Homecare Association response to NICE consultation on their social care remit

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1. What is your role(s)?

I'm writing on behalf of the Homecare Association. The Homecare Association is a member-led professional association, with over 2,100 homecare provider members across the UK. Our members encompass the diversity of providers in the market: from small to large; predominantly state-funded to predominantly private-pay funded; generalist to specialist; live-in services to visiting services and from start-ups to mature businesses. Our mission is to ensure homecare is valued so all of us can live well at home and flourish within our communities. We use our trusted voice to work with others to shape homecare. We also provide hands-on support and practical tools for our members.

2. What NICE outputs have had the most impact/made the greatest difference in the social care sector?

Out of all of the main outputs, the Nice Guidelines (and Quality Standards) have had the most impact in the homecare sector.

[We welcomed NG21](#) *Home care: delivering personal care and practical support to older people living in their own homes* when it was first published and indeed some of our members were involved in its development. The guideline remains something that the sector can refer to in designing and delivering homecare services, and also serves as a reference point in discussions with commissioners to challenge, for example, short visit times of less than half an hour (which, again, seem to be resurfacing as an issue under renewed financial pressures).

There are significant differences between managing medication in homecare as opposed to residential settings or hospitals. These are not always understood by health professionals who can challenge homecare staff regarding their medications management. We developed bespoke training to support providers with good practice in medications management. NG67 *Managing medicines for adults receiving social care in the community* is a key resource for this, to which we refer our delegates and which can provide a useful point of reference in dialogue with professionals or policy staff more familiar with residential or facility-based settings. When the Guideline was first

developed we were involved in the working group in the implementation of NG67 and are happy to continue to promote its use.

Other guidelines, for example, on end of life care, are also often referred to as evidence-based best practice.

When we are developing new training resources we check NICE guidance as a trusted source of evidence-based information and best practice.

While we consider the Guidelines and Quality Standards to be NICE's core output; we have also used NICE Quick Guides in training, and recommended their use to our members when running their own in-house training.

3. **What unique value does NICE add in social care?**

We welcomed the expanding of NICE's remit to social care guidance, which introduced a rigour and evidence-based approach that has often been absent in social care as a whole. NICE guidance therefore has a credibility in which people can have confidence and which supports good decisions on best practice. Compared to other sources of information, we find NICE guidance easy to follow, user friendly, easy to reference and written in plain English. This makes it a source of choice, and more accessible than some other sources of best practice.

Sometimes health professionals and social care professionals can have different approaches and expectations, but the views and expertise of clinicians tend to carry more weight in our society among professionals, policy makers and the public alike. This can mean that the crucial perspective of social care professionals can go unheard in debate in which the differences between health and social care are important.

NICE's social care guidance has helped to redress this imbalance. NICE as an organisation is highly respected in the healthcare sector and being able to refer to its best practice guidance on issues that concern the meeting of healthcare and social care can give vital support to social care organisations.

4. **What do we no longer need to do?**

Everything that is being done seems to be useful. If there were a need to prioritise, maintaining and producing relevant social care Guidelines would be key from our perspective.

5. **What can NICE deliver that would be most useful to the system?**

We are seeing increased demand for end of life care at home as well as more people with multiple co-morbidities leading to complex needs. This means that more of the care that is being commissioned is complex in nature.

One potential area for a new Guideline might therefore be best practice around complex care delivered at home.