

CITY of WOLVERHAMPTON ETHICAL CARE CHARTER

Guidance for the Councils on adopting the charter

Seeking agreements with existing providers

1. Convene a review group with representation from providers, local NHS and UNISON reps to work on a plan for adopting the charter – with an immediate commitment to stage 1 and a plan for adopting stages 2 & 3.
2. Start by securing agreement for a review of all visits which are under 30 minutes. The review will include getting views of the homecare workers and client (and/or their family) on how long their client actually needs for a visit and what their care package should be in line with policy.

Looking for savings

3. Are providers' rostering efficiently – for example are there cases of workers travelling long distances to clients when there are more local workers who could take over these calls?
4. How much is staff turnover costing providers in recruitment and training costs?
5. How much are falls and hospital admissions amongst homecare clients costing the NHS and could some of these be prevented by longer calls and higher quality care?

6. Are there opportunities for economies of scale by providers collaborating around the delivery of training and networking / mentoring for workers?
7. Are there opportunities for collaboration between providers to achieve savings on procurement of mobile phones, uniforms and equipment for workers?

The commissioning process

1. UNISON's evidence along with that of other bodies shows that working conditions are intrinsically bound up with the quality of care.
2. When councils are conducting service reviews and drawing up service improvement plans, the Charter will provide a helpful benchmark for ensuring service quality – whether for an improved in-house service or in relation to externally commissioned services.
3. Where a decision has been taken to commission homecare externally, identify how the elements of the charter will be included as service delivery processes, contract conditions or corporate objectives in the invitation to tender documents. It must explain how these are material to the quality of the service and achieving best value.

Ethical care charter for the commissioning of homecare services

Stage 1

1. The starting point for commissioning of visits will be client need and not minutes or tasks. Workers will have the freedom to provide appropriate care and will be given time to talk to their clients.
2. The time allocated to visits will match the needs of the clients. In general, 15 minute visits will not be used as they undermine the dignity of the clients.
3. Homecare workers will be paid for their travel time, their travel costs and other necessary expenses such as mobile phone and uniforms
4. Visits will be scheduled so that homecare workers are not forced to rush their time with clients or leave their clients early to get to the next one on time.
5. Those homecare workers who are eligible must be paid statutory sick pay.

Stage 2

1. Clients will be allocated the same homecare worker(s) wherever possible.
2. Zero hour contract will not be used in place of permanent contracts, unless requested by workers themselves.
3. Providers will have a clear and accountable procedure for following up staff concerns about their clients' wellbeing

4. All homecare workers will be regularly trained to the necessary standard to provide a good service (at no cost to themselves and in work time).
5. Homecare workers will be given the opportunity to regularly meet co-workers to share best practice and limit their isolation.

Stage 3

1. All homecare workers will be paid at least 110% of the Regulatory Living Wage (as of April 2017 this is currently £7.50 an hour for the whole of the UK "the Wolverhampton Wage for Homecare")
2. All homecare workers will be covered by an occupational sick pay scheme to ensure that staff do not feel pressurised to work when they are ill in order to protect the welfare of their vulnerable clients.

