Homecare Association

Homecare Association Response to the 10 Year NHS Plan for England

Organisation: Homecare Association

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Contact: Daisy Cooney, Head of Policy, Practice and Innovation

Q1: What does your organisation want to see included in the 10-Year Health Plan and why?

Build an NHS fit for the future

- Foster collaboration across social care, health, housing and voluntary sectors.
- Give homecare providers a voice in ICS discussions and decision-making at all levels.
- Amplify the voices of those who need and give care so they can contribute to policy and service development.

A quarter of us will be 65 or older in 25 years. Our health and care system is not coping now. To meet this challenge, we must transform how we fund, provide, and ensure access to care. Early support and preventative approaches in the community will help to shift the dial on demand. We must harness the power of innovation while cherishing the irreplaceable human elements of hands-on care. With smart strategies, collaboration, and investment, we can build a future where more of us remain healthy for longer.

The cost to long-term public health is significant. People's health is deteriorating, leading to an increased reliance on expensive emergency services and more frequent hospital admissions. The need for more complex care is growing, placing further strain on the NHS and reducing its efficiency. This not only increases public spending but will also slow down economic growth.

Skills for Care estimates the social care sector contributing £68.1 billion to the economy[1]. This is more than any of the following sectors: transportation and storage;

[1] https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-state-of-the-adult-social-care-sector-and-workforce-in-England-2024-Executive-Summary.pdf

accommodation and food service activities; electricity, gas, steam and air conditioning supply; other service activities; water supply, sewerage and waste management; arts, entertainment and recreation; agriculture, forestry and fishing; activities of households; and mining and quarrying.

Failing to address investment in social care contradicts the aim of securing the highest and most sustained growth in the G7. Social care is a key plank of the foundational economy, upon which the tradable economy depends.

Homecare plays a vital role in enabling us all to live well at home and flourish in our communities. Investing in homecare helps to enhance wellbeing; increase healthy life expectancy; reduce pressure on the NHS; save money for the health and care system; and support economic growth. As we outline in our manifesto[2], there is power in partnership, and collaboration across social care, health, housing and voluntary sectors is key.

Homecare providers can play a crucial role in building an NHS fit for the future by:

- Reducing pressure on hospitals through effective home-based care.
- Supporting early intervention, preventative care and support measures.
- Collaborating with the NHS to provide integrated care pathways.

Homecare sits at the epicentre of the government's three shifts, from hospital to community, from sickness to prevention and from analogue to digital.

It can also save the NHS money. Recent research from the Time to Act Board shows that investing in earlier preventative support in social care can improve people's lives and save £3.17 for every pound spent[3].

Addressing the financial deficit in social care

We urge the Government to take immediate action by committing to protect and adequately fund local authority budgets, ensuring councils can meet their legal obligations and continue to provide the vital social care services that people depend on. This is essential for individuals relying on care services and for the sector's stability. It is also important for the NHS, which has waiting lists of 7.6 million[4]. Lack of investment in social care increases hospital admissions and readmissions and delays discharges. Lack of availability of hospital beds is a key contributor to growing waiting lists for treatment.

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[2] https://www.homecareassociation.org.uk/resource/homecare-manifesto-for-the-general-election.html
[3] https://www.local.gov.uk/about/news/investing-preventative-support-can-save-more-ps3-every-pound-spent
[4] https://www.nuffieldtrust.org.uk/qualitywatch/nhs-performance-summary

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The financial situation facing Local Authorities and Directors of Adult Social Care Services (DASSs) is as dire as it has ever been in recent history. The Local Government Association (LGA) has estimated that, over the past decade, care costs have increased by £8.5bn but revenue only by £2.4bn, resulting in a £6.1bn funding gap[5]. In October 2023, the LGA estimated that councils in England face a funding gap of £4 billion for all services, not only social care, over the next two years[6].

Alarmingly, nine out of ten DASSs have expressed little to no confidence that their budgets will be sufficient to fully meet their statutory duties in 2024/25[7]. The budget for adult social care increased from £19.2 billion in 2023/24 to £20.5 billion in 2024/25, and the share of councils' overall budgets spent on social care rose from 36.7% to 37.2%. These increases cannot, however, address the growing demands and pressures on the system. What is particularly troubling is that in the most recent survey conducted by the Association of Directors of Adult Social Care Services, 37% of DASSs reported they would need to rely on council reserves and other one-off funding sources just to cover their social care base budgets[8].

This is only further compounded by recent decisions at the Autumn Budget 2024. Overall, we calculate we need an extra £1.9 billion per year for homecare alone to cover new increases and historic deficits.

A recent survey undertaken by the Care Provider Alliance has shown that

- 73% of providers will have to refuse new care packages from local authorities or the NHS.
- 57% of providers will hand back existing contracts to local authorities or the NHS.

The impact of this on the NHS is significant.

The Institute for Fiscal Studies assessed the impact of cuts to older people's adult social care between 2009/10 and 2017/18. It found that a 31 percent fall in spending per capita was associated with an 18 percent increase in A&E admissions among the over-65s, and a 12.5 percent increase in A&E readmissions within seven days. Each

[5] https://www.local.gov.uk/parliament/briefings-and-responses/debate-social-care-provision-uk-and-role-carers-provision-house#:~:text=More%20information-,Debate%20on%20social%20care%20provision%20in%20the%20UK%20and%20the,billion%20needed%20to%20be%20managed.

[6] https://www.local.gov.uk/parliament/briefings-and-responses/local-government-finances-and-impact-local-communities

[7] https://www.adass.org.uk/documents/adass-spring-survey-2024/

[8] https://www.adass.org.uk/documents/adass-spring-survey-2024/

£100 reduction in adult social care spending resulted in an increase of £1.50 in A&E spending.

This is an unsustainable approach that jeopardises the long-term viability of essential services.

While difficult decisions need to be made to find savings across Government, any further reduction to local authority budgets will critically undermine the ability of providers to support the Government's mission to sustain economic growth, build an NHS fit for the future, and deliver a National Care Service.

Fair funding that enables care providers to deliver complex care

When services are being commissioned, the fee rate is often too low, especially because of the complexity of care required. This is unsustainable. Our analysis shows that only 1% of regular homecare contracts attained the Minimum Price for Homecare in the relevant nation. For 2024/25, providers require £28.53 per hour minimum to allow for full compliance with the new National Living Wage (£11.44) in April 2024 and the delivery of sustainable, good quality, regulated homecare services. A fee rate of £30.31 per hour is required to pay careworkers an equivalent wage to an NHS Band 3 Healthcare Assistant with 2+ years' experience.

According to our recent research, 45% of providers report commissioners pay the same rate for hospital discharge work with complex care as they do for regular, council-funded personal care. This can be for as little as £16-17 an hour[9].

Lack of known fee rates and payment delays compound these issues.

With no confirmation of what they will be paid, providers are left trying to deliver services and undertake financial planning. In a sector that is already in serious financial deficit, this is a very difficult operating environment. Both these issues affect the majority, not the minority of providers.

In our recent research, over 75% of providers reported not having determined fee rates for NHS work in 2024-2025. Across all care services commissioned by the NHS, this percentage fell even further to 15%[10]. This means that

Late payments also have a significant impact on businesses, leading to cash flow difficulties, which can affect their ability to pay bills and the business's own suppliers.

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[9] https://www.homecareassociation.org.uk/resource/hospital-discharge-and-homecare-in-the-uk-a-call-for-urgent-action-from-an-incoming-government.html

[10] https://www.homecareassociation.org.uk/resource/fee-rates-for-state-funded-homecare-2024-25.html

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Without predictable payment terms, homecare providers find it difficult to remain sustainable, invest and expand.

The definition of prompt payment for a small business supplier, contained in the voluntary Prompt Payment Code, is to pay 95% of invoices within 30 days. Shockingly, nearly a quarter of respondents said their average payment length was over 90 days from the NHS[11]. 9% have waited an average of 120 days for payment. Nearly all said they had experienced late payment of invoices from the services they deliver for the NHS. Some small providers are owed as much as £350K and have had to wait for over a year to be paid.

Enabling hospital discharge in partnership

Homecare providers are a crucial partner to the NHS in enabling safe, timely and effective discharge from hospital. But all too often, we are seeing unsafe, chaotic and distressing discharge practices that are failing patients and families. Over 60% of providers tell us that people are being discharged from hospital too soon, leading to readmission. A third of providers (35%) say that most of the discharges they are involved in are not safe[12].

Current discharge practices often fail to meet the basic standards of person-centred care. Our data shows 55% of providers report discharge paperwork inadequately reflecting people's needs and views, while 59% disagreed that the process offers adequate choice about care arrangements. Support for joint outcome-based assessments is strong at 69%, yet implementation remains poor. The consequences are serious: 35% of providers report unsafe discharges and 76% show increased difficulty accessing healthcare compared to the previous year[13].

Homecare providers stand ready to support the NHS, but their services are not being fully used. In our recent research, two-thirds of providers said that while there are discharge delays in their area, they have unused homecare capacity. Nearly half of private-pay homecare providers said they will step in and support services but are not being commissioned[14].

Recent analysis from Autumna confirms this. 85% of homecare providers who have a positive relationship with their local hospital discharge teams want to see the

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[11] https://www.homecareassociation.org.uk/resource/homecare-provider-viability-threatened-by-late-payments.html

[12] https://www.homecareassociation.org.uk/resource/hospital-discharge-and-homecare-in-the-uk-a-call-for-urgent-action-from-an-incoming-government.html

[13] https://www.homecareassociation.org.uk/resource/hospital-discharge-and-homecare-in-the-uk-a-call-for-urgent-action-from-an-incoming-government.html

[14] https://www.homecareassociation.org.uk/resource/hospital-discharge-and-homecare-in-the-uk-a-call-for-urgent-action-from-an-incoming-government.html

process reformed. 93% of homecare providers would like to see government reform of the hospital discharge process[15].

Unlike care homes, which have fixed bed numbers limiting capacity, homecare supply is more elastic. If hospitals handled discharges safely, fees covered costs, and ICBs paid invoices on time, more homecare providers would accept NHS work. Models of provision, such as live-in care, could also be useful for people with higher needs discharged from hospital. Many commissioners seem unwilling even to consider this, though costs are comparable to care homes.

Enabling care workers to better support preventative care in the community

Care workers are often the professionals who spends the most time with someone: they know the people that they support well and can spot changes in their condition. This means that they can refer people for support early on. They can also provide support to prevent people's health from deteriorating and causing unnecessary admission to hospital. From our recent report[16], we know providers are keen to engage with the NHS about the prevention agenda. This includes:

- Looking at new ways to prevent hospital admission, for example, stepping up care to look after people at home when they have infections.
- Offering more rapid response services to prevent hospital admission; and greater focus on rehabilitation and avoidance of readmission following a hospital stay.
- Allowing care providers greater ability to refer people into the NHS for preventative support.

Enabling care workers to reduce avoidable deterioration in people's health conditions requires access to the right professional when they need it. Since the pandemic, the pressure felt by community health services, including GPs, means that getting hold of the right person is more challenging than ever before. Access to professionals such as dieticians or continence nurses can mean the difference between someone being able to continue managing well at home, or admission to hospital. Often, care workers cannot speak with a healthcare professional, or they are unable to find out who they need to speak to.

This is particularly important for people who are dying. Many people nearing the end of their life find themselves unnecessarily admitted to hospital. Almost a third of emergency hospital admissions are for people in the last year of life. 7% of people

[15] https://www.autumna.co.uk/hospital-discharge-report-2024/
[16] https://www.homecareassociation.org.uk/resource/hospital-discharge-and-homecare-in-the-uk-a-call-for-urgent-action-from-an-incoming-government.html

have 3 or more emergency admissions in the last 90 days of their lives[17]. Although most people would prefer to die at home, 44% still die in the hospital. About 75% of people do not die where they wish to. Homecare workers play a vital role in supporting people to live and die well, but they often cannot access the support or training they need to enable this to happen.

In areas where we see powerful examples of partnership working, Multi-Disciplinary Teams (MDTs) consider homecare providers as part of their teams. Providers are considered core to a person's care team and fundamental to their health and well-being. Most times, however, this is not the case. Careworkers, and the relationship they have with the people they care for, go unrecognised by NHS staff. Providers are often not aware of MDT reviews of a person they care for, or the outcomes of those meetings. This means that careworkers cannot share vital information on any changes to a person's condition or wellbeing easily with NHS staff.

Working in partnership enables health and social care workers to proactively manage and personalise care for the people they care for. They can reduce preventable admissions to hospital and support high-quality care.

Recognising the health care responsibilities of care workers

In our recent research, more than half of providers agreed that more complex tasks are being commissioned than before the pandemic. This increase in demand for complex work means an increased need for more highly skilled staff.

Some providers are embracing this complexity and investing in training their staff. This includes undertaking delegated healthcare tasks, observations, and monitoring vital signs. Trained careworkers also provide support to people with conditions like dementia or Parkinson's disease.

Those who arrange care sometimes fail to recognise the implications of additional training or homecare providers taking on certain healthcare functions. Because of the skills required, complex care is more expensive to deliver. Careworkers require more training time and need to be compensated to reflect their skill level. Since NHS commissioners rarely fund this complexity or increased responsibilities, those arranging care often expect careworkers to deliver it at minimum wage.

Community healthcare professionals do not always understand what careworkers do, the boundaries of their role or how to get careworkers involved in different forms of care. They may, for example, have more experience in hospital settings and expect homecare staff to act in a way equivalent to Healthcare Assistants in hospitals. Community nurses sometimes fail to realise that simply giving instructions

[17] 51 Emergency hospital admissions near the end of life | BMJ Supportive & Palliative Care

on-site does not mean they can delegate tasks to homecare staff. Discussions about the delegation of health tasks require careful consideration, training, and discussions with the care providers' service manager. Despite this, many care workers often face challenging situations. Sometimes, the NHS asks homecare staff to provide care that goes beyond their skills or their allocated funding.

Where health care professionals take the delegation of health care responsibilities seriously, we know it can work well and give an individual more choice and control over their care. In Tameside, the development of a blended learning programme to help care staff undertake lower-level healthcare interventions supported by a robust governance framework, protocols and support has been a positive example of this. People often underestimate the social care workforce's ability to be agile and responsive. The long-standing relationships and trust between social care workers and those they care for allow for personalised approaches and management of care to best meet individual needs. This requires NHS staff to recognise the support required by homecare workers.

We know this is possible. Manchester has seen a significant increase in homecare provision, as more people receive support to live well at home. To enable this, Manchester City Council has worked closely with trusted homecare providers to look at how they can deliver more complex care at home[18]. This includes:

- **Delegated Healthcare Responsibilities.** District Nurses have been training homecare workers to undertake health care tasks on their behalf. This includes delivering insulin injections at the same time as a care visit for breakfast. Minimising any delay between insulin being injected and breakfast. Other pilots include wound care and pressure area care. Manchester City Council has said it expects to develop similar pilots after the re-tendering process.

- **Trusted Assessor Role.** Careworkers have been undertaking regular needs assessments of the people they care for. Careworkers can adjust a person's care plan, ensuring a rapid response to changing needs. It means that where someone becomes more independent, they can reduce their care or increase care where the opposite is true.

- **Double cover to Single cover.** The Council is currently embarking on a new pilot project with a small number of current homecare providers to work on a "double to single cover" pilot. Occupational Therapists, trained in moving and

[18] https://democracy.manchester.gov.uk/documents/s47013/Adult%20Social%20Care%20Activity%20and%20Care%20Market%20Capacity.pdf

handling best practice and techniques, are training careworkers to safely move a person on their own with the right hoisting equipment and professional guidance. The council sees this as an integral part of managing demand going forward.

There is huge opportunity to maximise our collective workforce capacity.

Digital Integration and Information Sharing

Sharing of digital information can transform communication between hospitals, community health, and social care providers. A lack of information from hospital staff about people's needs, such as moving and handling, medication, and equipment, creates risk.

When providers do not receive the right information, the transition from hospital to home becomes distressing for the patient. We know that care providers spend an average of 4 hours per person making unnecessary phone calls due to inadequate discharge information[19]. Currently, inefficiencies in current information sharing systems create substantial operational burdens.

The successful integration of GP Connect in care provider software systems is a positive development, and access to this needs to be extended. It allows authorised social care workers to access their patients' GP records. They can:

- view a patient's care record and associated documents
- update a patient's care record and associated documents
- manage a patient's appointments

This has also meant that providers can access accurate information which is absolutely vital to enabling safe discharge from hospital.

We cover this in more detail in Q3 of our submission.

Q2: What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

Funding Our evidence shows a critical funding deficit in social care. This financial pressure manifests in unsustainably low fee rates, with only 5% of commissioners meeting the minimum price for homecare services[20]. The compound impact of the

[19] https://www.homecareassociation.org.uk/resource/hospital-discharge-and-homecare-in-the-uk-a-call-for-urgent-action-from-an-incoming-government.html
[20] https://www.homecareassociation.org.uk/resource/fee-rates-for-state-funded-homecare-2024-25.html

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Autumn Budget 2024 measures means homecare providers are facing precarious financial positions. A recent survey by the Care Provider Alliance highlighted that most providers are having to hand back NHS contracts or refusing to accept them at all. 22% are planning to close their business altogether[21]. If these services don't exist, care cannot be moved from hospitals to communities.

Reform of commissioning practices is a crucial enabler for system improvement. Block contracts and advance payments clearly improve service stability and enable improved staff retention. The sector strongly supports this shift, with 53% advocating for outcome-based approaches over time-based tasks. Sustainable fee rates and commissioning practices directly correlate with measurable reductions in hospital readmissions. A functioning social care system is the key enabler to move care from hospitals to communities.

Workforce Issues The combined number of total posts (filled and vacant posts) in adult social care in England in 2023/24 stood at 1.84 million. Around 131,000 of these posts are vacant. The sector faces a significant recruitment and retention challenge. The mean hourly pay of £12.14 fails to compete with NHS Band 3 rates and the offer of other sectors because of low fee rates and poor state funding. This means that the sector struggles to maintain stable staffing levels[22]. This has a significant impact on the ability of care providers to train staff to deliver complex care and support a move of more care from hospitals to communities.

Skills for Care have led on developing a 15-year workforce strategy[23] to address these challenges and meet changing needs. Government must invest in this strategy to improve recruitment and retention in the sector. The care workforce provides a vital public service and the nation's health and wealth depend on timely access to care and health experts when needed. It is therefore in everyone's interests for us to strengthen the skills and numbers of care workers to meet rising demand.

Without careworkers, homecare services don't exist. Without homecare services, the move from care in hospitals to communities is not possible.

Communication Evidence shows there are significant communication gaps in hospital discharge processes. These pose risks to patient safety and the continuity of care. In our research, providers told us how they, and the people they care for, have not felt listened to or involved in the hospital discharge process. Providers told us of

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[21] https://www.homecareassociation.org.uk/resource/care-provider-alliance-call-to-address-the-devastating-impact-of-the-budget.html

[22] https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-state-of-the-adult-social-care-sector-and-workforce-in-England-2024.pdf

[23] https://www.skillsforcare.org.uk/news-and-events/news/skills-for-care-to-develop-workforce-strategy-for-adult-social-care-as-new-report-shows-a-year-of-green-shoots-and-ongoing-challenges

a frequent mismatch between desired and offered services. For example, funding was used to purchase care home beds when a person wanted live-in care; or the visit times available did not match those the person wanted. This has only added to the experiences of those who feel unheard during hospital discharge.

Our research indicates 54% of care providers report their concerns about unsafe discharges and these go unaddressed. While 42% of providers receive insufficient information to deliver safe care.

We can make significant progress. 70% of providers state that enhancing communication would improve hospital discharge. Poor communication creates frustration. It can also damage relationships between the discharge hubs, providers, and those they support.

This starts with Care Transfer Hubs (CTH) in England ensuring patients are accessible to providers, so providers can easily reach out for support or raise concerns. A named contact would enable this.

There are innovative platforms such as Pairly[24] and OPTICA[25] that can support the reduction of delayed discharge. Providing one place to see live availability of services, and one place all professionals can access relevant information about a person's discharge.

Communication is vital. It is important for NHS wards or discharge hubs to provide patients and carers with information about what happens after they leave the hospital. This helps patients take care of themselves and avoid readmissions, as guidance mandates. NHS staff responsible for discharge need training to understand the information required by care providers, individuals, and families.

System Integration Barriers Integration of health and social care services is not working. Our research indicates that 68% of providers are excluded from being equal partners in assessments, and 49% are unable to contact patients before they are discharged from the hospital. The disconnect between hospital and community care is evident, with 54% of providers reporting that hospitals fail to address concerns about poor or unsafe discharges. Despite 83% of providers supporting inclusion in multi-disciplinary teams, their expertise remains largely untapped, creating missed opportunities for improved care coordination and outcomes[26].

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[24] https://www.pairly.com/help/hospital-discharge

[25] https://www.necsu.nhs.uk/digital-applications/optica/#:~:text=OPTICA%20drives%20an%20efficient%2C%20shared,properly%20plan%20for%20timely%20discharges.

[26] https://www.homecareassociation.org.uk/resource/hospital-discharge-and-homecare-in-the-uk-a-call-for-urgent-action-from-an-incoming-government.html

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We know there is an untapped potential in homecare services for the NHS, 65% of providers maintain unused capacity. There is a strong appetite for collaboration, with 69% of providers expressing willingness to work with other partners and providers in their area. The evidence consistently shows that early provider involvement reduces failed discharges, readmissions and maximises care in the community[27]. There is a great opportunity to include homecare professionals alongside health professionals in neighbourhood teams.

Q3: What does our organisation see as the biggest challenges and enablers to making better use of technology in health and care?

Current technological infrastructure presents significant barriers to integrated partnership and care delivery. Multiple incompatible systems create unnecessary complexity and stop information sharing across care settings.

Financial limitations restrict technological advancement in the sector. Current fee structures rarely account for technology investment costs, while training requirements place additional pressure on already constrained budgets. The existing time-and-task commissioning model for homecare creates fundamental barriers to technological innovation. Care providers, facing increased costs cannot justify investing in technology solutions when such investments may reduce billable hours and revenue. The substantial implementation costs for digital care records systems, combined with ongoing maintenance requirements, are barriers to adoption. Without adequate funding, providers struggle to maintain pace with technological advancement. Worryingly, a recent survey by the Care Provider Alliance shows that 75% of providers are reducing or stopping investment in digital transformation. This follows the government's Autumn Budget measures[28].

In addition to this, complex governance requirements make effective information sharing difficult. In many cases, providers are duplicating data entry and these requirements are burdensome. They also face limited access to NHS systems. This is inefficient and frustrating for careworkers, who often have important information to share with health professionals. It also means that careworkers cannot access key information about people's care plans.

To encourage truly integrated care, we need a digital infrastructure that allows health and social care providers to use compatible systems and share data. GP Connect is

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[27] https://www.homecareassociation.org.uk/resource/hospital-discharge-and-homecare-in-the-uk-a-call-for-urgent-action-from-an-incoming-government.html

[28] https://www.homecareassociation.org.uk/resource/care-provider-alliance-call-to-address-the-devastating-impact-of-the-budget.html

a positive development, and access to this needs to be extended. As a basis for shared care records between health and social care, which would mean people had to repeat the same information less often, NHS Transformation Directorate has been working to ensure 80% of care providers are using digital care records. The deadline for achieving this goal has now been extended to 2025.

Once most care providers use digital care records, there is the potential to further develop how NHS and care systems can automatically share relevant information to ensure that people's needs are met. Digital systems might also support health and social care providers to work together in other ways. This could include notification systems so care providers know when someone attends A&E or is admitted to hospital, for example.

At present, care providers might not know someone is in hospital until they arrive at their house and find no one is there. They then need to make many phone calls to locate their whereabouts. A project to explore notification systems showed promise, but solutions are yet to become available. When complex care providers collaborate with healthcare on 'hospital at home' initiatives, they will need appropriate digital systems and data sharing.

We can see a future where technology enables care workers to support people at a much earlier stage. Working closely with GPs and their data, homecare can utilise technology in people's homes to prevent deterioration at a much earlier stage in someone's life. This will reduce unnecessary admissions to hospital.

This system could also improve how the NHS commissions homecare. Paying for full shifts instead of just for time-and-task. Care workers, who are out and about in communities every day, could maximise their time and the support they provide. Roles such as 'Care Technologists' could be transformative.

To enable this, we must get the foundations right. This includes improving poor Wi-Fi and mobile coverage across the UK. We cannot have technology enabled care without reliable access to the internet.

We need to acknowledge that some older people are digitally excluded, and we must not leave them behind. Age UK estimates that 1.7 million people aged 75 and over do not use the internet. We need to pay attention to ensure increasing technology use does not further worsen inequalities.

Q4: What does our organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

Our answers so far apply to this question. Besides this, we think that:

- Access to essential healthcare services remains a significant barrier to careworkers being able to tackle illness and ill health.
- Our data reveals concerning levels of difficulty in careworkers being able to access key healthcare professionals: 67% report challenges accessing mental health support, 64% struggle to reach social workers, 59% face barriers accessing physiotherapists, and 51% encounter difficulties accessing specialist nurses. 50% report problems accessing GP services[29].
- Limited access to health professionals creates substantial obstacles to early intervention and preventive care in the community. Coupled with poor information sharing, unnecessary delays make it difficult for providers to respond quickly. The system's limited capacity makes it difficult to process the data and alerts from home-based care technology monitoring systems.
- Councils have continued to increase eligibility criteria for state funded care and support. This is because of serious financial deficits. Age UK estimates that 2 million older people have an unmet need for care[30].
- Careworkers have historically been the "eyes and ears" of the health and social care system. Reducing eligibility criteria has meant that fewer people have the support they need and careworkers are less able to identify deteriorating health conditions.
- Careworkers need support and training to understand assistive technology. This will enable them to identify deterioration and reduce unnecessary admissions to hospital.

Q5: What are our specific policy ideas for change?

These recommendations draw upon extensive sector research and data, aiming to create an integrated, sustainable health and care system that delivers improved outcomes while addressing current systemic challenges. Their implementation would require significant investment but would yield substantial returns in terms of system efficiency, care quality, and patient outcomes.

Funding and Commissioning

Recommendation: Implement a National Contract for Care Services which requires public bodies to buy care at fee rates, which allows social care providers to meet costs and deliver complex care.

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[29] https://www.homecareassociation.org.uk/resource/hospital-discharge-and-homecare-in-the-uk-a-call-for-urgent-action-from-an-incoming-government.html

[30] https://www.ageuk.org.uk/latest-press/articles/2-million-older-people-now-have-some-unmet-need-for-social-care/

Recommendation: Require NHS bodies to use fair cost of care analysis to commission homecare at fee rates, which cover the costs of fair employment, quality, safety and market stability. This should enable providers to recognise and reward the higher training and responsibility needed to undertake delegated healthcare tasks.

Recommendation: State commissioners in the NHS must detail the fee rates for the next financial year by the end of February of the previous financial year at the latest. Providers need time to model budgets and change payroll by 1 April.

Recommendation: The NHS needs to prioritise outcome-based commissioning for hospital discharge services. They should avoid buying homecare based on time and tasks and via spot purchase arrangements. Assessments and communication must revolve around outcomes. The focus should be on meeting the needs of the person and their family, helping them recover and become independent in the long term.
Recommendation: Jointly commissioning homecare services, as part of Hospital at Home and Virtual Ward services[31]. Expanding the provision of complex homecare services in England.

Partnership working

Recommendation: Alter legislation to ensure social care providers are a core part of ICB governance. Require ICBs to engage with social care providers.

- Note that the social care partner member on the Integrated Care Board (ICB), usually a local authority, cannot effectively represent care providers, and therefore, ICSs should work with care providers to develop more effective engagement mechanisms.
- Develop a plan for how the ICS can engage with ASC providers and involve them in strategic discussions and decision-making processes.
- Create a forum for providers or work with local care associations to choose a representative for the ICS Partnership Board.

Recommendation: Ensure care workers have direct access to NHS professionals, including specialist nurses, GPs and those working in the community.

Recommendation: NHS England must publish the contact details of key people responsible for social care in ICSs and Care Transfer Hubs across the country. This is so providers know whom to contact for help, information, feedback, or with service proposals.

Recommendation: NHS England should issue guidance to ICSs on including careworkers in Multi-Disciplinary Teams. Care workers should have the opportunity

[31] https://www.england.nhs.uk/virtual-wards/

to work with allied health professionals, continence nurses, and others, with the support of ICS leaders.

Recommendation: Ensure homecare workers can support primary care and public health with investment in earlier stage support for the "pre-care eligibility cohort". This will enable the sector to better support Proactive Care[32] for people living with frailty.

Workforce Development

Recommendation: Funding for the sector that enables providers to pay care workers NHS Band 3 pay rates to improve recruitment and retention.

Recommendation: Skills for Care must deliver their 15-year -workforce plan. This requires solutions for pay, career advancement, and work patterns. The Government needs to support implementation of a workforce strategy with enough funding.

Digital Transformation

Recommendation: Supporting the 80% digital care records target by 2025 requires substantial investment in technology adoption and training. Improved communication systems between services, coupled with appropriate data sharing protocols, would enhance operational efficiency and care quality.

Recommendation: NHS England's Transformation Directorate must include social care in the development of effective systems to support hospital discharge and continue to support the implementation of Digital Social Care Records across social care.

Recommendation: Integrated Care Systems must fund the implementation of technological solutions in the community, including for homecare providers.

[32] https://www.england.nhs.uk/long-read/proactive-care-providing-care-and-support-for-people-living-at-home-with-moderate-or-severe-frailty/