

Daniel Jones | Policy Officer | UKHCA

UKHCA Consultation Response

Sent by e-mail to: pfg@executiveoffice-ni.gov.uk

22 July 2016

Department of Health
Information Office
Castle Buildings
Stormont
Belfast
BT4 3SQ



Dear Sir or Madam,

United Kingdom Homecare Association (UKHCA) consultation response to "Consultation on the Draft Programme for Government Framework 2016-21"

Thank you for the opportunity to respond to this draft Programme for Government which I have the pleasure to do for the United Kingdom Homecare Association (UKHCA).

Our mission, as a member-led professional association, is to promote high quality, sustainable care services so people can continue to live at home and in their local community. We therefore fully support your commitment to promote awareness of issues which have an impact on older people in Northern Ireland.

The domiciliary care sector in Northern Ireland provides community-based services to more than 41,000 people at any one time and employs around 12,000 people to meet the demand.

Yours faithfully,

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Consultation on the Draft Programme for Government Framework 2016-21

Of the main survey questions, UKHCA responded to the three below. For all others, the following response was given: 'As the professional association for providers of domiciliary care, we are not best placed to respond to this question.'

16. Indicator 5: Improve the quality of the healthcare experience Measured by: % of people who are satisfied with health and social care (based on their recent contact)

	Keep the same	Change	No opinion
Indicator		✓	
Measure	✓		

1. UKHCA welcomes this indicator and will follow it closely.
2. In its current wording, we do not believe causality necessarily exists between the indicator and measure. This is down to the use of the word "quality". Quality and user experience are not necessarily compatible concepts. Quality of care could be high but a user may still feel dissatisfied, and vice versa. A service user may not be qualified to understand the quality of their care, so a measure studying satisfaction may not indicate an improvement/decline in quality. If the Executive wish to measure quality, then Indicators 9 and 14 are better suited for this; they include personalisation and the training of staff which can enhance the quality of care provision. We recommend caution, then, when using the term "quality" – so it is clear that user experience only is being scrutinised.
3. There are examples of similar indicators. The Department of Health in England's Adult Social Care Outcomes Framework (ASCOF) includes 'Ensuring that people have a positive experience of care and support', and the NHS's Outcomes Framework (2016-17) refers to 'Ensuring that people have a positive experience of care.'

4. The accountability of commissioning services is an important issue when ensuring the best user experience. The NI Department of Health's 'Domiciliary Care Services for Adults in Northern Ireland (2015)' found that 28% of visits between October 2015 and January 2016 were 15-minutes or fewer. UKHCA believes 15-minute or fewer visits are rarely suitable and should never be used for personal care.

**20. Indicator 9: Improve support for adults with care needs
Measured by: the number of adults receiving personal care at home or self-directed support for personal care, as a percentage of the total number of adults needing care**

	Keep the same	Change	No opinion
Indicator	✓		
Measure	✓		

1. UKHCA welcomes this indicator and will follow it closely.
2. It is worth noting that 2,400 people received independently funded domiciliary care from around 307 providers in 2014/15 (see UKHCA, 'An Overview of the Domiciliary Care Market in the United Kingdom', May 2016, p.78). Users and providers alike rely on a suitable price paid for care. Research undertaken by UKHCA found that the average price being paid for domiciliary care in Northern Ireland was £11.35 (see UKHCA, 'The Homecare Deficit', March 2015). This was significantly below our calculated minimum price which at the time was £15.74. In November 2015, our recommended figure increased to £16.70 to reflect inflation and the introduction of the National Living Wage.
3. This price (£11.35) is untenable for sustainable and effective support for adults in Northern Ireland. It causes market instability and a risky environment for providers which can affect access to homecare.

4. If the Executive hopes to improve support for adults with care needs, providers require a sufficient hourly rate for care. Providers believe the currently price paid is untenable and threatens the sustainability and effectiveness of homecare in Northern Ireland.
5. We refer to the 'Transforming Your Care' principle, "Home as the hub of care", and repeat Sir Liam Donaldson's criticism of its failure. He believed that support for adults and personalised care can improve, but only if funding shifts from hospitals to primary, community and social care services (Donaldson, 'The Right Time, The Right Place', p.14).

**25. Indicator 14: Improve the skills profile of the population
Measured by: the proportion of the workforce in employment
qualified to level 1 and above, level 2 and above, level 3 and above
and level 4 and above**

	Keep the same	Change	No opinion
Indicator	✓		
Measure	✓		

1. UKHCA welcomes this indicator and will follow it closely.
2. Northern Ireland's population is ageing and care needs are becoming more acute. The new Executive should ensure there is a sizeable and well-trained domiciliary care workforce ready for the increased need.
3. Extremely low hourly rates paid by Trusts put pressure on homecare providers' financial viability and risk a severe impact on funding for training careworkers, 68% of whom work in the independent and voluntary sector. The injection of funds into leadership and management training could ensure a more positive experience for staff and users.

4. The chair of the Northern Ireland Social Care Council recently commented, 'There is an increasing demand for a wider range of care services to be delivered in people's own homes and in the community.' UKHCA sees this increasing demand as a chance for the Executive to fund the skills needed for domiciliary care's future.