

London Borough of Islington
Health and Care Scrutiny Committee - Thursday, 10 October 2019

Minutes of the meeting of the Health and Care Scrutiny Committee held at on Thursday, 10 October 2019 at 7.30 pm.

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

Councillor Osh Gantly in the Chair

- 104 **INTRODUCTIONS (ITEM NO. 1)**
The Chair introduced Members and officers to the meeting
- 105 **APOLOGIES FOR ABSENCE (ITEM NO. 2)**
Councillor Janet Burgess, Executive Member Health and Social Care, and Councillors Hyde, Turan and Caluori for lateness
- 106 **DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)**
None
- 107 **MINUTES OF THE PREVIOUS MEETING (ITEM NO. 4)**
RESOLVED:
That the minutes of the meeting of the Committee held on 10 September 2019 be confirmed as a correct record of the proceedings and the Chair be authorised to sign them
- 108 **CHAIR'S REPORT (ITEM NO. 5)**
None
- 109 **PUBLIC QUESTIONS (ITEM NO. 6)**
The Chair outlined the procedures for public questions, filming and recording of meetings and fire evacuation procedures
- 110 **HEALTH AND WELLBEING BOARD UPDATE - VERBAL (ITEM NO. 7)**
None
- 111 **SCRUTINY REVIEW - ADULT PAID CARERS - WITNESS EVIDENCE - VERBAL (ITEM NO. 8)**
Witness presentations were received from Helen Sanderson, Wellbeing Teams (Video presentation), Nicki Bones and Denis Repard, Sweet Tree Specialist Care, and Jo Mackie, Centre 404.

In addition, a letter was circulated by Bob Padron, outlining the model of Penrose Care

Following these presentations, the following main points were raised –

Penrose Care

- Penrose Care is a recognised provider of ethical home care services. It has been rated outstanding by the CQC and received a number of awards, including twice being named as a Living Wage Champion, and is internationally recognised for its innovations in Home Care. In July 2019 Penrose Care became one of the first 16 private businesses accredited with the Mayor of London's Good Work Standard, an initiative to promote decent work in London
- Penrose Care stated that they felt it would be beneficial to improve the service to reform the timing and geographic location of services to make home care roles more attractive. Home Care providers struggle with attracting new social care workers to provide frontline services, and in complying with their statutory obligations to their employees. It was felt that Councils could alleviate the pressure on home carers by booking home care visits sequentially, and allocating users to groups of providers by small geographic regions. Currently it is standard practice for social workers to book home care visits generally at the same time, e.g. morning, lunch and evening, which can lead to the systematic underemployment of home care workers, as they may be left without work between the standard visit times. By booking visits sequentially, providers can offer home care workers a full daily work, making it easier to attract home carers, and reduce staff turnover
- Penrose Care stated that users who have sensitive medications that they cannot administer independently should have priority for visits during the peak morning, lunch and evening visit times. However, there is a need for responsible bodies to assess if it is prudent for public social care to be supporting individuals who cannot manage their medications independently, or if such persons should be referred to residential social care options, such as assisted living centres, care homes or nursing homes. Furthermore, home care providers have historically struggled to comply with paying the National Minimum Wage, due to the need to compensate employees for travelling between clients. Social Care Commissioners can alleviate this pressure by allocating users by small geographic regions to small groups of providers
- Social Care professionals can make positive impacts on users lives in the areas of falls prevention, hydration, and the early detection of infections. Falls prevention can be achieved by social workers ensuring that there is adequate allocation of occupational therapists, and physiotherapists. Social care professionals can assist by checking if visits by such health professionals have taken place. Hydration can easily be boosted by social care workers encouraging users to switch to decaffeinated tea and coffee. In addition, undetected infections can cause users' health to take steep declines, and as a result it was felt that the CCG should explore the regular provision of urine tests for users, who consent to the provide the early detection of infection
- Furthermore, the Council can prevent adverse developments by having an in-house team check that care workers have arrived at their visits, so that if a provider misses this, it can be checked, and the Council can arrange for a back-up social care worker to attend. This would require the Council to mandate a uniform time and attendance software across the provider base

Centre 404

- Centre 404 gave evidence to the Committee on the introduction of Individual Service Funds (ISF0, as opposed to that of traditional contracted services
- Traditional contracted services pay money to the provider, as a lump sum to pay for support/care for more than one person, provided in terms of hours. The

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provider manages the overall budget to balance the needs of the clients, and the client is reliant on one provider to meet all outcomes on a long term agreement basis

- Personal budgets enable money to be paid to the client or a nominated person. Funds are paid for the support/care of one individual specifically on their needs. Support/care is provided within a financial budget, rather than hours, and a client or nominated person manages the funds for the individual. Clients can choose how to use their budget and spend on different services, activities, providers and equipment. In addition, how the personal budget is used can change over time
- It was noted that there is an assessment process for personal budgets for people with learning disabilities, where needs and desired outcomes are assessed, how best to work to establish outcomes, agree funds required to meet these outcomes (personal budget), and then to decide how the personal budget will be managed
- ISF's work on the basis of agreement between the client, Council and organisation, and an online bank account, and pre-paid card is made available. An annual budget is agreed and split into 4 weekly payments, and the organisation keeps all the paperwork, and is liable for the management of the account. The organisation manages all payments in and out, including invoices for support, paying payslips, and tax for personal assistance, activity reimbursement for clients, travel reimbursements for support workers and course and activity fees. The Council has access to the account, and recovers surpluses and runs reports, and the organisation monitors and follows up the payment of assessed contributions, and is a chargeable service
- In respect of clients, the benefits of individual service funds are that they can be used more flexibly, are more personalised, can be used for different ways of meeting outcomes, relieves pressure on families/clients to manage finances, and enables payments and reimbursements to be made more quickly. It also enables changes to support and activities to be made quickly, recurring payments to be set up, smoother processes to be in place, and payments are smoother if the provider has oversight and management of ISF and support. ISF's also enable a more creative and proactive approach to be taken, with support planning and the ability to respond to new opportunities, leads to reduced involvement with social services, and gives the ability to review any surplus and look at how these can be used. It is also a cashless system
- In respect of providers ISF's provide an oversight of what budget is available for a client, enables them to respond to support any activity requests more speedily, reduces face to face auditing, and the workload of having to contact social workers or finance teams. In addition, there is a more joined up and person centred support, clear support plans, the ability to assist a client with managing a budget, and spend across the year, and enables feedback to the social worker on the balance of the budget when looking at new support, or activity requests. There is also the possibility of a more holistic and creative approach, with a focus on outcomes, rather than the provision of fixed hours. Networks and communities can also be built with other providers being used and to be able to share information about opportunities for clients. It also assists with internal debt management, and can be followed up with the ISG manager, if payments are not made
- The benefits of ISF's for social services include a reduced strain on in-house services, reduced incoming day to day work and enquiries, reduced need for meetings due to change in circumstances, less face to face auditing, reduced risk of financial abuse, the facility to upload documents, fewer third parties to deal with, and the ability to report on payments of assessed charges. In addition, it facilitates more responsive and dynamic social care provision, and

can potentially find savings by identifying more creative ways to meet peoples' needs.

- Members were informed that to work well, individual service funds need a good relationship between providers, social workers, and finance teams and also clear support plans that are flexible, and not over prescriptive, be outcome based, provide guidance around the use of personal budgets, and are well thought through for all potential costs
- Centre 404 are North London focused, rather than a national organisation, and most referrals were from Social Workers. Centre 404 has 30 staff
- In response to a question Centre 404 stated that it was felt that personal budgets worked well, and that it increases choice and flexibility for clients and is easier to administer for the provider. The only disadvantage is that sometimes clients can get themselves into debt, but this has not recently been a problem

Sweet Tree Home Care Service

- Sweet Tree Home Care service commenced in 2002 supporting general home care needs. 17 years on it has six specialist services, all individually led by highly experienced clinical managers providing 2 – 24 hour care at home – general home care, dementia care, end of life care, learning disability support and complex care, acquired brain injury, and neurological conditions. It is rated outstanding by the CQC
- Sweet Tree has mission vision values which starts in the recruitment process, is taught in the induction and repeated at every learning and development interaction, in facilitation and is a central focus of every meeting. There is a Sweet Tree Charter and a mission statement
- Sweet Tree has a clinically led circle of assessment and support to deliver the vision and with input from external and internal experts there is early diagnosis and shared assessment, regular reviews, care and support and knowledge and information shared with the person and their family
- Sweet Tree employed 3% of applicants in 2017 and need a minimum of 6 months experience, and all team members are hired to individual services for their knowledge and skills experience
- Sweet Tree Care Training Academy is an accredited training academy, and has certificated CPS points and career progression. There is a wide range of expert internal and external trainers, and investment and recognition for the value of Learning and Development for each team member. There are Sweet Tree induction standards, a new learning management system, mission values, and customer service training for all
- Compliance and Regulation – A whole team responsibility – there are weekly compliance meetings, actions are reported back to the Senior Leadership monthly meeting, an actions report to the Advisory Board, consistent review of advice and publications, consistent policy review, hosts of the Registered Managers Forum, training for managers/conference attendance, CQC Board Independent Doctors Federation, and advice is sought from the Sweet Tree inspector
- Sweet Tree consider that it is important to critically consider the work of other professionals and ask difficult questions. The in-house teams have RGN's, RMN's, Social Workers, Clinical Psychologist, Physiotherapists, and qualified trainers. Each service is managed by specialist managers who recruit specialist teams for each service
- Sweet Tree works with many partners, learning from and supporting each other, playing a part in research projects, works on Committees, and building a National Dementia Carers Day
- Governance – The Advisory Board –opening the company to external scrutiny in this way sets a precedent within the industry and is a model that can be

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followed by others. Along with addressing how the company is operating, and methods of best practice, the Board will become a catalyst for innovative thinking, enabling the company to reach new levels

- In terms of quality assurance there is a mock inspection and audit, external consultants who support projects bringing expertise and support, Senior Leadership monthly meetings and external audit
- Sweet Tree has a number of awards that reward best excellence
- Sweet Tree perspective – quality, and attractiveness to employees
- The Provider view and Sweet Tree stance – quality – support worker wage and travel, training – initial and ongoing, overheads, profit. Supporting the support worker – visibility of care provision. Supporting the clients and families – continual improvement, administration, and external requirements
- Sweet Tree works in partnership with many partners, learning and supporting each other, playing a part in research projects, working on Committees, and building a National Dementia Carers Day
- In terms of quality assurance Sweet Tree commissions an external provider to do a mock inspection, an internal audit process, and monitoring of calls with quality assurance surveys with clients and teams. There are also a variety of consultants who support on projects, monthly meetings of the senior leadership team, and an external audit
- Sweet Tree has a minimum of 2 hour visits and carers are allocated blocks of 6 or 12 hours. Sweet Tree felt that a client/carer relationship required longer visit times than that normally allocated by care providers
- There is a manager allocated to 15/20 support workers, which allows better support for staff, clients and families
- It was stated that there were many different models of support amongst providers
- Sweet Tree provided choices for clients and flexibility, which could not be achieved by minute by minute commissioning in their view
- Sweet Tree received a lot of applications for posts however, Sweet Tree recruited specific people who were experienced. Sweet Tree has set up an ASPIRE programme, for those people recruited without the necessary experience
- Sweet Tree is an Investors in People Gold Award winner and is in the Sunday Times 100 best companies to work for
- Sweet Tree has a diverse workforce that is representative of the community, and they tried to match the support worker to the client as best as possible. Training is given if there is not a direct match
- Sweet Tree stated that 50% of their funding is from private sources and the other 50% from Local Authorities and other public funding

Wellbeing Teams

- During the video presentation it was noted that wellbeing teams were allocated on a neighbourhood basis and staff were not recruited solely from the home care sector, but also from industries such as retail that had good customer skills
- It was noted that work was going on with Thurrock based on two Wellbeing teams
- Wellbeing teams support a Local Authority to bring together community support and home care, and requires a different type of commissioning, rather than outcome based commissioning

The Chair thanked all the witnesses for attending

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HEALTHWATCH ANNUAL REPORT/WORK PROGRAMME (ITEM NO. 9)

Emma Whitby, Healthwatch was present, and outlined the report to the Committee, following which these main points were made –

- Vision – Improved health and social care outcomes for local residents – Part of a national network, in which Healthwatch leads on impact measurement)
- Part funded by LBI to fulfil statutory functions of Health and Social Care Act 2013 – Healthwatch gather, and report, on views on health and social care, and provide people with information on services
- Healthwatch has a collaborative, critical friend approach, working in partnership, wherever it can
- Healthwatch impact in 2019 - autism health checks for adults introduced, autism awareness training for GP practice staff, environment checks of GP practices being carried out by parents of children with autism, patients waiting for an ADHD assessment can now access peer support, whilst waiting for their assessment, and provision of sign language interpreting has increased. This will help deaf residents to access same-day GP services
- More residents were reached in 2019 – 1400 people shared their health and social care story with Healthwatch, 40% more than last year. 197 residents participated in a Healthwatch digital inclusion workshop. 324 people accessed Healthwatch Islington advice and information service, and Healthwatch visited 53 services, and 25 community events, to understand people’s experience of care
- Healthwatch partnerships – Healthwatch shares responsibility and finances fairly, and brings resources to small grass roots organisations, supporting their development through skills sharing and training, and valuing their experience
- Healthwatch works with BAME communities with Diverse Communities Health Voice
- Healthwatch works closely with Manor Gardens, Cloudesley, Elfrida Society, and are seeking out other partnerships
- Healthwatch activities 2019 – Led on a community sector response to the Camden and Islington Estates Strategy Consultation, and responded to other key consultations. Supported resident engagement in Mental Health Day Centre specification design and procurement. Worked with Diverse Communities Health Voice, to gather BAME resident input on experiences of primary care social prescribing. Delivered two Islington Patient Group meetings on key topics of relevance to residents – supplemented by e-surveys, and community conversations. Visited care homes for older people to find out how residents are given choice, and control, of everyday activities, such as what to wear, and visited hospitals about the Accessible Information Standard
- Healthwatch Work Plan 2019/20 – Continued to deliver signposting service to at least 250 residents, reflecting the diversity of the borough, has led a community sector response to the Moorfields strategy, engaged residents from protected characteristics in the Whittington Estate discussions, visited health centres to gather views on the NHS long term plan, held two Islington Patient Group meetings on topics of interest, worked with Diverse Communities Health Voice to gather BAME input on mental health support, and visited care homes for older people to find out about residents experiences of oral health care
- It was stated that concern had also been expressed by some residents about hate crime and an event had been organised with the Police which had been successful. Emma Whitby stated that she would forward details to the Committee

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- In response to a question it was stated that Healthwatch did signpost residents to partners who could assist with the effects of austerity and changes to the benefits system
- Reference was made to the fact that future work should include sheltered accommodation and home care
- It was stated that a dementia partnership had been developed with UCLH and that this had proved successful, and a workshop had been held where residents were informed of services available
- In response to a question it was stated that the challenges of austerity and BREXIT, together with reduced funding made for a challenging environment
- Reference was made to GP on line appointments and it was stated that this was not working effectively at present as not all GP surgeries currently offered this service

RESOLVED:

That the report be noted, and detail of hate crime referred to above be circulated to Members of the Committee

The Chair thanked Emma Whitby for attending and her presentation

113 PERFORMANCE UPDATE - QUARTER 1 (ITEM NO. 10)

Councillor Janet Burgess, Executive Member Health and Social Care was unable to be present, and therefore the item was deferred until the next meeting

RESOLVED:

That the report be deferred until the next meeting of the Committee

114 WORK PROGRAMME 2019/20 (ITEM NO. 11)

RESOLVED:

That the report be noted

MEETING CLOSED AT 9.55p.m.

Chair