

The Cost of Caring for an Ageing Population.

Lorraine Morgan is an independent consultant on ageing and all of her work and advice is voluntary. Her research and practice background has been in NHS, Housing and Social Care as an academic – with the lead for nursing and social care at the Open University in Wales until 2013, lecturer, and registered care home manager and Nurse manager. She is a Board member of a housing association (RSL) and member of the Expert Housing Group, Chair of a Stakeholder reference group for a Health Board and Chair of a new UK registered charity, Action for Elders based in Wales. She is vice chair of Greater Gwent Citizenship Panel and Co-opted Health Advisor to Care and Repair Cymru.

Since 2008 she has been a lay appointed member of the Ministerial Advisory Forum on Ageing.

Her views expressed are personal but based on her current focus which is the integration of housing into the health and social care agenda for older people in Wales.

Her comments are focussed on the terms of reference and the more qualitative issues which feed into the economics of care.

CONSULTATION COMMENTS - Terms of Reference bullet points are in italics.

1. *TOR overarching Aim: The purpose of the inquiry is to assess, in the context of the major economic and strategic challenges facing the Welsh Government in its development of policy, the financial impact of the cost of caring for an ageing population.*

The title disturbs me in the light of the current agenda for integration and use of the word “caring”. In light of the Strategy for Older People and Ageing surely the term should be ‘Caring and support’.

Also, it is very important to recognise and emphasise that the social care provided in Wales **includes** healthcare in the form of care home nursing (care home nurses have a statutory duty of care for health care which is a part of nursing care), and this also includes the personal care that may be provided by the delegated care support workers in care homes providing nursing. Nurses also have a duty to identify health care need from allied health professionals. The requirement for physiotherapy, occupational therapy, chiropody, dietetics, preventative dentistry as well as treatment, as equally available to care home residents as well as people living in their own homes is a known problem of equity and access – identified by the Older People Commissioner recently. Medical Care is provided by General Practitioners and this is also discussed in detail within several Older People Commissioner reports. All this needs to be included in the costing.

2. *To examine patterns in demand for social care services for those of pension age and the related costs of delivery of residential and non- residential care, taking account of the role of informal carers who provide unpaid services to those requiring care;*

a) If you define social care then this is all about the care provided for people to live well in their own environment. Social Care “concerns itself with helping people live their lives comfortably, particularly those people who require a certain degree of extra practical and physical help. Social care workers endeavour to provide this service of practical support with a view of helping individuals maintain their independence, to increase their quality of life and to help them lead fuller more enjoyable lives.”

b) So much of this “care and support” provided occurs in peoples’ own homes – some homes being provided by housing associations and private housing providers or indeed for older

people or people with specific needs requiring support for ordinary living skills in sheltered and extra care housing. It is crucial that RSLs are formal members of the Regional Partnership Boards Strategy group. This has been raised several times but is still not in place.

c) There is still a lack of understanding by, in particular, medical and nursing professions as to what can be provided in residential care – nursing and purely residential. Social Care Wales as the social care and social work regulator requires as mandatory that social workers in their qualifying degree learn about ageing and the life course whilst, for instance, registered nursing degree in Wales does not. This therefore has an effect on how nurses perceive care homes, cost and practice as well as ageing. Into this mix is the role of Community Nursing and how they support residential homes – this is a joint cost and must not be left out of the costing.

d) Now that there are RSLs building and managing care homes for residential care and nursing care it is important to understand the differentials for the shareholders in a private company with many homes and individual RSLs with one or two Care homes and a not for profit focus.

An example - Only recently the residential home where my father was living until 2015 was closed down in 2016. It was a registered charity with excellent Inspection Reports and a founder member and supporter of the My Home Life Cymru group of homes. It was one of the oldest residential homes in Wales – having been open for over 40 years. It closed down in 2016 because Torfaen and Newport Councils had their own approved providers and their own homes so needed to fill those places first. This denied choice for potential residents and also denied the fact this Charitable Home had flawless Reports whilst some of the Council Homes had significant regulatory omissions and poor reputations. NB This evidence can be found on CSIW website.

3. To examine the financial pressures on the social care system, such as increases in wages, automatic pension enrolment and staff recruitment and retention difficulties, including the related financial impacts arising from the UK leaving the European Union;

Whilst it is important to identify the real costs of providing social care this needs to reflect the full cost and full benefit. For example, there is still a large problem of Delayed Transfers of Care and Health Boards have just not moved fast enough to look at different models of care and support for rehabilitation and reablement. For instance, they have not used care homes and ExtraCare housing to develop a rehabilitation model. Wanless identified working in a different way and yet this is again repeated in the Parliamentary Review of Health and Social Care.

4. To consider the financial impact of current Welsh Government policies - including recent social services legislation and reforms to social care funding - on local authorities, care providers and service users;

See the example I provided in 2. I am encouraged by the work in my local Regional Partnership Board (of which I am a Citizen and Carer rep) on pooled budgets. This is a real opportunity to design a care home market that will benefit older people as much as it will benefit the funders of these services – in line with the policy agenda in Wales which focuses on the citizen and partnership. I would be encouraged by more not for profit and co-operative models of domiciliary and care home provision.

5. To consider future social care needs and related costs, including the projected increase in the proportion of the population of Wales of pension age;

See my comments above in terms of what is ‘social care’, integration and partnership models as well as value based care (see VBC in Aneurin Bevan UHB).

6. To assess the fiscal levers available to the Welsh Government to reform the arrangements for funding social care. This will include the consideration of alternative models, including international examples, for the funding of social care to ensure a good quality, fair and sustainable service in a time of increasing demands on the health and social care systems;

I look forward to seeing how we can move further on by genuinely adopting a different way of care provision which is evidence and values based and based on the best practice we can find. It is nearly 20 years since I commented on the Royal Commission on Long Term Care and since then developments have not been planned well in advance, little real strategic direction, and been piecemeal. Having a Minimum Care Standards in the previous legislation which did not include anything on the “Quality” of care has meant the focus has been on buildings and process.

There is no Leadership from Welsh Government on Care Home Nursing – hence it is arguable that without some recent local nurse leaders care home nursing would still be without support and not evidence based – which is a statutory requirement for nurses. No guidance is issued for good practice nursing models (see Older People Commissioner latest report). It is also argued that because care home nursing is not valued within the nursing profession it cannot show its real cost to the benefit of older peoples’ health and well-being.

Finally, the Dilnot enquiry to which I contributed as a member of the National Partnership Forum for Older People was a great way to move forward on this and it was very disappointing about the lack of interest from Westminster government. This, I realise did affect how Welsh Government could respond positively so this planned work is very welcome.

7. To consider the findings and conclusions of the Parliamentary Review.

Please see my comment above about the involvement of Registered Social Landlords in the strategic development and planning from the Regional Partnership Boards. Also, that we must move quickly on this. Older People in Wales have benefited from some great action following the Strategy for Older People and let us continue with us through a clear and final action on a policy on the costs for care for an ageing population. We have delayed this for older people for far too long.

Lorraine Morgan – January 30th 2017.