

COMMITTEE	Full Council
DATE	23 rd August 2017
REPORT TITLE	Unison Ethical Care Charter
REPORT NUMBER	HSCP/17/079
DIRECTOR	Judith Proctor, Chief Officer
REPORT AUTHOR	Claire Duncan, Lead Social Worker

1. PURPOSE OF REPORT:-

- 1.1** The purpose of this report is to provide an update on progress with the scoping and planning for the implementation of UNISON's Ethical Care Charter, which was presented to the Integration Joint Board (IJB) and endorsed in July 2016 - the recommendation to sign up to the Charter was approved at the Council meeting on 6 October 2016. .

2. RECOMMENDATION(S)

That the Council note the ongoing and planned work in relation to the implementation of the Ethical Care Charter.

3. BACKGROUND/MAIN ISSUES

- 3.1** 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.
- 3.2** 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.
- 3.3** 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 being 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.

- 3.4** 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 2016 at full Council.
- 3.5** Given the role of the IJB is as a commissioning body which contracts its services through procurement led by Aberdeen City Council (ACC), it has no requirement to sign up to the Charter, but can, through its commissioning role, support implementation of its recommendations.
- 3.6** An Ethical Care Charter Working Group has now been established led by Claire Duncan, 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.
- 3.6** 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 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 minute blocks. Work has been undertaken around the 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 also paid travel time will potentially have financial implications for future, however the plan of locality based working will hopefully reduce the impact of these.*)
- 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 Partnership's 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 Partnership's commissioning intentions and model of locality based working should deliver this, as it aims to improve care delivery. It is*

hoped this will be viewed as a more attractive career option which in turn should 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. We are unsure whether we will be able to make it a condition of the contract that Providers should not use zero hours contracts as they are not illegal. Even if it were a condition, some providers may not agree or comply.)*
- Providers will have a clear and accountable procedure for following up staff concerns about their clients' wellbeing. *(This is not currently checked through contract monitoring. Investigations will be made into whether this is possible.)*
- 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. *(The current situation is varied across providers. Imposing 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 that the majority of providers have an occupational sick pay scheme. We are unsure whether we will be able to make it a condition of the contract that Providers have this. Further investigations will be undertaken.)*

3.7 Current Care at Home Provision

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.

3.8 Weekly figures in regard to homecare service commissioning are set out in Table 1 following:

Table 1 Weekly Figures:

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

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.

- 3.9** 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.
- 3.10** 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.
- 3.11** The production of the Strategic Plan sets a clear direction for the Partnership and for our commissioned providers.
- 3.12** 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-design to address these.
- 3.13** It was agreed at the last IJB meeting 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 1st 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.
- 3.14** 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 is inefficient and one that cannot be sustained. 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.
- 3.15** 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, 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.

- 3.16** 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 IJB on the progress being made and any decisions that are required by the IJB.

4. FINANCIAL IMPLICATIONS

- 4.1** Some elements of the Charter will undoubtedly require consideration of the existing funding conditions and will require a review of existing contracts. The significant risk is that the Health and Social Care Partnership will be asked to financially support the full extent of changes required for the Charter which would have a considerable impact on existing funding levels. 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 address the significant amount of unmet care need. Further consideration will need to be given as to how minimise this risk.

5. LEGAL IMPLICATIONS

There are no direct legal implications arising from the recommendations of this report.

6. MANAGEMENT OF RISK

Aberdeen City Council and the Health and Social Care Partnership are 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. Risk continues to be mitigated through the work of the Ethical Care Charter Working Group.

- Financial – as outlined in 4.1. **Low.**
- Employee – it is anticipated that implementation of the Ethical Care Charter will improve the working conditions of care staff; therefore the risk to employees is considered **low.**
- Customer / citizen – it is anticipated that the implementation of the Ethical Care Charter will lead to a greater chance of a sustainable

market and improve the quality of care, therefore the risk to the customer/citizen is considered **low**.

- Environmental – there are no direct environmental risks arising from the recommendations of this report, therefore the environmental risks are considered **low**.
- Technological – there are no direct technological implications arising from the recommendations of this report, therefore the technological risks are considered **low**.
- Legal – there are no direct legal implications arising from the recommendations of this report, therefore the legal risks are **low**.
- Reputational – it is anticipated that the implementation of the Ethical Care Charter will have a positive impact on reputation, therefore the reputational risks are considered **low**.

7. IMPACT SECTION

7.1 The impact of implementing the Ethical Care Charter was considered in the original paper submitted to Full Council in October 2016 and more scoping and analysis will be required to ascertain the full impact of implementation.

7.2 The care at home sector however, 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.

Economy

7.3 There may be an impact on economy however further scoping and analysis will be required to ascertain the full impact of implementation.

People

7.4 There may be an impact on people however further scoping and analysis will be required to ascertain the full impact of implementation.

Place

7.5 There may be an impact on place however further scoping and analysis will be required to ascertain the full impact of implementation.

Technology

7.6 There may be an impact on technology however further scoping and analysis will be required to ascertain the full impact of implementation.

8. BACKGROUND PAPERS

- UNISON Ethical Care Charter

9. APPENDICES (if applicable)

- Appendix 1. Draft Action Plan

10. REPORT AUTHOR DETAILS

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