

National Institute for Health and Care Excellence

Costing Tool: Home care: delivering personal care and practical support to older people living in their own homes

Consultation date: 8 July – 22 July 2015

Consultee	Section / page number	Consultee comment	Developer comment
Duncan White @ UKHCA	Summary / page 2	This section makes note of significant issues concerning the pressures confronting the Adult Social Care sector (ASC) of which some are strategic in nature and the cost consequences of the measures outlined in the tool. If the tool is to venture into strategic and high level policy areas it should address the structures and processes involved in the ASC sector which actively detract from cost effectiveness: cherry-picking some of the issues does not enable a broad spectrum understanding of the hindering forces at play that have direct financial impacts. For example, there is not any mention of the cost of supporting over 400 commissioners of social care in England, consisting of local authorities, Care Commissioning Groups and NHS England.	
	s2.1 / page 3	This section states that “homecare is a support service”: it would be valuable to acknowledge that homecare has a primary purpose and is not, by definition, in support of any other service, often being the only intervention inputs prescribed. ‘Support services’ in the healthcare sector tend to refer to transportation, finance, hygiene etc	
	s2.10 / page 5 and 6	The five criteria cited do not have any evidential support or description of how these factors have been measured and determined to be in deficit	
	s3.1 / page 7	This section should also mention that inappropriate care in earlier stages that leads to a subsequent need for specialist or more intensive care because of a failure to properly address health deficit or a persons failure in the Instrumental Activities of Daily Living can be eliminated by the introduction of low intensity home care as a preventative measure	
	s3.2 / page 7	I think what you mean by “Eligibility thresholds have risen over recent years” is that local authorities have restricted access to care to only those who need complex care, usually for multi-factorial situations: the thresholds haven’t risen, it’s the restrictions on eligibility to receive state funded care that have been exercised to bar those lower down the needs escalator.	

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	s3.20 / 21 / 22 / page 12 s3.23 / page 13 s3.43 / page 16	UKHCA has concerns that it would be very difficult to develop measures for these recommendations to quantify outcomes or outputs, but... We do however emphatically agree with the statement at s3.23 and s3.43	
	s3.26 / page 13	The hyperlink to 'an overview of the UK domiciliary care market' goes to a TripAdvisor site informing of the 'world's best beaches'	
	Overall comment	UKHCA supports the objectives and purpose of the guidelines but we are concerned that many elements identified as bringing about a markedly improved homecare sector are unattainable in the current economic climate and could therefore be marginalised. We therefore suggest that the guidelines should reflect the prevailing economic, commissioning, supply-side, logistical and commercial environment to create a developmental agenda for the next five years. This should be problem-solving in orientation, evidence based and identifies the position of adult social care in the broader spectrum of an integrated health and wellbeing system that addresses the structural, operational and functional forces that are hindering the greater healthcare system from providing cost effective care, most visibly in attendances at A&E and delayed hospital discharges, for example. As it stands, the guidelines could be seen as idealistic and potentially undeliverable.	