NOTICE OF MOTION RELATING TO THE TIME TO CARE CHARTER

The following Notice of Motion submitted by Councillor P N Miller has been referred to Cabinet for consideration and report back to Council for determination; such motion being in the following terms:

That this Council adopt a Pembrokeshire ‘Time to Care’ Charter. Adoption shall require the following:

Implementation 2015/16 Financial Year

- The starting point for commissioning visits is to be client need (not minutes or task) with carers given the freedom to provide appropriate care and time to talk properly to the people they are supporting.

- The time allocated to visits will match the needs of clients. In general that means the end of 15 minutes visits with a greater focus on supporting the client needs in general terms (rather than allotting time to carry out specific tasks).

- Visits will be scheduled to ensure travel times, particularly in rural areas, do not adversely impact on carer’s time with clients. Schedules shall take account of the need for travel to ensure visits are not rushed and carers will be paid for their time spent travelling between clients.

Implementation 2016/17 Financial Year

- Clients will be allocated the same carer/carers and continuity of personnel will be used as a key performance for providers.

- Homecare workers will be given the opportunity to regularly meet co-workers and share best practice (limiting isolation in what can be a lonely occupation).

- All Homecare workers will be paid at least the living wage (as set by the Living Wage Foundation annually)

- Hospital admissions by individuals with care packages will be monitored and a framework drawn up to categorise ‘avoidable admissions’. Avoidable admissions will be monitored, formally reported and will be utilised as a key performance measure for the commissioners and providers as appropriate.

Councillor Miller’s written submission in support of his Notice of Motion is attached as an Appendix.
Background

The Notice of Motion, relating to the “Time to Care” Charter, has previously been considered by Cabinet on 1 December 2014, 9 February 2015 and 20 April 2015.

In September 2014 the adult social care service awarded a domiciliary care contract to a number of providers following a competitive procurement process. Within the service specification and associated contractual terms and conditions a wide range of standards were included as a benchmark for service quality which meet many of the requirements of the “Time to Care” Charter. However this is with the important exception of the living wage as set by the Living Wage Foundation which as detailed later would lead to a significant cost pressure.

The “Time to Care” Charter details the requirements as follows;

- **The starting point for commissioning visits is to be client need (not minutes or task) with carers given the freedom to provide appropriate care and time to talk properly to the people they are supporting.**

- The service provider is required to produce a service delivery plan detailing how the service user’s assessed needs will be met. This service delivery plan is informed by the assessment, the service user, their family/advocates and by the knowledge and understanding of the service provider as the professional most closely involved in the delivery of the service user’s care and support.

- **The time allocated to visits will match the needs of clients. In general that means the end of 15 minutes visits with a greater focus on supporting the client needs in general terms (rather than allotting time to carry out specific tasks).**

The contract states that ‘The Care/Support Plan will identify an estimated duration of time for the tasks required to support the service user. However the Service Provider will deliver the service in a flexible manner that further enhances a person centred care approach and the service user’s right to choice.’

There may be occasions where a 15 minute call forms part of a service user’s care and support plan, usually in the form of welfare checks, but this is not common place.

- **Visits will be scheduled to ensure travel times, particularly in rural areas, do not adversely impact on carer’s time with clients. Schedules shall take account of the need for travel to ensure visits are not rushed and carers will be paid for their time spent travelling between clients.**

The contract requires all providers to take account of a range of standards as a benchmark for ensuring service quality. Providers were requested to include in their tendered hourly rate all costs relating to staffing, travelling, bank holiday and weekend premiums, management, and ancillary costs. The
scheduling of travel time and the design of staff rotas is undertaken by the Service Provider who has a contractual obligation as detailed in the previous paragraph.

- **Clients will be allocated the same carer/carers and continuity of personnel will be used as a key performance for providers.**

Continuity of carer(s) leads to improved relationships and understanding which in turn supports the provision of good quality care. The relationship between continuity of carer(s) and quality is understood by all involved in domiciliary care locally. It is the responsibility of providers to consider continuity of carer(s) in their scheduling, taking leave and sickness periods into account as required. Continuity of carer(s) is an issue given attention and consideration as part of contract monitoring and review by quality monitoring officers. This is done by scrutinising staff rotas and call logs and by speaking with those receiving services, their families and/or their advocates to capture their perspectives. Where continuity of carer(s) is identified as an issue, officers work with the agency concerned to address this.

- **Homecare workers will be given the opportunity to regularly meet co-workers and share best practice (limiting isolation in what can be a lonely occupation).**

Regular and quality staff supervision which can include group supervision is a contractual requirement as well as a minimum requirement of the domiciliary care regulations. Service providers must therefore have a staff supervision and appraisal policy in order to maintain their registration and to contract with the Council. Evidence of such policies was required as part of the tender process. In addition compliance is monitored and validated by the service monitoring and review process and by the regulator, CSSIW.

- **All Homecare workers will be paid at least the living wage (as set by the Living Wage Foundation annually)**

The financial impact on the council if the living wage of £8.25 was implemented across the domiciliary care sector would be in the region of £460k per annum.

Please note that the living wage as set by the Living Wage Foundation is currently £8.25 (this was increased from £7.85 in November 2015). This is distinct from the national living wage of £7.20 announced by the Chancellor of the Exchequer in his 2015 budget.

As referred to in previous Cabinet papers a survey of 15 providers was undertaken, 3 of which did not return data and 3 confirmed they paid the living wage at the time (which would have been £7.85). The following assumptions have been made when calculating this financial pressure

- Actual hours commissioned from April 15 to December 15. Projections have been made for the remaining 3 months, however taking into account seasonality.
For those providers who had not returned their data it was assumed they paid £7.50 per hour.

For those providers that paid different rates, an average hourly rate was assumed.

It was assumed that any increases in pension and national insurance contributions would not be passed on the Authority.

For those who advised they were paying the living wage at the time, it has been assumed that their rates have not changed since the November 15 announcement.

The financial impact on the Council associated with paying the living wage as set by the Living Wage Foundation would not be isolated to just domiciliary care. Further cost pressures would be created within residential, nursing and day care services as well within the Council’s own workforce.

Hospital admissions by individuals with care packages will be monitored and a framework drawn up to categorise ‘avoidable admissions’. Avoidable admissions will be monitored, formally reported and will be utilised as a key performance measure for the commissioners and providers as appropriate.

The health and social care system is complex and within current capacity we are not able to undertake specific research. However, the Intermediate Care Fund has provided an opportunity to develop regional and local indicators and to monitor the impact of preventative and re-ablement initiatives to prevent avoidable hospital admissions and support timely discharge. Pembrokeshire continues to perform well in relation to delayed transfers of care from hospital and we believe that many of the initiatives in place contribute to this.

Quality Monitoring

To ensure the requirements in the contract are met the Council has developed a monitoring schedule which is appended to the domiciliary care contract. Compliance with it is a requirement and monitoring information must be submitted at set regular intervals for analysis by our quality monitoring officers. Additionally, regular scheduled contract reviews are carried out together with some unscheduled reviews in response to any concerns that the Council or its partners may have. Such reviews involve taking into account the perspectives of all key stakeholders including service users, their families/advocates and service provider staff. Reviews test compliance with contractual requirements and promote good practice. If improvements are required then a developmental action plan follows each review and this plan is monitored by officers.

Summary

Our current domiciliary care contract details a wide range of standards in relation to service quality which are regularly monitored and meet many of the requirements of the “Time to Care “Charter. However adopting the Charter in its entirety would also mean applying the living wage of £8.25. This would
have a significant financial impact which would need to be set alongside the other financial pressures faced by the adult care service and the Council generally.

Comments by Chief Finance Officer

The figures quoted in the report have been provided and validated by the Finance Directorate.

It should be noted that these figures only relate to the Domiciliary Care sector which accounts for 21% of the gross Adult Social Care budget. In comparison, Nursing and Residential Home Placements account for 41% and Supported Accommodation 12%. Implementation in these areas, along with Pembrokeshire County Council staff and other procured services would have to be considered.

For 2016-17, the Council is facing the challenge of addressing a £16.3m funding gap. Implementation of the Living Wage would be an additional financial pressure which would increase the funding gap and put additional pressure on the continued provision of Council Services.

Comments by Head of Legal and Committee Services/Monitoring Officer

There are no legal issues arising from this report.

Comments by Head of Human Resources

There are no additional HR comments to those contained in the main body of the report.

RECOMMENDATION:

That the Notice of Motion be not adopted.

REASON FOR RECOMMENDATION:

To address a Notice of Motion referred from Council.

Background Documents: Previous Cabinet reports on this subject as referred to in the report.
Supporting Submission - Notice of Motion relating to the Time to Care Charter

Supporting information may be taken from the initial discussion of this item and further supporting information will be tabled in advance of the Cabinet / Full Council debate.

Councillor P N Miller