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London Borough of Islington
Health and Care Scrutiny Committee - Monday, 15 July 2019

Minutes of the meeting of the Health and Care Scrutiny Committee held at on Monday, 15 July 2019 at 7.30 pm.

Present: **Councillors:** Gantly (Chair), Turan (Vice-Chair), Caluori,
Chowdhury, Clarke, Hyde, Khondoker and Klute

Also Present: **Councillor:** Burgess

Councillor Osh Gantly in the Chair

81 **INTRODUCTIONS (ITEM NO. 1)**

The Chair introduced Members and officers to the Committee

82 **APOLOGIES FOR ABSENCE (ITEM NO. 2)**

None

83 **DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)**

None

84 **DECLARATIONS OF INTEREST (ITEM NO. 4)**

None

85 **MINUTES OF THE PREVIOUS MEETING (ITEM NO. 5)**

RESOLVED:

That subject to the inclusion of the words ' to look at which Council's operate in house services' in the SID, in minute 78 - the minutes of the meeting held on 11 June 2019 be confirmed and the Chair be authorised to sign them

86 **CHAIR'S REPORT (ITEM NO. 6)**

87 **PUBLIC QUESTIONS (ITEM NO. 7)**

The Chair outlined the procedures for filming and recording of meetings and the procedure for Public questions, and fire evacuation procedures

88 **HEALTH AND WELLBEING BOARD UPDATE (ITEM NO. 8)**

None

89 **SCRUTINY REVIEW ADULT PAID CARERS - WITNESS EVIDENCE -
VERBAL (ITEM NO. 9)**

Jess McGregor and Jon Tomlinson, Adult Social Services were present for discussion of this item, and introduced the following witnesses to the Committee, Colin Angel, Caleb Atkins, Ian Hadingham and Sayeda Ahmed

A revised SID was laid round for Members incorporating the amendments made at the previous meeting

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All of the above witnesses made presentations to the Committee, copies interleaved, during which the following main points were made –

Colin Angel –UK Homecare Association Policy Director

- The numbers of people affected by state- funded market failures has shown a significant number of contracts handed back or provider ceased trading, in both the residential and home care services sectors
- UKHCA Minimum price for homecare – the methodology used is verified by experienced finance directors from different organisations
- The minimum price for homecare April 2019-March 2020 is £18.93 per hour, based on compliance with flat rate NMW/NLW
- The current practice for the majority of Councils/high use of zero hours contracts by employers. To achieve economically efficient guaranteed hours contracts Councils would need to recognise and pay the full costs of contact time, travel time and costs and down time. Councils must pay the employer the costs of the entire span of the workers' duty and worker receives the agreed wage for the entire span of their duty and travel costs. Councils also need to commission services in a way which increases workforce utilisation, e.g. by zoning areas, and moving away from framework agreements to contracts with guaranteed purchase
- Perspectives on employee contract arrangements – Flexible/Zero hours contracts – Workers - popular with majority of workforce, even when given option of guaranteed hours, enables people to combine work and other responsibilities, income less predictable. Providers – responds to peaks and troughs in demand for services, maximises ability to recruit workers who want flexible or unsocial working hours, and higher risk of short notice of cancellations from workers, if not managed well. Councils – Councils are able to achieve purchase care at lowest hourly rate achievable, and there is a negative public perception of zero hours contracts
- Guaranteed Hours contracts – Workers – Predictable income, easier to obtain mortgages and credit, harder to flex with personal commitments, less choice (worker must accept all arrangements). Providers – generally more attractive to younger recruits, may increase staff loyalty, provider bears risk of financial loss if Council's purchasing pattern changes. Councils – More politically acceptable to elected Members, increased cost as Council pays all downtime

Caleb Atkins - City and County Healthcare Group

- The number 1 healthcare provider in the UK, providing 50000 hours of care a day. It has 12500 care worker staff at 170 locations, and operates in all homecare segments, home care, extra care, live in, supported living, complex care, and temporary staffing (agency). It has a diversified contract base across more than 250 contracts with LA's and CCG's
- The current landscape – there is a financially challenging environment, there is an Ethical Care Charter Commitment which is contractual, there is poor integration with health, no local incentive for providers to invest and change delivery model, partnership working historically has been poor, and the biggest challenge in homecare at present is the workforce
- Care needs are growing rapidly –it is forecast that the number of over 65's will increase from 11.8m in 2016 to 17.5m by 2036. This group will have increasingly complex associated medical conditions, and a reducing supply of informal care. Whilst some funding and commissioning challenges remain, the environment is improving and the outlook positive. There are still some areas of commissioning pressure, reassessments, cutting shorter calls, building unmet needs lists, minute by minute charging models. However, the last 3

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years have seen increased spending by LA's due to statutory care act obligations. LA's have redirected funding from other more discretionary areas of public health funding. There is a clear political consensus to increase funding. There has been an additional £10billion funding for social care over the last 4 years

- The laws of supply and demand are favouring 'strong players' in the sector, and there is near universal acceptance by LA's that charge rates must continue to rise. Commissioners are also struggling to secure quality care provision, and 78% Social Care Directors are concerned about their ability to meet statutory duties to ensure market stability
- The price of care – Minimum Price – wages at bare legal minimum, wage related costs covered and workers travel costs reimbursed, operating costs only providers legal obligations, providers profit or surplus sufficient to avoid withdrawal from the market, Council buys service at lowest price it can achieve. Fair Price – wages sufficient to recruit and retain a valued workforce, wage related on costs covered and workers travel costs covered, fees ensure services can be delivered at the authority's specification, profit or surplus supports innovation and re-investment in services, and public money is spent on a service which supports citizens well
- Homecare is key to balancing overall health budgets due to its significantly lower cost when compared to hospital and residential care costs, and typically better outcomes. Nearly 80% of adults prefer to live at home
- Technology based solutions are transforming homecare – investment in digital and data – electronic care plans, electronic medicines management, full mobilisation of carers, digitalising operations, improved data capture. The platform also uses an electronic hearing management system
- Technology to improve care – new and better measures and reporting – care continuity, Geo-fencing, System derived data rather than self-reported, electronic care plans quality, actively tracking and alerts, near real time data at click of button. Freeing up time for care and reducing admin – reduced paper, inefficiency and data rekeying, e.g. log book audits, Care Plan writing and updating, fitness to practice
- There is remote audit and improved management opportunity and a daily call reconciliation – if everyone reconciled daily it could free up £10m working capital to reinvest
- The future – this platform will give excellent data and will enable CCH to meet future commissioning needs, and deliver more for the same £, and enable greater NHS integration. Improved life for care workers and branch staff, and bring CCH onto one single system opening the gateway for further development, and better delivery of care at home

Sayeeda Ahmed - Snowball Care UK Ltd.

- Snowball are a care agency that provide domiciliary care and support to people who have learning and physical disabilities, mental health problems, and elderly people
- Snowball offer carers and support workers for people who need that extra support, and aim to ensure clients get the care and support that they want.
- Different types of care are offered – waking night, sitting service, 24 hour care etc.
- Services include – personal care, financial care, domestic support, social care, administrative and nutritional care

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- Staff are criminally record checked and recruited through a robust process, with references and full employment history. Staff are given a comprehensive training schedule, and training updates are routinely given. Homecare managers and co-ordinators meetings review all carers weekly, to check performance and ensure communication channels are maintained
- Snowball's work with learning disability clients means a personalised service that supports and guides clients to achieve their full potential, in a friendly and safe environment that enables them to learn new skills, increase confidence, develop life skills, and gain employment experience. In addition, attempts are
- made to engage clients in a wide range of different activities that they find interesting, and enjoy doing

Ian Haddington - MiHomecare

- Mi Homecare has delivered home care for over 20 years, and employs 3000 staff including 2,800 support workers. It delivers over 40000 hours of care a week across SE England and Wales from 15 registered branches to over 4000 service users. It provides services in 15 London Boroughs and has contracts with 50 LA's and CCG's/CIW. There is a consistent focus on quality with all services rated Good/compliant by CQC/CIW. 61% of Mi Homecare business is in London
- Relationship with L.B.Islington –in April 2018 procured a new 4 year contract (possibility to extend 2 plus 2). There is a strong relationship through branch and senior team. Mi Homecare successfully mobilised 3500 hours care delivery to 360 residents in 9 days, following Allied Healthcare's failure in December 2018. There has not been one missed episode of care or service following mobilisation. There are currently 211 care staff delivering c. 4100 hours per week to Islington residents. These are 98% LA funded, 1.3% CCG and 0.7% privately funded
- Key challenges include – the sector is forecast to require an additional 500000 care workers by 2022, almost double the current number. The industry turnover of staff is 37.4%, and less than 10% of the workforce is under 24 years of age. The minimum price for homecare is £18.93, and there is an increased need for specialist home care provision. Partnership and collaborative working are key to future approach
- Operational model – Care workers are the greatest asset, there needs to be innovation and efficiency, value for money, leadership and experience, a community focused approach, and underpinned by 'good' quality ratings
- Workforce Development – a recruitment strategy is in place targeting postcodes with the highest unemployment, and reinforces care working is a good and positive career choice. Payment of the LLW is a contractual requirement and there are flexible contracts and work patterns, including guaranteed hours for all permanent care workers. There is a clear focus on retention of staff and offering career progression. Mi Homecare has a strong local reputation for being a good employer
- Innovation – investment and introduction of People Planner/Mobizio, and introduction of electronic care plans/risk assessment. In addition, electronic medication charts, change of service user needs on mobile devices, policies and procedures to be available at all times, and link to ATS supporting recruitment and retention strategies
- Benefits to embracing innovation – increased local capacity, valued workforce (safer, more confident care worker), better service user visibility, real time monitoring, hospital admission reduction, with earlier intervention and prevention, fewer complaints and safeguarding, with better communication. Also the ability to look after both service user and care worker

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- Partnership working – Provide ongoing involvement in future procurement and an alternate approach – better understanding of each other's challenges earlier. Embed enablement into all services, where appropriate. Pilot contracts offer bespoke services to solve specific problems. Benefit from increased frequency of commissioner and provider engagement. Have a provider led service model (Trusted Assessor.) Also there is increased commissioner and provider efficiency, with shared technology
- Following the presentations a Member it was stated that there were regular meetings held with the Council, however this did not tend to be at senior level and that this needed to be improved
- It was stated that at present carers were often recruited from East London, as wages were lower there, however from October this may change
- It was stated that there needed to be additional funding in the system and different models needed to be looked at, otherwise vulnerable clients will be left without care
- Visits were usually 30 minutes and this did not always allow enough time for carers to discharge their duties effectively
- BREXIT will be a problem for care providers as they will be competing for labour with companies who have a more flexible system that can increase wages for staff
- One of the biggest issues is the minute by minute payment for carers, and this is specified in the commissioning contract by the Council
- It was noted that larger providers can provide better economies of scale, thereby reducing costs
- There is a need to develop a system to measure outcomes for home care visits, and to provide data on this
- There is a need to develop caring as a profession and to ensure staff are paid well. Many staff do not want guaranteed hours or to work additional hours, as it can affect their benefits entitlement
- Members noted that training of staff took place and carers only needed basic literacy and numeracy skills, as this was necessary to read instructions, medication etc. All care workers have to undergo a 12 week training course and obtain a Carers Certificate
- In response to a question it was stated that carers needed to be aware of cultural needs. It was added that the workforce tended to be representative of the community
- One of the problems is that most people want care packages with the same times, e.g a carer to come at 8.00a.m. to get them up and there were areas of downtime for staff. However, it is important to provide the care that the clients wants
- It was noted that as Islington is a small borough it is easier to plan travel for carers, however spot providers found it more difficult to get these efficiencies
- A Member enquired about the on costs that are included in a care providers business model, and it was stated that in inner London, the costs of rent and rates were higher and there were also the costs of training etc. that also needed to be added in. It was hoped that the introduction of technology may be able to reduce costs in some areas. 75% of costs were staff costs
- Reference was made to the fact that when LA's previously had in house services it was estimated that contact time with the client was only 60%
- It was noted that a carer whose client goes into hospital did not get paid, and this can cause problems for carers remuneration
- It was noted that consistency of income is key to retaining carers, however many workers did prefer flexible contracts
- Reference was made to the need to provide more individualised contracts and to create care plans that meet the needs of clients, that gives autonomy to

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both clients and providers. There is also a need to look at outcomes based provision, where verification of the quality of service provided can be assessed

- Technology will assist in alerting providers to data indicating where a change in care is needed, and quality assurance could be provided and be independently checked. This could be achievable within the next 12 months
- Technology introduction will also enable carers not to have to complete log books on visits, and information can be immediately transferred
- There were other models that could be looked at where costs can be reduced, whilst at the same time enabling clients to be more independent, with better outcomes
- Reference was made to Cutbush House where 3 different providers were providing care for 3 different clients. This was uneconomic but in discussions with the commissioner this has been resolved and one provider is now providing care
- In response to a question it was stated that the most important things to improve the service in providers view were – improving the experience of the workforce, including pay and how the service can be provided most effectively, recruitment of workforce (most carers recruited are in the 45/50 age range). A better perception of the workforce is needed, the minute by minute payment needs to be reassessed by commissioners, and whether the provision of service can be delivered better in communities, rather than being too prescriptive, and more flexibility is needed. In addition, there needs to be a review of the current models of provision of care in the longer term

The Chair thanked all those present for attending and their presentations

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CAMDEN AND ISLINGTON MENTAL HEALTH FOUNDATION TRUST - PERFORMANCE UPDATE (ITEM NO. 10)

Dean Howells and Simon Africanus-Rowe, Camden and Islington Mental Health Foundation Trust were present for discussion of this item, and made a presentation to the Committee, a copy of which is interleaved

During discussion of this item the following main points were made –

- The key focus of the Trust is the safety and quality of care delivered – key domains – Patient safety, Clinical Effectiveness, Patient Experience
- Patient Safety Priority 1– an overall trend on the number of incidents suggests continuing reduction. The proportion of restraints that are prone restraints are being kept to a minimum. The use of seclusion continues to decline, and demonstrates the Trust is achieving least restrictive practice in this area
- It is recognised that sustainability is a key factor to the longer term success of this intervention. Further progress on this priority will be monitored through the Safe Wards project, and Positive and Proactive Air Group as priorities in 2019/20
- Patient Safety Priority 2 – Provide comprehensive risk – a randomised audit was undertaken between December 2019-January 2019 – evidence of timely risk assessments and risk formulation. The scores range from 80% to 100%. A rapid inpatient enquiry conducted in February 2019, following a serious incident, highlighted inconsistencies in recording risk assessment on EPR and populating care plans. The Task and Finish Group has achieved initial policy review, and identified documentation and training requirements, and is aligning this work with an STP-wide suicide prevention initiative
- Patient Safety Priority 3 – Ensure mandatory targets are achieved – overall core skills compliance has reached 88>9%, which is higher than at any point

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in the last 12 months. CPR and Information Governance remain below the required levels. Weekly reporting has been introduced. Trajectories will form part of this reporting, in order to highlight any issues, and manage supply and demand for face to face programmes. Commissioning of courses will aim to flatten spikes caused by periods of concentrated high demand

- Clinical Effectiveness Priority 4 – Engage service users/staff in suicide prevention strategies. A risk assessment and suicide prevention group established. This works in collaboration with the Public Health Crisis Concordat. Local strategy implementation delayed due to the complexity in having a local strategy while at the same time working with other stakeholders
- Clinical Effectiveness Priority 5 – Better involvement of service users in developing and reviewing their care plans. Randomised documentation audit – care plans are co-produced, services users are receiving copies of their care plans, physical care needs are identified and care plans are up to date. The scores for these indicators range from 78% to 95%
- Clinical Effectiveness Priority 6 – Improving Physical Health – Physical health screening is now embedded, and training covers a wide range of physical interventions. The Physical and Healthwellbeing policy has been comprehensively revised, and is ready for relaunch is June 2019
- Patient Experience – Priority 7 – Learning from Deaths and serious incidents – Learning from Deaths policy embedded. Trust Mortality Review Group meets on a weekly basis to review all deaths, and it is standard procedure for investigators to approach family and friends and carers, at the outset of an investigation to ascertain their views on care, and to contribute to the investigations terms of reference
- Patient Experience Priority 8 – Improved communication with carers and families. There are variations in recording next of kin details on EPR, and a randomised audit suggests the range is 36%-100%, in different teams, of patients next of kin details recorded. Feedback is requested from carers and families and the feedback received is positive. The Trust will continue to routinely audit the recording of next of kin details to ensure staff are alerted to gaps in the service
- Patient Experience Priority 9- Involve service users in the Trust's Quality Improvement Programme. The QI hub has provided 2 hour training sessions for service users at their forum meetings. Feedback received is positive
- Improvements in Core Performance Indicators NHSI single assessment framework targets and patient experience indicators. CQUIN – Trust met 3 of the targets, partially met 7 of the targets, and did not meet 2 of the targets, (health and wellbeing of staff, and uptake of flu vaccinations for frontline staff), and increase level of research and audit activities
- Other achievements include – unannounced inspection of Stacey Street Nursing Home, which provides nursing care to older adults with dementia and long term mental health difficulties rated GOOD. Recovery College continues to offer public courses on mental health and wellbeing. Mental Health matters events are organised informally on a quarterly basis, for service users and staff to discuss issues related to mental health, and public can also attend
- Summary – significant improvements have been made, and new priorities have been set for 2019/20. The focus will be on reviewing the Clinical Strategy, and embedding cultural pillars, and to continue to ensure that service users/families are central to everything the Trust does
- The Trust will continue to promote diversity and inclusion and is a learning organisation
- In response to a question as to the breakdown of the number of BAME accessing IAPT it was stated that this information would be provided to the Committee by the Trust

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- It was stated that in relation to staff wellbeing, the Trust were responding in a more positive manner, and a risk amnesty had been instituted in order for staff to raise issues of concern. The Trust stated that they would provide details to the Committee of how this is progressing
- In response to a statement Members were informed that in relation to the level of harm experienced, most deaths occurred in the community, and there needed to be better engagement with other health providers in NC London in this regard in future
- In response to a question, it was stated that the Trust did not have a high staff turnover, compared to nationally. A new HR Director had recently been appointed, and a new wellbeing strategy is being considered by the Trust Board
- In relation to incidents that have occurred the Trust needed to learn lessons from these
- Reference was made to the incidence of bullying/harassment which had been a problem that had been highlighted in past reports to the Committee. The Trust stated that it needed to focus on addressing morale in certain teams, and that this needed to be improved. Providers in London faced a number of challenges, and there is a need to bring teams together
- In relation to BAME staff, the Trust had enabled staff to be more open about reporting issues, and there is now also women's, disability and LGTB groups where issues can be raised and discussed openly. There is a commitment both at the Trust Board and Governors Committee to improve the situation
- In response to a question concerning the Transformation programme, it is felt that this will have a significant long term impact and the alliance with BEH, will give a more strategic vision of mental health across the area. In addition, the transfer of services to the Whittington site will improve the environment for both staff and patients
- The Trust informed Members that they recognised and were committed to giving service users 'more of a voice', and that they should be at the forefront of improving and developing services. There is also a need to increase the number of service users involved
- It was noted that the Trust had a large number of volunteers, and more supported training would be provided. In addition, peer support workers will be provided in teams

The Chair thanked Simon Rowe and Dean Howells for attending

91 **WORK PROGRAMME 2019/20 (ITEM NO. 11)**

RESOLVED:

That the report be noted

MEETING CLOSED AT 10.10p.m.

Chair