

7 December 2017

Response from the Royal College of Nursing Wales to the consultation on the Finance Committee's inquiry into the cost of caring for an ageing population

The Royal College of Nursing Wales is grateful for the opportunity to respond to the inquiry into the cost of caring for an ageing population. As set out in the terms of reference, this inquiry is being conducted in the context of enormous strategic and financial challenges, and the Royal College of Nursing welcomes the Committee's consideration of these important issues. We would like to raise a number of issues in relation to the terms of reference:

Financial impact of current Welsh Government policies (including changes to legislation)

- I. Increasing amounts of care is being provided in primary, community and social care settings within local communities, and the Royal College is supportive of this approach to better meeting the needs of the population. Nurses have a critical role in these services, particularly in nursing care for the older person.
- II. During the consultation process for the Phase 2 Implementation of the Regulation & Inspection of Social Care (Wales) Act, we raised a number of concerns around the proposed regulations and guidance which had been drafted. These concerns related particularly to the staffing requirements of care homes delivering nursing care, and the proposal to no longer have a minimum requirement in relation to registered nurses working in care homes which include nursing care.
- III. One of our main concerns relating to this was linked to the potential for these proposals to increase pressure on other services, which already experience massive demand which outstrips capacity e.g. District & Community Nursing teams, and out-of hours teams. As well as increasing costs for these services, the changes would also be likely to lead to an inevitable increase in the number of unnecessary hospital admissions. With increasing levels of integration and interdependence between services, it is vital to understand that making changes to one area of service will likely impact other areas of service elsewhere, and there will inevitably be cost implications to this.
- IV. We were pleased that many of our concerns were heard and reflected in the revised regulations and guidance, although we would like to have seen them go further in some areas. There will now be a requirement that where an individual is assessed as needing 24-hour nursing care, there is a sufficient number of suitably qualified Registered Nurses deployed to work at the service at all times.

Costs of delivery of residential and non-residential care and the role of informal carers

- V. It is widely understood that there are existing challenges around the recruitment and retention of nurses into care settings. The Royal College of Nursing has been advocating innovative idea of placing nursing students in the homes of unpaid carers, thereby providing relief for carers who often receive little to no respite from their roles as carers, whilst also providing placements for nursing students. It is often acknowledged that there is a lack of variety in nurse training placements, particularly outside of hospital settings. These training placements would provide valuable exposure for student nurses to a different care setting, potentially encouraging more nurses to work in the care sector. Equally, it would also help to overcome another widely understood issue of the lack of support and help available to those with unpaid caring duties.
- VI. In addition to these training opportunities for nurses, there should also be the opportunity for unpaid carers to be recognised for the skills and expertise they possess through appropriate accreditation, providing qualifications and potential career opportunities providing nursing students with placements in the community provides a great opportunity for relieving pressures, giving unpaid carers the chance to gain qualifications. Not only would this give recognition to unpaid carers for the incredible job they do, it would also enable them to have a career beyond their immediate caring responsibilities in the longer term. The Royal College maintains that providing nurse training placements in unpaid carer settings could be a beneficial and cost effective model which could be rolled out across Wales.

Financial pressures on the social care system e.g. increases in wages

- VII. In relation to wage increases, it is important to note that low or unfair pay is directly related with low workforce morale and reduced patient safety. Research from the Institute for Public Policy Research shows a pay rise for nursing staff would be good for the economy. It would generate extra GDP, return higher tax receipts and reduce welfare payments.¹ Any additional costs incurred from an increase to wages should therefore be viewed in the context of the wider benefits to the service overall. Also worth noting is that inadequate pay is linked to poor recruitment and retention of the workforce, which can result in health and care providers struggling to recruit and retain sufficient levels of nursing staff to provide safe and effective care for patients.

¹ IPPR 2017, *Lifting the cap: The fiscal and economic impact of lifting the NHS pay cap*, <https://www.ippr.org/research/publications/lifting-the-cap>

Reforms to the funding arrangements for social care

- VIII. In the recent consultation on Charging for Social Care, the Royal College maintained that it is essential that care remains affordable for all and that any price increases to the cost of non-residential care should not be the start of a series of ongoing charging increases, particularly as they are likely to affect the poorest in society most severely.

Prudent Health Care Principles

- IX. The Royal College of Nursing is very supportive of the Welsh Government's own commitment to the Prudent Healthcare Principles, and health and social care for older people should be delivered according to these principles. Whilst reducing costs should never be the driving force behind service change, if the four prudent principles are truly embedded in the system, then the quality and outcomes of care should be improved while the costs of delivering that care are reduced.
- X. For instance, it is widely maintained that co-production can create more cost-effective processes and lead to improved patient outcomes and experience. Similarly, whilst streamlining and improving services to improve their cost effectiveness usually requires up-front investment, if the prudent principles are applied, the money freed up from greater efficiency can be reinvested into improving quality of services for patients. The Committee may want to look at existing examples of prudent principles being put into practice with a view to measuring the cost benefits and/or implications.
- XI. Finally, the Royal College of Nursing would like state that although there is of course a cost associated with a population that is living longer, older people in society are a huge asset to our society and contribute significantly to the economy. It is important that a section of society is not viewed or portrayed as a financial 'burden' (as can sometimes be the case particularly with older people), but for the value that they bring to communities as well.

About the Royal College of Nursing

The RCN is the world's largest professional union of nurses, representing over 430,000 nurses, midwives, health visitors and nursing students, including over 25,000 members in Wales. The majority of RCN members work in the NHS with around a quarter working in the independent sector. The RCN works locally, nationally and internationally to promote standards of care and the interests of patients and nurses, and of nursing as a profession. The RCN is a UK-wide organisation, with its own National Boards for Wales, Scotland and Northern Ireland. The RCN is a major contributor to nursing practice, standards of care, and public policy as it affects health and nursing. The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.