Inverclyde council

AGENDA ITEM NO: 9

Report To:	**Health and Social Care Committee**	**Date:**	**20 October 2016**
Report By:	**Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:**	**SW/55/2016/BC**
Contact Officer:	**Beth Culshaw Head of Health and Community Care**	**Contact No:**	**01475 715283**
Subject:	**ETHICAL CARE CHARTER**		

1.0 PURPOSE

1.1 The purpose of this report is to provide the Health and Social Care Committee with the background to the Ethical Care Charter and our response to it.

2.0 SUMMARY

2.1 Following concerns raised from a variety of areas, including service users, providers and homecare staff, the trade union Unison developed an Ethical Care Charter.

2.2 The overriding objective behind the Charter is to establish a minimum baseline for the safety, quality and dignity of care by ensuring employment conditions which aid the recruitment and retention of staff through more sustainable pay, conditions and training. By achieving this, client care will fundamentally improve.

3.0 RECOMMENDATIONS

3.1 The Committee is asked to note and acknowledge the achievement of Inverclyde Health and Social Care Partnership in being one of the first partnerships in Scotland to achieve the recognition of the Ethical Care Charter.

Brian Moore
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 For many years we have been developing the homecare service in Inverclyde on the basis of key principles:-

- That whilst cost and affordability are considered in delivering care, user need and quality of care is central to the service;
- That provision will be through a combination of internal and external services with consistent quality and monitoring of service regardless of the provider;
- That the utilisation of an internal Reablement service focuses pathways on maximising service user independence with ongoing provision on the basis of need;
- That effective service user and staff engagement are embedded in our approach.

5.0 PROPOSALS

5.1 The principles outlined above resonate with the Ethical Care Charter leading Inverclyde HSCP Staff Partnership Forum to seek approval from Unison to become an Ethical Council by adopting the Ethical Care Charter.

5.2 The submission, prepared jointly by the local homecare management team and local Unison steward, has resulted in final approval.

6.0 IMPLICATIONS

Finance

6.1 There are no specific financial implications from this report. All activity will be contained within existing budgets.

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

Annually Recurring Costs/ (Savings)

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

Legal

6.2 None.

Human Resources

6.3 None.

Equalities

6.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

Repopulation

6.5 None.

7.0 CONSULTATION

7.1 None.

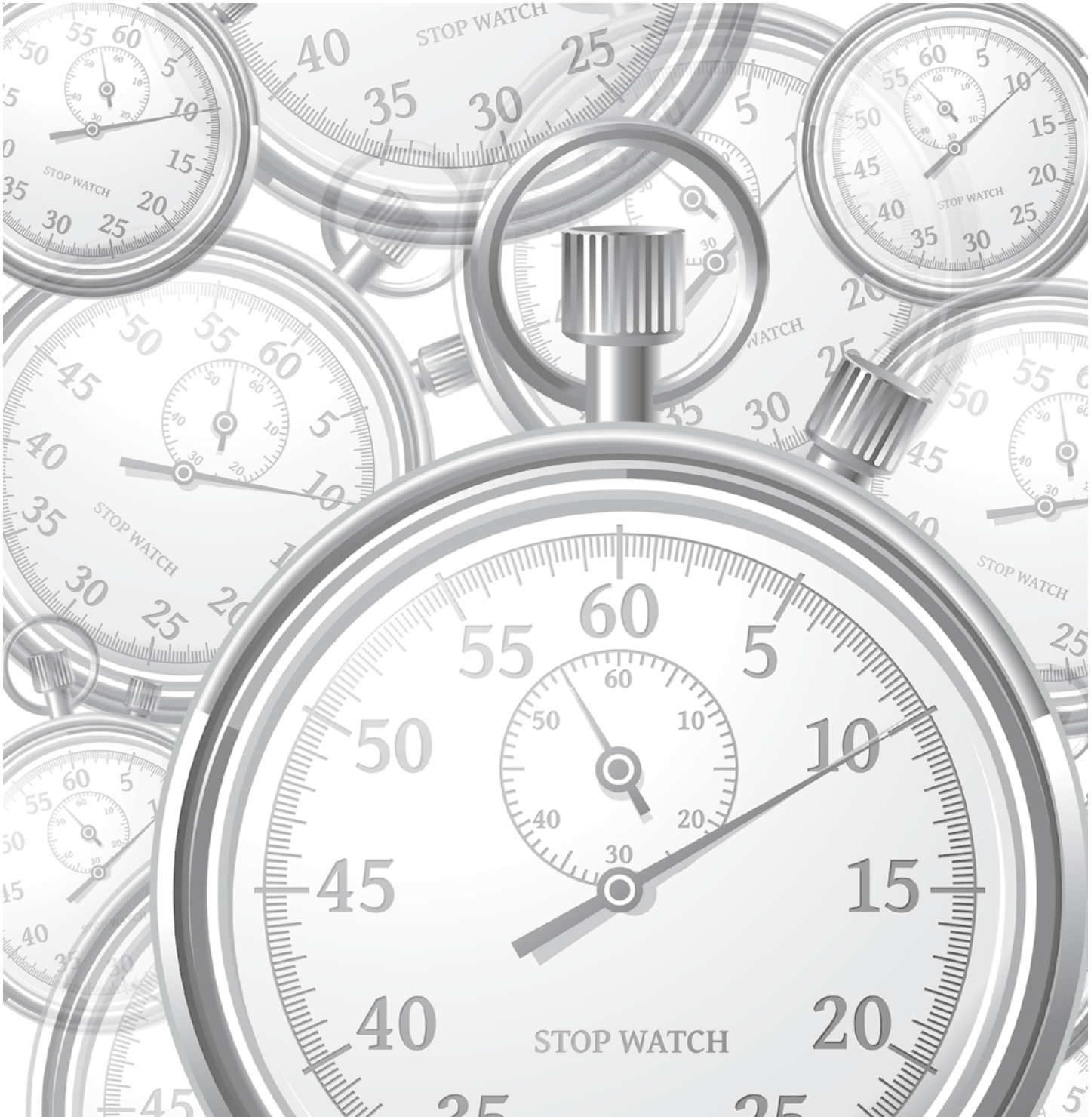
8.0 BACKGROUND PAPERS

8.1 Ethical Care Charter

8.2 Ethical Care Charter approval

UNISON
the public service union

UNISON's ethical care charter



UNISON's ethical care charter

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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 September 2012 it is currently £7.20 an hour for the whole of the UK apart from London. For London it is £8.30 an hour. The Living Wage will be calculated again in November 2012 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.

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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

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the public service union

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Appendix B

TO: **UNISON**

FROM: **INVERCLYDE HSCP STAFF PARTNERSHIP FORUM**

PURPOSE

Inverclyde HSCP is committed to becoming an Ethical Care Council facilitating a minimum standard for the safety, quality and dignity of care by ensuring appropriate employment conditions. The Home Care Service is underpinned by adequate funding and ongoing investment to meet increasing demand. In recent years there has been significant development within the service with the aim of creating a culture in which the contribution from staff is valued and respected.

The service is committed to staff engagement, has a well-trained and supported homecare team and works in partnership with external providers enabling good working practices.

Inverclyde HSCP would like to seek approval from Unison to become an Ethical Council by adopting the Ethical Care Charter.

STAGE 1

Inverclyde HSCP assess all service users through the reablement team which is a rehab focused service looking at maximising service user independence and participation in daily living. Following this assessment service users have the choice of the Self Directed Support options to ensure they are given control in how their care is provided. Therefore care is based on assessed need. During reablement, service users care packages are monitored weekly and adjusted accordingly to reflect either decrease or increase in needs.

Visit lengths are established through the reablement assessment which enables the service to allocate appropriate time. New referrals are all initially allocated 60 minutes for personal care and 30 minutes for assistance with meals, visit times are then monitored to ensure there is sufficient time allocated. 15 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 eg. medication prompt only .During the assessment period weekly staff meetings enable staff to give their views on the service users progress.

In the longer term all care packages are reviewed 6 monthly including involvement of the service user/family/carers and workers to ensure the level of service is appropriate to meet on going needs.

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.

Appendix B

Inverclyde HSCP and contracted Homecare providers currently use the CM2000 system which is used to schedule and monitor visits to ensure there is appropriate time allocated including travel time and is used as evidence to increase visit times as needs change.

All eligible workers within Inverclyde HSCP receive occupational sick pay. All future tendering will award 10% to workforce matters and will include consideration of an occupational sick scheme.

STAGE 2

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.

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

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 if staff require to stay longer with a service user the provider would be paid on an ad hoc basis.

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.

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.

Home Support Workers have the opportunity to attend team meetings every 8 weeks with their Home Support Manager, there is also drop in facilities across Inverclyde which provides staff the opportunity to discuss any concerns with a Home Care Senior or collect any PPE on a weekly basis.

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

STAGE 3

All HSCP Home Support staff are paid above the Living Wage. Contracted Home Care providers will have a legal obligation to pay front line staff the living wage by October 2016 – a plan for implementation was approved by the IJB in August and will be fully implemented by 1st October 2016.

All eligible workers within Inverclyde HSCP receive occupational sick pay. All future tendering will award 10% to workforce matters and will include consideration of an occupational sick scheme.

Seeking Agreements with Existing Providers:

Inverclyde HSCP believe we are meeting the Ethical Care Charter therefore don't require a review group, however, if this is deemed different by Unison we will be happy to set up a review group. Currently there is regular communication with commissioned services on an individual and group basis to ensure the quality of service is maintained.

A homecare assessor reviews all packages of care on a 6 monthly basis which includes a review of all external home care services. During this review the family and service user's views are sought and the home support worker is included. Through the governance process each care provider externally operates a responsible person for reviews and seeks the views of the service user, home support worker and family.

Look for Savings:

The introduction of the geographical lots through the tendering process and locality teams in house ensure staff are deployed as efficiently as possible within a small area. Internal and external providers now work jointly to allocate work within the lots according to where staff are currently working to minimise travel.

Following the implementation of the home care contract providers are more able to plan service giving more security to staff which has reduced staff turnover. We expect this to decline further as all providers from 1 October will be paying the living wage of £8.25.

Enhanced teams such as reablement, step up, community alarm and through the night, rehab teams all provide additional support within peoples own homes or within a community

setting to prevent hospital admission, reduce falls and prevent break down of informal care arrangements. Within Inverclyde there is a local falls initiative enabling the monitoring of falls and appropriate response by community alarm.

In terms of joint training the shared moving and handling training goes some way towards achieving this and service user specific training through reablement. There is currently ongoing work to look at how joint training can be developed further which is likely to include medication training.

The Commissioning Process:

The home care contract will run until April 2018 with the option to extend for 1 plus 1year. As part of the evaluation of the tender aspects of staff recruitment, contracted hours, training, supervision and development were taken into account. All future tendering will award 10% to workforce matters and will include consideration of an occupational sick scheme. We are committed to ensure that the Ethical Care Charter will be embedded in the commissioning process in future.

There is a high quality of care within Inverclyde which is monitored through the inspection process and contract monitoring/governance structure.

Service Monitoring:

We would look to invite a Trade Union representative to performance meetings to discuss workforce issues and monitor compliance with the Ethical Care Charter. Currently we have regular liaison meetings with Union colleagues specifically in relation to home care service.

There is regular consultation with HSCP staff through team meetings, supervision and appraisals. Inverclyde HSCP has recently piloted the imatter consultation process for all staff which results in a team report and action plan. Through contract monitoring there is contact with staff working with external services to hear their views.

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.

Brian Moore
Chief Officer
Inverclyde HSCP