Open Agenda

Healthy Communities Scrutiny Sub-Committee

Wednesday 10 February 2016
7.00 pm
160 Tooley Street

Membership

Councillor Rebecca Lury (Chair)
Councillor David Noakes (Vice-Chair)
Councillor Jasmine Ali
Councillor Paul Fleming
Councillor Lucas Green
Councillor Maria Linforth-Hall
Councillor Bill Williams

Reserves

Councillor Maisie Anderson
Councillor Helen Dennis
Councillor Jon Hartley
Councillor Eliza Mann
Councillor Johnson Situ

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Contact Julie Timbrell on 020 7525 0514 or email: julie.timbrell@southwark.gov.uk

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Members of the committee are summoned to attend this meeting
Eleanor Kelly
Chief Executive
Date: 2 February 2016

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Healthy Communities Scrutiny Sub-Committee

Wednesday 10 February 2016
7.00 pm
160 Tooley Street

Order of Business

Item No.	Title	Page No.

PART A - OPEN BUSINESS

1. APOLOGIES

1. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

In special circumstances, an item of business may be added to an agenda within five clear working days of the meeting.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

Members to declare any interests and dispensations in respect of any item of business to be considered at this meeting.

4. MINUTES

The Minutes of the meeting held on 17 November 2015 are to follow.

Item No.	Title	Page No.

5. INTERVIEW WITH THE CABINET MEMBER FOR ADULT CARE AND FINANCIAL INCLUSION

Interview with the Cabinet Member for Adult Care and Financial Inclusion, Councillor Stephanie Cryan, on the following themes:

1. Update on Tower Bridge Care Home, Burges Park and Camberwell Green care homes. Since lifting, or partially lifting, the embargo on Tower Bridge and Burgess Park care homes what has happened? How many residents, if any, remain at Camberwell Green care home since the recent planned closure?

2. Council Home Care provider's attitude with regard to not providing pay slips to personal assistants

3. Council tax adult social care precept

4. Hospital discharges

6. INTERVIEW WITH THE CABINET MEMBER FOR PUBLIC HEALTH, PARKS AND LEISURE

Interview with the Cabinet Member for Public Health, Parks and Leisure, Councillor Barrie Hargrove, on the following themes:

1. Public Health

2. Substance misuse services

3. Sexual health strategy and sexual health commissioning

4. Leisure services and parks

7. PARTNERSHIP MERGER: GP PRACTICES NORTH OF THE BOROUGH 1 - 17

Dr Amr Zeineldine and Dr Femi Osonuga who will present the proposal to merge the following practices:

1. Aylesbury Partnership
2. Princess Street Group Practice
3. Walworth Partnership
4. Bermondsey & Lansdowne Medical Mission Partnership

Andrew Bland, Southwark NHS Clinical Commissioning Group will attend to provide the commissioner perspective.

A copy of the Trigger Template outlining the proposal and a short presentation for the meeting is enclosed. .

Item No.	Title	Page No.

8. PROGRESS REPORT: HEALTH OF THE BOROUGH SCRUTINY REVIEW

A progress report is to follow.

9. DRAFT SCRUTINY REVIEW: TIME TO CARE - A FUTURE VISION OF CARE IN SOUTHWARK 18 - 42

The draft scrutiny review: Time to care – a future vision of care in Southwark is attached.

Submissions are also enclosed from Age UK and GMB, following the last scrutiny session on this review.

10. WORKPLAN

The workplan is to follow.

DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING.

PART B - CLOSED BUSINESS

DISCUSSION OF ANY CLOSED ITEMS AS NOTIFIED AT THE START OF THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT.

Date: 2 February 2016

EXCLUSION OF PRESS AND PUBLIC

The following motion should be moved, seconded and approved if the sub-committee wishes to exclude the press and public to deal with reports revealing exempt information:

"That the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraphs 1-7, Access to Information Procedure rules of the Constitution."

Agenda Item 7

TRIGGER TEMPLATE

NHS Trust or body & lead officer contacts:	Commissioners e.g. CCG, NHS England, or partnership. Please name all that are relevant , explain the respective responsibilities and provide officer contacts:
Current GP practice partnerships: 1. Aylesbury Partnership 2. Princess Street Group Practice 3. Walworth Partnership 4. Bermondsey & Lansdowne Medical Mission Partnership **Lead officer contacts:** Dr Amr Zeineldine (Aylesbury Partnership). Email: amr.zeineldine@nhs.net Ms Catherine Arden (Princess Street Group Partnership). Email : catherine.arden@nhs.net	**NHSE (London).** Jill Webb, Head of Primary Care. Email: jill.webb3@nhs.net **NHS Southwark CCG**. Andrew Bland. Chief Officer. Email: andrewbland@nhs.net NHS England and NHS Southwark CCG entered joint commissioning arrangements for primary care on 1 April 2015 and have a joint responsibility for decision making as it relates to the commissioning of general practice services. The statutory responsibility remains with NHS England, the contract holder for the current and future (proposed) contracts

Trigger	Please comment as applicable
1 Reasons for the change & scale of change	
What change is being proposed?	Merger of 4 current general practice partnerships listed above into a single partnership to continue to deliver general medical services from 8 current sites. This will result in a merged list size of about 60,000 patients. Currently the partnerships have 4 PMS contracts for the delivery of general practice services from 7 sites. In addition Walworth partnership have an APMS contract (procured for time limited period) for Sir John Kirk Close partnership. Negotiations are underway to have one PMS contract with NHSE (London) as one new partnership. This PMS contract will reflect the PMS contract that will be in use locally within Southwark with other local GP practices. The APMS contract would also be delivered via the new partnership.
Why is this being proposed?	To ensure that patients continue to experience high quality care from our practices whilst ensuring our continued organisational and financial sustainability. The existing

	partnerships have recognised a continuing growth in demand for services that has not been met by growth in funding. To ensure that our high quality care and accessibility continues to be provided we consider that this merger is required. Working at scale from the existing 8 sites we consider that our patients will: • Experience greater access to care through a choice of locations and services. • Improving quality of care, reducing inequalities and variation across a larger population. • Benefit from a consistent offer across a significant geographical and population basis. • Continue to receive continuity of care. • Benefit from our ability to identify and implement innovative ways of working at scale. In addition our enhanced organisation will have the ability to: • Further develop and sustain a learning environment. • To plan and develop our workforce including exploring new way of working and new roles. • Develop in response to changes in commissioning and health policy and to be part of the transformation of primary care. • To be an active and significant contributor to local health economy • To enhance our support and input into the north Southwark GP federation.
What stage is the proposal at and what is the planned timescale for the change(s)?	Reviewed with patient groups of respective practices and staff over past 12 months. Agreement in principle of all four partnerships to pursue merger. In discussion with commissioners NHSE/CCG regarding approval process to merge general practice contracts. Early indications from the commissioners have been extremely positive.
What is the scale of the change? Please provide a simple budget indicating the size of the investment in the service and any anticipated changes to the amount being spent.	Combined value of PMS contracts for all existing partnerships is £7.255 million. The APMS contract value is £720K The value of the contracts will continue in the merged partnership incorporating any changes from planned PMS review in Southwark for 16/17.
How you planning to consult on this? (please briefly describe what stakeholders you will be engaging with and how) . If you have already carried out consultation please specify what you have done.	Already engaged with individual patient participation groups affiliated with each partnership. Consultation and engagement strategy agreed (attached at Appendix A) to engage with our patients, local stakeholders and community. This includes: • Common material provided via practice communication methods including website, posters, attachment to existing patient material and leaflets.

	• Consultation questionnaire including opportunity to comment, make suggestions and raise concerns will be made available via websites and internal patient communication by end January 2016. • Engagement event planned for patients and local community in February 2016. • Engagement plan to meet/communicate with local stakeholders including: a) Local voluntary and other citizen forums including Community Action Southwark, Blackfriars Settlement, Cambridge House, Time and talents, Borough, Walworth and Bankside community councils and Bermondsey & Rotherhithe Community Councils and local faith and community groups b) Southwark Health Watch c) Local ward councillors d) Local acute and community care providers (KCH and GSTT) and SLAM e) Out of hours services and 111 f) LMCs in both Southwark & Lambeth g) Local GP practices and GP federations h) Local faith and community group i) Local Medical Committees in both Southwark and Lambeth j) Local MPs We will use feedback and comments received via our engagement activities to improve our implementation and service development plans. We will also provide updates on changes we make as a result of this work.
2 Are changes proposed to the accessibility to services? Briefly describe:	
Changes in opening times for a service	No reduction in current opening times planned for implementation. We are committed to reviewing the current hours and opening times as one partnership and identify any potential to enhance these within our combined resources.
Withdrawal of in-patient, out-patient, day patient or diagnostic facilities for one or more speciality from the same location	None
Relocating an existing service	None in next 3-5 years. There may be opportunities in longer term (e.g. as part of regeneration) to develop new premises to replace existing sites to improve premises and meet projected population growth needs.
Changing methods of accessing a service such as the appointment system etc.	Current systems will be maintained and then improved via the use of more integrated telephony/IT and on-line access to appointments. Consistent offer to be provided to patients across all sites will be implemented within the first 2 years.
Impact on health inequalities across	Current access to these groups will be maintained as

all the nine protected characteristics - reduced or improved access to all sections of the community e.g. older people; people with learning difficulties/physical and sensory disabilities/mental health needs; black and ethnic minority communities; lone parents. Has an Equality Impact Statement been done?	there will be no reduction of current services offered. .
3 What patients will be affected? (please provide numerical data)	**Briefly describe:**
Changes that affect a local or the whole population, or a particular area in the borough.	60,000 patients registered with existing practices at 8 sites in Southwark*: 1. Aylesbury Partnership = 20,725 patients at: • Aylesbury Medical Centre, Thurlow Street. Faraday ward • Commercial Way Surgery. Peckham ward. • Dun Cow Surgery, Old Kent Road. Grange ward. 2. Bermondsey & Lansdowne Medical Mission. 15,713 patients at: • Decima Street Surgery. Chaucer ward. • Artesian Health centre. Grange ward 3. Walworth Partnership. 12,256 patients at: • Manor Place Surgery. Newington ward • Sir John Kirk Close Surgery. Camberwell green ward. 4. Princess Street Group Practice. 11,397 at: • Princess Street, Elephant & Castle. Cathedral ward. ***Note**: wards indicated are where sites situated, the area where patients live will be a wider geographical area often over a number of wards.*
Changes that affect a group of patients accessing a specialised service	None
Changes that affect particular communities or groups	None
4 Are changes proposed to the methods of service delivery? Briefly describe:	
Moving a service into a community setting rather than being hospital based or vice versa	N/A
Delivering care using new technology	Our vision is to respond to feedback from patients by developing additional points of access which will utilise the internet and on-line innovations, building on our current on-line access.
Reorganising services at a strategic	Working at scale to deliver services from number of sites

level	but having centralised functions such as management, administration, telephony and data within 12-24 months. Also redesigning some clinic/services to be delivered in appropriate settings and locations.
Is this subject to a procurement exercise that could lead to commissioning outside of the NHS?	None in relation to PMS contract. The APMS contract for Sir John Kirk Close will be subject to NHSE re-procurement rules when the contract ends.
5 What impact is foreseeable on the wider community? Briefly describe:	
Impact on other services (e.g. children's / adult social care)	No impact on other services will result. Over time there is a potential to enhance more integrated working with other local services with our larger organisation and patient population that could improve service pathways for patients.
What is the potential impact on the financial sustainability of other providers and the wider health and social care system?	None.
6 What are the planed timetables & timescales and how far has the proposal progressed ?	**Briefly describe:**
What is the planned timetable for the decision making	Date proposed for merger start date is 1/7/2016.
What stage is the proposal at?	Seeking approval from commissioners NHSE (London) and Southwark CCG. Project planning stage and implementation of consultation and engagement strategy.
What is the planned timescale for the change(s)	12 -24 months.
7 Substantial variation/development	**Briefly explain**
Do you consider the change a substantial variation / development?	
Have you contacted any other local authority OSCs about this proposal?	No

Appendix A

Aylesbury Partnership, Bermondsey & Lansdowne Medical Mission, Princess Street Group Practice and Walworth Partnership

COMMUNICATIONS AND ENGAGEMENT STRATEGY

1. Purpose of paper

This papers sets out a proposed approach for communication and engagement with all stakeholders regarding the proposed merger of all practices. This communication strategy is for all stakeholders in the proposed merger – patients, the local community and other health organisations. Engagement of staff in our respective partnerships is already an on-going plan and will also be dealt with as part of a separate Human Resources process which will include TUPE arrangements. An overview of the work plan to deliver this strategy is at Appendix 1.

2. Patient engagement and consultation

Patient engagement will take the form of adopting a common agreed approach in each partnership and delivering these in all current locations. This approach will be to both provide information about the merger but also to consult with our patients to help us address any concerns and comments and to inform future service improvements.

Key messages we wish to engage with our patients are as follows:

- Together we can provide excellent primary care services to the combined patient population of over 60,000.
- Patients will experience greater access to care through a choice of locations and services.
- Our patients will receive a consistent offer of services across a significant geographical and population basis.
- Help us to identify and implement innovative ways of working.
- Improvement of access to our patients utilising different methods of contact.
- We will be an excellent employer and develop and sustain a learning environment.
- We believe that we will be well placed to develop in response to changes in commissioning and health policy and to be part of the transformation of primary care.
- We will be an active and significant contributor to local health economy and our local GP Federation.

A common set of materials will be provided for each practice to use/make available around these key messages. All items will also have links to the on-line consultation. These materials will outline benefits to patients and practices and frequently asked questions.

The following will be made available for all partnerships to use in individual sites:

- Posters describing the merger and inviting comments.
- Flyers that can be used in each site as appropriate. These may be included in any mailings to patients sent out by practices.
- Information to be added to prescriptions, recall letters and other general patient correspondence.
- Information to be added to all practice websites with links to consultation questionnaire.
- Frequently asked questions document available.

- Use of text messages to patients with links to website about the merger.

We are committed that, as part of our strategy, we will also consult with our patients on some key questions in relation to the merger. WE will make available a questionnaire to consult with existing patients as to the benefits, concerns and ideas regarding the merger. This questionnaire will be co-designed with our PPG leads/patients and will be framed around the following key areas:

- Continuity versus easy access.
- Concerns about the proposed merger.
- Ideas and comments on what would make our service better working at a larger scale across 8 different sites
- Suggestions as to how we can deliver services in a better way in the future as a merged organisation.

We will utilise our existing systems to distribute the questionnaire including presentations to PPGs, distribution to patients on our patient participation databases and links on our websites. Any information about the merger as described in the material above will include links to the questionnaire on-line and all practices will have paper versions available. We will analyse the results and review internally and with our PPGs before sharing this with our commissioners. The results will also be made publically available via our websites and will be integrated into our service design and improvement plans during and after transition.

There will be an engagement session organised for all patients who wish to attend to hear more about the merger, consult with on the key questions and to deal with any queries/concerns. We will feedback to those who attended and respondents to the survey who provide us with contact details.

3. Community Engagement

The partners recognise that a wider engagement strategy will take place with the local community within which we will operate. We will:

a) Contact all local voluntary and other citizen forums to inform them of the proposed merger and to invite questions. These forum will include:
    - Community Action Southwark
    - Blackfriars Settlement
    - Cambridge House
    - Time and talents
    - Borough, Walworth and Bankside community councils
    - Bermondsey & Rotherhithe Community Councils
b) Liaise with Southwark Health Watch and attend any events or meetings as appropriate.
c) Open up engagement sessions planned to anyone from local community.
d) Provide feedback to these groups/forums on consultation process.

4. Engagement with local practices

We will continue with our existing strategy to actively discuss with our local colleagues at all opportunities our plans for the merger. We will take the following approach:

a) Write to all practices partners to outline our plans.
b) Continue to offer to share learning local practices/QHS
c) Discussion with QHS Board (north Southwark GP federation) about proposed merger and to set up mechanisms to review regularly.
d) Our trainers to raise within their local trainers groups

All partners in our existing partnerships will act as ambassadors for the merger in other forum demonstrating a willingness to be open about our process and deal with any queries or concerns. Such meetings could be trainers groups, Council of members meeting and other practice based meetings.

5. Communication with local community, other stakeholders and partners.

We will have a standard communication to outline the plans with other local stakeholders including community pharmacists, community services and the acute sector. Letters will be sent to key individuals about proposals with details on operational issues to be dealt with separately as part of the implementation process. We will, where appropriate, attend meetings with these organisations. The stakeholders we will address will include:

- SELDOC
- Local acute and community care providers (KCH and GSTT)
- SLAM
- 111 service
- Southwark Council relevant committees such as The Overview and Scrutiny Committee (OSC)
- Southwark Health and Wellbeing Board
- Lambeth and Lewisham CCGs
- Local MPs
- Local Councillors
- Local Medical Committees in both Southwark and Lambeth

6. Media engagement

The practice will, in liaison with NHSE and the CCG, agree a standard press response for any media queries about the proposed merger. A key clinical partner will be identified to deal with press queries and all of our practices will work within this proposed strategy to ensure a consistent and agreed response to any media. Briefings will be provided and agreed with Southwark CCG and NHS England communications team

Approved Steering Group 19th November 2015 .
Updated 7th January 2016

Appendix 1. Communications and Engagement overview work-plan – November 2015 onwards

Audience	Who	How	Lead	Date for completion
Existing Patients of partnerships	Patients	Agree promotional materials	CA/Steering group	18/01/16
		Agreed message for all practice materials including website distributed all partnerships	CA/Steering group	18/01/16
		FAQ document produced and available (to be updated as engagement process continues)	CA/Steering group	30/12/15 & on-going
		All materials available in all sites/used in agreed documents	Practice leads	31/01/16
		Review/discuss Practice Patient Participation Groups (PPGs)	Clinical lead in each partnership/PPG chairs. On-going	On-going
		Consultation/engagement questionnaire content agreed	Designed and agreed with PPG chairs/reps	18/01/15
		Consultation/engagement questionnaire distributed/available all sites/websites	Practice leads	31/01/16
		Questionnaire analysed/FAQs updated Responses to individuals and groups	CA/Steering group	29/2/16
		Engagement event organised between January – March 2016	Dates and venues to be agreed by steering group. Clinical and project leads	24th February 2016
Local health providers	SELDOC	Letter to Derek Witt and Chair SELDOC board	CA/Steering group	26/02/16
		Information to be provided to key departments as part of merger implementation process	Transition team lead	1/7/16
	King's College Hospital	Letter to key managers and primary care liaison	CA	30/04/16
		Information to be provided to key departments as part of merger implementation process	Transition team lead	1/7/16
	Guy's and St Thomas'	Letter to key managers and primary care liaison		30/04/16
		Information to be provided to key departments as part of	Transition team lead	1/7/16

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		merger implementation process		
	South London and Maudsley	Letter to key managers and primary care liaison	CA/Steering group	30/4/16
	Pharmacies	List of key local pharmacies all 4 partnerships.	CA/Steering group	29/2/16
		1:1 contact with key local pharmacies made by clinical leads.		1/6/16
		Standard letter sent to all local pharmacies including FAQ		1/6/16
		Request posters to be placed in key local pharmacies about merger.		1/6/16
	111 provider	Standard letter to 111 contact	CA/Steering group	30/4/16
		Information to be provided to key departments as part of merger implementation process	CA/Steering group	1/7/16
General practice in Southwark	Local practices	Agree communication content for local practices. Clinical and management lead identified to be contacted.	Steering group	26/2/16
		Contact all practices partnerships to outline plans	CA	11/3/16
		Contact Chief Officer of QHS	CA	11/3/16
		Respond to any queries/concerns raised	Steering group	On-going
		Attend any agreed meetings of locality, Council of members, trainers groups and discuss if appropriate	All partners	On-going
Local community	Healthwatch Southwark	Contact manager and engagement officer Southwark to review	CA/Steering group	4/12/15
	Healthwatch Southwark Voluntary/community sector	Attend any appropriate public forums organised by HW	No dates after Sept 2015 – tbc	On-going
		Contact key voluntary sector organisations by letter to outline merger and attend any meetings as appropriate.	Practice leads	31/12/15
	Local Community Councils	Contact support leads for Bermondsey & Rotherhithe CC and Borough, Bankside and Walworth CC. Provide info and attend meeting(s) if appropriate	CA/Practice leads	31/12/15 Meetings Jan/Feb 16
	Community Action Southwark	Contact CEO to discuss merger and attend any appropriate meetings	CA/Steering group	4/12/15 on-going
	Local residents group	Existing practices identify local residents groups to contact Information provided to residents groups. Attend meetings as appropriate	CA/Practice Leads	31/12/15 Meetings
Other stakeholders and partners	Overview and Scrutiny Committee	Health Lead at Southwark Council	CCG/Steering group	Dec 2015
		~~Attendance at OSC~~	~~Clinical lead(s)~~	10/2/2016

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	(OSC) Southwark Council			
	Southwark Health and Wellbeing Board	Engage/attend as appropriate	CCG/Steering group	29/2/16
		Letter to Chair	Clinical lead	29/2/16
	Lambeth and Lewisham CCGs	Letter to Chairs and Chief Officers		1/4/16
	Local MPs	Named individuals	TBC	1/4/16
	Local Councillors	Named individuals	TBC	1/3/16
	Local Medical Committee (LMC)	Contact Londonwide LMC office	15/12/15	1/3/16
Wider public via media	Any media organisations that approach partnerships	Agreed content of press briefing/information with CCG and NHSE communications leads	CA	30/1/16
		Agreement on clinical lead to respond to media queries d policy cascaded to all partnerships who is to	Steering group	30/1/16
		All partners informed of process for dealing with media queries	CA	30/1/16

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AYLESBURY PARTNERSHIP, BERMONDSEY & LANSDOWNE MEDICAL MISSION, PRINCESS STREET GROUP PRACTICE AND WALWORTH PARTNERSHIP

PROPOSED MERGER

Dr Amr Zeineldine (Aylesbury Partnership)

Dr Osonuga Olufemi (Walworth Partnership)

January 2016

Who are we?

- 4 partnerships with 8 sites
- c60,000 patients
- Established good practices
- Accredited for training

Why are we doing this?

- Ensuring a sustainable general practice
- Increased benefits for patients, workforce & local health economy
- Working at scale to deliver and design services
- Strategic fit with NHS transformation agenda
- Common values and ethos
- Ability to innovate
- Continued commitment to Southwark – patients, GP federation & CCG.

The benefits

For patients

- Maintaining & improving quality
- Extended choice to patients – access & services
- Consistent offer to patients
- To provide for population growth
- Retaining continuity of service and care
- Better coordination of care

For the practices

- Sustainability – patient services, organisation, workforce, financial
- Workforce – recruitment, retainment and development.
- New ways of working at scale – systems, roles, systems & services
- Strategic fit – integration agenda, transformation, delivering population outcomes

Patient Engagement

- Engagement strategy
- Internal publicity all practices (websites/material)
- Ongoing discussions with practice Patient Engagement Groups
- Public meeting planned 24th February
- Planned contact key local community organisations
- Key local stakeholders
- CCG primary care strategy engagement

Governance / Approvals

- Consideration and approval will be made through the governance arrangements established between the co-commissioners of primary care in the borough – NHS England and NHS Southwark CCG (The former being the contract holder)
- Final decision making would be at the meeting of the Southwark Primary Care Joint Committee (held in public in March 2016)
- The Joint Committee will receive a recommendation from officers of both commissioning organisations based upon a final business case submission in Mid-February 2016
- The Final Business Case will record the commitments outlined today and their completion or action plans for their future completion where appropriate
- Any NHS Southwark CCG recommendation must satisfy the requirements of the CCG's Conflict of Interest policy and procedures

Agenda Item 9

Draft scrutiny review

Time to Care: A future vision of care in Southwark

The Healthy Communities Scrutiny Sub-Committee took an undertaking to look at the provision of care in Southwark. This issue was escalated as a result of announcements locally about care home provision in Southwark, and in the wider context of national debate about care homes.

This report provides an overview of the work carried out by the Committee and recommendations to the way in which we approach care in Southwark.

The Committee would like to thank all of those who submitted written evidence and presented oral evidence to the Committee as part of this inquiry.

This report has focused on care homes, home care, care in the community and the Ethical Care Charter. We have made a number of recommendations which look to ensure that we can continue to provide high levels of care to our residents, as well as supporting their families.

Our recommendations are as follows:

1. We recommend that HC One and the Council update the Committee on the re-homing of the residents of Camberwell Green Care Home, especially in relation to the re-homing to Tower Bridge and share with the committee any subsequent CQC inspection outcomes

2. The Committee believes that there needs to be a clear component of any future contract with the Council which clearly sets out training and development plans for staff. The focus on e-learning should be reduced, and there should be clear KPIs for organisations to achieve to ensure staff are supported.

3. The Committee recommends that the Council makes serious consideration of establishing our own Council-owned Care Homes. We believe that with the resource that the Council is currently having to put into our care homes, and the broader crisis in care homes and concerns over the viability of providers in the long-term, that having Council-owned services would allow the Council to retain control and implement a service in such a way as to provide excellence of care for our residents.

4. We would like to see more rigorous monitoring of the situation related to non-payment of London Living Wage for Home Care workers and a commitment to paying the London Living Wage within the new home care contracts when they are retendered in 2016.

5. The Committee recommends that the provision of zero-hour contracts, and bulk hour contracts should be carefully evaluated as part of the re-tendering process for home care in Southwark.

6. We would recommend that home care provider staff are provided with information about Southwark in regards to road maps, busy areas within the Borough, and approximate journey times to better help plan where workers should be sent for jobs.

7. The Committee recommends that as part of the re-tendering process, there should be stipulation that allows for trade union representatives to meet with staff and for them to be recognised within any contracted services.

8. The Committee believes that there are further areas for improvement and recommends that the Council look to develop an Ethical Care Charter II.

9. The Committee further recommends that issues around TU rights, joined-up services and training & development form a key part of the re-tendering process for the procurement of home care services in Southwark.

10. We would recommend that when a complaint is made in home care services, that the complainant is given a named Council officer, where possible, to lead the handling of the complaint, to help ensure continuity throughout the process.

11. The Committee would like to congratulate the team at Age UK for their lay inspection of home care services in Southwark and would recommend that funding is continued for this programme in financial year 2016/17.

12. The Committee recommends that the care homes should create a partnership with Southwark Carers to ensure that they receive all necessary support and their services are flagged appropriately to family members.

13. We recommend that care homes provide comprehensive information to residents and their families about the community services that are available to local residents. This may involve care homes working more closely with community organisations to understand what services are on offer, and identifying opportunities for them to showcase their services to care home residents.

14. We recommend that any individual or organisation who raises a safeguarding alert with the Council should receive a case number so they can follow up if they do not feel the issue has been addressed, and should receive a full response about any action taken, taking into account data protection issues.

15. We further recommend that care homes clearly display information about the Safeguarding Board and highlight this information to families and carers for those in their care homes, as an independent avenue for raising issues and concerns.

Committee and witnesses

The Committee would like to thank all of those who made this report possible.

Councillor Rebecca Lury (Chair)

Councillor David Noakes (Vice-Chair)

Councillor Jasmine Ali

Councillor Paul Fleming

Councillor Lucas Green

Councillor Maria Linforth-Hall

Councillor Bill Williams

[List here all those who came and gave evidence]

Providing care homes for the future

To help our understanding of the situation in Southwark, the CQC presented to the Committee an overview of the four care homes in Southwark, two were rated as Inadequate, one as Requiring Improvement and contrasted this with an example of an Outstanding care home in Southwark. The Lay Inspectors also commented on the care homes We thought this would be useful to summarise below as it clearly demonstrates the problem that is being faced in some of Southwark's care homes

Southwark Care Homes rated as Inadequate or Requiring Improvement (provided by HC One & Four Seasons)	**Southwark Care Home rated as Outstanding (provided by Anchor)**
• People did not receive medicines safely • Standards of cleanliness were not maintained • People were at risk of infection • Staff were not always supported effectively • People who lacked capacity were not supported to have their needs and choices met • People were not supported to have food and drink in a timely manner • The management team needed strengthening and there was a high turnover • Systems to monitor quality were in place, but not used effectively	• People were treated with kindness, respect and compassion • Staff knew people well • People were involved in discussions about their care, including end of life care • Staff were motivated and supported • Open culture – people and staff could raise concerns • Sustained good leadership by the care home manager • Staff retention

This all falls against a backdrop of the ongoing 'care homes crisis' in the United Kingdom more broadly and stories continue to abound in the media about abuses in the system. As Paul Burstow says in his foreword to the Demos Commission on Residential Care, *'the brand of residential care is fatally damaged…linked in the public mind to a loss of independence, residential care is seen as a place of last resort.'*

In October 2015 it was announced that Camberwell Green Care Home, currently operated by HC One would be closing. At the time of the announcement of closure, there were 35 residents within the home (Camberwell Green had 3 residents with a NHS fully-funded place and 32 receiving NHS Funded Nursing Care (FNC), which is a NHS-funded nursing care contribution of £112 per week paid to residents in nursing beds The care home has committed to staying open until all the current residents have been re-located.

This announcement came at a time when Southwark's Care Homes are already under a great deal of pressure. Both Tower Bridge Road and Burgess Park are in special measures as they have been rated as Inadequate and Southwark Council has an embargo on both homes.

Both Burgess Park and Tower Bridge Care Homes are not at capacity, but whilst both continue to have significant challenges, from our evidence session, the Committee understood that they were not in a position to provide the extra support to re-home Camberwell Green residents.

Camberwell Green had its own issues, with a building that is not fit-for-purpose, and significant challenges with staff retention. Whilst a new manager and support staff were recruited, the home did not see the improvements needed, and this has resulted in its closure.

The Committee is concerned by the closure of Camberwell Green Care Home and is particularly concerned that residents were re-homed to Tower Bridge despite its Inadequate rating.

We recommend that HC One and the Council update the Committee on the re-homing of the residents of Camberwell Green Care Home, especially in relation to the re-homing to Tower Bridge and share with the committee any subsequent CQC inspection outcomes

At present, there are a large number of external organisations and services who are having to support the work of our care homes. This includes the CCG, Council and CQC. Between them, they are providing nursing and GP services in our care homes, as well as supporting staff training programmes, as well as supporting the placement of new residential managers. There is also the crucial role played by the lay inspectors, who are currently funded by Southwark Council. The Committee is very supportive of the role that they play in providing an independent scrutiny on our care homes, and would hope that the Council continue to fund the programme going forward.

The Committee however is concerned about this extra resource that is having to be put into our care homes to try and support private companies who are being paid to provide the care homes service in Southwark.

At the same time, we are concerned that these care homes keep coming up time and time again, and it appears that there is a more institutional problem with the service. Staff turnover remains high and the Council is having to support the introduction of new Managers to the homes.

The Committee is not convinced by the idea that Southwark's Care Homes are just an anomaly, and that for reasons that cannot be explained, the majority of homes that are in special measures are concentrated in Southwark.

We understand that staff all have their own training plans, which are reviewed on a regular basis. Training appears to be largely provided through e-learning and some observational studies. We understand that the work is highly skilled and high pressured, and this means that there is a large turnover in the sector. This has been helped by the introduction of the Ethical Care Charter which has guaranteed working conditions and wages for Care Workers, but more needs to be done.

The Committee believes that there needs to be a clear component of any future contract with the Council which clearly sets out training and development plans for staff. The focus on e-learning should be reduced, and there should be clear KPIs for organisations to achieve to ensure staff are supported.

We understand that the Council is in the process of developing a 10-year strategy for our care homes which will be published in Spring 2016. The Committee welcomes this focus on a long-term strategy for the provision of care in the Borough. We hope that this report goes some way to helping frame some of the challenges that local people and organisations are seeing in the care sector.

Currently the council has a long term block contract with Anchor Care homes, who provide residential care only for older people, whereas residents requiring both nursing and residential care are usually using the services of providers HC One and Four Seasons , and here care is paid for via spot purchasing. Residents requiring nursing care are the most vulnerable, with often multiple needs such as dementia & diabetes. We remain extremely concerned by the current provision for Southwark residents receiving nursing care as a component of residential care, and the lack of a guarantee from both HC One and Four Seasons that they will be able to keep open the remaining Care Homes in Southwark. This presents a significant risk to residents, who may ultimately end up having to go out of

the borough, and this in turn will lead to additional pressure on families who have to travel further distances to visit relatives.

The extra support being given to care homes in Southwark is welcome, but we are again concerned about the huge number of external resource that is having to be brought in to support services which continue to remain inadequate.

The Committee believes that there may need to be a much more radical reassessment of the way in which Care Home services are provided in Southwark. We believe that there is merit in assessing whether the Council should be looking to provide its own buildings and Care Home service which is then privately contracted out. This has worked well with the Anchor Homes in Southwark which provide retirement living assisted and independent living opportunities

The Committee recommends that the Council makes serious consideration of establishing our own Council-owned Care Homes. We believe that with the resource that the Council is currently having to put into our care homes, and the broader crisis in care homes and concerns over the viability of providers in the long-term, that having Council-owned services would allow the Council to retain control and implement a service in such a way as to provide excellence of care for our residents.

Giving our care workers the time to care

The current home care service is due to be retendered at the end of 2015, and the Council hopes to have the tendering process up and running by July 2016.

It has come to the attention of the Committee that whilst the Council pays its home care providers enough within contracts to pay staff the London Living Wage, the London Living Wage is not always paid to individual staff. Unison brought to our attention a number of individuals who saw a delay in payments of the London Living Wage and that this has not been backdated to the last financial year. We are particularly concerned by this assertion and understand that the Council is currently looking into this in more detail.

We would like to see more rigorous monitoring of the situation related to non-payment of London Living Wage for Home Care workers and a commitment to paying the London Living Wage within the new home care contracts when they are retendered in 2016.

The Committee is further concerned by issues raised around contractual working hours. Both Unison and GMB raised with the Committee that staff had to sign up to batches of contractual hours, where they were required on occasions to be available for double the amount of hours they were actually paid for. In one example a staff member had to be able to work 40hours, and arrange associated child care, but was only called in to work 20 hours. There was limited flexibility in when these hours could be worked. We are also concerned about the assertion that staff are being asked to work multiple consecutive weekends, or up to 14 days without a day off, and that cultural and religious needs were not sufficiently taken into account – for example the importance of Sunday church

Our home care workers are doing a fantastic job, and the Committee would like to wholeheartedly thank them for all of the work that they do in the Borough. We want to ensure that they are receiving fair pay, and fair working conditions for the services that they provide.

The Committee recommends that the provision of zero-hour contracts, and bulk hour contracts should be carefully evaluated as part of the re-tendering process for home care in Southwark.

The Committee also heard from Unison about the distribution of jobs that were allocated to staff. We understand that in some cases, staff are being asked to travel up to an hour between jobs. We believe that with a better understanding of the geography of the Borough that office staff may be better able to allocate jobs.

We would recommend that home care provider staff are provided with information about Southwark in regards to road maps, busy areas within the Borough, and approximate journey times to better help plan where workers should be sent for jobs.

We are further concerned about the availability of trade union representation within home care providers. Both Unison and GMB raised with the Committee that they had difficulty in accessing staff, in some cases, with unions being de-recognised. Added to this, we understand that staff are not always paid for staff meetings, so there is little opportunity for them to come together to discuss any issues that they might have.

With the continued cuts to local government, and the government's plans to introduce the National Living Wage, there will be a dichotomy between the local authority being able to find the money to be

able to pay providers enough money for this to be passed onto staff. We therefore believe there is a critical role for Trade Unions, to ensure that the rights of the workers are protected in these difficult times.

The Committee recommends that as part of the re-tendering process, there should be stipulation that allows for trade union representatives to meet with staff and for them to be recognised within any contracted services.

Progress of the Ethical Care Charter

Southwark Council was one of the first Councils (along with Islington) to sign up the Ethical Care Charter in December 2013.

The Committee wants to commend the Council on progress to date in adopting the Ethical Care Charter. We welcome the progress made to ensure that this is adhered to in our contracts with care homes providers, but would like to see that the Ethical Care Charter is appropriately followed in the home care sector.

The Committee welcomes the successful implementation of the Ethical Care Charter in the Care Home sector. We believe that enough time has now passed for us to be reviewing what has been achieved so far, and the areas where there needs to be further work. **The Committee believes that there are further areas for improvement and recommends that the Council look to develop an Ethical Care Charter II.**

The Committee therefore recommends that the following areas might form the main tenets of a new Ethical Care Charter.

1. **Trade Union rights**: The Council should ensure that contractors place the 'voice of the staff' at the centre of their ways of working, ensuring that there is Trade Union recognition and involvement with each organisation.
2. **Joined-up services**: KPIs should be introduced to contracts such that they encourage a joined-up approach to project delivery. We would like to see all relevant services providers brought together in discussions about service user care needs. This should include the CCG, local authority and social workers.
3. **Training and development**: KPIs should be introduced in contacts to ensure the delivery of quality training for staff involved in the delivery of care services.

The Committee further recommends that issues around TU rights, joined-up services and training & development form a key part of the re-tendering process for the procurement of home care services in Southwark.

Ensuring support for home care

Southwark Council currently commissions 520,000 hours of home care every year through contracts with MiHomeCare and London Care. They support 1250 users, with a further 420 users supporting through personal budgets, and 50 using them as spot providers.

Age UK currently runs a 2 day a week programme of lay inspection of Southwark's home care services. This service is currently funded by Southwark Council and the current contract is due to expire in April 2016.

The programme mirrors the lay inspection programme in Southwark Care Homes and uses the same criteria as the CQC uses to assess care homes.

The CQC approach has been one of phone calls and questionnaires without any face-to-face contact, and we believe that this sets the Age UK programme apart. During its work so far, the programme is identifying the issues and trends in the home care sector. The five key findings so far as:

- The need for regular carers and adequate handovers when carers do change to ensure continuity
- The welcome empathy that home care workers have for those that they are caring for, and the huge respect that they receive from those they are caring for
- The need for a bespoke service, focused around the individual
- The importance of social interaction, to make the person receiving care feel like a member of society
- A need for sensitivity around the cultural needs of the individual being cared for. This covers all ethnic groups.

The lay inspection programme provides a vital opportunity for service users, their families and home care workers to raise any concerns that they might have.

The lay inspection team have found that they regularly receive feedback, but that when they pass on complaints to the Council that these issues often take a long time to get fixed. The process itself is seen as very slow, although this is not necessarily due to any one specific part of the complaints process. One of the specific criticisms of the Council's complaints process is the constant changing of staff who deal with a specific complaint. This often leads to information having to be repeated on numerous occasions, and can lead to confusion.

We would recommend that when a complaint is made in home care services, that the complainant is given a named Council officer, where possible, to lead the handling of the complaint, to help ensure continuity throughout the process.

The Committee would like to congratulate the team at Age UK for their lay inspection of home care services in Southwark and would recommend that funding is continued for this programme in financial year 2016/17.

The Committee commends the work of the large number of unpaid carers in Southwark, who dedicate large amounts of their time to caring for relatives. In most cases, external services are also commissioned for individuals by their families, who provide more structured care and support services.

We believe that the voices of the family however should not be forgotten and organisations such as Southwark Carers and Carers UK provide a vital service in ensuring family members are not forgotten.

However, we are concerned that support services for carers may be lacking in regards to end of life care. In many situations, the referral of the carer for support happens too late in the process, when large and often life-changing decisions have already been made.

The Committee recommends that the care homes should create a partnership with Southwark Carers to ensure that they receive all necessary support and their services are flagged appropriately to family members.

Supporting care in our community

The Council believes that residential care is not the only solution to providing services to residents who need extra support.

We believe that community links are incredibly important and can help people to live longer, and more fulfilling lives. As we heard through our discussions at the Committee, there are countless examples of individuals going into care homes, where their care quickly deteriorates. In many cases, those individuals had been part of community activities before entering the home and this link to the community was not maintained once they entered the home.

The Committee places a huge amount of importance on the role that voluntary organisations can play in supporting people to feel part of their community. We believe that this lack of continuity of maintaining community links has a detrimental effect on residents who have entered care homes, and there needs to be more done to ensure that they can access these services.

We recommend that care homes provide comprehensive information to residents and their families about the community services that are available to local residents. This may involve care homes working more closely with community organisations to understand what services are on offer, and identifying opportunities for them to showcase their services to care home residents.

We also recognise the importance role that voluntary and external organisations play in identifying issues and raising concerns that they may have about the care of individuals. We heard from participants at our roundtable, that when the voluntary sector raises issues to social workers and/or the Council, there is often no feedback as to any action that has been taken as a result.

We recommend that any individual or organisation who raises a safeguarding alert with the Council should receive a case number so they can follow up if they do not feel the issue has been addressed, and should receive a full response about any action taken, taking into account data protection issues.

We further recommend that care homes clearly display information about the Safeguarding Board and highlight this information to families and carers for those in their care homes, as an independent avenue for raising issues and concerns.

GMB report to Healthy Communities Scrutiny Committee.

Industrial relations with external service providers.

As with other Local Authorities there has been a struggle to maintain good employment practise and sound industrial relations within the incoming service providers following TUPE transfer. This has also meant that poor performance has been masked and difficult to uncover. The Trade Unions can make a significant contribution in monitoring and challenging poor practise amongst service providers operating on behalf of the Authority and can therefore take some role in policing the day to day running of services.

Through a direct relationship with the staff the Trade Unions are informed of the reality of the day to day operations of a service provider in a way that cannot be achieved by meetings, inspections and visits. The Trade Unions are in the position where they can directly hold service providers to account for breaches of Southwark guidelines and challenge practises that do not follow the values or intentions of the Authority.

For the above to work most effectively it requires:

i) *Sound negotiating structures.* An incoming service provider will usually assure all parties that they will continue to honour the recognition of Trade Unions. However, our experience is that without fresh agreements put in place to establish what recognition means in practise this commitment is often fairly meaningless.

ii) *Good organisation by the Trade Unions.* Organisation is best achieved by having access to the staff. The alternative of Trade Unions handing out leaflets outside the properties is hardly conducive to sound industrial relationships and often leads to a rumour mill operating within. More often, lack of access leads to deteriorating trade union influence and organisation.

To date there has been a mixed picture in regards to Trade Unions being able to successfully operate within the Authorities Service Providers. Unions have in some cases been able to secure national recognition rights. In the GMB's case in Southwark this has happened with HC-One and Four Seasons. From personal experience I am aware that we were able to go into HC-One Care homes to talk directly to staff on pay negotiations. Through this the staff were able to engage with the process and have some input into the decisions being made on their behalf. This access has been driven out by negotiations at Corporate Level which has given a positive lead to local management on the industrial relations process.

Unfortunately this is not the usual experience. It is often the case that the management within the service providers have very little experience with Trade Unions and very little understanding that this can be a positive relationship which can help provide more robust management practises. A good local representative can often organise in any workplace but attempts to organise are more usually hampered by lack of co-operation or understanding by management.

The experience we have often relies on the nature of local management and how understanding they are of the positive relationships that can be achieved. This reliance lacks the robustness we would experience with the Authority. Within the Authority any issues at a local level can be referred to Human Resources and the practises and values of the Authority can be asserted.

Better industrial relations.

In the past Local Authorities have left the service providers and the Trade Unions to determine matters of industrial relations save for a reassurance that the existing rights of recognition will be retained. Unfortunately this has not proved robust enough.

The awarding of contracts is an ideal opportunity for the Local Authority to have more influence here. The following points would make a significant contribution towards better and more effective industrial relations;

: Confirmation that if the incoming employer does not have a recognition agreement with the relevant Trade unions then one is negotiated which tries to mirror local authority practise while being adapted to the practicalities of the provider's organisation.

: that this agreement should clearly define negotiating structures.

: that this agreement should enshrine the rights of the Trade Union to reasonable access to members and potential members in order that the staff can be part of the industrial relations process.

: the rights of Unions to appoint local representatives who should be allowed time off for training and time spent in meetings.

These steps are quite modest and perfectly achievable and would make sure that providers understood that Southwark expects good employee relations. The rest would be up to the Trade Unions themselves. It would however mean that we could maintain organisation without our hands being tied behind our backs and our members feeling devalued and powerless.

Clive Smith, GMB Regional Officer

8th January 2016

COMPARISON BETWEEN RESULTS OF HOMECARE WORKERS SURVEY & COMMENTS FROM THE HOMECARE WORKERS FORUM AGAINST COMMENTS MADE BY SERVICE USERS DURING HOMECARE QUALITY CHECKS

20 homecare workers attended a forum at Age UK on 19th October 2015. Attendees were asked for their comments on a range of subjects in focus groups and also through a questionnaire. Attendees were representing their profession rather than the agency they worked for.

Responses from the questionnaire and group discussions are outlined below. Responses from the Homecare Quality Check visits are also included.

Qs1 – 2 Regular care

1. Do you have regular clients that you provide homecare to?
2. Do you prefer having regular clients? Please tell us why.

18 homecare workers said that they had regular clients, with only 2 having no preference for this and another 2 saying it depends. The reasons for having a preference are given below

- *Because you get to know them & they get to know you, and they trust you*
- *So I can support & deliver home care to those who need it*
- *I am ready for my regulars and for replacements, no big difference to me*
- *I prefer having regular clients who live in my area, but for me, it's better to have different clients and give them a super service*
- *For continuity and the general wellbeing of the client*
- *It makes my work easier because I can make my own hours meet client's needs*
- *Continuity of care & a regular income*
- *You get to know the clients well*
- *It's better knowing you have stable clients that you're going to every day*
- *You know what you are doing and it provides continuity to service users*
- *I like learning more about my regular clients but when they go into hospital, you are left without a job and no money*
- *I prefer regular clients to support them better*
- *Regular clients makes it easier to get to know them, their needs and there's also more interaction – I like to build good relationships with my clients*
- *It gives you the ability to cater to their needs*

A comment made during the closing discussion of the forum that wasn't included in the survey was about a **disincentive** of having regular clients who are admitted to hospital – when this happens, the care worker loses those hours for the duration of the hospital admission.

Qs 3 – 4 Replacement cover & handovers

3. Do you often have to provide replacement cover for other carer's annual leave / sick leave?

Although only 2 homecare workers said that they did not provide any replacement cover, it is noteworthy that 1 person said that they were sometimes placed unknowingly on the rota.

4. Do you receive a sufficiently detailed handover when you provide replacement cover? If not, please tell us what's missing

In terms of receiving a sufficiently detailed handover when providing replacement cover, 8 people said that they **did not,** 1 said it depends, with the remaining 11 stating that they **did** receive a sufficiently detailed handover.

Their comments about handovers are listed below

- *Only sometimes you get a handover but handovers make a great difference to the carer and the customer*
- *Usually my office calls to inform me of any issues*
- *Usually my supervisor calls me and explains what I have to do*
- *You need to read the client's records*
- *Medical status details missing*
- *Key issues such as deafness, medication & key safe numbers*
- *Very often we don't receive all relevant information regarding clients below*

This is an interesting response in that it is totally **contrary** to what service users said in the Homecare Quality Checks. Having regular carers was by far the most important thing cited by service users (82%). Whilst many service users do have regular carers most of the time, it is the problems they experience with replacement carers and the associated lack of handovers that is the issue.

Problems cited by service users include no prior notification, too many different replacement carers, lack of consistency between different replacement carers and having to explain what needs doing and how, as well as having to show carers where things are kept, sometimes on several different occasions. One service user said she felt so physically exhausted having to show a carer where things were kept in the kitchen and how to do things that she felt there was no point in having a replacement carer when essentially she was practically doing it herself .

Whilst one of the comments from the survey states that you need to read the client's records, I found no evidence in any of the files accessed of anything other than generalised schedules of tasks; these do not include any of the personalised details that would be relevant.

In the group discussions, it was noted that the best way to do a handover is face to face with the regular carer, who could then show the replacement how the client would like things done , not just what needs to be done

Given that issues with replacement carers was by far the most common problem experienced by service users and certainly the issue that caused most distress, it is recommended that sufficiently detailed handovers must take place.

Qs 5-6 New clients and client information

5. Do you have enough information about **new** clients and what needs to be done for them?

Only 5 out of 20 homecare workers stated that they **did not** receive enough information about new clients. Comments are listed below

- *By reading the care plans & history*
- *If there isn't enough information, I call the regular carer or I read the care plan*
- *It's up to you to read the client's notes / records*
- *Not enough information is usually given*
- *What's missing is background, history, health conditions, relevant contacts; hospital discharge information isn't always available promptly*

Whilst most files did contain a schedule of tasks, most did not contain a care plan or client details; the schedule of tasks is very generalised and not at all person centred.

6. Do you have any information given to you about client preferences ie **how** they would like things done, rather than just what needs doing?

11 Homecare workers stated that they do have information given to them about client preferences and 9 said that they do not. Comments are listed below

- It pays to talk to the clients about this
- I sometimes have to phone up the office about this
- No information given on this
- The client gives instructions

Very infrequently was any information seen in any files about this; from this we can infer that Homecare workers have to get this information from clients and/or their family members.

Given that information about clients and how they would like things done is not handed over to replacement carers, it would be good practice to have this personalised information contained in the front of all client files eg "Who I am & how I like things" – this very effective tool is going to be looked at and developed in the last service user & family carer focus group on 4th December.

Qs 7 - 8 Phone calls & protective equipment

7. Are your work related phone calls paid for by the care agency?

Only 3 homecare workers said that their agency paid for their work related phone calls

8. Are you supplied with adequate protective equipment such as gloves?

Although 18 homecare workers said that this was supplied by their agency, 3 of those commented on the quality being poor.

Qs 9 - 10 Travel time & rushing

9. Is your travel time paid for by the agency?

Only 6 homecare workers said their travel time was paid for by their agency. The only comments we received about travel time are listed below

- *No, because I'm on a zero hours contract*
- *Paying this will be very good*
- *It is now*
- *Partially*

It must be noted here that in the group discussions, it was pointed out that Home Care Co-ordinators need to get a better understanding of the physical proximity (or not) of post codes and of public transport routes (or lack of) e.g. getting to SE21 from SE22 is not as easy as it sounds on paper! It was also pointed out that it is poor organisation and very unfair when workers have to hang around for 2 hours in between jobs.

10. Do you feel that you feel that you have to rush to complete the specified tasks in the allocated time? If yes, please state why in the comments column

11 homecare workers said that they had to rush to complete tasks in the allotted time. 8 did not feel rushed and 1 didn't indicate either way. Comments are listed below.

- *Sometimes you really have to take your time with some clients, like those with dementia and then that makes you late with the next*
- *Rushed because I don't want a backlog of things left undone*
- *Our client's needs come first and are paramount*
- *Sometimes, especially on Sunday, there's not enough time for travelling between clients*
- *It depends on the time allocation for your next visit*
- *Time is just too short to travel to another client because of the double time sheet*
- *We often end up overstaying in order to leave clients safe & comfortable*
- *Yes sometimes because time is very limited*
- *Sometimes the allocated time isn't enough so you run out of time; if more time was allocated, there's be no need to rush*

Qs 11 – 19 Induction & training

11. Did you receive induction training when you started the job?

All 20 homecare workers said they had received induction training. The only comment we received about this is below

- *Yes but at another agency which was excellent*

12. Did you feel that your induction training was sufficient for your job?

Only 3 homecare workers felt that their induction was insufficient . The only comment we received was

- *We should be given more and regularly*

13. How long did your induction training last and what subjects did it cover? Please put your answer in the comments column

We got 14 responses to this question, with inductions lasting from 3 hours to 2 weeks. The responses are given below

- *3 – 4 days on the job training, which covered all aspects of care, clients, domestics, emergencies etc*
- *1 week*
- *3 days*
- *1 week, which covered manual handling, food & hygiene, medication*
- *4 hours in total, which covered health & safety, first aid, food & nutrition, safeguarding*
- *Health & safety, infection control, food hygiene, first aid, POVA, dementia*
- *1 week which covered meds, handling, hoisting, stroke, dementia recognition & behaviours*
- *5 days*
- *1 week*
- *2 weeks*
- *1 week*
- *3 hours – moving & handling, infection control, mental health, understanding the care plan*
- *2 weeks*
- *3 days*

It would be good practice to have minimum standards for induction training, consistency and quality in the subjects covered.

14. What subjects have you had further ongoing training in? Please list in the comments column

We had 12 responses to this, ranging from none to those listed below

- *Risk assessments, person centred care, health & safety, first aid*
- *None*
- *Dementia, handling medicines, manual handling, infection control, safeguarding, managing challenging behaviour*
- *Administering medication, dementia awareness, manual handling, risk assessment*
- *NVQ level 3*
- *Meds & moving & handling*
- *Health & safety, manual handling, fire drills, POVA*
- *Medication*
- *Safeguarding, health & safety, violence & aggression*
- *NVQ 3*
- *Moving & handling*
- *Medication*

In the discussions, cultural needs were cited as a training issue, especially in terms of culinary needs e.g. how to make sandwiches. This issue had cropped up several times in the Homecare Quality Check visits – service users saying that their homecare workers did not know how to make a sandwich.

In terms of skills needed, there was also discussion around interpersonal communication skills, patience and listening skills. Given that the attitude of carers was the second most important thing cited by service users, this has to be an area for development and should be addressed in recruitment, induction, ongoing training, supervision and client satisfaction consultation.

15. Have you had training in working with people who have dementia?

15 homecare workers said that they had received training in this. The only comment we got is listed below

- *Yes but needs to be ongoing & regular*

Given that the prevalence of dementia increases with age, it would be good practice if this training was mandatory for those working with the elderly.

16. Have you had training in working with people who have had strokes?

11 homecare workers said they had received training in this. No comments were given about this

Given that strokes are common in the elderly and also very much associated with vascular dementia, it would be good practice if this training was mandatory

17. Have you had training in person centred care?

17 homecare workers said they had received training in this. This was a **very surprising** response as **no person centred information** was found in any of the files accessed by the Homecare Quality Check Project

18. How do you receive training eg from someone in the care agency, an external trainer, e training on the internet, policy & procedure manual. Please give details in the comments box

16 homecare workers responded to this question

- *Agency manager*
- *External trainer, Response Training*
- *Both internal & external*
- *Internally by the agency*
- *External & internal*
- *Internal*
- *Both*
- *External trainer*
- *In house trainer – it wasn't very good*
- *From the agency and from the internet*
- *Someone from the care agency and from the policy & procedure manual*
- *Watching a documentary*
- *Internally from someone in the agency*
- *Internal from agency*
- *Internal*
- *Care agency*

Where training is not provided by an approved training provider, but provided internally, internal trainers should at least have attended a "train the trainers" training course. Training is a specialist skill and should not be provided by those who do not know how to do it. Training should not be a tick exercise and the quality of training should be monitored.

Shadowing an experienced worker was also cited as a good method of training in the group discussions.

19. What further training would you like to get? Please list the subjects in the comments column

13 homecare workers responded to this question

- *Specialised training such as peg feeding and catheters, also stress management and work & life balance*
- *Basic health & social care updates*
- *NVQ levels 3 & 4*
- *Dementia awareness & moving & handling*
- *First aid, manual handling*
- *Stroke awareness*
- *Dementia & career pathways*
- *Cardiac training, data protection & fire safety*
- *Managing dementia*
- *Health & social care level 3*
- *NVQ 4*
- *Palliative care*
- *Always good to get more refreshers*

Qs 20 – 23 Supervision & support

20. Do you receive regular supervision? How often do you receive supervision? Please say in the comments column

18 homecare workers said that they did receive regular supervision, 1 said that they did not and another 1 didn't indicate either way.

From the 11 responses we got, it can been seen that regular can vary from monthly to every 6 months.

- *Every few months*
- *Every 6 – 8 weeks*
- *Twice a year*
- *Every 2 months*
- *When they remember*
- *Every month*
- *Every 6 months*
- *Monthly*
- *3-6 months*
- *Double up sometimes*
- *Once a month*

21. Do you think you receive supervision often enough?

18 homecare workers said that they did receive regular supervision, 1 said that they did not and another 1 didn't indicate either way. Presumably then, with so many respondents

saying that their supervision was regular enough, infrequent supervisions are seen as enough by some.

22. Do you think you get enough support from your manager outside of supervision?

14 homecare workers felt that they did get enough support outside of supervision, 4 said they did not and 2 didn't indicate either way.

23. Do you have regular meetings with other home care workers? If so, how often?

11 homecare workers said that they did have regular meetings with other homecare workers and 9 said that they did not. Comments about the frequency of those meetings are listed below:-

- *Twice a year*
- *Twice a year*
- *Not regular but about every quarter*
- *Once a year*
- *Every 3 months*
- *Every 6 – 9 months*
- *3 times a year*
- *4 times a year*

Given the isolated nature of homecare work, it is not good practice that 9 out of 20 homecare workers do not meet with their colleagues to share issues, problems and good practice.

Q 24 Hours worked

24. Do you work enough hours? Please say in the comments column whether you'd like to work more or less hours and why

11 homecare workers said that they worked enough hours and 9 said that they did not. Comments about this are listed below:-

- *I'd like to work at least 30 hours a week because if you don't, it's working for nothing once the bills are paid*
- *No I don't have enough customers*
- *I'd prefer to have more hours due to child care fees*
- *Hours seem to be given out on favouritism*
- *I sometimes beg for more hours without getting any and sometimes it's work overload*

Q 25 Most important aspects of the job

25. What are the most important things to you in your job?

We got 17 responses to this question, which are listed below

- *To look after clients to the best of my ability*
- *Attitude*
- *Trying to do everything for my clients to make them happy*
- *To ensure I provide quality care to the service user*
- *Assisting with proper hygiene*
- *Communication & punctuality*
- *Taking good care of my clients*
- *Seeing that my clients are happy*
- *The clients*
- *That the service users are properly cared for by carers who are reliable & take their time*
- *My clients*
- *Training & updated information available when needed*
- *Being respected as a professional*
- *Getting to the client on time and doing the right thing by interacting more with the client and getting to know them more*
- *Building up a good relationship with my client so that they can live at home comfortably*
- *Client safety & satisfaction*
- *Making a difference*

Qs 26 -27 Difficulties

26. What are the most difficult things in your job?

We got 19 responses to this question, which are listed below

- *Communication*
- *Meeting new clients and wondering what they'll be like*
- *Communication*
- *Travel time*
- *The managers always believe the client's lies without investigating and also service user's family members shouting down on me*
- *Managing care & hygiene of a very fat client*
- *Transportation system*
- *Lack of communication with the client's family*
- *Working with people who have lower standards of working*
- *Working with managers who know less than you*
- *Time management – sometimes there are too many calls for the allocated times*
- *Travelling between jobs*
- *Time limitations & travel time*

- *Miscommunication, travelling, low rate of pay & miscommunication*
- *Being relegated as seen merely as a house help*
- *Clients' relatives*
- *Sometimes unpredictable clients*
- *Working with new people who don't have enough knowledge about the job*
- *When one of my clients dies*

27. What would make your job easier to carry out?

We got 19 responses to this question, which are listed below

- *More time with clients*
- *Communication*
- *Better communication*
- *Having to spend less time travelling & more time with clients*
- *Proper assessments on service users*
- *Proper stair lift for fat clients rather than doing the stairs with the aid of a stick*
- *More training & being kept up to date with things*
- *Enough salary because it's not an easy job*
- *A change in office staff!?*
- *If my clients were located closer to one another*
- *Managers having a better knowledge of post codes; some sound as if they might be close together but aren't*
- *The way rotas are done*
- *Paid travel time*
- *Good pay, good equipment & information*
- *Being given more information about the client*
- *A set amount of hours to work*
- *Not having to travel long distances*
- *Availability of training via the Council and the company*
- *Better pay & more recognition*

In the discussions, the issue of lack of respect for care workers from other professionals such as GPs, District Nurses and Social Workers was discussed at length. A need to change those attitudes was discussed as well as a hope that being part of the Local Care Networks might bring about that change. Whilst being looked down upon as unqualified staff, home care workers are often the first to notice any changes in their clients; where clients don't have family members around and cannot contact GPs etc themselves, homecare workers might be the only professionals to act upon such changes. A facility to regularly feed back about clients' progress to Social Workers and other professionals was also cited as good practice

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HEALTHY COMMUNITIES SCRUTINY SUB-COMMITTEE
MUNICIPAL YEAR 2015-16

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