

Item No. 16.	Classification: Open	Date: 29 October 2019	Meeting Name: Cabinet
Report title:		Annual Home Care Report, 2018-2019	
Ward(s) or groups affected:		All Wards	
Cabinet Member:		Councillor Jasmine Ali, Children, Schools and Adult Care	

FOREWORD - COUNCILLOR JASMINE ALI, CABINET MEMBER FOR CHILDREN, SCHOOLS AND ADULT CARE

This annual report for Care at Home 2018-19 summarises the main events of a big year for Adult Social Care.

We retendered our home care contracts. We rolled out the ethical care charter to our care staff. We seized the opportunity to get greatly enhanced levels of feedback, both from staff and from the people that use our services and their families.

In April 2018 the council began its implementation of a phased mobilisation approach, designed to facilitate smooth transition of care packages to a new set of providers over the period covered by this report.

It is important to note the context to the council's mobilisation in its Care at Home service. Risks in adult social care are many, including a national care crisis, inadequate funding and high profile provider failures including Allied Healthcare.

Furthermore we have seen persistent abuse and cases of poor care up and down the country together with a failure of regulation. A fragile care system racked by the uncertainty of Brexit as captured in the Yellowhammer Report and detailed in the Council's own Brexit risk log.

The department has been determined to get the transition of home care right for staff and, crucially, service users. A care and home mobilisation team was established to oversee this process. The council established a dedicated telephone line for staff, service users and their families.

The council received 1,000 queries and complaints. The challenges have been significant and make aspects of the report uncomfortable reading. For example, we read of the mobilisation of contracts taking longer than planned, several providers experiencing delivery issues and unforeseen circumstances resulting in a reduction of overall capacity to take on packages as planned. We saw employment issues where staff didn't want to transfer under TUPE to new providers.

These cases have been worked through and lessons have been learned by the department. The commissioning, monitoring and social care teams responded positively to complaints by going out and checking issues as they were raised. On page 8 of this report is a range of cases studies illustrating issues and outcomes.

More positively the Mobilisation process has now been translated into a business as usual action plan with the clear aim of whole system improvement. The implementation of the plan will be monitored by the Care at Home Strategic Monitoring Board, jointly chaired by the directors of commissioning and adult social care. The board will continue to meet throughout the lifetime of the contract and be accountable to ensure the benefits of the commissioning strategy will be realised for the council, the staff and crucially the people using the care at Home Service.

As cabinet member for adult care I have spoken to some of the people that use our services. While many of the people I spoke to do not like change they felt that they were happy with their current care.

The overwhelming benefits of the transition of the home care services can be seen in the report. They include:

- The new providers have embraced our ethical care charter
- The implementation of electronic call monitoring where complaints can be seen, dealt with and logged in real time
- A recent staff survey and focus group showed that Southwark had good engagement with staff and the trade unions and wanted to understand all issues
- There is an increased commitment from providers to increase capacity and build resilience with staff going forward
- The overall increase in Southwark Homecare is positive with percentage satisfaction rating going from mid 90s to mid 50s back to 90%.

We trust this report will be helpful to anyone concerned with the planning and delivery of Care at Home provision.

RECOMMENDATIONS

1. That cabinet notes the mobilisation of contracts to providers who are compliant with the Southwark Ethical Care Charter (SECC) at a time of market fragility leading to provider failures and uncertainty about the impact of the EU Exit.
2. That cabinet notes that providers and the council continue to work closely together, to support continuous improvement and the whole system shift to a more inclusive partnership across the whole system and stakeholders.
3. That cabinet notes the launch of the SECC (Appendix 1) Care Worker survey in November 2019 will establish the impact of the implementation of SECC principles on the work satisfaction of individual care workers.
4. That Cabinet notes the proposal to procure supplementary providers as part of applying the lessons learnt from the monitoring of contracts.

BACKGROUND INFORMATION

5. This report sets out the performance of the first year (April 2018 to March 2019) of the Care at Home contract in Southwark. The report will explain how the number of people in the homecare workforce benefitting from the Ethical Care Charter increased; and how officers worked with incoming providers to support vulnerable people in the community whilst managing challenges such as staff not transferring under TUPE, the overall fragility of the homecare market (as evidenced by two national provider failures) and the uncertainties related to Brexit.

6. In June 2014, the council adopted the SECC with the aim of driving up local standards to improve the working conditions for care workers thereby providing more stability in recognising workforce as a factor influencing the quality of care.
7. This commitment shaped the procurement of the new Care at Home providers and all Care at Home providers are required to be compliant with Southwark's Ethical Care Charter.
8. On 31 October 2017, cabinet approved the award of the home care (Care at Home) contracts for a period of five years for general home care with provision to extend for a further two years should the council choose.
9. The council awarded nine contracts to five Care at Home providers to deliver services in Southwark for adults, meeting the criteria for domestic and/or personal care services to enable service users to continue to live independently within their own homes for longer, thus reducing the need for care home placements.
10. This report aims to capture and describe the journey of the first year of the Care at Home contracts and includes performance related to general homecare and excludes reablement, Flexi-care and Night Owls' services.
11. The data contained in this report is a reflection of performance during the first year, taking into consideration the fact that new providers commenced provision of care at different times and with different challenges related to capacity throughout the year.
12. The data provided will also form a baseline for ongoing contract monitoring and management through close working between the providers, social work teams and the commissioning team. Given the inclusion of contract management information, these elements have been anonymised in terms of provider names.

KEY ISSUES FOR CONSIDERATION

Summary of contract mobilisation

13. In April 2018, the council commenced implementing a phased mobilisation approach to enable a smooth transition of the existing packages of care from the incumbent providers to the new providers over the period of one year.
14. The Care at Home Mobilisation Board was established to oversee and steer the mobilisation process.
15. A small project team was put in place to coordinate the mobilisation process and to act as the key contact point for all stake holders.
16. Telephone calls were made to all service users before, and after, their transfer to a new provider to establish that they received their care and to identify and address any issues.
17. A homecare quality survey was developed and sent to all service users, one week after their change of care provider. This provided additional information in relation to the changes of provider. Feedback from the surveys was shared with providers

to review and implement changes to practice, as needed.

18. A dedicated information telephone line, the Mobilisation Information Line, was established and communicated to all service users to provide support and information during the period of significant change for most service users and families. A total of 1075 calls were responded to during the mobilisation period.
19. Regular (initially fortnightly) meetings with providers were put in place and continued throughout the mobilisation process. These allowed for close monitoring of all mobilisation issues, specifically provider recruitment/capacity and any other operational issues.
20. Regular (initially fortnightly) internal working group meetings, involving operational teams were put in place to ensure clear communication lines and to identify and resolve any areas or specific service user concerns.
21. Monthly updates on the service mobilization, following the award of the care at home contracts, were provided to the cabinet member for children, schools and adult care.
22. The providers were actively recruiting new staff throughout the mobilisation period in order to ensure sufficient capacity to take on the planned and allocated packages of care. The impetus to recruit was increased by new providers seeing limited benefits from TUPE, which meant a dependency on recruiting, onboarding and training new staff. Delays in recruitment due to DBS checks, implementation of training and all 5 providers recruiting locally at the same time, meant a delay in getting the increase in staffing numbers, and therefore capacity to meet existing and new needs, such as an increase in double-handed care.
23. TUPE means that staff are entitled to transfer their employment to a newly appointed provider. Outgoing providers declared that many of their staff were entitled to TUPE, however, many of their staff chose to not take up this entitlement. The effect that was that many service users who had expected their care workers to move from the outgoing to incoming providers did not see this happen.
24. This ultimately resulted in a lack of continuity of care and capacity issues for all providers at different times and therefore the mobilisation process was paused more than once to allow time for providers to increase capacity.
25. By September 2018, officers identified a number of areas of concern regarding the quality of care and the capacity in terms of staffing of Care at Home providers to deliver the allocated care packages. A series of announced and unannounced visits were conducted which identified the following:
 - A lack of service infrastructure and management oversight
 - Insufficient care staff at all levels of seniority and branch administrative staff
 - Poorly managed rostering of care staff
 - Inability to provide consistency of care
 - Poor communication with service users, family/carers, the council.
26. Poor performance manifested itself in a significant increase in the number of Quality Alerts and safeguarding concerns raised by operational teams and an increase in complaints made to the council from family/carers. The main areas of concern being:

- Missed calls
- Missed double handed calls
- Shortened calls
- Workers not trained to support the person
- Inaccurate care records
- Communication by care staff to service users
- Communication by branch staff to service users and social care teams.

27. In response to the quality and performance concerns commissioning officers took the following action:

- Commenced the enhanced contract management process for all Care at Home Providers; and
- Secured additional supplementary Care at Home provision to stabilise the service and ensure continuity of care

28. Additionally, on 17 October 2018, a provider was subject to an inspection by the Care Quality Commission (CQC), the outcome of which was that their rating was revised to 'Inadequate'. Once notified of the indicative CQC rating referrals to this provider were suspended.

29. Another provider approached the commissioners in November 2018, indicating that they were concerned with their capacity and capability to deliver their current volume of care hours and proposed to enter into a voluntary suspension with regard to new care packages.

30. On 10 December 2018, the provider in paragraph 29 was subject to a CQC inspection, the outcome of which was that their rating was revised to 'Requires Improvement' but in the area of delivering services that are safe, this provider had a revised rating of 'Inadequate'.

31. In November 2018, approval was obtained to let contracts for additional supplementary care at home provision as mitigation for the restrictions placed on the first provider, the voluntary suspension by second provider and the difficulties amongst the remaining contracted providers to establish their business as usual obligations such as an inability to accept new care packages.

32. Given the principles of the original tender exercise, it was agreed that care at home provision could increase to include up to an additional five care at home providers. Three additional supplementary care at home contract arrangements have been put in place to ensure that the Council can meet demand for adult social care through the winter and beyond.

33. The supplementary providers are all rated Good by CQC and they are:

- Profad
- Thames Care
- Westminster Care

Whereas the current CQC ratings of the core Care at Home providers are:

- Carewatch Good
- London Care Requires Improvement

- Medacs Requires Improvement
- Sage Care Not yet rated
- Supreme Care Good

34. Supplementary providers, like the five Care at Home providers, are delivering services in accordance with the SECC.
35. A number of care packages remain with some providers on a spot arrangement and these packages of care will be transferred on an individual basis as part of business as usual activities by the end of the financial year.
36. The issues emerging during the autumn of 2018, were with a backdrop of a fragile homecare market, where two national providers experienced failure, and the uncertainty of an EU Exit date. Risk of provider failure and/or a No Deal EU Exit persist as risks to the market.

Contract Activity and Provider Performance

37. Below is a summary of the overall activity per provider for the 2018-19, indicating the total number of active packages of care and the total number of complaints received associated with the activity, as on 31/3/19.

Table 1 - Summary of provider activity and performance 2018-19

	No. Packages	Weekly Hours	No. Complaints	% of total no. of packages
Provider E	61	771	0	0%
Provider B	362	4468	14	4%
Provider A	139	1742	9	6%
Provider C	300	3627	27	9%
Provider D	429	5465	21	5%

38. On 31 March 2019 there were 1291 packages of homecare being provided by all five contracted providers, with a total of 16,073 hours of care per week.
39. Taking into consideration the high volume of care packages mobilised between providers the total number of complaints received was 71, reflecting an average of 5% of the total number of packages.
40. Given that complaints in social care are about the care of the vulnerable, officers consider one complaint as one too many. There was a relatively high number of complaints received at a time of significant change and uncertainty for most service users. Since December 2018, the number of complaints has fallen sharply due to the conclusion of mobilising contracts.
41. It is important to note that, in addition to the formal complaints received and responded to during the year, a high volume of Quality Alerts (QAs) were also received from professionals, relating to all providers. These QAs further reflected the feelings of uncertainty due to change that service users and families experienced during the year, more specifically as part of the mobilisation

process, which for most service users resulted in a change of provider and care workers.

42. Alongside the usual quality assurance and formal complaints processes, a high number of calls was dealt with via the Mobilisation Information Line.
43. Further to the feedback received via the Mobilisation Information Line, service users were encouraged to complete the Care at Home mobilisation satisfaction survey.
44. Below summarises the activity in relation to both the information line utilisation and the completion of satisfaction surveys, specifically relating to packages of care mobilised from incumbent to new providers.

Table 2 - Care packages activity in relation to surveys and calls received

	No. packages mobilised	No. surveys received	% of total no. packages mobilised	No. info line calls received	% of total no. packages mobilised
Provider E	63	11	17%	12	19%
Provider B	226	60	27%	145	64%
Provider A	177	42	24%	47	27%
Provider C	380	123	32%	72	19%
Provider D	389	110	28%	84	22%

Quality Assurance Framework (QAF) and individual provider performance

45. In October 2018, towards the end of the mobilisation of contracts, the Quarterly Assurance Framework (QAF) was implemented, as a way to monitor ongoing service delivery. In April 2019, the information for 2018-19 was collated.
46. All five contracted providers submitted the QAFs after Q4. The information from the submissions have informed this report. Future submissions of QAFs will be quarterly.
47. The use of an Electronic Call Monitoring system CM2000, was introduced at the commencement of the new contract with the expectation that all providers be compliant in using the system, meeting at least 90%. CM2000 is a system that monitors the times at which care workers arrive and leave a service user.
48. Providers introduced the use of CM2000 at different stages during the first year of the contract. Provider compliance in the use of the system will be monitored continuously.
49. Full compliance in the use of the system is crucial in monitoring the provision of individual packages of care going forward, as a tool to support proactive action to resolve potential late, or missed, care calls.

50. Due to a turnover of management and office staff experienced by most of the providers, the completeness of the data is not fully assured. Therefore the information was used to highlight the trends for each provider, as summarised below.
51. **Provider E**
- They had 28 packages of care in Q1 and this increased to 62 active packages at the end of Q4.
 - Provider E remains non-compliant in relation to the use of CM2000 and ended the year on 62%. This remains an area of focus as part of ongoing contract management.
52. **Provider B**
- Provider B was an existing provider and commenced the new contract with 410 packages of care in place. By Q3 this had increased to 485, due to a series of complaints and quality alerts, and other systems of failures, the provider voluntary placed an embargo on themselves.
 - The total number of care packages decreased to 362 by the end of Q4. As a result of ongoing improvement work, the embargo was lifted in April 2019 and Provider B started to receive new referrals in a phased approach.
 - As indicated in appendix 1, Provider B's compliance fluctuated throughout the year as a result of staffing and management issues. They ended the year on 88%, indicating improvement in performance.
53. **Provider A**
- Provider A was an existing provider and commenced the new contract with 284 packages of care in place. By Q3 this had increased to 424 packages of care.
 - Due to a range of concerns raised relating to the quality of care provision, an embargo was placed on Provider A by CQC in October 2018. This embargo remains in place with the view of being lifted in the near future following a recent inspection by CQC.
 - There was a drastic reduction in the number of care packages provided by Provider A by the end of Q4, ending on 139.
 - Provider A indicated a gradual progress in CM2000 compliance and ended Q4 on 86%.
54. **Provider C**
- Provider C was a new provider to Southwark and at the beginning of mobilisation benefitted from TUPE-staff transferring from Mihomecare. Provider C received 380 packages of care through mobilisation, but ended Q4 on 300 packages of care.
 - The reduction in active packages of care was partly due to service users requesting transfers to alternative providers, due to their concerns about the quality of care received.
 - Due to concerns raised in relation to the quality of care, Provider C has been in the enhanced contract management process since November 2018.
 - The dedicated contract monitoring officer has been working closely with Provider C management to improve service delivery. Performance has improved and continues to do so, as indicated by the quality assurance framework implemented and monitored by the contract management team.
 - We can report that the providers overall service delivery has improved significantly since they were placed under enhanced contract management.

We are now ready to start bringing them out of the process.

- Provider C showed gradual improvement in their CM2000 compliance, ending Q4 on 74%. This is an area of ongoing monitoring focus, alongside their overall care quality improvement.

55. Provider D

- Provider D ended Q4 with the most active packages of care, 429. This was mainly due to taking on more packages of care in the periods when Provider B, Provider A and Provider C were not taking on packages of care in the areas also covered by Provider D.
- Provider D had a fluctuation in CM2000 compliance throughout the year and ended Q4 on 71%. The explanation for the fluctuation mainly occurred due to the increase in staff numbers to cover the increase in care packages and staff not being compliant in the use of the system at the start of new employment.
- Compliance is improving due to ongoing staff training.

56. Overall, the data reported in the QAFs identified a number of issues which the council was already aware of; which resulted in Provider C, Provider B and Provider A all being managed under the council's Provider Concerns protocol, which includes the enhanced contract management. Contracts officers have issued default notices to all providers as appropriate.

Southwark Ethical Care Charter (SECC) and Staffing

57. All Care at Home providers are contractually expected to adhere to the Southwark Ethical Care Charter (SECC).

58. Provider feedback indicated that all contracted providers are committed to all aspects of the SECC. This will continue to be closely monitored as part of ongoing contract management activity.

59. We carefully monitored care providers with respect to compliance with SECC and have documented evidence supporting compliance with:

- Time allocated will match needs of clients (not limited to 15 mins)
- Local authorities will monitor service providers, including working conditions of staff
- Those homecare workers eligible must be paid statutory sick pay
- Homecare workers will be covered by the occupational sick pay scheme
- Homecare workers will be trained (at no cost to themselves)
- Homecare workers will be given time to meet co-workers to share best practice
- Homecare workers will be paid at least the London Living Wage
- Homecare workers will be paid for travel time.

60. During 2019-20, contracts officers will support the senior contracts officer, dedicated to monitoring homecare contracts to further audit SECC compliance twice a year and report on findings.

61. The launch of a care worker survey and focus group is planned for November 2019 will provide further feedback on the impact of the SECC implementation.

62. In many ways the re-procurement of homecare services with the introduction of the SECC has supported the service delivery to be unaffected by provider failure and relatively protected from the uncertainties of the EU Exit.

Staffing

63. At the end of Q4, the five providers reported a total of 867 care workers. Care worker numbers fluctuated throughout the year for all providers, with Provider D and Provider A reporting the steadiest increase in care worker numbers. Reports indicated that 132 care workers left their employers during 2018-19. It is worth noting that when care workers left, there was evidence that they chose to join other local providers in Southwark. Therefore, there was an overall increase of care worker numbers across the sector.
64. Majority of concerns relating to quality of service delivery during the year across providers were seemingly due to the providers experiencing significant changes in their management structure rather than front care staff at different times.
65. The management structures of all providers have been stabilised and continues to result in improved service delivery.

Care at Home annual service user satisfaction survey

66. Providers are contractually obliged to obtain service user feedback on an annual basis. To support reporting in the Council Plan we are working with providers to move this to quarterly.
67. The surveys of individual providers were conducted at different times throughout the year.
68. There was a low response rate to surveys overall and this will be an area of focus this year.
69. The overall satisfaction at the end of Q4 was 88%, based on the responses received.
70. The question that was asked was – How satisfied are you with your care and support? The ratings used were: Very satisfied, Satisfied, Dissatisfied, Very dissatisfied

71. The table below summarises the data submitted by all providers:

Table 3 - Provider surveys

Providers	Total no. service users as at 22/04/2019	Total no. service user surveys returned	Satisfaction levels (satisfied and above)
Provider E	62	10	7
Provider A	140	10	6
Provider B	357	238	202
Provider C	304	60	53
Provider D	447	132	129
Totals	1248	450	397

Next steps and future areas of development

- 72. Ongoing regular communication and monitoring to improve the service delivery across all providers. This is facilitated and supported by the dedicated contract monitoring officer.
- 73. Implementation of the locally developed quality assurance framework to support Provider B, Provider C and Provider A to improve their service delivery.
- 74. It is evident that providers and the council are working more closely than ever before, ensuring regular two-way communication when issues and concerns are identified. This means that they are addressed more efficiently and effectively, through partnership working. This will further improve to include close partnership working across the whole system and include all key stakeholders.
- 75. The provider forum meetings will continue as a vehicle for improving communication, relationship building and joint learning.
- 76. QAF reporting will continue to inform contract management visits and ensure proactive enhanced support as needed to improve and maintain good quality care provision across all providers. Processes are in place to ensure timely submission of data by providers.
- 77. Improve CM2000 compliance to meet 90% across all providers as a way to ensure good quality care provision through closer, pro-active monitoring of provider activities.
- 78. To use the information and data from the first year of contract implementation to form a baseline for ongoing contract management activity.
- 79. Overall, improvement of quality and consistency of care provision resulting in a reduction in complaints and quality alerts received.

80. Launch of the Southwark Ethical Care Charter (SECC) Care Worker survey in November 2019 to establish the impact of the implementation of SECC principles on the work satisfaction of individual care workers.
81. Consider the procurement of additional care at home provision to ensure that the Council has the necessary capacity to meet the care needs of the vulnerable residents of the borough. An increase in the number of providers should give the Council further security and stability to ensure that there are sufficient numbers of providers at any one time to manage the risks that are present within the home care market.

Conclusion

82. The first year of the new Care at Home contract was a challenging year and needed several periods of enhanced provider support to maintain the quality of care for service users in Southwark.
83. The mobilisation of the contracts extended over a longer period than planned, due to several providers experiencing service delivery issues, and some unforeseen external factors, resulting in a reduction of the overall capacity to take on packages of care as planned.
84. Despite the challenges, this was also a year of great learning across the whole system of care provision, including relationship with provider, internal council processes and communication with service users and families, that will inform future contract monitoring of the Care at Home contract and, ultimately, result in consistent, good quality care across all providers.
85. Learning from the mobilisation process has been translated into a business as usual action plan, with the aim of whole system improvement.
86. The implementation of the plan will be monitored by the Care at Home Strategic Monitoring Board, jointly chaired by the Directors of Commissioning and Adult Social Care. The Board will continue to meet throughout the life of the contract to ensure that the benefits from the commissioning strategy are realised for service users and the Council.

Policy implications

87. The Care Act 2014 requires the council to provide care support to meet people's eligible care and support needs. The Care at Home services support people in their own homes to remain as independent, healthy and well as possible.
88. The last Council Plan 2014-2018, introduced the Southwark Ethical Care Charter. The implementation of the charter and delivery of services supports the Fairer Future principles in the 2018-2022 Plan, 'treating residents as if they were a valued member of our own family'.

Community impact statement

89. These services are provided to people affected by all nine strands of the Council's equality agenda which are; Race, Gender, Age, Disability, Faith and Religion, Sexuality, Gender re assignment, Marriage and Civil Partnership and finally Child Care and Pregnancy. The diverse nature of Southwark's population

is reflected in those people needing care and receiving home care services.

90. Under CQC registration, all Home Care providers are required to proactively demonstrate their commitment to equal opportunities and have been assessed to ensure that they have a satisfactory record in relation to diversity.

Resource implications

91. The contracts continue to be managed by the Children Adults and Families Commissioning Service within the Children and Families Directorate.

Legal implications

92. See concurrent comments from Director of Law and Democracy.

Financial implications

93. The total spend on Homecare Service for 2018/19 was £16.8m. Homecare services are part funded from the Better Care Fund and the Improved Better Care Fund. The costs continue to be well managed through Adults Services whilst ensuring the Council's statutory duties are met.

Consultation

94. N/a

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Head of Procurement

95. This report for Care At Home for Adults shows the difficulties of mobilisation of the contracts as detailed in paragraphs 13 to 35.
96. This reports show the levels of activities broken out by provider and the enhanced contract management under taken.
This report shows an improvement of quality and consistency of care provision, resulting in a reduction in complaints and quality alerts received.

Director of Law and Democracy

97. This report asks the cabinet to note a number of matters in relation to the annual performance review for care at home 2018/19, and follows a request by cabinet at the point the care at home contracts were awarded (in October 2017) for those contracts to continue to be monitored by Cabinet. This APR has also been considered by CCRB, as required under Contract Standing Order 9.3.
98. There are no specific legal implications in relation to this report. Officers from the contracts team in law and democracy will continue to assist in advising on the contract management process and in relation to the procurement process for additional care at home provision.

Strategic Director of Finance and Governance (27EN1920)

99. The Strategic Director of Finance and Governance notes that this report has no specific financial implications.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Gateway 2: Contract Award Approval - Care At Home Contracts	Commissioning 160 Tooley Street, London, SE1 2QH	Cynthia Davis 020 7525 4227
Link (please copy and paste into your browser):		
http://moderngov.southwark.gov.uk/documents/g5752/Public%20reports%20pack%20Tuesday%2031-Oct-2017%2016.00%20Cabinet.pdf?T=10		

APPENDICES

No.	Title
Appendix 1	Southwark Ethical Care Charter Criteria

AUDIT TRAIL

Cabinet Member	Councillor Jasmine Ali, Cabinet Member for Children, Schools and Adult Care	
Lead Officer	David Quirke-Thornton, Strategic Director for Children and Adults	
Report Author	Jemima Strydom, Quality and Performance Manager	
Version	Final	
Dated	21 October 2019	
Key Decision?	Yes	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Democracy	Yes	Yes
Strategic Director of Finance and Governance	Yes	Yes
List other officers here	N/a	N/a
Cabinet Member	Yes	Yes
Date final report sent to Constitutional Team	21 October 2019	

APPENDIX 1

Southwark Ethical Care Charter Criteria

- 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
- 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