New models of homecare in England:
Their value proposition and implications for market & workforce

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Related publication:

Zimpel-Leal Karla, 'Emergent homecare models are shaping care in England: an ethnographic study of four distinct homecare models`, Advances in Health Care Management ISSN: 1474-8231

AGENDA

- Homecare in England
- Homecare workeforce
- Methodology
- New Homecare Models
- Market implications
- Workforce implications
- Conclusions

Homecare Market

Homecare in England

Market segments

- (1) the commercial homecare market
- (2) the informal homecare market

Funding & Commissioning

- State-funded - needs & means tested (£23.250K currently – 100K from 2023) – local authority (LA) commissioned
- Self-funders – privately commissioned

Regulation

- The Care Quality Commission (CQC) is the regulator for health and social care in the UK
- Homecare Association– regulator for providers (non-compulsory)
- Professional care workers - unregulated

Homecare landscape

9 out of 10 people want to live independently at home

Number of people receiving state-funded home care

Market Value: £85 billion
£66.4 billion: informal care
£18.6 billion: commercial

Number of people self-funded home care

HC organisations
>10k registered
>3k unregistered

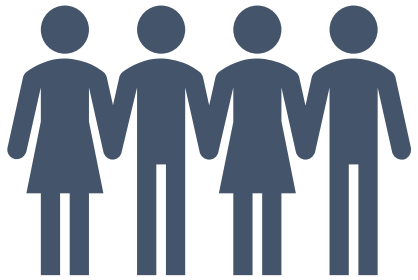
Homecare Market Trends & Challenges

- Trends
  - Shift away from institutionalization (care homes)
  - Larger providers are moving their business to privately-funded market (buoyant with higher fee)
  - Smaller, niche homecare providers are emerging with more suitable offers, mostly for the self-funded market and direct payments
- Challenges
  - Local authorities are risk averse
  - Rigid commissioning and regulation
  - Decommission existing models
  - Lack of transformation funding
  - Rationing of care – not everyone's needs met

Homecare Workforce

Care Workforce

1.6 million jobs



685,000 home care jobs
210,000 community care jobs
36,000 day care jobs
685,000 residential care jobs

Extra 900,000 jobs by 2035

Staff turnover

40%

Average age 43 years

84% women

16% men

Nationality

83% British
7% EU
9% Non-EU

Source: Skills for Care, 2021

Care Workforce Challenges

- **Recruiting** and retaining good quality staff is problematic
- Lack **career pathways** and fair wages
- Lack job **security**
- Poor rosters, hours and **workload**
- System challenges:
  - **Funding**
  - Industry bargaining
- Poor social and economic **wellbeing**
- Poor **recognition**

Methodology

Methods

Literature review

Academic & grey literatures

Semi-ethnographic methods

Home Care Providers x 5

Interviews x 33

Short-term placements x 4

Observations x 4

Business Model Canvas x 5

Action-research approach

Discussions, workshops, reports, KTE

Traditional Homecare Model: “Time and Task”

- Majority of care commissioned by Local Authorities in England
- Main offer: efficiency focused
- Care packages in short time slots and focus on completing personal care tasks
- Inflexible services
- Prioritises procedures, not outcomes
- Pay per minute care
- Workforce - strict accountability

Emergent Homecare Models

Emergent Homecare Models

- Social Enterprises
- Micro-enterprises
- Patch-based model

- Co-operatives
- Live-in care
- Integrated health and social care

- Niche providers for specific groups, e.g. LGBT
- Elite private providers
- Platform/Uberisation Model

- Enablement Programmes
- Community-based preventative approach e.g. social prescribing
- Preventative/tech enabled homecare

- Place-based approach, community driven
- Assets-based (community and personal) model
- Self-managed care teams

Comparison: Old & New Models

Time and Task (old model)

- Local authorities
- Standardised care packages
- Regulated
- Efficiency-focused

Uberisation

- Agency type
- Matching platform
- Self-employed workforce
- Unregulated

Live-in

- Intensive care
- Regulated
- Fully managed services
- Recruitment & training

Self-managed Care Teams

- Small autonomous teams
- Continuity and relationship
- Value-based recruitment
- Outcome focused

Preventative

- Technology enabled
- Personalised care
- Health-focused
- Relationship-led services

What do these emergent models offer?

Value Proposition

Uberisation model

- **Choice (recipient and giver)**

"Number one value is the fact that a client can exercise choice, and so rather than working with an agency where infrequently you have a choice of carer…most people want to *choose their care worker*, and it's not about the organisation you are working with it's about the carer, so you care about Jesse who looks after your mum. The second part of that choice… you give people choice without giving them the architecture to support it, so how do you know that Jesse has a right to work, a criminal record that's been checked, identity that's been checked, qualifications that she says she has, references that back up the fact she is to be trusted. By supporting the freedom and responsibility of frontline workers we enable them to create the relationships they need with care recipients, to co-create solutions individually and collectively." Founder, case study 1

Value Proposition

Live-in Care model

- **Specialism**

"What makes us different is the fact that we just do live-in care you'll find a lot of organisations try to do everything and anything….so we spend a lot of time recruiting the right carers with the right values. " Business Development Manager, case study 2

Value Proposition

Self-managed teams model

- **Trust, community & outcomes**

"We build trust in every interaction and that applies across all the customer groups, family and person we support and again also with our employees. And then community connections…We focus on outcomes for the people we employ and the team, and there's outcomes for the people we support as well" Co-founder, case study 3

Value Proposition

Preventative model

- **Personalisation & real time update**

"We work on the technology that provides real time updates to the family members, open lines of communication with people who are family... Might be a neighbour it might be a friend. Give them that connectivity so they can see and know real time and what's happening…We can monitor and go out and basically prevent the person from becoming ill." Care manager, case study 5

Market & Workforce Implications

Market Implications

Outcomes rather than task-centred approach

Flexible care plan arrangements

Partnerships enable holistic care & enhanced experience

Workforce Implications

Care workers as main stakeholder

Workforce development leads to lower turnover & fulfilled workers

"We have less than 4% turnover. That's pretty remarkable in a sector where the average is over 40%...I think that's a reflection on our outcome type of model, our values-based recruitment, the autonomy and support for our workers."

Care Manager, case study 3

Conclusions

- Shifting **terminology**: personalisation, choice, wellbeing, continuity & availability
- Time and task model is obsolete
- Innovation mostly around their value offer, strong partnerships and **workforce** focus
- **Value-based** care system rather than task based

- Homecare and **community support** becoming increasingly interrelated
- Variety of providers and business models offer different **career** choices
- Workforce development improves **retention**, motivation and performance

Thank you!