

Ethical Home Care Commissioning Charter 2020

A plan to revolutionise the
way care is commissioned
throughout the UK



Contents

Commissioning	3
Minimum price for homecare rises 9.3%	4
1. Hours and Minute Measurement	6
2. Block Commissioning	6
3. Paying the Rate and Retention	7
4. Training	7
5. Social Value	7
6. Reviewing Delivery	8
Useful websites	9



Commissioning

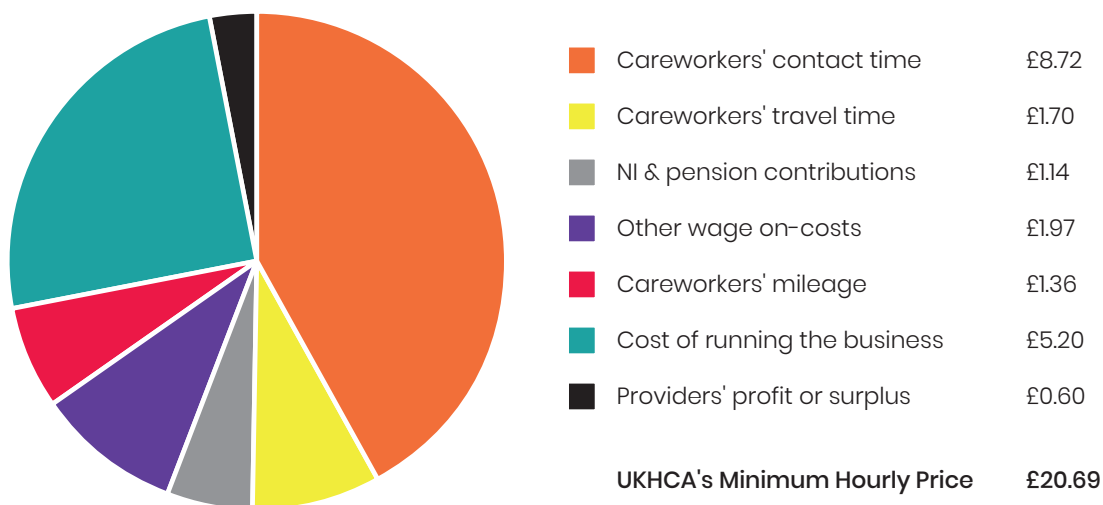
The current system is built on a lack of trust and fails to encourage a professional service where providers, carers and clients are valued. The sector is not just in crisis, it is broken and this charter asks for a minimum commitment from councils to fix it.

We have written the charter after consulting with councils; local and national elected politicians; the APPG on Social Care; home care (Domiciliary) providers; and most importantly carers and their clients.

.....

“OUR CHARTER IS NO MORE THAN A REQUEST THAT LOCAL AUTHORITIES AND OTHER PUBLIC BODIES INVOLVED IN THE DELIVERY OF HOME CARE ACCEPT AND COMMIT TO RECOGNISING AND ADDRESSING THE CRISIS IN HOME CARE, BY ADOPTING AND EMBRACING THESE PRINCIPLES, AIMS AND OBJECTIVES.”

Minimum price for homecare at the statutory National Living Wage 2020-21



Source: United Kingdom Homecare Association (UKHCA): #MinimumPriceForHomecare Rates apply between April 2020 and March 2021

Minimum price for homecare rises 9.3%

The new minimum price for homecare has been set at £20.69 per hour from 1 April, when the UK's statutory national living wage (NLW) and national minimum wage (NMW) was increased.

Calculated by the United Kingdom Homecare Association (UKHCA), the minimum price is recognised within the social care and health sectors across the UK.

Last year, the rate was £18.93. The increase of £1.76 is due to the 6.2% rise in the NLW to £8.72 (for those aged 25 and over) and 6.5% growth in the NMW to £8.20 (for 21 to 24-year-olds) for careworkers (excluding unsocial hours), travel time, mileage and wage-related on-costs.

The rate also includes the minimum contribution towards the costs of running a care business at a financially sustainable level.

The new price covers the minimum legally compliant pay rate for careworkers (excluding unsocial hours), travel time, mileage and wage-related on-costs. The rate also includes the minimum contribution towards the cost of running a care business at a financially sustainable level.

MINIMUM PRICE FOR HOMECARE AT THE STATUTORY NATIONAL LIVING WAGE 2020 – 21

While councils and NHS commissioners argue local conditions influence the costs of care in their area, UKHCA have said it is likely costs are higher (rather than lower) than the minimum price it has set.

It advised local authorities and NHS commissioners not to underestimate the cost of home care; arguing a cost saving approach, which effectively 'salami-slices' elements of providers' costs, would be risking quality and safety of a regulated service. It also risks further destabilising the workforce.

Colin Angel, UKHCA's Policy Director, said: 'Councils and the NHS must recognise the true costs of home care. Paying providers fees, which in some cases barely cover the costs of the wage bill, continues to destabilise an already fragile state-funded market.

'Persistently underestimating providers' business costs is taking a risk with the quality of services, the experience of the workforce, and providers' ability to comply with the legal requirements placed on them.

'UKHCA will continue to challenge central government on the overall funding of social care. However, it is local authorities and the NHS, which are responsible for determining the prices they pay for home care services at a local level.'



“The reality is that our local authority commissioners are bound by the money they have available to them to pay for the care, rather than having to design and set out what a fair commissioning rate for providers would be. However, we see a growing public demand for care to be recognised as the frontline and professional service that it is. It is now time we all responded to that demand and valued the care properly.

“If you look at the UKHCA rate, you can not really argue against any of it and here's the tragic thing; it simply is not paid anywhere near that rate now. We need to sort the commissioning process out, end the built-in discrimination that it causes and the government need to put the resources in to make sure we can deliver that care.”

Peter Davies, a GMB Senior Organiser, who along with our care teams has been working throughout the Yorkshire Region to investigate the state of commissioning for home care.



1. Hours and Minute Measurement

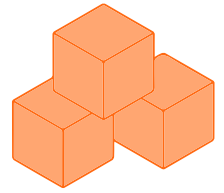


Home care should not be commissioned by the minute, or even the hour. No other publicly funded service is commissioned or measured by the hour or minute. If all of the local authorities that actually include this measurement in their commissioning process imposed it to the letter, the care system would collapse. The measurement has never been equality checked and it is not used anywhere else in public service delivery. **The defining difference within care is that it is predominantly women who are doing this work.**

The time measurement is often ignored and authorities allow the providers, once they complete the actual care 'tasks' to mark their visit as 'further care declined' to enable them to draw down the full resource for that visit. This is understandable but open to abuse.

We request that local authorities and other public bodies involved in the delivery of home care accept and commit to ending the problem of minute and hours, (Task and Time).

2. Block Commissioning



We need to end any reference to 'Time & Task'. Home care should be commissioned as a block of care and be person-centred so that providers and carers can rota and plan their service over a sustainable shift pattern.

This will ensure that carers are paid for all of their time that they are committing to that block of care; it will discourage the 'none' payment of stand time, travel, training and hand-over; and enable providers to improve and sustain a more valued workforce.

A block of care should be no less than 5 hours and must include the current HMRC mileage rate and an accurate picture of travel and time commitment.

We request that local authorities and other public bodies involved in the delivery of home care accept and commit to a block care delivery model of commissioning and ending the culture of 'Time & Task' in home care delivery.

3. Paying the Rate and Retention

Most, if not all local authorities, have their own Job Evaluation Scheme where they measure and give a value in monetary terms to all jobs that sit within the sector. These rates and schemes have been tested through an Equality Impact Assessment (EIA) and this includes their own evaluated rate for a domiciliary care worker.



Very few carers are paid more than the National Living Wage and staff turnover is running at 47%, by far the biggest problem that the sector is facing. We do not know of any EIAs in the actual commissioning processes for care. Clearly the impact of low pay and 'no' pay is disproportionate and discriminatory for this predominantly female workforce.

We ask that the job evaluated rate of pay in our local authorities should be the ultimate goal for their commissioning process. This must be the starting point in the journey to increasing the value of care in our communities.

4. Training



Councils must recognise and value the training and professional development of staff within the sector. Much more can be achieved where development partnerships are established.

We request that this should be given a heavy weight within the commissioning process. Training and skills within the sector should be:

- **Transferable (skills for care)**
- **Person-centred**
- **Contribute to a career pathway**
- **Include reference to tackling social isolation and client wellbeing. Focused on prevention and not 'Task & Time.'**

5. Social Value



Councils should recognise social value. They should assess how all of their listed preferred providers contribute to the social value of those who deliver the care to clients, as well as the value the service has for those clients.

This can be evidenced, in part, by asking providers:

- How they consult with their workforce?
- Do they recognise trade unions and if so; do they have formal agreements in place to evidence that?
- How do they add social value to the communities where they deliver their service?

We request social value should be given a heavy weight/score within commissioning processes.

At the commissioning body all partners within the home care sector can come together to review home care delivery within their communities, with a view to continually measuring and improving the service. This should include:

- Home care providers
- Trade Unions who are recognised within areas of delivery
- Councillors and MPs
- Commissioning officers

6. Reviewing Delivery



There are various groups and bodies that exist to look at partnership working and have an interest in the home care sector. Few are constituted, and we know of none that offer a seat or voice to all interested parties.

We request that local authorities and other public bodies involved in the delivery of home care, accept and commit to resourcing and attending a commissioning body.



Useful websites

The UKHCA

ukhca.co.uk

GMB Productive Learning Project

gmblearning.com

GMB National

gmb.org.uk

TUC

tuc.org.uk

Union Learn

unionlearn.org.uk

ACAS

acas.org.uk

Equality & Human Rights
Commission

equalityhumanrights.com

Chartered Institute of
Personnel Development

cipd.co.uk

Labour Research Department
Publications

lrdpublications.org.uk

Government Information

direct.gov.uk

Endorsed and supported by

GMB General Secretary

GMB President

All GMB Regional Secretaries

Labour MPs



GMB Union, Mary Turner House,
22 Stephenson Way, London NW1 2HD
020 7391 6700 info@gmb.org.uk

Join GMB Union now
www.gmb.org.uk/join