SUMMARY OF REPORT:

This paper outlines the proposed approach to develop a sustainable Greater Manchester Teaching Care Home (TCH) Model which will lead and embed a culture of collaboration for continuous learning and development, supporting ongoing improvements in the care home sector.

The Greater Manchester TCHs will be equipped with the ability to support the ever changing requirements and expectations of the ageing population within Greater Manchester, fully supported by innovative technology and research. Developing a research and innovation platform, the programme will support the provision of an environment that enables student placements, apprenticeships, work experience, etc. In doing this, the TCH model will encourage a much needed cohort of new professionals to enter the health and social care sector.

By developing strong intergenerational relationships within the community and providing a platform for information and advice sharing, we will strive to create an environment that lends itself to cultivating, encouraging, supporting and promoting these relationships; in turn, changing the perception of living and working within a care home, which will be an integral part of the community.

A Greater Manchester TCH is not a medical education centre but a training, innovation and development centre for all health and social care staff and future health care professionals, including student nurses, social workers, etc.

This programme will build on the national Teaching Care Home pilot. Initially training and developing all health and social care staff within a care home setting, then going forward, developing an ongoing innovative, forward thinking sustainable plan for future generations of both individuals and the workforce.
By developing this model the staff will be able to transfer skills and learning into other sectors of social care, for instance care at home. This aligns to the NHS long term plan. The TCH programme will also offer training, support, mentoring and advice and encourage personal self-development. This will create a strong career path in social care, going some way to plugging the gap in the recruitment and retention issues faced within the current market.

By initiating all of this, it is within our gift to stabilise the current situation of quality delivered within some of the settings across Greater Manchester. We will not only support, encourage and promote cultural change, but support all employees, family members and advocates. By undertaking all of the above, we will ultimately enhance the lived experiences of all the individuals who reside in any care home setting across Greater Manchester. This will go some way to ensuring any individual who receives services via social care feels valued, empowered, purposeful, respected and continues to feel part of their wider community. Making a care home setting a positive place to live and work, being mindful that this is the individual’s home.

By testing the model with selected care homes across Greater Manchester, we have the potential to improve, change, shape and mould not only the lived experience of over 750 residents but enhance the blended skill set that already exists in the cohort of over 1,040 employees.

**KEY MESSAGES:**

Extensive engagement has taken place during the initial scoping exercise with a wide range of stakeholders including providers, the Care Quality Commission, Directors of Adult Social Services, Directors of Commissioning (Clinical Commissioning Groups), third sector providers, universities and vanguards which are focusing on the social care sector.

Engagement has and will continue; this has included developing an international partnership with the Schlegel Villages, Research Institute for Ageing and Conestoga College in Canada. It was very encouraging to realise the programme that the Schlegel Villages, alongside the Research Institute for Ageing, have implemented was aligned to what we have proposed and had numerous similarities. This gives us a good platform of evidence based achievement that they are willing to support and share with us going forward, to ensure the success of the programme. The Research Institute for Ageing are fully supportive of fostering a strong partnership.

Engagement has also taken place with other stakeholders including NHS England’s Chief Nursing Officer, Deputy Chief Nursing Officer, National Lead for Community Nursing and the Project Manager for the National Leading Change Adding Value team; with NHS England North’s Director of Nursing/Independent Care Sector Regional Lead. These have been positive meetings and they have requested updates and case studies. Engagement continues to take place and the GMHSC Partnership’s communications team and links to the programme have been made.
A Task and Finish Group has been established with membership from key stakeholders, including the Care Quality Commission, Skills for Care, Universities and commissioner representatives.

In order to select the care homes to test the model, a rigorous selection programme was undertaken, with the first stage being an expression of interest from care homes backed and supported by the local authority. These then went to a panel of health and social care professionals for selection. Seventeen care homes have been carefully selected across Greater Manchester. The chosen care homes have already shown great enthusiasm at being involved in the transformational work of the Greater Manchester devolution, which is encouraging at this early stage. Site visits have taken place and we have already been able to identify best practice within these care homes, which will be shared across Greater Manchester.

Several of the care homes have areas rated as “Outstanding” and this programme will assist in understanding how other care homes can achieve and sustain this rating, ultimately striving for outstanding.

Sharing the learning with the other test sites and not working in isolation will only allow for positive best practice dissemination to other care homes, encouraging and developing strong partnership working. The evaluation from the research being undertaken by Manchester Metropolitan University and Salford University will clearly show custom and practice that needs developing and others that can be enhanced allowing for the smooth roll out across the Greater Manchester care home sector in the future.

The launch event for the testing of the model is currently being planned for 8 February 2019. The Greater Manchester TCH Model will be further developed on the day of the launch to ensure that, from the beginning, it is co-designed, developed and implemented by the selected care homes and other key stakeholders having full involvement from all key partners.

By co-designing the model with the selected care homes and other professional stakeholders the Greater Manchester TCH model will become an innovative centre for learning and development for all, upskilling a much needed workforce, creating a strong route for quality improvement, developing a strong sustainable career path in care. Also ensuring intergenerational and community inclusion becomes a key driver in the lived experience for the individuals who reside in the settings.

**PURPOSE OF REPORT:**

This paper outlines the proposed approach to develop a sustainable Greater Manchester Teaching Care Home (TCH) Model across Greater Manchester which will lead and embed a culture of collaboration for continuous learning and improvement. It will also lead on the cultural change management programme that is required to allow for the intergenerational relationships and community inclusion programmes to be designed, developed and implemented with success.
RECOMMENDATIONS:

The Greater Manchester Health & Care Board is asked to:

- Endorse the testing of the Greater Manchester Teaching Homes Programme.
- Endorse the progress made to date in taking this work forward.
- Note the current position of the programme.

CONTACT OFFICERS:

Sandra Malpeli, Head of Quality Improvement (Social Care)
sandra.malpeli@nhs.net

Isabella Woodcock, Programme Manager - Operations (Quality)
isabella.woodcock@nhs.net
1.0 INTRODUCTION

Greater Manchester Health and Social Care Partnership (GMHSC Partnership) was approached by Manchester Metropolitan University (MMU) regarding a proposed Teaching Care Home (TCH) Model. The MMU had been involved in the national TCH Pilot which was a Department of Health funded programme of work led by Care England (the leading representative body for independent care services in England). “The pilot set out to change and challenge prevailing perceptions: recognising that the key to sustainability in the sector is through workforce training and development and through this delivering improved health and care outcomes for residents. It aimed to ensure that people who are training to be the next generation of health and social care professionals, could learn from the experience of the care home sector, and would be better equipped to manage the health complexities and social care needs of an ageing population.” (Care England, http://www.careengland.org.uk/teaching-care-home-pilot). At that time, there were 5 care homes involved in the pilot and, although they had produced a draft vision, they had not identified the key elements/standards required to become a TCH.

1.1 It was therefore agreed that the GMHSC Partnership would explore the TCH Model and attempt to define what the model would be and what the minimum standards would be required for them to be recognised as a TCH.

1.2 Following the initial scoping exercise which involved care home visits, stakeholder engagement and researching key publications, it become apparent that there is a clear case for a much needed programme of change within the care home sector. The programme has continued to progress which has included engagement with key stakeholders, establishment of a Task and Finish Group (which includes the Care Quality Commission, universities and commissioner representatives), identification of work streams and leads and development of draft principles of a Greater Manchester TCH Model.

1.3 It is proposed that a Greater Manchester TCH model is developed and tested within selected sites in Greater Manchester over a 12 month period and that, in parallel to this, the standards within all care homes are improved in line with the Quality Improvement Framework. Care homes have expressed an interest and 17 have been selected across Greater Manchester and are excited to be part of this innovative programme.

2.0 PRINCIPLES OF A GREATER MANCHESTER TCH

The draft Principles of a Greater Manchester TCH is attached (Appendix 1). The model encompasses both residential and nursing, leading and embedding a culture of collaboration for continuous learning and improvement. It is a recognised care home which has been developed to provide an education and learning environment
for all health and social care staff, both internal and external, whether they provide direct care to residents or other services (clinical and non-clinical). It will also become a research and innovation platform and provide student placements, apprenticeships, work experience, etc. and develop a relationship with the community by providing advice, information and changing the perception of a care home. A Greater Manchester TCH is not a medical education centre but a training and development centre for all health and social care staff and future health care professionals, including student nurses, social workers, etc. Therefore, this programme will build on the national Teaching Care Home pilots, training and developing all health and social care staff within a care home setting.

2.1 The programme will work in partnership with key stakeholders, including providers and will focus on:

- Identifying and developing training for all health and social care staff within a care home setting, some of which can be extended to other organisations, families and communities.
- Developing a clear career progression, with clear roles and responsibilities.
- Developing a standardised training and educational passport which can be transferred between organisations.
- Research technology to enable training, on-line consultations and to increase social inclusion.
- Understand how the third sector can contribute to the care homes.
- Develop networks between care homes and commissioners to share best practice, advertise events, ask for advice, etc.
- Identify benefits/incentives.
- Develop a sustainability plan, which includes ongoing quality improvement, continuous monitoring and development.
- Identify best practice and establish evidence of good practice and outcomes in all the above areas.

2.2 The following work streams have been established to develop and co-design the above areas with selected care homes:

- Workforce
- Social and Community Inclusion
- Research, evidence and innovation
- Identification of benefits and incentivisations
- IT Technology and Network Development
- Sustainability

3.0 CURRENT POSITION

The Greater Manchester TCH programme is now in a strong position to shape and model the future of care, education and training delivered in the care home sector. A programme of work has been developed to enhance a career pathway in the social
care sector with strong emphasis on succession planning for the future. We have forged strong relationships with the commissioners, providers, universities, CQC, Skills for Care, HEE, the third sector and others. We continue to develop partnerships including international partnerships (e.g. Schlegel Villages, Research Institute for Ageing and Conestoga College in Canada) and we are applying for funding when the opportunity arises.

3.1 The programme has the backing of all our partners and providers, who, through a rigorous selection process, have been chosen to start the journey of bringing Greater Manchester’s care home sector’s quality provision to great heights. We received expression of interests from care homes from each of the 10 localities and the selection process has been completed.

3.2 It was essential that a robust and transparent process was undertaken and that the right establishments were identified for the test sites. The site visits included a meeting with the key individuals within the care homes and included an environmental audit. These have been undertaken and the care homes are already energised and are positive that the devolution is involving the care homes and coming to fruition.

3.3 The site visits undertaken have already identified best practice care homes are undertaking and could be shared across GM. Also several of the care homes have at least one area rated “Outstanding” and this programme will assist in understanding how a care home can achieve this rating and share the learning with the other test sites and disseminate to other care homes.

3.4 To be able to measure and monitor the success of quality improvement within education, training and development, it has been recognised we need a strong platform of social care settings that specialise in the care of the elderly. This is because other specialities are more complex and therefore require different skill sets. However, one test site does have a blended set of specialities which include a small cohort of residents with learning disabilities and this site will be used to see whether learning from the test sites can be replicated within care homes which specialise in other areas, e.g. LD, mental health. The next phase will include these specialities.

3.5 We have the power to improve change not only in the lived experience of over 750 residents, but also to enhance the blended skill set that already exists in a cohort of over 1,040 employees.

3.6 A launch event is currently being planned for 8 February 2019 and the Greater Manchester TCH Model will be further developed to ensure it is co-designed with the selected care homes and other key stakeholders.

3.7 The Programme Lead and Manager continue to undertake engagement with key stakeholders and are members of the GM Quality Group which feeds into the Care Home Delivery Group. This ensures that the work is aligned with other care home programmes of work and there are no duplications or gaps.
4 RECOMMENDATIONS

4.1 The Greater Manchester Health & Care Board is asked to:

- Endorse the testing of the Greater Manchester Teaching Homes Programme.
- Endorse the progress made to date in taking this work forward.
- Note the current position of the programme.
Appendix 1

Principles of a Greater Manchester Teaching Care Homes Model

“The state of adult social care services 2014 to 2017” states that the learnings from their findings are as follows:

- All services can learn from other services that give good care.
- Strong managers are important for services in giving good levels of care. They are able to talk to all staff and they are honest about what is happening and what they can do.
- Good staff will have had training, are caring, want to do their jobs well so the people they care for live a happy life.
- Services that give person-centred care will give good care and always find ways to improve. Staff really get to know people for who they are and know what they like and dislike.

This programme strives to achieve the above by enabling the workforce to be upskilled, educated and mentored with strong leadership. This will allow for the raising of the profile and perception of care homes so that they are seen as a positive career choice with career pathways, a place people will want to live and the hub of the community. The care homes will have a learning and improvement environment by developing a culture of continuous learning and improvement, within and across organisations that work together by identifying opportunities to draw on what works and promote good practice. It will also enable the residents to have a voice, to retain the sense of one’s own value and worth as a person, retain their identity and dignity and feel part of the care home and local community.

PRINCIPLES OF A TEACHING CARE HOME

A Teaching Care Home (TCH) encompasses both residential and nursing, leading and embedding a culture of collaboration for continuous learning and improvement. It is a recognised care home which has been developed to provide an education and learning environment for all health and social care staff, both internal and external, whether they provide direct care to residents or other services (clinical and non-clinical). It will also become a research and innovation platform and provide student placements, apprenticeships, work experience, etc. and develop a relationship with the community by providing advice, information and changing the perception of a care home. A GM TCH is not a medical education centre but a training and development centre for all health and social care staff and future health care professionals, including student nurses, social workers, etc. Therefore, this programme will build on the national Teaching Care Home pilots, training and developing all health and social care staff within a care home setting.
A GM TCH will provide learning and education both internally and externally which will include:

- Training, information and advice, on the job learning to all health and social care staff, e.g. healthcare assistants, housekeeping, maintenance, kitchen staff, etc. for both internal health and social care staff and other care homes. This can also be extended to other organisations, e.g. acute trusts, ambulance service, pharmacists, primary care providers, etc. as well as families and communities.
- A TCH will become part of the wider community and will lend itself to form a community hub offering community inclusion and integration with the staff and residents of the establishment.
- The training will also include student nurse placements, working closely with all universities within GM. They will provide mentorship, supervision and assessment of the student nurses. The intention will be to explore the possibility of also including other professions for student placements, e.g. social workers, junior doctors, physio, OT, podiatry, mental health etc.
- The TCH may be identified as an expert in a specialism, e.g. dementia and will be required to support and share knowledge and skill sets with other care homes, organisations, families and communities. The specialism may also include social inclusion, use of technology, advice regarding providing choice to residents, etc.

The GM TCHs will have:

- a CQC rating of Good and working to achieve outstanding
- a Registered Manager with a proven track record
- a sustainable workforce – turnover of staff to a minimum
- nurses that have mentorship training (nursing homes only)
- staff trained and willing to supervise and develop others
- Standard Operating Procedures, with clear understanding of policies and procedures delivery
- Quality surveillance - key quality performance indicators and key improvement matrix and monitoring
- a workforce and owner which is open to change
- an understanding of financial profit and loss
- a facility that offers itself to be a TCH – right environment and culture
- a fully trained and compliant care team
- part of a an innovative improvement community/working group supporting other TCHs/care homes
- welcomes new innovation
- leadership shared across the organisation
- communities of practice
- mentoring and coaching each other
- Research/evidence based improving care
PROGRAMME FOCUS

Testing the GM TCH Model

We will run a test programme of the GM TCH model over a 9-12 month period. This will allow for a solid evaluation and research ensuring that once this is proven to be successful we can roll out across the whole of the care home community in GM. For phase 1 of the testing, expressions of interest will be sought from care homes which have the following minimum requirement:

- a CQC rating of Good and working to achieve outstanding
- a Registered Manager with a proven track record
- a sustainable workforce – turnover of staff to a minimum
- nurses that have undertaken or are working towards mentorship training (nursing homes only)
- staff willing to supervise and develop others
- a workforce and owner that are open to change
- a facility that offers itself to be a TCH – right environment
- a commitment to be part of an innovative improvement community/working group supporting other TCHs/care homes
- welcomes new innovation
- is open to having leadership shared across the organisation

Once the model has been tested and adapted where required, the programme will consider care homes that are rated Requires Improvement and then the remaining ratings.

Initially there will be a requirement to develop a learning and improvement culture within the proposed TCHs. To enable them to do this, key senior leaders will be provided with change management training.

The programme will work in partnership with key stakeholders including providers and will focus on:

- **Identifying and developing training for all health and social care staff within a care home setting, some of which can be extended to other organisations, families and communities.** This will include developing a culture of collaboration for continuous learning and improvement, leadership training, change management training for key senior staff within care homes to enable them to make the necessary changes required to become a TCH. It will also include train the trainer, mentorship training, Care Certificate etc. It will identifying different methods of training, e.g. e-learning, work place training, 1:1 and group learning, web-ex training, mobile training, etc. **Not all training will result in a recognised qualification but would be included on a training passport.**

- **Developing a clear career progression, with clear roles and responsibilities.** This may include reviewing and standardising job titles. This will also include student placement and apprenticeships. Other types of roles/training will be explored.

- **Developing a standardised training and educational passport which can be transferred between organisations** to reduce costs, ensure health and social care
staff are trained to a minimum level and enable new starters to commence in their roles within a shorter period of time.

- **Research technology to enable training, on-line consultations and to increase social inclusion.** This may also encourage community involvement, e.g. internet café, games consoles, Skype, etc.
- **Understand how the third sector can contribute to the care homes**, e.g. involvement of volunteers, enabling choice, reducing social isolation, providing ideas and sign-posting staff to activities, encouraging the community to be involved, etc.
- **Develop networks between care homes and commissioners to share best practice, advertise events, ask for advice, etc.** This will also include access to documents and up to date regulations and information for the residents, families and public. These networks may include face to face meetings or technology.
- **Identify benefits/incentives** for the TCHs and other care homes that aren’t necessarily financial but may reduce costs, e.g. bulk buying of equipment across GM, shared training/train the trainer to reduce costs, etc. Also possible clauses within contracts, e.g. a requirement to be involved and attend networks for a selected number of times per year.
- **Develop a sustainability plan**, which includes ongoing quality improvement, continuous monitoring and development.
- **Identify best practice.** Identify and establish evidence of good practice and outcomes in all the above areas.

The programme will take a phased approach which will be identified within the implementation plan and will be developed in partnership with key stakeholders, including providers.

**PROPOSED WORK STREAMS**

Work streams will be established with key stakeholders, including providers. The proposed work streams are therefore:

- **Workforce**
  - Talent Development & System Leadership
    - Basic skills training
    - Standardising training – Training Passport
    - Registered Manager Leadership Development
    - Developing a culture of collaboration for continuous learning and improvement
    - Shared leadership
    - Promote asset based models of care
    - Induction
    - Change management
    - Development to support new roles (e.g. tech assisted care)
    - Pre-employment support
  - Employer Brand and Offer
    - Reviewing job titles / roles
Enabling Trusted Assessments
- Increase perception of care as a career choice
- Pay and conditions
- Flexibility and benefits

Grow Our Own
- Student placements, e.g. nursing, social workers, etc.
- Career progression and development of career pathways
- Apprenticeships and opportunities through the Levy

Filling Difficult Gaps
- Development of new roles
- Reviewing skills mix
- Shared staff resources
- Use of agency review
- Values based recruitment
- Volunteers

- **IT Technology and network development**
  - Website portal – legal requirements, advertise events and training, sharing of best practice, restricted forums for care homes, commissioners
  - Network development – Commissioners network, care homes network
  - Introduction of I.T. technology into the care homes, e.g. Skype, E-consultations, etc. utilising learning from vanguards
  - I.T. training (excluding NHS mail and Information Governance Tool Kit – being led by another programme)

- **Social and community inclusion**
  - Third sector engagement
  - Education engagement, e.g. schools
  - Community engagement
  - Positive promotion
  - Social inclusion – reducing loneliness/social isolation, patient choice, continuing previous activities and keeping mobile/active

- **Sustainability programme**
  - Quality Improvement (gold standard)
  - Monitoring

- **Identification of benefits and incentivisation**
  - Identify benefits and incentivisation – linking into the GMHSC Partnership’s Incentivising Reform work stream.
  - This may include:
    - GM bulk buying, e.g. latex gloves, uniforms, incontinence pads, etc. (pilot being undertaken and outputs will be shared)
    - Solar panels
    - Wi Fi
- Contracts – include requirement to network, ensuring there is a learning culture, having student placements and mentors, etc.

- **Research, evidence and Innovation**
  - This will include establishing evidence of best practice outcomes and designing and implementing robust evaluation of the feasibility, acceptability and preliminary efficacy of the TCH model. This research/evaluation is essential to identify what are the essential and flexible elements of the TCH model and, consequently, how to roll out the model more widely.

### OUTPUTS FROM THE PROGRAMME

The outputs from the testing will be:

- Culture will have shifted to an education/learning environment
- Engagement, co-operation and partnership working
- Enhanced training and development including student nurse placement, social work placements, apprenticeships and training passport for all health and care staff
- Third sector engagement
- The communities view of the care home as part of their community
- Support networks including I.T. communications portal
- Adoption of social integration technology, e.g. facetime, internet shopping
- Staff feel they have a voice, have a chance of progression, have support, opportunity for reflection,
- Inter-generational relationship is strong and has been developed/nurtured/is flourishing
- When we meet a resident, they feel that there has been a positive impact on social isolation and loneliness
- Regular evaluation with residents, families and advocates
- Be in receipt of good news stories, testimonials, some ‘positive noise’, changed perceptions of the care home sector
- Quality surveys to evidence the above will have been developed in partnership with staff, residents, families and advocates

### RAISING THE STANDARDS IN OTHER CARE HOMES

In parallel to the testing of the TCH model, to enable the smooth roll out of the model to other care homes there will be a requirement to raise the standards to meet the criteria and adhering to the Quality Improvement Framework. Therefore, the programme will also focus on quality improvement and the implementation of standards and best practice. There are several different programmes already being undertaken both within GMHSC Partnership and in localities on quality improvement and the TCH programme will link into these to avoid duplication, share good practice and ensure they complement each other. Examples of current work/best practice and innovation being undertaken which we will include are the Red Bags, standard operating procedures, trusted assessor, medicines optimisation, on-line consultations (which are not exhaustive).
All health and social care staff will:
- work as a team with one single set of objectives, values and standards
- have access to ongoing training and development to a set standard for the lifetime of their careers
- receive solid leadership, mentorship and supervision
- have the benefit of partnership working across networks and peer support
- have the knowledge and understanding of the care sector environment, their responsibilities/expectation and what opportunities are available to them to further their careers
- agree to engaging with research and teaching and improving practices etc.

We need to build key partnerships within GM to form an alliance which will drive and lay the foundations for GM ultimately having the ability to utilise skills sets of key professionals to develop and improve the care offering to the most vulnerable/elderly individuals within the care home sector.

**SCOPE OF THE TASK AND FINISH GROUP**

Please refer to Terms of Reference.

**Sandra Malpeli, Head of Quality Improvement (Social Care)**
**Isabella Woodcock, Programme Manager - Operations (Quality)**
**1 May 2018**