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**Hospitals are working hard to streamline DToC processes. But these efforts will falter without urgent and significant interventions in the local provision of homecare. We argue that it's time for CCGs and hospitals to think about what they can do to improve homecare provision. This is no longer an issue that local authorities can and should tackle alone.**

*Why is homecare so critical?*

In the last update, we showed that DToCs due to lack of homecare are growing rapidly. The latest Parliamentary Briefing on NHS Statistics (February 2017) estimates that delays due to homecare have risen by 45% in the last 12 months<sup>1</sup>.

There are more than 10,000 homecare agencies registered in the UK<sup>2</sup>. So each local authority area should have an average of 24 agencies to choose from. In reality though, these are small businesses which find it difficult to deliver good quality care in the context of reducing public funds, reduced availability of workforce and the need to keep pace with the national living wage. These problems will worsen as we lose access to an EU workforce.

Those that are thriving often rely on private individuals who can pay more realistic rates than statutory commissioners. The ADASS budget survey for 2016 demonstrates this shift: homecare providers handed back their statutory contracts in 59 local authority areas in 2015-2016<sup>3</sup>.

There is some evidence that quality is declining. The BBC is reporting 23,000 allegations of homecare abuse each year<sup>4</sup> and the UK Homecare Association's Bridget Warr states

*"I think we are talking about state neglect when we look at what's happening with the funding [for homecare] at the moment"<sup>5</sup>*

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<sup>1</sup> <http://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7281>.

<sup>2</sup> An Overview of the Domiciliary Care Market in the United Kingdom (May 2016).

<sup>3</sup> <https://www.adass.org.uk/budget-survey-2016>.

<sup>4</sup> <http://www.bbc.co.uk/news/uk-39042266>.

<sup>5</sup> File on Four: 5<sup>th</sup> March 2017 <http://www.bbc.co.uk/programmes/b08g58fl> – minutes 33 to 38.

This is bad news for older people. And it's bad news for hospitals which are trying to free up beds. Lack of homecare means they cannot transfer people home, and poor quality homecare means they are more likely to see people back in hospital.

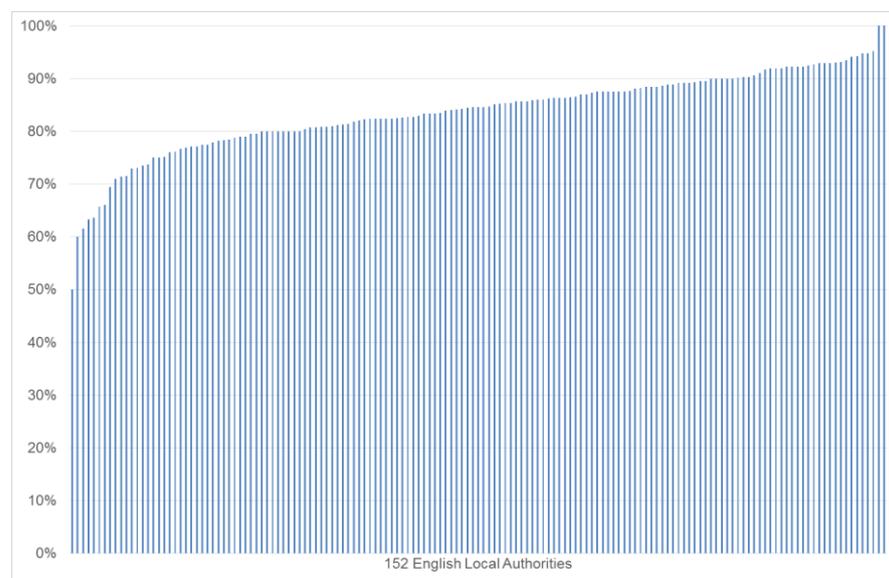
### *What are the solutions?*

This is why we are seeing a number of local authority and CCG partnerships working together to tackle homecare. It's true that there are few affordable "quick fixes", but these strategies are important:

- Initiatives to improve the availability of homecare workforce (support with childcare, transport, literacy, aspiration to work in social care).
- Hospital out-reach initiatives, such as virtual wards and related intermediate care options.
- Good quality reablement, which does seem to reduce the chances of someone returning to hospital.

On this last point, the graph below shows that generally, a high proportion of those discharged to reablement are still at home after 91 days<sup>6</sup>. The worst-performing authority, by this measure, still achieves more than 50%.

*Figure 1 SALT data excerpt: % of people discharged to reablement who remain at home after 91 days*



These are important strategies, but unlikely to bring about change which is quick or significant enough. It is our view, that bolder steps are required.

Traditionally, social care markets have been the preserve of local authorities. But they no longer have the required influence: they purchase increasingly small proportions of the

<sup>6</sup> Short and Long Term Data – Social Care 2015-2016. [www.digital.nhs.uk](http://www.digital.nhs.uk)

market, and pay a fee which is becoming uncompetitive. The challenge of DToC now offers a clear imperative for health commissioners to get involved.

Working with local authority partners (and not in competition) there is an opportunity for CCGs to make direct investments in homecare provision which will have a clear impact on DToC rates. We suggest that relatively modest contributions from NHS budgets could make significant improvements to local homecare markets and therefore local DToCs.

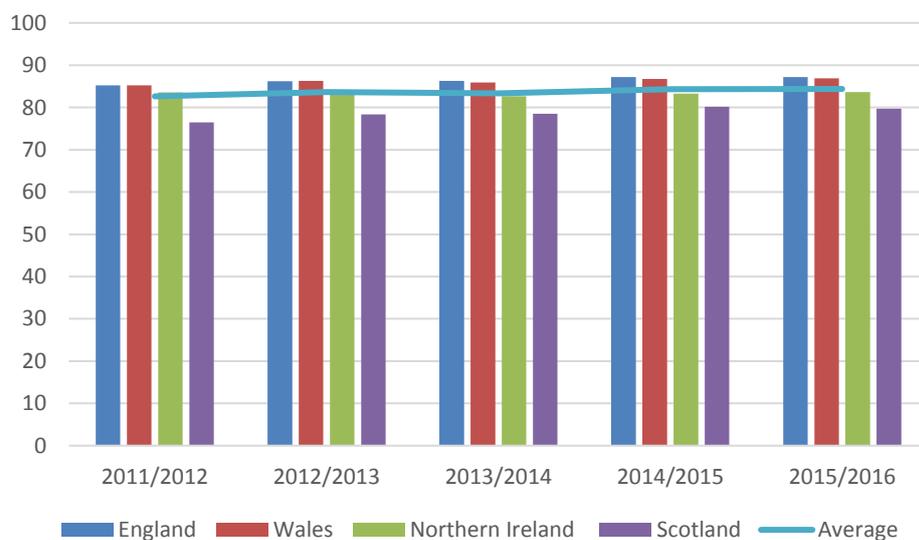
### *A note about Scotland*

In 2015-2016, Scotland's DToC dropped by 9%<sup>7</sup> whilst overall delays in England rose by 23%<sup>8</sup>. Some are suggesting a link between Scottish DToC rates and the availability of free personal care<sup>9</sup>. This is a tempting conclusion, but we don't think it's the whole story.

In the rest of the UK, the cost of homecare to the individual is a barrier, but not the most important barrier. In fact arguably, problems in the rest of the country are caused by an increasing appetite for individuals to pay privately for their homecare, thus reducing the pool of agencies willing to work within state-funded rates.

In thinking about Scotland and its DToCs, the next graph is interesting. It shows the % of hospital beds which are occupied in each country.<sup>10</sup>

*Figure 2 % of hospital beds occupied across the UK*



<sup>7</sup> [www.ISDScotland.org](http://www.ISDScotland.org) Delayed discharges in NHS Scotland Annual summary of occupied bed days and census figure. Publication date, 28<sup>th</sup> June 2016.

<sup>8</sup> Parliamentary Briefing Paper, NHS Indicators February 2017

<sup>9</sup> Not exactly home care, but contains many of the same elements

<sup>10</sup> Data for this chart is drawn from the following 4 sources which may not be entirely consistent in their approach to gathering, reporting and analysing data. ISD Scotland National Statistics, Northern Ireland Department of Health, Welsh Government Health and Social Care statistics, NHS England Statistics. This data should therefore be treated with caution.

Scotland consistently has a greater proportion of its hospital beds available, suggesting that there may be some other unusual factors at play in the Scottish health care system. One conclusion is that Scotland is more effective at preventing hospital admission – this is an issue that could be positively influenced by the availability of free personal care.

#### *Future research*

Cordis Bright is working with ADASS to undertake research into homecare markets and the most effective mechanisms for bolstering them. We'll report our findings towards the end of this year. If you would like to be kept informed, please email [Lucyasquith@cordisbright.co.uk](mailto:Lucyasquith@cordisbright.co.uk)