



Impact report



2019-20

**United Kingdom
Homecare Association**

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Our purpose is to enable a strong, sustainable, innovative and person-led homecare sector to flourish. We represent and support our members so that people can live well and independently at home.

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Continued care in challenging times

In recent months the COVID-19 pandemic has presented unprecedented challenges for homecare providers and staff.



UKHCA's CEO
Jane Townson

We want to take this opportunity to thank all homecare providers and every member of their teams across the country, for everything they have done and continue to do to support people to live safely and well at home.

A real privilege

It has been a real privilege to represent UKHCA member homecare providers and the wider homecare sector through this critical period.

In approaching UKHCA's Impact Report for the financial year to the end of March 2020, we have therefore decided that we should also reflect the major impact that COVID-19 has had on the homecare sector and UKHCA members.

It is easy to forget that much of the period from April 2019 to March 2020 was dominated by uncertainty and delay, including: a change of Prime Minister; the proroguing (suspension) of Parliament; a general election; and, Britain's delayed exit from the European Union.

UKHCA Manifesto for Homecare

UKHCA's Manifesto produced ahead of the election in December 2019 called on the next government to address seven priority areas:

- 1. Make care and support at home an affordable and available option for everyone who needs it.**
- 2. Relieve pressure on the NHS by effective use of homecare.**
- 3. Recognise the contribution of homecare workers and develop and expand the workforce.**
- 4. Make it easier for people who are willing or able to fund their own care and support at home to plan and pay for services.**
- 5. Create a strong and resilient state-funded social care market.**
- 6. Ensure the public are protected through consistent social care regulation.**
- 7. Promote quality, innovation and best practice in homecare services.**

Our experience of COVID-19 reinforces the need for urgent government action on these areas. Politically, the health and wellbeing of older and disabled people has moved up the agenda. Supporting people to live well and independently at home needs to be at the heart of our nation's vision for a society which values every citizen.

We have reproduced the key points from the manifesto on pages 7-10 of this report.



UKHCA's Chair
Dominique Kent



“

Homecare services play a vital role in enabling people to live the way they choose, in their own home, with those they love and connected to their communities.

Responding to the Pandemic

The initial phases of the COVID-19 pandemic necessitated a rapid response from UKHCA, as fundamental changes to the ways in which people live and work were introduced at short notice. Challenges experienced by our members and their staff as they continued to deliver services to people at home included: severe shortages of PPE; rapidly escalating costs and frequently changing guidance from government on care and employment.

We have worked closely with our members to represent their operational and financial concerns effectively to national and local Government during COVID-19 on issues as diverse as: funding for the additional costs of delivering care services during the pandemic; securing key worker status for homecare workers; PPE supply shortages, costs and guidance; the extension of the death in service scheme to social care staff; CQC's inspection regime and, as we write, arrangements for free flu vaccine for homecare workers.

Throughout the pandemic, UKHCA's policy alerts and briefings ensured members continued to receive timely updates on the issues that mattered for their services – whether new guidance from government or information on accessing emergency PPE stocks.



Thank you for continuing to support people to live safely and well at home.

We ensure our members' voices are at the heart of shaping the future for homecare.

UKHCA's helpline, now operating remotely, as UKHCA has adjusted its working practices, continues to offer members advice on their specific questions and we have developed training resources for online delivery.

Despite the challenges being faced, members' engagement with UKHCA through the pandemic has remained strong. Members' contributions to initiatives such as data gathering on council fee rates, and our survey on PPE usage with the BBC, have been invaluable in providing the evidence base to secure action on funding and support from national and local government. Our series of briefing webinars has often been attended by over 400 people. Members have also contributed very many fantastic, positive stories of the work they and their teams are doing, and the response from their local communities, to be featured in our Good News series.

Looking to the future

As we emerge from the initial phase of the COVID-19 pandemic, we are also turning our thoughts to the future for homecare – both in the immediate and longer term.

We are determined to build on the increased awareness and understanding, within government and the wider public, of the role homecare services play in enabling people to live well and safely in their own homes.

We are working with members to ensure their voices are at the heart of shaping the future for homecare, focused on the five key priority areas identified by UKHCA members as:

- **Workforce**
- **Financial sustainability**
- **Regulation**
- **Quality, innovation and best practice**
- **Public perception of homecare**

As we seek to grow our membership and influence on members' behalf, at the start of our new five year strategy, we are also investing in our IT infrastructure and digital platforms to ensure that we can meet our members' needs most effectively.

In concluding, we would like to thank UKHCA's board of elected member representatives, including our former Chair, Trevor Brocklebank, who stepped down in October, for their unfailing support during this critical period.

We look forward to working with our provider members, commercial members, partners and other key stakeholders towards our shared aim of enabling a strong, sustainable, innovative and person-led homecare sector to flourish, so that people can live well and independently at home.

UKHCA's CEO
Jane Townson

UKHCA's Chair
Dominique Kent



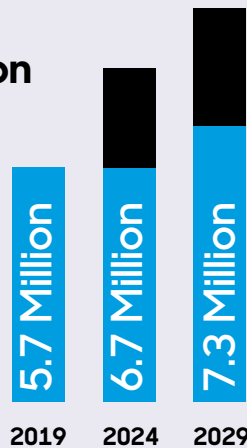
Homecare - an essential service

1 Million



Homecare helps almost a million older and disabled people each year to remain independent at home.

UK population growth
- aged 75+



1 Million

people will be living with dementia by 2021.



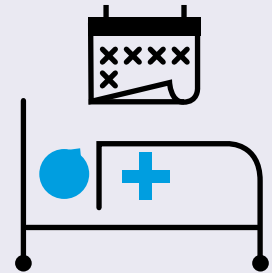
9 out of 10 people

aged 50+ would choose care in their own home.

10

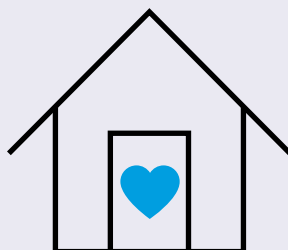
362,235 days

a year spent in hospital from delayed discharges due to lack of homecare (in England alone).



Over 750,000

people are employed in the UK homecare sector.



1.5 Million

visits to people in their own homes every day across the UK.





Manifesto for Homecare

- 1.** Make care and support at home an affordable and available option for everyone who needs it.
- 2.** Relieve pressure on the NHS by effective use of homecare.
- 3.** Recognise the contribution of homecare workers and develop and expand the workforce.
- 4.** Make it easier for people who are willing or able to fund their own care and support at home to plan and pay for services.
- 5.** Create a strong and resilient state-funded social care market.
- 6.** Ensure the public are protected through consistent social care regulation.
- 7.** Promote quality, innovation and best practice in homecare services.



1. Make care and support at home an affordable and available option for everyone who needs it.

When asked about their future care needs, people express an overwhelming preference to be supported in their own home and remain part of their established community, even towards the end of their life.

Regardless of whether people are funding their own care, or are supported by the State, strong leadership from central government, based on cross-party consensus, is vital to ensure that people's preferences are at the heart of our care and health system

The government must ensure home-based care and support is available and offered as the first option for everyone who needs it.

2. Relieve pressure on the NHS by effective use of homecare.

Homecare services already play a pivotal role in meeting people's healthcare needs, helping them to manage medication safely at home and supporting increasingly complex treatment alongside community health services.

Services which promote health and well-being and keep people out of hospital are not always available to people with lower levels of need. Meanwhile, savings made for the NHS by homecare services are not reinvested in social care, because the systems are funded differently.

The government must recognise that investing in social care is vital for reducing demand on the NHS.

3. Recognise the contribution of homecare workers and develop and expand the workforce.

Over 750,000 people in the homecare workforce not only support almost one million people each year, but contribute to the UK economy by supporting family carers, providing employment and paying taxes.

With up to 40 per cent staff turnover, recruiting and retaining careworkers is already challenging. The terms and conditions of employment available to careworkers must be competitive within the UK's labour market. This is vital to attract sufficient recruits, support adequate training and skills development and ensure high quality leadership and management.

Around 16 per cent of the social care workforce are non-British nationals who help make a real difference to people's lives.

The UK's exit from the European Union and uncertainty over the UK's future migration policy will exacerbate existing workforce shortages.

The government must develop a national care workforce strategy, improve the status of care as a career and ensure a post-Brexit immigration policy which recognises overseas workers' experience and value.

4. Make it easier for people who are willing or able to fund their own care and support at home to plan and pay for services.

Few people plan for the cost of social care, because the balance of responsibility between the individual and the State is not understood. There are few incentives or financial products to encourage people to do so.

Tax relief would help people pay for their own care. Changing the VAT status of essential welfare services from 'exempt' to 'zero rated' would enable social care providers to reclaim the VAT they pay on goods and services, with a minimal loss of revenue to the Treasury, enabling savings to be passed on.

The government must implement incentives for individuals and their families to encourage people to make sound financial plans for their care needs.

5. Create a strong and resilient state-funded social care market.

If adequately funded, the homecare sector could support many more people to live independently at home, rather than in hospital or residential care. The state-funded social care system in England is estimated to need £8 billion per year to restore care quality and access to 2009-10 standards.

There is little, if any, oversight of out-dated commissioning and procurement by councils and the NHS. Buying care by the minute, especially at inadequate fee rates, continues to harm homecare services. Social care funding from central government in each UK administration must be ring-fenced and reach front-line services, where it is urgently needed.

The government must inject an additional £8 billion per year into the system (with proportionate increases for the three devolved nations) and require councils and the NHS to work with social care providers to calculate and pay the real costs of care. Statutory regulators must be empowered to assess the sustainability of local care markets and take action to prevent market failure.

6. Ensure the public are protected through consistent social care regulation.

People who are supported by registered homecare agencies already benefit from national regulators which inspect provider organisations for quality and safety.

Not all the regulators have the powers to oversee whole systems, neither has the law kept up with developing models of care. The public has less protection if they employ or engage care workers through private arrangements, or use organisations which solely introduce workers through the Internet.

The government (and the devolved administrations) must require social care regulators to assure the quality of all personal care services, however they are delivered.

7. Promote quality, innovation and best practice in homecare services.

Entrepreneurial flair is visible in abundance in the homecare sector. Many providers are keen to innovate, develop new ways of working and utilise technology to achieve the best outcomes for people in the most efficient and effective way.

If technological solutions were integrated across social care and health, citizens could experience seamless services which are safer and tailored to individuals. Harnessing the power of 'big data' will enable better prediction of, and response to, people's changing needs.

The government must incentivise innovation in the care sector, by establishing a fund to develop and implement the best technology, so the UK becomes a global leader.



We are determined to build on the increased awareness and understanding, within government and the wider public.

Furlough/
Self-Isolation
Masks/PPPE
COVID-19/
Testing/
Asymptom-
atic/Saniti-
ser/Hospite

Representing and supporting UKHCA members through the COVID-19 pandemic

The COVID-19 pandemic has presented unprecedented challenges for homecare providers and staff.

Homecare providers faced massive additional pressures financially, operationally and in supporting their staff teams – whilst continuing to deliver vital services to enable people to live safely and well at home.

UKHCA needed to adapt rapidly to ensure members' voices were heard on the issues that mattered to them and that we were keeping them advised of the frequently changing guidance affecting them and their staff.

Representing members with national and local government, and through the media, UKHCA were instrumental in securing significant support for homecare providers and their staff teams. UKHCA's helpline and email alert systems continued to provide timely support and guidance on urgent issues for members, as UKHCA moved to remote working practices.

Workforce

As the country went into lockdown, homecare workers needed to be able to work effectively and safely across their local communities.

UKHCA was instrumental in securing:

- Key worker status for homecare staff (and recognition by police and supermarkets).
- Extension of death in service benefits to homecare staff.
- Simplified processes for Disclosure and Barring Service (DBS) and recruitment checks to accelerate recruitment.
- Access to government supplies of Personal Protective Equipment (PPE).

UKHCA provided advice and guidance

for members on issues ranging from access and usage of PPE to rules on shielding and staff eligibility for the Coronavirus Job Retention scheme.

Financial sustainability

The pandemic resulted in rapidly escalating cost pressures for homecare providers from additional requirements for PPE, for which prices skyrocketed, as demand outstripped supply, and additional staff costs.

UKHCA was instrumental in securing:

- Additional funding for councils from central Government.
- Guidance from ADASS and LGA for councils to increase fees and provide emergency funding during COVID-19.
- Temporary waiver of VAT on PPE supplies (we continue to seek a longer-term change on VAT status for homecare services).
- Comprehensive evidence from members of additional provider costs resulting from the pandemic, and data for fee rates and pandemic support for 93% of councils across England.

“

The overall commitment of the UKHCA team to highlighting the needs of members and social care throughout the COVID-19 pandemic situation has been outstanding.



Raina Summerson,
Agincare Group

Regulation

As regulatory requirements and inspection regimes have been adapted during the pandemic, UKHCA has represented members and kept them briefed on issues including: requirements around COVID-19 infection notifications, submitting data and inspection protocols.

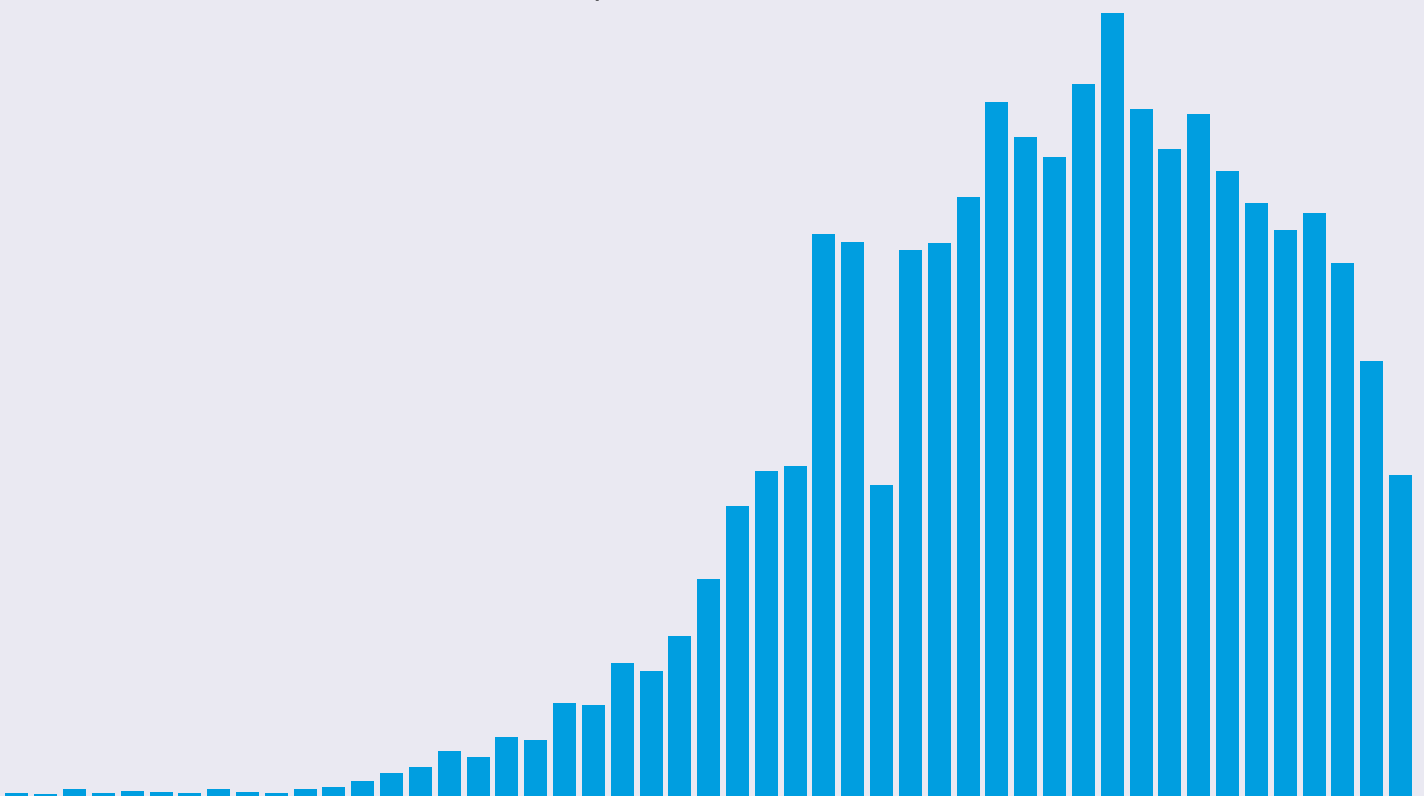
We are now working with CQC as they develop 'virtual inspection' arrangements for homecare, ensuring UKHCA members are involved in pilots.

“

I really feel UKHCA is fighting my corner with politicians, the CQC and other decision makers.



Kerena Swan,
Care Forum (MK) Ltd



Quality, innovation and best practice



In a fast-moving and frequently changing environment, UKHCA kept members briefed on new guidance from Public Health England and other government agencies, ensuring that providers were clear on how to apply the guidance in their services.

- Member email alerts, helplines and newly introduced webinars - running weekly in the early phase of the pandemic and attracting average attendance of over 400 - provided timely and urgent advice.
- UKHCA training resources and workshops were reconfigured for online delivery.
- UKHCA has worked closely with NHSX and NHS Digital to identify and implement digital solutions to support older and disabled people at home during lockdown and beyond.

“

Your email bulletins are always invaluable but over the last three months they have been an absolute lifeline. I can't imagine how we would have navigated COVID-19 without UKHCA.



Laura Drewell,
Care Concern

Public perception



Raising awareness of the work that homecare services are doing and the challenges being faced during COVID-19 has been a priority and included:

- UKHCA and our members featured on news outlets including: the BBC; ITV, Sky News, and across digital and print media.
- Almost 500 UKHCA members contributed to a BBC survey highlighting the urgent challenges of securing adequate PPE for staff.
- Increased visibility and engagement on social media.
- UKHCA's weekly Good news stories blogs were a hit with members and across social media.

“

A lot of people are now talking about the valuable contribution of homecare workers and UKHCA has raised the profile of our sector.



Leann Sainsbury,
Carefour, Worcester

Employment
GDPR/Safe
No-deal/
Brexit/Pay
Business/
Recruitment
Pay/Clients
Regulation

Representing and supporting UKHCA members

The year prior to the outbreak of the COVID-19 pandemic was characterised by political uncertainty with delays to the UK's exit from the European Union, a change in Prime Minister and a General Election.

All resulting in little focus on the domestic agenda and further delays in any meaningful progress in addressing the needs of social care, with only a temporary one-year spending review.

UKHCA will continue to hold the Prime Minister, Boris Johnson, to his promise delivered as part of his speech on his first day in Downing Street.

“

And so I am announcing now – on the steps of Downing Street – that we will fix the crisis in social care once and for all, and with a clear plan we have prepared to give every older person the dignity and security they deserve.

Boris Johnson,
Prime Minister

Workforce

The impact of Brexit and the government's post-Brexit migration policy formed the primary focus for UKHCA's representation and support for members on workforce for much of the year.

UKHCA represented members' interests in making the case for the value of the social care workforce to be recognised in post-Brexit migration policy through:

- Submissions directly to the Migration Advisory Committee.
- The Cavendish Coalition alliance of health and social care bodies.

UKHCA provided advice and guidance for members on:

- The EU settled status scheme and the actions eligible staff need to take.
- No-deal workforce planning.

UKHCA provided practical support for members through the:

- Disclosure and Barring Service, which processed 14,000 disclosure service applications. UKHCA also passed on the £4 reduction per application to members which was introduced by the Home Office from October 2019.
- Workforce Development Fund partnership which distributed £291,390 to homecare providers on behalf of Skills for Care.
- Recruitment masterclass – run by recruitment expert Neil Eastwood.
- In Wales, UKHCA represented and supported members on the Welsh government's introduction of workforce registration.

“

It's great to have a representative body who can be the conduit for our issues – and you are good at raising these with government (in an assertive, professional and constructive way).



Guy Kirk,
Home Instead Senior Care
(South East Northumberland)

Financial sustainability

UKHCA's Minimum Price for Homecare of £20.69 per hour, for the financial year 2020-21, was published in January 2020.

Data from 93% of councils in England, collected in collaboration with members, demonstrated the continuing gap between UKHCA's Minimum Price for Homecare and the median fee rate of £17.20 per hour paid by local authorities. We have used this evidence to lobby central and local government for additional funding.

In recent months, UKHCA has written to Chancellor Rishi Sunak calling on the Government to address urgently the under-funding of social care, including taking steps to:

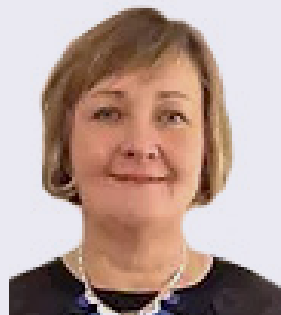
- Provide an emergency social care resilience fund, bypassing local authorities, to enable the homecare sector to survive the COVID-19 pandemic.
- Change the treatment of VAT from exempt to zero-rated for "welfare services".
- Exempt homecare agencies from business rates.
- Mandate and fully-fund, in a ring-fenced manner, a national minimum rate for homecare.

Practical support for members included:

- Updated online costing model.
- Workshops on - *How to grow your homecare business.*

“

I really value the support available. As a small provider, it is a cost effective valuable resource.



Catherine McBride,
North London Homecare
& Support Ltd

Regulation

UKHCA represents and supports members to comply with care and employment legislation. We are members of care regulator provider groups, including the Scottish Care Inspectorate's Quality Conversations Group and the Care Quality Commission's (CQC) trade associations group. We represent members on issues including:

- **Improving transparency and consistency of inspections** – UKHCA and CQC agreed a set of principles for guidance for CQC inspectors and providers.
- **Medication compliance aids (blister packs)** – CQC produced homecare-specific guidance on the usage of medication compliance aids, following representation by UKHCA.
- **Registration of micro providers** – UKHCA prompted CQC to take action to review registration requirements for micro providers delivering personal care services. We participated in a "Regulatory Sandbox" to develop draft inspection and registration systems (rollout delayed due to COVID-19).
- **Care rating systems** – UKHCA provided requested advice to regulators in Wales and Northern Ireland on considerations for introducing care rating systems.
- **Registration of careworkers in Wales** – UKHCA ensured that the introduction of the Careworker Registration and Qualifications Framework allowed careworkers to register with Social Care Wales in a way that recognises their levels of competence.

“

The member helpline has been very prompt and extremely reliable.



Jaspreet Anand,
Aspire UK



Practical support for members:

- Updated toolkit for UK-wide National Minimum Wage (NMW) regulations.
- Advising on specific member queries relating to NMW compliance.
- Commissioning legal briefings on proceedings and judgments related to employment and care regulations.
- Policy alerts provide administration-specific briefings on regulatory issues.
- UKHCA's telephone helpline supports providers with issues around their inspection outcomes and process.
- Raising issues with regulators on behalf of members.
- Workshops and guidance to help members prepare for their next inspection by CQC.

“

UKHCA is a very supportive association, always updating providers and implementing changes and bringing clarity to their members.



Dhelliwe Ngonyama,
D.Osteen Homecare Support

Quality, innovation and best practice



UKHCA is a strong advocate for service quality and innovation through our regularly updated guidance, workshop programme and initiatives to promote adoption of digital technologies.

Workshop programme

Over 700 people from member organisations attended our programme of 50 workshops in venues across the UK on topics including:

- Care Co-ordinator Responsibilities.
- Dementia Care – Train the Trainer.
- End of Life Care – Train the Trainer.
- Medication – Train the Trainer.
- Registered Managers – Being well led.
- Safeguarding for homecare providers.

During the year UKHCA also launched our partnership with online learning specialist My Learning Cloud, enabling members to access their suite of e-learning at preferential rates.

Supporting adoption of digital technologies

With digital technologies playing an increasing role in enhancing service quality, communications and efficiency, UKHCA promoted adoption of technology through:

- **Guide to Choosing Care Management Software.**
- **Digital event – “Beyond scheduling” attended by over 80 delegates.**
- **Digital Social Care initiative supported by UKHCA and members.**

UKHCA also participated in a number of academic studies on areas influencing people’s wider wellbeing such as nutrition and hydration.

“

Excellent courses,
reasonably priced
for members.



Deb Smith,
Riccall Care

Public perception

UKHCA represented our members and the homecare sector in 125 media stories, across a broad range of print, digital and broadcast media, highlighting the challenges providers face and the benefits that homecare offers individuals, their families and across society.

UKHCA's social media profile continued to grow:

5,931



3,797



We also launched Facebook and Instagram pages and a new blog.



“

The support and efforts made to highlight nationally the importance of home care services has pushed the sector further into the limelight than ever before.



Michael Horgan,
Avant Healthcare Services Ltd

Supporting our members – today and into the future

UKHCA made a number of significant advances in supporting our members during 2019–20, including:

- New Chief Executive appointed – Jane Townson, joined as Chief Executive in May 2019.
- New – 5 year strategy agreed with the UKHCA board.
- Investing to support our members and grow membership:
 - New CRM and website due to go live during 2020–21.
 - New Events Specialist role to increase engagement with members.
 - New Communications Officer role focused on raising the profile of UKHCA and homecare.

“

I wouldn't even consider running a homecare business without the support of UKHCA.



John-Joe Cottam,
Gardiner's Homecare

5-year strategy

Strategic priorities

As a membership organisation our focus is on supporting our members to improve their business performance and the quality of their care services.

Based on feedback from our member organisations our five strategic priorities are:

1. Workforce

2. Financial sustainability

3. Regulation

4. Quality, innovation and best practice

5. Public perception

Strength in numbers – We aim to double the size of our homecare provider membership during the life of the 5 year strategy, to amplify the voice of the sector and generate additional resources to enable us to further extend our representation and support for members.

UKHCA membership in numbers during 2019-20

UKHCA membership branches

2,054

across the UK.

Information and guidance

171

member resources available from the UKHCA website. 15 new and updated resources released during 2019-20.

Representing members

125

media stories featuring UKHCA.

Briefing members on policy

236

alerts on COVID-19 and other issues important for homecare providers.

Workshops and training

700

people at 50 UKHCA workshops.

Homecarer Members' magazine

19,200

distribution of hard copies of *Homecarer*.

Engaging with members

500

regularly attending UKHCA webinars.

Workforce Development Fund

291,390

pounds (£) training funds distributed.

Promoting members' services

48,815

page views of find a homecare provider webpage.

Telephone helpline

10,000

calls from members seeking advice and support and the public looking for care.

Disclosure and Barring Service

14,000

applications processed.

Treasurer's Statement

2019-2020



UKHCA's Treasurer
Mike Smith

The Association is intentionally diversifying its revenue streams to mitigate the reliance upon membership fees. However, be reassured that UKHCA remains clear on its published priorities, its continued focus on innovation and absolute commitment to member support.

It has been another challenging year for the Association. We have continued with the prudent view we have taken in prior years in the face of continued market uncertainty. UKHCA has taken account of provider reaction to the fees offered by local authorities, the withdrawal of providers from contracts and those leaving the sector completely.

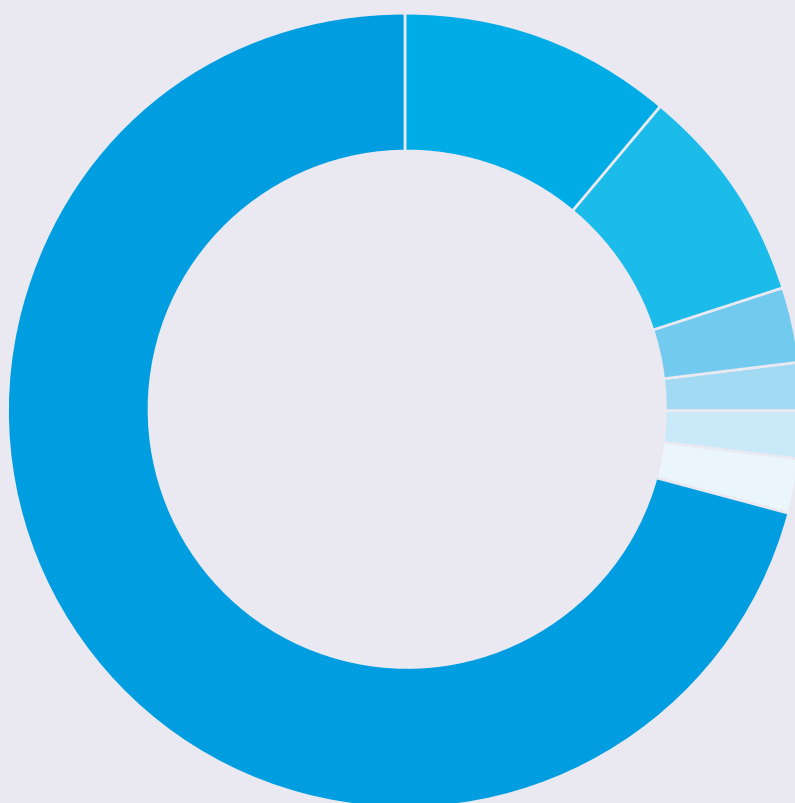
We continue to review the overhead expenditure and this has allowed the Association to reduce costs overall. As you will note from this impact report, despite the reductions in overhead expenditure, we have accelerated projects and influenced many more areas of policy and relevance over the last twelve months.

The short to medium term financial and capital strategy provides the funding basis through which the Association will achieve the aspirations and expectations of the Corporate Strategy. Detailed risk analysis covers unexpected variations to the revenue budget and the approach taken in planning any capital programme for future years.

I make no apologies for repeating the message from previous statements that the financial stability of the Association remains paramount for 2020/2021. UKHCA is ensuring that costs remain under regular review and appropriately contained.

Sources of income 2019-2020

Provider Membership	71%
Disclosure Service	11%
Resources and Events	9%
Commercial Membership	3%
Commission	2%
Advertising	2%
Skills for Care	2%



UKHCA

Board Members

The role of UKHCA's board is to set the strategy for the Association and to monitor progress against the strategy on behalf of all members.

As a member-led association, 14 of the 16 positions on the UKHCA board are held by representatives from member organisations. Elected on a three-year cycle, details of the UKHCA board members at 31st March 2020 can be found below.

Band 1 (1-3 branches)



Peter Adams
Director,
AVida Care



**Honorary Secretary
David Chalk**
Managing Director,
Windrush Care

Band 2 (4-20 branches)



Sarah Leskinen-Keel
Managing Director
(Agincare UK Ltd),
Agincare Group

Band 3 (21+ branches)



Martin Jones
CEO, Home Instead,
Senior Care, UK



Lynn James
Director,
Carebridge Staffing



Chair, Dominique Kent
Chief Operating Officer,
The Good Care Group



**Vice Chair
Roger Booker**



Lucy Campbell
Group Director of
Operations, Right at Home



**Dr. Naomi Norma
Mujuru-Mvere**
Director, Ur Choice Care



**Treasurer
Mike Smith**
Managing Director,
Trinity Homecare



Max Wurr
Director of Policy &
Communications, City and
County Healthcare Group

Board members representing UK devolved administrations

Staff board members

UKHCA Ambassadors



Northern Ireland
Lesley Megarity
Chief Executive,
Optimum Care



Scotland
Gavin Stedman-Bryce
Director,
Beyond Homecare



Dr. Jane Townson
Chief Executive, UKHCA



Ambassador (Wales)
Yvonne Apsitis



Peter Randall
Corporate Services
Director, UKHCA



Ambassador (England)
Lynda Gardner

Board members who stepped down during 2019-20

UKHCA would like to thank the following people for their time on the UKHCA Board:

- Former Band 3 representative and Chair - Trevor Brocklebank, CEO Emeritus. Home Instead Senior Care, UK.
- Former UKHCA Chief Executive - Bridget Warr.
- Former Wales representative - Paula Hoggarth, Regional Director Wales & West, Radis Group.
- Former Co-opted Advisor for Health - Mike Potts.

Financial statements

Extracts from the unaudited accounts of United Kingdom Homecare Association Ltd for the year ended 31st March 2020.

Company information

Directors

P. J. Adams
R. I. Booker (Appointed 8 May 2019)
L. G. Campbell
D. G. F. Chalk
L. James
M. C. Jones (Appointed 9 October 2019)
D. Kent
S. L. Leskinen-Keel
L. C. Megarity
N. N. Mujuru-Mvere
P. J. Randall
M. A. Smith
G. T. Stedman-Bryce
J. K. Townson Philpott (Appointed 3 July 2019)
M. Wurr

Secretary

P. J. Randall

Company number

03083104

Registered office

Sutton Business Centre
Restmor Way
Wallington
Sutton
United Kingdom
SM6 7AH

Accountants

Taylorcocks Thames Valley LLP
Century House
Wargrave Road
Henley-on-Thames
RG9 2LT

Balance sheet

United Kingdom Homecare Association Limited
Company limited by guarantee

For the year ended 31 March 2020

		2020		2019	
	Notes	£	£	£	£
Fixed assets					
Tangible assets	5		22,617		5,640
Current assets					
Stocks		3,700		15,479	
Debtors	7	97,212		68,794	
Cash at bank and in hand		497,703		484,428	
		<u>598,615</u>		<u>568,701</u>	
Creditors:					
Amounts falling due within one year	8	(348,640)		(333,454)	
		<u></u>		<u></u>	
Net current assets			249,975		235,247
			<u></u>		<u></u>
Total assets less current liabilities			<u>272,592</u>		<u>240,887</u>
Reserves					
Income and expenditure account			<u>272,592</u>		<u>240,887</u>

The directors of the company have elected not to include a copy of the income and expenditure account within the financial statements.

For the financial year ended 31 March 2020 the company was entitled to exemption from the audit under section 477 of the Companies Act 2006 relating to small companies.

The directors acknowledge their responsibilities for complying with the requirements of the Companies Act 2006 with respect to accounting records and the preparation of financial statements.

The members have not required the company to obtain an audit of its financial statements for the year in question in accordance with section 476.

These financial statements have been prepared and delivered in accordance with the provisions applicable to companies subject to the small companies regime.

The financial statements were approved by the board of directors and authorised for the issue on 01.07.20 and are signed on its behalf by:

M. A Smith

Director

Company Registration No. 03083104

The notes on pages 38–46 form part of these financial statements.

Notes to the financial statements

For the year ended 31 March 2020

1 Accounting policies

Company information

United Kingdom Homecare Association Limited (03083104) is a private company limited by guarantee incorporated in England and Wales. The registered office is Sutton Business Centre, Restmor Way, Wallington, Sutton, United Kingdom, SM6 7AH.

Accounting convention

1.1 These financial statements have been prepared in accordance with FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" ("FRS 102") and the requirements of the Companies Act 2006 as applicable to companies subject to the small companies regime. The disclosure requirements of section 1A of FRS 102 have been applied other than where additional disclosure is required to show a true and fair view.

The financial statements are prepared in sterling, which is the functional currency of the company. Monetary amounts in these financial statements are rounded to the nearest £.

The financial statements have been prepared under the historical cost convention. The principal accounting policies adopted are set out below.

The company has taken advantage of the exemption under section 399 of the Companies Act 2006 not to prepare consolidated accounts, on the basis that the group of which this is the parent qualifies as a small group. The financial statements present information about the company as an individual entity and not about its group.

Income and expenditure

1.2 Revenue is measured at the fair value of the consideration receivable and represents amounts receivable for services provided in the normal course of business, net of discounts and VAT.

Membership and renewal subscriptions are non-returnable and recognised at the date of joining or the date when renewal is due. The Association has no material exposure to foreign currency risk.

Income from workshops and conferences is recognised at the time they take place. Advance booking receipts are dealt with as deferred income.

Notes to the financial statements (continued)

1.3 **Tangible fixed assets**

Tangible fixed assets are initially measured at cost and subsequently measured at cost or valuation, net of depreciation and any impairment losses.

Depreciation is recognised so as to write off the cost or valuation of assets less their residual values over their useful lives on the following bases:

Plant and machinery	33% straight line
Fixtures, fittings & equipment	20% straight line

The gain or loss arising on the disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset, and is credited or charged to surplus or deficit.

1.4 **Stocks**

Stocks are valued at the lower of cost and net realisable value, after making due allowance for obsolete and slow-moving items.

1.5 **Cash at bank and in hand**

Cash at bank and in hand are basic financial assets and include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities.

1.6 **Financial instruments**

The company has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102 to all of its financial instruments.

Financial instruments are recognised in the company's balance sheet when the company becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts presented in the financial statements, when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

Basic financial assets

Basic financial assets, which include debtors and cash and bank balances, are initially measured at transaction price including transaction costs and are subsequently carried at amortised cost using the effective interest method unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest. Financial assets classified as receivable within one year are not amortised.

Classification of financial liabilities

Financial liabilities and equity instruments are classified according to the substance of the contractual arrangements entered into. An equity instrument is any contract that evidences a residual interest in the assets of the company after deducting all of its liabilities.

Basic financial liabilities

Basic financial liabilities, including creditors are initially recognised at transaction price unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future payments discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of business from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

Notes to the financial statements (continued)

1.7 **Taxation**

The tax currently payable is based on taxable profit for the year. Taxable profit differs from net profit as reported in the profit and loss account because it excludes items of income or expense that are taxable or deductible in other years and it further excludes items that are never taxable or deductible. The company's liability for current tax is calculated using tax rates that have been enacted or substantively enacted by the reporting end date.

1.8 **Employee benefits**

The costs of short-term employee benefits are recognised as a liability and an expense, unless those costs are required to be recognised as part of the cost of stock or fixed assets.

The cost of any unused holiday entitlement is recognised in the period in which the employee's services are received.

Termination benefits are recognised immediately as an expense when the company is demonstrably committed to terminate the employment of an employee or to provide termination benefits.

1.9 **Retirement benefits**

Payments to defined contribution retirement benefit schemes are charged as an expense as they fall due.

1.10 **Leases**

Rentals payable under operating leases, including any lease incentives received, are charged to profit or loss on a straight line basis over the term of the relevant lease except where another more systematic basis is more representative of the time pattern in which economic benefits from the leases asset are consumed.

1.11 **Government grants**

Government grants are recognised at the fair value of the asset received or receivable when there is reasonable assurance that the grant conditions will be met and the grants will be received.

A grant that specifies performance conditions is recognised in income when the performance conditions are met. Where a grant does not specify performance conditions it is recognised in income when the proceeds are received or receivable. A grant received before the recognition criteria are satisfied is recognised as a liability.

2 **Employees**

The average monthly number of persons (including directors) employed by the company during the year was 20 (2019 - 20).

3 **Directors' remuneration and dividends**

	2020	2019
	£	£
Remuneration paid to directors	178,230	179,952
	<u> </u>	<u> </u>

4 **Other operating incomes**

	At 31 March 2019	Received	Expended	Surplus recognised on completed projects	At 31 March 2020
	£	£	£	£	£
Skills for Care	(10,980)	(226,319)	191,940	19,729	(25,630)
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Included in the income and expenditure account are grants received of £226,319 (2019 - £212,360). The company received £22,854 (2019 - £20,226) for the administrative works carried out on the completed projects.

At the 31 March 2020, the company had expended all grant monies, with the exception of £25,630, which remains in other creditors and has been restricted for the ongoing Skills for Care expenditure.

Notes to the financial statements (continued)

5

Tangible fixed assets

	Plant and machinery £	Fixtures, fittings & equipment £	Total £
Cost			
At 1 April 2019	70,378	37,869	108,247
Additions	21,129	2,929	24,058
Disposals	(8,742)	(10,080)	(18,822)
	<hr/>	<hr/>	<hr/>
At 31 March 2020	82,765	30,718	113,483
	<hr/>	<hr/>	<hr/>
Depreciation and impairment			
At 1 April 2019	65,460	37,147	102,607
Depreciation charged in the year	6,366	715	7,081
Eliminated in respect of disposals	(8,742)	(10,080)	(18,822)
	<hr/>	<hr/>	<hr/>
At 31 March 2020	63,084	27,782	90,866
	<hr/>	<hr/>	<hr/>
Carrying amount			
At 31 March 2020	19,681	2,936	22,617
	<hr/>	<hr/>	<hr/>
At 31 March 2019	4,918	722	5,640
	<hr/>	<hr/>	<hr/>

6

Investments

Ceretas is a controlled subsidiary of United Kingdom Homecare Association Ltd. Ceretas is a company limited by guarantee (Company number – 05262368) and incorporated in England and Wales. The principal activity of the company is to develop and promote a high quality, skilled and accountable workforce.

At the year ended 31 March 2020, Ceretas had aggregate capital and reserves of £23,715 (2019 – £23,741) and made a loss for the year of £26 (2019 – £115 profit).

7

Debtors

	2020 £	2019 £
Amounts falling due within one year:		
Trade debtors	73,135	44,590
Other debtors	12,584	12,584
Prepayments and accrued income	11,493	11,620
	<u>97,212</u>	<u>68,794</u>
	<u><u>97,212</u></u>	<u><u>68,794</u></u>

Notes to the financial statements (continued)

8	Creditors: amounts falling due within one year	2020	2019
		£	£
	Trade creditors	38,245	42,855
	Corporation tax	1,010	2,879
	Other taxation and social security	61,531	61,067
	Other creditors	216,023	190,538
	Accruals and deferred income	31,831	36,115
		<u>348,640</u>	<u>333,454</u>
		<u><u>348,640</u></u>	<u><u>333,454</u></u>

9 **Members' liability**

The company is limited by guarantee, not having a share capital and consequently, the liability of members is limited, subject to an undertaking by each member to contribute to the net assets or liabilities of the company on winding up such amounts as may be required not exceeding £1.

10 **Operating lease commitments**

Lessee

At the reporting end date the company had outstanding commitments for future minimum lease payments under non-cancellable operating leases, as follows:

	2020 £	2019 £
	219,129	102,772
	<u>219,129</u>	<u>102,772</u>

11 **Related party transactions**

During the year, the company paid consultancy fees to its Ambassadors, titular roles defined by the Articles of Association:

Y Apsitis - £3,392 (2019 - £7,940)

United Kingdom Homecare Association Limited is a member-led professional association to promote high quality, sustainable care services for people living at home and in their local community. The member organisations pay annual membership subscriptions to United Kingdom Homecare Association Limited. The board of Directors consists of representatives appointed from those member organisations. During the year United Kingdom Homecare Association Limited received £163,434 (2019 - £145,963) in membership subscriptions from the Directors member organisations.

References


1. Homecare helps almost a million older and disabled people each year to remain independent at home. UKHCA (2018) An Overview of the Domiciliary Care Markets in the United Kingdom. <https://www.ukhca.co.uk/downloads.aspx?ID=611>
2. Office for National Statistics, National Population Projections: 2018-based Statistical Bulletin. <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/tablea11principalprojectionuksummary>
3. 1 million people will be living with dementia by 2021. Alzheimer's Society, 2019. <https://www.alzheimers.org.uk/about-us/news-and-media/facts-media>
4. Saga/Populus survey of Saga customers 2015
5. NHS England, Delayed transfers of care data. Available at: <https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/delayed-transfers-of-care-data-2019-20>
6. UKHCA estimate based on composite of data from local government returns to relevant departments of state.
7. UKHCA estimate based on composite sources.



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