

Item No. 11.	Classification: Open	Date: 16 April 2013	Meeting Name: Cabinet
Report title:		Developing a Quality Strategy and Best Practice Principles for Home care services: Initial review of Unison's Ethical Care Charter	
Ward(s) or groups affected:		All	
Cabinet Member:		Councillor Catherine McDonald, Health and Adult Social Care	

FOREWORD – COUNCILLOR CATHERINE MCDONALD, CABINET MEMBER FOR HEALTH AND SOCIAL CARE

Our home care services provide an essential support to vulnerable people with social care needs in order to help them live independently and safely in their own homes. The quality of these essential services is paramount and as an administration our fairer future promises underline our strong commitment to high quality personalised services. This is one of our most important duties.

The people who actually carry out the work which can include tasks such as personal care, practical domestic duties and emotional support, provide a vital and demanding role that is critical to the service users and their carers. The many hundreds of local people who make up the home care workforce are also important to us and this administration recognises the need to ensure that people are paid fairly for their work. That is why I am proud that we will be introducing the London Living Wage and ensuring our homecare agencies to pass this on to their employees.

We welcome Unison's Ethical Care Charter and the principles set out in the charters which are a useful checklist that supports the council's wider quality improvement agenda. This report sets out that a great deal of progress has been made by this council on many of the charter's principles and confirms the councils aspirations to develop an approach to commissioning high quality home care services that embraces the principles of the charter.

There are three areas of the charter where further work is required - zero hours contracts in all areas of home care, payment for travel time and occupational sickness schemes. As a result of Unison's approach to the council, this report recommends that officers undertake feasibility work on each of these which will report back to me in Autumn this year.

I hope to be able to make firm commitments on each of these in the Autumn, subject to the results of the feasibility work.

RECOMMENDATION

Recommendations for the Cabinet

1. Note the key objectives of the UNISON ethical care charter and steps already being taken by the Council to meet these objectives, including the prior commitment to introduce the London Living Wage for all new contracts.
2. Confirm the council's aspiration to develop an approach to commissioning high quality home care services which fully embraces the principles of the charter and that cabinet notes key milestones including the aim to implement LLW for existing home care contract in July 2013, and note that the current contracts run until summer 2014.
3. Request that the Strategic Director of Children's and Adults Services establish a task and finish group to develop a commissioning approach for Southwark that supports the council's aspiration to implement the principles of the charter – including those relating to the three outstanding areas – zero hours contracts, payment for travel time, occupational sickness schemes - subject to affordability, contractual commitments and with reference to the demands of personalised budgets. Note that the task and finish group will be required to report back on progress, feasibility, plans and affordability analysis to the cabinet member for Health and Adult Care in the Autumn of 2013.
4. Notes the continual intention of the council to establish a reference group of key stakeholders, to have strong and regular input to the task and finish group, including Unison, users and providers to inform the commissioning approach, including a set of best practice principles to inform our commissioning approach to home care services which are, as far as is practical, consistent with the ethical charter.
5. Notes the work currently underway to develop a training partnership with home care providers focused on developing the skills and quality of the home care workforce.

Recommendations for the Leader of the Council

6. That the leader delegates to the Cabinet member for Health and Adult Social Care approval of any contract variation to existing home care contracts to implement LLW, taking account of legal and procurement advice and the incorporation of measures to ensure enhanced quality and performance is linked to payment of LLW.
7. That the leader delegates to the Cabinet member for Health and Adult Social Care, following the recommended co-production in 4, the agreement to best practice principles to be adopted by the council for home care services.

BACKGROUND INFORMATION

9. The Council's Vision for Adult Social Care sets out the aspiration for social care services to be of excellent quality and has already provided a strong platform that has enabled the council to make progress on improving user choice and control over their care. For example following the retendering of home care services in 2011/12 and the transition process to the new home care contracting arrangements over 400 users of home care services chose to remain with their current providers on a personal budget arrangement.
10. Through the Council's focus on personalisation the number of users choosing personal budgets has continued to increase and for older people in particular many have chosen to take personal budgets using a Managed Account Provider arrangement. Through this work and the Council's wider personalisation programme, the principles set out in the Health and Social Care Act in relation to home care that commissioning should be based on need and 'visits' should not be for less than 30minutes are already well embedded in Southwark's operational and commissioning approach.
11. To support improving the terms and conditions of employees delivering council services the Council has made a clear commitment to introducing London Living Wage (LLW) for all future contracts and to explore implementation for existing home care contracts.
12. In Adult Social Care services progress has already been made to improve the terms and conditions of home care workers, for example the introduction of LLW within the council's reablement service alongside enhanced training and support for these workers. Furthermore this report, in line with the Council's budget for 2013/14, recommends the implementation of LLW for the main home care contracts within 2013/14.
13. Recognising the importance of home care services, on a regular basis Cabinet receives reports on the quality and performance of home care service contracts in Southwark.
14. In the above context, the council has already made a very strong commitment to ensure that the profile and importance of high quality home care services is recognised and the role these services play in supporting a range of vulnerable people in the community is considered vital. Thus it should be noted that there are already many aspects of the Charter that the Council is committed to, has already introduced or is in the process of introducing.
15. It was therefore timely that on 20 November 2012 a deputation request from Southwark based home care workers, supported by Unison, was received and welcomed by Cabinet. The deputation requested that council consider adopting UNISON's Ethical Care Charter "the Charter" (full document is in appendix 1).
16. In response to this cabinet requested officers to prepare a report to enable cabinet to consider the feasibility of the council adopting the Charter and paragraphs 44 to 60 of this report set out the council's progress against the charter, highlighting the areas where it is recommended further work is needed to prepare plans and affordability modelling in order to deliver the council's aspiration over time of developing a commissioning approach to home care services that embrace the principles of the charter and incorporate best practice

principles to be co-produced with key stakeholders.

17. The Charter is broken down into 3 stages and the council's analysis of each stage of the charter has been approached systematically taking into account the following:
 - Analysis of how the council currently commissions home care services, its operational practice and the progress already made on many of the key principles within the Charter.
 - Local and national policy in relation to the personalisation of health and social care services and relevant national research and literature on home care services.
 - Analysis of questionnaires sent to local providers and other key stakeholders
 - Analysis of focus group discussions with key providers and stakeholders
 - Feedback from care management teams.
18. The Charter expresses as its aim a desire to set a minimum baseline for the safety, quality and dignity of care and has set out a number of objectives to work towards this.
19. The objectives of the Charter focus primarily on achieving the minimum baseline through the development of care worker terms and conditions. There are approximately 771,000¹ care workers in the United Kingdom and 431 of these responded to the Unison survey that informed the Charter.

KEY ISSUES FOR CONSIDERATION

20. The overarching principles and aims of the Charter are ones that council and wider stakeholders can and do support and they confirm the importance of many of the things the Council has already implemented and is committed to developing further as part of its Fairer Future promises and Vision for Adult Social Care.
21. The Council's Fairer Future promises emphasise the importance of ensuring the most vulnerable are supported to have choice and control of their support and that services should be the high quality that anyone of us would want for our own family member.
22. The Council has already recognised the importance of the terms and conditions of workers delivering council services under contracts and its commitment to introducing London Living Wage underlines this.
23. In relation to home care services, national research and literature on the delivery and management of home care services underlines the importance of attracting and retaining a well skilled workforce. It is also noted that terms and conditions in their broadest sense are a factor in attracting and retaining staff. The literature on home care services, in particular reablement services, also provides some evidence that a stable, well trained workforce is a factor that influences service

¹ The Size and Structure of the Adult Social Care Workforce, Skills for Care, 2011 cited in Where the Heart is...a review of the older peoples home care market in England: IPC, Oxford Brookes University October 2012.

quality, the outcomes achieved by home care services and users experience. In applying this national evidence locally the council is already undertaking work to develop a training partnership with home care providers.

24. While workforce terms and conditions are important there are other elements that are equally important that impact on service quality and the experiences of those receiving care, including:
 - The service users' level of choice over who delivers their care, and their control over that care
 - Having a well thought out support plan that is holistic, has a wider focus than just council-funded care, and which incorporates flexibility and contingency to respond to change (without having to 'ask' for changes to be made)
 - The way services are commissioned avoiding 'task and time' oriented commissioning.
25. While there are many aspects of the charter that are already in place some of the charters requirements, which are supported in principle, have potentially significant financial implications. In the current context of a 28% reduction in central government grant to the council over the past 3 years and the ongoing uncertainty of future revenue funding it is recommended that Cabinet require officers to undertake further planning to consider how the council's aspiration to meet the requirements of the charter could be achieved over time, including matters of affordability.
26. Alongside the above, Cabinet are also asked to note and confirm the council's continuing work and commitment to co-produce, with stakeholders, a set of best practice principles which are, as far as is practical, consistent with the ethical charter, that will govern the future management and commissioning of home care services in Southwark.

Current commissioning arrangements

27. It is important to note at the outset of this report that as personalisation of social care services continues to be rolled out and personal budgets are introduced for all service users, the council anticipates and is planning for a corresponding reduction in the volume of home care it directly commissions through traditional tendering and procurement approaches.
28. While it is theoretically possible that in the future there would be no further need for the council to directly commission home care services, as people take control of their own budgets, it is recognised that in practice there will always be some people who will want the council to manage their personal budget on their behalf. In order to do this the council will still need mechanisms in place that allow it to commission care on users' behalf.
29. Realistically therefore, the council will continue to directly commission a volume of home care service for some time to come. However the Charter cannot be considered in isolation and within the context of personalisation consideration needs also to be made of the impact and outcomes for directly employed home care workers and personal assistants.

30. The Council currently directly contracts home care services for adults through several agencies:
- Enara (generic home care)
 - London Care (generic home care)
 - Brook Street (reablement home care)
 - Allied (extra care and night owl)
 - Carewatch (Intermediate care - South)
 - Medacs (North)
 - Care watch Lewisham (Intermediate care- neuro rehabilitation)
 - Enara (Alcohol specialist services)
31. In addition, the council spot purchases care to meet the needs of individuals where there is not capacity within existing provision or if the individual has specialist requirements.
32. Other commissioning of home care is undertaken by South London and Maudsley mental health services (SLAM), children's commissioning, and health. Services commissioned by the council would all need to have a consistent approach but it is recognised, that as a market leader, changes made by the council are likely to impact on other commissioners and their budgets as well.
33. There is also a significant and growing group of service users who have elected to manage their personal budget themselves or who have asked a third party to manage it on their behalf, so do not draw down on the council's arrangements.
34. Home care services are provided to the most vulnerable people in our community and this is an essential service that enables them to remain safe in their homes.
35. Home care support workers are usually local residents of Southwark and the workforce is predominantly women with a high proportion from BME groups.
36. The industry norm is for the work force to be made up primarily of part time workers, who often chose part time work to fit in with other family or work commitments. It is also not unusual for care staff to work for more than one agency.
37. The quality of care provided has a direct impact on people living in the community. Good quality care, provided by care workers in partnership with health and community services, can contribute towards preventing people being hospitalised, avoiding or deferring the need for residential or nursing home care, and providing people with terminal illnesses the option of dying at home. This goes to the heart of dignity and choice for people who require services.
38. The council is fully committed to continual improvement in the quality of home care services and has been working with contracted providers to identify and implement ways of achieving this, including development of a training partnership model, ongoing monitoring and review, and regular meetings both at operational and management levels.
39. Therefore with this joint aim, the objectives of the Charter have been reviewed with a view to establishing the feasibility of adopting the charter

recommendations, and the extent to which they will help to achieve the aim of continually improving quality.

40. Ultimately the quality of a service is measured by looking at whether or not it helps people to live their lives in the way they wish to. People who are in control of their own care and who can make their own choices will select a care provider / care worker who best meets their individual needs and have their care delivered in a way that is best for them. As we all do, people will make choices about their own priorities and this will be reflected in how they prioritise what they need from their support plan. Providers who cannot meet people's expectations will not retain their client base.
41. The next section of the report provides a summary of the progress the council has already made around many of the principles within the charter and highlights areas where more detailed planning and analysis is recommended. As such the summary is grouped as follows:
 - Charter recommendations already in place and part of current arrangements including areas for further development; and
 - Charter recommendations where further planning and analysis is recommended to determine how the council could achieve its aspiration of meeting the requirements of the charter and the financial feasibility of doing so.

Initial Feasibility Review

Charter principles already in place

42. There are a number of the principles set out in the Charter which are already in place or are covered within the council's existing contractual requirements and commissioning approach to home care services. These can be summarised as follows:
43. With the exception of payment for travel time all principles under **stage 1** of the charter are already in place under the current contracts and commissioning arrangements for home care and in summary this includes:
 - Commissioning of care by need not task and time
 - Not commissioning/using 15 minute visits
 - Scheduling of visits to ensure sufficient time between visits
 - Payment of statutory sick pay (this is a contractual and legal requirement).
44. With regard to payment for travel time, while home care workers are not typically paid for travel time, visits are scheduled as far as is possible to ensure travel time between visits is 15 minutes or less. Where travel time exceeds 15 minutes or is more than 3 stops on public transport home care workers are paid a travel allowance as opposed to being paid for actual travel time.
45. The initial feasibility review of the charter highlighted that there are different approaches to how this matter could be addressed and that there was a strong interrelationship with the way that most home care workers are employed – that being through use of permanent contracts that do not specify a set number of

guaranteed hours for remuneration. This is discussed further in the section of the report that highlights the areas where further work is needed to develop a programme of work that looks at options, affordability and timeframe for achieving the council's aspiration to develop an approach to commissioning high quality home care services that embraces the principles of the charters.

46. With reference to the principles under **stage 2** of the charter with the exception of the recommendation relating to contracts of employment all other principles are already in place under the current contract and commissioning arrangements and in summary this includes:
- Users being allocated the same care worker(s) where possible
 - Providers having clear accountable procedures for following up concerns raised by staff about users' wellbeing
 - Home care workers being trained to the necessary standards
 - Home care workers having the opportunity to meet with co-workers and share best practice.
47. There are however, in relation to some of the above areas, enhancements to existing arrangements that the Council could explore through the recommended development and co-production of a set of best practice principles and its continuing commitment to commissioning high quality home care services.
48. Officers have been working with providers to implement a training partnership approach with providers that would enable providers and the council to commit additional resources to enhanced training and development of home care workers that could be focused on the skills needed to deliver more person centred approaches to home care and training and development that improves the recruitment and retention of staff. This could also support investment in local leadership in these services in the way 'My HomeLife' has been working to support improved quality in nursing and care homes in Southwark.
49. In relation to the use of zero hours contracts this is discussed in the section on areas of the charter that require further analysis.

Commitment to London Living Wage

50. With reference to recommendation 6, in the context of the Council's commitment to introduce LLW and provisions made in the Council's budget for 2013/14, it is considered possible to implement this for the current home care contracts. It is recommended that the leader delegates to the Cabinet Member of Health and Adult Social Care, subject to further legal and procurement advice, the approval to vary current contracts to implement LLW.
51. It should also be noted that progress has already been made on implementing LLW for home care services and that with effect from 1 March 2013 LLW will be paid to home care workers delivering the council's reablement service commissioned by the council from an external provider.

Charter principles requiring further analysis and planning to develop implementation options

52. There are three of the charter's principles that the initial feasibility review highlighted require further work.. It should be noted that they are principles that the Council recognise as important and in order to meet its aspiration to develop an approach to commissioning high quality home care services that embrace the principles of the charter it is recommended further analysis is done to establish how, subject to affordability, these could be planned into the council's commissioning and operational approach to home care services. In summary these are payment for travel time, not using zero hours contracts and requiring providers to provide occupational sickness schemes.

Zero hours contracts

53. One of the stage 2 principles relates to the contracts of employment typically adopted by the majority of home care providers; both voluntary, not for profit and for profit providers. This initial feasibility review of the charter has assumed the charter's meaning to be that permanent contracts that specify a guaranteed level of hours for remuneration, irrespective of hours worked, are used instead of permanent contracts that are based on zero hours where home care workers are paid for the hours they work only.
54. This approach to the employment of home care workers is the approach adopted by the majority of providers locally and nationally. It is however, recognised that zero hours permanent contracts can lead to uncertainty for employees as actual pay can fluctuate based on the level of hours worked and in part the amount of work available / commissioned. It should also be noted that this recommendation does have an interrelationship with the third principle in Stage 1 of the charter which relates to payment for travel time.
55. Some of the reasons for the use of zero hours contracts relate to how home care services are commissioned. This includes the variable volumes required as demand fluctuates, the limited guarantee around contract hours incorporated into providers' contracts with commissioning authorities, the duration of most home care contracts and how the provider market has responded to long term pressure on social care budgets and the funding levels available for home care services. These factors combined have led to the vast majority of providers adopting a zero hours approach to enable them to mitigate their financial risks.
56. One aspect of financial risk that providers set out are around their costs exceeding their income where lower than expected levels of work is commissioned by councils but the providers have ongoing costs associated with staff employed on set hours of work. There is a financial risk around mitigating redundancy costs. Where there is a lower than expected level of work and the providers have no other work to redeploy these staff to, the providers would face redundancy costs for them. A similar risk applies at contract end and where a provider is not successful in securing a continued contract and TUPE does not apply to transfer such staff to the new provider. Even where there was a TUPE transfer it would be typical to expect the providers bidding for new contracts to factor this into their pricing as when they take on TUPE transfer staff the potential liability around redundancy would pass to them.
57. These are a complex set of issues that would need further and more detailed

consideration in order to find a solution(s) to be able to work towards this aspect of the charter. As such this report highlights this as an area where further work is needed to identify the options and affordability of the potential solutions to reduce and if possible eliminate the use of zero hours based contracts or introduce different commissioning approaches that guarantee some minimum hours.

Payment for Travel Time

58. In relation to the third principle under Stage 1 which relates to workers being paid for travel time, the use of contracts that specify a set level of working hours could address this point as the issue of not being paid travel time arises from zero hours contracts involving payment for hours worked (user contact time) only. In the alternative the council could require providers to ensure home care workers are paid for travel time – for example from the start of their visits to the end of the last visit in a day. How best to approach payment for travel time is an area where further work is needed to develop the options and affordability of potential solutions which would need to take account of the interrelationship with the use of zero hours contracts.

Occupational sickness schemes

59. Requiring providers to adopt occupational sickness schemes would almost certainly lead to additional cost to the council. Based on the stakeholder engagement conducted to date, all providers whether voluntary or for profit indicated they would seek to pass this cost onto the council. These costs are difficult to estimate as it would very much depend on the nature and level of cover the council considered appropriate to require providers to put in place.
60. It should be noted that through the focus groups and stakeholder consultation, the key factor affecting providers' ability to ensure continuity of care i.e users having the same care worker, was staff sickness. In this context many of the providers who operate in Southwark (and other boroughs as well) have incentive schemes to remunerate / reward home care workers for good attendance as opposed to providing enhanced occupational sickness cover. Some providers did however explain that they have 'discretionary' enhancements to statutory cover that can be applied for in certain circumstances.

Conclusion

61. Southwark is committed to improving the quality of life for local people who need home care support. Our commitment to personalisation provides a platform to do this, ensuring that users are central to improving the quality of home care services and that other stakeholders can contribute to develop best practice principles that go beyond the recommendations of the charter.
62. The majority of the charter's requirements are already in place and part of current commissioning and operational practice and the initial feasibility review of the charters principles is summarised in paragraphs 44 to 60. The Council's Fairer Future promises, Vision for Adult Social Care and significant commitment to introduce London Living Wage all support the overarching stated aim of the charter.
63. There are, however, some of the charters requirements that while the council's

aspiration is to meet them it is recommended that officers establish a task and finish group to develop and deliver a programme of work including affordability analysis to support meeting the council's aspiration.

64. Further engagement is needed and recommended with users, providers and the wider home care market to ensure that all opportunities to improve the quality and consistency of care are identified. Through the development of best practice principles for home care services we aim to achieve measurable improvements in the quality of care and users' experience of home care services, and also seek to improve the working terms and conditions of home care workers.
65. It will be important to ensure that any work to improve the quality of home care services is considered in conjunction with wider quality improvement initiatives for other parts of the care sector. For example there are risks that committing to the charter for home care services may result in care workers being drawn away from other parts of the sector (personal assistants, residential homes, non-contracted care providers). The council therefore considers its aspiration to develop an approach to commissioning home care services that embraces the principles of the charter to be part of its overarching commitment to commissioning high quality personalised care services for the most vulnerable members of Southwark's community.
66. It is therefore proposed that Cabinet should agree a programme of work for officers to take forward that will:
 - Work collaboratively with service users, carers and families and a range of other stakeholders, to develop a set of best practice principles to guide current and future practice and inform future commissioning of services and contractual requirements
 - Develop of a set of best practice principles with the stakeholders above devise a quality improvement programme that the council and its partners can jointly sign up to.
 - Work collaboratively with existing providers to better understand the relevant local and sub regional dynamics in the home care market and develop costed action plans for how they can improve the quality of care delivered
67. Alongside engaging with service users it is recommended that a working group of stakeholders be established to develop the best practice principles and the council's ongoing quality improvement programme and Unison and other trade unions be invited to contribute to this working group.

Policy implications

68. The Charter proposes a number of changes presented as ways to improve staff retention, skill and satisfaction which, it is asserted, will in turn improve quality. Whilst there is no data or research to support this, it is clear that a number of the proposals are sensible and would set a benchmark for good practice.
69. It should be noted that it does not appear that users or providers were involved in the development of the Charter, and nor was the council consulted in its development.
70. Any additional costs associated with meeting the council's aspiration to embrace

the principles of the Charter ,would also impact on the personal budgets rates paid across the social care system. This is because the level of direct payments individuals are entitled to is related to what it would cost the Council to arrange for care to be provided.

71. The council is committed to ensuring that the London Living Wage, currently £8.55 per hour is paid to all staff delivering services under new contracts with the council and to explore where this may be possible under existing contractual arrangements.

Community impact statement

72. Demographics of care work staff:
- At present, contracted providers of home care in Southwark employ in excess of 400 people.
 - Of these, approximately 82% are women and approximately 65.5% are from BME groups.
 - Providers have indicated that they do not have any staff who have declared a disability under the Disability Discrimination Act.
 - It is estimated that the majority of homecare workers are also from Southwark as they tend to be drawn from the local community.
73. Demographics of people who receive care:
- Of 4600 people who receive care, approximately 64% are older people, with the remainder being people with learning disabilities, mental health or physical disabilities.
 - Amongst the over 65's approximately 65% of these are women and approximately 37% are from BME groups.
 - Amongst the under 65's approximately 47% of these are women and approximately 56% are from BME groups.
 - All people receiving care meet the Fairer Access to Care Services (FACS) criteria of critical and substantial. This means they are all likely to be classified as having a disability.
74. Any changes that impact on the quality of care delivered will affect all adults social care client groups though it should be noted that older people represent the largest group of service users.
75. The full equalities impact of the council's aspiration to embrace the principles of the charter will be considered continually throughout the development of the council's quality strategy and best practice principles for homecare services. Any recommendations arising from the work of the task and finish group and working group of stakeholders in relation to this will include a full assessment of their equalities impact.

Financial implications

76. This report identifies a number of the charter's principles which require further with analysis including the development of implementation options. At this stage it is not possible to model and estimate the full cost of implementing all principles within the charter.

77. This report recommends the implementation of LLW for the two main home care contracts. This will be subject to a delegated decision to vary the existing contracts, which will be taken through an IDM decision report to the Cabinet Member for Health and Adult Care. Budget provision has been made to allow for this potential additional cost.

Consultation

78. The Council's Vision for Adult Social Care has provided a strong platform that has enabled the council to make progress on improving user choice and control over their care, including providing the opportunity for over 400 users of home care services to remain with their current providers on a personal budget arrangement following the retendering of home care services in 2011/12.
79. With reference to Unisons Ethical Care Charter, a focus group discussion took place with a mixture of voluntary, and for profit homecare provider organisations on 15 January 2013. This included the councils two main contracted providers, providers delivering homecare under MAP arrangements and some spot purchase providers.
80. This focus group provided some useful insights and comments on the charter's principles and confirmed that providers are supportive of the aims of the charter and are willing to work with the council to develop best practice principles that can support the council to meet its aspiration to embrace the charters principles.
81. Further views were sought from other homecare providers working in Southwark via an email survey.
82. Unison sought the views of care workers when developing its charter and 431 of an estimated national workforce of 771,000² in the United Kingdom responded to Unison's survey and their views are expressed in the Charter document.
83. At this stage the council has not sought the views of home care workers in Southwark.
84. Subject to Cabinet agreeing the recommendations in this report an engagement plan will be developed to ensure that the development of best practice principles is consulted on as widely as possible. The engagement plan will ensure that users, home care workers, other interested groups and experts in the field can inform and shape the development of these principles and Unison and all other recognised trade unions will be invited to contribute and participate in the development of the best practice principles.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Director of Legal Services

85. This report requires the cabinet to consider and agree a number of recommendations relating to the Unison ethical care charter, and the council's aspirations for home care services.

² The Size and Structure of the Adult Social Care Workforce, Skills for Care, 2011 cited in Where the Heart is...a review of the older peoples home care market in England: IPC, Oxford Brookes University October 2012.

86. Before approving any proposals Members should have regard to their equalities implications and consultation that has been undertaken.
87. Paragraphs 78-84 set out the consultation which has already taken place, and the report confirms that further consultation and equality analysis is to be undertaken before the cabinet member is asked to approve the best practice principles. These will be outlined in the reports for the cabinet member's delegated decision.
88. Paragraph 6 asks the leader to delegate approval to subsequent contract variations (to include the provision of London living wage (LLW) to existing home care contracts) to the cabinet member for health and adult social care. This is subject to further legal and procurement advice, and measures being included so that enhanced quality and performance is demonstrated by this inclusion. The council agreed in February 2012 that there should be a presumption that LLW applies for new contracts where best value can be demonstrated, and quality improvements can be delivered. In November 2012 the council also became an officially accredited LLW employer. As noted in paragraph 23, there is evidence to support that the attraction and retention of a well skilled workforce influences the quality of service. This will be considered further and full advice given to the cabinet member as part of the delegated approval.

Strategic Director of Finance and Corporate Services (FC13/022)

89. The Strategic Director of Finance and Corporate Services notes the aspiration to commission high quality home care services which fully embrace the principles of the ethical care charter. This remains subject to detailed analysis, which will lead to costs and benefits, contained within future budget reports for cabinet and council assembly.
90. It is noted that renegotiations will be entered in to with existing contractors in the coming months. Provision is already in place in the 2013/14 budget for introducing London Living Wage to contract. Any costs associated with these services will represent a call on that budget and also from earmarked modernisation reserves if necessary.
91. In carry out negotiations on revised contracts the council will wish to understand productivity and service improvements that arise as a consequence of any additional costs.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	UNISON's ethical care charter

AUDIT TRAIL

Cabinet Member	Councillor Catherine McDonald, Cabinet Member for Health and Social Care	
Lead Officer	Romi Bowen, Strategic Director, Children's and Adults Services	
Report Author	Jonathan Lillistone, Head of Commissioning	
Version	Final	
Dated	5 April 2013	
Key Decision?	Yes	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments included
Director of Legal Services	Yes	Yes
Strategic Director of Finance and Corporate Services	Yes	Yes
Cabinet Member	Yes	Yes
Date final report sent to Constitutional/ y Team	5 April 2013	