

Public Document Pack

THIRD ADDITIONAL CIRCULATION



To: All Members of the Council

Town House,
ABERDEEN, 5 October 2016

COUNCIL

The undernoted item is circulated in connection with the meeting of the **COUNCIL** to be held here in the Town House on **THURSDAY, 6 OCTOBER 2016 at 10.30am.**

FRASER BELL
HEAD OF LEGAL AND DEMOCRATIC SERVICES

B U S I N E S S

GENERAL BUSINESS

6(e) UNISON Ethical Care Charter (Pages 3 - 20)

Website Address: www.aberdeencity.gov.uk

Should you require any further information about this agenda, please contact Martyn Orchard, tel. 01224 523097 or email morchard@aberdeencity.gov.uk

This page is intentionally left blank

ABERDEEN CITY COUNCIL

COMMITTEE	Full Council
DATE	06.10.2016
DIRECTOR	Richard Ellis
TITLE OF REPORT	UNISON Ethical Care Charter
REPORT NUMBER	CG/16/126
CHECKLIST COMPLETED	YES

1. PURPOSE OF REPORT

The purpose of the report is to seek Full Council's agreement to its signing up to the UNISON Ethical Care Charter and agreeing that the Council Leader sign the Charter on the Council's behalf.

The paper provides Council with detail in terms of how the adoption of the Charter's principles might support the Council and its partner, the Aberdeen Health and Social Care Partnership (ACH&SCP) in delivering their ambitions for high quality care services as set out in the ACH&SCP's Strategic Plan, in partnership with 3rd and Independent Sectors.

2. RECOMMENDATION(S)

Members are asked to:

- 2.1 Agree to sign up to UNISON's Ethical Care Charter;
- 2.2 Agree that the Council Leader sign the Charter on behalf of Aberdeen City Council;
- 2.3 Note that the Integration Joint Board has remitted to the Chief Officer of the Integration Joint Board the task of developing an action plan and timescales for implementing the charter; and
- 2.4 Agree that a report be brought back to Full Council on progress by August 2017.

3. FINANCIAL IMPLICATIONS

Aberdeen City Council has delegated Adult Social Care Services under the Public Bodies (Joint Working)(Scotland) Act 2014 to the Aberdeen City Health

& Social Care Partnership (ACH&SCP). In turn, the ACH&SCP directs Aberdeen City Council to commission care services in support of the delivery of the ACH&SCP's Strategic Plan. All care at home services (100%) are externally commissioned with 80% being from the 3rd/independent sector and the remaining 20% delivered through an arms-length external organisation – Bon Accord Care Ltd (BAC).

A commitment to paying the Living Wage is a significant commitment within the Ethical Care Charter. The financial implications of paying the living wage have already been examined by the Integration Joint Board (IJB) and its Audit & Performance Systems Committee and it has been agreed that uplifts to providers from budget delegated to the IJB will be provided to enable application of the Living Wage by adult Care at Home Providers from the 1st of October and to support fair working practice for those providers already paying the Living Wage.

Further work is required by officers to determine if there are further potential operational and/or financial impacts resulting from application of the principles of the Charter. For example, 15 minute visits may meet the needs of some clients. Scheduling practices would need to be thoroughly reviewed. Payment of travelling time (another principle of the Charter) would require consideration of the existing funding conditions and may require a review of the existing contracts.

The full level of this potential impact cannot be estimated at this time however the Chief Officer has been tasked by the IJB to work with officers across the partnership and Aberdeen City Council to understand these fully. This should not impact the Council signing the Charter and setting out its commitment to work toward its principles.

These implications are being considered by a Short Life Working Group which will report to the IJB's Audit and Performance Systems Committee.

4. OTHER IMPLICATIONS

There is real potential to strengthen support to the 3rd and independent sectors and care staff working across Aberdeen in delivering crucial support and care services.

5 SUMMARY OF KEY INFORMATION

UNISON launched its Ethical Care Charter in October 2012, and invited all Public Sector Commissioners for Care at Home to sign up to the Charter.

The Ethical Care Charter was created in response to the findings of a UNISON survey of homecare workers in summer of 2012, which included:

- 79.1% of respondents reported work is scheduled too tightly, resulting in either rushing a visit or leaving early to meet the next client on time.

- 57.8% of respondents not paid for travel time.
- Over half of respondents reported their terms and conditions had worsened over the past year.

The findings led them to describe homecare staff as a committed but poorly paid and treated workforce. The findings highlighted that poor terms and conditions could contribute towards lower standards of care for people in receipt of homecare services. One respondent summarised the conditions as:

“People are being failed by a system which does not recognise importance of person-centred care”

Objectives and Expectations of the Ethical Care Charter

The over-riding aim of the Charter is to establish a minimum baseline for the safety, quality and dignity of care by ensuring employment conditions which:

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

The Charter outlines a number of phased expectations in 3 stages. The key expectations are:

Stage 1

- Time allocated to visits should match client needs.
 - Phase out of 15 minute contacts to ensure the dignity of the client.
- Staff should be paid travel time.
- Staff covered by an occupational sick pay scheme.

Stage 2

- Permanent contracts and not zero-hour contracts.
- Regular training provided and the opportunity to meet colleagues to share best practice and limit isolation.

Stage 3

- Staff to be paid at least the living wage.

Expected Benefits from joining the Ethical Care Charter

The Ethical Care Charter provides clear guidelines to improve the safety, quality and dignity of care provided to people.

Signing up to the Ethical Care Charter would align with the Council's commitment to be a Living Wage Employer and commitment to deliver this with BAC services. By supporting working practices which enable providers and carers the time and conditions to provide a dignified, person-centred

services the Council is also valuing the important role of carers working within the 3rd and independent sector across the City.

It is anticipated that implementing the ethical charter will contribute to addressing current issues in the care at home market, by creating sustainable pay, conditions and training levels for the workforce. This in turn will help ensure the recruitment and retention of a stable workforce.

The Integration Joint Board (IJB) agreed the principles of the Ethical Care Charter at its meeting in August 2016 however as a strategic commissioning organisation it does not, on its own behalf procure services or enter into contracts with providers. All Social Care Contracts are agreed and in place between Aberdeen City Council (ACC) and relevant provider organisations. It is entirely consistent within these arrangements that the Council sign up to the Charter and work toward the delivery of key principles through its procurement and contract monitoring functions and direct the Chief Officer of the AH&SCP to ensure operational delivery of these processes in conjunction with the Head of Commercial and Procurement Services in relation to contract management.

6. IMPACT

Improving Customer Experience –

Signing up to the Charter supports the Council and its partners in commissioning of person-centred care services and an improvement in customer experience.

Improving Staff Experience –

The Charter principles do not impact Council staff however signing up to the principles demonstrates a commitment to value the role of carers in 3rd and independent sector organisations and the work that they do.

Improving our use of Resources –

The delivery of good quality commissioned care services supports delivery of best value and appropriate use of resources.

Corporate –

The recommendations are consistent with the Council's Corporate values.

Public –

The public will be able to access high quality care services where staff are valued for their contribution.

7. MANAGEMENT OF RISK

Risk will be mitigated through the work of the Short Life Working Group which is reviewing the wider implications of the Charter's principles.

8. BACKGROUND PAPERS.

UNISON Ethical Care Charter.

9. REPORT AUTHOR DETAILS

Craig Innes
Head of Commercial and Procurement Services

This page is intentionally left blank

UNISON's ethical care charter



Contents

Introduction	1
Key findings	2
Ethical care councils	4
Ethical care charter for the commissioning of homecare services.	5
Guidance for councils and other providers on adopting the charter	6

Introduction

A number of reports from client organisations, consumer groups, and homecare providers have recently been produced which have been highly critical of the state of homecare services in the UK. Little consideration however has been given to the views of homecare workers themselves as to why there are so many problems in this sector.

UNISON, the largest public service union, conducted a survey of homecare workers entitled “Time to Care” to help address this imbalance and to illustrate the reality of homecare work. The online survey which was open to homecare workers who were either UNISON members or non-members attracted 431 responses between June and July of 2012.

The responses showed a committed but poorly paid and treated workforce which is doing its best to maintain good levels of quality care in a system that is in crisis. The report highlights how poor terms and conditions for workers can help contribute towards lower standards of care for people in receipt of homecare services.

Key findings

- 79.1% of respondents reported that their work schedule is arranged in such a way that they either have to rush their work or leave a client early to get to their next visit on time. This practice of 'call cramming', where homecare workers are routinely given too many visits too close together, means clients can find themselves not getting the service they are entitled to. Homecare workers are often forced to rush their work or leave early. Those workers who refuse to leave early and stay to provide the level of care they believe is necessary, also lose out as it means they end up working for free in their own time.
- 56% of respondents received between the national minimum wage of £6.08 an hour at the time of the survey and £8 an hour. The majority of respondents did not receive set wages making it hard to plan and budget. Very low pay means a high level of staff turnover as workers cannot afford to stay in the sector. Clients therefore have to suffer a succession of new care staff.
- 57.8% of respondents were not paid for their travelling time between visits. As well as being potentially a breach of the minimum wage law, this practice eats away at homecare workers' already low pay.
- Over half the respondents reported that their terms and conditions had worsened over the last year, providing further evidence of the race to the bottom mentality in the provision of homecare services.
- 56.1% – had their pay made worse
- 59.7% – had their hours adversely changed
- 52.1% – had been given more duties
- 36.7% of respondents reported that they were often allocated different clients affecting care continuity and the ability of clients to form relationships with their care workers. This is crucial, especially for people with such conditions as dementia.
- Whilst the vast majority of respondents had a clearly defined way of reporting concerns about their clients' wellbeing, 52.3% reported that these concerns were only sometimes acted on, highlighting a major potential safeguarding problem.
- Only 43.7% of respondents see fellow homecare workers on a daily basis at work. This isolation is not good for morale and impacts on the ability to learn and develop in the role.
- 41.1% are not given specialist training to deal with their clients specific medical needs, such as dementia and stroke related conditions.

The written responses to our survey paint a disturbing picture of a system in which the ability to provide some companionship and conversation to often lonely and isolated clients is being stripped away. Some recounted the shame of providing rushed and insufficient levels of care because of the terms and conditions of their job, whilst many detailed insufficient levels of training that they had been given to carry out the role. Others made the point that rushed visits are a false economy leading to a greater likelihood of falls, medication errors and deterioration through loneliness.

However the survey also showed the selflessness and bravery of homecare workers who, to their own personal cost, refused to accept the imposition of outrageously short visits and worked in their own time to ensure that their clients received good levels of care. Some homecare workers were doing tasks and errands for their clients in their spare time, despite the seemingly best efforts of the current care model to strip away any sense of personal warmth or humanity.

Homecare workers are personally propping up a deteriorating system of adult social care, but they are being pushed to breaking point. That they are still willing to deliver good levels of care in spite of the system is nothing short of heroic. For the system to work it needs to be underpinned by adequate funding and a workforce whose terms and conditions reflect the respect and value they deserve. Crucially they must be given the time to care.

“ I never seem to have enough time for the human contact and care that these people deserve. ”

“ A lot of the people I care for, are old and lonely, they are not only in need of physical support, but they are also in need of company and someone to talk to. The times given to these people are the bare minimum to get the job done, no time for a chat, just in and out. ”

“ People are being failed by a system which does not recognise importance of person centred care. ”

“ We are poorly paid and undervalued except by the people we care for! ”

“ I have worked as homecare worker for 15 years. Things have to change but not at the expensive of clients. It's appalling the care they receive now. ”

Ethical care councils

In light of UNISON's findings, we are calling for councils to commit to becoming Ethical Care Councils by commissioning homecare services which adhere our Ethical Care Charter.

The over-riding objective behind the Charter is to establish a minimum baseline for the 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. Rather than councils seeking to achieve savings by driving down the pay and conditions that have been the norm for council – employed staff, they should be using these as a benchmark against which to level up.

Councils will be asked to sign up to the Charter and UNISON will regularly publish the names of councils who do.

Ethical care charter for the commissioning of homecare services

Stage 1

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

Stage 2

- › Clients will be allocated the same homecare worker(s) wherever possible
- › Zero hour contracts will not be used in place of permanent contracts
- › 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

Stage 3

- › All homecare workers will be paid at least the Living Wage (as of November 2015 it is currently £8.25 an hour for the whole of the UK apart from London. For London it is £9.40 an hour. The Living Wage will be calculated again in November 2016 and in each subsequent November). 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.

Guidance for councils and other providers on adopting the charter

Seeking agreements with existing providers

1. Convene a review group with representation from providers, local NHS and UNISON reps to work on a plan for adopting the charter – with an immediate commitment to stage 1 and a plan for adopting stages 2 & 3
2. Start by securing agreement for a review of all visits which are under 30 minutes. The review will include getting views of the homecare workers and client (and/or their family) on how long the client actually needs for a visit and what their care package should be

Looking for savings

3. Are providers' rostering efficiently – for example are there cases of workers travelling long distances to clients when there are more local workers who could take over these calls?
4. How much is staff turnover costing providers in recruitment and training costs?
5. How much are falls and hospital admissions amongst homecare clients costing the NHS and could some of these be prevented by longer calls and higher quality care?

6. Are there opportunities for economies of scale by providers collaborating around the delivery of training and networking/mentoring for workers?
7. Are there opportunities for collaboration between providers to achieve savings on procurement of mobile phones, uniforms and equipment for workers?

The commissioning process

1. UNISON's evidence, along with that of other bodies such as the UKHCA, shows that working conditions are intrinsically bound up with the quality of care.
2. When councils are conducting service reviews and drawing up service improvement plans, the Charter will provide a helpful benchmark for ensuring service quality – whether for an improved in-house service or in relation to externally commissioned services.
3. Where a decision has been taken to commission homecare externally, identify how the elements of the charter will be included as service delivery processes, contract conditions or corporate objectives in the invitation to tender documents. It must explain how these are material to the quality of the service and achieving best value.

Service monitoring

1. Work with providers and trade unions to agree how service quality will be monitored and compliance with the Charter assured
2. Build regular surveys of homecare workers into this process to gain their views and consider establishing a homecare workers panel from across local providers who can provide feedback and ideas on care delivery

The provisions of this charter constitute minimum and not maximum standards. This charter should not be used to prevent providers of homecare services from exceeding these standards.

UNISON has more than a million members delivering essential services to the public. Services that protect, enrich and change lives.

We want to see changes that put people before profit and public interest before private greed. Join our campaign to create a fairer society.

To find out more go to unison.org.uk/million

Join UNISON online today at unison.org.uk/join
or call 0845 355 0845