

**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
23 FEBURARY 2022

**REPORT ON:** FAIRER WORKING CONDITIONS – HOME CARE

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB5-2022

### **1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to update the Integration Joint Board regarding ongoing work to consistently implement good practice principles for fairer work with commissioned providers of home care services.

### **2.0 RECOMMENDATIONS**

It is recommended that the Integration Joint Board (IJB):

2.1 Note the content of this report, including the good practice principles for fairer work that have been identified (section 4.2).

2.2 Note the progress that has been achieved to date and approach to working in partnership with commissioned providers to consistently implement these principles across the home care workforce.

### **3.0 FINANCIAL IMPLICATIONS**

3.1 There are no direct financial implications as a result of the recommendations in this report however it should be noted that recent minimum pay uplifts for social care staff working within externally contracted social care providers have been directed and funded by the Scottish Government.

### **4.1 MAIN TEXT**

4.1 The Dundee Health and Social Care Partnership recognises the vital contribution of the social care workforce to the health and wellbeing of the population and the importance of working with providers to achieve fairer working conditions. This is also supported nationally through the Fair Work in Social Care Group, led by the Scottish Government and involving a range of stakeholders including COSLA, care providers, Scotland Excel, Trade Unions and professional led bodies such as Health and Social Care Scotland. This group has been pivotal in advancing pay levels and conditions for social care staff. Having fully supported the living wage across this workforce this report outlines progress to date in implementing fairer working conditions and proposed next steps.

4.2 The Partnership has worked with stakeholders, including staff side representatives, and identified a number of areas which are considered to be good practice:

- Providers should pay staff the living wage for the whole shift including travel and training.
- An enhanced rate should be paid for weekends, public holidays and antisocial hours.

- Provider should not use zero-hour contracts, although it is recognised that sessional work can be mutually beneficial to some staff and employers. Where staff are not recruited on a sessional basis they should be offered a guaranteed hours contract.
- Travel as part of work should be funded by the provider.
- Staff should be provided with the equipment they need to undertake their role and should not incur any additional cost for this, e.g. uniform/phone etc.
- Staff should be provided with the training they need to complete their role and should not incur a cost from this. Attendance should be paid for mandatory training including induction.
- Staff should not be asked to pay for any checks associated with safe recruitment procedures.
- Providers should recognise Trade Unions who have membership within their employment.
- Reasonable provision should be made to support workers to achieve SVQ qualifications and career progression.

4.3 A baseline audit has been carried out against the principles identified in section 4.2 with those providers that have been procured through the Partnership's Care at Home framework (often referred to as home care). Of the 13 contracted providers 12 returned information. This area was chosen as the first area of focus due to the high volumes of concerns received about current working conditions and practices from staff side representatives, however the principles listed at section 4.2 could be considered to be relevant across the whole health and social care sector workforce. All of the above principles have been fully implemented by both NHS Tayside and Dundee City Council as employers of the Partnership's own internal workforce

#### 4.4 Audit Findings

- 4.4.1 In terms of the expectation that providers should pay staff the living wage for the whole shift including travel and training, we found that all providers who responded pay at least £9.50 per hour. Since the audit was undertaken this has risen to £10.02 and providers have been asked to provide confirmation that this is passed onto staff. Some providers pay higher for SVQ qualified staff, weekend or public holiday enhancements and some a higher base rate. The audit identified that the key area for improvement is around travel and downtime; one provider pays a lower rate for travel and only six providers were able to confirm that they pay the full shift including travel time and down time.
- 4.4.2 The Partnership consider that while sessional work can be mutually beneficial to staff and employer, zero-hour contracts are not good practice and should not be used out with that. A key part of a sessional contract is the ability of the worker to decide when they are free to work. At the time of the audit only one provider continued to use these contracts. They are working towards introducing guaranteed hours contracts.
- 4.4.3 Travel as part of work should be funded by the provider. The audit identified a range of different terms and conditions for staff. Most notably the mileage rate varies from 15p to 45p per mile and two providers do not pay for public transport costs. The Partnership believes that the mileage rate should be set in line with HMRC levels and that costs of using public transport should be reimbursed.
- 4.4.4 It is good practice that staff should be provided with the equipment they need to undertake their role and should not incur any cost for this. This might include for example uniforms or phones. All providers currently pay for staff uniforms. In relation to telephones there was variation with only 4 providers providing these. Where these are not provided it would be good practice for the employer to cover the cost of work-related activity, for example reimbursing call costs.
- 4.4.5 A further area of good practice is that staff should be provided with the training they need to complete their role and should not incur a cost from this. Attendance should be paid for mandatory training including induction. All providers confirmed that they pay staff to attend training, however 3 do not currently pay for staff to attend induction. All pay for staff attending supervision/appraisals/team meetings but one said they pay minimum wage rather than living wage for this.

- 4.4.6 It is not good practice for staff to be asked to pay for any checks associated with safer recruitment. The audit found that 5 providers so not currently pay for PVG checks.
- 4.4.7 It is good practice for providers to recognise Trade Unions and the role that they can play in supporting and protecting the workforce. The audit found that the majority of providers do not currently recognise Trade Unions.
- 4.4.8 We believe that providers should recognise Trade Unions and the role they can play in the workforce. We have found that currently in most cases Unions are not recognised.
- 4.4.9 Reasonable provision should be made to support workers to achieve SVQ qualifications ; currently 9 providers fund SVQ training with a further one in the process of moving to this.

#### 4.5 Future Approach

- 4.5.1 The Partnership's current contracts with providers do not allow for enforcement of the good practice principles listed in section 4.2, however it is intended to incorporate the principles more fully in procurement process and subsequent contractual arrangements at the next opportunity in 2022. The Partnership acknowledges that traditional approaches to commissioning home care services have meant that providers can find it difficult to deploy staff fully in a shift system. The provision of social care is pivotal to the whole health and social care system and there are opportunities to develop the role of home care in a more holistic manner to better support the entire care pathway and to improve outcomes for individuals and unpaid carers; this includes supporting providers to have staff on shift without experiencing significant down time.
- 4.5.2 Further discussions with providers, on a one-to-one and group basis, are being planned to discuss with them how we can best support the full and consistent implementation of the fairer work principles. Where providers agree to progress full implementation, the Partnership will support this by taking a more flexible approach to the commissioning of home care services, including utilising outcome-based commissioning that will enable providers greater freedom to organise staff resources to meet the needs of individuals receiving care and support.

#### 5.0 POLICY IMPLICATIONS

- 5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

#### 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	Poor working conditions for the home care workforce has a detrimental impact on staff health and wellbeing and impacts on service continuity.
<b>Risk Category</b>	Operational, Governance, Political
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 5 = Risk Scoring 15 (which is an Extreme Risk Level)
<b>Mitigating Actions</b> (including timescales and resources )	<ul style="list-style-type: none"> <li>- Implementation of living wage across all internal and commissioned services.</li> <li>- Good practice standards fully implemented for internal Partnership workforce.</li> <li>- Assessment of compliance with good practice standards for commissioned service has been completed.</li> <li>- Review of procurement and contractual arrangements to integrated good practice principles at next round of commissioning in 2022.</li> <li>- Planned discussions with providers regarding support required to implement good practice principles.</li> <li>- Flexibility in commissioning model for complaint providers to enable full and consistent implementation of good practice principles.</li> </ul>
<b>Residual Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Level)
<b>Planned Risk Level</b>	Likelihood 1 x Impact 3 = Risk Scoring 3 (which is a Low Risk Level)

<b>Approval recommendation</b>	Given the low level of planned risk, this risk is deemed to be manageable.
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## 7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Heads of Service - Health and Community Care, members of the Strategic Planning Advisory Group and the Clerk were consulted in the preparation of this report.

## 8.0 DIRECTIONS

8.1 The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

## 9.0 BACKGROUND PAPERS

9.1 None.

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Chief Officer

DATE: 1 February 2022

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