

**Report of: Executive Member for Health and Social Care**

<b>Meeting of:</b>	<b>Date:</b>	<b>Ward(s):</b>
Executive	25 November 2021	ALL

<b>Delete as appropriate</b>	Exempt	Non-exempt
------------------------------	--------	------------


**SUBJECT: Adult Paid Carers Scrutiny Review  
– Response to the report of the Health and Social Care Scrutiny Committee**
**1. Synopsis**

- 1.1 In July 2021, Executive received a report from the Health and Social Care Scrutiny Committee regarding a review it held from June 2019 until April 2021 (extended period due to COVID 19) into paid adult domiciliary care (also known as home care) workers working in Islington. The review aimed to assess the current position of domiciliary care in Islington regarding; funding, contractual arrangements, delivery arrangements and their effectiveness, to consider other models of commissioning and delivery in place of other areas and to advise any changes that should be considered/implemented to improve outcomes for residents and for the home care workforce.
- 1.2 The committee produced a comprehensive list of recommendations for care at home in Islington, which were presented to Executive on 22 July 2021.
- 1.3 This report proposes actions to be taken in response to the recommendations.
- 1.4 'Domiciliary care' is also known as 'home care'. The report will use the term 'home care' throughout the remainder of the report.

**2. Recommendations**

- 2.1 To welcome the findings of the Adult Paid Carers Scrutiny Review
- 2.2 To agree the responses to the review as set out in section 4 of this report

- 2.3 To agree that officers report back on progress to the Health and Social Care Scrutiny Committee in 12 months' time

### **3. Response to Recommendations**

- 3.1 *The Committee heard evidence that there is scope for new technologies to improve the service for clients, and to reduce costs for commissioners, and providers. Such examples include electronic care plans, electronic medication charts, and the ability to meet some specific service user needs via mobile devices. The Committee noted that the Telecare system is currently under review, with the aim of increasing the use of technology, in order to improve the quality of life for those in receipt of care*

**(a) The Committee therefore recommend that providers and commissioners investigate, and continue to introduce new technologies, wherever available, to provide a better service to clients, and to improve co-ordination with Carers**

**Response** – The Council's commissioned providers already make good use of electronic home care systems, and the service specification for future home care delivery will require best practice in terms of this technology.

The Assistive Technology review has now been completed and a new Assistive Technology offer being implemented towards end of 2021. This will increase the range of service users and the types of technology available to enhance quality of live, wellbeing and independence. Home care providers will be able to access this offer for Islington residents, and providers will be briefed and supported to ensure they make the most of the new offer for their service users.

- 3.2 *The Committee heard evidence from carers that information is not always provided as effectively, and as quickly as possible, in relation to details of clients' needs, especially in relation to discharge from hospital. This lack of timely information impacts on the ability of carers to provide the most effective service possible to clients*

**(b) The Committee therefore recommend that there should be exploration of the opportunities presented by 'Fairer Together' for improved co-ordination between commissioners/NHS and providers, and to ensure the conveyance of the correct information to carers in relation to clients' needs. This is especially in relation to discharge of clients from hospital to ensure the administration of the correct medication/assistance etc. Opportunities for introduction of new technology, as recommended in (a) above can assist in this**

**Response** – North Central London (NCL) health and social care colleagues are exploring ways to improve the process and quality of information sharing with home care providers at hospital discharge. Considerations will include reviewing referral forms to ensure they include sufficient social care package and medications information upon discharge. Colleagues will also be exploring whether a person's medication requirements can be anticipated a day or two before discharge and shared with home care provider before the care package needs to start. Islington Adult Social Care and Community Health Colleagues are also working together to develop a more integrated approach to supporting safer hospital discharges and hospital avoidance.

3.3 *The Committee heard evidence that continuity of care and personalised care and support is important. Carers suffered in terms of loss of pay, from the amount of downtime that they experienced between appointments due to the client's requirements for assistance getting into bed/getting up at similar times. This affected the ability of some carers to maximise their income, and in addition created difficulties/inconvenience for client.*

**(c) The Committee therefore recommend that commissioners and providers consider opportunities for enabling a more personalised and efficient home care system. There should be a focus on overall wellbeing outcomes for service users, rather than a list of specific tasks to be undertaken at specific times of the day. Opportunities may include better utilisation of personal budgets, and geographical zoning, whereby a provider has a set budget for each service user, based on their needs, to deliver a personalised service, which would reduce downtime/travel time for carers, and enable improved efficiency. Continuity of care is important**

**Response** - The Council is working in collaboration with home care providers and Adult Social Care colleagues to move from a 'Time and Task' model to an Outcome Based home care model. A small prototype is in development, coproduced with our strategically commissioned providers, due to commence in the next few months, to test and adapt the model as we learn more about what works. The aim is to move to a model that provides a more flexible and personalised approach that improves resident outcomes, and provides greater job satisfaction for the workforce. We are also exploring the benefits and options for implementing locality/geographically focused home care. This developmental work will inform future home care provision. Personal budgets, whereby the resident manages their own funding and care arrangements, is an important option which is regularly discussed with residents who would benefit from packages of care.

3.4 *The Committee heard evidence that there are potential opportunities to improve the quality and speed of discharges from hospital. Providers are sometimes unable to respond quickly and flexibly to clients' changing needs, as they are limited in their ability to make changes to care plans. This should explore how commissioners, providers and social workers can work together, in order to ensure more timely and responsive changes to care packages in line with clients changing needs*

**(d) The Committee therefore recommend that consideration be given as to how the Council can make best use of the expertise and skills of providers and carers. In addition, consideration should also be given to consider opportunities to empower and place more trust in providers, and carers, to make decisions about the care and support clients require, from discharge from hospital to making adjustments to care packages, as needs change. This may include exploration of new roles given the need to recruit and retain more carers. The Council should also explore opportunities for more regular reviews from providers and the Council, to enable the care needs of users to be checked more frequently, in order to ensure that there is no over/under provision of care. The Committee are also of the view that given the shortage of home carers, a situation likely to increase, commissioners and providers should investigate possible recruitment/retention measures to help alleviate shortages of carers**

**Response** - The Council is committed to exploring opportunities to develop more trusting relationships between social care staff and providers, that maximise the skills and expertise of the home care workforce whilst ensuring accountability and responsibility. This will be explored as part of the prototype development to test home care approaches. The work will explore opportunities for carers to play a more active role in developing outcome focused support plans with residents and their families, responding to changing needs and working in creative ways to

support residents to achieve outcomes that matter to them. The ambition is to enable providers to take on more support and care planning responsibility. We will consider how to balance provider flexibility to respond to increasing and decreasing levels of need with the requirement for local authority oversight, effective due diligence and management of the public purse, and Care Act responsibility.

- 3.5 ***(e) The Committee heard evidence that there are 'untapped' opportunities to improve career pathways into home care, and career progression within health and social care. The Committee recommend that consideration is given to career pathways and progression for carers, as part of the wider efforts of Islington's Health and Care Academy, which aims to support providers to recruit local people. Commissioners should explore which social value clauses and good employment practice stipulations, including for small/local providers, would be appropriate to include in future specifications and contracts. This would enable more local residents to also be employed who will contribute to the local economy***

**Response** - The Council is committed to improving terms and conditions for care staff working in Islington, as well as career progression. This includes negotiating with providers from whom we spot purchase care to increase London Living Wage (LLW) compliance. As a result of this work, we have seen increased commitment of providers to becoming LLW employers. 77% of Islington's home care service users are now supported by an agency who pays at least LLW. We are working hard to tackle challenges, for example negotiating with providers for whom Islington only provides a tiny proportion of their business, with just one or two Islington service users. We strive for 100% compliance and will continue in our efforts to achieve this. We also continue to work hard to improve pay and conditions. There is a strong working relationship between council departments, across Adult Social Care and Community Wealth Building as well as our work with Health and Social Care Academy partners and Proud to Care to support career pathways and progression. Home care providers contribute significantly to social value through local recruitment. A recent survey of our top seven providers (those supporting the vast majority of residents) demonstrated 78% of the workforce live in Islington or neighbouring boroughs. It is a priority to continue driving forward opportunities for a more inclusive economy.

- 3.6 *The Committee were impressed with the commitment, and excellent work, that carers provided for clients in Islington. The Committee heard differing evidence as to whether carers wished to be offered guaranteed hour contracts, or whether they preferred the flexibility provided by zero hour contracts. In addition, the Committee heard that carers are unpaid for the time that clients are hospitalised, if alternative work is not available. The Committee also noted concerns that carers often experienced problems when having to claim sickness pay, and that this process in their view, could sometimes be complicated*
- (f) The Committee therefore recommend that caring should be promoted as a profession, and that providers should offer all carers guaranteed hour contracts, rather than zero hour contracts, even if carers do not ultimately wish to take up a guaranteed hour contract. There should be exploration of the benefits of a discontinuation of 'minute by minute' charging, in order to reflect the recommendations in (c) and (d) above.***

***Please note that there is no requirement to commission on a 'minute by minute' basis and many councils have chosen not to commission in this way.***

***The Committee are impressed with the excellent and difficult work that carers often have to do and their commitment to their career. The Committee therefore also recommend providers consider compensating/finding alternative work for carers, in the event of***

**clients being hospitalised. In addition, providers should ensure that the process for claiming and payment of sick is simplified**

**Response** – The Council is committed to promoting caring as a profession and Adult Social Care works in close partnership with the local Islington iWork Service and has strong ties with the Proud to Care programme that promotes workforce recruitment and development. The Council has now moved from ‘paying on actuals’ with minute by minute billing to ‘paying on planned’ care hours and in line with this recommendation, a change we have continued while other boroughs have reverted back to paying minute by minute since the first COVID-19 wave. The Council will continue to support guaranteed hours contracts and work with providers to make this the norm. ,

- 3.7 *The Committee heard evidence that the introduction of Individual Service Fund payments (ISF's), into learning disability payments is working well. Direct Payments (DPs) enable clients to have more flexibility/control over their care and assist in the move to an outcome based service recommended in (c) above*

**(g) The Committee therefore recommend that commissioners, as part of broader market development, explore the appetite and capacity for delivering personalised services through Individual Service Funds, or Direct Payments**

**Response** – The Council is committed to increasing the number of people who utilise Individual Service Funds and Direct Payments for all residents in receipt of social care.

- 3.8 *The Committee heard evidence of the benefits of taking a relationship based approach, and a stronger enablement approach, together with integration of different types of support*  
**(h) The Committee therefore recommend that the Council works with clients, their relatives and providers to review the Council services to people in their homes, and to explore opportunities for improvements that will better support residents to maintain independence and improve wellbeing**

**Response** – The Council is committed to taking a strength based approach based on understanding and building relationships with residents and their loved ones to ensure that they take an active role in how their care is delivered, and enable them to live the lives they want.

- 3.9 *The Committee heard evidence that carers sometimes suffered racist/physical/verbal abuse from clients. The Committee felt that this was unacceptable, however as the Council has to continue to provide care in such cases there should be appropriate specialist advisers/training provided, in order to ensure that such instances are dealt within an acceptable manner. The Committee also heard evidence that some domiciliary care users, especially those BAME clients with cultural differences, such as female carer being provided for a Muslim women, did not always receive the appropriate care needs that they requested, although the Committee noted that providers did endeavour to do this where possible*  
**(i) The Committee therefore recommend the institution of a zero tolerance approach in instances of verbal/physical/racist abuse, and commissioners/providers should take effective action. Commissioners should engage specialist providers who offer their staff appropriate specialist training, including gender/culturally appropriate training, in order to meet the needs of service users with challenging behaviours, and to minimise the effect on carers. In addition, providers should ensure that where there are requests from clients that carers needed to be provided to respect cultural differences, measures be put in place to ensure clients' wishes are respected**

**Response** - Adult Social Care colleagues are developing an anti-discriminatory policy to support the adult social care workforce to carry out their roles free from discrimination and abuse. We will share with providers who we hope will also sign up to the policy. The Council is committed to developing cultural competence among its workforce and providers. The iWork Team will work closely with commissioners to develop opportunities for promoting the sector to Islington's diverse communities.

- 3.10 *The Committee recognise the excellent service that carers provide, and were concerned that carers, especially female carers, stated that they sometimes experience safety concerns, and attending clients*  
**(j) The Committee therefore recommend that the Council explore the possibility of providing parking permits for carers working late at night that have to use their car. The Committee also support the provision of London Transport concessionary fare passes to the carers for those people with Disabilities.**

**Response** - . One of the Council priorities is to be carbon net-zero and in line with this we will encourage providers to have travel policies which promote the use of sustainable travel options. This is balanced by a focus on care worker safety which is championed by Islington Council staff and which we discuss with care providers. All providers are required to have lone worker policies in place.

- 3.11 *The Committee heard evidence that the increasing elderly population, who have ever more complex and multiple needs, will in the future place a growing need for additional social care resources, whilst at the same time adult social care is still not being adequately funded by Central Government*  
**(k) The Committee are concerned that that the Green Paper on Adult Social Care, scheduled for publication many months previously, has still to be published. The Committee therefore recommend that Government adequately fund social care for Local Authorities, and implements a fundamental change to its long term funding position, as soon as possible.**  
***There is an urgent need to address the implications of a growing ageing population, who will have increasing and ever more complex needs***

**Response** - The government recently announced (September 2021) that there will be a new lifetime cap on care costs of £86k and an increase to the upper capital limit (from £23,250 to £100k). This will mean that Local Authorities will have to fund a greater share of care costs currently paid for by individuals. In addition, the council and supply chain (including providers) will have to pay additional employer National Insurance Contributions of 1.25% from April 2022. Whilst a reduction in the financial burden on individuals, the government has not yet announced any additional funding to tackle existing and growing funding gaps in Adult Social Care. I recently wrote to the Secretary of State for Health and Social Care to highlight the rising and unsustainable costs of Adult Social Care. Whilst recognising the government has provided pandemic related support, the support is nowhere near sufficient to meet the ongoing costs and underlying pressures faced by Adult Social Care. The Council needs immediate on-going funding to meet these challenges and to continue to support the most vulnerable in society.

3.12 *The Committee heard evidence that the creation of integrated team work between Providers/commissioners/NHS and social care can be utilised to carry out preventative work that may assist in keeping those receiving care out of hospital. This could include ensuring regular hydration, falls prevention, checking for infections etc.*

**(l) The Committee therefore recommend that a more integrated approach is taken to preventative care in order to reduce hospital admissions, and commissioners should work with providers, social care and NHS in this regard. An example of an integrated approach could include a combined homecare and district nursing team. There are many opportunities to integrate between health and social care and integration could take many different forms**

**Response** - The Council is working with NHS colleagues to establish ways to work closer together. An example of this is the reconfiguration of district nursing around 3 Islington localities and joint meetings between home care and district nursing staff identifying options for a more joined up approach to providing care in people's homes.

3.13 *The Committee heard evidence that some carers did not feel that the time allocated for travelling between clients was being adequately recompensed by providers, and that travel time often took longer than time allocated by providers, and that this was unfair*

**(m) The Committee recommend that the Council reaffirms its commitment to ensure that carers are adequately recompensed for travel time between clients, and that quality control measures are put in place with providers, in order to ensure that this takes place.**

**Response** - Paid travel time is a requirement for commissioned home care providers in Islington. The time allocated to travel between care calls is monitored and discussed at all contract management meetings with providers. The Council's work on driving up standards of employment with our providers will also attend to the issue of adequate paid travel time for care staff.

3.14 *The Committee were concerned at the effect the COVID 19 pandemic may have on the domiciliary care, and whether the service would be sufficient capacity among providers to continue to be able to operate on an effective basis and provide a service to residents who require care at home*

**(n) The Committee recommend that the Council congratulate the Home Care providers, partners, We are Islington, the voluntary sector, community organisations and Adult Social Care for ensuring that residents who needed it were able to continue to receive care at home during the pandemic. This is due to the excellent collaborative work, and in particular the dedication of domiciliary care staff. The Council ensured providers had access to adequate Council PPE stocks, at points where their normal supply routes failed, enabling carers to provide care safely**

**Response** – The Council is committed to honouring and recognising our staff and providers work in delivering social care, especially in light of the extreme conditions of the pandemic. Council staff and teams including We Are Islington were recognised for their service at the Annual Staff Awards in 2020 and our Annual Carers Awards recognise and celebrate individuals and teams that provide care in Islington. The Executive would like to take this opportunity of publicly thanking all the staff, carers, voluntary sector colleagues and residents from our Mutual Aid organisations for their overwhelming commitment and dedication to our residents throughout the pandemic.

3.15 *The Committee noted that small local organisations were potentially at a disadvantage when tendering for contracts, compared to large organisations with experience of bidding for contracts*

**(o) The Committee recommend that more work should take place in order to ensure that local organisations are able to bid more effectively for future contracts, as this will provide increased social value, local employment and keep money in the local economy. There needs to be adequate training and support provided to enable local organisations to establish and grow to enable them to bid for contracts, and more emphasis in the Council's Procurement strategy should be placed on social value**

**Response** - The Council is pleased to acknowledge that a high proportion of our care providers employ local residents. The Council's Progressive Procurement Strategy has a high commitment to providers adding social value to contracts we award. Prior to any new procurements we will host market warming events to promote contract opportunities. We will also be providing training to support and upskill potential providers to successfully bid for Council contracts.

3.16 *The Committee heard evidence that some domiciliary care users, especially those BAME clients with cultural differences, (such as a female carer provided for Muslim women) did not always receive the appropriate care needs that they requested, although the Committee noted that providers did endeavour to do this wherever possible*

**(p) The Committee recommend that providers should ensure that where there are requests from clients that carers needed to be provided to respect cultural differences, measures be put in place to ensure clients' wishes are respected**

**Response** - The Council is committed to developing cultural competence among its workforce and providers to reduce and challenge inequality. Residents can and are encouraged to stipulate the gender of the carer who will deliver them personal care.

3.17 *The Committee considered the charging policy that the Council has put in place for domiciliary care for residents that are in receipt of pension credit and Disability benefits. The Committee considered that such benefits are awarded to residents, as they do not have sufficient money to cope within their existing income, and therefore these should not be counted in assessing their income for charging for domiciliary care*

**(q) The Committee recommend that consideration be given to the implications of removing charges for those residents in receipt of domiciliary care that are in receipt of pension credit, the Disability Living Allowance care component, Personal Independence Payment Disability Living component, or Attendance Allowance. The removal of charges would apply to residents with capital in excess of £23,250.**

**Response** - The Council is committed to a fair charging policy and ensures minimum income guarantee levels for residents. National Government sets the regulations and guidance for charging for adult social care, which Councils must adhere to. Financial assessments include additional allowances for people in receipt of disability premiums, carers' premium or responsibility for a child, and people in receipt of pension credit with no additional disability benefits are not charged. Due to the recent announcements regarding Government changes to lifetime cap on care costs and a significant increase to the upper capital limit, the Council will need to consider this recommendation within this wider context.

However, the Council's IMAX service is dedicated to ensuring that residents receive all the benefits that they are entitled to and has supported residents to access an additional £1.93m of annual benefit entitlement so far in 2021/22, a figure expected to reach £4m by the end of



the financial year. The Council also ran a successful pension credit take-up campaign in 2020/21 that helped residents claim an additional £540k of annual pension credit entitlement.

## **4. Implications**

### **4.1 Financial implications:**

There are no direct financial implications from this report, however any financial implications arising from the implementation of any of the recommendations need to be considered and agreed as necessary by the Council.

Specifically referring to point 3.17, the following financial implications arise if this recommendation is implemented.

Overall the financial impact will be in the range of £4.1m to £14.9m, based on these figures this recommendation is currently unaffordable.

This recommendation will result in not charging service users a contribution towards the cost of non-residential Adult Social Care. The cost of this on the current service user base is estimated to be £4.1m per annum.

The additional consequence of this recommendation will be those residents who currently self-fund their non-residential care privately, will approach the council to fund their care because they will be able to receive the care for free.

There is little available data on the number of residents who self-fund privately. The majority of those residents that currently self-fund privately will do so because they have capital in excess of the full cost level of £23,250.

Based on the cost of non-residential care for every 1% increase in the service user base will equate to an additional £0.183m cost and if an estimate of a 10% increase is used this will equate to an additional cost of £1.83m per annum.

Please note it has been estimated 37% of care home residents are self-funders, if non-residential care self-funders followed the same proportion this will mean an estimated additional cost of £10.8m.

Any plans or strategies derived or agreed in relation to this report which create a budgetary pressure for the council would have to be financed through efficiencies as part of the annual budget setting process.

### **4.2 Legal Implications:**

Section 14 of the Care Act gives local authorities a general power to make a charge for meeting needs for care and support under sections 18 – 20 of the Act. Detailed provisions in respect of charging and the assessment of resources are set out in section 17 of the Care Act, the Care and Support (Charging and Assessment of Resources) Regulations 2014 and relevant chapters of the Care and Support Statutory Guidance.

The case of R( SH v Norfolk CC ) [2020] EWHC 3436 (Admin) the 'Norfolk Case' has caused some legal uncertainty around the charging regulations. The Norfolk case held that their

charging policy was discriminatory against severely disabled people as a greater proportion of their income was taken than other non-disabled people. Whilst the council is of the view that this case was wrongly decided, it is imperative to ensure that the current charging policy complies with the Council's ongoing Public Sector Equality Duty ('PSED').

With respect to affordability, this is a requirement for lawfulness.

As a matter of substance, the proposed responses are rational and are in the interests of the council taxpayers.

If, notwithstanding the fundamental affordability issue, it is decided to explore this further, then, before any substantive decision can be made, there will need to be an EqIA/RIA and consultation and conscientious consideration of the responses, and options will have to be scrutinised against the detailed statutory and sub-statutory provisions, and any relevant case law at the time, albeit that will not have to include the Norfolk case.

### **4.3 Environmental Implications and contribution to achieving a net zero carbon Islington by 2030:**

There are no significant negative environmental impacts from the works identified or under consideration as a result of the recommendations made.

Some of the recommendations will have a positive impact in terms of reducing the environmental impact of travelling, potentially reducing vehicular emissions. These include employing a greater proportion of local residents in the care sector (which will reduce commuting distances) and encouraging providers to promote sustainable travel options to their staff.

### **4.4 Resident Impact Assessment:**

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

A Resident Impact Assessment (RIA) has not been completed at this stage. Where the proposals in the report may have equalities implications for residents, RIAs will be undertaken.

## **5. Reasons for the decision:**

- 5.1 This report details the Executive Member's response to the recommendations of the Health and Social Care Scrutiny Committee and how Commissioners, and colleagues from Health and Adult Social Care intend to meet the committees' recommendations.

**Background papers:** None

**Appendices:** None

Final report clearance:

**Signed by:**



15 November 2021

Executive Member for Health and Social Care

Date

Report Author: Nikki Ralph  
Tel: 020 75278847  
Email: Nikki.ralph@islington.gov.uk

Financial Implications Author: Shakeel Yasin  
Tel: 020 7527 8929  
Email: shakeel.yasin@islington.gov.uk

Legal Implications Author: Stephanie Broomfield  
Tel: 020 7527 3380  
Email: Stephanie.broomfield@islington.gov.uk