Agenda Item 17

Update on Implementation of Unison Ethical Care Charter

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Falkirk Council

Title: **Update on Implementation of Unison Ethical Care Charter**
Meeting: **Executive**
Date: **10 December 2019**
Submitted By: **Chief Officer, Falkirk Health and Social Care Partnership**

1. Purpose of Report

1.1. The purpose of this report is to provide the Executive with an update on progress towards implementation of the Ethical Care Charter. It should be noted that this falls under the remit of the Integration Joint Board.

2. Recommendation

2.1. **The Executive is asked to note the contents of the report**

3. Background

3.1. In 2012, Unison called for all Councils to commit to becoming Ethical Care Councils; to establish a baseline for safety, quality and dignity of care, through securing improved employment conditions including pay, supervisory support and training for the workforce.

3.2 The Ethical Care Charter (appendix 1) was originally presented to the Joint staff Forum in September 2015, with an update position report presented at the Forum's meeting in March 2016. Since that time, work has progressed within the internal Home Care service and with external providers across the independent and third sectors, to embed the principles of the Charter and address fair working practices, and more recently, to implement and embed the Health and Social Care Standards (2018) which in many ways, compliments the principles of the Unison Ethical Care Charter.

4. Considerations

4.1. To date, the Falkirk Health and Social Care Partnership has made significant progress toward fully implementing the recommendations and principles embedded within the Ethical Care Charter insofar as possible:

- Home carers are paid for travel time between appointments and provided with a mobile phone.

- External service providers are paid an all encompassing rate, which is inclusive of travel time.

- Sickness benefits are available in line with national conditions for Falkirk Council staff.

- Zero hours contracts are not used in Falkirk Council and all employees are paid in excess of the national living wage.

- Falkirk Council and HSCP Services have worked with our external care at home providers to identify areas for improvement in the quality of service provision and barriers to achieving this.

- Worked with all providers to promote the living wage and encourage adoption of this minimum payment. In addition, the Home Care Service has recently introduced quarterly liaison meetings with External providers.

- All new procurement exercises undertaken require the provider to demonstrate employee conditions and benefits, including the payment of the living wage;

- A contact manager is available 24/7 to help deal with complaints/provide support.

- All home care staff receive appropriate training, including a 5 day induction programme for new employees; this includes personal care training, an element of which is delivered jointly with colleagues from NHS Forth Valley. Additional training such as moving and handling, adult support and protection are also provided.

- Wherever possible, a service user will have allocated carers.

- The Real Time Monitoring System (CM2000) will help ensure consistency of care for service users, where possible.

- The HSCP is in regular meaningful dialogue with the Trades Unions, and working to develop our care at home service to improve employee and service user outcomes. This is jointly progressed through an established Home Care Board.

- Service Management and Trade Unions work together to ensure regular dialogue when working on specific issues, and have established an Improvement Group across the Care & Support at Home Service to consider improvements that could be made within the service for the future.

4.2. One element of the charter that has not been fully adopted relates to the use of 15 minute visits. This is because, good practice as outlined in the Health and Social Care Standards, highlights the need for all care to be (principle 1) “high quality care and support that is right for me”, and (principle 2) “I am fully involved in all decisions about my care and support”, as such, the level of care is determined in partnership with those receiving care.

4.3. The Home Care Review Group which includes trade union staff and management representatives has been meeting for two years. The group has driven the review of care at home and the implementation of new contracts, shift patterns and the use of mobile technology in response to a series of staff engagement events. This group will now review the model for our care at home service, which should further clarify the specific roles of our in house provision and the external market providers, it is anticipated that this work will enable us to further strengthen our training and development offer for staff and ensure consistent practice for service users, and indeed, Care at Home partner originations.

5. Consultation

5.1. The update on progress in relation to both the implementation of the Unison Ethical Care charter and progress in respect of adopting the Health and Social Care Standards have both been monitored and reported to the Health and Social Care Joint staff forum. Both Health and Social Work trade unions attend these forums and are fully aware of the progress made and will be kept aware of any future developments.

6. Implications

Financial

6.1 There are no financial implications from this report.

Resources

6.2 There are no resource implications arising from this report.

Legal

6.3 There are no legal implications arising from this report.

Risk

6.4 There are no risk implications arising from this report.

Equalities

6.5 There is no need to undertake an Equalities Assessment on the basis of this report. However, it is acknowledged that any change to the model of service delivery would require such an assessment.

Sustainability/Environmental Impact

6.6 No sustainability/environmental impact assessment is required.

7. Conclusions

7.1 The Falkirk Health and Social Care Partnership are fully committed to the principles of the Ethical Care Charter. The partnership recognises and values the significant contribution of our Care staff, to improving life outcomes for service users their families and carers. Furthermore, the partnership is fully committed to the ongoing professional development of the workforce, both internal and external. This development includes training and support, not only to ensure our care staff meets the practice requirements for registration with the Scottish Social Services Council, but also to fully embed the principles of the National Health and Social Care Standards in every day practice.

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Date: 08/11/2019

Appendices

Appendix 1 Unison Ethical Care Charter

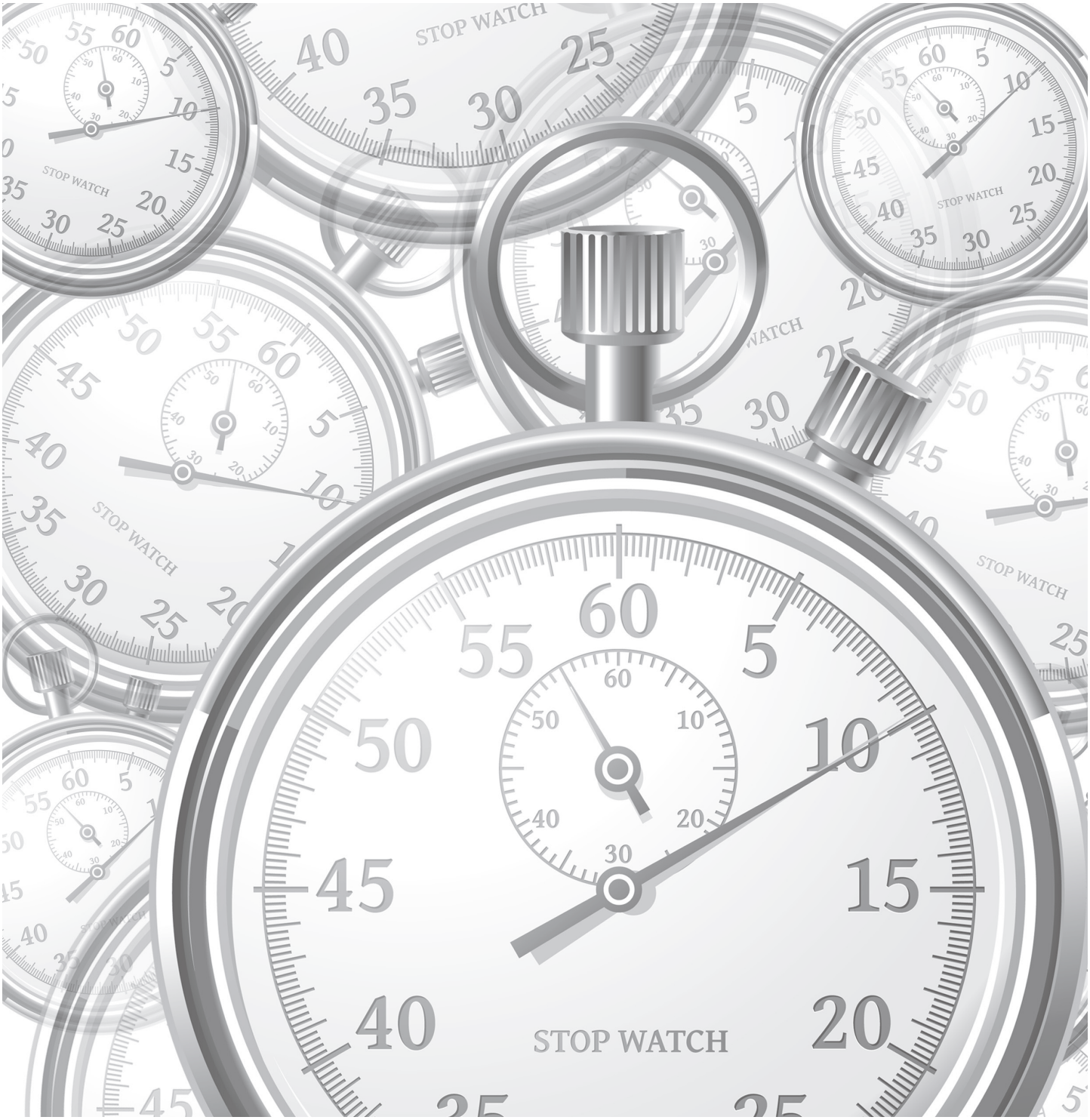
List of Background Papers:

None.

Appendix 1

UNISON
the public service union

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 November 2013 it is currently £7.65 an hour for the whole of the UK apart from London. For London it is £8.80 an hour. The Living Wage will be calculated again in November 2014 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

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