



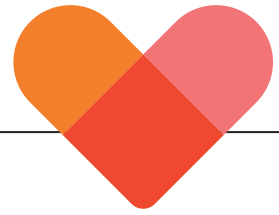
Homecare Association



Impact
Report
2022-23

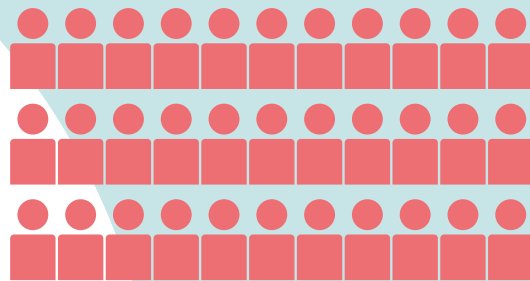
Shaping homecare **together**

We are proud to be the ...



What we did in 2022-23

2,347 Members



54 Training Courses

with 1,114 Attendees



16,000+ visits to our blogs

566 helpline cases resolved



19 Webinars with 2,265 attendees



275 Articles published



15,000+ Social reach per month





Homecare Association



Lobbying Successes

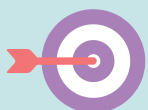
We helped to ensure ...



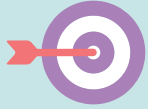
Publication of local authorities' own assessments of the costs of delivering homecare



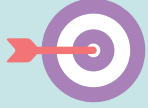
£562 million for the Market Sustainability and Improvement Fund



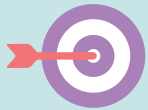
Introduction of CQC oversight of local authority commissioning



£600 million for the Adult Social Care Discharge Fund



£250m allocated for workforce development



£100m for Care Technology to support providers



Careworkers remain on the Shortage Occupation List



£15 million to support International Recruitment



Free PPE extended until March 2024



Uniform Tax Relief extended to homecare workers



10,000+
Homecare magazines distributed



conference with
136
attendees



12.1bn
Combined media reach



93 Factsheets made available

We are the Homecare Association



We are the only membership body in the UK dedicated to supporting homecare providers.

Together we ensure that homecare is valued so that we can all live well at home and flourish in our communities.

Why we are here

We believe in a society where we are all able to live well at home and flourish within our communities. We won't stop making sure the value of care at home is recognised and receives the investment it deserves.

Our Principles

Our principles drive the values and culture we live by as an organisation. It is important to us to...

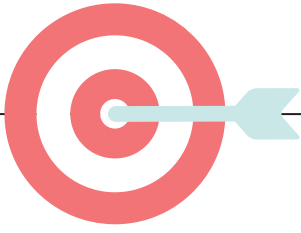
Integrity Be honest, trusted, reliable, grounded and stable

Intelligence Adopt an intelligent and evidence-based approach to our work. This includes intelligent use of resources, as well as researching, analysing, questioning and synthesising data, creating insights and information which offer value.

Inclusivity Be welcoming and engaging, treating everyone with respect, listening carefully and with empathy to achieve understanding.

Inspiration Inspire and motivate all of us, being ambitious, creative, confident and courageous, and acting with conviction.

Influence Have a positive impact, leading and influencing our communities through skilful communication and development of relationships, to act.



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Shaping homecare **together.**

Where we are



The policy and political landscape

Political turmoil marked this year. Three Prime Ministers, four Chancellors of the Exchequer, and three Secretaries of State for Health and Social Care, came and went. Our collection of introductory letters to Ministers about homecare became quite extensive.

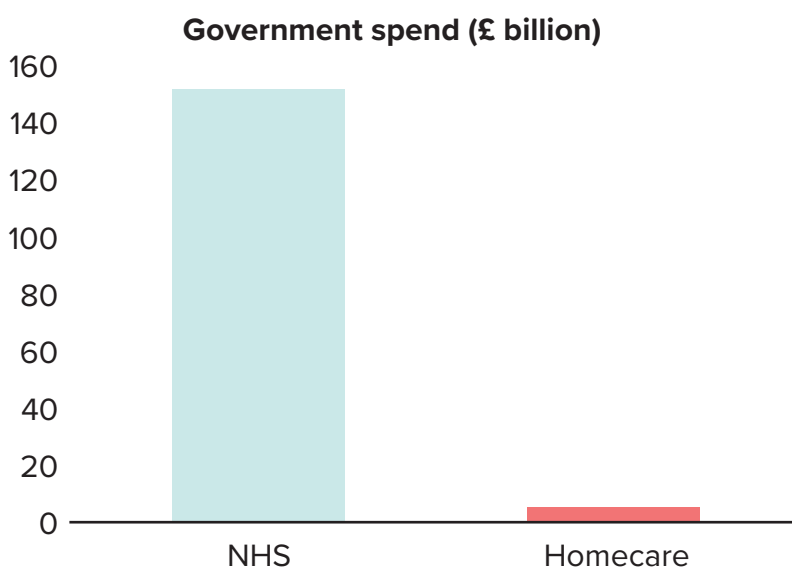
Almost everyone agrees there needs to be more focus on enabling us all to live well at home and flourish in our communities. “Home First” has become a new mantra for the NHS, local authorities and people drawing on services. We see this as evidence that our influencing has been effective. Now we need alignment of funding to enable preventative approaches to health and well-being.

The Government, however, continues to pour most of the health and care budget into acute hospitals, believing this will win votes. This is short-sighted. Over 430,000

people are waiting for assessment and care in the community. Ambulance response times were dangerously above target, though are improving. Waiting lists for NHS treatment are now at a record high of 7.7 million.

The Prime Minister, Rishi Sunak MP, has pledged to cut NHS waiting lists. This has led to a strong political focus on the NHS and delays in discharging people from hospital.

Over the last year, we have engaged more actively with the NHS. We see many



1.5m homecare visits per day
540m homecare visits per year



362,235 days per year spent in hospital from delayed discharges due to homecare (pre-pandemic, England only)



Where we are

potential opportunities for collaboration between homecare services and NHS teams on the ground. You can read more about this later in the report.

In recent months, we have joined a series of roundtable meetings at No.10 Downing Street focused on improving hospital discharge. The Prime Minister and other senior politicians have been present at different times. The Minister for Care now also has NHS urgent and emergency care, including ambulances, in her portfolio. She already had responsibility for social care; community services; hospital discharge; intermediate care; virtual wards; integration; and other related responsibilities.

The UK's economy is weaker following Brexit, COVID-19, war in Ukraine, and political mismanagement, which caused a fiscal black hole of £50 billion.

Despite this, the Chancellor's Autumn Statement in 2022 announced funding for social care of £1B in 2023/24 and £1.7B in 2024/25. This could increase further up to £2.8B next year and £4.7B the year after if council tax increases to 5%, as allowed without a referendum.

Though more than predicted, this allocation was inadequate to deliver the full reform agenda. Adult social care reform proposals thus shrank. The Government has delayed charging reform until after 2025. Now, only £250m, rather than £500m, is available for workforce reform. The Government focused most of the funding on moving towards a Fair Cost of Care and improving market sustainability. £100m remains available for encouraging uptake of digital social care records and care technology solutions.

Workforce

- Workforce Career Pathway
- Accredited Care Certificates (level 2)
- Leadership development
- Digital skills passports
- CPD for registered professions
- Immigration and international recruitment

System

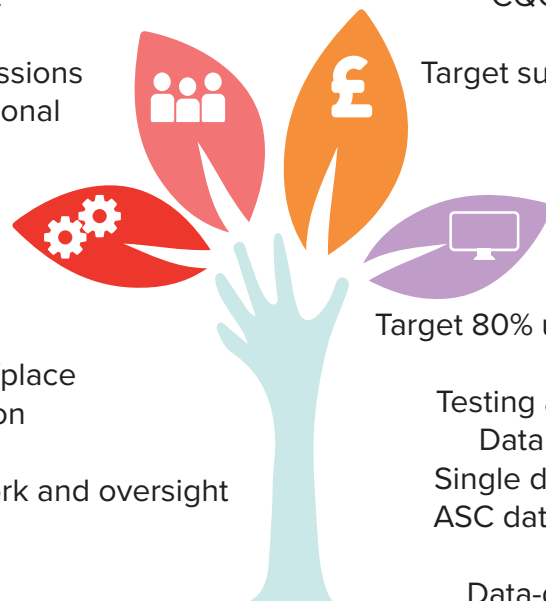
- ICS/ICB/local authorities/place
- Single accountable person
- Joint funding - BCF
- CQC assurance framework and oversight

Funding & Commissioning

- Fair Cost of Care - cost of care exercises
- Market sustainability plans
- CQC oversight of local authority commissioning and ICSS
- Target support to local areas through Better Care Fund

Digital & Data

- Target 80% uptake of Digital Social Care Records by March 2024
- Testing and scaling care technology
- Data strategy for health and care
- Single digital product with joined-up ASC data for LAs, providers, DHSC - minimum dataset
- Data-driven regulatory framework



Where we are



Wales

In Wales, the Government began developing proposals for a National Care and Support Service. They want to move towards the provision of free non-residential care and phase out NHS Continuing Health Care. A group of experts suggested talking about the role of profit in care provision. Options include more cooperative, user-led, and public sector services. Also proposed was a sector-wide Collective Bargaining Unit, as well as the Fair Work Forum. The goal is to develop national standards for pay and terms and conditions of employment for the care workforce. Such reforms require substantial additional funding, with the potential use of devolved income tax powers.

Work progressed on a National Framework for Commissioning Care and Support in Wales. This led to a Code of Practice for public sector commissioners. ADSS Cymru commissioned a feasibility study on the merits of a National Franchising Model for domiciliary care.

Care Inspectorate Wales announced plans to introduce 'silent' ratings when inspecting services from April 2023. A Citizen Voice Body for health and social care is also being established. This seeks to involve people drawing on services in the design and improvement of services.

Scotland

In Scotland, the Government also proposed formation of a National Care Service. Key reforms included consistent standards for social care across Scotland; a human rights approach to person-led care; a right to breaks for carers; and a better deal for the

social care workforce. Under the Programme for Government for 2023-24 announced by First Minister Humza Yousaf, all workers in direct care roles will receive at least £12 an hour from April 2024.

The Minister for Social Care, Mental Wellbeing and Sport, Maree Todd, revealed they have spent £10m to date on a team of 170 civil servants working on the National Care Service. After push-back from COSLA, the Government scrapped a proposal to transfer up to 75,000 council employees to the new, centrally controlled, National Care Service. Progress of implementation of National Care Service plans is slow.

Northern Ireland

Northern Ireland remains in political paralysis. After Assembly elections in May 2022, a new Executive failed to form. The Democratic Unionist Party (DUP) protested against the Northern Ireland Protocol. They claim this post-Brexit trading arrangement undermines Northern Ireland's position within the United Kingdom.

A deadline of 28 October 2022 for the establishment of a new power-sharing government expired. This meant that Ministers who were in post ceased to hold office. Civil servants thus had to perform the routine operations of government, without an ability to develop policy or set a budget.

Chris Heaton-Harris, the Northern Ireland Secretary in Westminster, thus stepped in to set the budget in November 2022. This allocated £7.28 billion to the Department of Health – a modest increase of 3% from the previous year. The budget settlement came against a backdrop of a departmental



Where we are

overspend – originally £400 million, which then increased to £450 million. Domiciliary care received an extra £25 million. This was inadequate to ensure that staff receive the Real Living Wage.

We continue to influence the policy agenda on multiple fronts in England, Wales, Scotland, and Northern Ireland. You can read more details in the rest of this report. Meanwhile, here are a few highlights.

Public awareness

Homecare is now centre stage. We consider it a success that there has been a shift in narrative from care homes to homecare. All settings of care have their place, including care homes, but we use every opportunity to promote the benefits of home-based support and care. Many people are still unaware of options such as live-in care and housing with care, if visiting homecare is not feasible.

Our strategy to build relationships and engage with the media in all its forms has paid dividends. Our reach is now extensive, and we have become a “go-to” source for journalists and broadcasters.

Financial sustainability

For years, the Homecare Association has campaigned for higher fee rates for homecare. Our goal is to enable providers to improve pay and terms and conditions of employment for careworkers. We are also keen to ensure high-quality, financially sustainable services. In December 2022, we published the 10th edition of our Minimum Price for Homecare. Every two years, we publish our Homecare Deficit Report. This records data from public

bodies on homecare fee rates, which we obtain under freedom of information legislation.

For many years, we have used our data to lobby for public sector commissioners to adopt a rational approach to setting fee rates. Evidence of our success came as the Department of Health and Social Care (DHSC) mandated local authorities to conduct cost of care exercises. Median fee rates determined from the cost of care exercises were close to the Homecare Association’s Minimum Price for Homecare in 2022-2023.

DHSC then created a Market Sustainability and Improvement Fund to help local authorities increase fee rates. The Government dispersed the first tranche of £562 million in autumn 2022 and the second of £570m is due in autumn 2023.

Data from local authorities show an average increase in fee rates for homecare in England of 9.6% in 2023-2024 compared with 2022-2023. There is much more to do. We will continue to push for further investment in homecare.

Workforce

Supporting the care workforce continues to be a strong focus for our activities. Our research helped to maintain pressure on the governments of all UK administrations to propose workforce reform. Though most politicians say that growth and development of the care workforce is vital, none has provided the investment needed. Some of the workforce reform proposals are, in principle, helpful. Without a radical improvement in pay and terms and conditions of employment for care staff, though, most will not shift the needle.



After 2020, filled jobs in social care, including homecare, decreased dramatically. COVID-19, Brexit, and policies such as Vaccination as a Condition of Deployment, worsened staff retention. Recruitment from the UK labour pool became increasingly challenging.

We successfully campaigned to add care workers to the Shortage Occupation List to help recover workforce numbers in the short-term. Homecare workforce numbers have increased by 2% over the last year, but remain well below their peak in 2020. International recruitment has resulted in this partial recovery. Meanwhile, the indigenous UK labour force in care has shrunk.

International recruitment is not a long-term solution. We need a 10-year workforce strategy for social care, aligned with the NHS People Plan.

In the immediate term, though, sponsored workers are providing a necessary boost to capacity in some places.

We campaigned successfully for additional funding to support providers with international recruitment. The Government allocated £15m to regions for this purpose. We collaborated with DHSC's Immigration Taskforce to simplify and reduce the cost of the processes involved. We also ensured clear guidance is available.

International recruitment needs to be managed carefully. Providers must consider the financial and regulatory risks of sponsorship. Local authorities, which have a statutory role in market shaping, must seek to balance supply and demand more effectively.

Innovation and digital transformation

Ministers in England believe in the power of technology solutions to help people live well at home, with and without in-person care. They have set a target for 80% of care providers to adopt digital care records by March 2024. They are also encouraging greater use of assistive care technology solutions. The Government has allocated over £100m to support this agenda. These funds are being released in tranches, via Integrated Care Systems and councils.

We have spent a great deal of time contributing to research and advising the English government on opportunities and challenges in this area. There appears to be less focus on technology solutions in the Devolved Administrations. That said, Carmarthenshire is a leader in integrating assistive technology solutions with care.

Systemic barriers hinder innovation. Examples include inadequate investment; poor infrastructure; current approaches to commissioning and purchase of homecare; availability and access to response services; and achieving a return on investment when benefits may accrue elsewhere in the system. Collectively, we can find solutions to overcome these problems, if there is a will. We will focus attention on this in the coming year.

Practical support

Alongside our representation work, we continued to provide extensive practical support for members.

Our helpline provides members with access to free expert policy, practice, HR, and legal

Our future



advice. We receive enquiries on a wide range of topics. This would be a significant cost to members if purchased on the open market.

Our members enjoyed free or discounted access to high-quality publications, events, and training programmes.

Operational excellence

Internally, we continued implementation of our five-year strategy and business plan.

At the end of 2021, we introduced five new IT systems. Work progressed on embedding these in our operations and capitalising on their benefits.

After over 35 years in Sutton and Hackbridge, we moved to an office in Waterloo, London. This is within easy walking distance of Westminster and Whitehall. Excellent transport links and the central location are already proving beneficial for many reasons.

We strengthened skills and resources in policy, marketing and corporate services and welcomed several new staff to our team.

Looking ahead

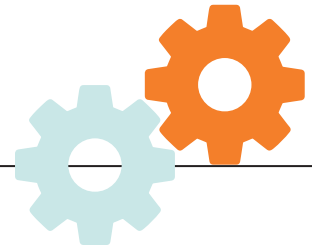
Looking ahead, we will continue to influence the policy agenda on the long-term reform of social care and health.

The next general election, expected at the latest by January 2025, is likely to spark widespread debate on social care policy. We will continue to track policy proposals from the key political parties and seek to engage with and influence senior politicians.

The COVID-19 Public Inquiry threatens to consume our time with questionable benefit. We have Core Participant Status for Module 2 of the Inquiry, which is on core UK decision-making and political governance. Module 6 will focus on the care sector. Other modules are likely to contain topics relevant to the care sector, such as Module 5 on government procurement.

Core Participant Status means we have access to all documents and evidence submitted, so we can review them and submit comments or questions. To date, there are over 45,000 documents for Module 2 alone. Our application for public funding was declined, so we cannot afford full legal representation. The Chair of the Inquiry can use Section 21 of the Inquiries Act 2005 to require submission of evidence or documents. So we cannot refuse to participate.

Exciting times lie ahead for homecare, with demand growing, and many opportunities for innovation. We will continue to lobby for greater investment in home-based support and care, so we can grow and develop the workforce and innovate. This will enable more people to live well at home, reducing pressure on the NHS and costs for the system.



We welcomed the new Prime Ministers by calling on them to develop a credible 10-year workforce strategy for social care, aligned with the NHS People Plan. This call had featured in our submission to the Expert Panel on Workforce and, more recently, in a briefing to members of the House of Lords.

We were pleased to see the call for a workforce strategy gain traction in the Hewitt Review of Integrated Care Systems, an Inquiry by the Health and Social Care Committee and the Migration Advisory Committee (MAC) report on Adult Social Care.

We hope that this is a sign the idea is gaining momentum. The social care workforce needs parity with healthcare colleagues in recognition of the interdependence of the sectors, and the strategy will be a key part of recognising this.

International Recruitment

While the latest figures from Skills for Care suggest some improvement in filled posts over 2022-23 this is likely to have been largely thanks to International Recruitment.

Data from the Home Office in June 2023 indicated that 77,000 visas were granted to care workers in the previous year, accounting for two-thirds of the total health and care visas issued. Political pressure to curb migration, together with concerns about alleged abuse of the system, have increased scrutiny.

We've continued to participate in the Government's International Recruitment Steering Group, including discussions around funding and the distribution of the International Recruitment Fund, for which we have obtained and circulated a list of regional contacts.



We are pushing for support to ensure ethical international recruitment.

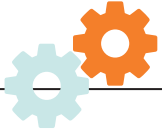
As a member of the Care Provider Alliance, we are pushing for government funding to support care providers to ensure ethical international recruitment.

Recruitment & Pay

Behind the scenes we have engaged with DHSC in relation to the 2022/23 Made With Care recruitment campaign.

We presented evidence to the Low Pay Commission, expressing concern that pay uplifts should be matched with increased funding for social care.

In April 2022 we published a survey highlighting the impact of the removal of the Infection Control and Testing Fund on the homecare workforce. In Wales we shared our research on the impact of the



removal. We were pleased the Welsh Government extended Statutory Sick Pay Enhancement until the end of August 2022.

Local authority and NHS fee rates were too low to cover costs.

Our autumn workforce survey highlighted the ongoing recruitment and retention challenges faced by providers – with staff leaving due to cost of living challenges and providers feeling unable to improve pay and terms and conditions of employment in the state funded market – 80 per cent of providers said that local authority and NHS fee rates were too low to cover costs.



Wales

In Wales, some changes have been made to the registration requirements, such as reduced CPD hours. We have been working with the National Provider Forum to suggest that Social Care Wales considers a lower tier of registration with fewer formal qualification requirements. This would allow some tasks to be undertaken more easily by those who want to work in the sector on a casual and part-time basis. 2022/23 saw the implementation of a Real Living Wage commitment. We raised concerns about the level of funding available for this; additional funding was agreed for 2023/24; but again, we are concerned about whether this is covering costs.

Scotland

In Scotland the Scottish Social Services Council published the findings of the Register for the Future consultation. Although we agreed with the proposals to streamline the register, we are concerned about the proposal to introduce a minimum qualification of SCQF level 7 for frontline care at home, and the potential costs for independent providers .

Northern Ireland

Social Care Fair Work Forum in Northern Ireland continues to be tasked with developing proposals to improve terms and conditions and career prospects for social care staff. While we support the aims of the forum, we believe that the level of fee rates and commissioning practices need to be addressed in order to improve pay and terms and conditions of employment.



We developed a webpage for members drawing together available resources on International Recruitment. We also participated in Care and Housing Employers Together for Refugees. Out of that work a number of resources were developed including a Pastoral Care guide, guidance from the CQC on employment checks, a jobs board and a presentation from the Home Office on employing refugees.

Over 2022/23 our *Homecare Magazine* has featured articles on how to use fun in recruitment and retention; experiences of international recruitment; leadership in homecare; the menopause; building a sustainable homecare workforce; careworker retention in difficult times; the value of apprenticeships; workforce trends and changing the perception of a career in care.

Member support

Our training courses continue to be popular. We delivered 60 workshops to almost 1300 delegates including tailored sessions for care coordinators; on medication; dementia; end of life care; safeguarding; CQC, and a course for Registered Managers on Being Well Led. We also ran two masterclasses on recruitment and two on workforce wellbeing.

Our legal advisers produced a new member resource on Holiday Pay, given the Supreme Court's ruling on the Harpur Trust case in summer 2022.

In March 2023 we held a webinar for members on the latest developments in International Recruitment, along with some best practice examples from our members who are recruiting internationally. Following this we circulated a Q&A from the Home Office for attendees on International Recruitment issues.

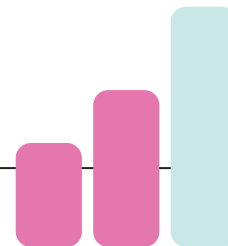
How you can get involved

Are you doing something unusual or innovative that is working well to improve your recruitment and retention and make your organisation a great place to work? We would love to hear from provider members with best practice examples or case studies, particularly around International Recruitment.

To find out more about our training workshops and masterclasses:

[Click here](#)

Financial sustainability



Insufficient investment in homecare risks an additional increase in unmet need, poorer quality of care, work being handed back and even provider insolvency. Therefore, a rise in fee rates paid by the state to homecare providers remains a key tenet of our campaigning and influencing work.

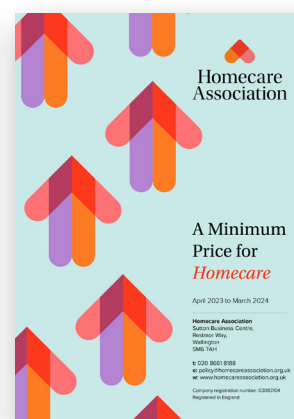
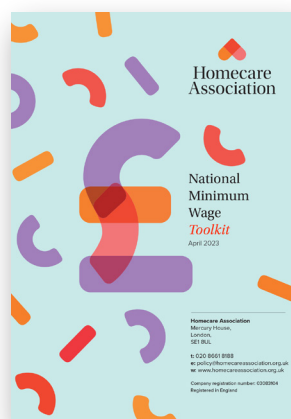
This year, we have again illustrated the difficulty for providers in ensuring their business is sustainable, all while the cost of living crisis has shown little sign of abating.

Minimum Price for Homecare

In September 2022, we published research based on the details of contracts provided to us by some of our members in England to determine the level of fee rates in state-funded homecare. We found that the average fee rate was £19.01 per hour for local authorities and £18.76 per hour for CCGs (clinical commissioning groups, since replaced by Integrated Care Boards).

Both figures were significantly below our Minimum Price for Homecare, which is the amount needed to ensure compliance with employment and care regulations, as well as quality and financial sustainability of care services. Worryingly, we also discovered that some councils were paying fee rates below even the direct costs of employing careworkers at the National Living Wage.

Following this work, our Minimum Price for England was revised upwards to £25.95 per hour, an increase mainly driven by the largest ever growth in the National Living Wage (as it reached £10.42 per hour from

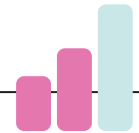


April 2023). Moreover, for the first time, we produced reports for each UK nation, with Minimum Prices for Wales, Scotland and Northern Ireland being based on careworkers receiving the Real Living Wage.

Minimum Price for Homecare across the UK

Nation	Wage rate per hour	Minimum price per hour
England	£10.42	£25.95
Wales	£10.90	£28.64
Scotland	£10.90	£26.50
N. Ireland	£10.90	£26.52

Financial sustainability



Wales

We have continued to work with the National Commissioning Board in Wales on estimating Wales-specific costs, which have then been used in discussion with commissioners and the Welsh Government. While additional funding was provided to support the implementation of the Real Living Wage pledge (both in 2022-23 and 2023-24), given what we are hearing, fee rates are still not keeping pace with cost increases.

Northern Ireland

In Northern Ireland the fee rates paid by Health and Social Care Trusts continue to lag behind the fee rates paid across the rest of the UK. An increase of only 3 per cent has been announced to £18.54 per hour. We have persisted in highlighting that the fee rates paid are inadequate and in campaigning for higher rates for independent providers.

Scotland

In Scotland the government announced an increase in the minimum rate for private and voluntary sector staff working in Adult Social Care to £12 an hour, from April 2024 - a 10.1% increase of the current minimum rate of £10.90. We continue to make the case that any increases in the minimum rate of pay must be accompanied by an equivalent increase in funding for social care.

England

In letters to Directors of Adult Social Services (DASSs) across England, we urged local authorities to commit to paying fee rates at our Minimum Price – or preferably

higher so that careworkers can earn a wage of at least £11.85 per hour, equivalent to NHS Band 3 (a point that we stressed in our 2023 Spring Budget Representation). We noted that this would help maintain and grow vital homecare capacity and ensure the quality and sustainability of each local market. Overall, 41 letters were received in response.

We wrote to local authorities in England, asking them to raise their fee rates for 2023-24.

Number of letters sent	151
Number of responses	41
Percentage of responses	27%

Fair cost of care

To highlight the disparity between the fee rates being paid and the actual cost of delivering care, we encouraged our members to engage with the 'Fair Cost of Care' exercises undertaken by local authorities. In addition, the Association worked with the Department of Health and Social Care to raise awareness as to why provider costs vary and support their work on reviewing local authority market sustainability plans.





Financial sustainability

Fuel costs

Another factor that impacted on our Minimum Price calculations was the sky-high price of fuel. In our summer 2022 survey of over 500 providers, more than half stated that staff had given notice or already left, whilst 59% said that staff intended to seek work elsewhere, as they could not afford to pay for petrol or diesel for their cars. We recommended that the Government should provide temporary grant funding of £107 million per year to cover increased costs of fuel for vehicles needed to deliver homecare.



Investment

Given the desperate need for investment, the Government announced £7.5 billion of funding in the Autumn Statement for social care over the next two years.

 The Government announced £7.5 billion of funding

We welcomed the scale of the funding to help meet costs, and the recognition that homecare simply cannot meet the demand.



However, given the size of the financial pressure faced by the sector and the growing cost of delivery, this expenditure is only going to stretch so far.

In July 2023, data were published by the Government¹ on the average fees paid by local authorities to external care providers during the 2023 to 2024 financial year, and the extent to which they have increased.

Local authorities in England reported a weighted average fee rate for homecare of £22.55 per contact hour in 2023 to 2024, a 9.6 per cent increase on 2022 to 2023.

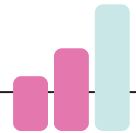


9.6%

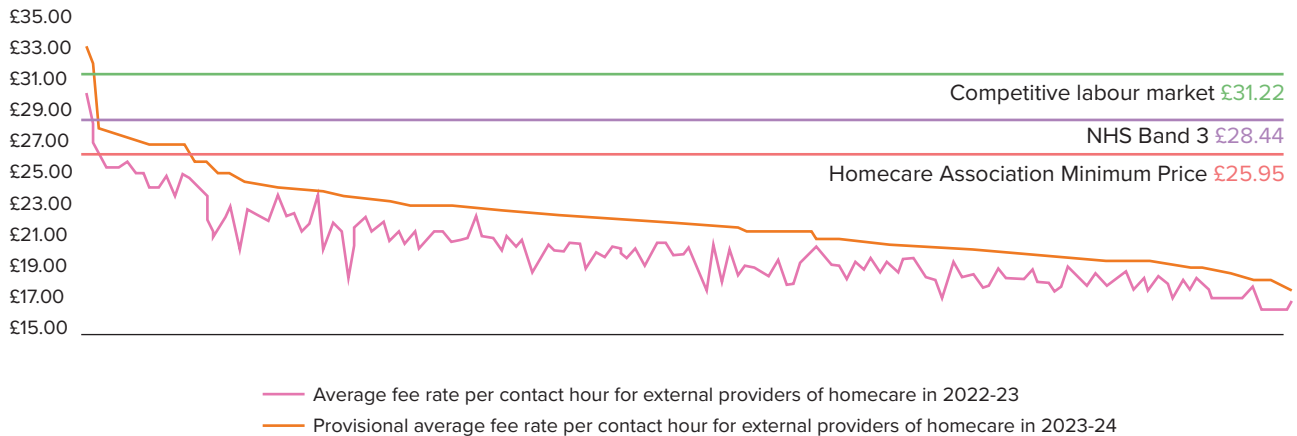
Average increase in homecare fee rates

An average increase of 9.6 per cent in homecare fee rates is clearly welcome. It is not, however, enough, particularly given high rates of inflation.

The average also masks substantial variation between local authority areas, with reported fee rates ranging from £17.40 per hour to £33.03 per hour. In Northern Ireland, an increase of only 3 per cent has been announced to £18.54 per hour.



Local authority fee rates 2023-24 vs 2022-23



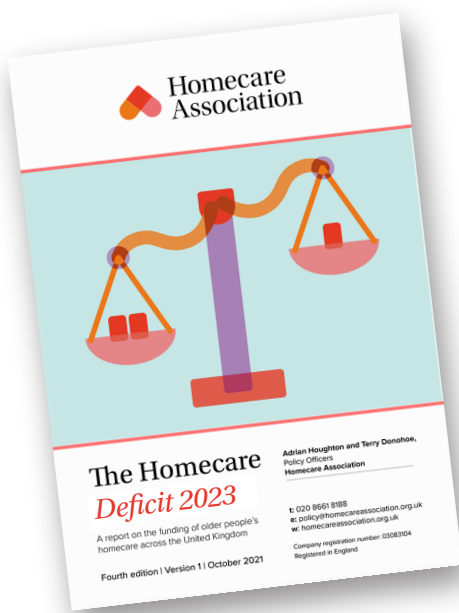
A majority of local authority areas continue to pay fee rates well below the Homecare Association’s Minimum Price for Homecare, never mind rates which would allow fair pay and terms and conditions of employment for care workers.

In October 2023, we will publish our Homecare Deficit Report, based on responses from 276 public bodies obtained under freedom of information legislation.

Our analysis will provide evidence to support continued campaigning for greater Government investment in homecare to ensure quality and sustainability of services.

Sources

1. <https://www.gov.uk/government/publications/market-sustainability-and-improvement-fund-2023-to-2024-care-provider-fees/market-sustainability-and-improvement-fund-msif-provider-fee-reporting-2023-to-2024#fees-paid-to-external-care-providers>



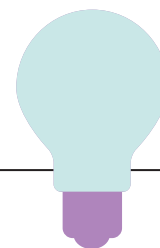
How you can get involved

After the Autumn Statement in November 2023, and announcement of an increase in the national minimum wage, councils will start working on their budgets for 2024/25.

The Homecare Association's Minimum Price for Homecare will be published in December 2023.

You can get involved by writing to local authority and NHS commissioners, as well as your MPs, about the need for more investment in homecare.

Innovation & integration



We remain firm in our commitment to be thought leaders, by inspiring and informing members on innovation and integration, for a sustainable social care system that is beneficial for all.

The landscape of homecare is evolving rapidly with innovations aimed at improving the quality, efficiency, and accessibility of care. Whilst digital technology often takes the spotlight in discussions about innovation in home-based support care, it is by no means the only area where there is progress.

Innovation is often inseparable from integration and the Homecare Association has been active on a wide agenda in these areas over the last year.

Encouragingly, the mantra across the NHS, local authorities and people drawing on services, is “Home First”. This is evidence of progress towards our goal of moving home-based support and care to centre stage.

Some members joined us in fortnightly meetings with NHS colleagues. In these, we discussed recent developments and highlighted challenges affecting homecare providers. We discuss developments in more detail later.

Examples of NHS-related challenges experienced by homecare providers include inadequate communication on hospital discharge; late payment of invoices; low NHS fee rates for homecare; increased complexity of need; and expectation to perform healthcare tasks without adequate

Engagement, practical support and representation

Our CEO is a member of the:

NHS Social Care Partners Group with the NHS England CEO, COO and other NHS directors

National Hospital Discharge Taskforce

National Intermediate Care Taskforce

National Winter and Capacity Planning Taskforce

NHS Stakeholder Engagement Group for Homecare

Digital Social Care Programme Board at the Department of Health and Social Care (DHSC)

Digital Social Care Advisory Group to NHS England

National Data and Outcomes Board

Capacity Tracker Operational Change Advisory Board (OCAB)

Professional Record Standards Body (PRSB)

AI Strategy Group

Technology Enabled Care (TEC) Action Alliance

Advisory committees for a number of academic research projects on homecare, led by the Universities of Kent, Bournemouth, Hull, Sheffield, Bradford, King’s College London, Manchester Metropolitan, and the London School of Hygiene and Tropical Medicine.



funding or training. This year, our goal is to use our research and feedback from members to gain greater traction with the NHS, government and media to solve key problems impeding progress.

“As well as addressing shorter-term operational challenges we are seeking to shape longer-term strategy.”

This year, monthly meetings were established with NHS England’s CEO, COO and other senior leaders. The focus is on improving collaboration between health and social care at all levels within Integrated Care Systems.

The Homecare Association worked with Care England and the Good Governance Institute to publish a whitepaper exploring the extent to which the adult social care sector is being appropriately engaged in the ongoing development of Integrated Care Systems.

A key recommendation was to develop a plan for effective engagement of social care providers with Integrated Care Systems (ICSs), via Integrated Care Boards (ICBs),

and Integrated Care Partnerships (ICPs). Few social care providers yet have a seat at the table within Integrated Care Systems, though local authorities as social care commissioners are involved.

To this end, we are working with senior colleagues in NHS England to establish routine engagement with senior leaders in the 42 Integrated Care Systems. The goal is to forge relationships which will benefit members at local level.

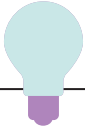
An important part of our representation work has involved showcasing members. Through us, members have been invited to participate in government and NHS focus groups, academic research, publish articles, and speak at high profile roundtable meetings and other events.

New developments: Integrated care models

New models of home-based care, such as “Proactive Care” and “Virtual Wards”, are being developed by the NHS. We have been involved in discussions with NHS England and local authority colleagues to encourage broader thinking about multi-disciplinary team working, including commissioning of homecare as part of these. Labour shortages across both health and social care mean we need to use the workforce we have more efficiently and effectively.

Proactive Care (formerly called Anticipatory Care by the NHS) is a preventative model, which uses data from health records to identify cohorts with certain risk factors. These may include a frailty score on a recognised index, falls risk or multiple long-term conditions. After clinical validation





Innovation & integration



of the data, an assessment is conducted and a care plan created. Multi-disciplinary support and care in neighbourhood teams can then be put in place, aimed at enabling people to live well at home, and avoiding unnecessary hospital admission.

Virtual Wards, sometimes also called Hospital at Home by the NHS, is secondary healthcare at home. This service is being developed for people who have acute healthcare needs that traditionally would have required hospital admission. Older people with frailty typically fare poorly in hospital, where risk of infection and loss of function is high. Instead, doctors, nurses, allied health professionals and health care assistants provide secondary healthcare in people's own homes. Homecare could play an important role in this type of service. The Homecare Association is pushing for commissioners to build homecare into plans to expand Virtual Wards.

In some areas, such as Leeds and Bradford, local authority commissioners are collaborating with NHS community health colleagues to support homecare workers to take on delegated healthcare tasks. This is

being considered as part of general community-based support and care, rather than as part of Proactive Care or Virtual Ward services, though similar principles apply.

Implemented effectively, with additional funding, training and supervision, such work could help to smooth out the typical peaks and troughs of homecare activities. Continuous work, with minimal gaps in rotas, opens up the possibility of paying careworkers for shifts, or at least guaranteeing more hours. Commissioning models aiming to do this are being developed in some places, such as Leeds, with support from the Homecare Association and some of our members. Benefits include greater security and level of income for careworkers, improved efficiency of utilisation of the workforce, and more flexibility and contact time with people drawing on services. In time, it will hopefully be possible to demonstrate improved outcomes.

The NHS has a goal to ensure access to effective therapeutic intermediate care services within 24 hours of no longer meeting the criteria to reside in hospital. The emphasis is on "Home First", which is positive for homecare.





The Homecare Association continues to press for greater involvement of care providers at local level.

A new National Framework for Intermediate Care was published in September 2023. This framework was informed by pilot work in Croydon, Kent & Medway, Leeds, Walsall and Warwickshire. The Homecare Association was part of the Intermediate Care Workstreams and continues to press for greater involvement of care providers at local level.

Since the Prime Minister pledged to reduce NHS waiting lists, there has been a strong political focus on hospital discharge and winter planning. Our CEO is a member of the National Hospital Discharge Taskforce at the Department of Health and Social Care. She is also a member of the National Winter Planning and Resilience Taskforce. Detailed capacity plans have been prepared in local areas. Work has also been done to create a blueprint for Care Transfer Hubs to facilitate hospital discharge, which the Homecare Association has advised on.

We have also been invited to several roundtable meetings at No.10 Downing Street, attended on different occasions by the Prime Minister, Secretary of State for Health and Social Care, Minister for Care and Minister for Local Government, as well as senior officials. Lord Markham, Parliamentary Under Secretary of State at DHSC, and the Minister for Care also held a roundtable on digital solutions to support hospital discharge, which we attended.

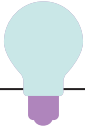
New developments: Outcome-based commissioning models

Integrated Care System policy holds that much of the activity to integrate care, improve population health and tackle inequalities will be driven by commissioners and providers collaborating over smaller geographies, often referred to as 'places'. Delivery will be through teams working together on even smaller footprints, usually referred to as 'neighbourhoods'.

Integrated Care Boards are thus expected to delegate significant responsibilities, including commissioning, and budgets, to place-based partnerships. Place-based partnerships typically involve the NHS, local government and other local organisations with responsibilities for planning and delivering services, such as Voluntary, Community and Social Enterprise (VCSE) organisations and social care providers.


The ethos of 'one place, one budget' is more advanced in some areas than others but has become a key aspiration in many





Innovation & integration

places. The government has indicated that it would like to support local partnerships to go further in terms of pooling local authority and NHS budgets through 'section 75' arrangements and the Better Care Fund.

 We continue to push for more joint commissioning by NHS and local authority commissioners

The Homecare Association continues to push for more joint commissioning by NHS and local authority commissioners, with a minimum price for homecare, focused on measuring outcomes rather than minutes.

New developments: Telehealth and remote monitoring


As the demand for home-based support and care grows, numerous devices for telehealth and remote monitoring are being developed and sold. Examples include: wearable health monitors, such as smartwatches, fitness trackers and

continuous glucose monitors; remote cardiac monitors; respiratory monitoring devices; smart medication dispensers; blood pressure monitors; telehealth cameras and communication devices; home safety monitors, including motion, environmental and power sensors; remote rehabilitation devices to guide people through physical therapy exercises at home; smart scales; digital thermometers and fever patches.

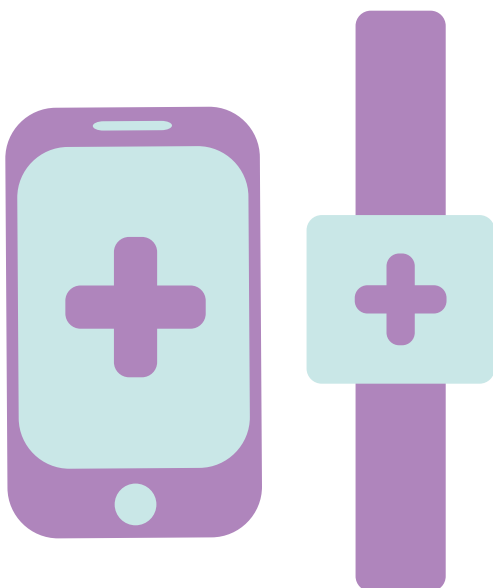
People are already being discharged from hospital with devices to monitor vital signs. As services such as Proactive Care, Intermediate Care and Virtual Wards expand, we are likely to see increasing use of telehealth solutions.

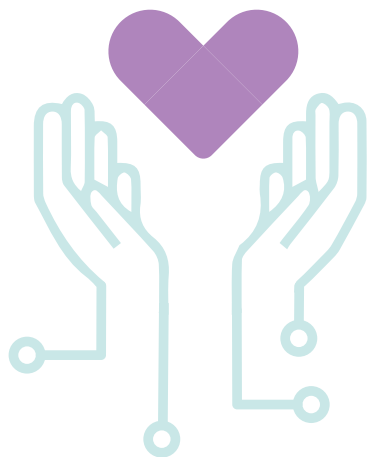
Local authority assistive technology teams are also deploying a range of devices and sensors for remote monitoring aimed at ensuring people remain safe at home.

Both provider and affiliate members of the Homecare Association are attempting to combine in-person care with technology solutions to support people to live well at home. Whilst the opportunities are significant, some challenges must be overcome.

 Both provider and affiliate members of the Homecare Association are attempting to combine in-person care with technology solutions.


Detecting a fall or an adverse health event is useful only if immediate action can be taken. Many older or disabled people have no-one nearby to help them. Availability of response services, to validate and react to emergency alerts or changes in health





condition, is thus essential. Access to response services for self-funded as well as state-funded citizens is required. At present, there are significant gaps in response services in many areas and GPs have insufficient resource to manage continuous health monitoring of their patients.

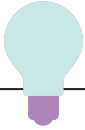
Local authority commissioning of telecare solutions often occurs in isolation from commissioning of homecare. Some councils are beginning to tender contracts for homecare which require integration of telecare solutions. In principle, this is a positive development. Current funding models for homecare tend not to cover costs adequately, though, and are focused on measuring time and task, rather than outcomes. Furthermore, benefits of using technology solutions in homecare may accrue elsewhere in the health and care system. This means it can be difficult for providers to create a viable business case for investment. In the self-funder market, clients may be unwilling to pay extra to cover costs of remote monitoring.

 People in pre-care cohorts may be invisible to local authorities and homecare providers.

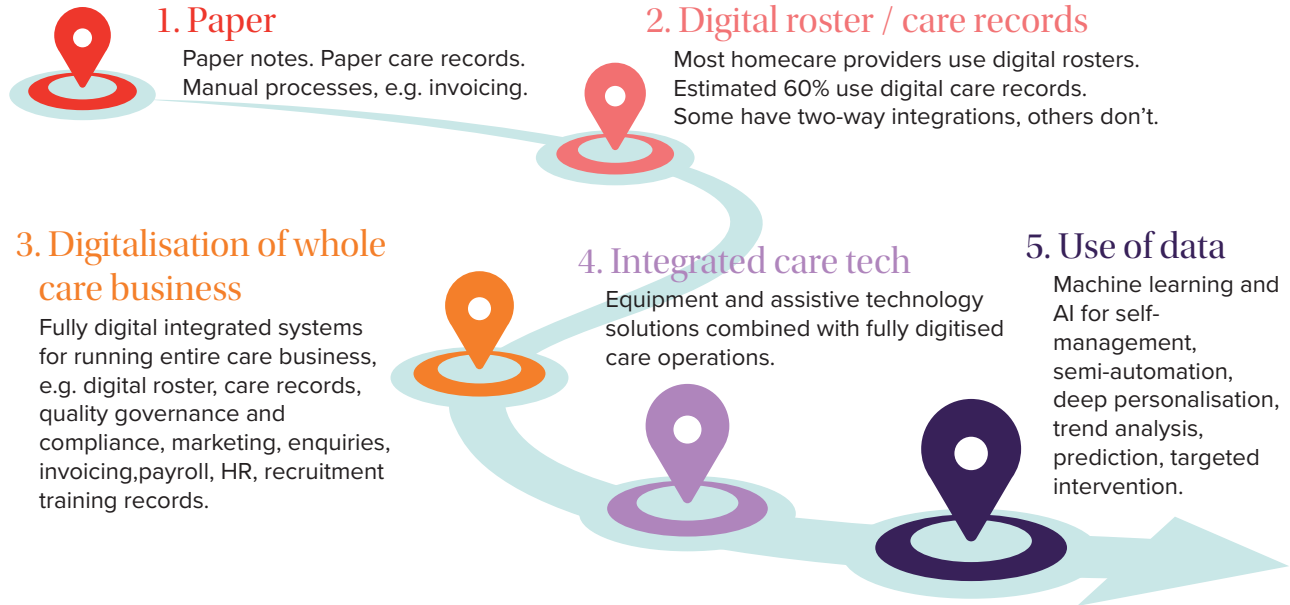
Arguably, those who could benefit most from telehealth and remote monitoring solutions are in “pre-care” cohorts. By the time people are eligible for state-funded homecare, their dependency level is relatively high. People in “pre-care” cohorts may, however, be invisible to local authorities and homecare providers. NHS primary care and community health services are best-placed to identify people who could benefit from remote monitoring. The Proactive Care services being developed may provide a route to doing this. If the NHS were to fund these approaches, and work with local authorities jointly to commission in-person support and care with technology solutions, focused on improving outcomes, we could overcome some of the current barriers to widespread adoption.

The Homecare Association is a member of the Technology-Enabled Care (TEC) Alliance. The TEC Alliance is a partnership between the TEC Services Association (TSA) and Think Local Act Personal (TLAP). It aims to put the voice of people who draw on care at the centre of the development and delivery of TEC solutions; promote the use of TEC solutions to improve the quality and experience of care for people of all ages; influence policy and practice to ensure that TEC solutions are used in care to their full potential; and build a strong and vibrant TEC sector in the UK.





Innovation & integration



New developments: Digital solutions to support care operations

Digital care records can improve the quality, safety and efficiency of care delivery. Digital care records can also help people drawing on services and their families remain informed, and make it easier to share information between different health and care providers.

Adoption of digital care records at scale offers the potential for using data, assisted by machine learning and AI tools, for predictive and preventative health strategies.

Whilst some providers are advanced in their digital journeys, others are just beginning.

The Department of Health and Social Care has set the following goals for digital care records in adult social care:



80% of CQC-registered adult social care providers to have digital care records by March 2024.



All Integrated Care Systems and their NHS trusts to have core digital capabilities, including electronic health records, in place by March 2025.

The Government allocated £100 million to accelerate digitalisation in the sector and £50 million to improve social care insight, data and quality assurance.

The Digitising Social Care Team in the NHS Transformation Directorate opened a £25 million grant for Integrated Care Systems (ICS) in 2022/2023 to support social care providers to implement digital technologies that will enable them to transform care. Further funds are being released in waves during 2023-2024.

Through membership of the DHSC Digital Social Care Programme Board and the DHSC Digital Social Care Advisory Group, we continue to advise the Government on the design and roll-out of these grants to ensure they understand the needs and barriers to uptake of homecare providers.



New developments: Data in social care

The Homecare Association is also involved in advising on data requirements, collection, and submission, including improvements to capacity tracker and data collected by CQC, local authorities, and the Department of Health and Social Care (DHSC). Whilst supporting improvements in data on social care, we have pushed hard to ensure that the data burden for providers is minimised, and that data are shared with all parties for mutual benefit.

DHSC published guidance for social care providers on the enforcement process for the mandatory collection of data. We worked with DHSC and communicated with our members to remind them to submit their data to avoid fines.

Academic researchers are working on a Minimum Dataset for Homecare. The Homecare Association has advised on early thinking and we aim to continue to influence this work.

New developments: Cybersecurity

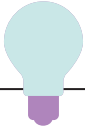
With cybersecurity becoming a more prevalent issue, strides have been taken this year to develop providers' knowledge and understanding of how they can keep their staff, clients and data safe. We have particularly encouraged providers to prioritise their cyber security measures.

Cybersecurity was a focus at our Digital Transformation of Homecare event in London in January 2023. Colleagues at Better Security, Better Care highlighted free resources available for providers, including practical support from regional partners, to improve data and cybersecurity.

We backed NHS Digital's (now part of NHS England) security awareness campaign, Keep I.T. Confidential, which improved people's knowledge of phishing, data sharing and weak passwords.

We also urged providers to complete their Data Security and Protection Toolkit (DSPT), which demonstrates staff have been trained and are competent in data security and protection. Digital Social Care (Digital Care Hub) also ran many events to help support providers during this time, including an event for cyber security tips for small homecare providers.





Innovation & integration

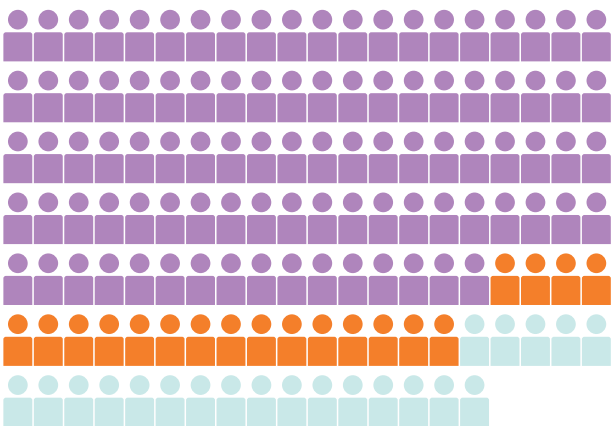
Homecare Association Digital Conference

We held our Digital Technology and Transformation in Homecare conference on 19 January 2023 in London. The aim was to inspire, engage, educate and provide thought leadership. Birdie, Anthropos and Careline Live sponsored the event, for which we were grateful.

We hosted plenary sessions and Q&As and included time for interaction with our exhibitors. The day was a success, with discussion on the digital and data landscape, innovation, best practice, identifying and managing risk, and the latest news on developments in the digital arena. Feedback from delegates was positive.

We remain committed to creating space to facilitate innovation and discussion within the sector.

136 attendees



96 delegates & guests

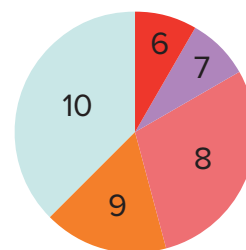
19 speakers

21 exhibitors



Delegate feedback:

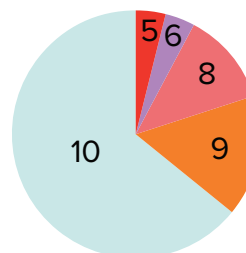
“Congratulations on a well-pitched and supported event. Delivered and exceeded expectations.”



How would you rate the plenary and Q&A sessions? (/10)

52% rated 9 or 10

“This was by far the best conference I have attended for years. Really informative and engaging. Good range of speakers and exhibitors.”



How likely are you to attend another of our events? (/10)

80% rated 9 or 10

“As an Independent Provider, the HA events are vital to me”



Research on homecare

Research-based evidence on social care is, in general, weak. In the past, the limited research conducted was focused mainly on care homes. Over the last four years, the Homecare Association has set out to change this.

Progress is being made and we are pleased to report that the National Institute for Health and Care Research (NIHR) has placed several calls for proposals for homecare-related research, which it is funding. Our CEO, Dr Jane Townson OBE, has been asked to advise NIHR on shaping some funding calls.

Academic researchers in a number of universities are engaging in research on homecare. A Homecare Research Forum meets regularly to share findings.

Our CEO is currently advising on the following homecare-related research proposals and projects:

University of Kent: Benefits and Costs of Domiciliary Care

University of Bournemouth: Nutrition for People Living with Dementia at Home

Universities of Hull, Sheffield, Bradford, Kings College London: End-of-life Care Training for Homecare

Manchester Metropolitan University: Pay variation in adult social care

Universities of Kent, Leeds, Manchester Metropolitan, King's College London: Social Care Workforce Research Partnership

University of Birmingham: IMPACT UK centre for implementing evidence in adult social care.

Gradual progress is being made with innovation and integration of health and homecare services. Over time, we hope that people drawing on services, and their families, will see the benefits.

How you can get involved

Please tell us if you are pioneering innovative approaches or services in homecare and we will help to showcase your work.

University researchers often ask us to help them find providers and careworkers to contribute to research projects. Regulators tend to look favourably on providers seeking to improve for the benefit of people drawing on services. Please contact us if you are keen to engage.

Regulation



As in previous years, we have continued to work with national Regulators to represent our members' interests. Fundamental structural changes to regulation of the homecare sector have been proposed and are being implemented.

A new strategy

In England, following publication of a new strategy, the Care Quality Commission (CQC) carried out a consultation on proposed changes to their approach to regulation, including inspection.

In October 2022, CQC confirmed a more dynamic, flexible, and people-centred approach to regulation. It is built on four key themes:

- 1 People and Communities:** Tailoring care to individual needs and local circumstances.
- 2 Smarter Regulation:** Utilising data and technology to streamline the regulatory process.
- 3 Safety through Learning:** Encouraging a culture of learning and improvement.
- 4 Accelerating Improvement:** Working collaboratively to drive systemic change.

People and Communities


CQC aims to put people at the heart of its work. This means that the views and experiences of people drawing on services, their families, and carers will be central to assessments. Care providers should expect more involvement from these groups in the inspection process. We welcome this but

have also emphasised to CQC the importance of triangulating qualitative feedback with other sources of evidence to ensure a balanced approach.

Smarter Regulation

CQC plans to make better use of data, intelligence, and analytics to identify risks and assess performance. They are investing in digital technologies to streamline the registration and inspection processes. This includes better platforms for reporting and sharing information. We hope this will make it easier for providers to comply with regulatory requirements.

CQC says this will allow for more targeted inspections and could reduce the regulatory burden on high-performing providers. CQC has recently published further information on the evidence they will use to judge performance against the quality statements for each question.

 We have continued to work to improve data on adult social care whilst minimising the burden of data submission for providers.

Inevitably, CQC is prioritising services with quality question marks. Some providers have not received a CQC inspection for over five years. We have continued to



highlight the importance of providers rated Good having the opportunity to be inspected and potentially upgraded to Outstanding.

CQC inspectors can access digital care records during inspections but access must be appropriate and proportionate. In a number of cases, we have advised providers to push back on unreasonable demands for full login and system access, during and after inspection.

Safety through Learning

CQC's new strategy emphasises the importance of a 'learning culture' within care settings. Providers are encouraged to learn from mistakes and near misses, rather than fostering a culture of blame. CQC is paying particular attention to "closed cultures" and actions taken to prevent cover-ups and abuse.

Accelerating Improvement

Following new powers granted to CQC under the Health and Care Act 2022, CQC has started inspecting local authorities and Integrated Care Systems (ICSs), to identify systemic issues and drive improvement at scale.



We contributed to CQC's development of a single assessment framework for all types of inspection.

The first local authorities to be inspected are Birmingham City Council, Lincolnshire County Council, North Lincolnshire Council, Nottingham City Council, and Suffolk County Council.

The first ICSs to be inspected are Birmingham and Solihull Integrated Care System and Dorset Integrated Care System.



The Homecare Association lobbied for years for regulation of commissioning of homecare.

The Homecare Association lobbied for years for regulation of commissioning of homecare by public bodies, due to its impact on care quality. We are thus pleased in principle and hope that CQC's approach will tackle challenges that cannot be resolved by individual providers alone.

We have, though, repeatedly expressed concerns about the lack of direct enforcement powers to hold local authorities and ICSs to account. We have also expressed continued concerns as to how CQC will assess the impact on providers of councils' actions and whether CQC will take the results of their assessments of councils into account when addressing providers' performance.

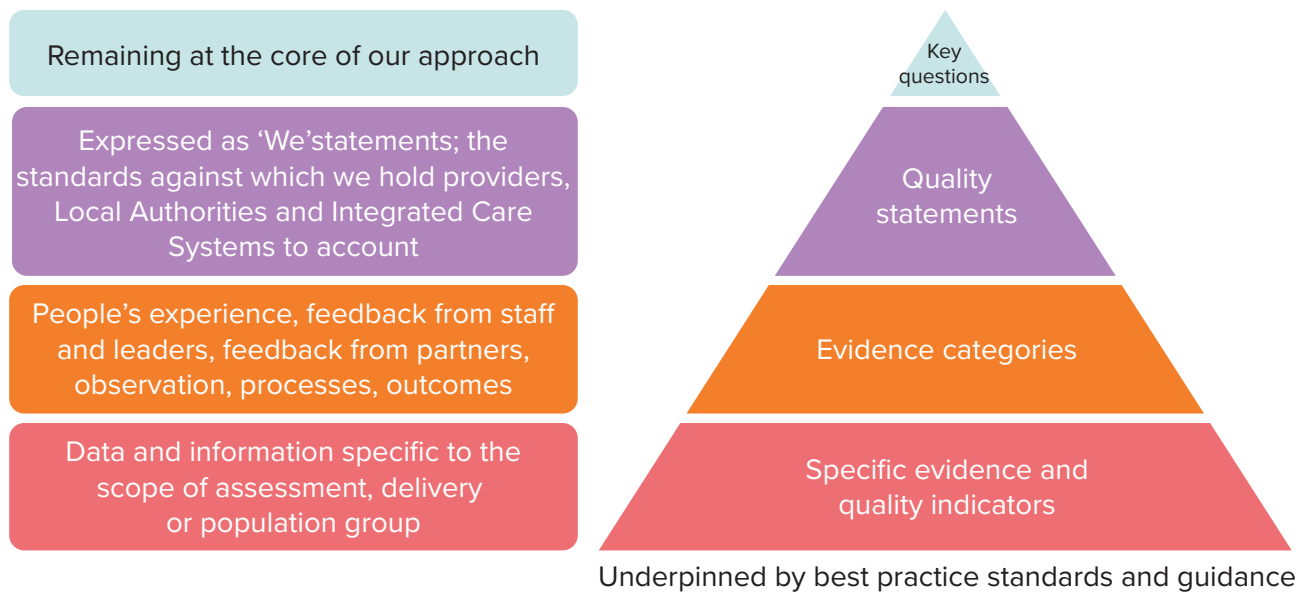
In the meantime, we have engaged with the National Commissioning Network of local authorities, as well as the NHS Stakeholder Engagement Team and Continuing Health Care (CHC) Team in NHS England, to seek to improve commissioning and purchase of homecare. Much work remains to be done and this will be a focus for 2024-2025.





CQC single assessment framework

The new CQC single assessment framework will assess providers, local authorities and integrated care systems with a consistent set of key themes, from registration through to ongoing assessment - starting later in 2023.



Development of CQC's new approach to regulation will continue throughout 2023, with implementation likely towards the end of the year. In the meantime, CQC will continue to use its existing systems to monitor, assess and rate providers.

Initial information about CQC's new approach to regulation, with introduction of additional quality statements and rating limiters, suggests that providers must perform at a high level against all areas to achieve Good or Outstanding ratings.

Through regular monthly meetings and responses to both formal consultations and surveys, we have continued to represent our members' interests. Our goal has been to ensure that both the current system and the new approach remain fit for purpose.

We remain focused on ensuring that reports about the safety and quality of services

delivered by our members are fairly and accurately communicated to the public and other stakeholders within the sector.

In April 2023, we published updated Inspection Guidance for England to help members be well prepared for inspections carried out under both the current system and inspections that will be carried out under the new approach. We will revise this, as detail about CQC's new approach becomes available.

In 2022 we also contributed to several roadshows, organised by Affiliate Member Birdie on CQC compliance. We delivered an interactive session with participants to address concerns about CQC inspections.

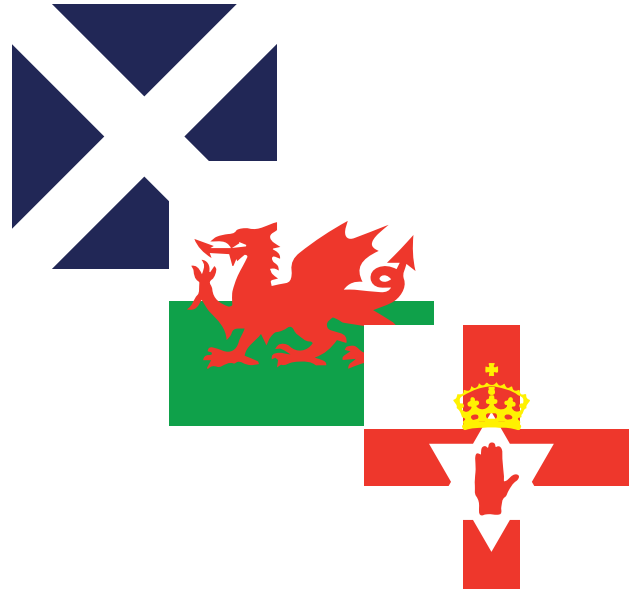
Through the information received from our Helpline we continue to support and advocate for individual members, taking concerns directly to CQC.



Scotland

In Scotland, we have been working with Scottish Care to improve collaboration with the regulator. We take part in regular meetings between sector representatives, the Scottish Government, the Care Inspectorate and SSSC.

The National Care Service will have a significant impact on how the sector in Scotland will be funded and regulated in future. We have contributed to the formal consultations and ongoing work to implement the Service, which has seen significant delays in implementation.



Wales

In Wales, we continue to work closely with our members and the Welsh Government and take part in regular meetings.

Care Inspectorate Wales plans to move to issuing 'silent' ratings when inspecting services. We will be monitoring the impact and implementation of these ratings.

Northern Ireland

The Department of Health has published a Reform of Adult Social Care Consultation Summary Report. The Social Care Institute for Excellence (SCIE) was tasked with providing an independent analysis of responses and feedback to the initial consultation.

The report acknowledges the importance of regulation and quality improvement in adult social care. It highlights the role and powers of the Regulation and Quality Improvement Authority (RQIA) in ensuring high standards of service. It emphasises the need for legislation to provide a cohesive legislative basis for adult social care provision. However, it also mentions that legislation alone is not enough and that there should be consequences for a failure to meet the law and the standards/responsibilities set out within it. The report recognises the challenges in delivering these reforms, particularly in relation to funding, resources, and the quality of services.



Employment regulation

During 2022, we worked closely with HM Revenue and Customs (HMRC) to support members with National Minimum Wage (NMW) compliance.

During the COVID-19 pandemic, HMRC chose to minimise inspections and enforcement action to relieve pressure on employers. However, they continued to receive high numbers of complaints from workers who believed they were not paid at least the minimum wage. HMRC wanted to protect the rights of workers, but do so in a way that was sensitive to the pressures that care sector employers were facing.

This led to the launch of a National Minimum Wage Employer Support Programme in conjunction with the Homecare Association between July-August 2022. Educational webinars and free advisory audits were offered by HMRC's NMW experts. They provided advice on current pay arrangements and flagged any potential issues, without any financial penalties or public naming (which would ordinarily apply if HMRC were to identify any underpayment as part of an investigation).

Take up from employers was unfortunately very low at 1.08% yet feedback from those that did participate was positive.

Some common issues were identified, including:



Deductions from pay: Deductions taken from a worker's pay for expenses that are connected with their job reduce their pay for NMW purposes. This can lead to workers being underpaid. Examples of these

expenses include uniform, replacement fobs, mandatory training costs, staff lunches, deposits for uniform/phones.



Unpaid working time: Workers must be paid for every hour they work. Any time spent working which hasn't been paid for could mean that a worker has been underpaid. Common examples of unpaid working time include; time spent travelling in connection with their job and time spent training/induction.



Expenses: Expenses incurred in connection with employment and not reimbursed can result in a worker being underpaid. This includes workers having to use their own mobile phones.

HMRC has now resumed compliance inspections but we hope to encourage them to run another Employer Support Programme in 2023-2024.

We will continue to work with our members, other partners and the national regulators themselves to ensure that changes in regulation are fair, proportionate and representative of the quality of care delivered by our members across the UK under an increasingly challenging background.

Public awareness



Our mission is to enable us all to live well at home and flourish in our communities. Engaging actively with mainstream and social media is a key plank in our strategy to raise public awareness of the value of homecare and influence political thinking and action. Our goal is to secure adequate investment in homecare to maintain and grow the workforce, so we can meet people's needs now and in the future.

Building relationships with broadcast and media journalists has been a focus over several years and we are now seen as a "go-to" source for market intelligence and comment.

We use a range of digital, print and broadcast media to amplify our messages both nationally and regionally.

Figures 1st April 2022 – 31st March 2023

12.1bn

Sum of OTS
(Opportunity
To See)






Volume of
articles

11.8k

An equivalent
advertising value of

£325m

Our social media channels provide platforms for us to ensure greater awareness of homecare, as well as provide useful information to our members.

	Followers on Instagram	1,998
	Followers on LinkedIn	9,829
	Average post reach per month on LinkedIn	10,000+
	Followers on Twitter / X	8,510
	Average post reach per month on Facebook	1,800+





Public awareness

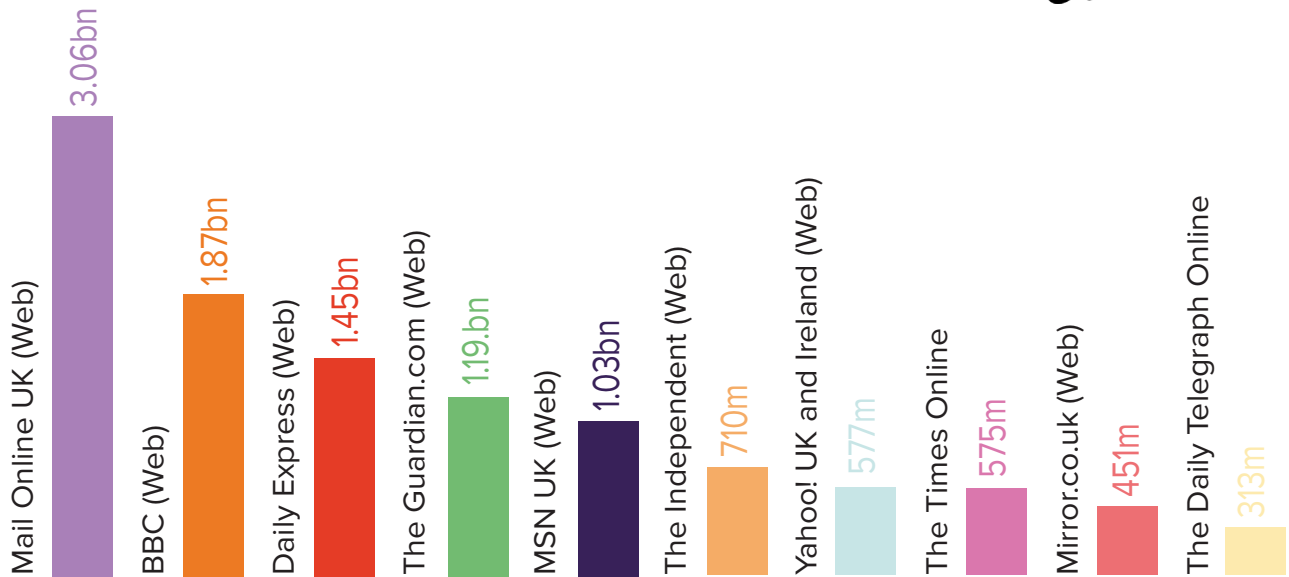
Media Print Reach

We have been mentioned in multiple major news outlets including The Guardian, The Independent, Daily Mail, The Times, The Mirror and The Telegraph.

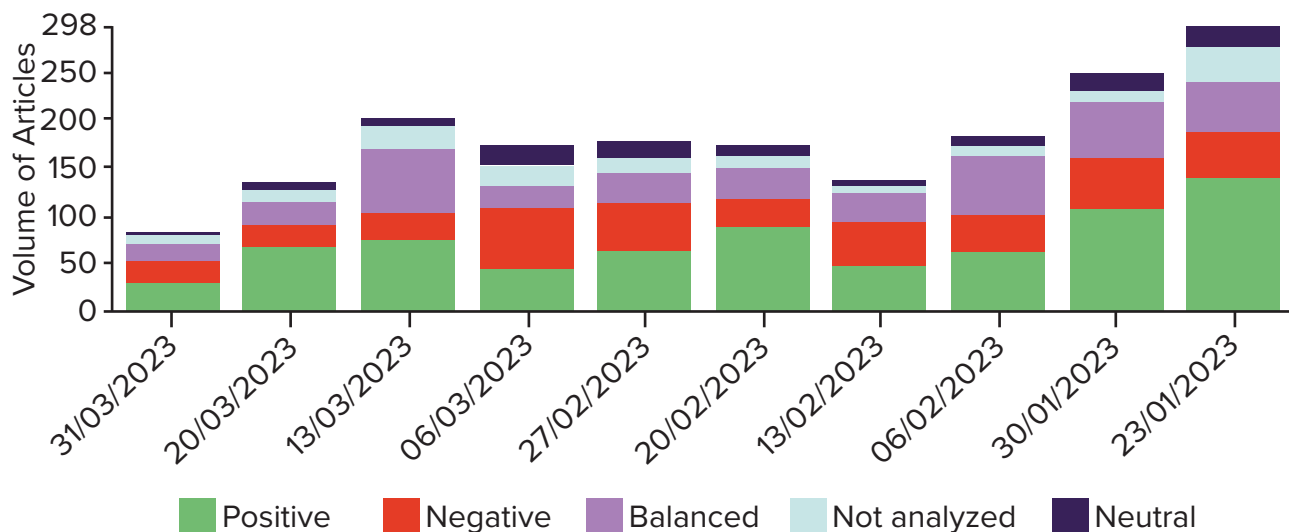
Between 1st April 2022 and 31st March 2023 we were included in:



Reach of articles



Sentiment of articles



Public awareness



Our successes in improving public awareness

The Homecare Association has been included in four BBC Online articles this year, having a combined reach of 29.9m.

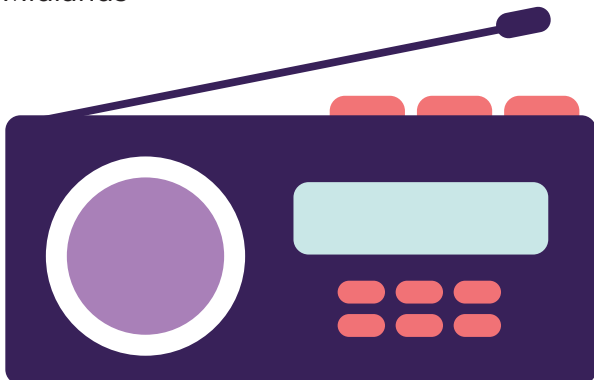
Our most viewed article was 'Home care chief 'overwhelmed' by OBE in New Year's Honours List' which was written when our CEO, Jane Townson received an OBE for her work in homecare, which had a reach of 9.72m.

Fuel survey

In October 2022, we published a survey on the impact of increasing fuel costs on homecare workers. This survey has been included in 82 different media articles across print, broadcast and digital since its release.

Our CEO, Dr Jane Townson, appeared on BBC Breakfast discussing the issue of rising fuel costs. The results of the survey were also covered on the BBC Sounds podcast 'Access All: From three carers to none' with Presenter Nikki Fox.

We supported a number of members to speak to regional radio shows about the rising fuel costs, including Radio West Midlands



Reimagining care

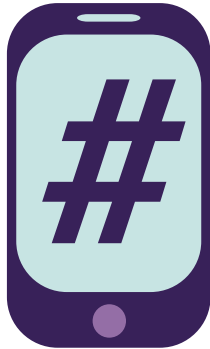
Jane Townson, was also interviewed by Susanna Reid and Ed Balls on Good Morning Britain, alongside the Archbishop of York, Stephen Cottrell. The item was to discuss the importance of a national conversation about social care, following release of the Archbishop's Reimagining Care Commission report.

We highlighted that many homecare workers love their jobs and thrive on the opportunity to improve the lives of others. To enable them to continue in this important work, we need to value and invest in them. This includes training, supervision, pay and security of income.

Workforce shortages

In January 2023 our Jane Townson, was interviewed by Evan Davis for a BBC Radio 4 Bottom Line programme about staff shortages across different sectors of the UK economy.





International Women's Day

This year on International Women's Day the Homecare Association ran a social media campaign with the aim of celebrating the amazing women working in homecare across all job roles from professional carers to registered managers.

We posted on LinkedIn, Twitter, Facebook and Instagram with a graphic card and some profiles of women who had been nominated by their organisation to be celebrated.

We used the hashtag #womeninhomecare, which was seen by over 3,000 people across our social media platforms.

How you can get involved

Real-life stories are vital for bringing data to life and creating interest for broadcast and print journalists.

If you are willing to help our media work by telling your story, please contact us at policy@homecareassociation.org.uk

Blogs

We continue to use our blog to raise awareness of challenges facing the homecare sector and publish research findings. We have received over 16,000 visits to our blog.

Blogs published include :

Fuel costs and homecare – impact on service capacity

Guest Blog: Dementia Awareness Week: What Dementia ISN'T

Guest Blog: Embedding a culture of care in your homecare business

Homecare – the need to change public opinion

Shortage of homecare and unmet need – impact of cost of living and removal of COVID-19 grants

Fuel costs hit homecare hard

New Secretary of State urged to take action on key priorities for homecare

Fee rates for state-funded homecare in 2022 vs 2021 - has there been an improvement and why does it matter?

High fuel costs – the ongoing impact on homecare

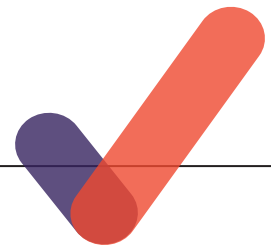
Secretary of State urged to prioritise support for homecare and address social care funding

Homecare Association publishes Minimum Price for Homecare 2023-24

A card for people who care that is revolutionising the sector!

Autumn Workforce Report 2022

Our member benefits



Understanding and action

You provide professional care to the people you support and their families, we're here to support you.

Our membership benefits for homecare providers include the following:



The latest industry news and legislation. Stay up to date with the latest care compliance and legislation and industry news



Specialist member helplines. We offer expert advice on homecare and business practice, policy, regulation, DBS, legal issues and HR assistance.



Influence the future of homecare. Be part of the trusted voice of homecare as we represent you with government, regulators, the media and the public.



A wealth of expert training. Our members benefit from discounted training, workshops, and webinars



Promote your business. Our Find Care portal promotes your business to potential clients



Homecare Association logo. Homecare provider members can use the Homecare Association logo in your digital and printed communications.



Regular blogs and updates. News stories, industry, regulatory and policy updates straight to your inbox.



Discounted services and products through our third-party partners including insurance, consumables and e-learning



Build your network. Our online community connects you with like-minded managers and business owners



Connect with our Affiliate Members. Suppliers of products, services and consultancy to support homecare providers.



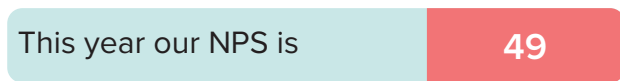
Our member benefits

The Homecare Association conducts a survey of members' attitudes and usage of membership benefits annually. The objectives are to establish what matters to members, to ensure the relevance of our offer, and inform any changes to membership benefits.

Net Promoter Score (NPS)

The Net Promoter Score is the standard way to measure customer satisfaction and enthusiasm. It is calculated by asking customers the question: "How likely are you to recommend this company to a friend or colleague?"

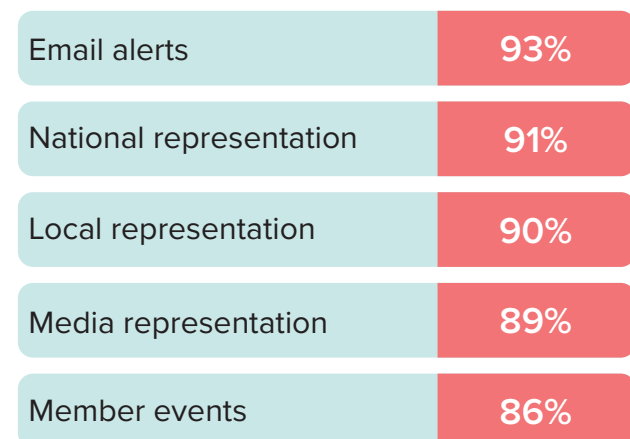
The Net Promoter Score ranges from -100 to 100: -100 to 0 means improvements are needed, 1 to 30 is a good score, 31 to 70 is a great score, and 71 to 100 is an excellent score.



Membership benefits

We asked members how much they valued our various membership benefits. The following chart shows the percentage of those that agreed or strongly agreed that they valued the service.

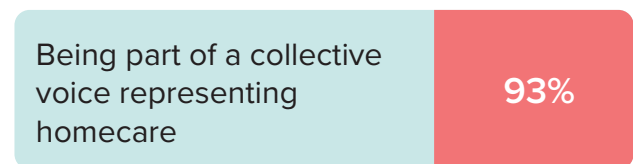
The most valued benefits are:



Association services

As a way of understanding the less tangible membership benefits, we asked respondents why they liked being an Association member.

The most valued service was:

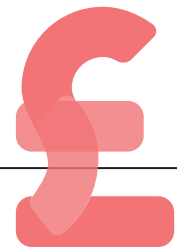


Find out more

To find out more about the benefits of becoming a Homecare Association member, and enquire about joining us:

[Click here](#)

Our resources



Facts & figures

The income generated by the activities of the Homecare Association in 2022/23 came from five main sources: membership fees, training, disclosure services, grants and sponsorship and advertising. Overall turnover grew by 11% as we saw significant increases in revenue for our Disclosure Services, Advertising and work with Commercial Partners through our member magazine 'Homecare'.



The Association continues to implement different strategies to improve our offer in other areas of high value for our members such as training, events, disclosure, sponsorship, advertising, and publications.

Notably, the Association moved offices in March/April 2023 from Hackbridge to Waterloo. The quality and location of our previous office was not ideal and had an impact on the ability of the Association to attract and retain high calibre staff. The new office was selected from a range of available options and locations. The office was towards the more affordable end of the market and offers a much-improved environment, facilities and location. The new office is seen as a once-in-a-decade opportunity to accelerate our work on behalf of members.

The office move incurred substantial related one-off costs of £119,000 including dilapidations on our old office (£16,000), removals (£5,000), setup costs for the new office (£13,000), IT costs (£5,000), paying double rent while fit-out work was undertaken (£18,000) and additional one-off staff costs (£62,000). As the majority of the work to move offices took place between January and March 2023, these costs have been included in the financial results for 2022-2023 and are the cause of the deficit outcome for the year.

The Association continues to prepare annual financial budgets and considers the balance between short and long-term needs. The Association will continue to be managed prudently, ensuring that risks are managed. Its financial stability remains of utmost importance for the coming years.

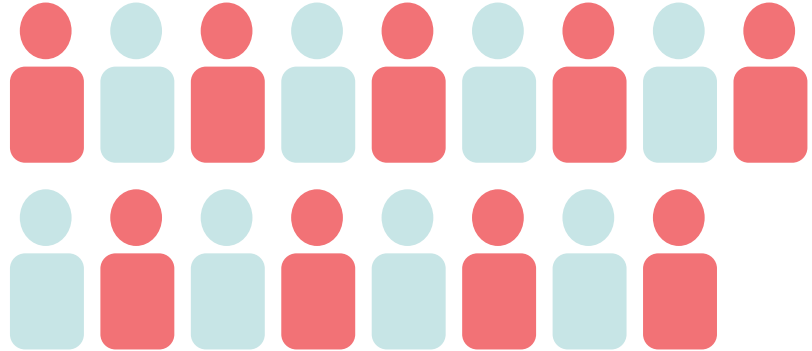
John Rennison
Treasurer, Homecare Association



Our resources

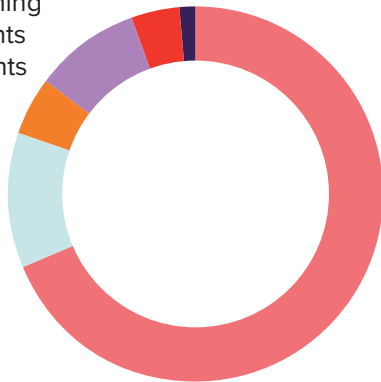
People

19 Full-time equivalent staff



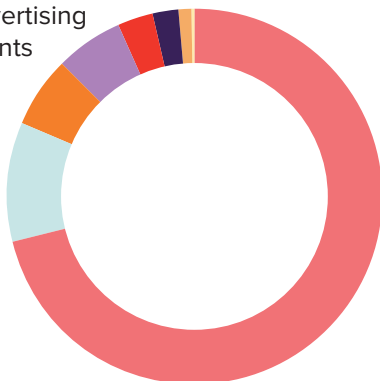
Income Sources

- Membership
- Disclosure
- Advertising & Commercial
- Training
- Grants
- Events



Expenditure Sources

- Staff
- Office
- IT
- Training
- Policy
- Governance & Legal
- Advertising
- Events



Income Statement 2022-23

	31/03/23	31/03/22
	£	£
Turnover	2,082,217	1,872,968
Cost of sales	651,762	522,939
Gross surplus	<u>1,430,455</u>	<u>1,350,029</u>
Administrative expenses	1,889,791	1,797,694
	(459,336)	(447,665)
Other operating income	352,949	485,676
Operating (deficit)/surplus	<u>(106,387)</u>	<u>38,011</u>
Release of prior year provisions	-	142,727
Interest receivable and similar income	1,859	168
(Deficit)/surplus before Taxation	<u>(104,528)</u>	<u>180,906</u>
Tax on (deficit)/surplus	8,500	4,455
(Deficit)/surplus for the financial year	<u>(113,028)</u>	<u>176,451</u>



Balance Sheet 2022-23

	31/03/23		31/03/22	
	£	£	£	£
Fixed assets				
Intangible assets		39,835		64,465
Tangible assets		29,521		10,372
		<u>69,356</u>		<u>74,837</u>
Current assets				
Stocks	27,678		3,713	
Debtors	134,251		113,252	
Cash at bank and in hand	464,629		590,035	
	<u>626,558</u>		<u>707,000</u>	
Creditors				
Amounts falling due within one year	813,561		786,456	
	<u>813,561</u>		<u>786,456</u>	
Net current liabilities		<u>(187,003)</u>		<u>(79,456)</u>
Total assets less current liabilities		<u>(117,647)</u>		<u>(4,619)</u>
Reserves				
Income and expenditure account		(117,647)		(4,619)
		<u>(117,647)</u>		<u>(4,619)</u>

The above are a summary of the Financial Statements for the 2022-2023 financial year. Complete Financial Statements are available upon request.

Shaping homecare together



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Shaping homecare together

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