



Ethical Homecare Commissioning Charter 2023



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

CARE



WE CARE BECAUSE YOU CARE



Contents

3 Aims of the Charter

4 Homecare provision at National Living Wage

5 Minimum price for Homecare rises

6 Local Authority Commissioners

7 Minimum standards for Homecare workers

- 7.1 Hours and minutes measurement
- 7.2 Block commissioning
- 7.3 Paying the rate and retention
- 7.4 Training
- 7.5 Social value
- 7.6 Reviewing delivery





Aim of the Charter

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

We have written the Charter after consulting with Councils, local and national elected politicians, the APPG on Social Care, Homecare (Domiciliary) providers and most importantly, carers and their clients.

We're calling for:

- Central Government to provide urgent and sufficient funding for Homecare.
- Local authorities and providers to have a better understanding and commitment to the true cost of quality care and to provide the right rate for the job for those employed in this profession.



Our charter is no more than a request that local authorities, Government and other public bodies involved in the delivery of Homecare, accept and commit to recognising and addressing the crisis in Homecare by adopting and embracing these principles, aims and objectives.

Peter Davies

GMB Senior Organiser

Homecare provision at National Living Wage

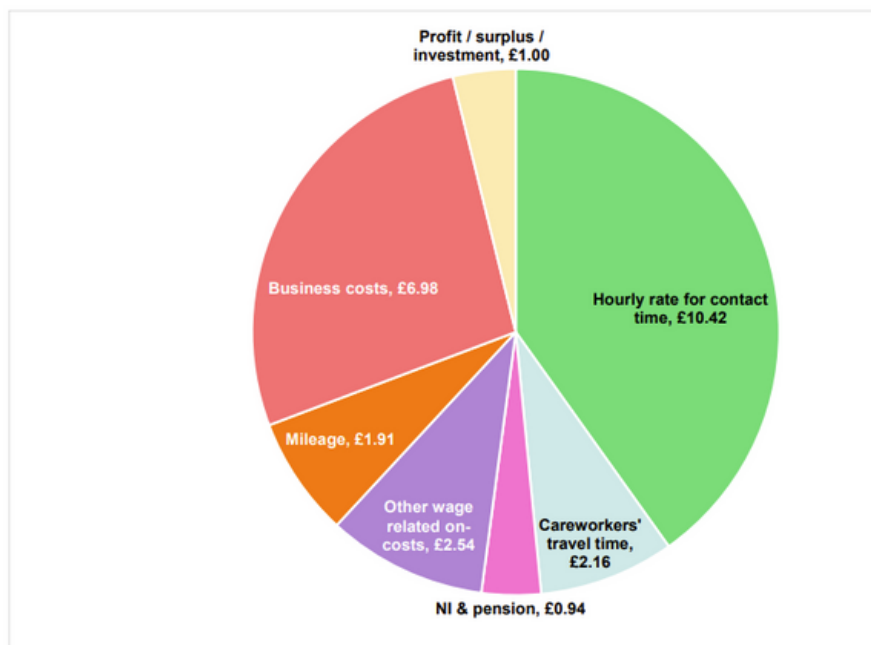
The GMB is calling on the Government to ensure there is adequate funding available for local authorities to enable them to pay a fair price for care which provides quality of care and fair wages for the workers employed by the care provider.

At a very minimum, they should receive wages comparable to a Band 3 health care assistant in the NHS with 2 or more years' experience.

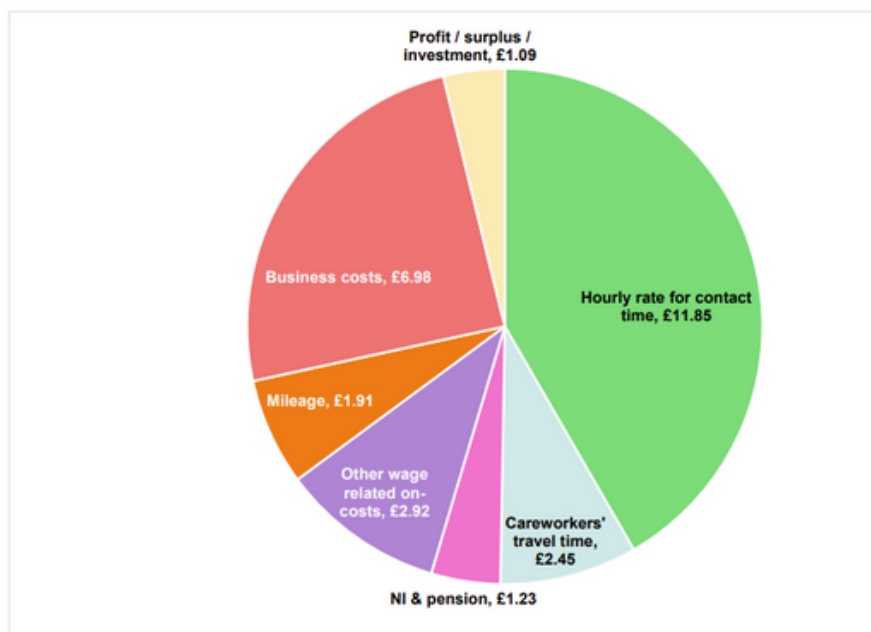
The GMB will however, continue to campaign for £15 an hour for care sector workers.

Local authorities should take into consideration the true cost of quality care and fair wages when negotiating with care providers, and likewise, providers should not sign a contract with a commissioning organisation unless they are totally confident they can deliver a quality service, whilst maintaining wage rates.

Minimum Price for Homecare at the National Living Wage (England)



Minimum Price for Homecare at NHS Band 3 (2+ years' experience) (England)



Minimum price for Homecare rises

The Homecare Association's new calculation for the Minimum Price for Home Care in England is £25.95 per hour from April 2023 (up from £23.20), when the UK's statutory National Living Wage increases. Wage inflation is the main driver of this increase in cost, though inflation in non-wage costs is also a factor.

When setting rates for 2023–2024, a number of commissioners, if they offer an increase at all, may attempt to offer either a rate equivalent to the increase in the National Living Wage, or an increase in line with the Consumer Price Index (CPI). **Neither of these options comes close to covering the increased costs providers will experience from April 2023.**

Costs of running a homecare business

The operating costs per hour in the new Minimum Price for Homecare in England (at the National Living Wage) are shown below.



Source: Homecare Association

The Homecare Association has produced evidence to show that an award based solely on an inflationary index, such as CPI, does not reflect wage inflation experienced by employers. For example, CPI is a measure of how the prices of goods and services bought by households rise or fall. However, the cost of Homecare is largely determined by: (a) wage levels and their resulting on-costs; (b) the costs of employing managers and supervisors, and (c) meeting other regulatory requirements.



Councils and the NHS must recognise the true costs of Homecare. 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.

The Homecare Association 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 Homecare services at a local level.

Colin Angel

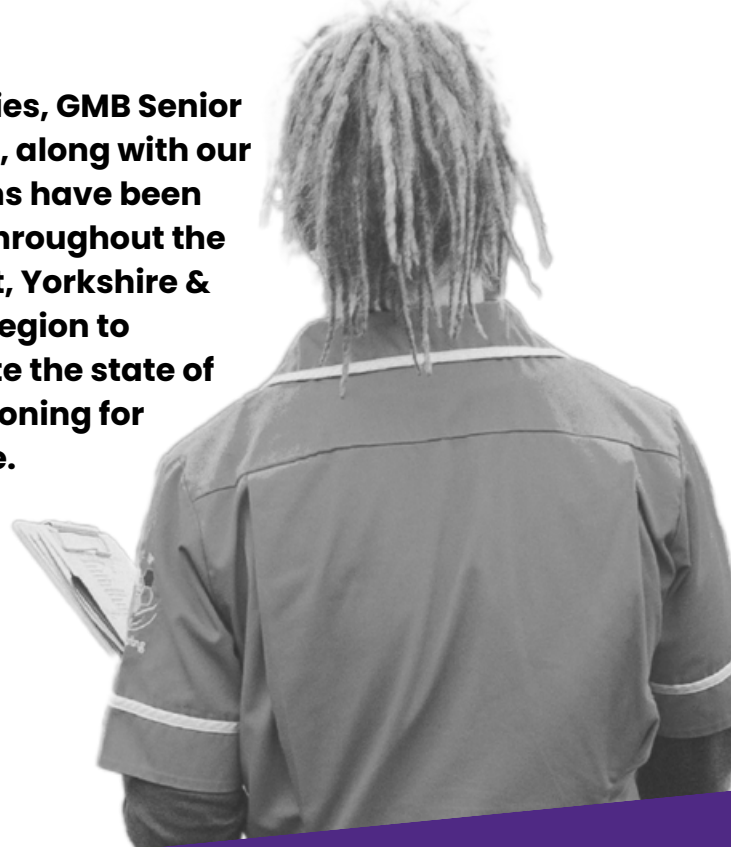
Homecare Association Policy Director

Local Authority Commissioners

The reality is that our local authority commissioners are bound by the money they have available to them to pay for 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 value Homecare properly.

If you look at the Homecare Association rate, you cannot 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, GMB Senior
Organiser, along with our
care teams have been
working throughout the
North East, Yorkshire &
Humber Region to
investigate the state of
commissioning for
Homecare.**



Minimum standards for Homecare workers



Hours and minutes measurement

Homecare 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 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 Homecare accept and commit to ending the problem of minute and hours (Task & Time).



The defining difference within care is that it is predominantly women who are doing this work.

Minimum standards for Homecare workers



2 Block commissioning

We need to end any reference to 'Task & Time'. Homecare 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 'Task & Time' in Homecare delivery.



A block of care should be no less than 5 hours and must include the current HMRC mileage rate.



Minimum standards for Homecare workers



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 benchmark and £15 the ultimate goal for their sector development and commissioning process. This must drive the journey to increasing the value of care in our communities.



**Very few carers
are paid more
than the
National Living
Wage and staff
turnover is
running at 47%.**

Minimum standards for Homecare workers



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'**



Care workers have to train to a high standard to do the job we do and it's only right that our pay should reflect that.

Louise Wilson
Homecare Worker



Peter Davies
GMB Senior Organiser

Minimum standards for Homecare workers



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**



Many of my friends no longer work in care now because they can get better pay working in a supermarket. These are skilled and compassionate people who we have lost from the profession.

Carol Jackson
Homecare Worker



Minimum standards for Homecare workers



6 Reviewing delivery

There are various groups and bodies that exist to look at partnership working and have an interest in the Homecare 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 Homecare, accept and commit to resourcing and attending a commissioning body.

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

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



We need proper investment into the Homecare system to make sure we can provide adequate care for service users and we get decent terms and conditions.

Jessica Clarke

Homecare Worker



Endorsed and supported by:

- GMB General Secretary
- GMB National President
- GMB Regional Secretaries
- Cross party MPs
- West Yorkshire Mayor
- TUC Yorkshire & Humber

Hazel Nolan
GMB Regional Secretary

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



Find us at:

Clifton House – Clifton Road – Brighouse – HD6 1SL
tel: 0345 337 7777 email: brighouse.office@gmb.org.uk