

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Social care guidance scope

1 Guidance title

Homecare: the delivery of personal care and practical support to older people living in their own homes.

1.1 *Short title*

Homecare

2 Remit and background

The National Institute for Health and Care Excellence (NICE) has been asked by the Department of Health (DH) to develop social care guidance on Homecare (also known as domiciliary care).

This guidance will provide action-orientated recommendations for good practice, aimed at improving outcomes for users of social care services and their families or carers. The guidance will be based on the best available evidence of effectiveness, including cost effectiveness. The guidance will be relevant to service users, carers, social care providers, social care practitioners and commissioners (including people who purchase their own care).

This guidance will complement a range of NICE guidance. For further details see section 5 (related NICE guidance).

3 The need for guidance

3.1 *Key facts and figures*

3.1.1 In 2011-12, 517,000 people in England made use of homecare support funded by their local authorities, of which 80% were people aged 65 and over (Health and Social Care Information Centre

[HSCIC] 2013a, Table 3.1, p33). Just over half of local authorities' social care expenditure was on people aged 65 and over, equating to £8.92 billion gross expenditure (HSCIC 2013b, Table 3.2, p16). Approximately one-fifth of this (£1.9 billion) was spent on homecare (HSCIC 2013b, Table 4.2, p20).

- 3.1.2 The independent sector provides 89% of homecare services (HSCIS, 2013a, Fig. 4.5, p46), often working under contract to local authorities (Care Quality Commission 2006, cited by UK Homecare Association [UKHCA], 2013). In 2011, 74% of homecare agencies provided services for older people, and 64% provided care for older people with dementia (Glendinning, 2012). In 2010, there were reported to be 351,470 homecare workers in England across local authorities, the independent and voluntary sectors. The workforce was reported to be typically female, part-time and low paid (UKHCA, 2013).
- 3.1.3 In 2011–2012, the unit cost of providing homecare to older people was estimated to cost an average of £177 per week while direct payments to older people were estimated to cost less, averaging £155 per week (HSCIC, 2013b, Table 6.1, p23). The average cost for residential and nursing care per week was £521 (HSCIC, 2013b, Table 6.1, p23). This demonstrates the potential value of enabling people to live as independently as possible at home rather than in residential settings.
- 3.1.4 However, between 2010-11 and 2011-12, contact hours of homecare provided (by all sectors) decreased by 6% (HSCIC, 2013a, Table 4.2, p45), and gross expenditure on older people's homecare and direct payments (which may be used to purchase homecare) decreased by 10% (HSCIC, 2013b, Table 4.2, p45). Despite the rising number of older people, fewer people are supported through publicly funded homecare. Many more people will, however, be self-funders, commission their own care or will be dependent on informal unpaid care.

3.2 Current practice

- 3.2.1 Homecare is one of a number of services that can be offered to people who are assessed as needing social care support, other examples include: residential care, respite care, day care and intermediate care.
- 3.2.2 The range and type of services classed as homecare is wide, although this type of support usually encompasses personal care, activities of daily living (ADLs) and essential domestic tasks. People who qualify for services are likely to need different types of care and support. This means that homecare staff may deliver basic nursing care, such as moving and lifting people with poor mobility, and ensuring medication is taken. A survey undertaken by Unison (2012) highlighted that workers may often be unsure which tasks, including those normally associated with basic nursing, they should be undertaking. There are significant advantages to homecare and healthcare staff working together, but no clear guidance about how best to do this.
- 3.2.3 Although there are people in a range of circumstances who are in need of homecare, this guidance will be focused on addressing 'older adults' to ensure that the guidance is specific enough to provide recommendations that benefit the majority user group. As previously documented older adults are the predominant users of homecare, and can experience inequalities and discrimination in respect of allocation of resources and the range of care and support options available (Centre for Policy on Ageing, 2009). In order to ensure no relevant evidence is excluded, the guidance will use the terms 'older adults' rather than defining this group using a specific age threshold. Where the evidence indicates principles or recommendations that will benefit other user groups, this will be highlighted in the guidance.

- 3.2.4 The population of older people using homecare includes a number of sub-groups that deserve particular attention. People who use homecare services may be approaching the end of life, and may experience mobility and communication difficulties. An increasing number of people using homecare services have dementia. If people also live alone, they may be highly dependent on the reliability of homecare services.
- 3.2.5 A number of reports into the homecare sector have raised issues about the quality, reliability and consistency of these services (Equality and Human Rights Commission, 2011; Which?, 2012). The reports found that older people have sometimes been inadequately supported to eat and drink; that some care tasks, including support to take medicines, have been neglected; and, that their privacy, dignity and choice have been disregarded. People using homecare sometimes experience frequent staff changes, with unfamiliar workers they do not know and may not trust coming in to perform intimate tasks. The provision of sufficient, high-quality, person-centred homecare to older people has many benefits, including maintaining independent living and improving quality of life. However, the issues identified with respect to the quality, reliability and consistency of homecare will impact on the extent to which these benefits can be realised by service users and their families and carers.
- 3.2.6 Homecare is often commissioned using a 'time and task' approach, in which services are delivered in short time slots and focused on completing personal care tasks. There is evidence from service users and from homecare workers themselves that the demands of 'time and task' contracting by local authorities create unhelpful inflexibilities in the service, and leave little time for home care workers to talk to service users or to help them with minor tasks they mention during the visit. One survey reported that 73% of local authority funded homecare visits in England lasted just 30

minutes (UKHCA, 2012) and another (Laing and Buisson, 2011, cited in UKHCA, 2013) noted that 16% of visits only lasted 15 minutes. A Unison report into homecare, based on an online snapshot survey in 2012, identified the practice of 'call cramming', with workers given unrealistic numbers of visits too close together, impinging on care quality and length of contact with the service user. The UKHCA (2013) also report that the contract prices offered by local authorities often fail to keep pace with inflation, resulting in a prioritisation on cost over quality.

3.2.7 A further key issue for this topic is the working relationships between homecare and healthcare staff. As previously documented there are significant advantages to homecare and healthcare staff working together, but no clear guidance about how best to do this. Key issues include:

- Who can and should carry out which tasks?
- How liaison and joint working between social care staff and healthcare professionals, such as community nursing and palliative care nurses, can be fostered?
- The ways in which a homecare service is provided.

3.2.8 The role of family and friends who provide unpaid care can also be important. Homecare often supplements this type of unpaid care, and if it is adequate, it may be enough to enable the carer to carry on working and caring. High quality homecare with a continuing focus on enablement can result in service users maintaining their independence resulting in fewer admissions to hospital or residential care. Continuous review of service users' need for social care support, including provision of additional hours of respite care for unpaid carers, may also be vital in maintaining people in their own home.

3.3 Policy

As well as setting minimum standards, government policy articulates the values that need to underpin homecare services. In particular, the importance of: putting people who use services in control of their own care; promoting individual well-being, independence and choice; safeguarding the most vulnerable; and, recognising the vital role played by family, carers and friends.

Key policy, regulation and guidance relevant to England include:

- [Fairer Charging Policies for Home Care and other non-residential Social Services](#). Department of Health (2013)
- [Draft Care and Support Bill](#). HM Government (2012)
- [Living well with dementia: a national dementia strategy](#). Department of Health (2009)
- [Working for personalised care: A framework for supporting personal assistants working in adult social care](#). Department of Health (2011)
- [Fulfilling and rewarding lives: the strategy for adults with autism in England](#). Department of Health (2010)
- [Guidance about compliance: essential standards of quality and safety](#). Care Quality Commission (2010)
- [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2010](#). HM Government (2010)

- [Care Quality Commission \(Registration\) Regulations 2009](#). HM Government (2009)
- [Domiciliary Care Agencies Regulations 2002](#). HM Government (2002)
- [Health and Safety at Work etc. Act 1974](#). HM Government (1974; applicable to homecare workers if the work is not classed exclusively as 'domestic services').

3.4 Legislation, regulation and guidance

- 3.4.1 Homecare includes personal care, which is a regulated activity. However, the workforce is large and diverse, making regulation challenging. Homecare agencies (including those providing support attached to housing) must register with the Care Quality Commission (CQC) and are subject to minimum standards, monitoring and inspection.
- 3.4.2 Providers and registered managers are responsible for ensuring compliance with a range of regulations, guidance and legislation. For further details see the list provided in 3.3 (Policy). These seek to ensure that people who use services are:
- safe from harm
 - involved in, and informed about their care
 - able to live as independently as possible
 - supported by a skilled and experienced workforce.
- 3.4.3 There is, however, no regulation of self-commissioned personal assistants or other homecare workers directly employed by people who use services.

4 What the guidance will cover

Social care guidance will be developed according to the processes and methods outlined in [The social care guidance manual](#). This scope defines exactly what the guidance will (and will not) examine and what the guidance

developers will consider. The key areas that will be addressed by the guidance are described in the following sections.

4.1 *Who is the focus?*

4.1.1 Groups that will be covered

- Older people living at home and in receipt of, or who commission their own homecare, irrespective of the funding arrangements.

Protected characteristics under the Equality Act 2010 will be considered within scoping through completion of an equality impact assessment. This will be published alongside the scope. In addition to those with protected characteristics other sub-groups that may be of specific interest for this guidance includes: people aged 85 and over; people who lack capacity and/or have communication difficulties; people living on their own; and people at the end of life.

4.1.2 Groups that will not be covered in this guidance

- Younger adults in receipt of homecare
- Children and young people in receipt of homecare.

4.2 *Setting(s)*

4.2.1 Settings that will be covered

- Service users' homes, including:
 - Sheltered housing accommodation
 - Extra care housing
 - Shared lives schemes.

4.2.2 Settings that will not be covered

- Residential care homes.
- Nursing homes.
- Inpatient or residential care provided in NHS settings.

4.3 *Activities*

4.3.1 Key areas that will be covered

a. Planning and delivering person-centred care

- Care and support planning (where homecare has been commissioned or is being delivered to meet needs)
- Activities and/or interventions provided as part of the package of social care and support including all aspects of personal care, for example:
 - assistance with bathing
 - eating and drinking
 - dressing
 - toileting
 - skin care.
- Activities and/or interventions provided as part of the package of social care and support including other forms of practical support, for example:
 - domestic tasks
 - money management
 - basic nursing care (such as medications prompt; mobility, continence)
 - preventative care
 - support for social and community participation
 - safeguarding
 - homecare provided by volunteers under a formal arrangement.
- Liaison and joint working between homecare and healthcare staff, specifically in relation to how, when and by whom interventions should be delivered.
- Support provided to family, friends and unpaid carers by homecare staff and agencies.
- Service users', families and carers' access to information about homecare services.

b. Service organisation and commissioning

- Workforce issues, specifically including:
 - organisation
 - workforce support
 - supervision
 - training
- The contribution and coordination of homecare as part of a package of care and support which may include healthcare and voluntary and community service providers.
- The processes by which service users or their carers commission their own homecare (for example using direct payments).

4.3.2 Areas that will not be covered

- Health and clinical services provided by health staff.
- Occupational therapy assessments and interventions.
- Telecare (except where it is used as part of the homecare package).
- Assessment for, and provision of, home adaptations and equipment (on the basis that this is provision which forms part of a package of care and is complementary to homecare as a service, but doesn't fall within the focus of this guidance).
- Meals-on-wheels.
- Support for unpaid family and friends who provide care, other than that offered by homecare services.
- Person centred care of older people with long term conditions within community and residential care settings (this will be the topic of a separate piece of social care guidance).
- The work of Housing Officers (on the basis that they deal only with material issues such as disrepair).
- Short-term care, such as 6-week reablement interventions (this may be referred as a separate topic for social care guidance).
- Commissioning models (although the guidance is likely to signpost to evidence and examples of these).

4.4 Main outcomes

The main outcomes that will be considered when searching for and assessing the evidence are:

- Service user and carer satisfaction.
- Quality and continuity of care.
- Choice, control and dignity for service users.
- Measures of ability to maintain independent living at home.
- Measures of ability to carry out activities of daily living.
- Measures of social involvement, isolation and loneliness.
- Service user quality of life outcomes (both health and social care related).
- Service user and their families and carers experience of homecare.
- Health related outcomes
- Safety and adverse events.
- Economic outcomes (including resource use and impact on other services).

4.5 Economic aspects

A review of the economic evidence will be undertaken in line with the methods outlined in [The social care guidance manual](#).

Potential measures of outcomes may include those derived from the Adult Social Care Outcomes Tool (ASCOT). Outcomes may be expressed in natural units of measurement, in utility measures (where these can be calculated) or in monetary terms (again, where possible). Depending on the economic review question and the nature of the evidence, the economic analysis will consider outcomes for service users (for example quality of life) or service outcomes (for example impact on resource use and other services).

The economic analysis will focus on the public sector perspective (particularly costs to the health and social care sectors). However, where appropriate, a societal perspective will also be examined to test the sensitivity of the results to the inclusion of other relevant user and carer-related costs.

Key areas of interest for the economic analysis are likely to include:

- Whether interventions are complementary to or may substitute other social support and healthcare services
- Impact on residential care or nursing home admissions
- Impact on health and associated healthcare costs
- Impact on mortality
- The economic impact of unpaid care

The economic analysis will take account of the multi-stakeholder perspective, including all relevant commissioners, decision-makers, funders and providers.

4.6 *Status of this document*

4.6.1 *Scope*

This is the consultation draft of the scope. The consultation dates are 27 August to 24 September 2013.

4.6.2 *Timing*

Following consultation on the draft scope the final scope will be published in November 2013 and guidance development will then formally commence. The final guidance is scheduled to be published in July 2015.

5 *Related NICE guidance*

5.1 *Published guidance*

5.1.1 *Other related NICE guidance*

- [Falls: assessment and prevention of falls in older people](#). NICE clinical guideline 161 (2013).
- [Stroke rehabilitation: long term rehabilitation after stroke](#). NICE clinical guideline 162 (2013).
- [Chronic heart failure: management of chronic heart failure in adults in primary and secondary care](#). NICE clinical guideline 108 (2010).
- [Management of chronic obstructive pulmonary disease in adults in primary and secondary care \(partial update\)](#). NICE clinical guideline 101 (2010).

- [Depression: the treatment and management of depression in adults](#). NICE clinical guideline 90 (2009).
- [The treatment and management of depression in adults with chronic physical health problems](#). NICE clinical guideline 91 (2009).
- [Rheumatoid arthritis: the management of rheumatoid arthritis in adults](#). NICE clinical guideline 79 (2009).
- [Mental wellbeing and older people](#). NICE public health guidance 16 (2008).
- [The care and management of osteoarthritis in adults](#). NICE clinical guideline 59 (2008).
- [Chronic fatigue syndrome/Myalgic encephalomyelitis \(or encephalopathy\): diagnosis and management](#). NICE clinical guideline 53 (2007).
- [Dementia: supporting people with dementia and their carers in health and social care](#). NICE clinical guideline 42 (2006).
- [Nutrition support in adults: oral nutrition support, enteral tube feeding and parenteral nutrition](#). NICE clinical guideline 32 (2006).
- [Parkinson's disease: diagnosis and management in primary and secondary care](#). NICE clinical guideline 35 (2006).
- [Diagnosis and management of type 1 diabetes in children, young people and adults](#). NICE clinical guideline 15 (2004).
- [Management of multiple sclerosis in primary and secondary care](#). NICE clinical guideline 8 (2003).

5.2 Guidance under development

NICE is currently developing the following related guidance (details available from the NICE website):

- [Older people with long-term conditions](#). NICE social care guidance. Publication expected July 2015.
- [Transition between health and social care](#). NICE social care guidance. Publication expected November 2015.
- [Care and management of osteoarthritis in adults](#). NICE clinical guideline. Publication expected January 2014.

- [Management of multiple sclerosis in primary and secondary care](#). NICE clinical guideline. Publication expected October 2014.

5.3 NICE Pathways

- [Stroke rehabilitation pathway](#).
- [Falls in older people pathway](#).
- [Diabetes pathway](#).
- [Dementia pathway](#).
- [Chronic heart failure pathway](#).
- [COPD pathway](#).
- [Depression pathway](#).

6 Further information

Information on the guidance development process is provided in [The social care guidance manual](#), available from the NICE website. Information on the progress of the guidance will also be available on the [NICE website](#).