Title of meeting:	Cabinet Member for Health, Wellbeing & Social Care
Date of meeting:	2 July 2019
Subject:	Adoption of Residential Care and Ethical Care Charters by Portsmouth City Council.
Report by:	Chief of Health & Care Portsmouth
Written by:	Assistant Director, Adult Social Care.
Wards affected:	All
Key decision:	No
Full Council decision:	No

1. Purpose of report

The Ethical Care Charter was first proposed for adoption to the Council in July 2015 by Cllr Gerald Vernon-Jackson & Cllr Lynne Stagg. Since the Liberal Democrat administration of the Council commenced in May 2018, the commitment to implement the Ethical Care Charter became Council policy.

This report also has regard to the motion passed by full Council in March 2019 requesting that the Cabinet implement the Unison Ethical Care and Residential Care Charters and work with providers to pursue a shared objective of achieving the provisions of the Charters. This was after meetings between Unison and the Health, Wellbeing & Social Care Cabinet Member in Autumn 2018.
Links are provided to the Charters below:
http://www.savecarenow.org.uk/ethical-care-charter
http://www.savecarenow.org.uk/residential-care-charter

This report will set out the current practice in relation to the charters, any highlights areas for improvements as well as the plans to address these; as well as recommending that the Council works with providers to pursue the shared objective of achieving the provisions of the Charters.

1.1. Context

In order to provide a social care service that meets the needs of Portsmouth residents, meets the Council's statutory duties and manages the demands of increasing needs and costs, Adult Social Care (ASC) has been developing a service wide strategy covering changes in the way we work from 2018/19 to 2020/21. Implementing the ASC Strategy will achieve outcomes for residents and work toward financial balance. By 2022, our aim is that ASC in Portsmouth will be:

- Delivering services that have technology at the heart of the care and support offer;
- Working in way that recognises the strengths that people have, and have access to in their networks and communities - and draws on these to meet their needs;
- Working efficiently and responsively, using a reablement approach centred around the needs of the customers;
- Delivered through a market based on individual services to people that meet their needs and help them achieve the outcomes they want to achieve and keep them safe;
- Delivered, (where appropriate) through PCC residential services in one service area to enable quality and maximum effectiveness.

This strategy will enable ASC to be financially stable and sustainable.

1.2. These outcomes align to the priorities in the 'Blueprint for health & care in Portsmouth' published in 2015:

- Improve the range of services people can access to maintain their independence
- Give people more control, choice and flexibility over the support they receive
- Do away with multiple assessments and bring services together in the community
- Bring together services for children, adults and older people where there is a commonality of provision, including a family centred approach
- Create better resources and opportunities for vulnerable people and their carers.

1.3. ASC is an increasingly high profile area of local authority business. There is an acknowledgement at a national level that social care is under increasing pressure for a variety of reasons including an increasing demand to support people with more complex needs in their own homes. More broadly, the care market is also under pressure resulting from increasing costs of employment for providers of social care services that the council contracts with, due to rises in the National Living Wage and increases in 'auto-enrolment' pension contributions. For the NHS to be able to care for people's health, it is critical that social care is able to meet the needs of citizens.

2. The Charters

The following pages contain information relating to the Charters and the progress made by ASC in implementing the principles and the areas for improvement. This is then followed by a recommendation to the Cabinet Member for Health, Wellbeing & Social Care.

Portsmouth CITY COUNCIL

Comparison of UNISON Ethical Care Charter against Current Practice

Criteria	Current Practice	Gap/Impact
Stage One		
Commissioning of visits to be based on client need not minutes or tasks	Commissioning of care starts with an assessment of the customer's needs, goals and wishes. Once we know what support is required to support the person to be able to live the life they want, a discussion takes place regarding how the support could be delivered most appropriately - through existing circles of support, the voluntary sector or through a registered care provider. If a care provider is selected, the details of the customer and outcomes needing to be achieved / met and an indication of the time likely to be required are passed to the provider. The provider meets with the person to make their own assessment and the care plan will be finalised.	Most ASC domiciliary care is delivered based on time purchased. In order to move from 'time & task' to more personalised support, the 'systems thinking' intervention, (commissioned in 2018) is in the 'redesign' phase. This involves working with a cohort of people and, designing a prototype system which includes 1) Real-time digital care records available to the Care Coordinator, Social Worker, applicable family members, and anyone else who needs access. 2) Scheduling care based on the actual time needed by the client, rather than pre-planned multiples. 3) Increasing/decreasing the length of care call based on need. 4) Chargeable clients being billed on the basis of the actual minutes they received.

Criteria	Current Practice	Gap/Impact
		The aim of the intervention is to produce a service model that is more person-centred and offers the greatest value to the Council.
Time allocated will match need of clients. In general 15 minute visits will not be made	Social Care policy is not to commission care in multiples less than 30mins where personal care is required. Fifteen minute visits are generally 'pop-in' welfare checks. There are always exceptions to the rule but the guidance to staff commissioning services is that a fifteen minute visit is only acceptable if customer and provider agree the task can be managed within this timeframe.	The domiciliary care intervention will indicate the commissioning model for care and support which is likely to move away from blocks of time.
Homecare workers to be paid travel time, travel costs and other necessary expenses e.g. mobile phones	Adult Social Care has developed a cost matrix which sets a base line for the hourly rate set for home care. This included all associated costs including cost of regulation requirements, costs of travel and 'non-contact' time. Since then, the rate has increased annually, recognising the increasing provider costs. ASC contracts state that travel time must be included between care calls in accordance with national best practice and the requirements of the CQC and Inland Revenue.	
Visits to be scheduled so that workers are not forced to rush their time with clients or leave to get to next client on time	Our providers are required to meet the customers' needs in a dignified and caring manner. Customer complaints are monitored to address areas of concerns with providers and	The domiciliary care intervention will lead to more effective measurements being put in place which should provide clearer data on clients call times and whether carers' are completing calls to client

Criteria	Current Practice	Gap/Impact
	contracts officers consider performance with providers on a regular basis. Where demand is high and capacity low, there are times when providers will need to carry out proportionate visits to their customers with appropriate safeguards in place but customers are informed first and commissioners involved to support with additional requirements.	preferences. The use of an electronic monitoring would also assist. If these two measures can be used, PCC may be able to manage without additional staff resource.
Workers who are eligible get paid SSP	Our providers are required to comply with all statutory requirements in terms of employment. PCC employees will receive Occupational Sick pay, casuals and temps will receive SSP in accordance with whether they qualify dependent on earnings, length of service and National Insurance contributions.	
Stage 2		
Clients to be allocated same homecare worker wherever possible	Our providers are encouraged to facilitate this where possible but due to the working practices of individuals (part time, term time only, working at different times of the day, the amount of customers in one area, etc.) it is not always possible for the customers to have the same person each time. However, continuity of carer is a priority and when there are changes required, providers are required to advise their customers accordingly.	Providers have worked to maintain a regular number of carers in areas where this is possible. The domiciliary care intervention, (currently underway) is considering this aspect of care support. Further research around where this has been achieved and the measures that help this will be undertaken with providers.

Criteria	Current Practice	Gap/Impact
Zero hours contracts not to be used in place of permanent contracts	Regular work in the area with providers and their staff shows a mixed picture in that some staff opt for zero hour contracts rather than being obliged to accept them. Three of the four main providers expressed that their staff would prefer to be on fixed hour contracts as their hours can fluctuate from week to week. 1 provider stated that the carers' prefer the flexibility of zero hours' contracts. PCC do not use zero hours contracts, we use temps or casual staff in addition to permanent staff.	If PCC were to insist on minimum hour contracts it is likely that the flexibility of the service would reduce, the workforce would reduce through a decline in staff acceptance of the terms, an increase in 'downtime' (not value for money) and increased costs through having to pay more to attract a different workforce into health and care.
Providers to have a clear and accountable procedure for following up staff concerns about their clients wellbeing	For PCC managed care homes supervision arrangements, (both formal and informal) enable an opportunity to raise any concerns up to and including 'whistleblowing'. CQC inspection takes account of how staff are led in registered services and therefore assure appropriate mechanisms through inspection. In addition, the quality team support providers to consider compliance with good practice and standards. Where concerns amount to safeguarding, PCC requires all providers to adhere to the pan regional safeguarding policy as well as incorporating it within their own policies.	
All homecare workers to be regularly trained to the necessary	Training is a requirement of our contracts with providers.	

Criteria	Current Practice	Gap/Impact
standard to provide good service at no cost to themselves and within work time.	Training is expected to be provided and paid for by providers within work time through the funding level set within our hourly rate. Some training is made available to the wider sector through PCC.	
Homecare workers will be given the opportunity to regularly meet co-workers to share best practice and limit their isolation.	Supervision is a requirement of the regulator and many providers provide this both as 121 to discuss specific cases or as group supervision.	
Stage 3		
All homecare workers to be paid at least the Living Wage or where outsourced the provider is required to pay this and funded to pay it.	The rate set by Social Care in conjunction with providers is based upon the NLW and there is a requirement to pay NLW to employees. Many providers may pay higher than this in order to attract and retain staff. All eligible PCC staff, irrespective of age are paid £9.00 an hour, this includes casual staff and agency staff contracted to PCC.	
All homecare workers to be covered by an occupational sick pay scheme so they are not pressurised to work when ill in order to protect the welfare of vulnerable client	Providers have policies and procedures in place regarding managing sickness which protects them and their customers. The details regarding pay, other than statutory requirements, have not been ascertained, however from speaking with a number of providers, our understanding is that if a valid	

Criteria	Current Practice	Gap/Impact
	sick note is provided then the workers are paid in full. Permanent PCC staff receive occupational sick pay in accordance with the NJC terms and conditions of employment.	

Comparison of UNISON Residential Care Charter against current practice

Criteria	Current Practice	Gap/Impact
Protecting and Supporting Residents		
Employers will maintain adequate staffing ratios that enable quality care to be delivered. This must be care that extends beyond basic tasks and includes a social dimension.	This is current custom and practice which falls within regulatory scrutiny, which is the responsibility of the Care Quality Commission. Adult Social Care is notified where care falls below standard by CQC and act upon this information. ASC and the Clinical Commissioning Group have commissioned a quality team working within Portsmouth. The team's general role is to work with care home providers and support them to provide appropriate care and support. Within PCC owned and managed care homes, the 'turn around team' was commissioned in 2018 to work with managers to implement better practice standards and staffing was reviewed to ensure adequate staffing ratios.	

Criteria	Current Practice	Gap/Impact
Care workers, residents and families must be given information about how to raise concerns and protection if they decide it is necessary Employers will have clear and accountable procedures to follow up any concerns raised	Within PCC owned and managed care homes, staff are able to raise concerns through the supervision, (formal and informal) process with line managers. Residents can raise any concerns through the keyworker mechanism in place and families and visiting professionals are able to raise any concerns through staff on duty or discussions with the Unit Manager. A governance framework is followed regarding concerns via safeguarding / CQC / PCC complaints team. This will be the same within non-PCC managed homes and will be scrutinised by CQC. The ASC/CCG quality team regularly review these arrangements with providers they work with.	
Care home providers will ensure all residents have ready access to any NHS services required	There are good relationships with NHS services and staff within the city, appropriate referrals are made as per PCC guidance for PCC managed homes The 'care home team' commissioned through Solent NHS Trust work with care home providers in Portsmouth and act as a gateway to ensure that residents have access to NHS services.	

Criteria	Current Practice	Gap/Impact
Providers will carry out thorough risk assessments to ensure the safety of residents and care workers	All points in the protecting and supporting residents section are adhered to with clear guidance and procedures.	
Employers will provide care workers with safe equipment	All points in the protecting and supporting residents section are adhered to with clear guidance and procedures.	
Care workers will be given time to provide regular activities and effective forms of therapy for residents	Care workers are expected to be given time to meet the needs of the residents based upon their care plans.	
Training and support for employees		
All care workers - including bank and relief staff will be regularly trained to meet the needs of all residents as set out in their care plans.	This is a current expectation. The nominated individual in any organisation is responsible for ensuring that staff are trained to expectations and requirements as per the regulations.	
Training requirements will be met. Training must be met and carried out in work time, so cover staff must be arranged	Comprehensive induction and training is provided to in-house residential staff. Mixture of standard and/or bespoke off-site, in-house, e-learning and DVD training is used. Training is made available through the Local Authority to non-PCC managed care homes and will be monitored via regulation inspection.	
DVD and e-learning will be used to complement high quality and face to face training.	As above	
Decent Pay for Quality Work		

Criteria	Current Practice	Gap/Impact
All residential care workers will be paid at least the Foundation living wage	There is a requirement to pay the National Living Wage. All eligible PCC staff, irrespective of age are paid £9.00 an hour, this includes casual staff and agency staff contracted to PCC.	
Councils which outsource employees on or above the Living wage should ensure that the new providers are required to maintain pay levels throughout the contract.	This would be covered under Regulation 13 of the TUPE Regulations as part of any TUPE transfer and is incorporated into PCC Procurement processes.	
Councils which outsource employees on or above the Living wage should ensure that the new providers are required to maintain pay levels throughout the contract.	This would be covered under Regulation 13 of the TUPE Regulations as part of any TUPE transfer and is incorporated into PCC Procurement processes.	
Extra payment will be made for working un-social hours, including weekends and Bank Holidays	As care is a 24/7, 365 days per year business there are less enhancements required for working outside of traditional office hours. Where such payments are necessary to attract staff to shifts are generally special holidays such as Easter and Christmas. PCC staff receive a shift allowance of either 7% 17% or 33% dependent on hours or days/nights worked following LPR.	

Criteria	Current Practice	Gap/Impact
	The majority of providers pay an enhanced weekend rate, 1.5 time at bank holidays and 2 time Christmas and New Year.	
Pay for Sleep ins must be at a level to ensure that the average hourly rate does not drop below the Living Wage	PCC legal services have been advising contract and commissioning staff on this matter for some time. Whilst we are committed to ensure the NLW is paid to staff, what constitutes working hours and non-working hours in regards to sleep-in is still under review. Varied judgements have emerged following a Department for Work & Pensions case in 2017, however, the current situation is that an hourly rate is not required. Any sleep in amounts paid to PCC permanent employees, are paid at the minimum rate of £9.00 per hour.	
Holiday periods must be paid as if at work	Pay arrangements and complying with statutory duties are the responsibility of the provider. Permanent PCC employees receive their normal pay during holiday periods.	
All care workers must be paid occupational sick pay	Permanent employees are paid occupational sick pay. Casuals or temp staff would be paid in accordance with their eligibility for SSP.	
Employers will pay for DBS checks	PCC complete and pay for DBS checks for PCC staff.	Residential Care providers in the city pay for this.

3. Recommendation

The Cabinet Member for Health, Wellbeing & Social Care agrees to adopt the principles of the Ethical Care and Residential Care Charters within PCC Adult Social Care and requests officers engage with care providers in Portsmouth, to share the Charters and explore how providers can align with those principles across the Portsmouth care market.

4. Equality impact assessment

A preliminary EIA has been completed and a full EIA is not required as the decision will have no negative impact on the protected characteristics.

8. Legal implications

8.1 Whilst the specific adoption of the Charters is not a mandatory requirement for the Council, these represent UNISON's recommendations for best practice in the field of social care in the interests of social care clients and care workers.

9. Finance comments

9.1. The table on the previous pages sets out the progress made by Adult Social Care (ASC) in implementing the principles of the Unison Ethical Care and Residential Care Charters.

9.2. As highlighted within the table, current practice within ASC is closely aligned with the principles of both charters. The aim of the current domiciliary intervention is to produce a service model that is more person-centred and moves away from the current models of care allocated in blocks of time. Further financial analysis is required following the outcome and recommendations from this intervention.

9.3. The recommendations within the report also seek that officers engage with care providers in Portsmouth, to share the Charters and explore how providers can align with those principles. As independent organisations, the decision to align to the principles of the charters will be for each of the providers to consider; therefore there is no direct financial implication for the City Council.

Signed by:

Appendices: None

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location

The recommendation(s) set out above were approved/ approved as amended/ deferred/ rejected by …… on ……

……
Signed by: