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# Domiciliary Care Workforce Challenge

## Brief for Applicants

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The West of England Academic Health Science Network (AHSN), South West AHSN and Health Education England (HEE) are launching a Dragon's Den-style challenge to find innovative solutions to support the domiciliary social and health care workforce in terms of supply, skills, leadership, new ways of working and new roles.

The solutions should be ready to adopt and spread across the West and South West of England, including Gloucestershire, Wiltshire, Bristol, North East Somerset, Somerset, Devon and Cornwall/Isles of Scilly.

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## Summary

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There are high pressures and demands on the domiciliary social and health care workforce, made worse by Covid-19.

In response to this we are looking for solutions that are ready to adopt and spread across the West and South West of England (from Gloucestershire and Wiltshire to Cornwall) to support the domiciliary social and health care workforce in terms of supply, skills, leadership, new ways of working and new roles.

We are looking for innovative solutions that will have a positive measurable impact on workforce indicators, such as: number of domiciliary care workers, satisfaction levels, sickness absence, turnover rates, skills and confidence, leadership, productivity, diversity and inclusion.

The Domiciliary Care Workforce Challenge is open to individuals, companies, organisations and consortia (including NHS, local authorities, social care providers, independent sector).

**This challenge launched on 31 March 2021. The deadline for applications is 17:00 on 31 May 2021. More information is available at : [www.weahsn.net/domcarechallenge](http://www.weahsn.net/domcarechallenge)**

### By workforce we mean:

- Clinical, medical, paid carers, managerial, administrative, leadership
- NHS, private and independent sector , local government , micro-providers,
- Commissioners, support services, employed, self-employed
- Not in scope: unpaid family, friends and volunteers

### By domiciliary care we mean:

- Social care, providing assistance with activities of daily living, helping maintain independence
- Health care, including NHS staff and anyone that goes into people's homes, such as, District and Community Nurses, Health Visitors, Allied Health Professionals, GP practice staff
- Supporting people at home with Learning Disabilities and Autism
- Support with mental health and loneliness at home
- Remote and virtual care provided to people in their homes

We are looking for innovative solutions that meet the following criteria:

- A product, service, technology, process, way of working or toolkit.
- Currently in use (within or outside the health and social care sector).
- Can show evidence of positive impact on the workforce.  
Suitable and ready for adoption and spread. This would mean: CE marked (if applicable), with any necessary regulatory approvals; documented evidence of effectiveness; ready to deploy at scale (for instance, able to demonstrate adequate financial security, staff, supply of product).

We would not expect the solutions to be prototypes, or be untested in the workplace.

Through desk research, stakeholder interviews and an event, we have identified the following opportunities and unmet needs that solutions might respond to (this is an example list and is not exhaustive):

- Developing the domiciliary care workforce in terms of supply, skills, leadership, new ways of working and new roles
- Developing the workforce which supports the front line domiciliary carer, including, leadership, management, administration and back office
- Developing the domiciliary care workforce to provide better care for patients and service users who have experienced discharge from hospital, or other transitions
- NHS and social care working together, better
- NHS and social care workers collaborating with social prescribing
- Establishing new processes, tools or procedures that benefit the workforce
- Improving communications and collaboration between NHS and Social Care
- Solutions that support guidance through a variety of tasks
- Tools that help build staff confidence and in turn satisfaction and retention
- Clinical, emotional, wellbeing or behavioural support, e.g. 'Buddy' systems, helplines, applications
- Developing and growing the social care micro-provider workforce
- Logistical solutions: travel, transport, shifts, rostering
- Enabling workforce diversity and inclusion

Solutions will be short-listed using the criteria described at the end of this document and top-ranking solutions will be selected for interview.

We have not determined how many innovations will be selected. This will depend on the quality of proposals against agreed criteria. There is a maximum total of £100,000 (including VAT) available to support the spread and adoption and fund innovator and/or host activities. This budget will be used to support up to four solutions depending on costs.

Successful solutions will then be hosted by social care providers and/or NHS for a 12 month period. Solutions may have one host or multiple. We will be commissioning an evaluation to determine the effectiveness, impact and benefit of the innovation.

A project manager will help find a host(s) and co-ordinate the innovator, host, evaluator and other stakeholders.

The first phase of the adoption and spread will be approximately 12 months at the end of which we will evaluate the solution and suitability for further scaling.

Depending on the results of the evaluation there could also be further support for regional and national scale up via the national AHSN Network.

In the development of this challenge we have engaged with the domiciliary care workforce frontline, management and commissioners, as well as organisations such as, Skills for Care and the Association of Directors of Adult Social Services in England (ADASS).

# Application Guidance

## Who is eligible to apply:

Individuals, organisations and consortiums can apply. Applications can be made by private companies, Social Care Sector Organisations, Local Authorities, CCGs, GP surgeries, Primary Care Networks, NHS, Social Enterprises, Charities and others, including collaborations.

Products or services must be able to scale up in the West and South West of England.

## Application, decision-making process and timescales

The Application process will consist of the following steps:

### Stage 1: Application form

We have designed the application form to be as brief as possible. Please follow this link: <https://docs.google.com/forms/d/e/1FAIpQLSdMiMBQoIWbEAqadFk2XDQTAzaVLKpm0L0s5x3Imrd8CalaJa/viewform>

**Applications Open: 31 March 2021      Applications Close: 31 May 2021, 17:00**

### Stage 2: Short listing

The West of England AHSN, South West AHSN and Health Education England project team will create a short list based on the criteria described later.

**Date: By 11 June 2021**

### Stage 3: Dragon's Den-Style virtual selection panel

Innovators will have 10 minutes to pitch to the panel plus a Q&A. This pitch will need to cover: solution, benefits, evidence, costs, potential hosts and rollout. Solution(s) will be selected based on the challenge selection criteria.

**Date: 18 June 2021**

### Stage 4: Confirmation of selected solutions

Confirm solutions. It is important to note that contracts will only be signed when hosts have been confirmed.

**Date: 12 July 2021**

### Stage 5: Find host

Whilst running this challenge we are asking potential hosts (of an unknown solution) to register their interest by sending an email to the procurement team at [ruh-tr.ProcurementTeam@nhs.net](mailto:ruh-tr.ProcurementTeam@nhs.net) with the subject as **ITT\_31898 WEAHSN Domiciliary Solution**. Potential hosts must also ensure they are registered on the Bravo e-procurement portal. The link for the portal is

[https://nhs.bravosolution.co.uk/nhs\\_collaborative/web/login.html](https://nhs.bravosolution.co.uk/nhs_collaborative/web/login.html)

When we have agreed a solution(s) we will aim to find and agree a host(s) within 2 months. It will then take time for the innovator and host to work together to go-live with the solution.

The aim is to select host(s) by September 2021.

**Stage 6 onwards: contracts, planning, mobilisation**

When solutions and hosts have been selected, contracts need to be finalised and implementation plans developed. The aim is to mobilise projects within 4 months of stage 4 confirmation, i.e. by **November 2021**.

**Adoption and spread (if applicable)**

Any projects, products and innovations that have a proven track record of making a difference to the Domiciliary Care Workforce in the South West will be considered for potential replication and promotion across the AHSN Network and sector networks as an example of good practice.

**Terms & conditions:**

When solutions have been selected, standard NHS terms and conditions will be included in the tender documents to be signed by the company, the host organisation in which the project is running and the West of England AHSN.

**How to apply:**

To apply visit [www.weahsn.net/domcarechallenge](http://www.weahsn.net/domcarechallenge)

## Challenge Selection Criteria

To help applicants apply for this challenge, we have produced a guide below to the selection criteria.

Where possible we have described how to get high scores, but against some criteria the selection panel will need to make a judgement relative to other entrants (these are self-evident and also marked with an **asterisk**). These evaluation criteria make up a significant part of the application form.

Criteria / Score	0	1	2	3	4
<b>Potential impact</b> on workforce indicators, such as, increases in number of domiciliary care workers, satisfaction levels, sickness absence, turnover rates, skills & confidence, leadership, productivity, diversity & inclusion *	None	Low	Medium	High	Very high
Extent to which the <b>evidence</b> suggests the solution will positively impact the workforce	Solution is not in use	Solution is in use but with no evidence	Solution is in use with some evidence, e.g. case studies	Solution used at 1 location / organisation with strong evidence, e.g. real world evaluation, randomised control trial	Solution used at multiple locations / organisations with strong evidence, e.g. real world evaluation, randomised control trial
<b>Impact over 12 months</b> could make a difference to ...	<10 carers	Between 10 and 100 carers	Between 100 and 500 carers	Between 500 and 2,000 carers	Over 2,000 carers
<b>Benefits beyond workforce</b> (our focus is on benefits to the workforce, hence a score of 2 if this is the limit of the benefits) *	N/a	N/a	Benefits only to staff	Some improvement in service user satisfaction	Significant improvement in service user satisfaction

Criteria / Score	0	1	2	3	4
				Some improvement of clinical outcomes  Some financial benefits	Significant improvement of clinical outcomes  Significant financial benefits
Ability to adopt and spread *	Unable to adopt and spread	Very difficult  Multiple stakeholders need to agree solution  User resistance to the solution  Substantial pathway transformation is required	Difficult	Medium	Easy  1 person or organisation could adopt the solution with little training  Users and organisation like the solution

## South West Domiciliary Care Workforce information

A significant number of people are employed in domiciliary care.

### Domiciliary social care – CQC registered

If we take domiciliary social care, in 2019/20, the Adult Social Care Workforce Data Set, on the Skills for Care website, found the following for the **South West “non-residential” sector that is regulated by the Care Quality Commission (CQC)**.

Notes: The dataset allows you to select the following sectors: independent sector and/or local authority; and the following job roles: managers, regulated professions, direct care and other.

Sector	Workforce	Number of jobs
Independent sector & local authority	All the workforce (managers, regulated professions, direct care, other)	46,000
Independent sector	Direct care (senior care worker, care worker, support and outreach)	39,000
Local authority	Direct care (senior care worker, care worker, support and outreach)	325
Independent sector	Regulated professions (occupational therapist, registered nurse, social worker)	150

For each of the groups listed above the data is quite different. For this background information we have provided some further detail for the largest group (independent sector, direct care workers), representing 39,000 jobs.

The demographic data, shows that out of the 39,000:

- 84% are female
- 94% are white, 6% BAME
- 89% British, 7% EU, 4% non-EU
- Average age is 43

The employment data shows:

- 87% are permanent
- 42% are on zero-hour contracts (with a decreasing trend)

The recruitment and retention data shows:

- An average of 5.5 sickness days are taken, with 5% of this particular workforce requiring more than 20 days sickness leave
- The turnover rate is at 46.1% for this group, which equates to 16,000 leavers
- Modelling shows that the workforce needs to grow by 37% by 2035

Nationally, the 39,000 scales to about 390,000 jobs.

The following link takes you to the Adult Social Care Workforce Data Set infographic and allows you to explore the data:

[https://public.tableau.com/shared/6GRWZ3QCX?:toolbar=n&:display\\_count=v&:origin=viz\\_share\\_link&:embed=y](https://public.tableau.com/shared/6GRWZ3QCX?:toolbar=n&:display_count=v&:origin=viz_share_link&:embed=y)

### **Domiciliary social care – not CQC registered**

There is a large, and often hidden, domiciliary workforce that operates at a scale and in a way that does not meet the requirements to become CQC registered.

This group includes people who are employed directly by people requiring care (Personal Assistants) and sole traders who deliver care at home services to people and families who wish to self-direct their care.

It is hard to come by data for this group of carers. For the last 6 years Somerset County Council have actively engaged and supported this workforce and provided us with the following information.

In January 2021 there were 850 micro providers registered in the Somerset micro-provider network providing 29,000 hours of domiciliary care to 5,850 people. Micro-providers are usually sole traders and in Somerset only 4% of those registered with the Council's Micro-enterprise Programme are eligible for CQC registration. Somerset County Council in partnership with the social enterprise Community Catalysts are committed to developing the micro care marketplace, so it can be assumed this number of micro-providers is relatively higher than other counties in the South West. This number does not include carers who are directly employed by families.

### **NHS - Domiciliary health care**

Not including primary care, there are 130,000 NHS staff in the South West of which circa 9,000 have been identified as working in the community (NHS Electronic Staff Record, December 2020).

The demographic data shows that out of the 9,000:

- 88% are female
- 4.3% BAME
- 96% British, 4% EU & non-EU
- 55% are between the age of 35 to 54

NHS data for the South West region shows the sickness absence rate is 4.2%, of which 30% is due to mental health issues; and staff turnover is 13%. (November 2020).

### **Contact Information**

If you have any questions, please email us at: [scwcsu.domcarechallenge.weahsn@nhs.net](mailto:scwcsu.domcarechallenge.weahsn@nhs.net)

# Frequently Asked Questions

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## **How does the challenge work?**

The call for innovative solutions to the challenges is launched nationally. Local subject matter experts review applications and interview a shortlist before selecting the successful applicants. We then invite local organisations to act as hosts for the challenge projects and work together to draw up a project plan to test how the products and services work in practice and are evaluated in a real world setting.

**Who is awarded the money, who is signing the agreement with the company?** Joint working agreements will be signed between the company, the host organisation in which the project is running and the West of England AHSN

## **Can I submit more than one application?**

We expect applicants will only be submitting one application, but there may be circumstances where it is relevant to submit one application form for each innovation you are entering into the challenge.

## **My company is a pre-start-up company; am I be eligible to apply?**

Your product should be on the market and meet all necessary regulatory requirements. This is unlikely to be the case if you are pre-start-up.

## **I am based at a university or at a hospital; am I be eligible to apply?**

Yes, if your application is signed off by your Chief Executive or Finance Director.

## **Do I need to have a clinical partner?**

It is not required.

## **Can I work in collaboration with other companies, charities, NHS and government?**

Yes

## **How do I submit my application?**

On the Google Form link provided from the WEAHSN website.

## **How will the successful applications be chosen?**

See the challenge document for a description of the process.

## **Is there any advice or feedback provided before I submit the application?**

You can email us ([scwcsu.domcarechallenge.weahsn@nhs.net](mailto:scwcsu.domcarechallenge.weahsn@nhs.net)) and we are hosting some Q&As via MS Teams. The dates and times for these are advertised on the website. The last date for responses to clarification questions is **24 May, 17:00**.

## **What is the deadline for application submission?**

Monday 31st May, 17:00

## **When will I find out if I have been short-listed?**

All applicants who have been short-listed for 18 June 2021 presentations will be informed by 17:00 on 11 June. Those who have not been successful will also be informed at the same time, and we will provide feedback in July/August 2021.

Applicants who are successful at 18 June presentations will be informed in July 2021 if they have been selected for the “find a host” stage.