



## INTEGRATION JOINT BOARD

<b>Report Title</b>	Unison Ethical Care Charter
<b>Lead Officer</b>	Judith Proctor, Chief Officer
<b>Report Author (Job Title, Organisation)</b>	Claire Duncan, Lead Social Work Officer
<b>Report Number</b>	HSCP/17/067
<b>Date of Report</b>	5 July 2017
<b>Date of Meeting</b>	15 August 2017

### 1: Purpose of the Report

- 1.1. The purpose of this report is to update on progress with the scoping and planning for the implementation of UNISON's Ethical Care Charter.
- 1.2. The Charter was presented to the Integrated Joint Board and endorsed in July 2016 and the recommendation to sign up to the Charter was endorsed at a meeting of Aberdeen City Council in October 16. The Chief Officer was tasked with drafting an action plan with timescales for implementation.

### 2: Summary of Key Information

- 2.1 In October 2012 UNISON launched its Ethical Care Charter, and invited all Public Sector Commissioners for Care at Home to sign up to the Charter.
- 2.2 UNISON conducted a survey of homecare workers in summer of 2012 and received over 400 responses. 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.
- 2.3 In light of UNISON's findings, they called for councils to commit to becoming Ethical Care Councils by commissioning homecare services which adhere to the Charter. The objective is to establish a minimum baseline for the safety,



## INTEGRATION JOINT BOARD

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.

- 2.4 Aberdeen City Council signed up to the Charter in conjunction with its primary care at home provider, Bon Accord Care after the recommendation in October 16 at full council.
- 2.5 Given the role of the IJB is as a commissioning body which contracts its services through procurement led by ACC, it has no requirement to sign up to the Charter, but can, through its commissioning role, support implementation of its recommendations.
- 2.6 An Ethical Care Charter working group has now been established led by the Lead Social Work Officer. The role of the group is to develop the action plan, scope the potential impacts of implementing the Charter and establish clear timescales for implementation of the Charter. The group consists of representation from across the Partnership including operational colleagues, providers, contracts and commissioning, finance, and UNISON.
- 2.7 The Charter sets out requirements of each stage of implementation. These are set out below with (in italics) a brief description of existing arrangements within Aberdeen City:

### 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. (*Assessments are already carried out based on need*)
- 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 (*Care is currently not commissioned in time slots but the way we pay for care is in 15 minutes blocks. Work has been undertaken around these bandings and how we pay for care*)
- Homecare workers will be paid for their travel time, their travel costs and other necessary expenses such as mobile phones. (*Initial scoping has determined that a large majority are already paid travel time. Ensuring the others are*



## INTEGRATION JOINT BOARD

*also paid travel time will potentially have financial implications for future however the plan of locality based working will help reduce the impact of any additional costs )*

- 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 (*The partnerships commissioning intentions and model of locality based working should ensure that carers have more autonomy to provide care relevant to individual need which will in turn improve job satisfaction, recruitment, retention and quality of care )*)
- Those homecare workers who are eligible must be paid statutory sick pay (*Initial scoping has determined that the majority of staff are already paid sick leave.*)

### Stage 2:

- Clients will be allocated the same homecare worker(s) wherever possible (*The partnerships commissioning intentions and model of locality based working should deliver this along with improving care delivery as an attractive career option which will improve the recruitment, and retention of staff.*)
- Zero hour contracts will not be used in place of permanent contracts. (*Initial scoping has determined that some providers use zero hours contracts, not in place of permanent contracts but for bank staff. Further research will be undertaken to ascertain the overall position amongst Providers and seek a solution.*)
- Providers will have a clear and accountable procedure for following up staff concerns about their clients' wellbeing. (*Investigations will be made into what providers are currently doing in regards to this.*)
- All homecare workers will be regularly trained to the necessary standard to provide a good service at no cost to them and in work time. (*The current situation is varied across Providers. It is likely this may have potential financial implications to the partnership*)
- Homecare workers will be given the opportunity to regularly meet co-workers to share best practice and limit their isolation. (*Again this is not common across Providers and requires further analysis*)

### Stage 3:

- All homecare workers will be paid at least the Living Wage. (*Since October 2016, providers of adult social care have been funded to pay the Scottish Living Wage. Monitoring is ongoing to ensure this is happening.*)
- 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. (*Externally commissioned providers of adult social care will be funded to pay at least the Scottish Living Wage. This will be a requirement of their contract and will be in place for the duration of 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. (*Initial scoping has determined*



## INTEGRATION JOINT BOARD

*that the majority of providers have an occupational sick pay scheme).*

### **Current Care at Home Provision**

2.8 Aberdeen City Council commissions 80% of its care at home services externally, with the remaining 20% delivered through Bon Accord Care. Changes made in relation to some aspects of implementing the Charter will have a financial impact and these will be scoped as part of the work being undertaken by the working group. Where these have a significant impact, a decision will be required by the IJB.

2.9 Weekly figures in regard to homecare service commissioning is set out in table 1 below:

**Table 1 Weekly figures:**

	All Home Care (including direct payments (DPs))	Home Care- Commissioned
<b>Clients</b>	<b>1,869</b>	<b>1,757</b>
<b>Providers</b>	<b>44</b>	<b>42</b>
<b>Hours</b>	<b>23,691.21</b>	<b>19,710.96</b>
<b>Estimated weekly Cost</b>	<b>£362,235</b>	<b>£302,803</b>

2.10 The table demonstrates both the extent of hours of care provided each week, as well as the number of providers engaged by ACC under contract or framework agreements.

2.11 A significant amount of work has already been undertaken which supports the delivery of the requirements in the Ethical Care Charter and how we commission care at home services in the future.

2.12 The allocation of a 6.4% increase in rates in October 2016 followed by a further 2.8% in April 2017 has allowed commissioned providers to pay their staff the Scottish Living Wage which is £8.45 per hour.

2.13 The production of the Strategic Plan sets a clear direction for the Partnership and for our commissioned providers.

2.14 The co-production of the Strategic Commissioning Implementation Plan and its Market Facilitation Statement allows commissioned providers to identify concerns around ethical care and help shape flexible service re-



## INTEGRATION JOINT BOARD

design to address these.

- 2.15 It was agreed at the last IJB that a design of a revised service specification for care at home would be undertaken which would inform an interim retendering process with new contracts being established initially from 1<sup>st</sup> January 2018. A 'Care at Home' work stream has also been established to inform and influence the development of future commissioning arrangements beyond January 2020. The aspiration of the work stream is for our care at home provision to be aligned with our emergent locality model and for existing individual client group arrangements to be aligned into a single cross client group care at home framework with a more straightforward pricing structure.
- 2.16 It is therefore an ideal time to ensure that all aspects of the Ethical Care Charter are firmly embedded within our commissioning plan. It is clear that the current model of care at home provision could be improved. We aim to move away from a time and task approach towards a service provision that focuses on a person centred approach meeting individual outcomes. This aligns with the ethos of the Charter.
- 2.17 Further work is required to finalise the scoping and potential impact of implementing the Ethical Care Charter commitments hence the reason the working group has been set up. Delivery of the Charter requires collaborative working with our commissioned providers and partners and not only are they represented on the group and on the commissioning work-streams, but they will also take the lead in delivering some of the actions. There is also a requirement to assess the impact the Charter will have in Aberdeen and how this shapes a new model of home care delivery as we move into locality working.
- 2.18 The Draft Action Plan attached at Appendix A is the beginning of the identification of this work. The plan will be further developed over time as we move through stage one actions and on to the later stages. Further reports will be submitted to the Integration Joint Board on the progress being made and any decisions that are required by the IJB.



## INTEGRATION JOINT BOARD

### 3: Equalities, Financial, Workforce and Other Implications

#### Equalities Implications

- 3.1 100% of our care at home is commissioned from external providers. Implementation of the recommendations will improve working conditions and have a positive impact on the external workforce which provides our services. The recommendations are also expected to have positive implications in relation to our service users across the Partnership as required services will be more readily available, more consistent, more sustainable and of a higher quality.

#### Financial Implications

- 3.2 Some elements of the Charter will undoubtedly require consideration of the existing funding conditions and will require a review of existing contracts. The Health and Social Care Partnership will be required to financially support changes required for the Charter and the funding implications for this would need to be explored. In addition new increased hourly rates will mean that delivering the same volume of activity will cost more but it is also envisaged that a more coherent framework will help to address unmet care need. Further consideration will need to be given as to how minimise this risk.

#### Workforce Implications

- 3.3 The care at home sector has significant recruitment and retention challenges. Payment of the living wage to staff will help address some of this as will the retendering exercise that aims to make the market more sustainable. The majority of the workforce is female, so this will have greater impact on them rather than men. There will be no workforce implications for the Partnership.

### 4: Management of Risk

#### **4.1 Identified risk(s) and link to risk number on strategic risk register:**

Strategic Risk 1 – There is a risk of significant market failure.

Strategic Risk 7 – There is a risk that the IJB and the services it directs and has operational oversight of, fail to meet performance standards or outcomes as set by



## INTEGRATION JOINT BOARD

regulatory bodies and that, as a result, harm or risk to people occurs.

### 4.2 How might the content of this report impact or mitigate the known risks:

Implementation of the Ethical Care Charter should help mitigate these risks. The Aberdeen City Health and Social Care Partnership is heavily reliant on externally commissioned services. By supporting the improvement of working conditions of care staff there is a greater chance that the market will be more sustainable and that the quality of care will be improved.

### 5: Recommendations

It is recommended that the Integration Joint Board:

1. Notes the ongoing and planned work in relation to the implementation of the Ethical Care Charter; and
2. Requests the Chief Officer arrange for further reports to be presented to the Integration Joint Board detailing the progress made in implementing the Ethical Care Charter on a six monthly basis.

### 6: Signatures

	Judith Proctor (Chief Officer)
	Alex Stephen (Chief Finance Officer)