United Kingdom Homecare Association
The professional association for homecare providers

Huw Yardley, Committee Clerk
Health Committee
House of Commons
London
SW1A 0AA

Wednesday, 03 August 2016

Dear Mr Yardley,

Planning for winter pressure in accident and emergency departments inquiry

Thank you for the opportunity to submit evidence to this inquiry, which I have the pleasure to do on behalf of United Kingdom Homecare Association (UKHCA).

UKHCA is the professional association for providers of domiciliary care. We have tracked the growing rate of delayed transfers of care caused by a person awaiting a package of care at home over the last two years.

Over the last two financial years the number of people experiencing a delayed transfer of care while awaiting care at home has increased by 122%. This now accounts for 20% of all delayed transfers of care.

Data also suggests that pressures are no longer confined to the winter period. We have seen a steady rise in pressures facing patient flow across the health and social care sector throughout the summer months, continuing through the winter and into spring.

We have worked closely with colleagues from NHS England, local authorities, care providers and housing providers to address these issues. There are innovative models of care that can address issues around patient flow and discharge, but these require good commissioning.

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However, in our view, the persistent underfunding in the homecare sector by local authorities and the NHS has seen the market retract and the supply of homecare decrease. Over the last six years we have seen a 20% reduction in the number of people receiving local authority funded homecare.

This has placed considerable pressure on acute hospitals in terms of delayed transfers of care and on A&E departments as the capacity of the homecare sector to support people effectively at home has reduced.

We believe that homecare has a key role to play in managing these pressures and supporting the NHS to achieve greater efficiency. Homecare can act as a means to prevent avoidable admissions and to facilitate timely discharges from hospital.

We have detailed our thoughts, insights and recommendations in greater detail in this submission. If you have any further questions arising from points made in this document please do not hesitate to contact us.

Yours sincerely,

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How hospital trusts work with their local health and care partners to prepare for winter pressure beforehand, and to cope with it during the winter

1. Evidence and available data suggests that system pressures in the NHS are not confined to the winter period.[1] UKHCA's chief concern is that reduced supply-side capacity in the homecare sector has a negative impact on the efficiency of the health sector. We believe that this has two primary causes; firstly it represents failures to integrate properly on a local level. Secondly, the homecare market is significantly underfunded by statutory sector commissioning authorities and subject to a great deal of instability.
2. The reduced capacity of the independent/voluntary homecare market is a significant barrier to patient flow, integration of services and ensuring discharges from hospital are timely and safe. Homecare providers often struggle to meet demand for their service, due to a lack of capacity in the workforce. The homecare market does not possess an elasticity of supply to meet fluctuations in demand.
3. We are concerned that the realisation of the aims laid out in the *Five Year Forward View* will be compromised by the increasing instability in the homecare market and the wider social care market.
4. If properly funded and utilised, homecare can support the NHS to achieve greater efficiencies, act as a preventative service and support people to regain independence after an admission to hospital.
5. Given this, we believe it is vital Government recognises that NHS efficiency is impeded by a supply-side shortfall in the homecare market which has been worsened by years of public sector spending cuts. This must be remedied if long term system wide integration and the resolution of ongoing issues around delayed transfers of care and demand side pressure are to be resolved.
6. However, there are a number of innovative practices and new models of care which we believe have been successful on a local level. Examples of new models of care and innovative practice which support integration and timely discharge include:

    a. **The Care Passport –** This is a project being developed by a range of hospital trusts and some independent/voluntary sector providers to support the

[1] Please see, UKHCA, *Delayed Transfers of Care and Homecare*. Available at: http://www.ukhca.co.uk/downloads.aspx?ID=489

transfer of information relating to a person's care and support needs when they move between care settings. The passport details a person's care and support needs, as well as their preferences and any communication requirements. The Care Passport is a dynamic document that is regularly updated by professionals involved in the person's care. It limits the need for reassessment when moving between care settings and can promote the safe discharge of people as soon as they are ready and a service is available.

b. **Best practice after discharge –** An audit by Healthwatch Stoke-on-Trent found that in the hours immediately after discharge, patients did not always understand their condition, the medications they were meant to be taking or who was responsible for meeting their care needs. In response University Hospital North Midlands set up the *Silver Helpline*. Patients can contact this service via telephone for 72 hours after discharge to request clarification or further explanation of their ongoing care needs. The helpline only assists with non-emergency care advice to elderly patients for three days after discharge. The helpline appears to be a cost-effective way to reduce the likelihood of rapid readmission and support people to regain independence in the community.

c. **Discharge to assess schemes –** A number of NHS Foundation Trusts run successful discharge to assess schemes, this covers all patients by three distinct discharge pathways. South Warwickshire NHS Foundation Trust run one such scheme, whereby patients who are discharged on the home support pathway will have access to a Community Emergency Response Team while at home and will receive a full assessment within six weeks of discharge to meet their continuing care needs.

   This scheme has seen the length of acute hospital stays fall from 7.7 to 6.6 days and community hospital stays have fallen from 35 to 18 days on average.

d. **Homecare in hospital –** This is a scheme where a person's package of homecare continues throughout an admission to hospital. This can support the person's wellbeing by ensuring continuity of care during the admission, reducing the need for re-assessment in hospital and provide ward staff with greater insight to a person's condition and understanding of their personal preferences. The key benefit is that when the person is fit for discharge, a responsive package of homecare is already in place.

This is common practice for many providers who work with people who purchase their care services privately, but it is rare in state-funded services, despite evidence showing its cost effectiveness.[2]

In practice, local authority commissioners usually cease funding homecare as soon as the service user enters hospital, creating a pressure on independent sector providers to redeploy careworkers elsewhere in order to remain financially viable, and ensure that worker's earning capacity is retained.

e. **Reablement schemes –** Investing in short-term community reablement services can prove to be a cost-effective way of facilitating a timely discharge from hospital and minimising the potential for readmission. HSCIC have reported that 81% of people aged 65 years or over who had received a reablement/rehabilitation package upon discharge had not been readmitted after 91 days at home.[3]

Evidence has shown that outsourced reablement services can prove to be cost-effective for local authorities. For example, Plymouth City Council introduced a reablement pathway to facilitate timely discharge from hospital. The council's business case shows that in the first twelve months of introducing the outsourced reablement pathway, the council saved £500,000.[4]

7. UKHCA believes that long term system reform and investment in community care capacity are vital to ensuring that issues with demand side pressure on A&E services and the health sector as a whole are addressed. Pressure in the form of delayed transfers and patient flow is not a seasonal issue; its resolution is in meaningful reform and investment.
8. There have been instances of actions that have seen short-term success; we do not believe these will prove to be long term solutions. An example is given below:

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[2] Keogh, C. Housing21, *Portable Care Packages: Care from Housing to Hospital*. Not available online

[3] HSCIC, *Community Care Statistics, Social Services Activity, England*, 2014/15. Available at: http://www.hscic.gov.uk/article/2021/Website-Search?productid=18981&q=community+care&sort=Relevance&size=10&page=1&area=both#top

[4] Quoted in, HSG Reable Plymouth Review, *Reablement - Standing at the Junction of Health and Social Care*. Available at: http://www.humansupportgroup.co.uk/wp-content/uploads/2015/10/Reablement-brochure.pdf

a. Oxfordshire County Council have recently announced that following a £2 million injection into the local care market they no longer register as the worst performing local authority by the measure of number of delayed transfers of care.[5]

   The council funded short term care home beds and recruited homecare staff to their in-house team. While this produced a rapid decrease in the number of people experiencing a delayed transfer of care, we believe this is a short term solution. It overlooks the fact that genuine system reform and market shaping is required.

   It is disappointing that the local authority has achieved this by recruiting around 30% of its workforce from its local independent and voluntary homecare market. We believe that diverting labour away from the independent and voluntary homecare market (which provides approximately 900,000 hours of care and support to people in their own homes per year[6]) will inflict further instability on the local care market and creates unproductive 'churn', rather than increase capacity.

   In short, while cash injections into the local market are welcome, we have concerns that solutions as described in Oxfordshire, are short term. A long term solution lies in genuine system reform and effective market shaping that support the long term stability of the homecare market on a national and local level.

National activity that is being undertaken to support hospital trusts in coping with the demand they are likely to face

9. UKHCA is aware of a number of national projects and we have worked closely with NHS England's Out of Hospital Urgent Care Team (OHUC) on resolving issues around delayed transfers of care from hospital to the community and better utilising care at home to facilitate timely discharges from hospital. This has been a highly productive working relationship, and one that we hope continues.

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[5] Please see: http://news.oxfordshire.gov.uk/oxfordshire-bucks-trend-in-hospital-delays/

[6] Oxfordshire County Council, *Market Position Statement; home support services*, 2014. Available at: https://ipc.brookes.ac.uk/market-position-statements/Oxfordshire_Home_Support_MPS_2014.pdf

10. A great deal of our work with OHUC addresses issues around information sharing between health and social care services. Government has a key role to play in facilitating this. One example that is already being implemented is the Summary Care Record (SCR). The SCR is a digital care record, that professionals can access, but can only be edited by General Practitioners.
11. This process can allow providers of health and social care to access information about a person's care and support needs in a timely fashion, supporting continuity of care, minimising the need for reassessment/repetition and hopefully facilitating better patient flow.
12. While UKHCA is broadly supportive of the SCR, we have two criticisms:

    a. The SCR can only be updated by a GP. We are concerned that this prevents social care providers and other health professionals from contributing information to the SCR when they have new information about the individual's condition, support needs and preferences. Limiting the ability to update the SCR to GPs risks making the record a Summary *Medical* Record as opposed to a Summary *Care* Record centred on the individual.
    b. We are concerned that issues around data protection may limit independent/voluntary sector providers from benefiting from the SCR and sharing information with statutory bodies like the NHS and local authorities. This concern centres on secure logins and secure emails. NHS or local authority employees will use "nhs.net" or "gov.uk" email addresses, between which information can be shared securely. Homecare providers in the independent/voluntary sector may not have immediate access to email systems that are security compatible with such addresses.

13. Another example of national activity being undertaken to support NHS hospitals to become more efficient and better able to cope with demand, is the ongoing development of Sustainability and Transformation Plans (STP).
14. STPs will be produced by every health and care system in England. They should show how local services will evolve and become sustainable over the next five years. This is positive and should provide a strategic overview of local integration plans.

15. UKHCA believes that NHS efficiency depends, to a considerable extent, upon the stability and capacity within local social care markets. The system reform that STPs are intended to bring about will not be realised without proportional investment in homecare and other social care provision.
16. We believe that STPs must assess and describe the stability of the local independent/voluntary sector care market, and describe the local market shaping activities needed, the importance of good commissioning practice in ensuring adequate capacity in the social care sector and make provisions for workforce planning and development in the homecare sector.
17. Without these considerations, we believe STPs will not meet their potential to drive forward reform and transformation of health and social care services in England.

Summary and other key points

18. We believe a concept of 'winter pressures' is no longer accurate, and pressures persist across the health and social care sector all year round, with some seasonal peaks in demand.
19. The predominant cause of growing demand side pressure on the NHS and A&E departments is patient flow and delayed transfers of care from hospital into a community social care setting.
20. A significant part of the solution lies in developing greater capacity in the homecare market. Since 2010 the number of people to receive local authority funded homecare has decreased by 20%. This has implications for patient flow, most notably in the form of delayed transfers of care. Delays caused by people awaiting homecare have increased by 122% over the last two years.
21. This is a symptom of ongoing underfunding and financial retrenchment in the homecare sector. We believe the resolution is in sustainable funding for homecare services, improved commissioning practices and robust facilitation of local care markets.