MAINSTREET

A Blueprint For Change In Health & Social Care

"Every family has a health or social care story"

A NEW CARE PARADIGM

The existing care model is broken; this harsh reality is presently hidden by the fact that there are no clear available alternatives which might highlight the scale of the problem and offer a solution.

However now there is an alternative.

We have developed technology in a unique manner and applied it under operational conditions in an intensive specialist care environment for over 7 years. Through this work and continuing research, we have created and are using a new care model, structured around a values based constitution called Actualised Living (AL).

AL fundamentally changes the way in which care and support is organised, with the result that it significantly improves quality and effectiveness – thereby improving the lives of vulnerable and often very complex individuals, by enabling them to lead a more fulfilled life.

Applying the AL model to existing residential care and assisted living scenarios offers the potential major benefits of disruptive technology. It changes existing bricks and mortar models that typically create social exclusion, to one based on inclusion. AL is relevant to most elements of the wider care sector, as well as being particularly relevant to Assessment Centres, currently the target of a specific £600m NHS England intervention.

The new AL property concept is MAINSTREET, a community that is inclusive for a number of individuals who have complex learning disabilities and autism, and who are often excluded from living in the community, where their needs cannot currently be met. Key to the concept, MAINSTREET has housing for around 560 other people in social / key worker homes, supported and assisted living and 'regular' residents who all sign up to living in this socially inclusive environment

AL also delivers a new way of identifying and managing operational and financial risk and thereby offers the basis for a new and innovative business model. It is an efficient, values based structure, which is sustainable and reconciles the contradictory dynamics of care values and profit.

AL's values are formalised in a constitution which encapsulates the essence of a socially inclusive community. Each member of the community buys into and has to sign up to the AL ethos and culture within which everyone is supported to have social value and encouraged to participate in the community to the level they wish. The constitution functions through transparency, collaborative working and whole workforce involvement. It further provides measurement and definition of social impact and thus a clear context for the wider distribution of social benefit.

Every family has a health or social care story. The MAINSTREET inclusive community will make it a better story for those vulnerable people for whom it will be home.

MAINSTREET

MAINSTREET is a sustainable and scalable property investment concept that delivers social impact. It is applicable to sites in excess of 4 acres and is designed to be socially inclusive, providing significant social housing, specialist care properties and support for a wide range of people of varying ages and needs, including those that:

- lead 'regular' lives and whose need is solely social housing and/or a starter home;
- have varying health and mental health complexities and need supported or assisted living;
- have still greater needs particularly around complex autism, epilepsy, physical disabilities and dementia, and ideally need to live in specialist residential care in a social care environment, as an alternative to institutionally based services.

MAINSTREET also provides a placement solution for a number of individuals identified under the 'Transforming Care' and 'Building the right support' programmes of work, led by NHS England and their partners. These individuals, funded by either NHS England or CCG's, are currently living in long term, high cost assessment units, the policy being to return them to their local communities. Equally importantly, it will also stop others progressing into these units.

MAINSTREET is the creation of the founders of Home from Home Care Ltd, an outstanding specialist care provider operating in Lincolnshire and NE Lincolnshire, which has placements from 37 English Local Authorities and CCG's for individuals with complex learning disabilities and autism. The concept combines a number of proven services that will deliver tailored support, where peoples' complexities become less acute when well supported to live life on their own terms.

MAINSTREET is therefore structured so that a person's complexities are not an inhibitor to leading a more fulfilled and inclusive life. Its different services are also interconnecting pathways to more independence, or for those in decline, a pathway to more appropriate specialist services.

MAINSTREET mirrors the social and moral aspirations of the wider community, whilst being outward looking and encouraging interaction for even its most vulnerable member. In this diverse and structured environment, people with multiple and at times complex needs, can live more sustainably in proximity to others, without adversely impacting on them and their quality of life.

The whole site will be developed cohesively as MAINSTREET, with all of the services being run under a single management contract with Home From Home Care Ltd (HFHC). Every MAINSTREET resident will undertake to comply with a binding constitution affirming the principles of inclusive living and civic responsibility.

INCLUSIVE COMMUNITY

At the heart of a successful community are those facilities that support the people living there and which also draw in others who are living in the wider community. MAINSTREET'S core will have a corner shop, a coffee shop/café, a hairdressers, a laundrette, a gym, and the potential for a nursery. It will also have a **Social Care Exchange,** which is a resource centre that focuses on supplying and supporting the delivery of care.

These facilities are not instead of those in the wider community, but in addition to them. The process of inclusion encourages people to be out and about in the wider community, on their own terms, in the same way as others will also drop in to MAINSTREET.

MAINSTREET has been conceived around the inverse principle of identifying the community's most vulnerable and complex members, then structuring a wider community around them, and in such a manner that doesn't negatively impact on everyone else.

Essential to delivering inclusion, is a critical mass of staff, whose wide range of skills and personalities mirror the people being supported, and their evolving needs, complexities and abilities. This is the necessary foundations for dynamic and effective services that avoid Groundhog Day and routines that too easily become convenient for staff, at the expense of the people that they are supporting.

- **Specialist Integration Homes (SIH)**. For the most complex, there will be 4 separate 8 bedded SIH's that in total provide 32 beds. Each 8 bedded home is designed as 2 linked but separate 4 bedded homes with a large communal area. Each 'bed' is in effect a linked self-contained flat comprising a large living room that also functions as a kitchen/diner, plus a large bedroom and ensuite.

  Spaciousness and flexibility are key. Some individuals may never open the door that leads into the large communal area of their 4 bedded home, whilst for others, it will be the pathway to greater social interaction. These 4 homes are sensitively located in spacious surroundings, away from the denser development clustered around the main street.

  The SIH's are similar to those in the discrete Micro Community services that HFHC currently operates in 4 village locations around Lincolnshire and NE Lincolnshire. The difference is that in the context of MAINSTREET, SIH's are suitable for individuals with acute needs that are 'not necessarily learning disabilities, for example, very complex dementia, acquired brain injuries and physical needs.

  Additionally, there will be an Activity & Assessment facility that will enhance the delivery of the specialist support needed.

- **Supported & Assisted Living**. For those with lesser complexities, the supported living and assisted living units will be designed with a high degree of sensitivity concerning the use of space, ideal numbers of occupants in each of the apartments and investment in soundproofing and other considerations to lessen their physical impact on neighbours. For example, they will offer solutions to families who can no longer support their child who has complex needs in the family home, and yet don't want to be separated by distance.

- Social Housing/Starter Homes. For those in the social housing, a blend of better space and cost, will make this an attractive and aspirational place to live. There will be active engagement to achieve a social mix that will provide stability and fulfil the aims and aspirations of the Inclusive Community.

- Retail & Other Facilities. These will be structured as social enterprises that will be real businesses whilst also providing volunteering and mentoring opportunities for a number of MAINSTREET's residents, as well as others living in the wider community.

Small solutions at the macro level, become big solutions at the personal level, as the opportunities for identifying and then creatively constructing them becomes doable in this dynamic, interactive and inclusive community. Solutions are the currency of the Inclusive Community.

SOCIAL IMPACT

Many initiatives and policies are aimed at generating social impact. However the standard definition – the social change which an organisation creates through its actions – begs many questions. How do you measure social impact – or change? Who does the measuring, how is the cost benefit question answered and so on. AL has the capacity to harvest, verify and distribute data within organisations on a scale which will allow these questions to be answered and so continually improve the concept, definition and realisation of social impact.

Much attention has recently been focused on the charity sector and in particular the way they apply their incomes and justify their special status. Once the care sector was viewed through a largely positive lens but with the advent of greater scrutiny from the media, the Care Quality Commission and others, there is now a much sharper focus. It seems likely that this sharper focus is being extended to the charities, especially those concerned with care and mental health. The Charity Commission is already starting to look at this area and we believe that the measurement and verification of social impact will become an increasingly significant part of the regulatory framework for the UK charitable sector.

The capacities within AL and the linkage to the MAINSTREET concept offer a real opportunity to redefine and refocus the social impact debate in a real life context based on real evidence. The underlying theme of social impact is surely to change and improve lives, and in this context, we believe that AL and MAINSTREET can be a major contributor to that change.

ACTUALISED LIVING CONSTIUTION

AL is the essential glue that connects the building blocks of MAINSTREET, an Inclusive Community. It is the necessary infrastructure on which everything sits and which incorporates an intellectual and codified approach, structured as a constitution.

AL evolved from HFHC's 7 year process of deconstructing care and support for individuals with complex learning disabilities and autism, into its various constituent parts. These include: recruitment, agency, training, HR in the widest management sense etc., rota management, QA and compliance, positive behavioural support. Each one (and others) are structured as if they were standalone specialist services, rather than just departments or functions of a single care provider. They are termed 'Intersourcers' and in time they will become franchises.

AL has already led to fundamental changes in the way that services are managed. Registered Managers, rather than working in isolation or silos, are now part of a 'ONE TEAM Working' approach, where Intersourcers work alongside them, rather than through them. Indeed, many functions such as HR management are handled directly by the Intersourcers, who are effectively 'suppliers' to the manager, who in turn are their client.

Two tangible aspects to AL are Zone Standard and the Social Care Exchange.

Zone Standard (Zs) is AL's cloud based single communication and care management platform that links everyone with everything and everything with everyone. Zs incorporates every process involved in what is both a complex HR business, as well as being a complex care delivery one. Paperless, every bit of data collected is intelligent information, where the least significant bit can actually be the key to identifying risk at its earliest beginnings, which then enables strategies to mitigate it.

There are no disconnected silos as everything exists on the single platform, where a person's access to data is determined by who they are, what their role is, where they work and who they work with. These considerations are made relevant and applied to all stakeholders including the family, Commissioners, regulators etc.

Zs delivers transparent data and outcomes, based on operational necessities, whilst the AL constitution encapsulates fairness and a comprehensive approach to all aspects of the process. This dynamic framework is an ideal environment for collaborative working, where everyone – the individuals being supported and their staff, are empowered to experience their creativity.

In turn, this will evolve into new ways of organising staff, which may include cooperatives, made possible by the single platform and the constitution that is woven into it.

Social Care Exchange is the physical resource centre made relevant by the Zs platform and the AL constitution. Its physical resources include training rooms, meeting rooms, breakout areas (The Art to Care and The Art to Exchange) that also interact with the public and other care providers. The exchange houses the Intersourcers and their specialist services – all of which use Zs and therefore automatically adhere to the AL principles.

Outside of office hours, certain facilities of the Social Care Exchange are available for use by the wider community. Relevant training and support can be offered to families or members of the community, whilst the larger training rooms are designed to combine into exhibition or presentation space. The use of these facilities can become the focus of volunteer groups.

The combination of the AL constitution, its technology and the physical resource centre demolishes existing narrow concepts around bricks and mortar and the use of property for care.

Applied to MAINSTREET, it makes care pathways even more possible and applicable to most sectors and types of residential settings – from the most specialist, to supported or assisted living and to people's homes. In this dynamic environment, people with learning disabilities, autism, physical disabilities, acquired brain injury, elder care needs and dementia can live a more holistic and fulfilled life.

AL also addresses immediate crisis in an appropriate manner. Urgent medical ailments are channelled through A&E. However, when an individual with complex autism living in social care suffers sudden anxieties – sometimes triggering a dangerous or injurious situation – there is usually no effective triage mechanism. Key decision makers are not connected into the incident, so support staff are effectively unsupported, and the police are called. AL's connectivity and intelligence connects all of the relevant stakeholders (clinicians, commissioners, family, regulators etc.) to all of the intelligence.

Convening a pre-established triage process in minutes, rather than often days, where actions and resources can be agreed, reduces risk and in the longer term, cost. Creating sustainable solutions that exploit AL's connectivity, transparency and collaborative working principles, leads to increasingly effective ways of underpinning social inclusion. Success replaces despair and failure.

The impact of an individual's complexities on themselves and others is a factor in their exclusion from the wider community. In the Inclusive Community, it is diluted by the effective in depth care and support, the appropriateness of their property and the fact that the large majority of MAINSTREET residents are regular people who share a belief in the Inclusive Community. AL is the glue that makes the truly Inclusive Community viable.

See Appendix 1

RISK & THE FINANCIAL MODEL

MAINSTREET will be a community interest company (MAINS CIC) that will be able to distribute up to 35% of its distributable profits. The financial model that has evolved from Actualised Living, will use an innovative version of Opco / Propco with the Opco rental calculation based on the actual development cost plus a defined developer profit. The rental calculation will be based on an open book of development costs using CIPFA principles.

However the structure will also provide for a Social Impact Performance Accumulator (SIPA) which will act as a 'risk buffer', providing insurance against more serious operational issues. Surpluses will be distributed amongst stakeholders including staff, investors, Commissioners, and social impact initiatives in the wider community.

MAINS CIC will be the master developer of MAINSTREET projects. These are conceived as inclusive schemes where all the various property elements are linked to one another and to the approach of multiple care pathways for those that are vulnerable, but who are only part of a wider community of people for whom a MAINSTREET development will be a desirable place to live.

MAINS CIC as Developer – the following assumptions have been made for the purposes of this document:

- It will acquire sites subject to planning (but potentially in partnership with others),
- It will establish the detailed master development plan and obtain planning,
- It will be the developer of the SIH's,
- It will sell the remainder of the site to a specialist developer/housing association, who will build it out according to the agreed masterplan (it could however develop this element itself),
- Once fully occupied, the SIH's will be sold and leased back, although the actual mechanism may vary, on terms which will include a developer's fee of 10% plus capitalised interest and initial operations costs.

The Actualised Living Business Model is structured around:

- Propco
- Opco
- SIPA – *see below*

Terms will be pre-agreed by all parties including the investors, the operator, the Commissioners and as relevant, the bank. They will be as essentially presented in this business plan and will include:

- CIPFA (Chartered Institute of Public Finance and Accountancy) principles to apply,

In More Detail:

1. MAINS CIC as Opco – the following assumptions have been applied:
   - It will contract in its Operations Management through HFHC and benefit from existing scale and level of resources, at a similar cost as HFHC is applying to its existing homes,
   - The service will operate on the Zs/AL platform (as will all care & support that is provided in MAINSTREET),
   - Gross profit projected will be at the same level as the lease payments to Propco (below).
   - The company will be able to distribute up to 35% of its distributable profits.

2. Propco
   - Will own the SIH's,
   - Lease charge on the SIH's will be 5% of actual cost, (not being cost inflated by the application of a typical 2 x rent cover formula),
   - Rent cover 3 times
   - Could be the ultimate owner of the rest of the site.

3. SIPA is multi-faceted. It will receive the balance after the Propco has received rent and the Opco has received the equivalent amount.

   Assuming a successful operational outcome for the year (i.e. Opco has delivered within its budgets), then there should be an amount in the SIPA broadly equivalent to that attributable to the Opco and Propco. Foremost, it is:
   - A Risk Buffer, as it takes part of the normal costing of risk that would be included by an Opco and separately by a Propco, and combines them within the SIPA,
   - A method of defining and monetarising social impact and sharing the proceeds in an innovative manner.

   It is envisaged that any surpluses in the SIPA will be accumulated/distributed as to:
   - 25% or £125,000 (whichever is greater) will accumulate for the following year.

Of the remaining amount:

- 33% will go to staff whose social impact will be measured and evidenced by AL,
- 33% will be used for social impact based community projects within MAINSTREET,
- 33% will be rebated to Commissioners.

Commissioners need to be encouraged to:

- Maximise their commitment to the beds to facilitate financing at a 5% lease charge, rather than a level related to higher risk,
- Understand that the SIPA is a risk buffer against potential operational issues of the Opco so reducing risk of failure towards a service user,
- Have a realistic mechanism and commitment to responding to issues outside of Opco's control in respect of a service user which if not dealt with, might otherwise break a placement,
- Commit to RPI increases, otherwise the service will not be sustainable.

NORTH EAST LINCOLNSHIRE

Discussions are currently underway with the NHS in NE Lincolnshire who currently commission services from HFHC. A potential site for MAINSTREET of 6.8 acres has been identified and which is located between Grimsby and Cleethorpes in North East Lincolnshire.

Based on the outline plan, the draft scheme comprises:

Use of Space	Approx. No. Residents	Area ft2
4 x Specialist Integration Homes (SIH)	32	32,860
Activity & Assessment facility		5,000
Supported & Assisted Living	115	34,975
Social / Key Worker Housing	300	68,100
Open Market Housing (or rental)	150	32,950
Retail/Social Enterprise		7,280
Social Care Exchange (offices/resource centre)		3,500

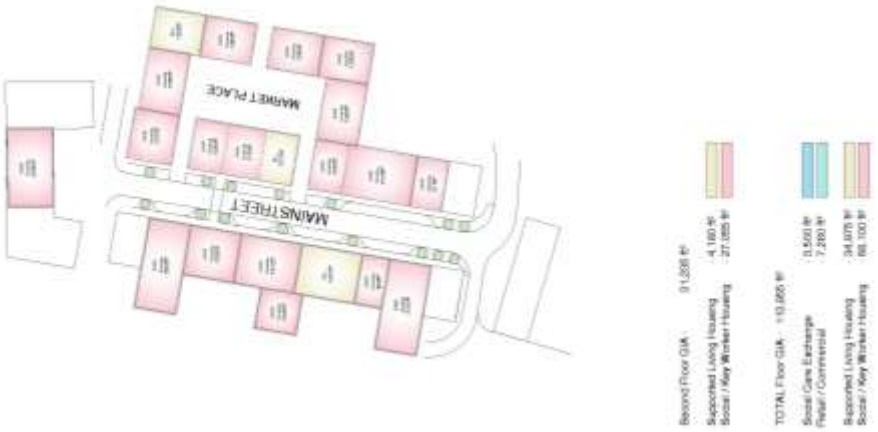
In respect of direct jobs in the care and Supported & Assisted Living services:

Care Related Areas	Approx. No. Jobs
Specialist Integration Homes	160
Supported & Assisted Living	100

The 'given' or foundation for this Inclusive Community approach is the 4 Specialist Integration Homes. The actual composition of the residential areas and the number of people to be supported in the Supported & Assisted Living space e will be determined through further research and discussion with Housing Association providers. This will formulate the ideal mix of 'regular' people and those who have higher levels of vulnerability including learning disabilities, dementia, acquired brain injured etc.

The overriding principle is that the mix should not jeopardise, compromise or ghettoize the inclusive approach – which is paramount.

Outline plan of the scheme



MAINSTREET AREAS SCHEDULE

FINANCIAL PROJECTIONS

These are shown in detailed in the accompanying Financial Projections document.

The format of the model described in the RISK & THE FINANCIAL MODEL, has been incorporated in the financial projections, which include the following assumptions and computations (more detailed assumptions are included in the detailed financial projections):

- Site cost £2.2m, excluding legal and all other costs. The balance of the site which is not used by the SIH's will be 'sold' / transferred in accordance with the agreed masterplan at a net figure after legal costs of £1.475m in Jan 2019;
- The average weekly fee for Service Users is £4,221 reflecting the complex nature of the individuals, the support required and the size, nature and standard of accommodation. Using the battery hen analogy, whilst it is a cheaper environment to produce an egg than a free range one, the latter produces better outcomes, both in taste and superior welfare.

It would therefore be too simplistic to portray this as a cost saver. The cost of supporting institutionalised individuals in a personalised property and support structure in the earlier days, should in a number of cases settle and even reduce in the longer term – in relation to better outcomes.

Experience shows that for those complex individuals who come into this type of service before failing in other services, the timeline for reducing anxiety and behaviours is shorter, as there is less failure to unpick;

- Cost of funds (bank and lease) has been taken at 5%;
- Once the fourth SIH is occupied, £9.87m is the sale and lease back figure, on which the 5% rent will be applied. This includes all costs (capitalised) up to the opening of each SIH, the pre-opening operational costs and a 10% developer's margin. (In reality, the funding arrangements and triggers may well be different);
- The model on these assumptions produces on a full occupancy basis (30 out of 32 rooms) an annual operational profit of £1.61m. £100,000 needs to be deducted for general capital expenditure reflecting the impact and needs of the service users.

Applying this to the Actualised Living model of Opco, Propco & SIPA (assumes Opco has delivered the care and support as envisaged and staff are eligible for Social Impact reward):

Headline Numbers

Cost of Property	£ 10,000,000
Profit before General Capital Expenditure	1,600,000
Less General Capital Expenditure	100,000
Profit	£ 1,500,000

In order to simplify the example below, tax computations have not been taken into account in respect of the Opco and SIPA, so any profit would be subject to tax . Likewise depreciation and amortisation will in the main reside in Propco, although there will be an element in Opco.

Gross Profit Apportionment[1]	
Propco	
Lease 5%	500,000
Opco	
Distributable Dividend 35%	175,000
Reinvest / Reserves	325,000
SIPA	
Risk Buffer / Social Impact	
Reserve	125,000
Staff	125,000
MAINSTREET community	125,000
Commissioners	125,000
Profit Distributed	£ 1,500,000

The structuring of the numbers above reflect the fact that success in terms of supporting very complex individuals, is as more about maintaining a placement in a social care environment, than reducing cost. Rewarding success via sharing its financial benefits to the individual staff and the wider MAINSTREET community who play their part in the successful placement, is a way of underpinning success.

Savings arise from ongoing success which relies on the creativity of staff and their positive attitude to change. Reassessments of levels of support needs must be realistic and reward staff's success, otherwise less hours of support, may simply penalises their success. Too easily situations change and an individual's deeply entrenched patterns of behaviour resurface with the result that savings disappear, cost of support escalates beyond the original fee level, and the placement is put at risk.

The above figures relate solely to the SIH services. They exclude the provision of relevant services to those individuals living in the various other residential properties. For these people, the MAINSTREET model assumes very high quality support via the Actualised Living process, and high quality environments.

This will translate into a number of more complex people being successfully supported in the 'community', without negatively impacting other 'regular' members of MAINSTREET.

[1] EBITDA Earnings before interest, taxes, depreciation and amortization is an indicator of a company's financial performance which is calculated in the following manner: **EBITDA** = Revenue - Expenses (excluding tax, interest, depreciation and amortization).

LONDON & SOUTH EAST

Discussions are taking place with NHS England in the context of the Transforming Care programme, covering London and the surrounding areas.

Land prices and staff costs may be higher and based on the NE Lincolnshire financial projections these would impact on the average fee of £4,222 as follows:

- £1 million increase in land costs relevant to the SIH's would equate to a weekly increase of £105;
- £1 an hour increase in staff wages would equate to a weekly increase of £216.

In respect of staff, the MAINSTREET concept and the Actualised Living Constitution provide a very attractive place to work. Additional advantages centre on the potential for staff accommodation within MAINSTREET, although 'anonymity' for staff outside of working hours is an important consideration, as staff need to be able to preserve their privacy from the people that they support.

A further consideration is the opportunity for staff to switch or rotate which groups of people that work with, as a way of avoiding burnout. This would require flexible rates of pay, depending on who they would be working with and their complexities.

THE MANAGEMENT TEAM

The foundations of the existing strong and competent management team have been created over the last 12 years.

MAINSTREET is the next stage in an evolutionary process that has seen the HFHC team evolve the business from its original strategy of creating standalone 5 bed homes, to Micro Communities on a single site, housing 4 separately CQC registered services, in discrete village settings.

MAINSTREET is essentially a reverse engineering process of what HFHC has already successfully created in existing Lincolnshire villages.

The de Savary Family & the Home From Home Care Team

Every family has a health or social care story. Our own story led us to establishing HFHC in 2004.

During HFHC's first 5 years, we saw our aspirations for creating great environments that we assumed would be easily mirrored by great care, compromised by the realities of the care industry. When finally we understood the issues, we realised that they were actually systemic to the entire industry.

During the succeeding 7 years, we progressively resolved these through a process of deconstructing and decanting the care process into the AL concept.

At the same time, the process was shaped by our services being in Lincolnshire and NE Lincolnshire, and that locally there were too few individuals to fill them. Of necessity, our marketing became national and family focused. As government policy favours placements within a person's own county or borough, effectively only those individuals with the most complex support needs who couldn't be supported locally, were eligible.

HFHC's 'Created by parents to make a difference' offering also created high expectations, which when added to the complexities of the care and support needed, has driven the specialist nature of our services, their quality, and our relationships with families.

The Management Model

The result is now a unique care management business which incorporates a strong, focused management team that is emotionally invested. It successfully draws on management skills from outside the sector, exemplified by our agency and recruitment business which now provides staff for the wider care market.

The model is embedded in the Actualised Living Constitution with Zone Standard, its single cloud based IT enabled communication and care management platform and the Social Care Exchange, our unique resource centre.

The overall impact on HFHC's existing operations is the highly effective and efficient delivery of care and support that changes even the most complex individual's life, and which has enabled the existing business to progressively expand its specialist services.

Importantly – these services function in a social care environment, whereas a number of those being supported are either coming out of an institution, or would have been destined for one. The Care Quality Commission has rated all of our services good.

HFHC with its reputation and with AL embedded within its operation, is has now been structured as an effective care management company, and will implement and manage MAINSTREET concept. MAINSTREET encapsulates all that has been learnt during our 12 year journey.
www.homefromhomecare.com

Alan Rosenbach

Alan is a non-executive of HFHC's parent company, H Care Limited and will become a director of MAINSTREET CIC. Alan sees MAINSTREET as an opportunity to implement a solution that is desperately needed for a sector that he has intimate knowledge about from his distinguished career in social care and in particular, at the Care Quality Commission (CQC).

Until his retirement from the CQC in 2015, Alan was the Senior Strategy Lead and led the work for CQC's approach to the regulation of learning disability services. He also represented the CQC at the Ministerial Board for Learning Disabilities and NHS England and LGA transformation Board. He led the work on the policy and strategy for the new Fit and Proper Person Regulation and worked with colleagues in the hospitals directorate to implement the regulation in 2014.

During the preceding 4 years Alan was the Policy Advisor to the CEO of the CQC, having previously been the Policy Development Manager at CQC's predecessor organisation, the Commission for Social Care Inspectorate. Alan has been closely associated with the Transforming Care programme and has a unique insight.

WHAT DISRUPTIVE CHANGE COULD LOOK LIKE

The need and the opportunity to find Inclusive Community solutions for those very complex individuals relevant to MAINSTREET and its SIH's, includes 3,000 individuals in Assessment Centres, who are the focus of a specific NHS England £600m programme. There are many thousands more with complexities requiring similar sustainable high level support solutions, and the numerous people with acute dementia and challenging behaviours, indicate the potential market for 100 MAINSTREETS.

In respect of MAINSTREET's other residents, the need to support those with lower levels of dependency and other broader ranges of needs, are well-documented and too often everyday bad news items, as are the pressures on affordable housing solutions for regular people.
Every MAINSTREET and its Social Care Exchange, with its physical resources and specialist Intersourcer services, all operating through AL, will act as fulcrums for all the other multiple care services operating in the surrounding wider community.

This critical mass of staffing and care support infrastructure, reinforcing essential pathways to and from specialist care, all operating transparently and ethically, will spread the benefits beyond MAINSTREET and into the wider community.

The opportunity for collaborative working principles to develop new ways of organising staff teams, around franchise type structures – always accountable and accessible through AL – will promote cooperatives, volunteers, and other combinations that creative working unleashes, all of which will drive true and verifiable social impact.

The potential scale of this blueprint for change in health and social care is a reflection of the truly disruptive and powerful nature of AL, the essential glue that makes Home From Home Care a reality today, and MAINSTREET possible tomorrow.

Appendix 1

ACTUALISED LIVING – A CONSTITUTION

1. THE MODEL

Actualised Living takes society's values and aspirations and applies these to its most vulnerable members. It is all about bringing vulnerable people in from the fringes of society and placing them at the centre – just like anyone else:

- Social value
- Social inclusion
- Social participation

The Constitution is made relevant to all involved in the process, and their:

- Needs
- Rights
- Aspirations

The ethos behind the constitution enshrines:

- Family values
- Sustainability
- Legacy
- Best practice
- Collaborative working

Performance can be measured against the constitution at any time, in real time.

2. CORE VALUES

Taken from the HFHC/de Savary family values, these are the 'rules' to which staff and anyone operating within Actualised Living have to sign up to. They apply when interacting with any of the stakeholders, not just the service user.

- Always start with the individual not the service
- Respond with speed, be constantly pro-active
- Operate with empathy and understanding
- Create transparency by harnessing the power of IT that links everything to everyone and everyone to everything
- Build and maintain bespoke environments

3. STAKEHOLDERS

- The service user / patient
- The family
- Staff (employees)
- Regulators
- Clinicians
- The commissioner of the service
- The provider (employer)
- Wider society

4. GOVERNANCE & COMPLIANCE (the laws of the land & AL)

- Care Quality Commission
- Safeguarding
- Mental Capacity Act
- Deprivation of Liberty Safeguards
- Human Rights
- HR LAW
- Health & Safety
- Data Protection
- Commissioners Contracts
- Information Governance
- Social Impact

(Non-exhaustive list)

5. OUTCOMES

- Vulnerable people lead more socially inclusive lives, have better social wealth and brighter futures
- Their family's reasonable expectations are met and they can sleep at night
- Staff are self-aware, engaged, more developed and proactive
- Providers gain enhanced performance capabilities
- Operational risk is reduced
- Purchasers (Commissioners and Local Authorities) get more for no extra cost
- Services are sustainable
- Social impact is increased, measureable and 'reward-able'

DAY-TO-DAY OPERATION

Most care organizations are run from the 'top down' focusing on the home manager. The home manager is responsible for everything within that home; staff, rotas, maintenance, care plans, training, recruitment, HR issues, transport, medication and so forth. When something goes wrong in the home it is not easy to get to the bottom of the issue, find out what happened, the cause and who was responsible and then to deal with it effectively.

Furthermore, things often come to light after the event, sometimes long after, by which time it is even more difficult to ascertain what went on. On starting to investigate an issue, a can of worms is often opened. To give an example:

John presented challenging behavior on Tuesday afternoon because he couldn't go out to his guitar lesson. This was because there wasn't any fuel in his specially adapted van that he usually goes in. There wasn't any fuel because no one had checked and the last person to use it had gone off shift for two days – he did tell the manager who made a note to ask someone to fill it up, but then got called away and forgot. John wouldn't normally present challenging behavior in this situation but the person supporting him that Tuesday has only had two shifts with him and didn't know that his trips to his guitar lesson are the highlight of his week. John's behavior has now compromised his health because he has hurt himself.

Rather than an issue of no fuel, this is actually multiple issues about transport maintenance, staff responsibility, care plans, support worker rotas, training, handovers etc. all of which fall under the home manager's responsibility.

The operational side of Actualised Living turns this model on its head by starting right at the minutiae of every aspect of providing care and support. Under Actualised Living this scenario is less likely to happen.