

Adult Social Care
222 Upper Street, London, N1 1XR

Report of: Executive Member for Health and Social Care

Meeting of: Health and Social Care Scrutiny Committee

Date: 13 December 2022

Ward(s): All

Subject: Scrutiny Review of Adult Paid Carers – 12 Month Update

1. Synopsis

- 1.1. In July 2021, Executive received a report from the Health and Social Care Scrutiny Committee regarding a review into paid adult domiciliary care (also known as home care) workers working in Islington.
- 1.2. The Committee produced a comprehensive list of recommendations for home care in Islington, which were presented to Executive on 22 July 2021. Then a report detailing the proposed actions was presented to Executive on 25 November 2021.
- 1.3. This report provides updates on the work undertaken in response to the Health and Social Care Scrutiny Committee's 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 note progress to date and provide feedback on actions taken.
- 2.2. To note the further work proposed to build on progress to date.

3. Background

- 3.1. Between June 2019 until April 2021 (extended period due to COVID 19), the Health and Social Care Scrutiny Committee carried out a review of paid adult home care workers in Islington. The review aimed to assess the current position of

home care in Islington regarding; funding, contractual arrangements, delivery arrangements and their effectiveness, to consider other models of commissioning and delivery in other areas and, to advise of any changes that should be considered/implemented to improve outcomes for residents and for the home care workforce.

- 3.2. The Council is in the process of developing a new model of home care. The new model aims to respond to many of the scrutiny recommendations such as; improving the service for residents through a personalised strengths-based approach, increased capacity within high quality provision able to meet diverse needs and, support a more inclusive economy through fair pay and good conditions for the care workforce. The updates below refer to the progress the Council has made to date.
- 3.3. A new procurement strategy for home care is due to be presented to Executive on 12 January 2023. Many of the Health and Care Scrutiny Committee's recommendations will be taken forward through the new model. Evidence from other local authorities is that home care transformation takes time. It recognises that there needs to be a continual process of learning and further developing the model with a focus on improving the experience and outcomes for residents and the workforce. The Council will continue to build on the model with providers and social care and health partners over the coming years.

4. Updates

- 4.1. **Recommendation (a):** *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*

The Council will require all providers who join the future home care framework to use electronic home care systems to ensure best practice in use of technology to support provision of home care in Islington.

The Council has undertaken a review of its Assistive Technology service and has implemented a new offer that will support a larger number of residents with a broader range of needs to enhance quality of life and wellbeing. The offer will continue to expand the range and type of technological solutions that can support independence, provide reassurance to family members and identify changing needs early. 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.

- 4.2. **Recommendation (b):** *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.*

The Islington Together ambition to make Islington a more equal place with a focus on prevention and early intervention is key to improving the quality of life for many residents

and delaying or preventing escalation of need. The Council is working closely with health and voluntary sector partners to identify opportunities for closer collaboration and integration. Adult Social Care's new operating model helps join up health and social care services from the first point of contact, crisis response, hospital discharge and longer-term support in the community. These developments will support the Council's plans to move to locality home care provision, supporting closer relationships and collaboration between locality home care providers and health, social care and VCS partners.

- 4.3. **Recommendation (c):** *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.*

Since November 2021, the Council has continued to work in partnership with home care providers, Adult Social Care and Health colleagues to develop a new model of home care that is more personalised, flexible and moves away from 'Time and Task' care and support. For many residents requiring home care, they have very complex needs which require time specific personal care and therefore officers recognise for some, there will be little flexibility in the delivery of their care package. However, a person centred, relationship based and enabling approach delivered by consistent workers still has the potential to improve residents' quality of life and satisfaction with the care they receive. The Council is working with providers to encourage training for their workforce that supports this enabling and person-centred approach. The Council has been running a programme of market engagement and development events with home care providers to ensure the new service is developed collaboratively. Recent sessions have focused on what good home care looks like, strengths-based support planning and improving the home care offer for people with mental health needs.

The new home care model will require providers to work within a dedicated locality, enabling home care workers to build stronger relationships and work in a more joined up way with social workers, therapists and nurses at a locality level. This will also reduce the amount of travel time for carers, support carers to work closer to home, should that suit them, and enable increased efficiency.

- 4.4. **Recommendation (d):** *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.

The Council is working collaboratively with providers to explore approaches that will support our new model of home care. Officers are currently working with a provider that has rolled out 'enabling' training in an effort to shift towards a more enabling approach that supports residents in a 'do with' rather than 'do to' approach to better support residents to build independence and improve wellbeing.

The Council is conscious of the need to get the right balance of increased provider freedom and flexibility with the council's responsibility to ensure residents are safe and in receipt of the right level of support. The Council is exploring how to implement outcomes focused support plans that enable providers to co-design detailed care plans with service users, work in creative ways to support residents to achieve outcomes that matter to them, identify changing needs and make recommendations for changes to care packages as needs change.

- 4.5. **Recommendation (e):** *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.*

The Council is committed to the Ethical Care Charter. The two commissioned providers must pay London Living Wage. The Council has also been 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 paying the LLW. The proportion of home care service users who are supported by an agency who pays at least LLW has increased from 65% (August 2021) to 85% (November 2022).

Adult Social Care have continued to sit on the work very closely with Community Wealth Building colleagues, the Health and Social Care Academy partners and Proud to Care to support career pathways and progression. In 2021/22, seven local home care providers received iWork recruitment support resulting in 22 local people moving into local home care roles.

Providing good jobs is a key objective for the upcoming home care procurement. Contracts will continue to stipulate payment of LLW and will further increase the number of residents supported by providers who pay LLW. The Council will continue to stipulate contracted providers pay staff for travel time and training.

Over three quarters of the home care workforce live in Islington or neighbouring boroughs. The new model of home care will be organised in localities, further supporting local recruitment and enable residents to work close to home. It is a priority to continue driving forward opportunities for a more inclusive economy. Home care providers will be required to make social value commitments towards improving jobs and career opportunities for Islington residents.

- 4.6. **Recommendation (f):** *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.*
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.

In addition to the Islington Health and Social Care Academy, the planned new North Central London Social Care Academy will further support this by targeting residents who have been disproportionately affected by covid-19 and the aim is to get them into Social Care work.

The Council has continued to 'paying on planned' care hours, having moved from 'paying on actuals' with minute-by-minute billing. This is a change the Council implemented during the pandemic and has continued while other boroughs have reverted to paying minute by minute.

The Council will continue to support guaranteed hours contracts and work with providers to make this the norm. The Council is working closely with one of the largest home care providers in the borough to support them to implement guaranteed hour contracts for their staff.

- 4.7. **Recommendation (g):** *Commissioners, as part of broader market development, explore the appetite and capacity for delivering personalised services through Individual Service Funds, or Direct Payments.*

The Council currently runs a DP working group to improve and expand DPs in Islington. The group is co-led with residents in receipt of DPs and Personal Assistants who support residents with DPs, as well as the DP team manager and head of service. The number of eligible Direct Payment (DP) users has increased over the last year including those in receipt of ISF's. In 2021/22, 29.1% of our long-term service users received direct payments, higher than both London (25.0%) and England (26.7%). The number of people who receive support via a direct payment has improved over time, with a 10% increase in 2021/22 compared to the year before (26.5% in 2020/21).

- 4.8. **Recommendation (h):** *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.*

The Council has been fostering better, closer relationships between social work staff and home care staff to enable a more holistic service that puts the resident and their families at the centre of their care. The new home care model will require providers to adopt a strengths based, personalised approach,

Following re-procurement of home care, the council will arrange joint strengths based and enablement training sessions for inhouse Reablement workers and care workers to share expertise and to also support relationship building and collaborative working. Home care staff will take a more active role in care reviews, sharing their knowledge of the resident and will work closely with the resident and their families to identify the best way to support the service user to help them to maximise their quality of life and their satisfaction with the support and care they receive.

- 4.9. **Recommendations (i):** *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.*

An anti-discriminatory protocol that will be launched in the new year to support the adult social care workforce to carry out their roles free from discrimination and abuse. This will be shared with providers who will be encouraged to sign up to the policy.

The iWork Team is working closely with commissioners to develop opportunities for promoting the sector to Islington's diverse communities. Expectations regarding cultural competence will be embedded throughout the new home care service specification. Providers will be required as part of the tender process to demonstrate how their service will meet the diverse needs of Islington's residents and deliver culturally sensitive care.

- 4.10. **Recommendation (j):** *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.*

All providers are required to have lone worker policies in place to ensure care worker safety. The Council is committed to tackling climate change and in line with this the Council will encourage providers to have travel policies which promote the use of sustainable travel options.

- 4.11. **Recommendation (k):** *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.*

The government announced in September 2021 a range of charging reforms that provides greater protection to residents who self-fund their social care. These measures will put an extra burden on adult social care as more people will become the responsibility of the council when they reach the new lifetime cap on care costs of £86k. The government announced on 17 November that these reforms are delayed for two years.

Despite this delay, the Council continues to require adequate on-going funding to meet the demand for social care, to ensure the Council can continue to pay sustainable rates and to continue to support the most vulnerable in society.

- 4.12. **Recommendation (l):** *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 home care and district nursing team. There are many opportunities to integrate between health and social care and integration could take many different forms.*

The new home care service will be locality based, aligned to the three Islington locality areas (North, Central and South). This will enable more joined up working between home care, and community and primary care services also organised in localities, for example district nursing. Please also refer to 4.2.

- 4.13. **Recommendation (m):** *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.*

Commissioned home care providers in Islington are required to pay staff for travel time between care visits. This will also continue to be an expectation in the new home care contracts. Moving to a locality-based home care service aims to reduce travel time between visits.

- 4.14. **Recommendation (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.*

Council Adult Social Care staff and teams were recognised for their service at the Annual EPIC Staff Awards. In addition, the Council held its first Dignity in Care Awards since the Pandemic on 17 October 2022 where the individuals and teams, including home care workers, were recognised and celebrated for the care they provide to Islington residents and the difference they make to people's lives.

- 4.15. **Recommendation (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.*

A high proportion of our care providers employ residents from Islington or neighbouring boroughs. A programme of market engagement and development events have been running for 12 months to ensure all providers understand the Council's ambitions for home care and the Council's inclusive economy ambitions. The Council will hold

training sessions to support and upskill potential providers to successfully bid for Council contracts in the coming months and will include expectations around social value. The recommended procurement approach has been designed to be accessible to smaller, local and voluntary organisations.

- 4.16. **Recommendation (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.*

The Council has been building relationships with some local voluntary sector home care organisations who specialise in culturally diverse care and community languages.

- 4.17. **Recommendation (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.*

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. The Council's IMAX Team continue to support residents to ensure they receive all the benefits they are entitled to.

5. Implications

5.1. Financial Implications

- 5.1.1. 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 4.17, the following financial implications arise if this recommendation is implemented.

Overall, the financial impact will be in the range of £4.1m to £9.91m, based on these figures this recommendation is currently unaffordable.

This recommendation will result in not charging service users a contribution towards the cost of domiciliary 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 domiciliary 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 domiciliary care for every 1% increase in the service user base will equate to an additional £0.212m cost and if an estimate of a 10% increase is used this will equate to an additional cost of £2.123m per annum.

ONS central estimates for the proportion of self-funders and state funded domiciliary care service users is 21.50%:78.50%, based on this the estimated additional cost would be approximately £5.81m.

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.

5.2. **Legal Implications**

- 5.2.1. 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.

5.3. **Environmental Implications and contribution to achieving a net zero carbon Islington by 2030**

- 5.3.1. 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.

5.4. **Equalities Impact Assessment**

5.4.1. 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.

5.4.2. An Equalities Impact Assessment was completed on 3 May 2022 as part of the procurement process for the new home care services. The full Equalities Impact Assessment is appended.

6. Conclusion and reasons for recommendations

6.1. This report details the response to the recommendations of the Health and Social Care Scrutiny Committee.

Appendices:

- Appendix 1 – Adult Paid Carers – Scrutiny response report
- Appendix 2 – Full EQIA – Home Care procurement

Final report clearance:

Signed by:

Councillor Nurullah Turan

Executive Member for Health and Social Care

Executive Member for Health and Social Care

Date: 13 December 2022

Report Author: Ruby Pearce, Commissioning Manager and Nikki Ralph, Head of Strategic Commissioning, Age Well

Tel: 020 7527 8483

Email: ruby.pearce@islington.gov.uk

Financial Implications Author: Shakeel Yasin

Tel: 020 7527 8982

Email: Shakeel.Yasin@islington.gov.uk

Legal Implications Author: Stephanie Broomfield, Principal Lawyer

Tel: 0207 527 3380

Email: Stephanie.broomfield@islington.gov.uk