



LEAD MEMBER FOR ADULT SOCIAL CARE AND HEALTH

DECISIONS to be made by the Lead Member for Adult Social Care and Health,
Councillor Carl Maynard

FRIDAY, 25 SEPTEMBER 2020 AT 2.00 PM

CC1, COUNTY HALL, LEWES

++Please note, the Lead Member will not be present in person, but will be taking the decisions remotely++

AGENDA

- 1 Decisions made by the Lead Member on 24 September 2019 (*Pages 3 - 4*)
- 2 Disclosure of interests
Disclosure by all Members present of personal interests in matters on the agenda, the nature of any interest and whether the Members regard the interest as prejudicial under the terms of the Code of Conduct.
- 3 Urgent items
Notification of any items which the Lead Member considers urgent and proposes to take at the appropriate part of the agenda.
- 4 Notice of Motion: Unison Ethical Care Charter (*Pages 5 - 22*)
- 5 Any urgent items previously notified under agenda item 3

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17 September 2020

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NOTE: *As part of the County Council's drive to increase accessibility to its public meetings, this meeting will be broadcast live on its website and the record archived. The live broadcast is accessible at: www.eastsussex.gov.uk/yourcouncil/webcasts/default.htm*

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LEAD MEMBER FOR ADULT SOCIAL CARE AND HEALTH

DECISIONS made by the Lead Member for Adult Social Care and Health, Councillor Carl Maynard, on 24 September 2019 at CC1 - County Hall, Lewes

Councillors Bennett, Davies, Ensor, Field and Ungar spoke on items 4 & 5 (see minute 9 & 10)

6 DECISIONS MADE BY THE LEAD MEMBER ON 26 JUNE 2019

6.1 The Lead Member approved as a correct record the decisions made on 26 June 2019.

7 DISCLOSURE OF INTERESTS

7.1 There were no disclosures of interest.

8 URGENT ITEMS

8.1 There were no urgent items.

9 MEALS IN THE COMMUNITY SUBSIDIES

9.1 The Lead Member considered a report on the proposed changes to the provision of Meals in the Community.

9.2 The Lead Member RESOLVED to:

- 1) note the report, the outcomes of the consultation and the Equality Impact Assessment;
- 2) thank those who responded to the consultation and the scrutiny board for its comments;
- 3) agree to the changes to the Meals in the Community subsidy as outlined in the report;
- 4) agree to withdrawing the subsidy from the Lunch Clubs as outlined in the report; and
- 5) delegate to the Director of Adult Social Care and Health authority to take all necessary actions to give effect to the implementation of the above recommendations.

Reason

9.3 The new arrangements will be reviewed to ensure the revised approach is being properly implemented and the savings achieved will be monitored through the Council Plan.

9.4 There is a strong rationale for the changes proposed based upon the outcome of the consultation and Equality Impact Assessment.

10 CHANGES IN APPROACH TO SUPPORTING WORKING AGE ADULTS

10.1 The Lead Member considered a report on proposed changes in how Working Age Adults are supported to meet eligible care needs and achieve proposed savings.

10.2 The Lead Member RESOLVED to:

- 1) note the report, the outcomes of the consultation and the Equality Impact Assessment;
- 2) thank those who responded to the consultation and the scrutiny board for its comments;
- 3) agree the proposed changes in practice outlined in this report that will meet eligible care needs and ensure appropriate support is offered to Working Age Adults;
- 4) agree the phased approach to implementing the proposals through carrying out individual reviews of all current care plans; and
- 5) delegate to the Director of Adult Social Care and Health authority to take all necessary actions to give effect to the implementation of the above recommendations.

Reason

10.3 There is a strong rationale for the changes proposed based upon the initial audit of cases and comparative analysis undertaken, along with the consultation and Equalities Impact Assessment.

10.4 These changes will see the budget reduced by £495,000 by 2020/21, which will be achieved by changes to people's care packages. All changes to services will be based on an individual's strengths and needs and will be implemented after review of individual cases.

Report to: Lead Member for Adult Social Care and Health

Date of meeting: 25 September 2020

By: Director of Adult Social Care and Health

Title: Notice of Motion - UNISON Ethical Care Charter

Purpose: To consider a Notice of Motion from Councillors Scott and Webb calling for the County Council to sign the Unison Ethical Care Charter

RECOMMENDATION

The Lead Member for Adult Social Care and Health is recommended to recommend to the County Council that it:

1. welcomes the significant increase and scale of people being supported at home and the quality of the care services provided and commissioned; and
2. notes the consideration given to the Ethical Care Charter and rejects the Motion for the reasons set out in the report

1 Background

1.1 The following Notice of Motion has been submitted to the Chairman of the County Council by Councillors Webb and Scott:

That East Sussex County Council should sign up to the UNISON Ethical Care Charter as soon as possible.

1.2 In line with County Council practice, the matter has been referred by the Chairman to the Lead Member for Adult Social Care and Health for consideration to provide information and inform debate on the Motion. The Lead Member's recommendation on this Notice of Motion will be reported to the Full Council at its meeting on 13 October 2020.

1.3 In 2012, UNISON conducted a national survey of homecare workers entitled Time to Care. The online survey was open to homecare workers who were either UNISON members or non-members and attracted 431 responses between June and July of 2012. The survey concluded that working conditions and the quality of care provision are intrinsically linked.

1.4 In response to these findings, Unison launched the Ethical Care Charter in 2013 which is attached at Appendix 1. This calls for councils to sign the Charter and commission homecare services which 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

1.5 Since it was launched in 2013, 46 of 151 councils with responsibility for social care have signed the Charter.

1.6 The current value of the home care provision in East Sussex is just over £20m (including extra care). Home Care is a significant proportion of adult social care provision representing 12.3% of service provision. The number of clients receiving home care is steadily increasing as more people are being supported to stay living in their own homes and the number of hours individuals receive is also growing as the levels of need and frailty increase. The number of home

care packages provided has increased by 10% over the last three years, with approximately 2,000 packages being provided at any one time.

1.7 Three main providers hold approximately 53% of Home Care client packages. More broadly, fifteen providers hold 83% of the market in total. The current County Council contract is focused on longer term home care to support people to remain living in their own homes, hospital discharge and home based carers' respite. The annual fee increase levels for Home Care over the last three years are shown below:

Year	Fee increase
2017/2018	Up to 16.99% on the hourly rate (hourly rates were reset by individual geographic patch)
2018/2019	4.0% increase on the hourly rate
2019/2020	3.81% increase on the hourly rate
2020/20201	For Home Care, the percentage increase will be 5.6% on the hourly rate Additionally, Adult Social Care will cease commissioning 15 minute calls for all new care packages from the 6 th April 2020 - the minimum call time to be commissioned, with effect from the 6 th April 2020, will be 30 minutes

2 Supporting information

2.1 Adult Social Care and Health meets regularly with unions at a Departmental Joint Consultative Committee and the Unison Ethical Care Charter was discussed on 4th October 2019. Work is underway to re-commission home care services as the current contract ends in 2021. The departmental project group that is taking this work forward considered the implications of signing the Charter by applying this to existing contractual arrangements.

2.2 The Charter sets out a range of principles and three stages for implementation. Appendix 2 sets out an assessment of whether the current County Council contract fully currently meets, partially meets or does not meet the requirements of the Charter. A commentary on each principle is also provided in Appendix 2, with further consideration of key points set out below in the report. In summary Appendix 2 shows that one principle is not currently being met within the existing contract with all the other principles being met or partially met.

2.3 Fifteen-minute home care calls have been a significant area of focus for Unison and the Charter states:

- *The time allocated to visits will match the needs of the clients. In general, fifteen-minute calls will not be used as they undermine the dignity of the clients*

Service and financial modelling has been undertaken about local usage of fifteen-minute calls, in addition to discussions with providers and operational staff. As a result, an operational decision was made on 11th February 2020 to end fifteen-minute calls for home care. This decision means that each home care call commissioned will be delivered for a minimum of thirty minutes. Incremental implementation of this change began in April this year, starting with new clients. There is still however value in retaining fifteen-minute calls in extra care settings.

2.4 The following principle in Stage 1 of the Charter is rated as partially met:

- *Visits will be scheduled so that homecare workers are not forced to rush their time with clients or leave early to get to the next one on time.*

From the data collected from home care providers, Adult Social Care and Health can identify the details of call times and sufficient travel time between calls. We do not however have the capacity to routinely report on this and in the case of providers submitting paper invoices there is no mechanism to monitor these arrangements. In addition, whilst the scheduling of visits will identify sufficient travel times between calls, there are inevitably occasions where homecare workers will be held up due to traffic, or travel time will take longer than anticipated. This is a particular challenge given the rural and urban make up of East Sussex.

2.5 The requirements in Stage 2 of the Charter are assessed as all being partially met, with details set out in Appendix 2. For example, the Charter requires that zero-hour contracts will not be used in place of permanent contracts. In practice larger providers offer a range of full contracts of employment and zero hours contracts. There are also a number of smaller providers who still only offer zero-hour contracts. Local home care providers who offer zero-hour contracts believe that they offer a flexible option for both employers and workers. By law, workers on zero hours contracts have several rights, including the right to the National Minimum Wage and National Living Wage.

2.6 Stage 2 of the Charter requires:

- *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)*

This is a contractual requirement and the Adult Social Care and Health Training Team offer a comprehensive range of training opportunities, free of charge, to the independent sector. The Care Quality Commission monitor training as part of their regulatory regime, but Adult Social Care and Health are unable to resource routine monitoring for all providers on adherence to this requirement, therefore it is not possible to state it is fully met.

2.7 Stage three of the Charter requires:

- *All homecare workers will be covered by an occupational sick pay scheme to ensure staff do not feel pressured to work when they are ill in order to protect the welfare of their vulnerable clients.*

This is the only principle within the Charter which Adult Social Care has assessed as not being met. Occupational sick pay schemes are not a contract requirement. Feedback from local providers indicates that this would be the most challenging area of the Charter to comply with, due to the financial implications of offering occupational sick pay schemes with the resulting increases in costs and concerns about sustainability of their businesses.

3. Conclusion and reasons for recommendations

3.1 The report sets out the Adult Social Care and Health position with current and planned adherence to the principles of the Unison Ethical Care Charter.

3.2 East Sussex contractual arrangements with homecare providers largely adhere to the principles of the Charter. There are however challenges in agreeing to all the principles in the Charter. This relates to the likely increased costs that would result both in terms of fee rates and additional management and contract monitoring arrangements. The potential increased costs have to be balanced against the requirement to direct resources to maximising the level of care the County Council provides to meet local need.

3.3 There is a strong commitment across the County Council, care providers and unions to work in partnership to ensure the best possible terms and conditions for staff and standards of care. The Charter supports this overall approach, but the Lead Member is recommended to recommend the County Council to reject the Motion as implementation of all the principles would have resource implications at a time when the focus of the County Council is maximising the level

of home care support that is provided in East Sussex.

KEITH HINKLEY

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BACKGROUND DOCUMENTS

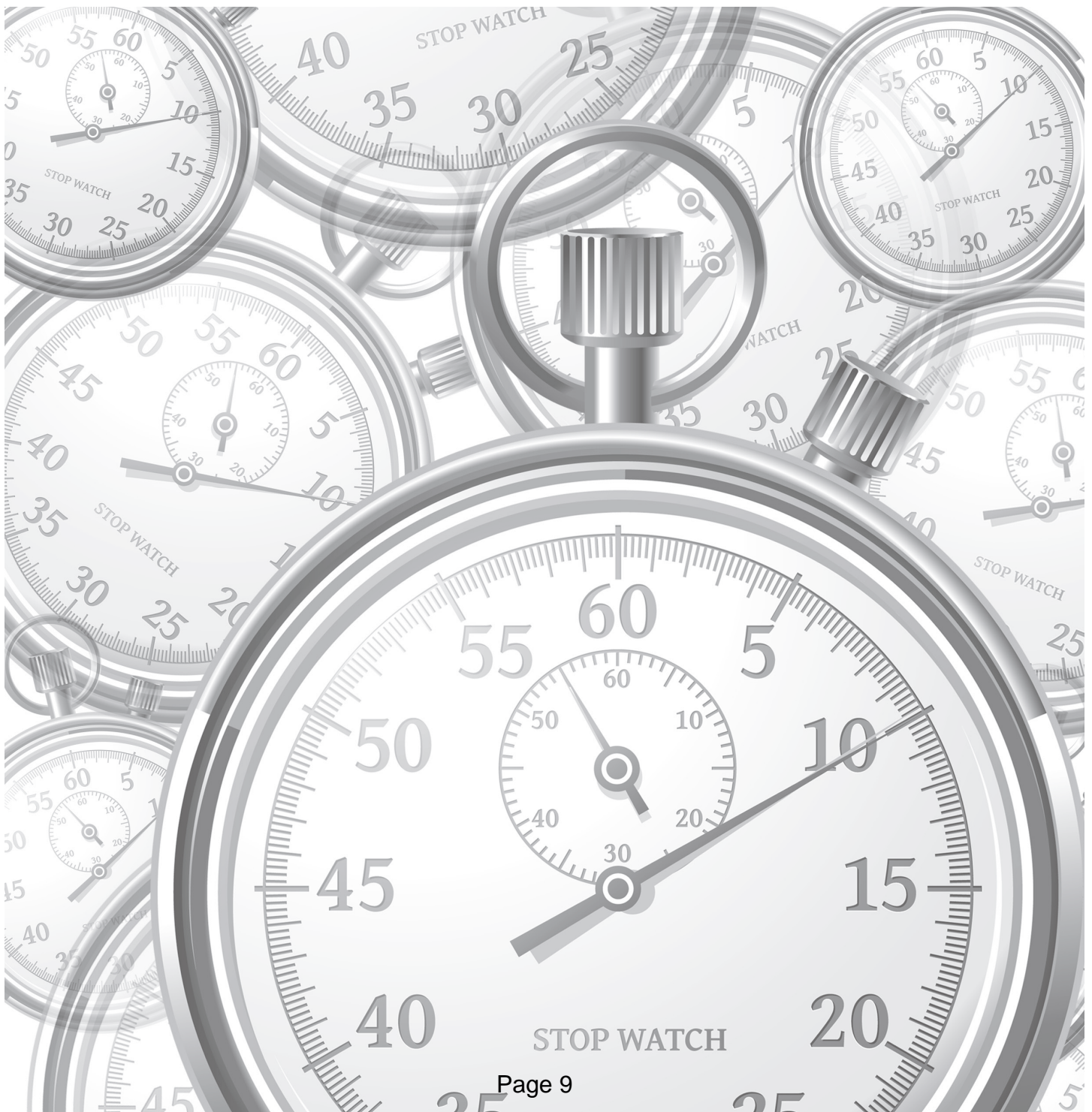
None

Appendices:

Appendix 1: Unison Ethical Care Charter

Appendix 2: Assessment of ESCC Home Care contract against the Unison 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 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

Join UNISON online today at unison.org.uk/join
or call 0845 355 0845

Assessment of ESCC Home Care contract against the Unison Ethical Care Charter

Ethical Care Charter – Requirements

Stage 1	Met / Partially Met / Not Met	Commentary
The starting point for commissioning will be client need and not minutes or tasks. Workers will have the freedom to provide appropriate care and will given time to talk to their clients.	MET	Adult Social Care and Health assesses on the basis of need.
The time allocated to visits will match the needs of the clients. In general 15 minute calls will not be used as they undermine the dignity of the clients.	MET	Home care will be delivered for a minimum of 30 minutes, with incremental implementation from April 2020. There is still however value in retaining 15-minute calls in extra care settings.
Homecare workers will be paid for their travel time, their travel costs and other necessary expenses such as mobile phones.	MET	All homecare providers need to demonstrate a cost of travel time and mileage prior to the issue of a contract.
Visits will be scheduled so that homecare workers are not forced to rush their time with clients or leave early to get to the next one on time.	PARTIALLY MET	We can, and do, identify from data we collect the details of call times and identify sufficient travel time between calls. We do not routinely report on this and in the case of providers submitting paper invoices have no mechanism to monitor.
Those homecare workers who are eligible must be paid statutory sick pay.	MET	All homecare providers need to demonstrate a cost of sick pay prior to the issue of a contract.
Stage 2	Met / Partially Met / Not Met	Commentary
Clients will be allocated the same homecare worker(s) wherever possible.	PARTIALLY MET	We can, and do, identify from data the details of carer continuity. We do not routinely report on this and in the case of providers submitting paper invoices no monitoring mechanism.

Zero hour contracts will not be used in place of permanent contracts.	PARTIALLY MET	Large providers offer a menu of full contracts of employment and zero hours contracts. We are aware of a number of smaller providers who still only offer zero hour contracts.
Providers will have a clear and accountable procedure for following up staff concerns about their clients' wellbeing.	PARTIALLY MET	This is a contract requirement, we do not routinely monitor all providers separate to the Care Quality Commission regulatory regime.
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).	PARTIALLY MET	This is a contract requirement, we do not routinely monitor all providers separate to the Care Quality Commission regulatory regime.
Homecare workers will be given the opportunity to regularly meet co-workers to share best practice and limit their isolation.	PARTIALLY MET	This is a contract requirement, we do not routinely monitor all providers separate to the Care Quality Commission regulatory regime.
Stage 3	Met / Partially Met / Not Met	Commentary
All homecare workers should be paid above Living Wage	MET	All homecare providers need to demonstrate pay rates in line with National Living Wage prior to the issue of a contract.
All homecare workers will be covered by an occupational sick pay scheme to ensure staff do not feel pressured to work when they are ill in order to protect the welfare of their vulnerable clients.	NOT MET	This is not a contract requirement.