



The professional association for homecare providers

Homecare - COVID-19 and beyond

Challenges and opportunities

Jane Townson, Chief Executive
United Kingdom Homecare Association



Impact report



2019-20
United Kingdom
Homecare Association

“
Our purpose is to enable a strong, sustainable, innovative and person-led homecare sector to flourish. We represent and support our members so that people can live well and independently at home.



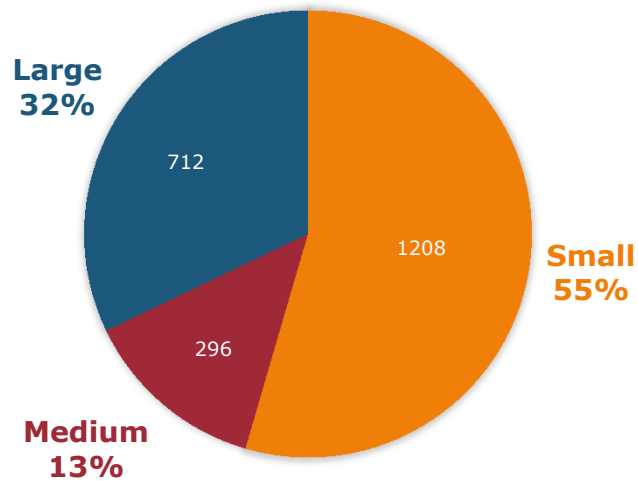
“
Homecare services play a vital role in enabling people to live the way they choose, in their own home, with those they love and connected to their communities.

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UKHCA Membership February 2021

Total - 2216



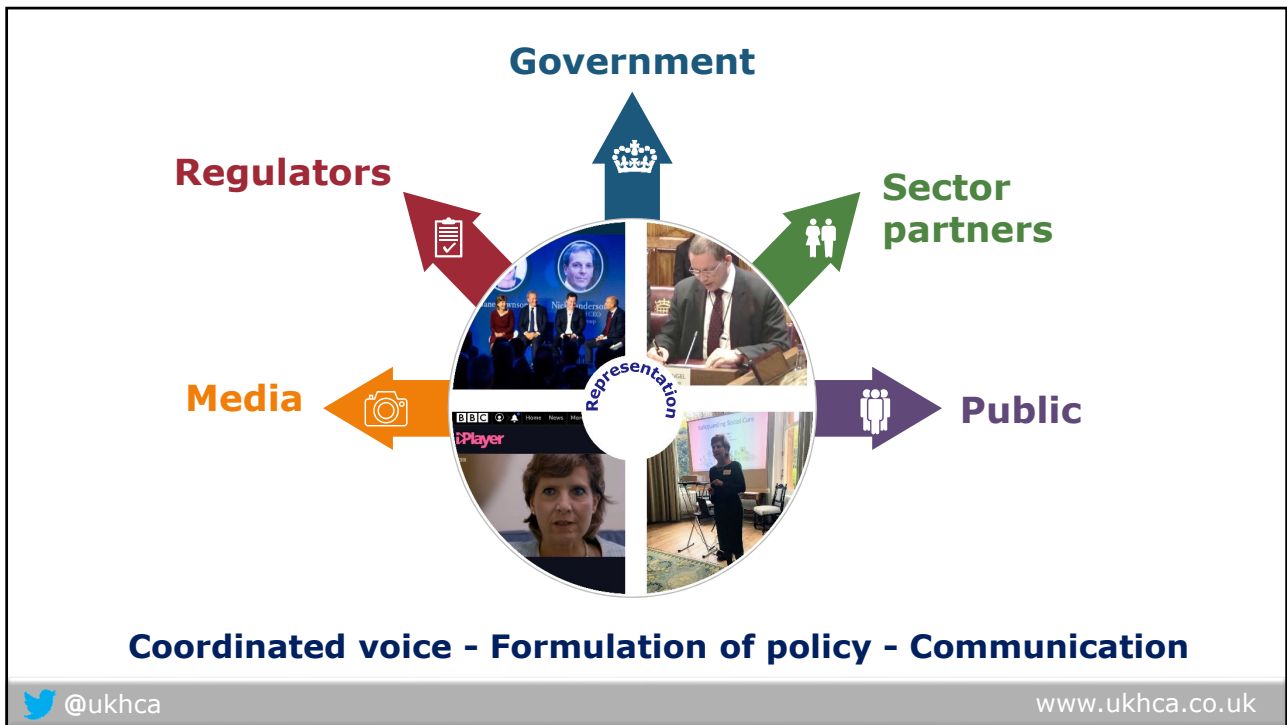
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Practical support

- Information
- Guidance
- Training
- Events
- Help-lines
- DBS checks

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UKHCA's world in 2019-2021

COVID-19



Longer term

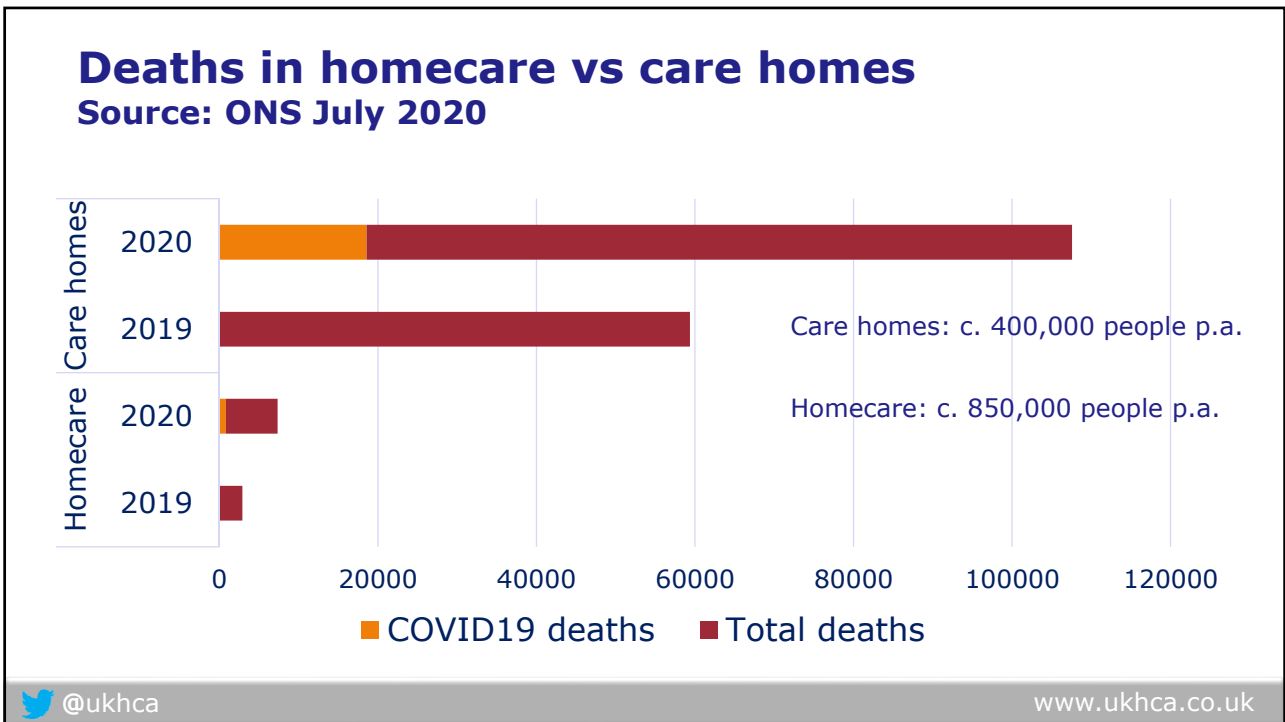
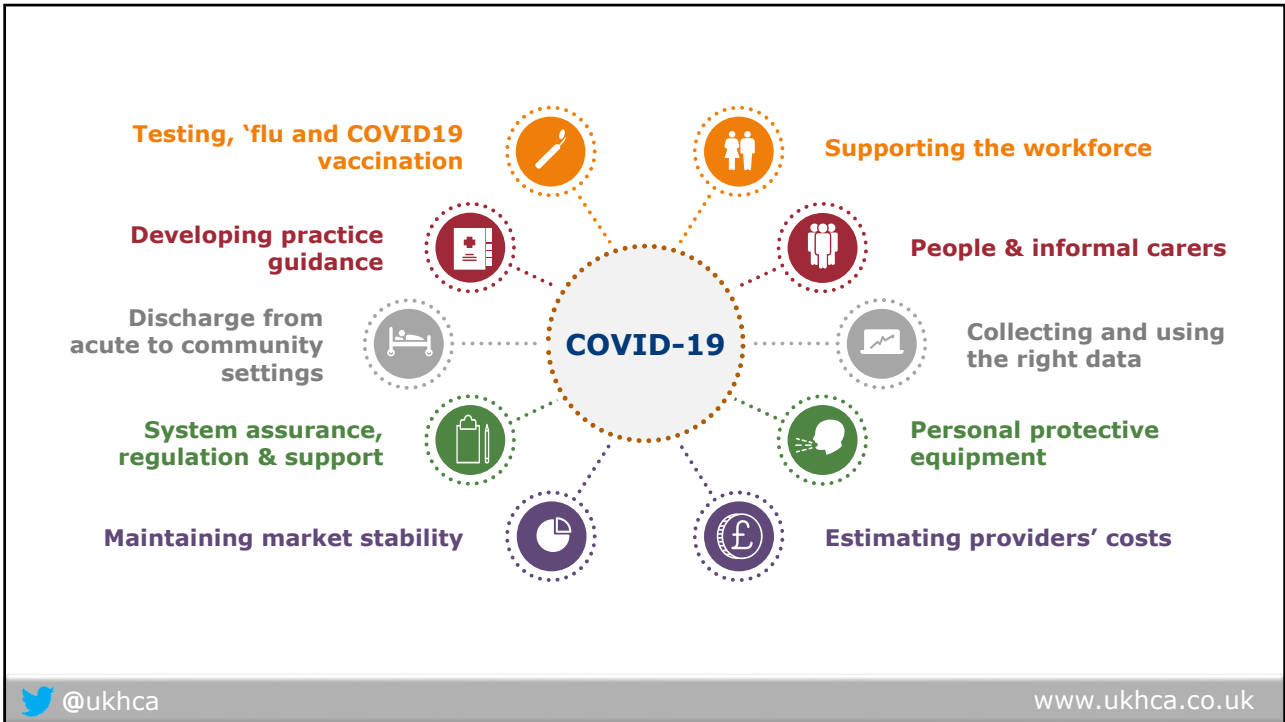
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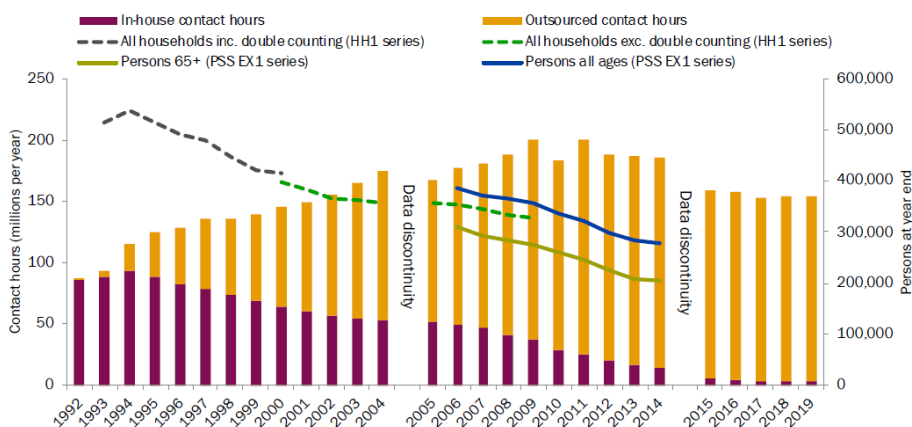
Challenges

- Safety in pandemic
- Complexity and extent of need
- Workforce
- Financial sustainability

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Annual homecare contact hours (millions) purchased by local authorities by sector of provision, England 1992–2017 and number of households/persons receiving local authority funded homecare at year end, England 1992–2014



Sources: HH1 returns for one week in September/October, up to 2008, PSSEX1 returns as published by the Health and Social Care Information Centre NASCIS resource from 2004/05 to 2013/14. From 2014/15 the source changes to NHS Digital's SALT returns. Numbers of contact hours are not identified directly by NHS Digital's published statistics, but they can be calculated (at council or England level) from expenditure divided by unit cost per hour

Source: Laing Buisson 2020

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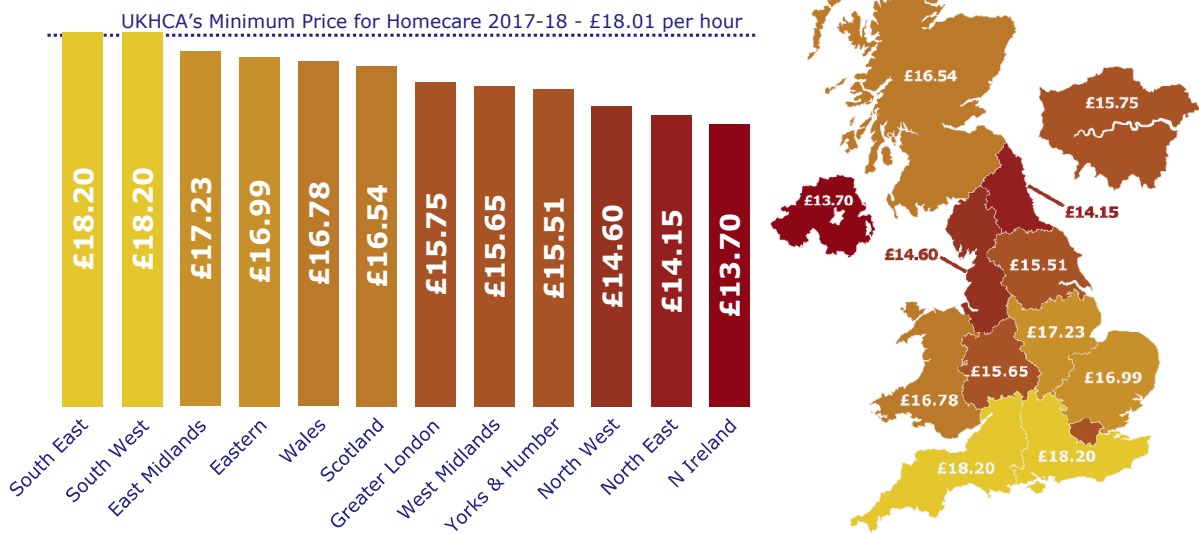


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Few councils are meeting providers' costs

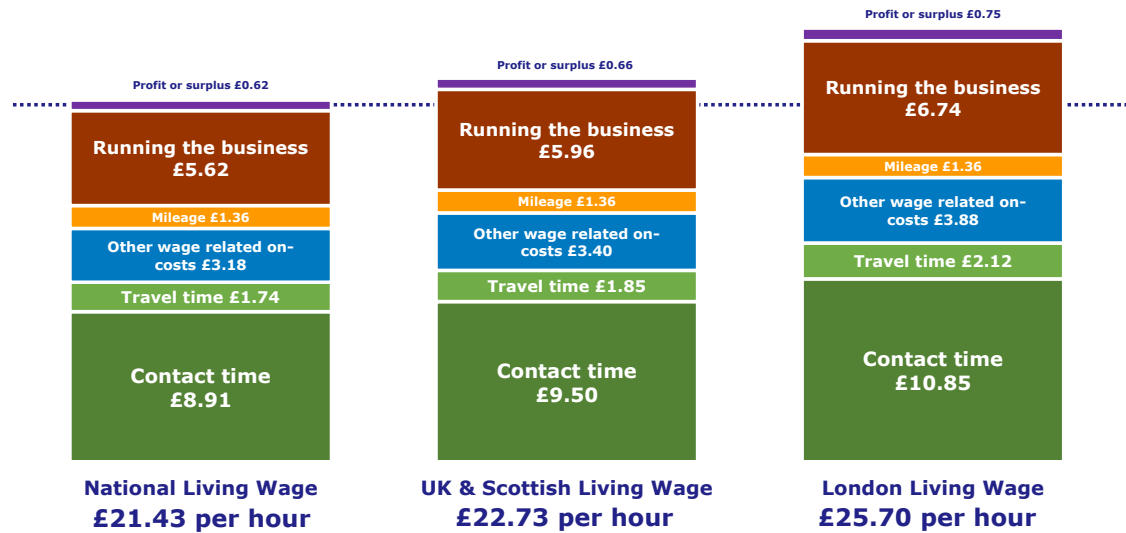
UKHCA: "The Homecare Deficit 2018"



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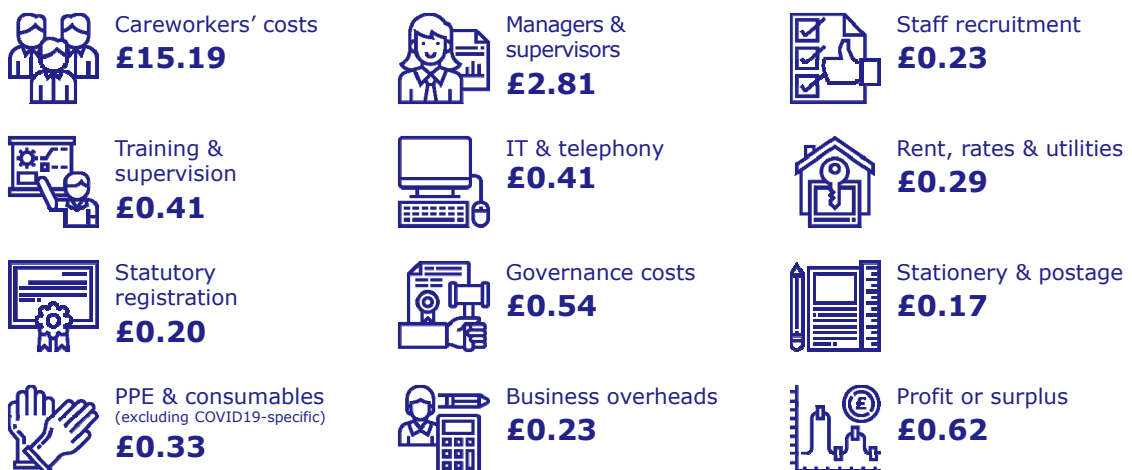
Minimum Price for Homecare by wage rate 2021-2022



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Why regulated homecare costs at least £21.43 / hour



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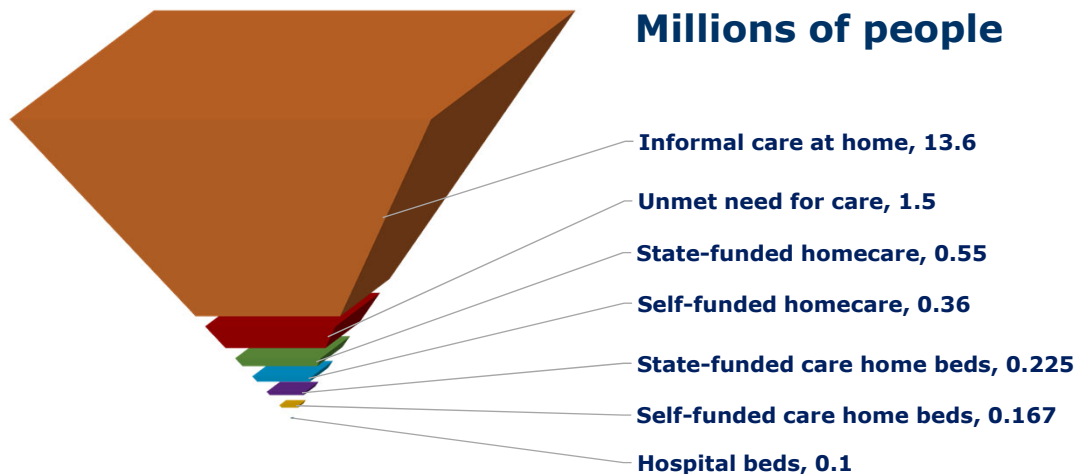
Opportunities

- Demand rising
- Improving outcomes
- Integration
- Innovation
- Employment and economy



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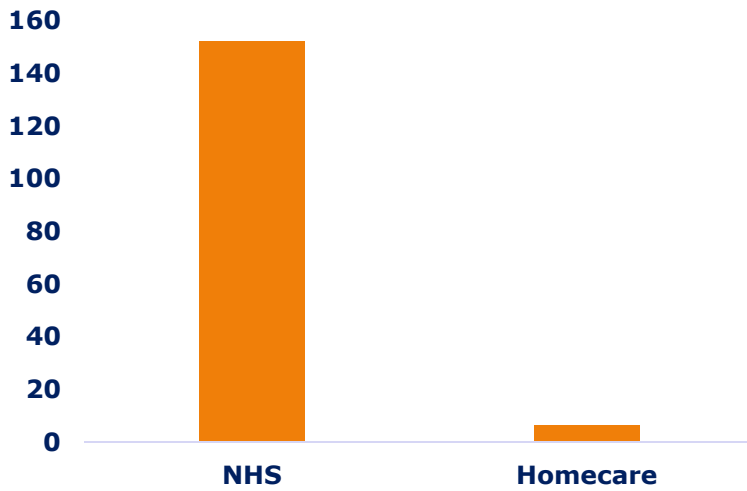
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Government spend (£ billion)

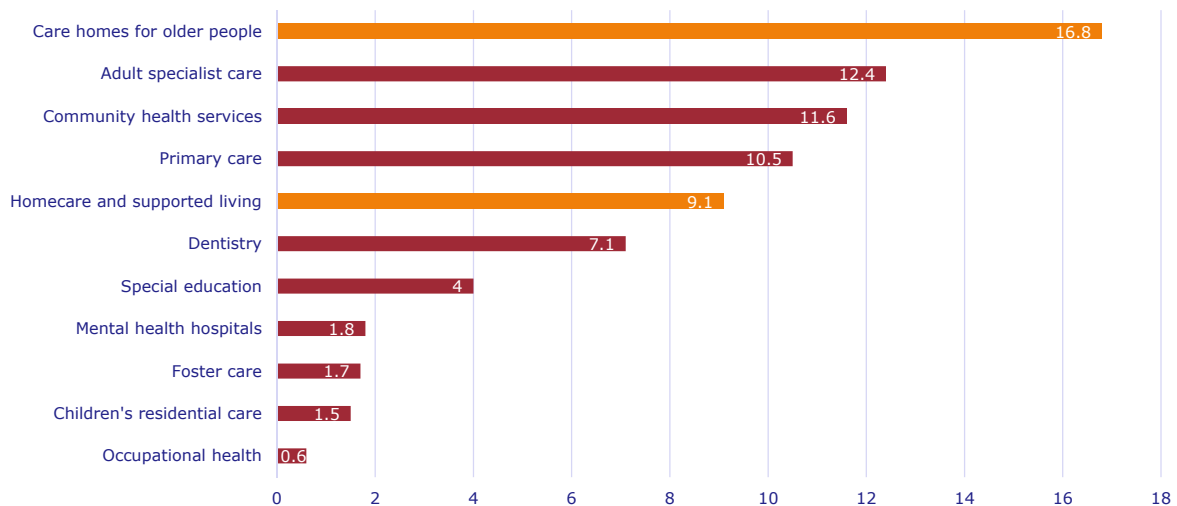


9/10 want care at home
 1 m people per year
 1.5 m visits per day
 540 m visits per year



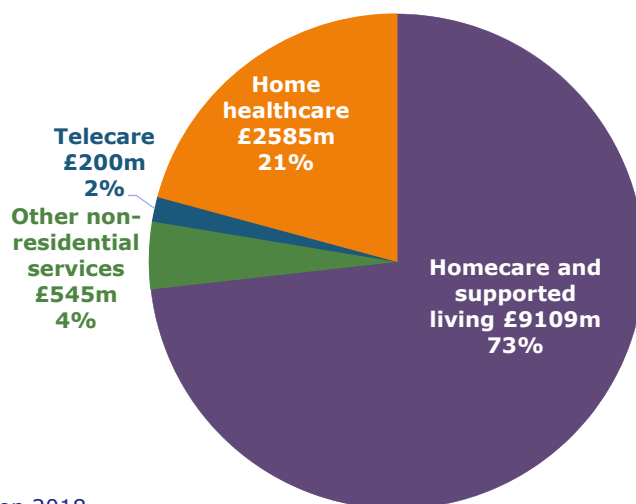
70% state-funded
 30% self-funded

UK care market value £ billion



Source: Laing Buisson 2019

Market value of all care in the home

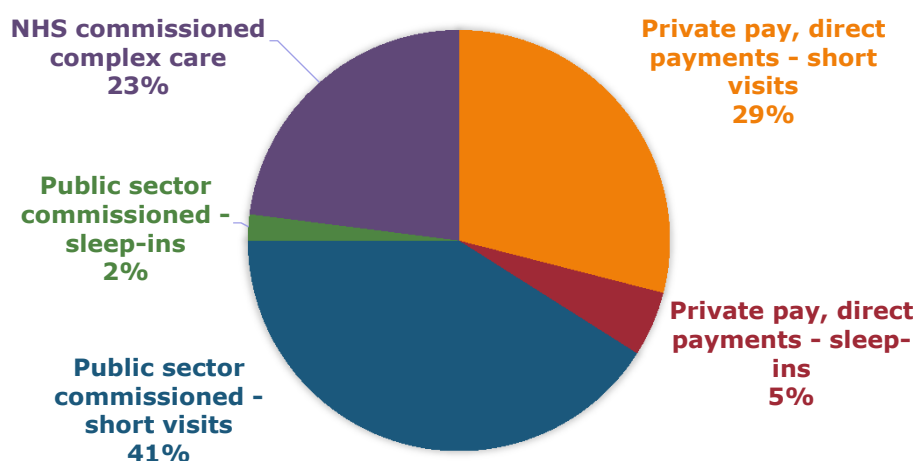


Source: Laing Buisson 2018

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Homecare market segments



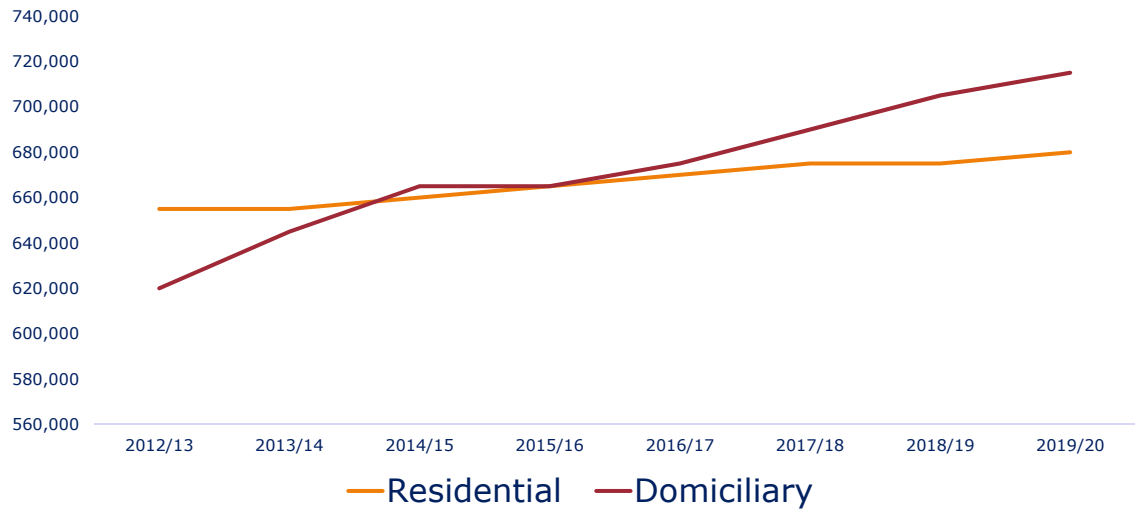
Source: Laing Buisson, 2018

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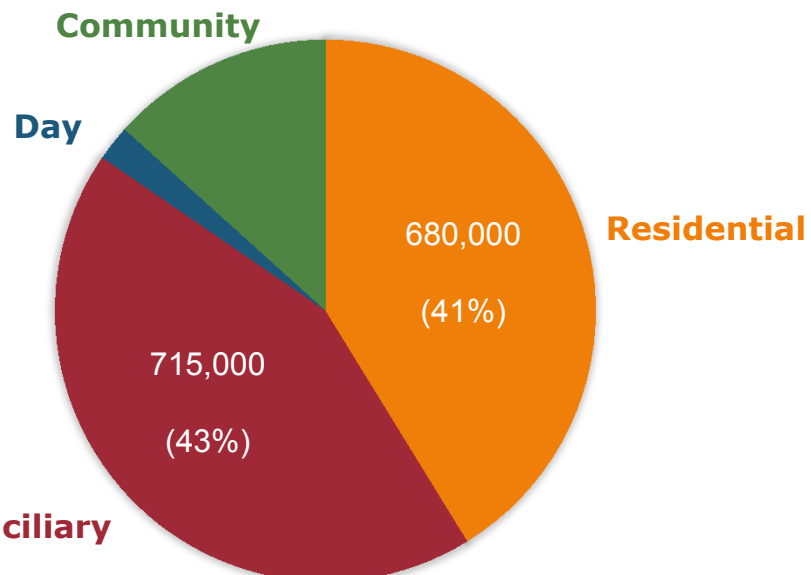
Jobs in domiciliary and residential care

Source: Skills for Care 2020



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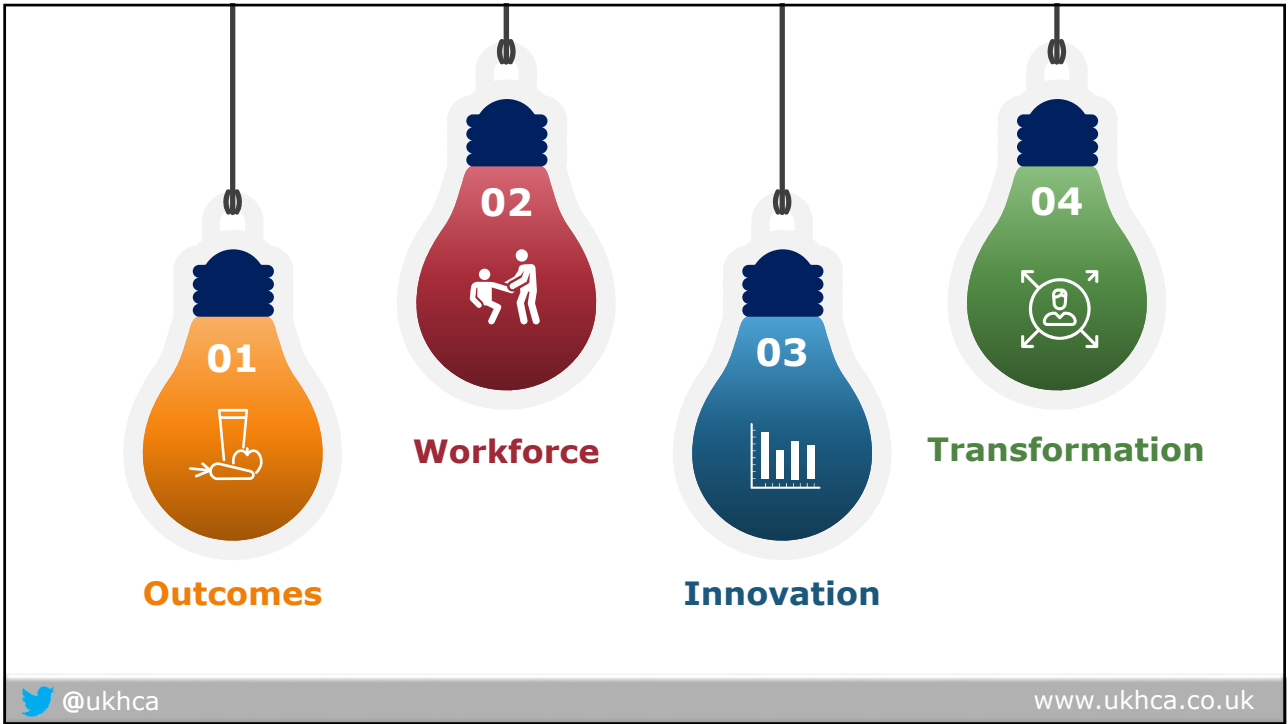
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Source: Skills for Care 2020

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Outcomes

Need evidence to demonstrate that investing in homecare improves health outcomes and saves money for the health and care system

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387,633 days of delay in hospital in 2019-2020 due to waiting for care at home

Homecare sector would require approximately £424K per day to support 8,600 new patients moved from the NHS compared with £2.9m in the NHS system.

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Older people This article is more than 1 month old

Number of older people diagnosed with malnutrition trebles in a decade

NHS Digital finds more than 1 million people aged 60 and over are malnourished or at risk

Amelia Hill
@byameliahill
Mon 23 Dec 2019 00:01 GMT
2,062

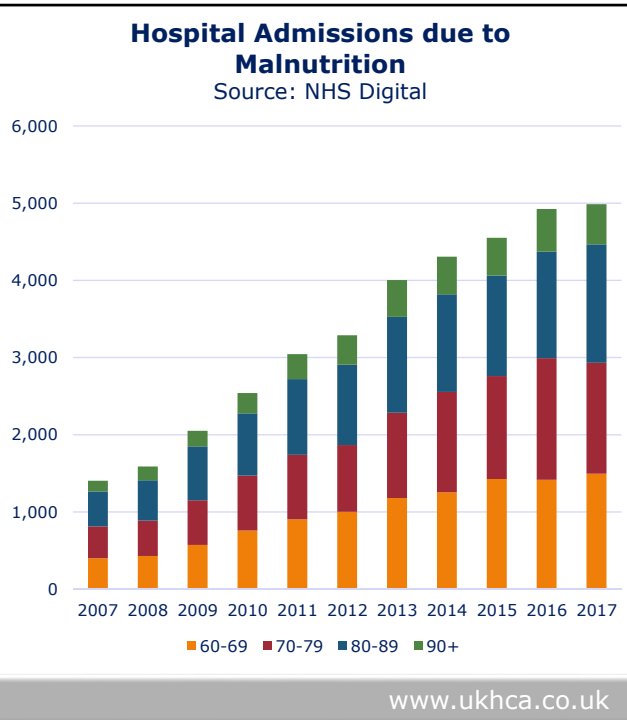


Poverty and dental conditions are some of the causes of malnutrition in older people. Photograph: Teresa Otta/Alamy

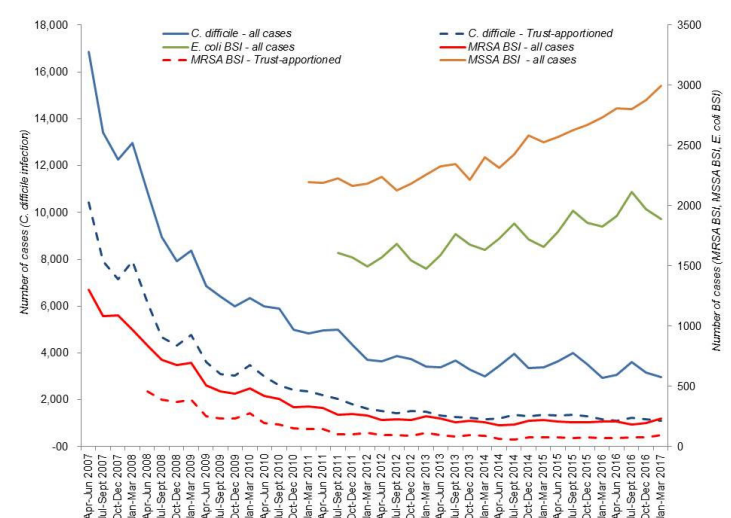
The number of older people diagnosed with malnutrition has more than trebled to almost 500,000 in the past decade, according to research.

More than 1 million people aged 60 and over – one in 10 – are either malnourished or at risk of malnutrition, the NHS Digital figures showed.

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Infections reported in England via the mandatory reporting HCAI scheme (Public Health England)



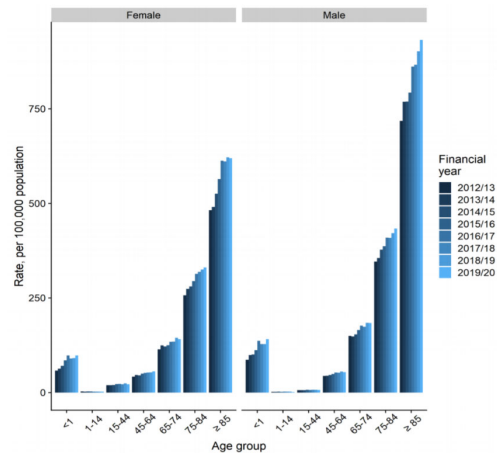
- Gram-negative bloodstream infections are believed to have contributed to approximately 5,500 NHS patient deaths in 2015.
- Government target to reduce healthcare associated Gram-negative bloodstream infections by 50% by 2021 and reduce inappropriate antimicrobial prescribing by 50% by 2021.

MRSA - Methicillin-resistant *Staphylococcus aureus*
MSSA - Methicillin-susceptible *Staphylococcus aureus*

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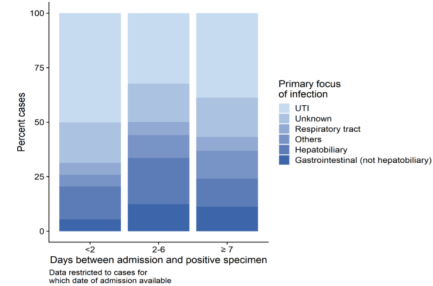
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Figure 3: Trend in age and sex structure of *E. coli* cases and rate per 100,000 population, England: 2012/13 to 2019/20*



*2019/20 population data were not available at time of preparation and 2018/19 population data were used in place.

Figure 6: Distribution of primary focus *E. coli* bacteraemia, by time to onset, England: 2019/20



- 70% community onset
- 70% in >65 years
- 70% UTI source
- 20% with urinary catheter in last 7 days
- 60% treated for UTI in last month

Dehydration as a contributory factor to UTI in older people

Factors increasing risk

Changes as the body ages

- Kidneys concentrate urine less
- Less muscle – ↓ stored water
- Loss of thirst reflex

Physical/cognitive impairments

- Difficulty swallowing
- Difficulty holding cups
- Dementia
- Fear of incontinence

Dependence on other to meet needs



Dehydration as a contributory factor to UTI in older people

- **33% of older people admitted to hospital from community are dehydrated**
 - ◆ NHS England (2015) Guidance—Commissioning Excellent Nutrition and Hydration 2015–2018.
- **45% of people become dehydrated on hospital admission**
 - ◆ Shells, Rebecca; Morrell-Scott, Nicola - Prevention of dehydration in hospital patients - British Journal of Nursing , Volume 27 (10): 5 – May 24, 2018



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Meta-Analysis > Age Ageing. 2019 Jan 1;48(1):57-66. doi: 10.1093/ageing/afy147.

Impact of social care supply on healthcare utilisation by older adults: a systematic review and meta-analysis

G Spiers ¹, F E Matthews ¹, S Moffatt ², R O Barker ¹, H Jarvis ¹, D Stow ¹, A Kingston ¹, B Hanratty ¹

Affiliations + expand

PMID: 30247573 PMID: PMC6322507 DOI: 10.1093/ageing/afy147

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Abstract

Objective: to investigate the impact of the availability and supply of social care on healthcare utilisation (HCU) by older adults in high income countries.

Design: systematic review and meta-analysis.

Data sources: medline, EMBASE, Scopus, Health Management Information Consortium, Cochrane Database of Systematic Reviews, NIHR Health Technology Assessment, NHS Economic Evaluation Database, Database of Abstracts of Reviews of Effectiveness, SCIE Online and ASSIA. Searches were carried out October 2016 (updated April 2017 and May 2018). (PROSPERO CRD42016050772).

Study selection: observational studies from high income countries, published after 2000 examining the relationship between the availability of social care (support at home or in care homes with or without nursing) and healthcare utilisation by adults >60 years. Studies were quality assessed.

Results: twelve studies were included from 11,757 citations; ten were eligible for meta-analysis. Most studies (7/12) were from the UK. All reported analysis of administrative data. Seven studies were rated good in quality, one fair and four poor. Higher social care expenditure and greater availability of nursing and residential care were associated with fewer hospital readmissions, fewer delayed discharges, reduced length of stay and expenditure on secondary healthcare services. The overall direction of evidence was consistent, but effect sizes could not be confidently quantified. Little evidence examined the influence of home-based social care, and no data was found on primary care use.

Conclusions: adequate availability of social care has the potential to reduce demand on secondary health services. At a time of financial stringencies, this is an important message for policy-makers.

- Outcomes reflected secondary, rather than primary, healthcare use.
- Few studies examine population sub-groups - whose use of healthcare would be most affected by variations in social care availability and supply. e.g., role of material disadvantage
- Paucity of evidence on home-based care is a critical omission, as domiciliary care is key in supporting older adults' independence in the community.

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People

Need an evidence-based national care workforce strategy

- Need evidence to project population needs for care in short, medium and longer term
- Need to define skills and competencies required to meet population needs
- Need nationally recognised and accredited training and qualifications to develop workforce skills and competencies
- Need terms and conditions to recognise skills and experience



New Zealand - pay rates (1 GBP = 2 NZD)

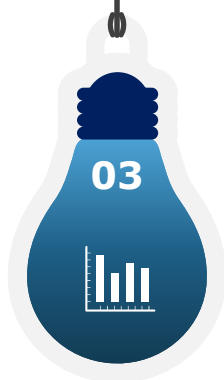
Year 1 (2017) Year 2 (2018) Year 3-4 (2019/20) Year 5 (2021)



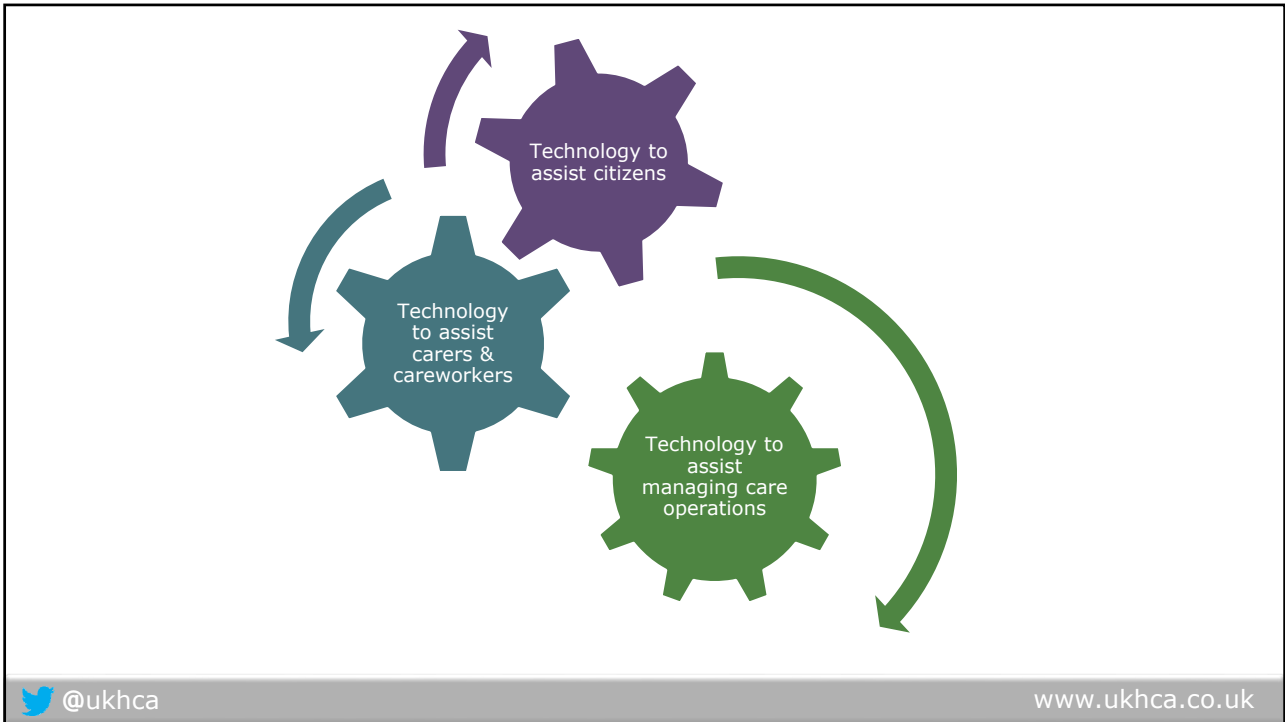
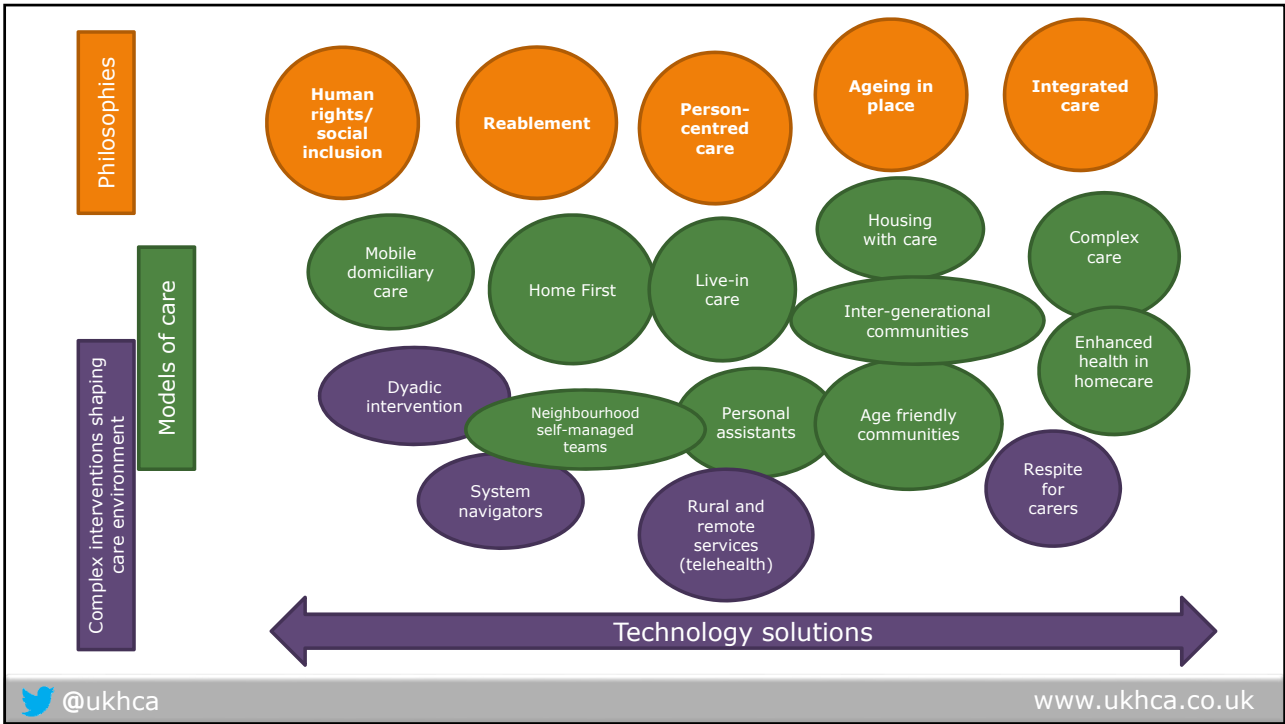
Need evidence to evaluate innovation in homecare

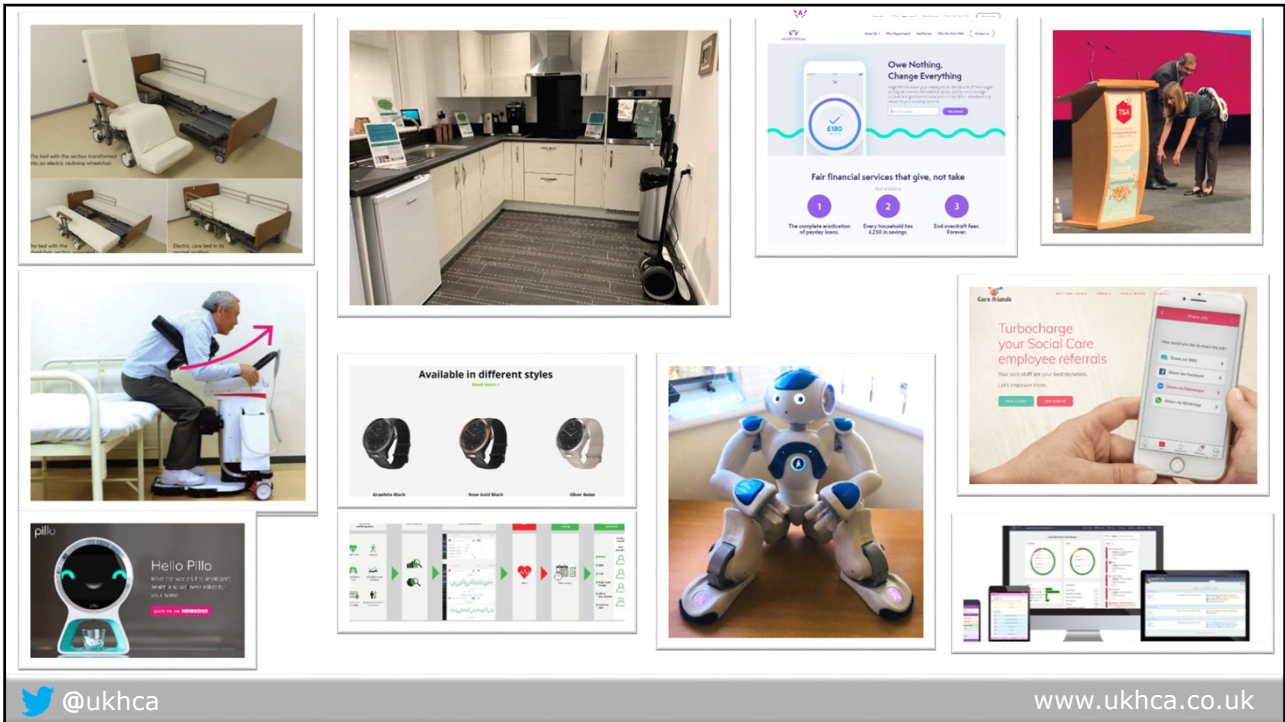
- Operating models, including integration with health
- Digital transformation of homecare

Big data analysis and prediction



Innovation





We will support local areas to optimise digital care models that foster independent healthy lives, with key common features



In the short-term need to enable delivery of new NHS@Home model and the Enhanced Health in Care Home framework

Key ingredients for digitally resilient care

<p>Get the basics right</p>	<p>Empower people to stay well</p>	<p>Equip staff with the right tools</p>	<p>Join up the data</p>	<p>Integrate health and care teams</p>	<p>Digital leadership</p>	<p>Equip staff with the right skills</p>	<p>National support</p>
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Aim to create an ecosystem in which digital participation is made easy for all providers, designed around improving the quality of life of individuals and giving time back for those in caring roles.

- 1 Digital solutions will augment people solutions – care is complex**
- 2 Data will help personalise, analyse, improve, join up care**
- 3 User experience needs to be addressed – integrated solutions**
- 4 Investment needed in infrastructure, devices, skills**

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Reform

Need evidence on best models to improve quality, outcomes and sustainability

- Commissioning and purchasing, including self-directed care
- Joining up health and care
- Funding
- Regulation

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Investment



Cost of care covered
Workforce valued



Fairness and clarity



State vs citizen



Improving outcomes



Self-directed
Joined up
Technology

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