

Item No. 16.	Classification: Open	Date: 22 July 2014	Meeting Name: Cabinet
Report title:		Integrated Community Support – A New Commissioning Strategy, Underpinned by an Ethical Care Charter	
Ward(s) or groups affected:		All	
Cabinet Member:		Councillor Dora Dixon-Fyle, Adult Care, Arts and Culture	

FOREWORD – CLLR DORA DIXON-FYLE, CABINET MEMBER FOR ADULT CARE, ARTS AND CULTURE

There is no greater responsibility than the care and support that we provide to the most vulnerable people in society. It is a key goal of the council to help ensure that those in need of care are able to stay living in their own homes, leading active lives in their own neighbourhoods. Over time more people have been able to get this support - support which they consistently tell us they want. As a result we have seen fewer people having to go into residential and nursing homes, and more people able to continue to live independently and safely, whilst still accessing the help that they need.

This shift in the “balance of care” is transforming community based support, including homecare. As more people access these services, in turn, home care workers will need to take on a greater role in the care system. Whether helping with personal care – including help to get up, to get washed, dressed and fed in the mornings and the equivalent routine at bed time, housework, shopping, or being there as someone to talk to - the homecare workforce is crucial. By appreciating the important work of home care workers, the council in turn enables them to take up their new roles, supporting better outcomes for the people in receipt of care.

The media has recently highlighted the experiences of care workers on low pay and poor conditions. Obligatory zero hour contracts have come to serve as an illustration for the way that care workers have been taken for granted for the crucial work that they carry out in our country. Southwark Council is at the forefront of this debate nationally. We believe that by treating care workers in an ethical manner, the workforce is enabled to do the very best jobs that they can, providing better care and support for those people who need this help. That is why we are making sure that, in Southwark, care workers are paid for their travel time and that there will be an offer of a guaranteed level of working hours each week as an alternative to zero hour contracts. Today we set out our approach to delivering this key commitment by the end of October 2014.

The greater role of community support, including home care, requires the right approach to meet future challenges – of which treating the local workforce in an ethical manner is a fundamental part. Good quality, coordinated care requires a strong partnership approach. That is why the council has developed a strategy for integrated community support. This strategy will ensure that, in the future, people in need of care and support are able to draw in addition on clinical and health expertise to meet their whole-person health and care needs.

RECOMMENDATIONS

That cabinet:

1. agrees the Southwark ethical care charter as set out in paragraph 20.
2. agrees the commissioning strategy for integrated community support (including homecare), as set out in paragraphs 34-36, which is underpinned by the Southwark ethical care charter.
3. notes the proposed variation and extension of the council's universal homecare contracts to ensure that, by the end of October 2014, (a) care workers are paid for their travel time, (b) care workers are offered a guaranteed level of working hours each week as an alternative to zero hours contracts and (c) that the council continues to meet its statutory responsibilities and that there is continuity of care for existing service users. These changes are being considered alongside this report in an individual decision-making (IDM) report by the Cabinet Member of Adult Care, Arts and Culture.
4. notes that provision will be made through the forthcoming policy and resourcing strategy of up to £5.2 million for the implementation of the charter to be represented by a combination of procurement and commissioning, existing budgets and the potential for the use of any Better Care Fund monies and earmarked reserves.
5. requests the interim strategic director of children's and adults' services to, in consideration of other decisions, now bring forward a gateway 1 procurement report for integrated community support by October 2014.

BACKGROUND INFORMATION

6. In Southwark children, young people and adults who require support to live as independent and fulfilling lives as possible consistently express a desire that the support and care that they require should be based in their own homes and communities. This underlines the crucial role that community based health and social care services like homecare play in providing the right support in the right places so that those with ongoing needs can be supported in the way that they choose.
7. To meet this challenge and enable some of the most vulnerable members of Southwark's communities to live more independently and be able to stay, and receive help in their own homes, the council has been and continues to transform the way services are commissioned and delivered.
8. The provision of good quality, coordinated care and support in people's homes and local neighbourhoods requires a strong partnership approach. The services that people access across health and social care can at times be fragmented and may be difficult to navigate. Recognising these challenges the Southwark Health and Wellbeing Board in March 2014 agreed *Better Care, Better Quality of Life* a shared vision with Southwark CCG for the integration of health and social care services.
9. This commitment from the Southwark Health and Wellbeing Board and the related work of the Southwark and Lambeth Integrated Care (SLIC) programme

provides the partnership context for taking forward key local priorities around the future of the homecare service. The council's refreshed *Fairer Future* priorities in addition include a commitment to implement an ethical care charter.

10. Drawing on expertise from across the local partnership a number of service design principles have been developed that have informed the commissioning strategy set out this report. The commissioning strategy will not only deliver the councils commitment to implement an ethical care charter for home care but will also ensure that home care is commissioned in a way that delivers a more integrated approach to community based support for people with health, care and support needs.
11. With increasing numbers of people who have complex and varied needs that span primary and secondary health care services and social care support in the community, it is vital that the future approach to the commissioning of home care services supports the delivery of a more integrated approach. Critical to the ability of community-based services to take on a larger role is how the commissioning strategy supports the development of the borough's social care workforce.
12. By treating care workers in an ethical manner, care workers themselves are better equipped to take on their important roles. Homecare providers which have implemented aspects of an ethical charter for home care have been able to demonstrate that, where staff are valued and feel appreciated for their work, there is a demonstrable improvement in the outcomes and experience of the people who are in receipt of this important service.
13. The ambitious and transformative approach set out in the strategy will not only deliver a step change in how the home care workforce is valued and developed, but it will also allow the council to lead and influence the way in which the provider market for homecare develops both locally and across London. While not without risk, the council should be able to secure benefit for our residents through showing market leadership in the early adoption of an ethical approach.
14. Initial market engagement in addition indicates that forward thinking, quality providers of homecare services are increasingly focused on working in partnership with leading councils to deliver an ethical approach. Providers recognise the potential impact that this can have on improving the quality of care and, by testing out different and more integrated user focused models, how this can also help develop and retain a well skilled and valued workforce.
15. There is the potential for this to deliver a market edge for providers who are willing to work with the council in this way. Negotiations going forward will necessarily include how benefits and risks will be shared differently across providers and commissioners as we move away from the existing, cost-driven business models to focus on sustainable high-quality care provided by a well-trained and fairly paid workforce.
16. As set out later in this report, following the council's commitment in November 2013, good progress has been made towards fully implementing an ethical charter for home care services. The commissioning strategy set out in this report, if agreed, will be followed by a procurement approach that will ensure that all principles in the charter are fully delivered through the establishment of new contracting arrangements by July 2015.

KEY ISSUES FOR CONSIDERATION

Ethical Care Charter

An ethical approach to care

17. Since the development of the Unison Ethical Care Charter in 2012 and the councils commitment to implement the principles of this charter in 2013, Southwark has contributed to further work that was undertaken nationally on working conditions in the care sector, in particular home care services.
18. The result of this work was the Kingsmill report, which was published in May 2014. The Kingsmill report stated that, nationally, “care workers are undervalued, under-paid and under-trained.” The keynote report set out that this has led to issues in the retention of skilled care workers (with a 30% turnover of domiciliary care workers in the United Kingdom each year), and with a situation in which younger people often do not consider care work a viable career path. The Kingsmill report recognised that many of these challenges require a national solution, although set out that there are also areas where a local approach can make a valuable impact. In considering this, the Kingsmill report included a recommendation for local authorities to implement the Kingsmill care charter – and set out the criteria of this charter.
19. The council, through the refreshed *Fairer Future* priorities, has reiterated its commitment to deliver an ethical charter for home care services and be at the forefront of tackling poor working conditions in care in order to improve the quality of care people receive. Drawing on the Unison charter, the report by Baroness Kingsmill and national best practice, the proposed ethical care charter for Southwark has been developed.

Southwark ethical care charter

20. The proposed areas to be included in the Southwark charter are set out below.

Criteria	Kingsmill Report - care charter	Unison - ethical care charter	Southwark - ethical care charter
(1) Time allocated will match needs of clients (not limited to 15mins)	✓	✓	✓
(2) No minute-by-minute task-based commissioning or provision	✓	✓	✓
(3) Domiciliary workers will be paid for their travel time	✓	✓	✓
(4) Local authorities and service providers will be transparent in their price setting	✓		✓
(5) Zero hour contracts will not be used in place of permanent contracts	✓	✓	✓
(6) Local authorities will monitor service providers, including working conditions of staff	✓	✓	✓
(7) Clients will be allocated the same homecare worker wherever possible	✓	✓	✓
(8) Visits will be scheduled so that workers are not forced to leave to get to another client		✓	✓

Criteria	Kingsmill Report - care charter	Unison - ethical care charter	Southwark - ethical care charter
(9) Those homecare workers eligible must be paid statutory sick pay		✓	✓
(10) Homecare workers will be covered by the occupational sick pay scheme		✓	✓
(11) Providers will have a clear procedure for following up concerns about clients		✓	✓
(12) Homecare workers will be trained (at no cost to themselves)		✓	✓
(13) Homecare workers will be given time to meet co-workers to share best practice		✓	✓
(14) Homecare workers will be paid at least the [London] Living Wage		✓	✓

21. By including in Southwark's ethical charter the commitment that both providers and the council as the commissioner will be transparent in setting prices, the council will ensure that it delivers on its broader duties under the Care Act to manage the social care market for both council funded users of social care and self funders.
22. The adoption of the Southwark ethical care charter will place Southwark at the forefront of tackling poor conditions of care, corresponding to the criteria of both the Kingsmill and Unison charters for homecare workers. The charter would underpin the future commissioning approach for care in Southwark, helping to improve better outcomes for those people who have a care and support need.

Progress on the implementation of an ethical care charter

23. In April 2013, an initial feasibility review of the Unison Ethical Care Charter concluded that many aspects of the charter were already in place but that further analysis was require on other areas of the charter.
24. After the initial feasibility study, the next stage of this work was taken forward by a 'task and finish' group of key partners and stakeholders. The group reported back to cabinet in November 2013.
25. In consideration of this work, the cabinet agreed a vision and set of values for the future of the homecare service (as set out in Appendix 1). Cabinet also agreed to sign up to the ethical care charter and to work towards its implementation. In order to deliver this, cabinet agreed that a new commissioning strategy should be developed for the homecare service.
26. Since November 2013, the council has undertaken a number of key pieces of work which were required, as prerequisites, for the delivery of a future commissioning strategy. A summary of this work is set out below.
27. The council:
 - established a common workforce development approach for homecare workers – with council provided inductions and training at no cost to individual care workers

- undertook a financial and commissioning scoping exercise – in order to consider issues of affordability and equity across the system
- engaged with key stakeholders and partners, including providers, to develop a future commissioning strategy
- engaged intensively with the councils two main contract providers to ensure that through a variation and extension of existing contracts further progress was made around key aspects of the charter as follows:
 - payment for travel time will be implemented from August 2014; and
 - home care workers will be offered the choice of being employed on guaranteed hours, as opposed to zero hours contracts, by October 2014.

28. With this work now completed, the cabinet is now being asked to agree a commissioning strategy on the future service design, itself underpinned by the Southwark ethical care charter.

Future Model for the Commissioning of Homecare Services

29. Effective community based support is critical in continuing to deliver a shift from people being placed in residential settings, such as nursing and care homes, to a situation in which more people are able to access the support that they need in their own homes and neighbourhoods.

30. The Southwark homecare service is one part of a wider range of services which, as a whole, aim to provide holistic community support and care to adults and children in the borough. These services include short-term help to get people back onto their feet after being in hospital or care (reablement), support for those with ongoing health issues (continuing care), homecare support for young people, as well as district nursing, GP services and services which give people rapid support so that, where possible, those who do not need to be admitted to hospital are instead given the support they need within their own homes and neighbourhoods. These services are commissioned on the whole by the local authority and by the NHS.

31. The core list of community based services is set out below:

- homecare services
- complex homecare service
- hospital avoidance services e.g. enhanced rapid response care, night owl (overnight homecare and support)
- intermediate care
- reablement
- continuing healthcare
- specific community services which support pressures on the health service during the winter months
- care for those at the end of their lives
- support for people who have had a stroke
- wider community support / befriending services
- carers' services.

32. At the heart of the proposed approach and commissioning strategy for home care services is to seek out opportunities to ensure that care and support services are connected around the person rather than the person having to make the connections themselves. Within this approach there will be scope to ensure that:
- Home care services connect and collaborate with community health services, for example through ensuring that home care workers can play a role in follow-up support around falls prevention, exercise and the monitoring of early warning signs.
 - Wider voluntary and community based support that combats social isolation and promotes community engagement are a part of delivering high quality home care services that are well co-ordinated as part of an integrated community approach.
 - Future home care services adopt an outcome and reablement focused approach to support wider system outcomes such as the reduction of hospital admissions, and an ongoing reduction in unnecessary nursing and care home placements.
 - Home care services support and co-ordinate effectively with a neighborhood based approach to primary and community health care.
 - Home care services through being part of multidisciplinary working can support the overall wellbeing and outcomes for geographic populations through improved use of preventative primary care and community health intervention.
33. Local community support services (as set out in pgh 31) are being driven by an increasing identified need for coordinated health and care support. In light of this, the current label of homecare is insufficient. The future service design that has been developed is therefore better considered as one of integrated community support. It is with this title that a proposed strategy for this service (including homecare) has been developed.

INTEGRATED COMMUNITY SUPPORT – COMMISSIONING STRATEGY

Commissioning strategy – objective

34. The objective of the commissioning strategy for integrated community support is set out below:

Southwark Council will commission integrated community support from July 2015. The service will provide high quality care and support for those with a care need, and will be underpinned by the Southwark ethical care charter. The service will be able to draw on clinical and health expertise to meet the whole-person health and care needs of those who are in receipt of this service.

Commissioning strategy – strategic commissioning principles

35. **Southwark integrated community support (ICS)** will be commissioned on the basis of the following strategic commissioning principles which Cabinet are asked to agree. The commissioning strategy principles are set out within the

partnership framework of the Southwark Health and Wellbeing Board's *Better Care, Better Quality of Life* vision for the integration of health and social care services.

More care in people's homes and in their local neighbourhoods

- The ICS will be commissioned on a ***neighborhood basis***, enabling care and other support workers to be better linked into the communities in which they work.

Person-centred care, organised in collaboration with the individual and their carers

- The ICS will place ***those who are in receipt of care at the heart of the commissioning and procurement process*** – helping to shape and design the service that they will receive, and to assess its effectiveness in meeting individual needs

Better experience of care for people and their carers

- The ICS will have ***safety as its core***, ensuring at all times that a high quality service is commissioned that provides continuity of care and helps people to stay safe from harm.
- The ICS will be underpinned by the ***Southwark ethical care charter***.
- The ICS will have a service ***offer to all-ages***, providing consistent tailored support to those who need this service - supporting people at all stages of their lives.

Population based care that is pro-active and preventative, rather than reactive

- The ICS will be a core part of, and link with, ***wider community based support***, that combats social isolation and promotes community engagement

Better value care and support at home, with less reliance on care homes and hospital based care

- The ICS will support and ***further enable the shift in the balance of care*** in Southwark from residential settings to community based support and independent living.

Less duplication and 'hand-offs' and a more efficient system overall

- The ICS will ensure there are ***links across to other services*** and expertise, including primary care, reablement and intermediate care. In doing this the service will avoid a situation where those in receipt of care can have multiple visits from different organisations from across the health and social care system.
- The ICS will connect and collaborate with ***community health services***, linking with the local health neighbourhood model.

Improvements to key outcomes for people's health and wellbeing

- The ICS be focused and monitored on the ***basis of real outcomes*** of those who receive care, with wellbeing as well as health and care outcomes at its core. This will help ensure that people leading fulfilled lives, connected to their own communities, and not prohibited from leading independent lives, is a key part of the service.
- The ICS will be commissioned on a ***long-term basis, creating a strategic relationship*** with the future service providers. It will provide greater certainty to those who receive care - whilst, at all times, ensuring providers are held to account, and share the risk, of any contracting issues.

The ICS will also embed the following cross-cutting issues, that is support of **stronger, more resilient communities** and **Southwark as a great place to live and work** at the heart of the service.

Commissioning strategy – timescales

36. The Southwark integrated community based support service will be commissioned in accordance with the following procurement timetable.

Date	Milestone
October 2014	Gateway 1 – procurement strategy for integrated community based support
May 2015	Gateway 2 – decision on contract award for integrated community based support
July 2015	Expected contract let

Community impact statement

37. The demographics of people who receive social care delivered by the council in Southwark can be summarised as follows:
- Of 4,600 people who receive care, approximately 64% are older people, with the remainder being people with learning disabilities, mental health problems or physical disabilities.
 - Amongst the over 65s, approximately 65% of these are women, which is linked to longer life expectancy for women and that needs for home care increase with much older people.
 - Approximately 37% of service users over 65 are from BME groups. This being disproportionately higher than the proportion of people over 65 years of age from BME communities in the borough.
 - Amongst the under 65s, approximately 47% of these are women and approximately 56% are from BME groups.
38. In relation to the council's principal home care contracts, the two main providers between them support nearly 1100 people providing over 540,000 visits and 502,000 hours of care on an annual basis. The majority of the activity delivered

by these contracts relate to the provision of personal care. Therefore disproportionately their recipients are older people and people with physical and sensory disabilities. Specialist children home care is delivered by separate contracts.

39. All those in receipt of homecare and local authority community based services meet the Fairer Access to Care Services (FACS) criteria of critical or substantial. This means that these people are likely to be classified as having a disability.
40. Any changes that impact on the care services delivered will have an impact on all adult social care client groups, though it should be noted that older people represent the largest group of service users.
41. The commissioning of Southwark integrated community support will include an equality analysis.
42. The full equalities impact of the delivery of the Southwark ethical care charter has been considered continually throughout the development of the commissioning strategy. This issue will also be considered as part of the equality impact assessment for Southwark integrated community support.

Resource implications

43. Detailed financial modeling was commenced by the 'task and finish' group to inform the recommendations made in the report to Cabinet in November 2014. Further work is underway to determine the likely costs and benefits, and it is prudent at this time to allow for £5.2m in the forthcoming policy and resourcing strategy. This modeling has been based on home care activity levels as at June 2013.
44. The financial modelling will not only look at direct outgoings but also the wider benefits and savings that can be delivered by the strategy. There are a number of funding sources available which will be explored, including existing budgets, Better Care Fund monies and earmarked reserves.
45. Adult Social Care outturn figures for 2013/14 have illustrated that, as the council continues to shift the balance of care for older people in particular (the majority recipients of home care services), the numbers supported by home care have increased by 128 while at the same time there were 60 less people in nursing and residential care in 2013/14 than in the previous year. This increase in home care activity will lead to an increase in the estimated cost of implementing the Southwark ethical charter and recent financial modeling indicates this would be up to £5.2 million as opposed to the £4.1 million estimate provided to cabinet in November 2013.
46. With reference to the gateway 3 extension and variation IDM report, this will require the core existing homecare providers (MiHomecare Ltd and London Care Ltd) to pay home care workers for their travel time and offer home care workers a level of guaranteed hours as an alternative to zero hours contracts. The £5.2 million figure noted above includes the £1.67 million additional cost of implementing contract variation and extension with these existing providers.
47. It is expected that a competitive commissioning based approach will also help manage the level of additional investment required. The council will continue to

develop its approach to integration and aims to further shift the balance of care in partnership with the CCG and wider health system. The interim strategic director for children's and adults' services will work with the strategic director of finance and corporate services through the budget setting process for 2015/16 and beyond to ensure the sustainability of the new approach to commissioning home care services.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Director of Legal Services

48. This report requires the cabinet to note and agree a number of recommendations relating to integrated community support as further detailed in paragraphs 6-16. There are no specific legal implications arising from these recommendations, however in agreeing them the cabinet should have regard to the council's obligations to carry out its duties in accordance with the principles of best value. The cabinet is advised that the council may include workforce conditions as part of its contract/procurement requirements, but should only do so when the inclusion of these requirements will achieve best value. This report details the implications and benefits in agreeing the ethical care charter and commissioning strategy for integrated community support which the cabinet should consider.
49. The council is required under the Public Services (Social Value) Act 2012 to consider how what it is proposed to be procured may improve the economic, social and environmental well-being of an area, and consider the additional benefits to the community from the procurement process over and above the direct purchasing of services. These benefits can include investing in employees for improved outcomes to meet the needs of the community and promoting compliance with social and labour law. Further advice will be given by officers in legal services on the gateway 1 report for integrated community support which is due to be presented for approval in October.
50. The cabinet will be aware of the public sector equality duty's general duty (PSED General Duty) as set out in section 149 of the Equality Act 2010, and in making decisions the duty to have regard to the need to:
 - a) eliminate discrimination, harassment, victimisation or other prohibited conduct;
 - b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not;
 - c) foster good relations between persons who share a relevant protected characteristic and persons who do not.
51. The relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. The PSED General Duty also applies to marriage and civil partnership, but only in relation to the need to eliminate discrimination, harassment, victimisation or other prohibited conduct. This report sets out the considerations which have been given to the PSED General Duty, in particular at paragraphs 37-42 of the report which the cabinet should consider when making this decision.

Strategic Director of Finance and Corporate Services (FC14/016)

52. This report seeks cabinet approval to the Southwark ethical care charter and commissioning strategy for integrated community support. It also notes the affordability and sustainability of the strategy. The resource implications are contained within the body of this report.
53. The strategic director of finance and corporate services notes that further work will be done to quantify the full cost of implementing the charter, including identifying potential funding sources. This will be subject to separate reports and decisions through appropriate channels.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Gateway 2 – Contract Award Approval – Homecare Services in Southwark presented to Cabinet on 25 January 2011	160 Tooley Street, London, SE1 2QH	Jonathan Lillistone on 020 7525 2940
Link: http://moderngov.southwark.gov.uk/ieListDocuments.aspx?CId=302&MId=3337&Ver=4		
Developing a Quality Strategy and Best Practice Principles for Homecare Services: Initial review of UNISON's ethical care charter presented to Cabinet on 16 April 2013	160 Tooley Street, London, SE1 2QH	Jonathan Lillistone on 020 7525 2940
Link: http://moderngov.southwark.gov.uk/ieListDocuments.aspx?CId=302&MId=4253&Ver=4		
Ethical Care Charter Task and Finish Group. Progress and Feasibility Report on the Work of the Task and Finish Group presented to Cabinet on 19 November 2013	160 Tooley Street, London, SE1 2QH	Jonathan Lillistone on 020 7525 2940
Link: http://moderngov.southwark.gov.uk/ieListDocuments.aspx?CId=302&MId=4552&Ver=4		
Gateway 3 contract approval – contract extension and variation for home care services (to be published shortly)	160 Tooley Street, London, SE1 2QH	Jonathan Lillistone on 020 7525 2940
Link: http://moderngov.southwark.gov.uk/mgDelegatedDecisions.aspx?DS=0&bcr=1		

APPENDICES

No.	Title
Appendix 1	Our shared vision for <i>my life at home</i> in Southwark
Appendix 2	A set of values for home care

AUDIT TRAIL

Cabinet Member	Councillor Dora Dixon-Fyle, Adult Care, Arts and Culture	
Lead Officer	Jim Crook, Interim Strategic Director for Children's and Adults' Services	
Report Author	Jonathan Lillistone, Head of Commissioning, Children, Families and Adults	
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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
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