone's responsibility, we all have a role to play in quality assurance.
12. Partners can achieve this by respecting and trusting one another, recognising our joint vision and goals and sharing responsibility for improving the quality of life of residents. Alongside this we need to recognise areas where we have individual goals and take care that these do not undermine or derail our joint work. As part of our work together, a partnership agreement has been signed which sets out some principles to guide working together (this is reproduced at the end of the strategy).
13. Underpinning this work are the views and input from residents, their families and carers, supported by national evidence from My HomeLife¹. My HomeLife have talked to service users and also shared their evidence based approach that has come from residents. Partners from across the sector who have contributed include the council, the NHS, providers, lay inspectors, Age UK, the care quality commission, and Healthwatch

National and local context

14. This strategy is set within the national policy context of Putting People First: a shared vision and commitment to the transformation of adult social care and anticipates changes on the horizon as a result of the Care Bill, which proposes to strengthen the accountability that local authorities will have for providers within their locality such that the Council will need to ensure continuity of provision if the market

¹ <http://myhomelife.org.uk/>

fails. This provision means the local authority will need to know what is happening in care homes and work in partnership to seek to prevent service breakdown.

15. Equity and Excellence: Liberating the NHS sets out the national framework for NHS services and in the wake of the Francis report there is fresh impetus to focus on cultures which promote patient safety. Don Berwick's recent report commissioned by the Prime Minister² sets out what needs to change and a summary is attached in paragraph 21. This approach is equally applicable to the care home sector.
16. Locally this strategy aims to deliver Southwark council's fairer future principles, particularly treating residents as we would want members of our own families to be treated. Southwark introduced a Charter of Rights (for people who need social care) in 2012 and our plans support delivery of this, particularly focusing on
 - You should be treated with dignity and respect and be treated fairly.
 - Vulnerable people, those who are at risk due to disability or frailty, have the right to be safeguarded from abuse.

The Council has published The Southwark Economic Wellbeing Strategy 2012-20: what the Council will do. We recognise that over the longer term we will not be able to make a significant impact on local provision unless there is recruitment and retention of high quality staff and we would also like the care sector to offer employment opportunities for local people. The workforce plans are therefore a critical element of our strategy.

17. The strategy has been produced within the context of wider initiatives taking place through the Southwark and Lambeth Integrated Care Programme (SLIC), which has the overall aims to reducing unnecessary admissions to hospitals and care homes. Within the SLIC programme, the importance of and role of care homes is being considered within four projects: falls, infections, nutrition and dementia.
18. Having a clear and agreed strategy for ensuring the quality of care in homes in Southwark enables us to:
 - measure the effectiveness of initiatives, in achieving the vision we have agreed
 - ensure that initiatives complement each other and contribute to achieving the vision
 - maximise use of resources by avoiding duplication of effort and joining up work where appropriate.
19. The range of people who have contributed to this work highlights the recognition of all partners of the importance of keeping a focus on quality and safety and that no one group can achieve sustainable improvements without commitment from the others.

² <https://www.gov.uk/government/publications/berwick-review-into-patient-safety>

The Southwark approach

20. In order to work towards our vision the partners acknowledge the needs to influence change across 5 key areas, which have been broadly described as:
- quality assurance – how do providers, partners and regulatory bodies work together to have a complimentary and useful quality assurance system? There is a need to review current systems, to set out the roles and responsibilities of all who can contribute to this and to revise systems so they are aligned to our vision.
 - integrated working – partners all have different skills, experiences and resources available which can help to develop and embed quality practice. How do we break down existing barriers and use what we have most effectively? There is a need to ensure homes are ‘islands of the old’ but have good support available from the NHS and are integrated into the community.
 - safeguarding – all partners are responsible for safeguarding. We want to ensure services promote good quality of life for vulnerable people and protect them from abuse. Where safeguarding alerts are made we ensure we focus on the resident and ensure learning contributes to a healthy and positive approach to risk management.
 - working together in the future – There is a need to take a new approach to the way we commission services. What can we learn from elsewhere and how can we adapt for the future?
 - workforce development – How can we support and encourage staff and managers in the industry and make this an attractive career option? Quality of life rests largely in the relationship the individual resident has with the individual care worker, who needs to be well-trained, well led, compassionate and committed.
21. Workforce development is the keystone work-stream as motivated, well-trained staff with the right values who are appropriately paid and valued is the foundation on which quality care is built. The recent Cavendish Review ‘An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings’³ sets out 18 recommendations under the headings; Recruitment, Training and Education; Making Caring a Career; Getting the Best out of People. Leadership, Supervision and Support; and Time to Care. This report, published in July 2013, validates the approach we have outlined as part of this Strategy and further reinforces how essential care staff are to providing care.
22. In addition, the Berwick Review published in August 2013 ‘A promise to learn – a commitment to act. Improving the Safety of Patients in England) sets out four guiding principles:

³ <https://www.gov.uk/government/publications/review-of-healthcare-assistants-and-support-workers-in-nhs-and-social-care>

- Place the quality and safety of patient care above all other aims for the NHS. (This, by the way, is your safest and best route to lower cost.)
- Engage, empower, and hear patients and carers throughout the entire system, and at all times
- Foster wholeheartedly the growth and development of all staff, especially with regard to their ability and opportunity to improve the processes within which they work.
- Insist upon, and model in your own work, thorough and unequivocal transparency, in the service of accountability, trust, and the growth of knowledge.

This strategy is the work of a group of people from across the sector who have given their time to honestly and frankly explore the challenges of delivering high quality care and have together come up with an approach that confronts these complex challenges using an array of initiatives and proposals. This is entirely consistent with Berwick's principles about quality and safety being a focus, talking to the people in the system, valuing and develop staff and being transparent, so we are accountable, respect and trust each other.

23. It is important to recognise that this is not an overnight fix but requires all partners to commit and invest in working together into the future to achieve sustainable improvements. Therefore, while some elements can be put in place quite quickly, others will require a longer view to be taken. For this reason, the strategy and action plan will be refreshed in 3 years to consider what progress has been made, the impact of these changes, and what areas need further work and development.
24. As noted above, partners are committed to exploring new and innovative approaches. It can take time to give something new a chance to embed and really assess the effectiveness of it (and in some cases they may need reviewing or redirecting). This means some elements in the existing action plans may be amended or deleted as the work progresses. For this reason, a steering group will retain oversight of the strategy and its delivery, meeting quarterly to review the progress and more importantly, what impact the work is having on quality. An update of progress will be provided to the Cabinet Member from the steering group after the first six months to ensure accountability is maintained and to guide ongoing work.

Actions plans

Quality assurance – how do providers, partners and regulatory bodies work together to have a complimentary and useful quality assurance system?

Objective / area of improvement	Action	Prerequisites / interdependencies	Person/s responsible	Target date for completion	Status
Understand all systems currently in place	<ul style="list-style-type: none"> • Stock-take of all current quality assurance systems (provider, partner, statutory, council). • Review best practice to see what could be applied in Southwark. 	Nil	Rochelle Jamieson	November 2013	In development
Service user voice	<ul style="list-style-type: none"> • Describe all mechanisms available to residents / families / carers to participate in the quality assurance system. • Ensure the system has a variety of clear and accessible mechanisms for residents and their families / friends / carers to participate in quality assuring their own services. • Involve the community and other partners in quality assurance. 	Nil	Rochelle Jamieson	November 2013 April 2014 April 2014	In development
Partnership	<ul style="list-style-type: none"> • Map all feedback mechanisms for the quality assurance system (formal and informal) and how these contribute to improved quality. • Map all connections between the quality assurance team and strategic partners e.g. safeguarding 	Nil	Rochelle Jamieson	November 2013	In development
Promoting a positive culture of compassionate care.	<ul style="list-style-type: none"> • Redesign quality assurance system so it is clear, accountable, promotes partnership and continuous improvement, and focuses on the quality 	Workforce development	Jonathan Lillistone	April 2014	In development

	<p>of the service from a resident's perspective. System to have mechanisms for formalising concerns and working with partners to address these.</p> <ul style="list-style-type: none"> Quality assurance system to emphasize homes being responsible for, and demonstrate they are providing, high quality care and evidence this. Dignity champions / approach to be embedded into quality assurance system. 				
Continuous improvement	<ul style="list-style-type: none"> Review operation of new quality assurance system to ensure it is delivering on the vision and is operating within the spirit of the partnership agreement. 	Above	Rochelle Jamieson	April 2015	To commence as per timetable
Continuous improvement	<ul style="list-style-type: none"> Meet with key stakeholders to ensure the quality assurance system is contributing to improved quality and how this can be strengthened. 	As above	Rochelle Jamieson	April 2015	To commence as per timetable
Care Home Quality Improvement Strategy	<ul style="list-style-type: none"> Develop systems to measure the effectiveness and impact of the work completed under the Strategy. Set up steering group to monitor delivery of, and updates to, the Strategy. 	All other work-streams	Rochelle Jamieson and Sarah McClinton	February 2014	In progress

Integrated working – partners all have different skills, experiences and resources available which can help to develop and embed quality practice. How do we break down existing barriers and use what we have most effectively?

Objective / area of improvement	Action	Prerequisites / interdependencies	Person/s responsible	Target date for completion	Status
Improving the Quality of Primary Care to Care Homes with Nursing	Strengthen the primary and secondary care for clients in nursing beds in care homes		Kate Moriarty-Baker & Ray Boyce	Business case to be completed by end of July	In progress

	<p>Develop a business case to increase primary & secondary care and social care:</p> <ul style="list-style-type: none"> - Development enhance contract for primary care and care homes which set out clear expectations for the delivery of primary care services and outcome measures to be monitored. - Increase the Consultant sessions with the CHST from 1 to 2 per week. This will support provide additional support to GP practices delivering this contract and help to foster a collaborative approach, to the delivery of primary care services, jointly with Lambeth CCG - WTE social worker post to be created within the CHST to work jointly with health to support care homes deliver high quality care. - Increased access MH support for care homes in Southwark via <p>Note all stakeholders will be</p>			<p>Discussions with Clinical Commissioning Group – Sep 2013</p> <p>Implementation December 2013</p> <p>In progress through the Mental Health for</p>	<p>Post agreed with Social Care</p>
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	involved in development of specification for this (particularly provider)			Older Adults Group	
Improve the access for clients in nursing care beds to Allied Health Professional	<p>Work with Social Care to explore resource and capacity issues in order to achieve equitable access for clients in nursing care beds</p> <p>Review access systems for care homes (covered by primary health care contract).</p>		Kate Moriarty-Baker, Alex Laidler	August/September 2013	
Implement integrated care approach to nutrition, fall, dementia and	Working jointly with SLIC to identify and implement key recommendations from the four care pathways work around fall, dementia, nutrition and infection		SLIC	September / October 2013	In progress
Keeping People Connected & Attend Programme	Supporting people admitted from hospital to a care home to keep connected with their communities. City University to provide academic support, supervision and evaluation. This project will link to the Attend programme – recruiting volunteers across eh care homes in Southwark to provide sustainability.		Age UK & Ray Boyce	Started 5 August 2013	
Improving End of Life outcomes for people in care homes	St Christopher's jointly commissioned to work with care homes in Southwark to improve end of life care outcomes – monthly monitoring on actions		Kate Moriarty-Baker & Ray Boyce		On going

	and achievements to commence from August 2013				
Creating Leadership in Care Homes	Work with My Home Life to improve the leadership within care homes and extending he existing project to Deputies		Ray Boyce		On going

Safeguarding – all partners are responsible for safeguarding. How can we ensure that this process focuses on the resident, identifies areas for development / change, and contributes to a healthy and positive approach to risk management?

Objective / Area of improvement	Action	Person/s responsible	Target date for completion	Status
To implement the recommendations of the safeguarding review	<ul style="list-style-type: none"> Membership of Safeguarding Board to be reviewed to ensure that needs of the Care Bill are met and also voice of the service user is heard The SAPB sub-group structure to be simplified to two groups: <ul style="list-style-type: none"> I. Prevention and Awareness Raising to concentrate on training and development for all staff working with vulnerable adults in Southwark. II. Quality and Performance to consider quality issues in all services across Southwark 	<p>Paul Willmette/John Emery/ New Independent Chair (when appointed)</p> <p>Paul Willmette/John Emery/ New Independent Chair</p> <p>Quality Assurance work-stream</p>	December 2013	<p>Lisa Greensill (Time and Talents) SAPB member representing voluntary sector</p> <p>GP representative member of the Board</p> <p>Full SAPB and Sub-group Review under discussion</p>

<p>To implement the safeguarding thresholds as recommended by the safeguarding review and adopt these across Southwark</p> <p>To identify care planning issues/effective partnership working rather than use safeguarding protocols for eating/drinking</p>	<ul style="list-style-type: none"> • Consultant currently working on developing jointly agreed safeguarding thresholds for both Southwark and Lambeth 	<p>Marian Harrington/Paul Willmette/John Emery/SAPB</p> <p>Southwark Lambeth Integrated Care work on nutrition.</p>	<p>December 2013</p>	<p>Report on thresholds in development</p> <p>Threshold documentation to be produced Roll out programme for implementation of new thresholds to be agreed</p>
<p>Protocols for investigation of institutional abuse to be developed</p>	<ul style="list-style-type: none"> • Currently under development 	<p>Lily Lawson/John Emery with input from provider stakeholders</p>	<p>October 2013</p>	<p>Roll out of protocol across the partnership to be ratified by SAPB. Training requirements to be identified.</p>
<p>To work in Partnership with Stakeholders to develop effective communication particularly around the response to allegations and outcomes and when alerts are eliminated at screening</p>	<ul style="list-style-type: none"> • Meet monthly with Care Homes to discuss current safeguarding alerts, avoid escalation and make sense of what is happening. • Review/Revise SA Communication Protocol 	<p>Ray Boyce/John Emery/Commissioning QA Team</p> <p>Paul Willmette/John Emery/stakeholders</p> <p>Organisational</p>	<p>September 2013</p> <p>December 2013</p> <p>November 2013</p>	<p>Programme to be developed</p> <p>Development of revised local SA policies under discussion</p>

	<ul style="list-style-type: none"> Emphasis to be placed on Communication and partnership working in safeguarding training 	Development in conjunction with Training Partners		
To ensure the voice of the service user and families are central to the SA process	<ul style="list-style-type: none"> To develop a 'co-production' SA model Undertake a service user survey to identify their experience to inform development of 'co-production' model 	Sam McGavin/John Emery/stakeholders Paul Willmette/John Emery		Currently under discussion Work underway to identify a provider/agency to carry out survey
Ensure policy and procedures are Southwark specific	<ul style="list-style-type: none"> Using Pan-London policies and procedures as a baseline and work described above to produce local Southwark SA policy and procedures 	Paul Willmette/John Emery/SAPB/Stakeholders		

Working together in the future – planning now for the future, and thinking about how we will commission services so they are set up to succeed is essential. What can we learn and how can we adapt for the future?

Objective / area of improvement	Action	Prerequisites / interdependencies	Person/s responsible	Target date for completion	Status
Work-stream 4 – Working better together in the future (Commissioning)	To establish a medium term framework contractual arrangement with the local nursing homes, that incorporates London Living Wage, embeds a partnership approach to achieve continuous and sustained improvement in nursing care home quality	Agreement of the local nursing homes can be negotiated that meets the council's requirements	Andy Loxton OP Commissioning	31/01/14	In progress

<p>Work-stream 4 – Working better together in the future (Commissioning)</p>	<p>To develop an agreed contract management partnership approach for care homes that is inclusive, quality-focussed and recognises the roles and responsibilities of all parties. For example</p> <ul style="list-style-type: none"> ▪ Residents and families ▪ The workforce ▪ The provider ▪ The council ▪ NHS partners ▪ Community and voluntary sector 	<p>Agreement brokered with the local nursing homes</p>	<p>Andy Loxton OP Commissioning</p>	<p>31/01/14</p>	<p>In progress</p>
<p>Work stream 4 - To develop a market position statement for nursing, registered (As well as extra care) specialist supported accommodation for older people, that will identify both the supply needs and future proof approach that will need to be adopted to ensure the highest possible standards of care is provided</p>	<p>Complete a draft market position statement identifying an analysis and gaps of current supply as well as long term long term needs, to establish requirements over the next 10-15 years</p> <p>Incorporate outcomes of consultation exercise into the document and seek appropriate approval of the market position statement</p>	<p>Development of extra care and community based alternatives to residential and nursing care, including effective integrated care with NHS partners.</p> <p>Link in with workforce development work to project requirements in the future and profile the profession</p>	<p>Andy Loxton OP Commissioning</p>	<p>31/09/13</p> <p>31/03/14</p>	<p>In progress</p>
<p>Develop market position statements for specialist</p>	<p>Expand market position statement to include younger adults with disabilities</p>	<p>Support younger adults to live independently in</p>	<p>Jon Lillistone Head of commissioning</p>	<p>31/03/15</p>	

accommodation needs of younger adults, specifically people living with a learning disability and those with a physical disability.		their own home as far as possible, but ensuring any registered care home placement is of a sufficiently high quality.			
To ensure that the voice of the service user, their families, as well as internal and external key stakeholders representing various elements of the older customer's journey through the care home sector is informs the approach to be taken by the council.	Build upon the existing consultation and engagement with older people and their representatives on the council's plans and the developing market position statement for specialist accommodation for older people.	As above plus an ability to consult with harder to reach older people who traditionally do not engage in formal consultation forums.	Andy Loxton OP Commissioning	31/12/13	In progress
To ensure that the physical designed environment at Tower Bridge care home is improved to incorporate best practice principals in relation to dementia care	Renovations to the entire home , using funding from Department of Health Capital Grant	Full funding being made available via the DOH Dementia Grant Programme.	Andy Loxton Gordon Thresher (HC1)	31/12/13	In progress
Develop a community in reach programme into care homes	Pilot Attend project initially in two care homes and then expand dependant upon the efficacy and development of the funding model	Success and lessons learned from pilot	Andy Loxton OP Commissioning	12/12/13	In progress

Workforce development – the staff who deliver services are the core of quality services. How can we support and encourage staff and managers in the industry and make this an attractive career option?

Objective / area of improvement	Action	Prerequisites / interdependencies	Person/s responsible	Target date for completion	Status
Workforce development	To create a workforce development plan, providing the right interventions, to create and retain high calibre people, with the right skills, providing high quality care to our citizens.	Systemic diagnostic involving a six stage process - see attached work stream approach	John Howard	30 th November 2013	Project group set-up meeting 10 th July (four more planned) Approach and actions agreed and in progress.
	Dialogue / focus group meetings with staff (Anchor & HC1): <ul style="list-style-type: none"> - long term employed - recent starters - “zero hours” 		Annie Stevenson Harjinder Bahra Annette Rhoden-Harrison	July / August	Meetings being arranged
	Dialogue with residents – “ what makes a good carer ” (Anchor, HC1 & Elms)		Annie Stevenson Harjinder Bahra	August	Meetings being arranged
	Site visit to JCP to review job applicant search process and referral process (& current job market)		Alan Palmer Angela Magill	July / August	Meeting being arranged
	Dialogue / focus group with Elm’s management and staff (high retention & staff moral is reported)		Annie Stevenson Harjinder Bahra	August	Meeting being arranged
	Site visit with Human Resources		John Howard	September	Meeting being

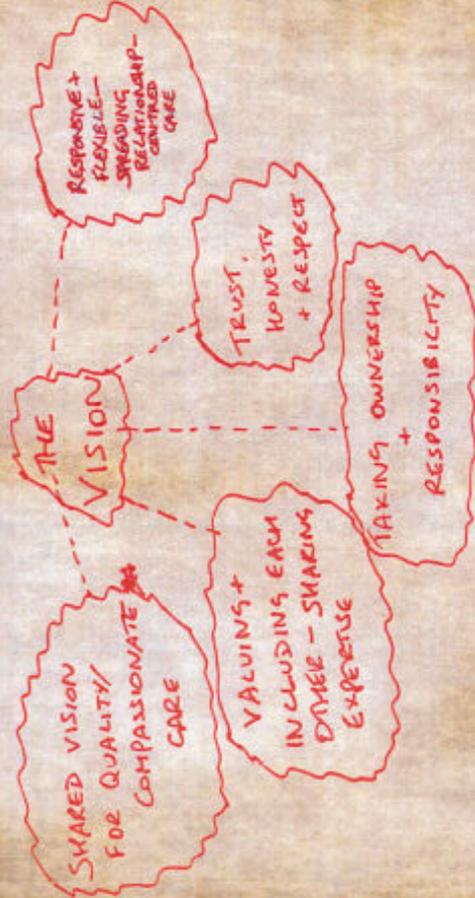
	(Anchor & HC1) to research current recruitment approach , obtain workforce data – numbers, roles, service, turnover		Angela Magill		arranged
	Site visit to L&D Managers/team (Anchor & HC1) to review induction , current training programmes and approach to maintaining CPD.		John Howard Angela Magill	September / October	Meeting being arranged
	Nursing staff - Review of approach to promoting employment pathways into care homes, recruitment & retention – link review involving: Anchor & HC1 CCG GSTT Higher Education / Uni's		John Howard Annie Stevenson Harjinder Bahra Judith Knight GSTT Kings	October	
	Analysis of focus group feedback to create “development standards framework” – identifying the differentiating behavioural competencies – the right people skills . The “ how ” that makes the difference for future “ aptitude & attitude ” at recruitment, induction and ongoing management.		John Howard	September	
	Analysis of findings (further research if necessary) and development stages of a sustainable workforce development plan and programme of		Project Group	September to November	Project Plan “milestones” being finalised for sign- off on 19 th August

	interventions.				2013
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Partnership Agreement

Our commitment to partnership working...

As your colleagues with our shared goal of delivering high quality care for older people, We commit to the following:



Signed...

Rea B. B. B.

D. Baker

Cliff

H. B. B.

Maria Thistle

R. Gannon

Shosh

C. Popping

F. B. B.

Ann M. B.

B. B. B.

J. B. B.

D. Witchard

My home life

Stakeholders

This strategy is the work of partners who were involved as follows:

Task and Finish Group:

Chair – Sarah McClinton – Director of Adult Social Care	John Howard – Head of Organisational Development, Southwark Council
Alex Laidler – Head of Disability & Independent Living	Kate Moriarty-Baker – Head of Continuing Care and Safeguarding, CCG
Andy Loxton – Commissioning Manger, Older People	Kulvinder Sidhu – Tower Bridge Care Home Manager, HC-One
Annie Stevenson – Director: Integration In Care, My Home Life	Les Alden - Age UK Care Home Lay Inspector
Brigid Sedour – Operations Manager, HC-One	Liz McAndrew – Programme Manager (SCIL)
Christine Jones – Service Manager, Southwark Council	Ray Boyce – Head of Older People Services, Southwark Council
Gwen Kennedy – Director of Client Group of Commissioning	Rochelle Jamieson – Business Unit Manager, Contracts, Quality and Market Management, Southwark Council
Haley Malm – Care Quality Commission	Rsunderalingam Rajadurai – Manager, Camberwell Green, HC-One
Jacky Bourke-White – Age UK	Stephen Rees – HC-One
Jean Young – Head of Primary and Community Care Development	Tamsin Fulton – Southwark and Lambeth Integrated Care
Jean Young – Head of Primary and Community Care Development	Tamsin Hooton – Director of Service Redesign – NHS Southwark CCG
John Emery – Safeguarding Adults Manager	Vy Franklin – Deputy Manager, Tower Bridge, HC-One

Virtual contact group:

Fiona Crispin-Jennings – District Manager (London), Anchor
 Jonathan Lillistone, Head of Commissioning, Southwark Council
 Jacquie Hibbs, Contract Manager, Southwark Council
 Older People’s contract management team, Southwark Council