

Lincolnshire Care Association Annual Conference 14 July 2022 Speaker Profiles



## <u>Martin Fahy</u> <u>Director of Nursing and Quality with the Lincolnshire ICB</u>

His background is in nursing and leadership and before joining the Lincolnshire system two years ago he was the Director of Nursing in Birmingham & Solihull CCG, prior to that as Director of Nursing and Quality at Bedfordshire CCG, and prior to that he was the Deputy Director of Nursing and Quality for the NHSE Regional central midlands team. He is an experienced Senior Nurse Leader with over 33 years' experience within a variety of settings across provider and commissioning organisations. More recently he has been working in regional and CCG roles with executive responsibilities for the commissioning of health and care services. He has steered on several large-scale work programmes e.g., vaccination programme, transforming care, developing the co-commissioning quality transfer arrangements from NHS E to CCG's, lead for CHC, Safeguarding and Patient Experience.

He has worked in a number of emerging and developing ICS systems and has a keen interest in delivering alternative approaches to the care and treatment of people with health and well-being problems with a genuine interest in partnership working.

## <u>Glen Garrod</u> <u>Executive Director Adult Care and Community Wellbeing,</u> <u>Lincolnshire County Council</u>

Glen joined Lincolnshire County Council in March 2012. His role was expanded to include Public Health in October 2016 when he became the Executive Director of Adult Care and Community Wellbeing. Glen's background is in clinical psychology, social work, applied research and, being a persistent student, he then went off and obtained an MBA.

Glen has worked in Scotland, Wales, England, India and the USA. He has also spent a month studying Local Government in New Zealand. His previous roles have included responsibility for adult and children's services and housing and leisure. Glen was the East Midlands Branch Chair for the Association of Directors of Social Services (ADASS) to March 2017, which he held for two years, before becoming the Vice-President of ADASS. He became the President of ADASS in April 2018. From May 2019 he became the Immediate Past-President and is now the ADASS Honorary Secretary.

He is married to a GP and they have one daughter

## <u>Andrew Appleyard</u> <u>Regional Assurance Lead - East Midlands</u> <u>Department of Health and Social Care</u>



Hello. My name is Andy Appleyard, I'm a Yorkshire lad but moved to Norfolk 3 years ago with my wife Sophie and Weimaraner, Lola. I have always been very active and a keen sportsman, I played football and cricket when I was younger but took up golf 12 years ago, it's kinder on the knees! We live about 10 minutes from the sea and try and swim at least 3 times a week. I have discarded my wet suit and now swim all year round, rain or shine. The 'sleeping bag' coat I am wearing in the picture is really needed from November to February!

I have spent the last 14 years working in the health and social care sector and have developed a passion for ensuring people receive the best care and support possible. My substantive post is an Inspection Manager with the Care Quality Commission, although I am, at present, seconded to the Department of Health and Social Care.

I started, what I describe, as my healthcare career in 2007. Prior to this I have an eclectic mix or jobs in different industries and lived in various European countries.

I worked for the City Health Care Partnership in Hull as Quality Advisor. I wrote policies and standard operating procedures for the differing service types as well as delivering corporate induction training and subsequent updates. I was responsible for reviewing patient safety incidents, completing root cause analysis, and providing recommendations regarding future risk management.

I was promoted in 2009 and became the Medicines Development Manager. A very interesting, project manager role where I was tasked with solving the growing problem preventing effective care delivery which was the availability of medicines in the various locations care was delivered from. The solution was to purchase two local pharmacies, obtain wholesale licences and distribute medicines ourselves.

I joined the CQC in 2011 as an inspector in the Hull, North and North East Lincolnshire team (Hull, Scunthorpe and Grimsby). At that time the CQC had multidisciplinary teams meaning I inspected residential homes, domiciliary care providers, GPs, dentists and hospitals (you may know they are returning to this way of working now). I choose to work in the ASC directorate when it was created because I believed it was where we could have the most impact on people's lives.

I became an Inspection Manager in 2017 initially working across Hull, North and North East Lincolnshire before moving to work in Lincolnshire. I think I have a slightly different style to other Inspection Managers and have always tried to work to support the system as much as I could whilst striving for the best outcomes for people.

During the first wave of the Covid 19 pandemic I regularly spoke with care providers and felt the impact it was having. Tragically deaths were being reported at an unpresented rate, staff were sick, isolating and the sector was on its knees. I knew I wasn't doing enough and when the opportunity to work with the DHSC arose I took it. I saw the Regional Assurance Lead role as an opportunity to ensure the Department, Ministers and the Treasury were fully aware of the pressures faced by adult social care providers. I wanted to use the skills I have developed to gain corroborated evidence that could be used to convince Ministers and to lobby the Treasury to create IPC and Workforce grants to ease the burden on those delivering care and support.

I am currently the Regional Assurance Teams lead for the Charing Reform, Fair Cost of Care and CQC Assurance. I try to educate and share my knowledge of the sector with people in the DHSC everyday so they can develop better guidance, more ambitious proposals and help to achieve the best for the people in receipt of care.