Disclaimer

Whilst every effort has been made to ensure the accuracy of this document, no responsibility can be accepted for any inaccuracy in data reported or views expressed.
Key figures

The state-funded homecare sector is running at a substantial deficit and over recent years fewer people have been eligible for state-funded homecare. This has placed significant demand side pressure on the NHS and means that a growing number of people are experiencing a delayed discharge, due to a lack of homecare provision in their community.

- **883,000** people received homecare over the financial year 2013/14. This represents an **18%** decrease since 2009/10.
- On a sample day in September 2015 there were **904** people in hospital with a delayed discharge awaiting homecare. This is a **51%** increase on the same day in September 2014.
- Over the course of September 2015 a total of **26,152** bed days were lost to delayed discharges for people awaiting homecare. This is a **51%** increase compared to September 2014.
- In the financial year 2013/14 the NHS spent a total of **£1.05 billion** on Non-elective Inpatient Excess Bed Days. The NHS report that this gives a unit cost of **£275** per person per day. For further information please see paragraph 7.
- UKHCA estimate that in September 2015 the NHS spent **£248,600** per day on excess bed days for people awaiting homecare. For further information please see paragraph 9.
- UKHCA estimate that over the course of September 2015 the NHS spent **£7.2 million** on excess bed days for people awaiting homecare. For further information please see paragraph 11.
• This represents an annual expenditure for the financial year 2015/16 in excess of **£86 million** on excess bed days for people awaiting homecare. For further information please see paragraph 12.

• UKHCA have calculated that the minimum price for homecare from April 2016 to guarantee compliance with the National Living Wage will be £16.70 per hour.

• UKHCA estimate that NHS expenditure on excess bed days due to people awaiting homecare would fully fund the following amounts of homecare at National Living Wage rates:
  
  - **5.2 million** hours of homecare per year.
  - **431,000** hours of homecare per month.
  - **14,900** hours of homecare per day.

• At present the average number of hours of state-funded homecare received is **1.82** hours per person per day.

• At UKHCA’s recommended minimum price of **£16.70** per hour the average unit cost for homecare on this basis would be **£30.39** per person per day.
Introduction

1. As local authority budgets have been cut, the provision of state-funded homecare has been reduced. We are now beginning to see the impact of the reduced capacity in the social care sector, as unnecessary demand side pressure is placed on the NHS. We believe that reduced capacity in the state-funded homecare sector has created unnecessary and avoidable pressures on the NHS.

2. Fewer people are now deemed to be eligible for state-funded homecare. People with care and support needs who are not eligible for state-funded care are likely to turn to the NHS, which is free at the point of use to meet these needs.

3. The health service is not designed to meet the long term personal care needs of these people in a manner that is conducive to their health and wellbeing, or in a manner which is cost effective.

4. People who are suitable for discharge but remain in hospital are at risk from hospital acquired infections, many find prolonged admissions frustrating and distressing. For some, delayed discharges can lead to depression and even loss of functional independence.¹

¹ The King’s Fund, Data Briefing, Emergency bed use: what the numbers tell us, p. 5. December 2011, Available at: http://www.kingsfund.org.uk/publications/data-briefing-emergency-bed-use
5. Previous studies have shown that for between 42-55% of NHS bed days an alternative care setting would have been more appropriate for the patient.  

6. We believe that reduced capacity and funding for homecare is an inefficient use of public money, places unnecessary demand and cost pressures on the NHS and undermines the health and wellbeing of people with care and support needs.

---

2 The King’s Fund, 2011, p. 5.
What do Delayed Transfers of Care cost the NHS?

7. In the financial year 2013/14 the NHS reported that £1.05 billion was spent on Non-elective Inpatient Bed Days at a unit cost of £275 per person per day.³

8. On a sample day in September 2015, a total of 904 people were in hospital with a delayed discharge because they were awaiting homecare. This is a figure that has increased rapidly. Between the sample day in April 2014 and the sample day in September 2015 the figure increased by 88%.⁴


9. If we assume a constant unit cost of £275 per person per day, then the daily expenditure by the NHS in September 2015 on people experiencing a delayed discharge because they were awaiting a package of homecare was £248,600 per day.

10. An even greater rate of increase is seen in the monthly returns. During September 2015 the NHS lost a total of 26,152 days to delayed discharges for people awaiting homecare. This is a sustained trend and represents an increase of 113% compared to the same figure from April 2014.

11. If we assume a constant unit cost of £275 then the NHS spent a total of £7,191,800 over the course of September 2015.
12. Given this figure, UKHCA estimate that the NHS will spend in excess of £86 million on excess bed days for people awaiting homecare.

13. This too is a figure that has risen rapidly. UKHCA estimate that total annual NHS expenditure on excess bed days for people awaiting a package of homecare will increase by 88% over the financial year 2015/16 compared to previous financial year. This rapid increase is illustrated below.

14. There are a series of correlations here, the supply of state-funded care has diminished, there are 18% fewer people receiving state-funded care now than there were in 2009/10. At the same time demand has

---

increased, it has been estimated that there are currently 1.6 million adults living with unmet social care and support needs. This is a cumulative total, we do not suggest that all adults with unmet needs would receive a regulated homecare service if they were to receive state funded social care.

15. The rapid growth in demand side pressure on the NHS and the rising number of delayed discharges, suggests that there may be insufficient resources in the state-funded homecare sector, to properly facilitate the discharge from hospital for people with continuing care and support needs following a non-elective admission.
An insufficient supply of homecare is the primary cause of increasing excess bed days

16. While the number of people experiencing a delayed discharge and the number of excess bed days have increased rapidly due to people awaiting homecare, the total number of excess bed days for all reasons has remained steady.

17. A total of 5,274 people were awaiting discharge for all reasons on the sample day in September 2015. This represents a 2% increase on the previous month and a 6.3% increase on the same day in September 2014. Homecare has grown at a disproportionally quick rate as a cause for delayed discharges. This is illustrated in detail overleaf.
18. Over the reference period of April 2014 to September 2015, the number of excess bed days per month due to people awaiting homecare increased from 11% of the total in April 2014, to 17% of the total in September 2015.

19. Nursing homes followed a pattern associated with winter pressures, over the reference period the number of excess bed days per month due to people awaiting a nursing home place increased from 12% in April 2014 to 13% in September 2015. The figure peaked at 15% in October 2014.

20. The equivalent figures for residential care and housing remained relatively constant, no significant trends are observable. Total monthly expenditure increased by 27% over the reference period, in September 2015 the NHS spent a total of £40.6 million on people experiencing a delayed discharge.
The cost effectiveness of homecare

21. NHS statistical releases have shown clearly that delayed discharges, the costs associated with them and the negative impact it has upon the health and wellbeing of people experiencing delayed discharges have risen significantly.

22. We suggest that this is due to the persistent underfunding of homecare, and a diminishing supply of homecare at a time when an ageing population means that demand for social care in all forms is growing.

23. We noted earlier that the unit cost of an excess bed day was £275. This represents a projected annual expenditure on excess bed days due to people awaiting homecare in excess of £86 million for the financial year 2015/16. Current rates of NHS expenditure on excess bed days for people awaiting homecare could resolve the insufficient supply of homecare.

24. Current NHS expenditure would fund the following quantities of homecare at National Living Wage rates:⁶

- 5.2 million hours of homecare per year.
- 431,000 hours of homecare per month.
- 14,900 hours of homecare per day.

---

⁶ Please see; UKHCA, *A Minimum Price for Homecare V 3.0*. Available at: http://www.ukhca.co.uk/downloads.aspx?ID=434
25. At present the mean average hours of care received in the state funded homecare sector is 1.82 hours per person per day. If all homecare services were to be funded at UKHCA’s recommended minimum price for homecare, set to be £16.70 per hour from the 1st April 2016, then the average cost of delivering homecare would be £30.39 per person per day.

If you have particular needs which make it difficult for you to read this document, please contact 020 8661 8188 or accessibility@ukhca.co.uk and we will try to find a more suitable format for you.