

**Report for:** Overview and Scrutiny Committee – 26 March 2018

**Title:** Interim report - Care Home Commissioning

**Report authorised by :** Cllr Pippa Connor, Chair, Adults and Health Scrutiny Panel

**Lead Officer:** Felicity Foley, Principal Committee Co-ordinator  
Tel 020 8489 2919 or email [felicity.foley@haringey.gov.uk](mailto:felicity.foley@haringey.gov.uk)

**Ward(s) affected:** All

**Report for Key/  
Non Key Decision:** N/A

## **1. Describe the issue under consideration**

- 1.1 At its meeting on 21 November 2017, the Overview and Scrutiny Committee agreed the scoping document for a review of care home commissioning by the Adults and Health Scrutiny Panel.
- 1.2 The overarching aim of the project was to ensure residents in Haringey received high quality care in care home settings (residential and nursing) and that contracts incentivised care homes to provide high quality care. This would involve examination of Haringey's current care home offer, with consideration given to both the user / carer experience, and workforce support and planning.

## **2. Chair's Foreword**

- 2.1 Following on from the evidence gathering sessions attended over various different care homes within the borough the following themes have emerged within each of the three different groups.
- 2.2 This project was undertaken not to look at any individual care setting but gain a deeper understanding of the process and how as a Local authority we are best placed to instigate change and improvements.
- 2.3 The aim of this project was always how to improve systems to directly enhance both the staffing offer and retention and the client experiencing the care alongside their Carer.
- 2.4 In identifying these key themes within each of the areas we hope that the following recommendations can assist not only in the development of a skilled and valued workforce within a recognised body encompassing pay, conditions and training, but also that the Providers will be supported both within their funding to remain a stable provision both within Haringey and surrounding boroughs.
- 2.5 By leading the way with innovative ideas, we can protect and enhance our care provision across all settings, with the end goal of improving our residents care whether it is within their own home or in a residential or Nursing Home setting.

2.6 Individual recommendations for the clients and the cares have been identified to support their choice and independence whilst ensuring they gain access to the best care.

### **3. Recommendations**

- (a) That the Overview and Scrutiny Committee considers the findings of the Adults and Health Scrutiny Panel and agrees the recommendations, attached at **Table 1**.
- (b) That, subject to any comments or amendments the Committee wish to make, this report be submitted to Cabinet, in June 2018, for response.

**Table 1 – Recommendations**

No	Recommendation
<b>Workforce</b>	
1	To set up a Body to recognise the role and job description of a care worker. This would include care workers within the Domiciliary, care home and nursing home setting. This body would regulate pay and conditions across the care sector. It would also ensure that there was scope for staff to progress in their careers. Whilst this would start at a local level, the aim would be to gain national recognition.
2	To ensure that all care workers receive a yearly appraisal, with pay review (incremental system of pay within grades).
3	To provide accredited training for care workers, whilst ensuring there is a recognised difference of care workers within the care system, for example, frail elderly home care, learning disability care, mental health care. Training courses should be tailored to suit each speciality.
4	To set up a forum for care workers to meet any issues or ideas to improve care within their settings or working conditions.
<b>Clients and Carers</b>	
5	To set up an Independent Advocate service which would provide information and support to clients and designated carers, particularly in relation to the first Social Worker review for care assessment.
6	To ensure that annual reviews of care provision / placements take place, in order to assess whether the services provided are still appropriate for the client.
7	To request that Healthwatch carry out spot checks in every provider where there is a Haringey contract in place, and reports provided to the Local Authority and CCG.
8	To ensure that better information is provided to clients and carers in relation to community provision, via Community Asset Mapping.
9	To ensure that Safeguarding information is provided to clients and carers (e.g. leaflet upon first contact on noticeboards at care homes) with clear contact numbers (if home care, then within the home care contract).
<b>Providers</b>	
10	To work with providers to identify any concerns they may have around their current level of funding with Local Authorities and the CCG.
11	To encourage a dialogue with providers in relation to recommendations 1 – 3, to ensure that there is consistency across the board.
<b>Local Authority</b>	
12	To work with the CCG to address concerns around funding for local providers.
13	To identify Hubs as playing a larger role in co-ordinating care review to include the clients GP.



#### **4. Reasons for decision**

- 4.1 Under the agreed terms of reference, Overview and Scrutiny can assist the Council and the Cabinet in its budgetary and policy framework through conducting in-depth analysis of local policy issues and can make recommendations for service development or improvement.
- 4.2 In this context, the Overview and Scrutiny Committee, on 21 November 2017, agreed the Adults and Health Scrutiny Panel should set up a review project.
- 4.3 The **Terms of Reference** for this task and finish project were to make recommendations on:
- improving systems to directly enhance both the staffing offer and retention; and develop a skilled and valued workforce
  - protect and enhance the care provision across all settings, with the end goal of improving residents' care, whether within their own homes, or within a residential or Nursing Home setting.
- 4.4 The recommendations contained in this report address these concerns.

#### **5. Alternative options considered**

- 5.1 As outlined in section 6, evidence for this review was gathered in a variety of ways. Alternative methods were not considered as this methodology enabled the Panel to address the terms of reference set for the project.
- 5.2 The options considered during the course of the review are outlined in the main body of the report. However, the Overview and Scrutiny Committee could decide not to approve the Panel's report and recommendations, which would mean they could not be referred to Cabinet for a response.

#### **6. Methodology**

- 6.1 The Panel held evidence gathering sessions, including visits to a number of care homes within the borough. In addition, the Panel met with officers from the Borough's Commissioning Team, and from the North London Councils Workforce Team, and assessed a range of documentary evidence to assist in its work.

#### **7. Introduction**

##### **Initial evidence gathering session**

- 7.1 The Panel met with officers from the Haringey Commissioning Team who provided a background to care homes and care provision in the borough.
- 7.2 Care Home placements are commissioned via DPS, with quality assurance managed by the CQC and within the Commissioning Team. All homes must be either good or outstanding to join DPS.
- 7.3 One common challenge to all local authorities is difficulties sourcing bedded care, particularly nursing care. Commissioners / managers from across the boroughs are largely in agreement that this is a supply issue, and there is evidence that this

is driving local authorities to place residents in a wider geographical area. Commissioning leads in Enfield consider challenges with nursing bed availability as principally a product of inter-authority competition and price variance, and a lack of clinical capacity in care homes to manage the acuity of patients.

- 7.4 Demand for residential care with or without nursing is set to increase by 56% by 2035.
- 7.5 To address issues of supply, NCL boroughs have agreed to explore: understanding the specific nature of supply gaps, and scoping out what an appropriate model of nursing care is; and to scope out an approach to shared capital investment / market development.
- 7.6 Some quick wins / short term recommendations have been identified:
- Undertake a detailed review of the following to understand what the NCL 'supply gap' is:
    - Local Authority demand
    - Care Home available supply
    - DTOC reasons
  - evaluate enhanced health in care homes models and costs / savings / cost avoidance for local authorities and across the Health and Social Care system.
  - Present supply gap to STP Urgent Care Workstream and make case for joint CCG / Local Authority sector investment / intervention.
- 7.7 The Commissioning Team has also identified some longer term recommendations:
- Agree joint MPS across 5 boroughs for bedded care.
  - Collectively agree model of nursing care to be adopted
  - Engage care marketplace jointly to manage supply gaps
  - Agree a shared capital investment plan / approach (across the 5 boroughs) for supply.

### **Panel visits**

- 7.8 Members of the Panel visited a number of Care Homes in the borough: Peregrine House, Priscilla Wakefield House, Morriss House, and Stamford Care Home. The Panel devised a set of questions (Appendix 2) and were able to talk to staff, clients and relatives, and gained useful feedback from the visits:

#### Staff

- On the whole, staff received the appropriate training, and were able to attend training sessions in order to fulfil legal requirements. Some staff felt that there was career progression available, whilst others felt that there were no clear pathways to career progression.
- Staff at one home commented that management could provide better support to carers when a client died.
- Staff were generally paid at the minimum wage level, there was one home where the London Living wage was paid, and another where management were looking to increase pay to the 'living wage' (not London Living Wage).

- Some support was provided by the CCG, particularly in relation to dementia nursing and the rapid response team. Support was also provided from the North Middlesex Palliative Care Team. However, there were some comments that some placements were unsuitable, e.g. clients with alcohol issues; and instances where some clients care needs have increased following discharge from homes.
- Transportation was an issue in some homes – requests had been made to have transport so that staff could take residents on trips, as the transport provided by Haringey Council was unreliable. This was echoed in another home, where free outings for clients were no longer possible.
- Staffing at the homes were a mix of registered nurses, care workers and bank staff to cover sickness. Some homes had volunteer support workers.
- There seemed to be a problem with supply of equipment at one of the homes, with only one hoist and a few wheelchairs, but staff were uncertain who had supplied the equipment and how to get more.
- Staff reported problems where there was no next of kin for a resident. They had been advised to contact the Council, but often it was difficult to make contact.

#### Clients

- Residents were generally happy with the level of care provided, and with the staff at the homes. One mentioned their frustration at not being provided with the physiotherapy required to enable them to return home (although it was noted that this was an external physiotherapist).
- One resident spoke of a previous care home, where the level of care received by them had not been as good as their current home.

#### Relatives

- There was generally good feedback about the staff at the homes, and the quality of care that residents received.
- There was a need for more staff in some of the homes, particularly at times when residents required personal care, and there were no staff left in the day rooms.
- There were some occasions where communication was lacking, particularly in relation to the assessment process for residents, but also regarding everyday details of care.

#### General

- 70% of residents at one home were local authority funded, which was a factor in the viability of the home. There were concerns raised regarding the future of the home, as the maximum capacity had been lowered due to health and safety concerns about using certain areas of the home.
- Haringey did not fund day-care for those in residential care, but it was felt that the activities provided on site were not always appropriate for all residents.

### **Second evidence gathering session**

- 7.9 Members of the Panel met with an officer from the North London Councils Workforce Team. The team were working on a cross borough project with the aim of supporting providers to increase capacity and quality in key roles such as nursing and home care through improvements to recruitment, development and retention approaches, and to build a joined up and sustainable approach to workforce challenges in North London.
- 7.10 There were a number of aims that the project wanted to achieve: raising the profile and prestige of roles and careers within the care sector; increasing capacity by adjusting their recruitment and retention practices; improve the skills of the workforce to enable residents to live well at home and prevent unnecessary admissions; and to integrate social care agenda into local transformation infrastructure.
- 7.11 Members of the panel were encouraged by the project and identified a number of areas where recommendations from the review could feed into this work.

### **Recommendations**

- 7.12 The recommendations identified at Table 1 of the report aim to address the issues raised during the evidence gathering sessions at the care homes, and hope to feed into the work currently being carried out by the North London Councils Workforce Team.

## **8. Contribution to strategic outcomes**

- 8.1 In agreeing a tight and focused scope, consideration was given to how this scrutiny review could contribute to strategic outcomes.
- 8.2 The recommendations outlined in this report will, if taken forward, contribute to policy and practice across priorities outlined in the Corporate Plan.

### **Corporate Plan**

- 8.3 Priority 2 – “Enable all adults to live healthy, long and fulfilling lives”.

## **9. Statutory Officers Comments**

### **Legal**

- 9.1 This report sets out the recommendations of the Adults and Health Scrutiny Panel on Care Home Commissioning. If the recommendations are accepted by the Overview and Scrutiny Committee they will be considered by the Cabinet who will respond.
- 9.2 Under Section 9F of the Local Government Act 2000 (“LGA”), the Overview and Scrutiny Committee has the power to make reports or recommendations to Cabinet on matters which affect the Council’s area or the inhabitant of its area. Reports and recommendations will be presented to the next available Cabinet meeting together with an officer report where appropriate.



9.3 The Overview and Scrutiny Committee must by notice in writing require Cabinet to consider the report and recommendations and under Section 9FE of the LGA, there is a duty on Cabinet to respond to the Report, indicating what (if any) action Cabinet, proposes to take, within two months of receiving the report and recommendations.

### **Finance**

9.4 The costs of undertaking this scrutiny review have been contained within existing budgets while the Panel has put forward a number of recommendations for consideration.

9.5 Recommendations should only be adopted if there is a robust business case that demonstrates they offer value for money and resources have been identified.

9.6 At this stage some of the recommendations are fairly high level and further work will be required to fully assess the financial implications. However, many of the recommendations should be low cost and could be met from existing resources.

9.7 It is therefore expected that the majority of recommendations could be enacted with minimal financial impact to the Council. However, before Cabinet could agree to implement the recommendations it will be necessary, as part of Cabinet's response, to ensure that the cost of doing so is known and budgeted for.

### **Equality**

9.8 The Council has a public sector equality duty under the Equality Act (2010). This requires the Council to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited under the Act;
- Advance equality of opportunity between people who share a protected characteristic and those who do not;
- Foster good relations between people who share a protected characteristics and those who do not.

9.9 In any recommendations requiring communications to residents, consideration will be needed in regards to providing reasonable adjustments. This includes easy read versions for people with learning disabilities, and different formats for people with sensory impairments.

## **10. Use of Appendices**

Appendix 1 – review contributors

Appendix 2 – questions for care home visits

## **11. Local Government (Access to Information) Act 1985**

## Appendix 1

### Review contributors

The Committee interviewed the following witnesses as part of their evidence gathering  
– in order of their appearance before the group

<b>Name</b>	<b>Job Title / Role</b>	<b>Organisation</b>
<b>Scoping</b>		
Charlotte Pomery	Assistant Director of Commissioning	Haringey Council
<b>Session 1</b>		
Farzad Fazilat	Commissioning Manager	Haringey Council
Sujesh Sundarraj	Commissioning & Safeguarding Officer	Haringey Council
<b>Session 2</b>		
Clients, relatives & staff		Peregrine House
Clients, relatives & staff		Priscilla Wakefield House
Clients, relatives & staff		Morriss House
Clients, relatives & staff		Stamford Care Home
<b>Session 3</b>		
Anne-Marie Gray	Project Officer	North London Councils Workforce Team

## Appendix 2

### Questions for care home visit

#### Residents

- Did you get all the help/support you needed from Haringey when you were deciding to come into a care home?
- Looking back, could the social worker have given you any more/different information that would have helped you?
- Thinking about the care you receive now, is there anything that could be done to improve your care?
- Would you like to have access to different services like physio, nail cutting, exercise classes or external trips in the community?

#### Carers

- When you first thought about accessing care in a home, was there any information you wish you had been given?
- During the decision process were you offered any support services for yourself?
- Were you given enough support in filling out the forms/choosing the right care home?
- Now your loved one is in the care home; do you have access to any support in the community?
- What would you like to see change to help others before they start this process?

#### Staff

- Do you feel you have enough support to care for your clients in the best way?
- Do you have enough information if relatives ask about other services such as podiatry or exercise classes?
- Are you supported?
- What other support would you like to help you develop in your career?
- Do you feel that you could ask for any study time if you wanted to attend a course?
- How many courses have you been on in the last year i.e. safeguarding or patient handling?