Health and Social Care Committee
Inquiry into residential care for older people

RC61 – Research in Specialist and Elderly Care

RESEC Cymru Consultation Response –
Inquiry into Residential Care for Older People

Introduction

Research in Specialist and Elderly Care (RESEC) is a not for profit company which was established by private investment in association with academics from Oxford University - predominantly Green Templeton College. Its objectives are to present and discuss projects and ideas for research into the delivery of care for people and their families requiring specialist elderly care. It has representation right across the UK – in the four nations and in several regional areas in England.

In Wales, RESEC Cymru has developed a non-partisan policy think-tank, which is a comprised network of politicians, policy-makers, policy advisors, academics, clinicians and voluntary organisations. It meets regularly throughout the year to add value to the debate and discourse around this field.

RESEC Cymru has five key strategic aims:

1. Spotlighting the gaps, needs and shortfalls within elderly care in Wales
2. Focusing on the important role of carers
3. Taking the Dementia pathway forward in partnership
4. Linking the Independent, Voluntary and Statutory sectors
5. Putting people first through early recognition and intervention

RESEC Cymru welcomes the opportunity to provide our views on the Health and Social Care Committee's Inquiry into residential care for older people in Wales. Moreover, if we are requested, we would be pleased to provide the Committee with further oral evidence.

Section 1 - Context

1.1 We firmly believe that the mark of any civilised society is measured by the level of care, respect and dignity it affords to its elderly population. We are all aware of the changing demographic trends taking place in the United Kingdom. The Office of National Statistics has projected that by 2034, twenty-three per cent of the UK population will be aged 65 or over – within which an estimated 3.5 million will be the 'oldest of the old', that is, aged over 85. The statistical picture means that how we plan, pay for and deliver social and

residential care in the future, is an issue that must be addressed as a matter of the upmost urgency.

1.2 However, as our life expectancy increases, there are various implications and factors that will seriously impinge on current structures if a new model of social care is not implemented. People will become more susceptible to life-long chronic diseases and many will become comorbid. This potentially means that there are more opportunities for people to live with complex, debilitating but not immediate life-threatening conditions. Therefore, we must look to adopt a more preventative approach to healthcare in Wales. Members of our group have already called on the Welsh Government to bring forward an all-encompassing Public Health Act for Wales, which will set about tackling the lifestyle challenges of alcoholism and obesity that currently blight our society and which are potential barriers not only to a disability-free old age but to also extended life expectancy.

1.3 We believe this must be considered now and hardwired into any strategic policy plan for social care because it potentially affects when the most appropriate clinical and social interventions are to be made, particularly the process as to when someone is deemed no longer capable or safe to live in their own home and whether the next move should be to a residential care setting or to an acute care setting.

Section 2 - Personalisation of Care

2.1 Meeting the challenges of caring for an ageing population will undoubtedly require greater investment in social care services and an increase in community based facilities. If the Welsh Government's priority is to keep people in their homes for as long as possible, then it must invest in quality, multidisciplinary reablement services. This is vital for the development of 'community resilience', which is required to negate the trigger factors that may force an individual into residential care.

2.2 We believe that the Gwent Frailty Programme could potentially be a model of best practice for Wales, bringing health and social care services together to ensure timely interventions are made and unnecessary hospital emissions are prevented. The evaluation of the project, coupled with the economic projection of rolling the model out to the rest of Wales, will be fundamental as to whether this has a viable future. However, one aspect that requires further analysis is how the current model would perform in a more rural setting. We believe that while it is possible in an urban setting to create and implement a package of care within four hours, when the variable of ruality is added to the equation, potential barriers to success naturally emerge. We would therefore recommend that in drawing on experiences from Canada and Scandinavia, a case study be produced in rural Powys to determine if the model is transferable or whether a separate rural model is required to meet the needs of our dispersed communities.

2.3 However, if we are truly to embrace the personalisation of care, which espouses true choice and self-determination, then we must also test the

assumptions that people are in the main, are better off staying in their own homes and in the community. One point which concerns us about much of the thinking of successive governments is that these assumptions are very much untested and un-evidenced assumptions.

2.4 There are occasions, for reasons of isolation, vulnerability, safety, ill health or personal choice that an individual will decide that their home is no longer the place where they want to be. For example, if that individual, who is very frail and vulnerable has no personal network of support, the concept of the "community" can be something of a misnomer as they are unable to participate within it. This sentiment coupled with the woefully inadequate standard of domiciliary care, consequently leaves the individual in a frequent state of isolation and loneliness, only broken by periodic visits from health and social care professionals. In this sort of instance, home is definitely not the best place to be and we have to ensure that there is a mechanism in place to allow that person to move to a residential care setting in a timely manner to suit their personal need.

2.5 While it is not examined in this inquiry, what we feel would be valuable is a really honest appraisal of domiciliary care by obtaining more evidence about the service users' perspective. We must be more honest about what level of service delivery is possible within given time frames, what services can be delivered in the current economic environment and more rigorous analysis of the shortfalls. If we do not have a more open and honest appraisal of the reality of what care services can be delivered at home within current resource limits, we cannot really aspire to improvement.

Section 3 - Care Home Capacity

3.1 We know from our close network links across the public, voluntary and independent sectors, that there are significant levels of under capacity within residential care in Wales, both in terms of facilities – particularly the number of places in those facilities – and in terms of staff resources. We are also concerned about the prevailing culture in Wales which sees residential care provision driven predominantly by the public sector and which often perceives the independent sector in a suspicious and demeaning light, often due to bad media publicity. This cultural barrier has to be overcome if we are to encourage inward investment in the sector and narrow the gap between demand and provision. We believe this requires political leadership to openly address those issues and to increase public confidence in the residential care system.

3.2 We do need to find new and different models of care provision in order to plug the capacity gap and this has to be done through scholarly research and evaluation. Initially, there has to be the realisation that the public sector on its own simply cannot fulfil the growth in demand for residential care places. We have to look at business models that may involve possible sector mixes – public, independent and voluntary – but we should also examine the scope to develop co-operative or community models of residential care, which would not only be pioneering but may also be considered a fundamentally 'Welsh'

solution to the challenges that we face. This was a pledge within the former Welsh coalition's programme for government – *One Wales: A progressive agenda for the government of Wales*. On page twelve of the agreement it states, "We will develop new not-for-profit nursing homes", unfortunately this pledge was never fulfilled, which we felt was a lost opportunity.

3.3 How residential care is to be paid for now and in the future is very much a UK wide issue. The Dilnot Commission published it recommendations in the summer on how to achieve an affordable and sustainable funding system for care and support in England. In Wales, the Welsh Government has stated that it wants to pursue its own programme for renewal of social services in Wales, as set out in *Sustainable Social Services for Wales: A Framework for Action*. The First Minister has also signalled the Welsh Government's intention to bring forward a Social Services Bill to provide a Welsh legal framework for social services. While this is important for shaping the future of who should pay for care, the critical issue that is affecting the sector now is the inadequacy of current residential fee levels – as demonstrated by the legal action taken by a number of independent care homes against Pembrokeshire County Council. This is an issue that requires urgent action if we are not to see more providers taking court action or worse for capacity, companies going out of business.

3.4 We also need to consider how we set about designing and building residential care homes of the future in Wales. As we will have cohorts of comorbid people in one particular place, the opportunity to provide good quality care may mean building a residential care home near or on the site of an acute hospital, so that good transition of care is established. It could also mean examining US and some European models of care which combine community, health and social care provision all on one site, within one facility. We believe that the model created by the Extra Care Charitable Trust in England, is a good baseline to start from and should be examined further.

3.5 One issue that needs to be addressed as a matter of urgency are planning regulations associated with developing residential care homes. We believe that current regulation is stifling capacity in Wales and is damaging investor confidence.

3.6 In terms of gleaning a better understanding of the current residential care sector, we have attached at Annex 1, a paper produced by our RESEC colleagues at Oxford, which demonstrates what the current sector looks like and what the future challenge looks like for the sector in bridging supply with demand.

Section 4 - The Care Home Workforce

4.1 The issue of staff resource and how well the care home workforce is trained is a crucial component of the residential care setting and is undoubtedly one of the major impediments to achieving good levels of care. Care home staff have a pivotal role in both shaping a resident's individual experience and creating an environment where residents can feel comfortable, safe and valued.

Whether it is conveying the ethos of a home, managing challenging behavioural situations, providing cues to residents or communicating with an individual's family, they have the ability to make that experience one that is either positive or negative and that in turn is a major influence on a resident's quality of life.

4.2 If we are to promote excellence in Welsh care homes, then we believe there has to be the right balance of knowledge and attitudes to achieve the highest quality standards. We also believe that staff working within a residential care environment must be viewed as professional staff and there must be a structured career path so that each individual member of staff receives the right training at the most appropriate level. They also must be properly valued and remunerated.

4.3 Training is often viewed as a vehicle for reducing the risk of abuse and neglect and to increase the value afforded to those undertaking this work. In trying to aspire to deliver the best quality of care, we believe that training must start with at least twelve weeks pre-entry or induction training before any member of staff even sets foot into a residential care home. It cannot be right that we allow the most vulnerable and most frail in our society to be looked after by someone who is not properly trained. We believe that training must be holistic – both medical and social – and should encompass ethics training, as well as the awareness and understanding of dementia, particularly how to deal with the behaviours expressed by individuals with dementia.

4.4 In relation to care home management, we believe it is vital that there is strong leadership from all levels of management, so that staff feel empowered to be innovating, enabling and achieving and that resident's do not feel commoditised or depersonalised. The best practice models of management in residential care settings portray managers as being proactive rather than reactive and that they are purveyors of information, advice and advocacy at all stages of an individual's residency, not just at times of crisis. Moreover in managing staff, good managers focus on individual performance management rather than top-down performance indicator or task led management.

4.5 One of the best and most recent academic analyses of the position of staff in care homes has been produced by associate members of RESEC Cymru based in the universities of Cardiff and Bangor. We would recommend that the Committee examine the *Promoting Excellence in All Our Care Homes* (PEACH) report, as it gives a valuable insight as to what influences and motivates care home staff.

Section 5 - Inspection and Regulation

5.1 We have real concerns about the structure, process and staff capacity that exists for inspecting and regulating care homes in Wales. In particular we have concerns about the performance of the Care and Social Services Inspectorate for Wales (CSSIW) and whether in its current format, it is fit for purpose.

5.2 These concerns were brought into the public arena through the BBC Wales programme, *Week In Week Ou*t, which was broadcast in November 2009.The programme quantified some of the concerns that we have:

- That CSSIW's monitoring procedures are not robust, particularly of ensuring care homes comply with statutory legal requirements;
- That CSSIW's sanctions process is not being delivered, particularly in respect to repeat offending; and
- That CSSIW are unable to fully assess the extent of poor performance, non-compliance and repeat offending because its information management processes and procedures are either not robust enough or are not being adhered to.

5.3 We are aware that in response to the programme and from direct pressure from former National Assembly Member, Jonathan Morgan, the Deputy Minister for Health and Social Care initiated an internal review of regulation. In addition to this, we are also aware that CSSIW has produced a modernisation programme to deliver the recommendations of the review of regulation. However, having examined the process of the review and its outcomes, we believe that the whole procedure was woefully inadequate and frankly poorly managed. We also feel that many of our key concerns like how the inspectorate is resourced and how it sets about tackling the shortfalls in staff capacity and expertise were not addressed.

5.4 CSSIW is ultimately accountable for the performance levels of care homes in Wales; they are the supreme guardians. What happens when the guardian can no longer fulfil its duty is that unacceptable failings occur in the system and ultimately, older people in Wales have their dignity compromised, or worse, are put at risk. We therefore would recommend that the Committee give sufficient time in the inquiry to examine this area in detail because we believe that the current regulatory regime is an impediment to good quality care and is in urgent need of reform. We must be sure that the Inspectorate has sufficient levels of resource and whether it is sufficiently capable and rigorous enough of not only inspecting and monitoring Wales' 1500 care homes but whether it is capable of leading the improvement of standards in social care throughout Wales. We also believe that CSSIW must now be fully investigated by an independent body and we feel the most appropriate organisation to undertake that investigation is the Office of the Auditor General for Wales, through the Wales Audit Office.

Section 6 - Research

6.1 One of the fundamental issues for us is that the intelligence resource base that clinicians, policy makers and politicians use both to formulate policy and to make necessary 'informed' decisions, must be improved. While we understand that social and economic research may provide some valuable sources of evidence to assist the shaping of policy, we feel it is important that scientific-based medical research should be the core component and primary influence in both setting standards and determining essential outcomes in this

field, which we believe are – good health, safety, autonomy, dignity and contentment.

6.2 While there are some sources of excellence in Wales, in general we believe that the level and breadth of social care research is not up to the same quality standard as health care research. This is an issue that has to be addressed with our academic institutions and will undoubtedly require more investment from government. RESEC Cymru believes so fervently in this objective that it has already taken upon itself to fund a number of annual bursaries to students in Wales who strengthen and advance the field of research that is undertaken in the area of social care.

6.3 We believe that it is incredibly important that institutions in Wales contributing to this field produce research that is tangible, action oriented and can be related to by the general population. We cannot afford to produce research that is 'lost in translation' as it moves from the academic setting to the stage of policy formulation. It is therefore important that research objectives are clear and relevant and that process is properly monitored and outcomes thoroughly evaluated.

John Wyn Owen CB - Chair of RESEC Cymru.

Elderly Care in the UK and Wales:
Forecasting the need for care home beds

A discussion paper prepared for consideration by RESEC

June 2010

RESEC is an acronym for ‘Research in Specialist & Elderly Care’

It is a newly established charity with the objective of improving social care standards by strengthening the links between care practices, teaching and research.

Agenda

1. Introduction
2. An Ageing Population
3. Wales
4. UK Elderly Care Demand Projections
5. Wales Elderly Care Demand Projections
6. UK Elderly Care Bed Gap and Home Care Effect
7. Wales Elderly Care Bed Gap and Home Care Effect
8. Cost of UK Elderly Care Bed Gap
9. Cost of Wales Elderly Care Bed Gap
10. Conclusions

Q & A

1. Introduction

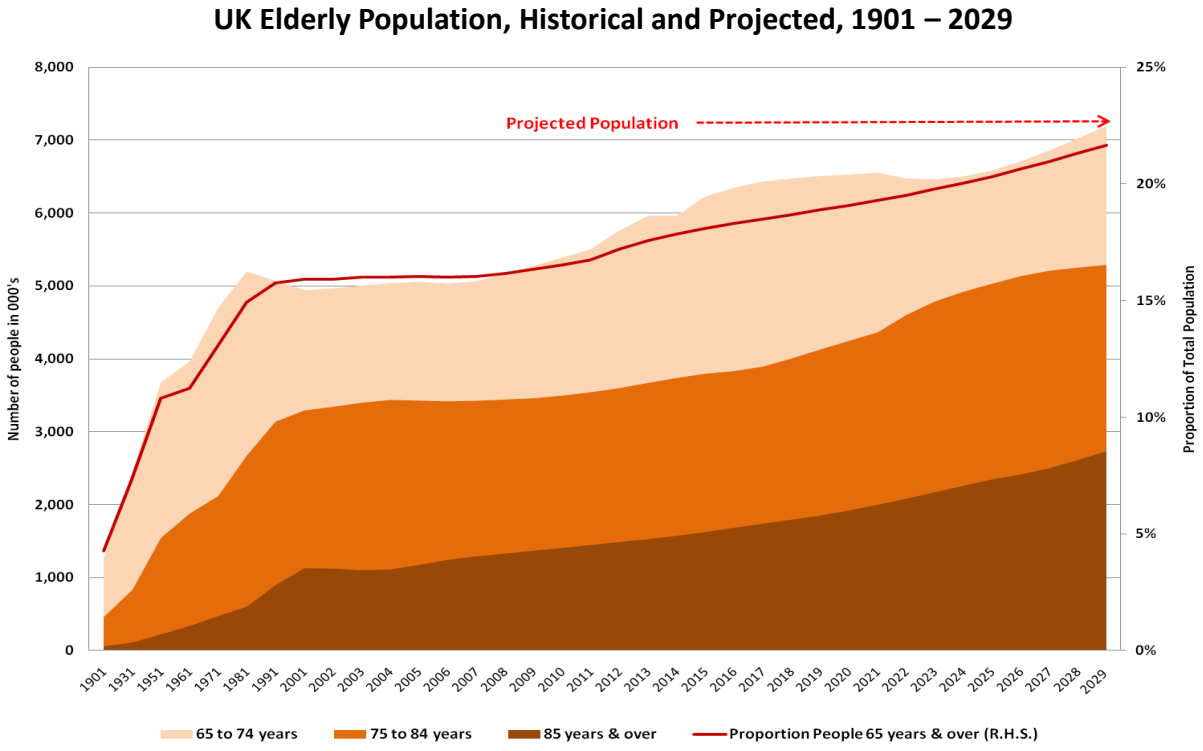
- The UK population has been ageing for the past century
  - The proportion of older people (65 years and over) is increasing from 5% in 1901, to 16% in 2009 and to 22% in 2029
  - Life expectancy is increasing, but so too have the number of years of life spent in poor health or with a limiting chronic illness or disability
- Number of old people in the population is a principal driver of demand for care home places, particularly the very old (85 years and over), as demand escalates rapidly with increasing age
  - Nearly 16% of the very old in the UK are resident in care homes[1]
- The increasing prevalence of dementia (from 683,600 cases in 2007 to 940,000 in 2021) adds a new dimension to elderly care
  - Over 50% of people aged 85 and over with dementia reside in a care home
- The new goverment has promised a white paper on elderly care and intends to aggressively promote 'care at home' to manage costs, but:
  - The number of households receiving care at home has actually decreased whilst the intensity of care has increased
  - People with high levels of dependency require more intensive care which is difficult to provide at home

Sources:

1) Laing & Buisson 2009
2) Dementia UK Alzheimer's Report 2007

2. An Ageing Population

- **The UK population has been ageing for the past century**
  - 1901: older people (65 years & over) accounted for under 5% of total population
  - 2009: older people accounted for over 16% of population
- **By 2029, the proportion of older people is projected to increase to nearly 22%**



Source: 1901 to 2001-Census Data. 2002 to 2028-ONS 2008-based population projections.

Health and disability in old age are the most significant predictors of future demand for care services. With the increasing proportion of very old people, care requirements are expected to increase for those with the highest dependency levels.

3. Wales

- Wales accounts for 5% of the total UK population:
  - The proportion of older people is higher in Wales (18% of total population) than in the UK (16%)
  - In the next 20 years, the proportion of older people is projected to be higher in Wales (25%) than in the UK (22%)

	2009		2029	
Proportion of Total Population	**65 years & over**	**85 years & over**	**65 years & over**	**85 years & over**
Wales	18%	2%	25%	4%
UK	16%	2%	22%	2%

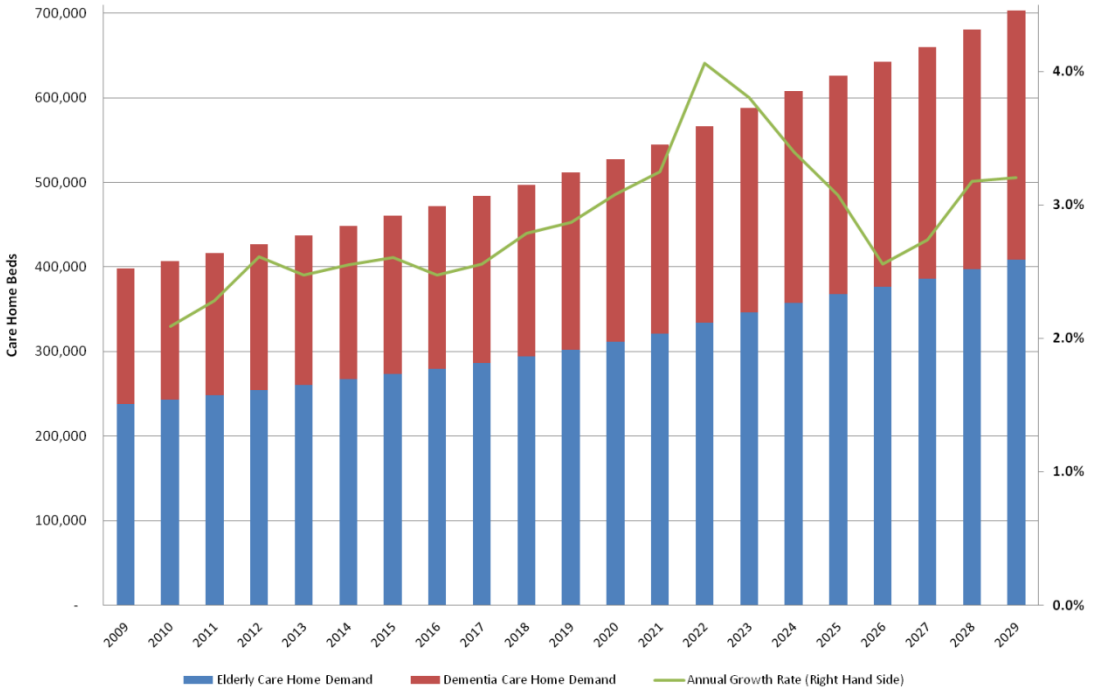
- 2009 occupancy levels of elderly care home beds in Wales are higher than in the UK
  - Supply 25,402
  - Demand 23,489
  - Occupancy % 92.5% (UK: 89.8%)

Source:
1) ONS 2008-based population projections

4. UK Elderly Care Demand Projections

- **The total demand for care home beds is expected to increase at a CAGR of 3% over the next 20 years (from 406,600 to 681,000 beds)**
- **The demand for dementia care is expected to follow a steeper curve during the same period and increase from 163,000 to 294,000 beds**

Projected UK Demand of Elderly and Dementia Care Home Beds, 2009 to 2029

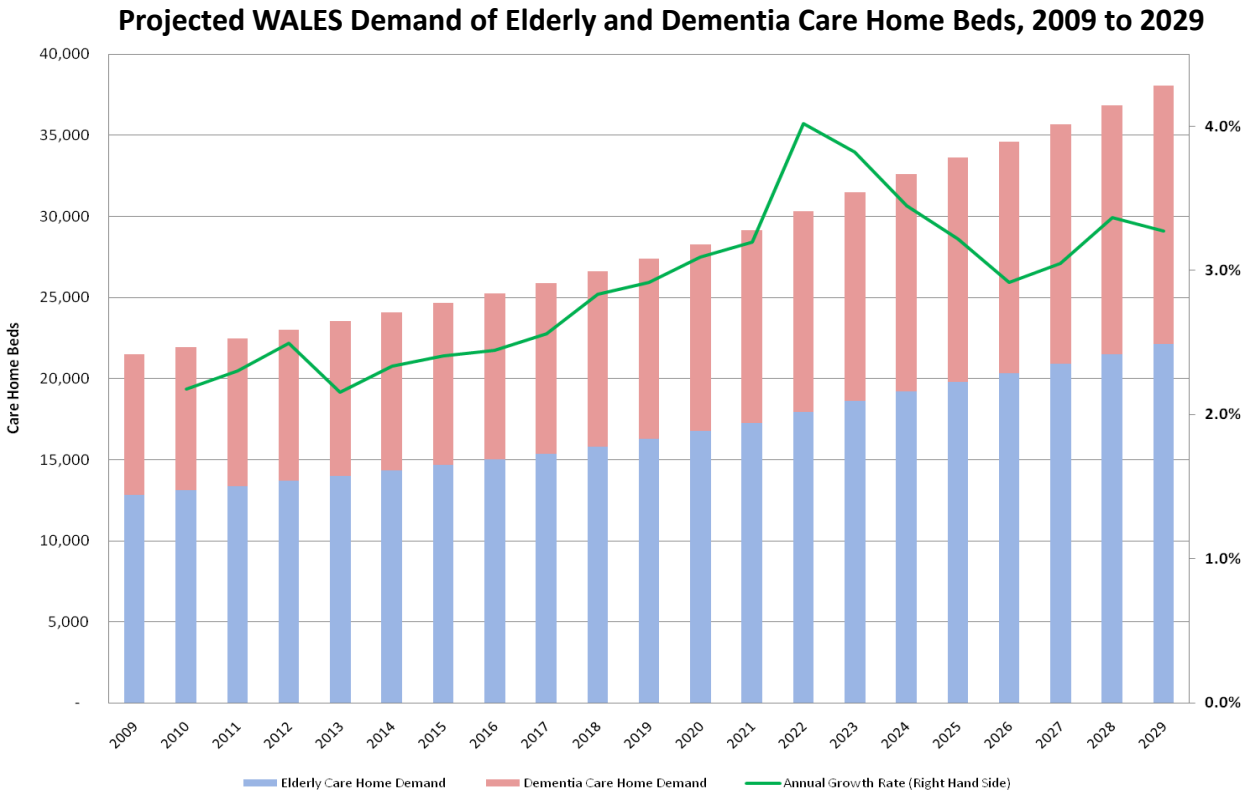


Source: 1901 to 2001-Census Data. 2002 to 2028-ONS 2008-based population projections.

The increasing need for dementia care will significantly alter the type of long term care needed and will have an impact on future supply requirements.

5. Wales Elderly Care Demand Projections

- **The total demand for care home beds in Wales is expected to increase at a CAGR of 3% over the next 20 years (from 21,488 beds to 38,070 beds)**



Source: 1901 to 2001-Census Data. 2002 to 2028-ONS 2008-based population projections.

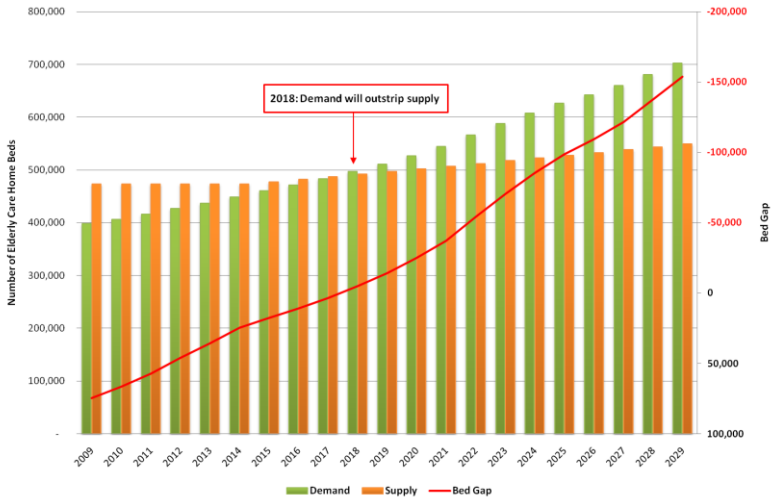
The increasing need for dementia care will significantly alter the type of long term care needed and will have an impact on future supply requirements.

6. UK Elderly Care Bed Gap & Home Care Effect

Elderly Care Bed Gap

- Demand for elderly care home beds will outstrip supply by 2018
- The bed gap is projected to increase to 112,733 beds by 2029
- Shortage of approximately 1,409 elderly care homes by 2029 (assuming care homes of 80 beds)

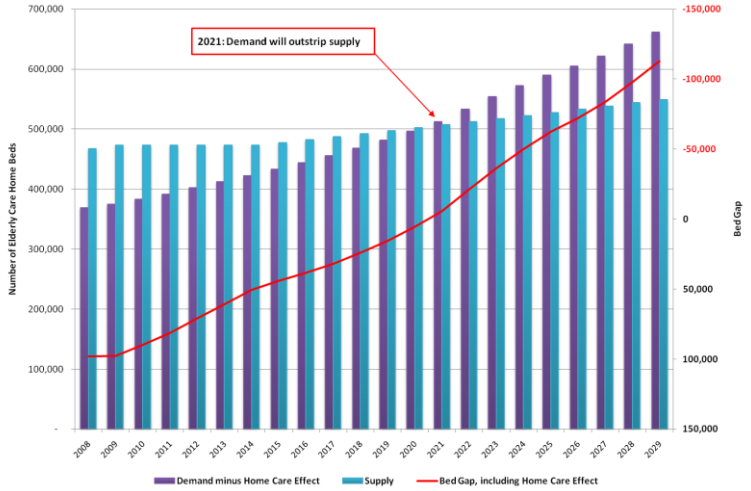
Projected Demand, Supply & Bed Gap of Elderly Care Home Beds in the UK, 2009 – 2029



Home Care Effect

- Taking into account the 'Home Care' effect, demand projections adjusted by applying a negative per annum growth rate of 5.8%
- The net effect of home care will delay the under-supply of beds by 3 years to 2021

Projected Demand, Supply & Bed Gap of Elderly Care Home Beds (with Home Care Effect) in the UK, 2009 – 2029

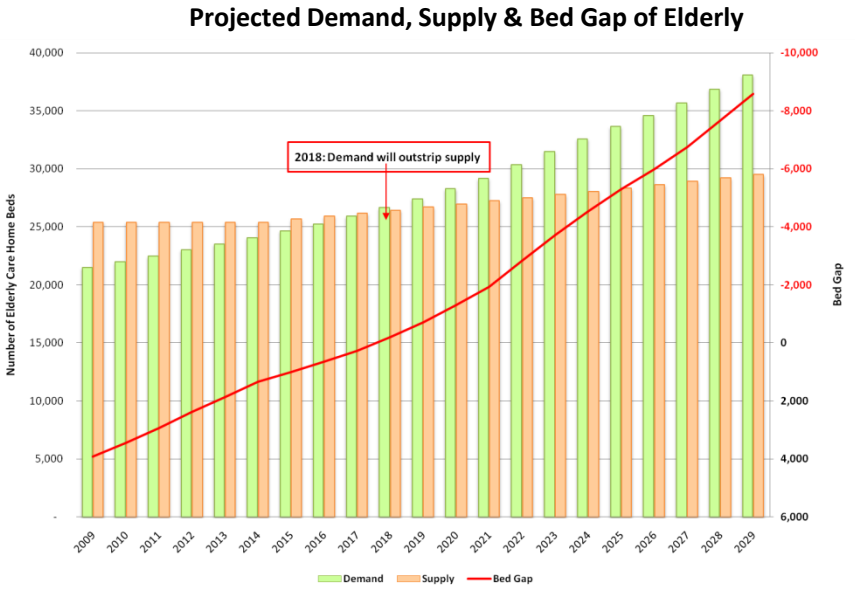


Source for both charts: RESEC Calculations

7. Wales Elderly Care Bed Gap & Home Care Effect

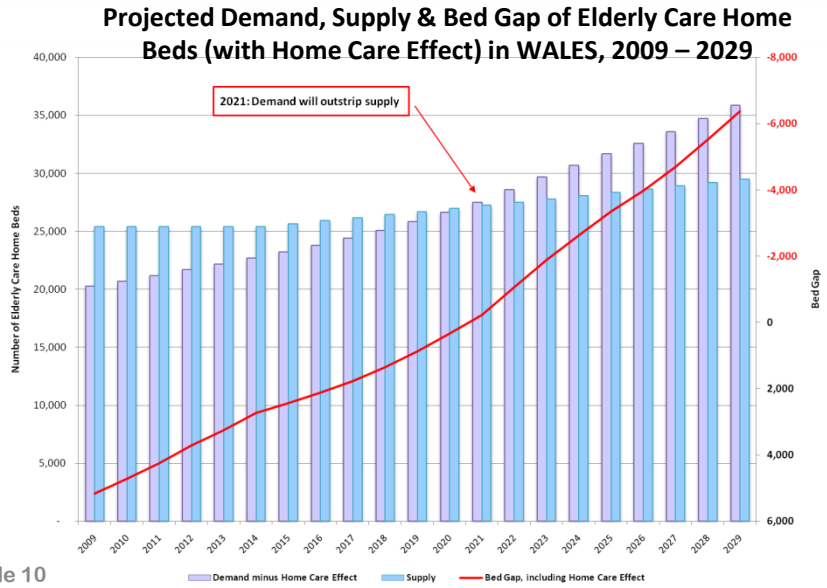
Elderly Care Bed Gap

- Demand for elderly care home beds will outstrip supply by 2018
- The bed gap is projected to increase to 8,579 beds by 2029
- Shortage of approximately 107 elderly care homes by 2029 (assuming care homes of 80 beds)



Home Care Effect

- Taking into account the 'Home Care' effect, demand projections adjusted by applying a negative per annum growth rate of 3%
- The net effect of home care will delay the under-supply of beds by 3 years to 2021



Source for both charts: RESEC Calculations

8. UK Cost of Elderly Care Bed Gap

Cost of building new infrastructure

- In order to keep up with the projected demand requirement, the care industry will need to invest over £8.5 billion by 2029 (assuming construction costs of £75,000/bed)
  - This does not include the up-grading and upkeep of existing facilities

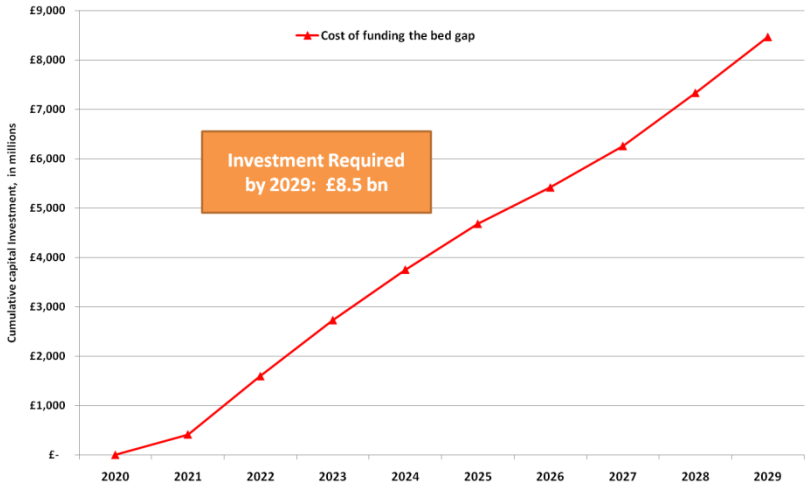
Low Quality Stock

- 68% of existing homes are not purpose built
- Assuming that 10% of the existing stock is un-fit for future use, the investment need increases to £12.59 billion in 2029
- Need to replace that stock becomes more urgent as investment will be required as at 2014

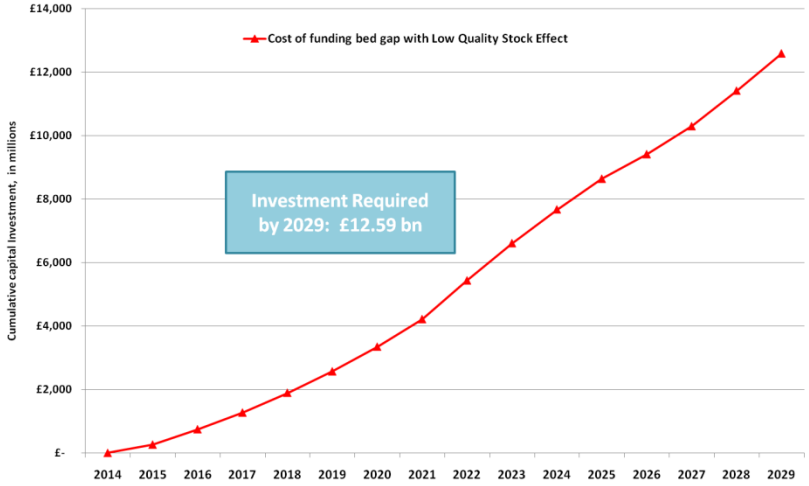
Total investment required over the next 20 years:

£12.59 billion

Capital Investment Required to Fund Gap in UK Elderly Care Beds, 2009 – 2029



Capital Investment Required to Fund Gap in UK Elderly Care Beds and Replacement of Low Quality Stock, 2009 – 2029



Source for both charts: RESEC Calculations

9. Wales Cost of Elderly Care Bed Gap

Cost of building new infrastructure

- In order to keep up with the projected demand requirement, the care industry in Wales will need to invest over £478 million by 2029 (assuming construction costs of £75,000/bed)
  - This does not include the up-grading and upkeep of existing facilities

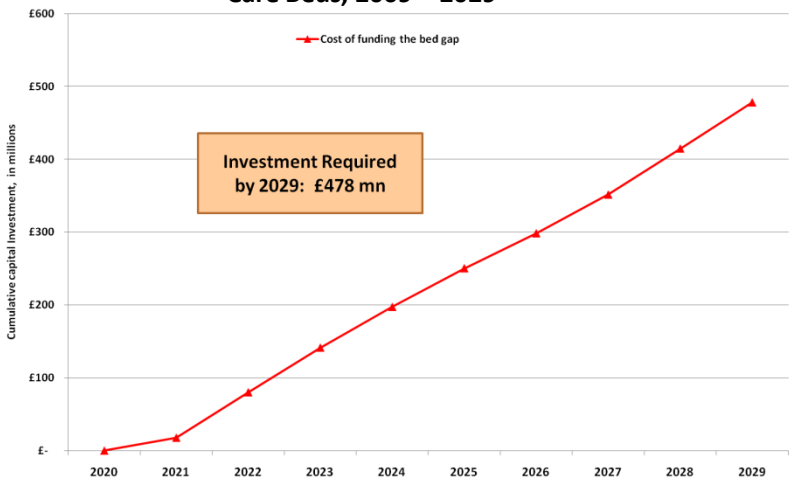
Low Quality Stock

- 68% of existing homes are not purpose built
- Assuming that 10% of the existing stock is un-fit for future use, the investment need increases to £700 million in 2029
- Need to replace that stock becomes more urgent as investment will be required as at 2014

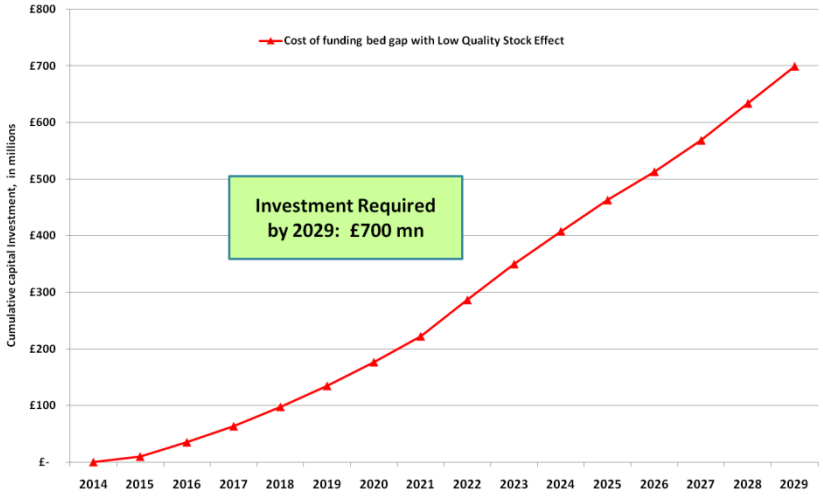
Total investment in Wales required over the next 20 years:

£700 million

Capital Investment Required to Fund Gap in Wales Elderly Care Beds, 2009 – 2029



Capital Investment Required to Fund Gap in Wales Elderly Care Beds and Replacement of Low Quality Stock, 2009 – 2029



Source for both charts: RESEC Calculations

10. Conclusions

- The increasing proportion of old people is fundamentally shifting the nature of the elderly care industry, which is primarily due to the changing needs of users
- Initiatives like home care can at best provide limited reprieve, but it will not have a long term impact on the changing patterns of the care industry
- Substantial investment (approximately £12.59 billion) will be needed in the elderly care sector to adequately provide required services and to cover future demand

THANK YOU

Q & A

For data and sources please refer to ‘Elderly Care in the UK:
Forecasting the need for care home beds: A discussion paper prepared for consideration by RESEC’. June 2010.