

## **CABINET MEMBER FOR ADULT SOCIAL CARE**

**Venue: Town Hall,  
Moorgate Street,  
Rotherham. S60 2TH**

**Date: Monday, 14th January, 2013**

**Time: 10.00 a.m.**

### **A G E N D A**

1. To determine if the matters are to be considered under the categories suggested in accordance with Part 1 (as amended March 2006) of Schedule 12A to the Local Government Act 1972.
2. To determine any item which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency.
3. Apologies for Absence.
4. Minutes of the Previous Meeting held on 3rd December, 2012 (Pages 1 - 3)
5. Workforce Development - Support for Providers (Pages 4 - 9)
6. Adult Services Revenue Budget Monitoring 2012-13 (Pages 10 - 15)
7. Briefing Notes (Pages 16 - 26)
  - Learning Disability Service
  - Ethical Care Charter
8. Exclusion of the Press and the Public  
Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and 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 Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act, 1972 (as amended March, 2006) (information relating to the financial or business affairs of any particular individual (including the Council)).
9. Supporting People Programme - Emergency Accommodation Proposal (Pages 27 - 33)
10. Setting In-House Residential Accommodation Charges 2013/14 (Pages 34 - 38)
11. Date and Time of Next Meeting -

- Monday, 28<sup>th</sup> January, 2013, at 10.00 a.m.

**CABINET MEMBER FOR ADULT SOCIAL CARE  
Monday, 3rd December, 2012**

Present:- Councillor Doyle (in the Chair); Councillors Gosling and P. A. Russell (Policy Advisors).

An apology for absence was received from Councillor Steele.

**H45. MINUTES OF THE PREVIOUS MEETING HELD ON 19TH NOVEMBER 2012**

Consideration was given to the minutes of the previous meeting held on 19<sup>th</sup> November, 2012.

Resolved:- That the minutes of the previous meeting held on 19<sup>th</sup> November, 2012, be approved as a correct record.

**H46. HEALTH AND WELLBEING BOARD**

The minutes of the meeting of the Health and Wellbeing Board held on 31<sup>st</sup> October, 2012, were noted.

**H47. ADULT SERVICES REVENUE BUDGET MONITORING**

Consideration was given to a report, presented by the Finance Manager (Adult Services), which provided a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to the end of March, 2013 based on actual income and expenditure to the end of October, 2012.

It was reported that the forecast for the financial year 2012/13 was an underspend of £24,000 against an approved net revenue budget of £74.021M.

The latest year end forecast showed a number of underlying budget pressures which were being offset by a number of forecast underspends:-

Adults General Management and Training

- A forecast underspend mainly due to savings on charges for postages, telephones and printing

Older People

- A forecast overspend on In-House Residential Care, further increase in demand for Direct Payments and In House Transport
- Offset by underspends within Enabling Care, Independent Sector Home Care, independent residential and nursing care, Intermediate Care, Community Mental Health, Carers Services and slippage on Assistive Technology and recruitment to vacant posts within Assessment and Care Management

Learning Disabilities

- A forecast overspend on independent sector Residential Care budgets, independent sector Home Care and Community Support placements

- Recurrent budget pressure on Day Care Transport and increased demand for Direct Payments
- High cost placements in Independent Day Care
- Reduced by underspends within Supported Living Schemes and savings on premises costs and slippage on vacant posts
- Use of Health funding to support overspend on SYHA residential care costs
- Savings on premises costs and slippage on vacant posts

#### Mental Health

- Projected slight overspend on Residential Care budget and budget pressure on Direct Payments
- Overspends on employees budgets due to unmet vacancy factor and use of agency staff
- Reduced by savings on Community Support Services

#### Physical and Sensory Disabilities

- Continued pressure on Independent Sector Domiciliary Care, loss of Continuing Health Care funding for 1 client, increase in demand for Direct Payments and forecast overspend on Residential and Nursing Care
- Offset by planned slippage in developing alternatives to residential care provision, underspend on Crossroads as clients were redirected to Direct Payments and vacant posts within Resource Centre and Occupational Therapists
- Underspend on Equipment budget and savings due to vacant part-time post at Grafton House
- Review of contracts with independent Day Care providers
- Forecast savings on contracts with Voluntary Sector providers

#### Safeguarding

- Underspend on employee budgets due to vacant post plus additional forecast income from Court of Protection fees

#### Supporting People

- Efficiency savings on subsidy contracts offset against Commissioning savings targets not within Adult Services

Total expenditure on Agency staff for Adult Services so far was £161,370 compared with an actual cost of £214,952 for the same period last year. The main costs were in respect of Residential and Assessment and Care Management staff to cover vacancies and sickness. There had been no expenditure on consultancy to date.

There had been £216,957 spend up to the end of October, 2012, on non-contractual overtime for Adult Services compared with expenditure of £190,128 for the same period last year.

Careful scrutiny of expenditure and income and close budget monitoring remained essential to ensure equity of Service provision for adults across the Borough within existing budgets particularly where the demand and spend was difficult to predict in a volatile social care market. A potential risk was the future number and cost of transitional placements from Children's Services into Learning Disability Services together with any future reductions in

Continuing Health Care funding.

Any future reductions in Continuing Health Care funding would have a significant impact on Residential and Domiciliary Care budgets across Adult Social Care. Regional Benchmarking within the Yorkshire and Humberside region for the 6 month period ending September, 2012, showed that Rotherham was slightly below average on spend per head in respect of Continuing Health Care.

Discussion ensued on the report with the following issues raised/clarified:-

- Learning Disabilities and Mental Health were the 2 areas that Rotherham appeared to be in receipt of lower than regional average for Continuing Health Care funding
- There was a lot of work taking place around Residential Care
- That Supported Living spend/funding be highlighted in future reports
- A summary be included in future reports of the overall spend on Direct Payments etc. across all Service areas

Resolved:- That the latest financial projection against budget for 2012/13 be noted.

**ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS**

1	<b>Meeting:</b>	<b>Cabinet Member for Adult Social Care</b>
2	<b>Date:</b>	<b>14th January, 2013</b>
3	<b>Title:</b>	<b>Workforce Development: Support for Providers</b>
4	<b>Directorate:</b>	<b>Neighbourhoods and Adult Services</b>

**5 Summary**

This paper responds to a request from the Contracting for Care Forum for a report on training available to providers. The paper sets out the workforce development support arrangements within the Council and the range of support activities offered and their uptake. Approval from Cabinet Member is sought and then to the Contracting for Care Forum.

**6 Recommendations**

- **Cabinet Member approves this paper and then to the Contracting for Care Forum.**

## **7 Proposals and details**

### **7.1 Background**

7.1.1 The Contracting for Care Forum meeting of 10<sup>th</sup> October 2012, resolved that the Learning and Development Manager submit a report to its February 2013, meeting 'on the training available for providers and what take up there had been' and the manager be invited to future meetings.

### **7.2 The Learning and Development Team**

7.2.1 Neighbourhoods and Adult Services Directorate has a permanent Learning and Development Team that comprises a Learning and Development Manager (37 hours per week); a Learning and Development Officer (29.60 hours per week), and a Learning and Development Officer – Practice Learning and Post Qualification (37 hours per week). The team has until March 2013 a temporary post of Safeguarding Adults and Mental Capacity Act Training Manager (37 hours per week) that is vacant.

7.2.2 This team collectively aims to provide an affordable and flexible learning and development service that equips the workforce with the right skills to meet customer needs and outcomes. This includes providers in the independent, private and voluntary sectors. The intended outcome of all workforce development activities is a more confident and competent workforce with increasingly sophisticated skills and knowledge to effectively respond to customer needs.

### **7.3 Workforce Development Support and take up**

7.3.1 The team is responsible for commissioning and contracting training and development activities. This includes a range of core support for providers:

- Training Courses
- Qualification Programmes
- Workforce Development Funding application scheme
- On-line learning resources
- Distance learning
- Performance Development Coaching
- Workforce Development Forum meetings.

7.3.2 In addition to this core offer, workforce planning advice and guidance; training information, guidance and signposting; funding for external conferences, seminars, and workshops are available. Further, support is available to more specialised providers regarding practice learning opportunities for the social work degree and continuing professional development for social workers. The team also represent the general interests of

providers at Skills for Care meetings and events and act as a conduit to disseminate information. The Team will also form partnerships to enable providers to claim monies such as the Skills for Care's Workforce Development Fund which in 2011/12 attracted £3,672 of income for providers in Rotherham. In contrast, take up of the Skills for Care's Workforce Development fund has been poor so far in 2012/13.

7.3.3 The Team undertake development work locally *with* providers on their training requirements. Examples of co-production of learning pathways include the Dementia and End of Life Bronze to Platinum training programmes. A key feature of a pathway is the combination of e-learning, distance learning, QCF certificates, and taught training programmes from basic awareness to complex work. Providers in Rotherham benefit from support at QCF certificate level, where many local authorities only support QCF, lower level, awards. The Dementia pathway has been featured as an exemplar training pathway in a Skills for Care dementia publication. The Team also undertake work regionally to the benefit of providers via the ADASS Workforce Programme Board.

7.3.4 The Team engage with providers at a provider Workforce Development Forum that runs 4 to 5 times per year that was co-designed with providers; attendance at commissioning provider forum meetings; and by convening focus group meetings including annual events to identify training needs and conduct a training needs analysis. In addition, the Team will visit providers by request to offer one-to-one based support and telephone support is available daily.

7.3.5 The main focus of the support offered to providers for training is courses and qualifications recommended by Skills for Care to meet the Care Quality Commission's *Essential Standards of Quality and Safety* and the Skills for Care's Workforce Development Strategy for Adult Social Care.

7.3.6 Appendix A provides an overview of the range of training courses, qualifications and on-line support offered to providers. Overall, take up of training by providers is positive with the most popular training typically achieving per year:

- Safeguarding adults with over 1,000 learners
- Advanced dementia with over 50 learners
- Health and safety related with over 500 learners
- Food and nutrition with over with over 200 learners
- Distance learning with over 100 learners
- Challenging Behaviour with over 60 learners
- Leadership and Management Qualifications with over 25 learners
- QCF certificates with over 200 learners
- British Sign Language with over 30 learners.



7.3.7 The Team is innovative. It brought to Rotherham the first national dedicated e-learning zone for health and social care with Learning Pool and also pioneered the coaching at work scheme and the workforce development funding application scheme that are not available in most other local authorities. The funding scheme offers resources to support more advanced or specialist workforce development activities that providers base budgets for training are unlikely to finance. The take up of the funding application scheme remains positive with 15 providers being supported in 2012/13. The coaching scheme helps a worker at a one-to-one level to be supported to identify and define their specific goals and determine how these can then be realised to improve their performance at work. Take up of coaching has been slow, however, with only 8 learners taking up the opportunity in 2010/11 and 2 in 2012/13. Coaching has however been described by one individual as, 'It was one of the best things I have ever participated in'.

7.3.8 The team mainly promotes training opportunities using a learning and development calendar and course flyers by e-mail, and also during its engagement activities detailed at 7.3.4.

## **8 Finance**

8.1 Workforce development support for providers is fully funded by the Neighbourhoods and Adult Services Directorate and all training offered is 'free' to access. The budget is set each year as part of the annual budget round. No show and cancellation charges are applied on behalf of the Safeguarding Adults Board for its Safeguarding Adults training programmes only.

## **9 Risks and Uncertainties**

9.1 Failure to invest in and uptake in available workforce development support may result in a workforce that is not equipped with the knowledge, skills or confidence to deliver and maintain high quality services to customers.

## **10 Policy and Performance Agenda Implications**

10.1 With the publication of *Caring for our future: reforming care and support* (HM Government, 2012) the vision of the workforce is again under the spotlight. The White paper makes clear the commitment to raise the quality of social care provision, the standards of those who are providing social care, and to ensure that better skills and training are an important part of raising overall standards.

10.2 The learning and development service ensures that the Director of Adult Social Services is strategically supported to meet their obligation to ensure that the social care workforce in both local authority and

independent sector have the required competencies to deliver services to both national and local standards.

## 11 Background Papers and Consultation

11.1 There are no background papers or consultation conducted as part of this report.

**Contact Name:** Nigel Mitchell  
**Telephone:** (01709) 334066  
**E-mail:** [nigel.mitchell@rotherham.gov.uk](mailto:nigel.mitchell@rotherham.gov.uk)

## **Appendix A**

### **Training Courses**

- Movement and handling
- First aid
- Fire safety
- Health and safety
- Safeguarding Adults
- Mental Capacity Act
- Dementia
- End of Life Care
- Food hygiene and nutrition
- Bite size 'soft skills' programme
- Challenging behaviour

### **QCF Certificates**

- Supporting individuals with Learning Disabilities
- Activity Provision
- Working in community mental health care
- Dementia awareness
- End of life care

### **Distance Learning**

- Prevention and Control of Infection
- Safe Handling of Medication
- Provision of Activities in a Care Setting
- Working with People with Mental health issues
- Nutrition and Health
- Diabetes Awareness
- Equality & Diversity
- Dementia
- End of life care

### **QCF Diplomas**

- Health and Social Care
- Leadership for Health and Social Care Adults

### **E-learning**

- Dementia
- End of Life
- Safeguarding
- Personal Development
- Common Induction Standards
- Specialist modules
- Common induction standards

### **Online**

- Social Care Information Learning System
- Pilot CIS Assessment

<b>ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS</b>
--

<b>1</b>	<b>Meeting:</b>	<b>Cabinet Member for Adult Social Care</b>
<b>2</b>	<b>Date:</b>	<b>Monday, 14th January, 2013</b>
<b>3</b>	<b>Title:</b>	<b>Adult Services Revenue Budget Monitoring Report 2012-13</b>
<b>4</b>	<b>Directorate :</b>	<b>Neighbourhoods and Adult Social Services</b>

## **5 Summary**

This Budget Monitoring Report provides a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to the end of March 2013 based on actual income and expenditure for the period ending 30 November 2012.

**The forecast for the financial year 2012/13 at this stage is an underspend of £124k, against an approved net revenue budget of £74.021m.**

## **6 Recommendations**

**That the Cabinet Member receives and notes the latest financial projection against budget for 2012/13.**

## 7 Proposals and Details

### 7.1 The Current Position

The approved net revenue budget for Adult Services for 2012/13 is £74.147m. Included in the approved budget was additional funding for demographic and existing budget pressures (£2.294m) together with a number of savings (£6.258m) identified through the 2012/13 budget setting process.

7.1.1 The table below summarises the latest forecast outturn against approved budgets:-

Division of Service	Net Budget	Forecast Outturn	Variation	Variation
	£000	£000	£000	%
Adults General	3,939	4,007	+68	+1.72
Older People	33,023	32,413	-610	-1.85
Learning Disabilities	17,289	17,777	+488	+2.82
Mental Health	5,466	5,515	+49	+0.90
Physical & Sensory Disabilities	6,308	6,233	-75	-1.19
Safeguarding	715	671	-44	-6.15
Supporting People	7,281	7,281	0	0
<b>Total Adult Services</b>	<b>74,021</b>	<b>73,897</b>	<b>-124</b>	<b>-0.17</b>

7.1.2 The latest year end forecast shows there are a number of underlying budget pressures mainly in respect of an increase in demand for Direct Payments (+£1.739m) across all client groups plus pressures on residential care and external transport provision within Learning Disability services (+£605k). These pressures are being offset by a number of forecast underspends and management actions.

The main variations against approved budget for each service area can be summarised as follows:

#### **Adults General, Management & Training (+£68k)**

This includes the cross cutting budgets (Workforce planning and training, and corporate charges) are forecasting an overspend mainly due to recurrent pressures on ICT budgets.

**Older People (-£610k)**

- Overspend on In-House Residential Care due to a recurrent budget pressure on Part III income (+£92k) plus additional staffing costs due to sickness cover at Davies Court (+£168k).
- Increase in Direct Payments over budget (+£993k), this includes 112 new clients since April most of which are clients who previously received independent sector domiciliary care and have requested to remain with their current service provider.
- Overspend on In House Transport (+£50k) due to slippage on the approved budget savings from the review of Transport services and agency costs to cover sickness, partially reduced by additional income.
- Forecast under spend on Enabling Care (-£210k) based on current budget and level of service which is under review. There is also an underspend on Independent sector home care (-£36k) after a reduction of £655k commissioning and contract savings achieved as part of the new framework agreement. These budgets have now been revised to address the shift in service provision to Direct payments as mentioned above.
- An underspend on independent residential and nursing care (-£569k) due to 37 less clients receiving service than budgeted. More self funders receiving care is resulting in a reduction in the average cost per client plus additional income from health and property charges, there is also a forecast underspend on Intermediate Care (-£91k).
- Forecast under spend at this stage in respect of Community Mental Health budgets uncommitted including slippage in developing dementia services (-£225k).
- Under spend on carers services due to vacancies and slippage in carers breaks (-£181k), reducing pressures on direct payments.
- Forecast slippage at the stage on Assistive Technology based on spend to date against approved budget (-£150k).
- Slippage on recruitment to vacant posts within Assessment & Care Management and community support plus additional income from Health (-£451k).

**Learning Disabilities (+£488k)**

- Overspend on independent sector residential care budgets due increase in clients and average cost of care packages plus loss of income from health, reduced by lower activity on respite (+£388k).
- Underspend within supported living schemes due to CHC income, use of one off grant funding and vacant posts (-£250k).
- Recurrent budget pressure on Day Care transport (+£217k) including income from charges.
- Increase in demand for Direct Payments over and above budget (+£105k).
- Forecast overspend in independent sector home care (+£76k) due to slippage in meeting budget savings agreed as part of budget setting.
- Three new high cost placements in independent day care is resulting in a forecast overspend of +£67k.

- Increase in community support placements is resulting in a forecast overspend of £67k.
- Use of health funding to support overspend on SYHA residential care costs (-£142k).
- Saving on premises costs (-£16k) and slippage on vacant posts (-£24k).

### **Mental Health (+£49k)**

- Projected slight overspend on residential care budget (+£18k) due to 5 new admissions since April.
- Budget pressure on Direct Payments (+£151k) offset by savings on Community Support Services (-£157k).
- Overspends on employees budgets due to unmet vacancy factor and use of agency staff (+£37k).

### **Physical & Sensory Disabilities (-£75k)**

- Continued Pressure on Independent Sector domiciliary care (+£83k) due to continue increase in demand.
- Loss of CHC funding for one client at Rig Drive (+£52k) being challenged and awaiting outcome of an appeal.
- Increase in demand for Direct Payments (+ 38 clients), forecast overspend (+£490k).
- Underspend on crossroads (-£62k) as clients are redirected to direct payments.
- Forecast overspend on Residential and Nursing care offset by slippage in developing alternatives to residential provision (-£471k).
- Vacant posts within Resource centre and Occupational Therapists (-£86k).
- Underspend on equipment budget (-£25k) and savings due to vacant part-time post at Grafton House (-£14k).
- Review of contracts with independent Day Care providers (-£25k).
- Forecast savings on contracts with Voluntary Sector providers (-£17k).

### **Safeguarding (-£44k)**

- Underspend on employee budgets due to vacant post plus forecast additional income from court of protection fees.

### **Supporting People (£0k)**

- Efficiency savings of £118k on subsidy contracts are being offset against commissioning savings targets not reported within Adult Services.

### **7.1.3 Agency and Consultancy**

Total expenditure on Agency staff for Adult Services for the period ending November 2012 was £219,672 (none of which was off contract). This compares with an actual cost of £253,963 for the same period last year (of which £1,974 was off contract). Primarily, these costs were in respect of residential and assessment and care management staff to cover vacancies and sickness.

There has been no expenditure on consultancy to-date.

### **7.1.4 Non contractual Overtime**

Actual expenditure in respect of non contractual overtime to the end of November 2012 was £254,303 compared with £243,927 for the same period last year.

The actual costs of both Agency and non contractual overtime are included within the financial forecasts.

## **7.2 Current Action**

To mitigate any further financial pressures within the service, budget meetings and budget clinics are held with Service Directors and managers on a regular basis to monitor financial performance and further examine significant variations against the approved budget to ensure expenditure remains within the cash limited budget by the end of the financial year.

## **8. Finance**

Finance details including main reasons for variance from budget are included in section 7 above.

## **9. Risks and Uncertainties**

Careful scrutiny of expenditure and income and close budget monitoring remains essential to ensure equity of service provision for adults across the Borough within existing budgets particularly where the demand and spend is difficult to predict in such a volatile social care market. One potential risk is the future number and cost of transitional placements from children's services into Learning Disability services.

In addition, any future reductions in continuing health care funding would have a significant impact on residential and domiciliary care budgets across Adult Social Care. Regional Benchmarking within the Yorkshire and Humber region for the six month period ending September 2012 shows



that Rotherham is slightly below average on spend per head in respect of continuing health care.

## **10. Policy and Performance Agenda Implications**

The delivery of Adult Services within its approved cash limit is vital to achieving the objectives of the Council and the CSCI Outcomes Framework for Performance Assessment of Adult Social Care. Financial performance is also a key element within the assessment of the Council's overall performance.

## **11. Background Papers and Consultation**

- Report to Cabinet on 22 February 2012 –Proposed Revenue Budget and Council Tax for 2012/13.
- The Council's Medium Term Financial Strategy (MTFS) 2011-2014.

This report has been discussed with the Strategic Director of Neighbourhoods and Adult Services, the Director of Health and Well Being and the Director of Financial Services.

**Contact Name:** Mark Scarrott – Finance Manager (Neighbourhoods and Adult Services), *Financial Services* x 22007, email [Mark.Scarrott@rotherham.gov.uk](mailto:Mark.Scarrott@rotherham.gov.uk).

**ROTHERHAM METROPOLITAN BOROUGH COUNCIL**  
**Neighbourhoods and Adult Services**  
**Health and Wellbeing**

Quarterly Briefing Note to Cabinet Member for Adult Social Care

LEARNING DISABILITY SERVICES

- **Partnership Working**

Partnership working is a fundamental component of the joint NHS/RMBC Learning Disability Service.

We are half way through current 3 year partnership agreement with NHS Rotherham. Managers are now beginning to review its progress and consider what will need to be included in future agreements

Part of the agreement is a 3 year contract with RDASH to deliver the health part of LD Service. The contract and performance has been subject to monthly scrutiny and the review is underway for next year and beyond.

A Commissioning group has been formed, comprising of representatives from NHS Rotherham, the Director of Health and Wellbeing, RMBC Strategic Commissioning, RDASH and the Service Manager of the service. The group coordinates the overall direction for LD services in the Borough and links to the LD Partnership Board and the Health and Wellbeing Board.

- **Safeguarding**

Safeguarding is a key area for the Service, particularly following the Winterbourne scandal. The service is prioritising reviewing the 2 establishments in this Borough where they only have Out of Area placements and no-one from Rotherham.

Also ensuring continued accurate up to date information on all RMBC Out of Borough placements. RMBC has only 3% of our customers placed Out of Borough (compared to a regional average of 10%).

The Assessment and Treatment Unit is being reviewed – at high strategic level looking at its role, size, and purpose within the joint service in Rotherham.

Specialist Social Worker for Safeguarding has been appointed in the service - to maintain our high standards and to ensure consistency of approach in investigations with the NAS Safeguarding Team – where she will maintain very close links.

- **Performance**

LD has a good track record in achieving KPI's - in particular regularly achieving 95%+ for reviews. After a slow start to this year momentum is picking up and a similarly high performance is expected this year.

- **Day Services**

Major consultation exercise currently looking at savings to be made on the transport budget and closing the little used kitchens in the centres. This has caused a great deal of discussion, particularly with carers, the process has been extended because of this until the end of the year.

- **Employment**

Key performance measure for the service. LD Borough employment (multi agency plan) has just been endorsed by the LD Partnership Board which aims to increase the work opportunities for people with a LD.

- **Customer Feedback**

Annual 'Let's Talk' event – this is an annual consultation event which caters for all our LD carers and customers. This will be held early 2013 and will be consulting on the strategic direction for LD in the light of the financial and legislative challenges ahead.

**John Williams**  
**Learning Disability Services**  
**Service Manager**

## **Briefing Note**

**Title:** Time to Care – A Unison report into homecare  
**Date:** 19.12.2012  
**Audience:** Directorate Leadership Team – Elected Members  
**Author:** [Jacqueline.clark@rotherham.gov.uk](mailto:Jacqueline.clark@rotherham.gov.uk) Operational Commissioner – Resources Directorate

### **1. Introduction:**

This briefing serves to update DLT and Elected Members with the outcomes of a recent on line survey conducted by UNISON which details 431 responses from Unison members and non members who deliver home care.

The Unison 'Time to Care' national survey was undertaken in June/July 2012 and the consequent report published in October 2012.

Unison claim the objective of the survey, consequent report and Charter is to establish a baseline of safety, quality and dignity of care by ensuring employment conditions which:

- a) do not routinely short change clients and
- b) ensure the recruitment and retention of a more stable workforce through more sustainable pay, conditions and training levels.

As a result of the survey findings Unison are calling for Councils to commit to becoming Ethical Care Councils by only commissioning home care services which adhere to their Ethical Care Charter:

<http://www.unison.org.uk/acrobat/21188.pdf>

Unison intends to publish the names of the Councils who do not respond to their request.

This briefing gives additional information to support a balanced line of reasoning required to consider the request to adhere to the Ethical Care Charter and highlights the risk to Rotherham MBC on points where it could be interpreted we fall short of Unison's expectation.

### **2. Critique of Time to Care - A Unison report into home care:**

- 2.1 The report is short sighted assuming the priority of Councils is to seek savings rather than a quality, efficient, flexible service which is responsive to the needs of those it serves. The priority of the Council to achieve quality provision can be well supported and evidenced by the Commissioning and Contracting Team.
- 2.2 The survey has a limited focus on staff opinion and does not involve the Service User or canvass their opinion so lacks credibility regards the assertion that care is not delivered in a dignified manner.

- 2.3 This was a national survey with a relatively small response (431) from a care workforce estimated to be in the millions. There are over 1.6 million organisations providing home care in the UK.
- 2.4 The report centres on contracted council services but fails to identify whether the staffs surveyed are/were employed by organisations that contract with the Council. Its relevance to contracted services is therefore unclear.
- 2.6 It also fails to address the growing number of PA's and personal care services commissioned by individuals via Direct Payments which are not commissioned directly by the Council and therefore efforts focused on Council contracted services alone seem misplaced.
- 2.7 The report doesn't distinguish between service commissioned on behalf of the individual and a commissioned service achieved through a transparent tender process.
- 2.8 The request is for all LA's to enforce the Ethical Care Charter but there is no commitment to enforce this actively with other organisations outside local authority contracts. Possibly naïve, but this could divide the care market into becoming a non competitive environment. Unison don't reference their intention with the wider care market which must reduce the Charter's impact. It could also increase the cost directly to service users who self fund and contribute to the cost of their care and force LA's into a position where they are able to support fewer people.

For the above reasons compliance with the Unison request must be carefully considered.

### **3. Consideration to be given to the request:**

- 3.1 Consideration to be given to the response to the request is summarised against the principles which the **Ethical Care Charter** asserts (shown in bold type):
- 3.2 **Homecare workers should be paid for their travel time, travel costs and mobile phones**

#### **Eligible Workers should be paid Statutory Sick Pay**

We will soon have comprehensive details of each contracted provider's compliance with employment policy/legislation. We have no reason to believe at this stage that contracted providers are not fulfilling their legal obligations as employers.

This is reinforced as a standard in the Community and Home Care (CHCS) as contract standards:

- 3.2.1 We expect providers to comply with all statutory obligations as laid down in employment legislation. If it is found that practices are unacceptable then this will constitute a breach of contract and may be considered grounds for termination of the contract as defined in Clause 15 (Termination of the Framework Agreement).
- 3.2.2 Providers must comply with The Working Time Regulations (1998)/The Working Time (Amendment) Regulations 2009. A recent review of compliance of our contracted providers with this particular point of law we found no cause for concern.
- 3.2.3 We ensure that Providers have the relevant policies and procedures in place prior to entering into a contract and verify that all contribute to the reasonable working conditions for staff (see Appendix 1).
- 3.2.4 Contracted domiciliary care providers in Rotherham have benefited from an annual uplift for the previous four years (at least). This would enable the provider to increase the wage paid to their workforce.

**3.3 Homecare workers will be given the opportunity to regularly meet co workers to share best practice and limit their isolation:**

3.3.1 To combat isolation and to offer support to workers contracted providers are expected to hold regular team meetings and undertake regular supervision sessions both branch based and in the field with staff. Providers produce news-letters to keep workers informed. Training opportunities for staff also provide an opportunity for staff to mix with other staff.

3.3.2 Other arrangements of support to workers are also in place such as and not restricted to:

Locality branch based offices enabling easy access for care workers.

Care workers have mobile phones for easy communication.

Night workers operate in twos

3.3.3 In addition Rotherham MBC considers that carers have social contact with all clients during the time they deliver care. The opportunity to exchange social dialogue is beneficial not only to the service user but to the worker themselves.

**3.4 Visits will be scheduled so that Carers do not rush their time, or leave early to get to the next client.**

- 3.4.1 Providers can (and do) exercise discretion and vary the service when they are found in circumstances where service user's needs are in excess of the time allocated to complete care and there is inadequate time to get authorisation from Rotherham MBC.
- 3.4.2 Where Service User's needs increase/decrease the providers inform Assessment Direct and a review of needs by the Assessment and Care Management Service is requested to be completed to ensure more appropriate care provision is planned.
- 3.4.3 Providers are required to reduce travel time as much as possible when scheduling care rounds. They in the main rely on electronic scheduling systems to complete this task efficiently to lessen the pressure on carer's travel time and maintain consistency of carer/client.
- 3.4.4 In Rotherham contracted Care Providers are arranged so they prioritise care in an Area Assembly. This has the effect of providers recruiting staff locally reducing travel time to and from work. Workers also have increased knowledge about travel in the area they are assigned to again having the effect of reducing pressure on travel to and from the Service Users.
- 3.4.5 As part of the contract monitoring process provider's staff rotas and schedules are examined looking specifically for 'call cramming' (travel time unaccounted for).
- 3.4.6 Commissioners ensure there is no unreasonable demand on care workers that falls outside the contract with the council and therefore their contract of employment i.e. health care tasks, tasks which are not planned or prescribed which increase demands and pressures on carer's time.
- 3.4.7 From April 2012 there have been approximately 39 concerns (some of which were not substantiated) expressed about the length of time carers spend with the service user. To put this into context around 450,000 hours of care have been provided during this period.

**4. The time allocated should match client needs. In general 15-minute calls will not be used as they undermine the dignity of clients**

**Visits should be based on client need and not minutes or tasks. Workers will have the freedom to provide appropriate care and will be given time to talk to their clients**

- 4.1 Service Users receive care according to the needs and objectives identified on the Customer's Support Plan as a result of an Individual Social Care Assessment and as agreed with the Service Users. Often this involves support to socialise where it is found service users are isolated.
- 4.2 We have not introduced minute by minute billing which increases pressure on carers and we have no plans to introduce this payment method.
- 5. Clients will be allocated the same homecare workers wherever possible.**
- 5.1 Regular Home Care team members are identified for each Service User, changes to the carers are minimised and planned changes must be notified to the Service User giving a maximum of three (3) days notice. Care workers therefore develop sustained contact and deliver care efficiently.
- 5.2 Providers must ensure that all team members are given an appropriate and adequate briefing regarding the Customer's needs and specific details of the way in which they are to be met.
- 5.3 From April 2012 to present date there have been only 2 concerns expressed about the consistency of Carer. Face to face interviews are carried out with a number of our Service Users and the vast majority are responding positively to questions regarding how their needs are met in a dignified way.
- 6. Providers will have clear and accountable procedure for following up staff concerns about their clients' wellbeing**
- 6.1 Home Care providers are required to monitor individual Service Users on an ongoing basis and report any significant changes immediately to the Adult Care Management as appropriate or to the most appropriate person e.g. District Nurse, General Practitioner, etc. Such changes may include deterioration which affects the care needs of the Service User (e.g. additional support required). They are required to ensure that daily records are kept in the Service User's home which monitor progress and record significant issues.
- 7. All Home Care Workers will be regularly trained to the necessary standard to provide a good service (at no cost to them and in work time).**
- 7.1 Contracted services are required to train Management and Staff to comply with Department of Health's regulations, registration requirements and the CQC Essential Standards for Quality and Safety and best practice guidance (Skills for Care).



- 7.2 Staff records record the content of induction training and the period it is delivered over, how competence is assured and any follow up training support provided.
- 7.3 The Council monitors the training and development practices of the provider. If it is found that practices are unacceptable then this will constitute a breach of contract and may be considered grounds for termination of the contract.
- 7.4 We ensure that the care workforce is adequately skilled and complete and refresh both mandatory and specialist training that providers are obliged to provide for their staff. Providers should comply with the Skills for Care Standards, CQC Essential Standards and complete the National Minimum Data Set.
- 7.5 The providers are expected to have a workforce develop plan which is monitored by RMBC
- 7.6 RMBC Workforce Learning and Development Team support access for providers to ensure that ample training opportunity is provided free of charge with some funding available to pay for the costs of backfill to cover scheduled care.
8. **All home care workers will be paid at least the Living Wage (as of September 2012 (£7.20/hr) outside London. The living Wage has been re calculated again in November 2012 to £7.45/hr. If Council employed homecare workers are paid above this rate are outsourced it should be on the basis that the provider is required and is funded to maintain these levels throughout the contract.**
- 8.1 Council employees transferred if services are outsourced will be protected by TUPE legislation. To agree to the point above in the Charter seems again futile.
- 8.2 Rotherham is a Borough with higher than average dependency on Social Care. The agreement to this Charter may increase domiciliary care budgetary pressures.
- 8.3 Some providers are already paying above this rate, further information is currently being sought from our contracted providers.
- 8.4 Agreeing to the Ethical Care Charter for Home Care providers will mean challenges from other sectors contracting with the council.
- 8.7 Agreeing to comply with the Ethical Care Charter may mean that we will be required to pay all staff whether working for contracted services or employed in house at least the living wage. There are Rotherham MBC staff grades A/B who are paid less than the living wage.

8.8 Contracted Homecare organisations are required to meet statutory obligations by paying above minimum wage which is enforced. It is possible we will not be able to enforce the principles of the Charter.

8.9 The relationship of quality and cost are not interdependent. Paying a higher cost for care will not necessarily guarantee higher quality. In Rotherham there are overall no concerns regarding the quality of contracted care provision.

**9. Points of vulnerability to be considered:**

9.1 The following section details possible risk to Rotherham MBC on points where it could be interpreted we fall short of Unison's expectation.

9.2 Most contracted Home Care organisations not just those contracted to RMBC employ staff on Zero Hour contracts. These contracts are legal and providers state this is preferred by the employed because it offers flexibility to a workforce with a high % of women.

9.2 Unison want calls with a duration of 15 minute to cease. However 15 minute calls are commissioned by A&CM from care providers frequently following a needs assessment.

9.3 As a Strategic Commissioning Unit there are ongoing concerns regards the wages paid in the care sector as a whole. The Retail Sector (for example) is capable of attracting staff away from the care sector making recruitment difficult for care organisations. The risk that this reduces capacity of the care workforce is a concern. Increasing the wages to carers may naturally evolve where providers compete with other sectors to recruit staff.

Currently there are no capacity issues with care providers however work has commenced prior to the publication of the report to examine the employment practice of contracted Home Care providers in Rotherham. The outcome of this will feed into the negotiation points for allocation of an annual uplift.

9.4 In terms of procurement law the Scottish Parliament asked the European Commission for its view as to whether such a requirement would be compliant with European legislation, and the European Commission responded saying:

- any requirement in the tender process to pay the living wage is likely to breach the relevant legislation
- requirements regarding the level of wage payable to workers are likely to restrict freedom to provide services, and may not go beyond the mandatory legislative rules for minimum protection
- anything more than the minimum wage could not be enforced.

As a result, although public bodies can encourage their service providers to apply the living wage, **it is not lawful for a public body to treat a contractor which pays the living wage more favourably than one which does not.**

In summary

Rotherham MBC is insistent that contracted care providers comply with the majority of the principles outlined in the Ethical Care Charter which mirror current legislation/policy and Service Specified and Associated Contract. Our contracted services are continuously monitored in line with standards set out in our service specification and Framework Agreement terms and conditions. Deviation from this standard will result in intervention that is supportive of the organisation to improve. Where it is found that improvement is not achieved the default notices will be served to protect service users.

## Appendix 1

Policies and Procedures that all contribute to the reasonable working conditions for staff prior to contracting with them.

- Staff training and development plans;
- Disciplinary and grievance procedures
- Risk assessment records;
- Guidance for all staff on safety precautions to be taken following assessment of risk, including - written procedures on Fire prevention, First Aid, Safe use of Electricity, Food Safety and Hygiene, Safe Moving and Handling, Control of Infection and reporting Infectious Diseases, management of medication, reporting of injuries, diseases, accidents and dangerous occurrences;
- Public Interest Disclosure Act, 1988, with special reference to the Rotherham Council's procedures and policies regarding "whistle blowing".
- Staff supervision records;
- Policies relating to equality, diversity and anti oppressive practice;
- Register of gifts/bequests accepted/refused from Customers;
- Accident records,
- Staff files and recruitment procedures,
- Workforce Development Strategy
- Workforce Development Plan
- NMDS-SC reports
- Control of Substances Hazardous to Health (COSHH) 1998
- Disability Discrimination Act (1995)
- Disability Discrimination Act 2005
- Employment Equality (Age) Regulations 2006
- Employment Equality (Religion or Belief) Regulations 2004
- Equal Pay Act (1970)
- Gender Recognition Act 2004
- Health and Safety at Work Act (1974) and all subsequent guidance
- Health and Social Care Act (2001)
- Human Rights Act (1998)
- Lifting Operations and Lifting Equipment Regulations (1998)
- Management of Health and Safety at Work Act Regulations (1999) (amended 2003)
- Manual Handling Regulations (1992) (amended 2002)
- Part Time Workers (Prevention of Less Favourable Treatment) Regulations (2000)
- Provision and Use of Work Equipment Regulations (1999)
- Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations (1995)
- Sex Discrimination (Gender Reassignment) Regulations 1999
- Sex Discrimination Act (1975)
- Sex Discrimination Act (Amendment Regulations) 2008
- The Working Time Regulations (1998)
- The Working Time (Amendment) Regulations 2009
- Equality Act (2010)

Document is Restricted

Document is Restricted