

Briefing Note prepared for Health and Wellbeing Board on RMBC's current position with respect to implementing the Ethical Care Charter

Title: 'Time to Care' and UNISON's Ethical Care Charter

Date: 2 November 2017

1. Background:

- 1.1 In June/July 2012 UNISON commissioned 'Time to Care' a national survey of homecare workers. The objective of the survey was to gather information on the day to day reality of being employed as a homecare worker. A report on the findings of the survey was published in October 2012 entitled 'Time to Care, A UNISON Report into Homecare'.

As a consequence, UNISON drew up an Ethical Care Charter, which aims to *'establish a minimum 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'*.

<https://www.unison.org.uk/content/uploads/2013/11/On-line-Catalogue220142.pdf>

UNISON has called for Councils to commit to becoming Ethical Care Councils by adopting the Charter and only commissioning homecare services which adhere to the Charter. They have suggested that implementation of the Charter be conducted in three stages and have produced guidance for Councils and providers, both are detailed in the above mentioned report.

2. The following gives a summary of:

- 2.1 Rotherham MBC's Independent Living and Support Service (ILS), Strategic Commissioning and its contracted home care providers' current position against the UNISON's suggested three stages of implementing the Charter

3. Current position against the three stages

3.1 Implementing the Charter - Stage 1

Requirement:

- *The starting point for commissioning of visits will be 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.*
- *The time allocated to visits will match the needs of the clients. In general, 15-minute visits will not be used as they undermine the dignity of the clients*

RMBC Current Position:

ILS staff currently assess a person's eligible needs and draw up a support plan which indicates the outcomes that are to be achieved. A weekly block of hours of care are purchased that enable those outcomes to be met and to utilise the envelope of time as agreed with the service user. Some outcomes may be achieved in a visit that lasts 15 minutes, however personal care outcomes are not usually expected to be met in visits of this length. If necessary for service to provide care beyond the allocated time period due to customer needs changing this is permitted and the services authorised to exercise discretion. We do not operate a minute by minute billing policy.

Requirement:

- *Homecare workers will be paid for their travel time, their travel costs and other necessary expenses such as mobile phones*
- *Visits will be scheduled so that homecare workers are not forced to rush their time with clients or leave their clients early to get to the next one on time*

RMBC Current Position:

Organisations are contractually obliged to pay for travel time and travel expenses in addition to contact time with Service Users.

RMBC's tender process requires that all competitive price submissions demonstrate the ability to pay staff appropriately for travel time in both rural and urban areas. Contracted home care operators are allocated to geographic areas to ensure they prioritise care delivery in a specific geographic area to reduce the time care workers spend travelling. This reduces the pressure on homecare workers travelling between clients.

Our contract monitoring processes identify issues of non-compliance through for example scrutiny of staff rotas, complaints and reported contract concerns which are addressed with each organisation.

Requirement:

- *Those homecare workers who are eligible must be paid statutory sick pay*

Current Position:

All contracted providers pay statutory sick pay to eligible staff.

3.2 Implementing the Charter - Stage 2

Requirement:

- *Clients will be allocated the same homecare worker(s) wherever possible*
- *Providers will have a clear and accountable procedure for following up staff concerns about their clients' wellbeing*

- *All homecare workers will be regularly trained to the necessary standard to provide a good service (at no cost to themselves and in work time)*
- *Homecare workers will be given the opportunity to regularly meet co-workers to share best practice and limit their isolation*

Current Position:

Organisations are contractually obliged to:

identify a regular group of care workers that are to provide care for a service user, that will allow for cover if a primary team member is on holiday or on sick leave or training.

have a range of processes that allow for care workers to report issues they have encountered in the day, this includes communication policies and procedures, operational policy and procedures which include the completion of daily logs using what is commonly known as a 'record and report' procedures, and robust safeguarding policies and procedures.

train management and homecare staff to levels that comply with best practice guidance issued by Skills for Care and in specialist areas of care such as dementia.

robustly induct workers into the organisation and ensure workers complete the Care Certificate before providing personal care without supervision.

maintain an up to date training matrix/schedule of mandatory and specialist training needs and produce evidence of achievement.

ensure workers receive support from their colleagues through regular team meetings, supervision and opportunities to meet with their colleagues at their branch office.

In addition to this Rotherham MBC Learning and Development Team support homecare organisations to access training opportunities free of charge with some funding available to pay for the costs of backfill to cover scheduled care. A workforce development forum supports the social care workforce to keep updated on current training opportunities and developments in training policy

RMBC Contract Compliance Officers monitor compliance against all contractual obligations and if necessary can require Organisations to take remedial action if breaches of contract occur.

Requirement:

- *Zero hour contracts will not be used in place of permanent contracts*

Current Position:

RMBC currently does not contractually preclude organisations from employing home care workers on zero hour contracts.

3.3 Implementing the Charter - Stage 3

Requirement:

- *All homecare workers will be paid at least the UK Living Wage. If Council employed homecare workers paid above this rate are outsourced it should be on the basis that the provider is required, and is funded, to maintain these pay levels throughout the contract*
- *All homecare workers will be covered by an occupational sick pay scheme to ensure that staff do not feel pressurised to work when they are ill in order to protect the welfare of their vulnerable clients.*

Current Position:

RMBC requires that contracted Organisations pay at least the National Living Wage – currently set at £7.50 per hour. Contracted organisations are regularly requested to complete and submit cost workbooks to the Strategic Commissioning Team to enable scrutiny of the pay rates of their care staff.

Currently only one contracted provider has an occupational sick pay scheme that is offered to care workers after 2 years' service.

4. Care Provider Perspective

Care Providers were asked their view on implementing the Charter at two recent meetings, the first with Directors and Regional Managers and the second with Branch Managers. Both advised that current funding levels would not allow payment of the UK Living Wage – currently set at £8.45 per hour. They also advised that paying care workers this rate meant that the hourly rate for snr care workers would also have to rise to enable career progression and seniority of roles to be recompensed accordingly.

They also advised that most care workers requested zero hours contract as they liked to be able to choose when they worked and flex their hours up and down as they wished.

In addition to this, offering occupational sick pay would not be tenable as they considered this would make sickness rates rise to unsustainable levels.

5. Financial Implications for the Council/Adult Care and Housing

Increasing hourly rates paid to providers to enable them to pay care workers the UK living wage is not affordable for the coming financial year in light of the savings the Directorate is required to make. Work is currently being undertaken to determine what, if any, uplift on their hourly rates will be offered to home care providers for the financial year 2018/19. This uplift may not cover the predicted rise in National Living Wage for £7.50 to £7.90 in April 2018.

A tender process being undertaken in 2018 for a jointly commissioned service with Rotherham CCG, to commence in April 2019, may give rise to the opportunity to commission a service that would enable the Council and Rotherham CCG to fully commit to the 3 stages of the Charter over a period of time if funding was made available to allow payment of the UK Living Wage at whatever rate it may be at the time.

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