

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
Director Adult Social Care and Health

Contact Officer: Samantha Williams, Assistant Director, Strategy Commissioning and Supply Management

Tel. No. 01273 482115

Email: Samantha.williams@eastsussex.gov.uk

BACKGROUND DOCUMENTS

None

Appendices:

Appendix 1: Unison Ethical Care Charter

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