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<b>Report To:</b>	<b>Health and Social Care Committee</b>	<b>Date:</b>	<b>28 February 2019</b>
<b>Report By:</b>	<b>Louise Long Corporate Director (Chief Officer) Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>SW/25/2019/AS</b>
<b>Contact Officer:</b>	<b>Allen Stevenson Head of Health and Community Care Inverclyde HSCP</b>	<b>Contact No:</b>	<b>01475 715283</b>
<b>Subject:</b>	<b>UNISON Ethical Care Charter Progress Report</b>		

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## 1.0 PURPOSE

1.1 UNISON'S Ethical Care Charter is a way for councils to improve homecare for the vulnerable people they are responsible for. It is a set of commitments that councils make which fix minimum standards that will protect the dignity and quality of life for those people who use home care services and the workers who care for them. Inverclyde HSCP adopted UNISON's Ethical Care Charter in 2016 and was the second Scottish Council to do so, Renfrewshire being the first. There are currently 8 partnerships in Scotland who have ECC accreditation.

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

1.2 The purpose of the UNISON report attached is to provide an update of the previous 6 months of implementation of UNISON's Ethical Care Charter (ECC) within Inverclyde HSCP. The report has been prepared by Unison with support from Inverclyde HSCP Care and Support at Home staff.

1.3 The scope of the UNISON report is to analyse Inverclyde HSCP's compliance with the ECC considering internal and externally commissioned homecare services, highlight areas of good practice and suggest areas for improvement. This report will only look at outstanding monitoring requested from phase 1 and phase 2 and all aspects of phase 3. A future report will consider outstanding monitoring of all 3 phases.

## 2.0 SUMMARY

2.1 The attached report advises members in respect of the progress of the implementation of UNISON's Ethical Care Charter. UNISON and Inverclyde HSCP believe good progress has been made to date. UNISON agrees Inverclyde HSCP is taking a proactive approach to implementing the Ethical Care Charter.

2.2 The HSCP is responsible for the assessment of service users and for contract compliance and monitoring of commissioned services. The commitments within the Ethical Care Charter are taken into account as part of these processes.

2.3 Key achievements to date include Unison's input to the tendering process for care at home services and involvement in the partnership approach taken working with commissioned services. Unison are satisfied that Inverclyde HSCP meet most areas of the ECC for internal services and will seek to continue to monitor the level of 15 minute visits which is the only outstanding issue.

- 2.4 Work is under way to ensure that all visits to service users are a minimum of 15 minutes where there is an identified need. Pressure funding of 72k was awarded in 18/19 as this is likely to cause a budget pressure.

### **3.0 RECOMMENDATIONS**

- 3.1 That the Committee notes the significant progress that has been made since accreditation in 2016 in relation to meeting the requirements of the Ethical Care Charter.
- 3.2 That the Committee notes that the Staff Partnership Forum is monitoring compliance in relation to the Ethical Charter and will report progress on an annual basis with the next report due in October 2019.

## 4.0 IMPLICATIONS

### Finance

#### 4.1 Financial Implications:

Pressure funding of 72k was awarded in 18/19 as part of the budget pressure, however, as implementation is progressing at a slower rate, costs have been contained within the revenue budget for this financial year but anticipate pressure funding to be required in full for 19/20.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

### Legal

4.2 No implications

### Human Resources

4.3 No implications

### Equalities

4.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	NO -

### Repopulation

4.5 No implications

## 5.0 CONSULTATIONS

5.1 None

## 6.0 BACKGROUND PAPERS

6.1 There are no background papers for this report.



## ETHICAL CARE CHARTER PROGRESS REPORT

### 1.0 PURPOSE

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- 1.3 The scope of this report is to; analyse Inverclyde HSCP's compliance with the ECC considering internal and externally commissioned homecare services, highlight areas of good practice and suggest areas for improvement. This report will only look at outstanding monitoring requested from phase 1 and phase 2 and all aspects of phase 3. The following report in October 2019 will consider outstanding monitoring of all 3 phases.

### 2.0 SUMMARY

- 2.1 This report advises the Health and Social Care Committee in respect of the progress of the implementation of UNISON's Ethical Care Charter.
- 2.2 The report will update on the recent tendering process undertaken.

The report identifies evidence to support the effectiveness of the key parts of phases one, two and three namely:-

- The time allocated will match the needs of clients. In general 15 minute visits will not be used as they undermine the dignity of clients.
- Homecare workers will be paid for their travel time, their travel costs and other necessary expenses such as mobile 'phones.
- Clients will be allocated the same homecare worker 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)
- The Scottish Living Wage will be the minimum level of payment workers receive.
- Occupational Sick Pay will be paid where appropriate.
- All homecare workers will have access to a workplace pension.

UNISON and Inverclyde HSCP are happy with progress made to date.

Key achievements include; improved tendering process and improved monitoring processes for external services. Internally Unison are satisfied that Inverclyde HSCP meet most areas of the ECC internally and will seek to continue to monitor the level of 15 minute visits.

UNISON believes Inverclyde HSCP is taking a proactive approach to implementing the Ethical Care Charter.

### **3.0 TENDER UPDATE**

- 3.1 A UNISON representative supported the preparation of the home care specification for the new contract which was commenced in April 2018. UNISON met with all existing and prospective providers at an event organised by the Council in December 2017. The tender documentation for the home care tender now includes a range of new 'fairer working practices' questions. For example bidders were required to evidence how travel time is being paid and will be expected to show evidence of how visits are scheduled. The working hours and working patterns of Council home care workers will be the benchmark. UNISON believes the approach taken through joint working on development of the tender has been a positive improvement to practice.
- 3.2 The homecare tender did have a 60% (quality), 40% (cost) split. The 'fairer working practices' element had a 25% weighting within the Quality category. UNISON has reviewed the answers from the Fair Working Practices section of the tender and has found not all areas included have been addressed in the responses provided. Due to this section only forming part of the tender companies have still being awarded contacts who scored low in this area if they scored high in other areas.
- 3.3 The HSCP monitors commissioned service through a number of methods including 6 monthly governance meetings lead by the Service Manager and Quality and development Team. A UNISON representative will now attend a part of these meetings. To date meetings including UNISON have been held with 4 of the 6 providers and 1 provider has provided a written update. 1 provider has not yet met with UNISON or provided a written update.
- 3.4 In an effort to continue to improve practice in the areas relating to Fair Working Practices they are discussed at the new format of governance meetings which is attended by a UNISON representative. We have found that practice is varied across providers.
- 3.5 In addition to the tendering documents and statements made during the governance meetings UNISON has requested providers provide evidence to support their claims which will be included within future reports.
- 3.6 It can be seen that there is a variety of practice within the external providers. To ensure an equally high level of employment practices UNISON recommends that in the future the Council sets standards equal to those provided to HSCP employees as part of the tendering process.

#### 4.0 PHASE 1

##### **THE TIME ALLOCATED WILL MATCH THE NEEDS OF CLIENTS. IN GENERAL 15-MINUTE VISITS WILL NOT BE USED AS THEY UNDERMINE THE DIGNITY OF CLIENTS.**

- 4.1 All requests for home care services are assessed by an HSCP assessor, most new requests are managed by the Home 1<sup>st</sup> Reablement Team. Part of the assessment process is to determine the length of service required by each user.
- 4.2 Fifteen minute visits are only used where it has been agreed with the service user and worker that this is sufficient to meet the identified need, e.g. medication prompt only. During the assessment period weekly staff meetings enable staff to give their views on the service users' progress.
- 4.3 Supporting evidence submitted June 2017: In March 0% of externally commissioned services are below 15 minutes, in line with the commissioning agreement providers are paid a minimum of 15 minutes per visit. In the previous report submitted in April 2018 Unison raised a concern about the level of actual time provided by contracted providers although they are paid a minimum of 15 minutes, again this is often due to service user choice. In September 2018 53.5% of externally commissioned services were below requested time. Within the externally commissioned services the percentage of visits which were below the requested time varied from none from one provider to 65.5% from another.
- 4.4 In September 2017, 12.4% of visits which were internally delivered were below 15 minutes, which reduced to 11.9% in April 2018. This has further reduced to 10.8% in September 2018 showing an ongoing improvement. 57% of visits which are below 15 minutes however are attended by two staff members due to being late at night, therefore more than 15 minutes of service is provided. Evening visits are in the main part of a larger care package, often service users do not wish longer visits at night as day time staff would spend more time talking and picking up on any concerns with the service users.
- 4.5 While UNISON recognises there may be appropriate instances where a short visit to prompt a single medication or welfare check, this number still seems high. Inverclyde HSCP have advised all 15 minute visits are routinely reviewed to ensure time is sufficient to meet individual need. Senior home support workers also visit service users regularly to discuss how their support package is working. There have been no complaints or concerns raised by service users or carers in the last year of monitoring regarding length of visits. The service has agreed to consider further evidence from staff about their view of cases where below 15 minutes have been agreed with the service user, this is currently being collated by UNISON and will be included in the next monitoring report.
- 4.6 It should be noted the reason UNISON believes 15 minute visits undermine the dignity of clients is because they do not allow for valuable discussions between service users and staff which may pick up on other difficulties the service user is facing and enable appropriate feedback to senior staff. We should also be mindful of the changes to medication policy and potential recording changes which is likely to impact on a requirement to increase visit lengths to support this development. As the new procedures are implemented visit lengths will be monitored.

4.7 Inverclyde Council has made a further investment of £72k towards reducing the number of visits which are less than 15 minutes. This will form part of their budget for 2018/20 and this investment comes at a time when there are significant budget challenges and constraints faced by the Council. This additional investment was intended to ensure that there would be no further visits less than 15 minutes where personal care support was being provided. This hasn't been fully achieved and is being monitored by the service.

4.8 **HEMOCARE WORKERS WILL BE PAID FOR THEIR TRAVEL TIME, THEIR TRAVEL COSTS AND OTHER NECESSARY EXPENCES SUCH AS MOBILE PHONES.**

Extract from initial report:-

'Inverclyde HSCP and external Homecare workers receive payment for either mileage or public transport costs and have been supplied essential health and safety equipment such as gloves and aprons.'

4.9 No further monitoring required for internal services as travel time and expenses are met as well as mobile phones and all appropriate health and safety equipment.

4.10 HSCP homecare workers have been provided with an additional 3 uniforms and intend to provide a further 2 and a jacket in 2019. There is a commitment to provide 5 new uniforms over 2 years on a continuous cycle.

4.11 External services: There is a range of practices undertaken across the external agencies. For instance in relation to travel time some providers do not pay travel time or transport costs. Others pay costs which range from 12p per mile to 45p per mile. One provider has advised they pay an additional 60p per visit to cover time and costs however this is the same if you are working within one sheltered housing complex or have to travel large distances between visits.

4.12 Of the 6 external providers all of the providers who met with UNISON provide uniforms free of charge and another advised within the tendering process that they provide 2 new uniforms to staff free of charge each year. 1 company who have not met with UNISON did not provide any statement in relation to uniforms during the tendering process. No external providers provide mobile phones at this time.

4.13 In future update reports provision of travel time, travel costs and other expenses should continue to be monitored with external services only as UNISON are satisfied this is being achieved internally.

4.14 **'Inverclyde HSCP use the CM2000 electronic scheduling and monitoring system. Contracted homecare providers are required to use an electronic system to schedule and monitor visits which is compatible with CM2000 to schedule and monitor visits. This is used to ensure there is appropriate time allocated, including travel time and is used as evidence to increase visit times as needs change.'**

Supporting evidence:-

In September 2018 it can be seen from CM2000 93464 visits were provided by homecare services. This is an increase of 1077 additional visits compared with

August 2017 when 92387 visits were provided. This demonstrates the continuing pressure homecare services are under to provide increasing levels of service.

- 4.15 Previously there was an increase from 17.8% in March to 25.2% of visits which ran over the allocated time (11.2% external and 34% of internal). This has continued to rise to an average of 28.7% (38.6% internal and 28.7% external) this demonstrates that staff are able to stay over their allocated time if required to support a service user however due to the continuing rise suggests some services may require to be reviewed.
- 4.16 There is a joint approach to service reviews, internally they are completed by an allocated care manager or home support manager 6 monthly, externally this is a shared responsibility with both council staff and external staff completing an annual review and sharing this information.
- 4.17 There is a smaller continued increase from 30.5% to 31.5% and now 36.6% of the visits which were under the allocated time (53.5% external and 24.7% internal), this appears to show a significant issue particularly with externally commissioned services not providing the requested visit length over half of the time, this could be placing staff under pressure and providing service users with a level of service which is below their assessed level of need.
- 4.18 Externally there is a wide variance in practice in terms of visits being shorter than planned with some providers not having any visits which ran below requested length and one provider having 65.5% of visits being below scheduled length. Unison and the HSCP share concerns regarding the service provided when visits are routinely shorter than the level of assessed for need. Increased levels of monitoring are in place where required. At this time the monitoring has not included Unison as it has been felt that the HSCP need the opportunity to address concerns. Updates should continue to be reported in future.

## **5.0 PHASE 2**

### **CLIENTS WILL BE ALLOCATED SAME HOMECARE WORKER WHERE EVER POSSIBLE.**

Extract from initial report:

'Service users are allocated to a schedule which is then allocated to a home support worker. The service is structured with each senior home support worker managing a team of approximately 12 workers which enables workers to feedback directly and receive support from colleagues within the team. At periods of absence for annual leave, sickness or training, CM2000 provides information regarding continuity for the previous two months, this ensures we are allocating to an appropriate worker to maintain good continuity for the service users and staff. Continuity is monitored by seniors and managers two weekly through workload management and reported monthly to team leaders. Monthly monitoring meetings are held with external providers where continuity is reported.'

- 5.1 Continuity is difficult to measure, compliance for external providers is 71.9% which has increased from 64.8% of service users have met or exceeded their continuity target, for Internal services it is roughly the same increasing slightly from 65.3% to 65.6% of service users. Continuity targets will continue to be monitored.



5.2 **ZERO HOUR CONTRACTS WILL NOT BE USED IN PLACE OF PERMANENT CONTRACTS.**

Extract from initial report:

'All external providers are required to offer staff contracted hours however, some staff choose to remain on zero hour contracts.'

5.3 Inverclyde Council do not use zero hour contracts. There is 33 staff currently on the internal sessional register. It is discussed quarterly at staff supervisions regarding the hours worked for the last period and staff are advised of any temporary or permanent contracts should they wish to apply.

5.4 There are 32 internal vacancies within homecare.

5.5 Inverclyde Council is recruiting HSW's on 35hr contracts to develop a new palliative care and winter pressures team. This is to improve service and continuity to service users. 35 hr contracts have been developed based on staff feedback from existing staff and at point of recruitment discussions which identified in some instances staff would like the option of larger contracts.

5.6 Externally the majority of staff are not on contracts which guarantee hours.

5.7 **PROVIDERS WILL HAVE A CLEAR AND ACCOUNTABLE PROCEDURE FOR FOLLOWING UP STAFF CONCERNS ABOUT THEIR CLIENTS' WELLBEING.**

Extract from initial report:

Any concern reported by staff is logged on CM2000/SWIFT and assigned to the appropriate person to action. There is agreement in place with external providers that if staff requires to stay longer with a service user the provider would be paid on an ad hoc basis.

5.8 719 Quality Assurance visits have been carried out during the monitoring period.

5.9 **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).**

Extract from initial report:

' Training courses are delivered within the working day at no cost to staff; any worker who chooses to attend on a rota day off will receive additional hours for attending. Training is a standing agenda item on quarterly supervision to identify any additional training needs as well as ensuring that mandatory training has been completed. When complex cases are transferring from reablement to either mainstream or commissioned services we will work jointly until the new team is familiar with the service user and skilled in how to approach or use moving and handling techniques. If required a member of the OT team within reablement will also jointly visit with the new care team. District nurses provide on the job training and work alongside home care especially in palliative cases. The 5 day induction course includes training from district nurses and AHPS's. External providers are able to access our moving and handling training. Training needs are identified through quarterly supervision and annual appraisal.

- 5.10 It is built into the contract monitoring process that providers must provide all mandatory training within the timescales agreed. This is monitored through regular governance and monitoring visits.’ During the governance meetings which were attended providers all report they are meeting mandatory training timescales.
- 5.11 One external provider has raised an issue with costs of supporting staff to obtain their SVQ which all staff must have within 5 years of registering with the SSSC. It is likely other providers will have similar difficulties. UNISON will look to provide support and guidance to obtain funding to support providers and the HSCP should also seek to support where possible.
- 5.12 Internally this will be reported on during the next ECC report.

## **6.0 PHASE 3**

### **HEMOCARE WORKERS WILL BE PAID AT LEAST THE LIVING WAGE.**

- 6.1 Internally all staff are paid at least the living wage.
- 6.2 Externally all providers advised they were paying at least the living wage during the tendering process. The providers UNISON met with during the governance process all reiterated this and one provider advised they pay £9 per hour.
- 6.3 One provider being able to pay £9 per hour suggests there is adequate funding within the contract to pay staff well for the work they are undertaking.
- 6.4 Providers have been asked to provide evidence to prove this. They will each provide 5 wage slips which will allow this to be fully evidenced.
- 6.5 **ALL HEMOCARE WORKERS WILL BE COVERED BY AN OCCUPATIONAL SICK PAY SCHEME.**
- 6.6 Internally all staff are paid occupational sick pay where eligible.
- 6.7 Externally no provider gave evidence of occupational sick pay provision during the tendering process however during the governance meetings one provider advised they do provide an occupational sick pay scheme. Unison will look to the wage slip sample to evidence this.

### **6.8 PENSION AUTO ENROLMENT.**

- 6.9 Externally following the governance meetings all providers met with advised they provide pension auto enrolment and will provide evidence of this via wage slips.
- 6.10 **HEMOCARE WORKERS WILL BE GIVEN THE OPPORTUNITY TO REGULARLY MEET CO-WORKERS TO SHARE BEST PRACTICE AND LIMIT THEIR ISOLATION.**

Extract from initial report:

‘Home support workers have the opportunity to attend team meetings every 8 weeks with their home support manager; there are also drop in facilities across Inverclyde which provide staff the opportunity to discuss any concerns with a home care senior or collect any PPE on a weekly basis.

6.11 Providers hold regularly team meeting and staff meetings which is monitored during the contract monitoring process.

6.12 It is felt a workers panel across services would be very beneficial in enabling us to share practice and provide support. We will make a commitment to discuss with external partners to look at setting up the panel within a timescale of 6 months.'

## **7.0 FUTURE UPDATE**

7.1 A further update of the ECC should include the above areas highlighted for additional monitoring. The next report should be submitted to Louise Long, Diana McCrone and Robyn Garcha (or SPF co-chair replacement) in October 2019 for inclusion at an appropriate SPF meeting.

7.2 The next report will consider the new governance arrangements and requested evidence provided by external providers. After the next update there should be consideration to yearly reports.

7.3 The issue of staff recruitment should also be considered as all providers are currently struggling to attract people to the service which is causing pressure. The changes to early years provision should also be considered as this is likely to impact on recruitment.

Robyn Garcha  
**UNISON Steward**