

Agenda – Finance Committee

Meeting Venue:

Committee Room 3 – Senedd

Meeting date: 21 March 2018

Meeting time: 09.00

For further information contact:

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Committee Clerk

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1 Introductions, apologies, substitutions and declarations of interest

(09.00)

2 The Cost of caring for an ageing population: Evidence session 3 (Age Cymru and Carers Trust Wales)

(09.00–09.50)

(Pages 1 – 37)

Victoria Lloyd, Interim CEO, Age Cymru

Kate Cubbage, Senior External Affairs Manager, Carers Trust Wales

Paper 1 – Written evidence: Age Cymru

Paper 2 – Written evidence: Carers Trust Wales

3 The Cost of Caring for an Ageing Population: Evidence session 4 (Care Forum Wales)

(09.50–10.30)

(Pages 38 – 53)

Mary Wimbury, Chief Executive, Care Forum Wales

Mario Kreft, Chair, Care Forum Wales

Sanjiv Joshi, Board Member, Care Forum Wales

Paper 3 – Written evidence: Care Forum Wales

4 The Cost of Caring for an Ageing Population: Evidence session 5 (Older People's Commissioner for Wales)

(10.30–11.10)

(Pages 54 – 87)

Sarah Rochira, Older People's Commissioner for Wales



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Paper 4 – Written evidence: Older People’s Commissioner for Wales

5 Motion under Standing Order 17.42 to resolve to exclude the public from the remainder of the meeting

(11.10)

6 The Cost of Caring for an Ageing Population: Consideration of evidence

(11.10–11.20)

7 Consideration of forward work programme

(11.20–11.40)

(Pages 88 – 94)

Paper 5 – Forward work programme

8 Legislative budget process – scoping paper

(11.40–12.00)

(Pages 95 – 100)

Paper 6 – Legislative budget process – scoping paper

9 Tax Collection and Management (Wales) Act 2016: Tax Statutory Instruments

(12.00–12.10)

(Pages 101 – 105)

Paper 7 – The Tax Collection and Management (Landfill Disposals Tax Records) (Wales) Regulations 2018

[The Tax Collection and Management \(Landfill Disposals Tax Records\) \(Wales\) Regulations 2018](#)

[The Tax Collection and Management \(Landfill Disposals Tax Records\) \(Wales\) Regulations 2018 – Explanatory Memorandum](#)

Paper 8 – The Tax Collection and Management (Wales) Act 2016 (Consequential and Supplemental Provisions) Regulations 2018

[The Tax Collection and Management \(Wales\) Act 2016 \(Consequential and Supplemental Provisions\) Regulations 2018](#)

[The Tax Collection and Management \(Wales\) Act 2016 \(Consequential and Supplemental Provisions\) Regulations 2018 - Explanatory Memorandum](#)



Consultation Response

The Cost of Caring for an Ageing Population

Finance Committee

January 2018

Introduction

Age Cymru is the leading national charity working to improve the lives of all older people in Wales. We believe that older people should be able to lead healthy and fulfilled lives, have adequate income, access to high quality services and the opportunity to shape their own future. We seek to provide a strong voice for all older people in Wales and to raise awareness of the issues of importance to them.

We welcome the opportunity to respond to the Finance Committee's Inquiry into the Cost of Caring for an Ageing Population.

We would like to make the following comments in relation to the terms of reference cited for the Inquiry:

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;

1. By 2019, the population of Wales aged 65-84 years is expected to rise by 27% and the population aged 85+ years, by 127%¹.
2. In Wales, healthy life expectancies are increasing, but the number of years spent living with poor health is also increasing². Public Health Wales states that men and women are likely to spend on average 17 and 20 years respectively living in poor health. Worryingly, differences in both life expectancy and healthy life expectancy between different areas in Wales are not reducing. In fact, men and women in the most deprived areas of Wales

¹ Public Health Wales Observatory (2018) Health and its determinants in Wales.

² Public Health Wales Observatory (2018) Health and its determinants in Wales.

spend approximately 19 and 18 years less in good health respectively, and die on average 9 and 7 years earlier respectively, than those living in the least deprived areas³.

3. The instance of diseases people in Wales are living with is changing. Although the number of disability adjusted life years (DALYs) due to cardiovascular disease has fallen by 42% over the last 26 years, there has been a rise of 25% in DALYs associated with neurological conditions including dementia. 45% of adults aged over 75 in Wales report having two or more long term illnesses.
4. Wales Public Services 2025 states that local authority spending on social care for older people is not keeping up with population growth. It estimates that spending may need a 2.5% year-on-year increase until 2021 to return to the per head spend in 2009 - 10⁴. Although spending on local authority adult social care since 2009 has remained static in Wales, the growing number of older people means that spending per older person has actually fallen by over 12%.⁵
5. The statistics cited above indicate that demand for residential and non residential care will undoubtedly increase. Social care has historically suffered as a consequence of under-funding and this situation has been further aggravated in recent years as a result of widespread reductions in public sector budgets. The continued provision of good quality social care is unsustainable without a significant investment of funding to address the issue of persistent under-investment.
6. Although it is clear that caring for Wales' ageing population will require significant investment, the cost of not caring could be much higher. A failure to invest in services that keep people safe and healthier for longer will undoubtedly increase pressure on emergencies services, already struggling to cope with demand. (More than 82,500 people went to A&E in the month of November 2017, an increase of just over 2,660 compared to November 2016⁶).
7. In order to maintain the cost of caring at a manageable level, the Welsh Government must ensure that older people in every part of Wales can access effective hospital discharge programmes, support for carers and locally managed preventative services that are agile and responsive to need.

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⁴ Wales Public Services 25 (2017) A delicate balance? Health and Social Care Funding in Wales.

⁵ Wales Public Services 25 (2017) A delicate balance? Health and Social Care Funding in Wales.

⁶ NHS Confed (2017) Available @ <http://www.nhsconfed.org/news/2017/12/numbers-of-people-attending-accident-and-emergency-in-wales-are-up>

8. Informal carers

The increase in the number of years people spend in poor health will inevitably place additional pressures on unpaid carers. According to recent figures there are more than 370 000 carers⁷ living in Wales, representing 12.1% of the Welsh population. It is estimated that unpaid carers save the economy £8.1 billion a year⁸.

9. Too often in these financially difficult times, carers are increasingly relied upon to fill gaps in provision. As eligibility criteria has tightened year on year, fewer and fewer people are eligible for state-provided social care. Sadly, many carers and those they care for do not receive help until they are at crisis point. By this stage, not only are the health – physical and mental – and the financial future of the carer deeply compromised, but the required intervention is significantly more costly and intensive than preventive measures implemented at an earlier point. Carers play a vital role, both economically and socially. The health and social care systems simply could not cope without them. Reliance on carers is not a sustainable basis for meeting growing demand. Without adequate support for carers, pressures on the NHS and the social care system can only continue to grow.
10. Age Cymru believes that the Welsh Government must make greater provision for older carers across Wales in order to ensure they achieve an acceptable quality of life, in terms of mental and physical health and wellbeing, and opportunities for social and financial inclusion.

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

11. Commissioning practices are fundamental to ensuring good quality social care is provided. One area in which difficulties have been evident in recent years has been with the practice of task and time based commissioning.
12. Commissioning needs to shift to an outcomes-based approach, reflecting the intention of the Social Services and Well-being Act. Purchasing care in units of time, or simply according to cost, makes it increasingly difficult for staff to delivery good quality care and preserve the dignity of the person being supported.

⁷ Carers Trust (2018) Wales Available @ <https://carers.org/country/carers-trust-wales-cymru>

⁸ Carers Trust (2018) Wales Available @ <https://carers.org/country/carers-trust-wales-cymru>

13. The price paid to the service provider by the local authority also has implications for the terms and conditions of those employed in the sector, and can impact upon recruitment, retention and staff morale. Social care is a sector in which zero hours contracts and the minimum wage are widespread. As a consequence, recruitment and retention of staff are both difficult, undermining the ability to provide good quality care. There are also implications for the ability to provide continuity of care. This is especially problematic in light of the fact that a growing number of those receiving support are living with dementia. Providing appropriate care to people with dementia requires continuity in terms of the staff providing care, as unfamiliar faces can lead to confusion, fear and even an exacerbation of difficult behaviour.
14. It is clear that the commissioning process needs to be led by people who have knowledge about, and experience of, the personal care services that they are commissioning. Without appropriate knowledge, there is a continued risk that the level and type of service commissioned are unsuitable to provide the necessary support to those on whose behalf they are being commissioned.
15. Domiciliary care services face a number of challenges if they are to provide a high quality service to the vulnerable older people of Wales. The care they provide is not 'basic', which suggests low-level, but rather 'fundamental' – essential to an older person living a more independent life and maintaining their dignity. The relationship between quality and dignity is critical – it is not just about what support is provided, but about the way in which it is provided. We have high expectations of our domiciliary care workers, which are not reflected in the way in which the role is viewed in broader terms. It is a difficult job yet society does not always appear to value the contribution these essential workers make in providing care for the vulnerable.
16. Conducting difficult work for low pay creates problems in recruitment and retention. Indeed, it is a testament to the dedication of many domiciliary care workers that they continue to do their job. Low pay, in combination with the perceived low social status of the role, is off-putting for many. This problem will only exacerbate the difficulty of delivering quality care as demand grows.
17. A high turnover within the work force is viewed as a significant factor exacerbating threats to the human rights of older people. Many of the issues that make it difficult to recruit domiciliary care workers also make it difficult to retain domiciliary care workers, especially when the difficulty of the role is not adequately compensated in comparison with jobs in other sectors that appear to be easier and which receive equal or higher levels of pay.
18. A core element of both recruiting and retaining domiciliary care workers is to

improve the terms and conditions relating to the role, to make the job both more attractive and also more competitive with the terms and conditions offered in other sectors to which staff could be lost, for example retail.

19. However, it is not clear that terms and conditions can be improved sufficiently to make the role more attractive to people without tackling the difficulties relating to commissioning processes and sustainable funding that must underpin improvement in those terms and conditions and provide sufficient rewards and incentives for undertaking a challenging role.

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; (section from Crisis in Care.)

20. Paying for care

Regulations derived from the Social Services and Well-being Act aim to introduce a single framework for both residential and non-residential care with regard to financial assessment and charging. However, there is a fundamental debate over the basic fairness of charging people for the care and support they have been assessed as needing. Age Cymru's longstanding view is that a far more equitable system would be to ensure that care services are provided free at the point of use in the same way as NHS services. This would ensure that care is available to everyone at their time of need and spread the cost of care services across the population, instead of the cost simply falling on those people unfortunate to develop care needs.

21. Currently in Wales there is a maximum weekly charge for non-residential care, which increased from £60 to £70 per week in April 2017. This policy represented a clear step forward in seeking to make non-residential care services affordable and eliminating large amounts of regional inconsistency in charging levels and practices. Paying for residential care in later life is a cause of concern for many older people wishing to pass on a financial legacy to the next generation. Consequently, Age Cymru recognises that the proposed increase to the capital limit will be welcomed by many. Although the local government financial settlement provided £4.5m to fund the commitment of increasing the capital limit used by local authorities that charge for residential care, our key concern is to ensure that the social care system is funded to meet the needs of our ageing population.

22. Eligibility criteria

Age Cymru has concerns about how the eligibility criteria contained within the Social Services and Well-being Act is being implemented by local authorities. The new criteria states that people are only eligible for care and support if their needs 'can and can only' be met by social services. However we have

heard from older people who feel that the assessors have made unreasonable assumptions about their ability to cope without formal support.

23. For example, Mrs G's husband was discharged from hospital with advanced dementia but no care assessment was carried out. Unable to cope without night time support, Mrs G arranged for a private care service to assist her husband for several nights per week. The bill for this support was over £2000 a month. When Mr G was finally assessed, the care plan did note the need for night time care, but did not treat this as a responsibility of the local authority as it was judged that the family had managed to cover these requirements themselves. The expense of this privately arranged care meant that Mrs G tried to carry out as much of the care responsibility as she could manage, a situation she found very difficult. (See appendix 1 for case study).
24. Mrs G's lack of formal support and respite had a very negative impact on her health and well-being and she confessed to feeling lonely and desperate. Our concern, illustrated by this case, is that unreasonable assessments made by local authorities about the level of support needed, are pushing more and more individuals and carers to crisis point, ultimately costing the NHS more. The aim of the eligibility criteria is to increase access to and use of locally based preventative services, but we fear that it is actually being used as a means to deny much needed formal support.
- 25. Residential care 'top up' charges**

People entering residential care should have choice over their accommodation. In reality, choice is often limited, particularly in rural areas. Older people can be placed in a situation where there are no places available within a close proximity of where they or their family members live at a rate that their local authority is willing to pay. This can result in people being faced with little actual choice, and having to arrange third-party top-up payments in order to stay living locally or moving to an unfamiliar location that may be far away from friends and family.
26. Although the Social Services and Well-being Act's Code of Practice⁹ requires authorities to assess an individual's and their relatives' ability to pay prior to placing a person in a home requiring third party payments, it is nevertheless found that relatives can be issued with unexpected bills. Age Cymru has been informed that even relatives in receipt of welfare benefits have been asked to contribute to their relative's care costs. It appears that in some cases, local authorities are failing to explain the requirement for relatives to pay top ups

⁹ Social Services and Well-being (Wales) Act 2014: Part 4 and 5 Code of Practice (Charging and Financial Assessment), Welsh Government (version 2 – April 2017)

and are simply passing the additional payment requirements to relatives without their prior agreement or knowledge. (See appendix 2).

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

and

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;

27. The Institute of Welsh Affairs has predicted that the number of people aged 65 and over receiving residential care services would increase by 82% between 2015 and 2035, and the numbers receiving community based services by 67%. However the Welsh Government's *Assessments and Social Services for Adults in Wales, 2015-16* shows that;

- the provision of adult community-based care services is falling year on year
- the provision of home care is falling year on year and
- the provision of respite care is also falling.

28. Age UK has drafted these principles for reform which Age Cymru supports:

- A guarantee of sufficient quality and quantity of care for low income older people
- New financial products to meet the remaining costs of care for middle to high income older people, such as private insurance
- Payments to support the additional costs of disability continue to be available on a non means-tested basis as a national, legal entitlement
- Adequate funding for advice, assessment and support to arrange services
- An end to age discrimination in the provision of care and support
- A system which supports rather than penalises families and carers
- Alignment with the NHS and other local government services such as housing support
- A flexible system which gives users control and permits different types of care services, such as advocacy, to develop.

29. Reform cannot be achieved without a large investment of new money.

If we merely maintain the current funding level, the projected rise in older people living with complex needs means that we will cause misery and danger for hundreds of thousands of frail older people.

30. The Health Foundation found that adult social care funding in Wales as a whole (i.e. younger adults as well as older) would need to rise by 4% each year to a near doubling by 2030 and pushing spending up to £2.3 billion. Wales Public Services 2025, also found that local authority spending per older person has declined over the last seven years by around 13% and that £134 million a year more would be needed by 2020-21 to get back to 2009-10 per-capita levels¹⁰.

To consider the findings and conclusions of the Parliamentary Review

31. Age Cymru welcomed the Parliamentary Review of Health and Social Care and its finding that too much care is reactive. Although we have stated earlier in this response that local authorities seem to be struggling to implement the Social Services and Well-being Act, adherence to the legislation which promotes preventative services should prevent families and individuals from reaching crisis point and save money in the long term.
32. We therefore support the Review's recommendation that '*care should be organised around the individual and their family as close to home as possible, be preventative with easy access and of high quality.....delivering what users and the wider public say really matters to them.*'
33. We also fully support the vision of a '*one seamless system for all.*' In our response to the Parliamentary Review, Age Cymru recommended that this could be achieved by the following steps;
 - Regional partnership boards must identify areas where pooled budgets and joint commissioning can be effective by increasing the focus on the provision of person-centred care.
 - The Welsh Government, local authorities and other funders must work together and with third sector organisations, to ensure that the preventative services they provide are maintained on a sustainable footing.
 - Where successful pilot programmes have been implemented, local authorities, local health boards and NHS Trusts should ensure the good practice developed is identified and shared across Wales.

¹⁰ Wales Public Services 2015 (2017) A delicate balance? Health and social care spending in Wales.

- Local authorities and local health boards should develop effective mechanisms for the sharing of information and data.
- Older people need to be at the centre of all decisions and developments that impact upon their health and well-being including the social care that they receive.

Appendix 1

Case study regarding eligibility criteria

Mr G is in his 80s, has dementia, severe mobility difficulties and is heavily reliant upon his wife for personal care throughout the day and night. When Mr G was discharged following a lengthy period in hospital, Mrs G (also in her 80s) was told her husband would require two night time carers, as well as daytime care provision.

Although Mr G was assigned a social worker for a short period after discharge, a care needs assessment was not carried out for over 8 months. The couple were not provided with the resulting care plan for over 6 months and although the local authority claimed a financial assessment had been carried out, it was never located.

Unable to cope without night time support, Mrs G arranged for a private care service to assist her husband for several nights per week. The bill for this support was over £2000 a month. When Mr G was finally assessed, the care plan did note the need for night time care, but did not treat this as a responsibility of the local authority as it was judged that the family had managed to cover these requirements themselves.

The expense of this privately arranged care meant that Mrs G tried to carry out as much of the care responsibility as she could manage, a situation she found very difficult. Despite this, the authority did not assess her needs as a carer until Age Cymru's intervention, whereupon social services arranged and paid for night time care provision for two nights per week as a means to allow Mrs G to rest. This took place over a year after her husband's original discharge from hospital.

Appendix 2

Case study regarding top up fees for residential care

Over the last few years Trish's mother, who is living with dementia, became increasingly confused and was often found wondering the streets of Cardiff, sometimes without a coat. As her condition worsened, it became clear that she could no longer cope with living on her own.

Trish contacted Cardiff Social Services and explained that her Mum's case was now an emergency and that she needed to be placed in a home that would offer some form of safety and security. A temporary place was found for her at a care home, albeit at the opposite side of the City.

Trish's Mum was then assessed by Cardiff Social Services and found to be in need of stimulating activities because of her levels of intelligence, as well access to her own shower and toilet due to previous surgical procedures.

Three care homes in Cardiff were found to be suitable but Cardiff Social Services stated that Trish would need to agree to pay a top up fee of £550 a week before her mum could move in. Trish's financial situation means that she has no way of meeting such a 'top-up fee. Instead the local authority suggested a number of care homes that did not match the assessed needs of her mother.

Trish's mother was forced to spend 10 weeks in a care home that did not meet her specific needs. Her communication skills deteriorated and she lost the means to undertake simple tasks such as using a door handle.

Finally, after a raft of letter writing and a series of frantic telephone calls, the local authority agreed to pay the top-up-fee for Trish's mother which allowed her to move into a home that can deal with the complex needs of advanced dementia. As a result, Trish's mum is now physically active, communicative and content.



Cost of caring for an ageing population

Carers Trust Wales exists to improve support, services and recognition for unpaid carers in Wales. With our Network Partners – local services that deliver support to carers – we work to ensure that information, advice and practical support is available to carers across the country.

Carers Trust Wales delivers practical support and information to carers and to those who work with them including: schools, social workers, nurses, pharmacists and physiotherapists. We also seek to influence decision-makers, the media and the public to promote, protect and recognise the contribution carers make, and the support they deserve.

We welcome the opportunity to contribute to the Finance Committee's inquiry into the cost of caring for an ageing population.

Whilst we are not best placed to comment on all aspects of the inquiry's terms of reference in detail, we believe that the below evidence falls within the scope of the inquiry, providing a broad insight into the challenges facing un-paid carers in Wales.

Key recommendations:

- Develop mechanisms to support uptake of Carers Allowance so it is actively encouraged and promoted in Wales and consider the potential benefits of seeking to devolve relevant legislative tools to Wales (including Carers Allowance)
- Introduce a national Carer Well-being Fund to provide for greater flexible 'respite' and breaks for carers across Wales, coordinated by the third sector and delivered in partnership with local authorities and local health boards.
- Press the Welsh Government on the capacity and ability of local authorities and health boards to deliver the duties outlined for carers in the Social Services and Wellbeing (Wales) Act
- A significant shift in funding to support local authorities deliver preventative services and long-term consideration of the role of the third sector in planning to support older carers over the next 30 years

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;

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

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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;

Scale of the contribution made by carers

1. 3 in 5 of us will become a carer at some point in our lives. There are millions of unpaid carers providing support across the UK with the last census showing that there are at least 370,000 in Wales: the highest proportion of carers in the UK.¹
2. In almost every category, Wales has the highest proportion of carers in the UK – including the highest proportion of older carers and the highest proportion of carers providing over 50 hours of care a week.
3. One in five people aged 50–64 are carers in the UK. 65% of older carers (aged 60–94) have long-term health problems or a disability themselves. 68.8% of older carers say that being a carer has an adverse effect on their mental health. One third of older carers say they have cancelled treatment or an operation for themselves because of their caring responsibilities.²
4. Unpaid carers contribute £8.1 billion to the Welsh economy each year (this is calculated at the cost of an hour of unpaid care being paid at the minimum wage) and it is important that this valuable contribution is recognised and appreciated.³

Support currently available

5. Whilst Welsh Government has made great progress towards better supporting carers through innovative policy and legislative change, recognition and implementation has been slow and inconsistent. Too often, there has been a failure to understand the complex relationship that exists between carers and services and the importance of developing systems and structures that recognise, support and empower carers both to deliver good care and to prioritise their own wellbeing and life goals.
6. Strong legal rights, for example those delivered through the Social Services and Wellbeing (Wales) Act, have yet to be consistently delivered to the spirit and letter of the law at the point of implementation. For example, Carers Trust Wales and our local Network Partners, have been made aware of waiting lists for carers needs assessments, low levels of awareness amongst carers of their entitlement to an assessment or a clear understanding of when an assessment has been

¹ <https://carers.org/key-facts-about-carers-and-people-they-care>

² <https://carers.org/key-facts-about-carers-and-people-they-care>

³ <https://www.carersuk.org/for-professionals/policy/policy-library/valuing-carers-2015>

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undertaken. In some cases, “what matters” conversations are being held instead of formal needs assessments and carers have reported being steered away from a needs assessment because services would not be available to meet support needs should they be formally identified.

7. Carers Wales’ Track the Act briefing provides clear evidence to support our concerns regarding the extent to which the Social Services and Wellbeing (Wales) Act is ensuring that Carers’ needs are being identified and met in all Local Authorities across Wales.⁴

Why supporting carers is a good investment

8. Carers are unpaid. Carers are not, however, “cost-free”. They require care and support in their own right to enable them to care without risking their work, health and wellbeing. It is important, when considering the cost of caring for an ageing population, that meeting the associated needs of unpaid carers is expressly factored in.
9. Carers’ own health and wellbeing needs are often exacerbated or caused because of their caring role.⁵ If carers’ health continues to deteriorate it will have a negative impact on their own wellbeing, and also the wellbeing of the person or people they care for. It may also have an impact on the health and social care services as they may be required to provide unplanned, emergency care to the people with care and support needs.
10. The un-paid work of carers props up the health and social care system in Wales⁶. If we do not move quickly to get the right support, to the right people, at the right time, significant additional pressures will inevitably be placed on health and social services as more and more carers feel forced to give up their unsustainable caring roles.
11. Supporting carers appropriately delivers benefits for carers and the people they care for. For example:
 - supporting carers by providing breaks and emotional support helps to prevent burnout and keep carers caring for longer;
 - working to encourage carers into or to continue in education improves their emotional well-being and personal fulfilment as well as widening their options for future employment, education or training;
 - involving carers in hospital treatment and clinical decisions improves communication and planning which results in better outcomes for both patient and carer.

⁴ <https://www.carersuk.org/files/section/5763/track-the-act-briefing-2-final-draft-year-1.pdf>

⁵ <http://static.carers.org/files/in-poor-health-carers-uk-report-1674.pdf>

⁶ <http://www.wales.nhs.uk/carers>

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However, too often carers are not supported in any of these ways.

12. The roles undertaken by carers are of clear benefit to the Welsh economy and contribute to easing pressure on local authorities and NHS Wales in a challenging financial climate. To maintain their caring role, and their own health and wellbeing, different carers need different kinds of support.
13. The specific support individual carers need to thrive will be as diverse as their circumstances. In our experience, this can range from requiring better information on managing medicines to having access to reliable services to provide a much-needed break from caring.⁷ However, the first step in delivering appropriate support will always stem from individuals and professionals being equipped with the information and tools they need to identify carers and to understand the barriers they face.
14. Failing to address the pressures currently facing carers will undoubtedly have economic consequences. Additionally, failure to change will risk the health, wellbeing, financial security and life chances of a whole generation of carers. Carers provide 96% of care in the communities of Wales and too often their own needs are not acknowledged or met⁸.
15. We believe that in order for vital health and social care services to survive carers and the services they rely on must be placed on a sustainable footing and given the tools to thrive.
16. In England, the Royal College of General Practitioners has worked with Baker Tilly to identify the social return on investment which can be made when CCGs invest in services which support carers. The study shows that this could equate to a saving of almost £4 for every £1 invested.⁹
17. Additionally, an Impact Assessment published by the Department of Health in England in October 2014 makes an estimate of the “monetised health benefits” of additional support for carers. This estimates that an anticipated extra spend on carers for England of £293 million would save councils £429 million in replacement care costs and result in “monetised health benefits” of £2.3 bn. This suggests, as a ratio, that each pound spent on supporting carers could save councils £1.47 on replacement care costs and benefit the wider health system by £7.88.¹⁰
18. The services carers receive and require are diverse and include a wide range of

⁷ https://carers.org/sites/files/carerstrust/related_documents/carerstrustwalesmanifesto.pdf

⁸ <http://gov.wales/about/cabinet/cabinetstatements/2017/carersfriendlywales/?lang=en>

⁹ <http://www.rcgp.org.uk/clinical-and-research/clinical-resources/carers-support.aspx>

¹⁰ Department of Health (2014) Impact Assessment (Carers)
http://www.legislation.gov.uk/ukia/2014/407/pdfs/ukia_20140407_en.pdf

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local and national services. Services include:

- information, advice and support
- short breaks
- replacement care
- palliative care
- employment support
- training
- benefit support.

The preventative value of these services, both in securing the well-being of individuals, and in avoiding additional costs to local authorities and local health boards, is well-established. For example:

A longitudinal study of 100 people with dementia found a 20-fold protective effect of having a co-resident carer when it comes to preventing or delaying residential care admissions¹¹

Carers providing more than 50 hours of care per week are twice as likely to report ill health as those not providing care. Wales has the highest proportion of carers providing more than 50 hours of care per week in the UK.¹²

19. One study found that problems associated with the carer contributed to readmission in 62% of cases¹³

20. Additionally, many carers are unaware of the extra financial support they are entitled to. In 2010, a working paper by the Department for Work and Pensions estimated that uptake of Carer's Allowance across the UK was around 65%.¹⁴

21. Out of carers surveyed, 9% had missed out on Carer's Allowance for 3–5 years, 10% for 5–10 years and 14% for over ten years, because they did not realise they were entitled to it.¹⁵

Prioritising and funding respite care

22. We know that carers value flexible breaks and respite care. Breaks can help to ensure that the carer remains well and is able to continue to provide care. The Social Services and Well-being (Wales) Act places carers on the same legal

¹¹ Banerjee, S, Murray, J, Foley, B, Atkins, L, Schneider, J, Mann, A (2003) Predictors of institutionalisation in people with dementia, *Journal of Neurology, Neurosurgery & Psychiatry* 2003, 74,1315–1316.

¹² <http://static.carers.org/files/in-poor-health-carers-uk-report-1674.pdf>

¹³ Williams, E, Fitton, F (1991) Survey of Carers of elderly patients discharged from hospital, *British Journal of General Practice*, 41, 105 –108.

¹⁴ https://carers.org/sites/files/carerstrust/related_documents/carerstrustwalesmanifesto.pdf

¹⁵ <https://carers.org/key-facts-about-carers-and-people-they-care>

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footing as those they care for, and places a duty on local authorities to promote and provide preventative services.

23. Despite this, services across Wales that provide quality breaks and respite for carers have been squeezed, and commissioning has focused increasingly on price rather than quality. We have also seen a significant decrease in individuals accessing day services or respite care since 2012.¹⁶
24. We believe that there would be value in introducing a national Carer Well-being Fund to provide additional breaks for carers across Wales, coordinated by the third sector and delivered in partnership with local authorities and local health boards.
25. Introducing a modest fund of approximately £1.4million a year would be able to generate over 53,000 hours of additional breaks for carers in Wales. This relatively small investment would also provide a powerful base upon which third sector preventative services could build and develop. Such a fund would have the long-term benefit of helping mitigate against additional or unsustainable demand on local health and social care services.

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;

26. We know that many unpaid carers could not manage without the high-quality support of paid care support workers. The government must ensure that enough paid staff are available to support carers – wherever these workers come from in the world.
27. Planning for the different scenarios possible after the UK leaves the European Union in March 2019 must be considered. Plans must be put in place to ensure that there is no rapid or sudden decrease in numbers of paid care support workers, as they help many carers get the break from caring that they need, or provide the reassurance to carers that the person they care for is having their needs met. It is vital for the health and wellbeing of unpaid carers to get a break from, or support with, their caring role. It is important that after Brexit, carers still have access to this support from paid care support workers.

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;

¹⁶ https://carers.org/sites/files/carerstrust/related_documents/carerstrustwalesmanifesto.pdf

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28. Funding for Carers services is insufficient, and narrowly restricted to the implementation of the Social Services and Wellbeing Act. It is also short term in nature and lacking in transparency at the point of allocation.
29. Consideration needs to be given to the cost benefit of properly mapping, commissioning and resourcing appropriate services throughout Wales. In particular, as highlighted above, it is important to more sustainably fund respite care and breaks.
30. Further funding is needed for respite and short breaks. This must be ring fenced to Local Authorities, and part of a long-term funding stream. We have been funded by Welsh Government to undertake a Wales wide study to investigate the ways in which flexible support (including emergency support and short breaks) could best be provided longer term. It is important that these report findings are used to deliver a step-change in the funding and commissioning of appropriate respite services for carers across Wales.
31. The challenges facing unpaid carers in Wales today are significant and have growing potential to impact on our public services if they are not robustly addressed. The demand on health and social care services is growing and projected to grow further still. If just a small percentage of carers stopped caring, health and social care services could easily become unsustainable. Supporting our unpaid carers is the definition of a preventative integrated health and social care service.
32. At a national level, in particular within Welsh Government, unpaid carers are largely considered within the parameters of the Social Services and Integration department. Current thinking, and policy development within other departments fails to be fully cognisant of the fact that public services, particularly our NHS, are increasingly being challenged by carer-related issues and will be challenged further still if carer relationships breakdown as a result of lacking support.
33. It is important to address the wider issues facing carers in a way that is mindful of the significant impact failing to support carers could have on the wider economy, health and social care services. There are significant social and economic advantages to supporting carers to live health and fulfilling lives. It is important that policy, legislation and practice work together effectively to deliver a truly carer friendly Wales.
34. We believe that a new Carers Act for Wales could be a key piece of legislation that could usefully bring together many of the unconnected strands of carer support and deliver some much-needed funding. Crucially, legislation would give Wales the opportunity to address some challenges in a clear and definitive way including:

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- delivering carers needs assessments
- informing carers about support
- supporting carers in education
- supporting carers in employment
- recognising carers as partners in the care of the person they care for in medical settings

35. Such legislation would build on the legislative progress already made by Welsh Government in social care by delivering more focus and funding to the carers elements of the Social Services and Wellbeing (Wales) Act.

A similar Act in Scotland is at pre-implementation stage but is already ensuring that the issues are being addressed jointly by different departments across Scottish Government.

It also includes elements designed to address many of the structural barriers to supporting carers in the longer term which we also face in Wales, such as:

- a lack of data collection for carers.
- a lack of identification of carers of all ages in a variety of contexts (including schools and healthcare settings).
- a lack of self-identification.
- a lack of information and support.

A Carers Act for Wales could help to deliver collaboration, joined up thinking and appropriate funding for many of the practical day to day requirements for local authorities in particular: how to fund, train and support delivery and promotion of carers needs assessments.

A Wales Carers Act would be an opportunity to address the issues in detail for the long term. Delivered properly, it would not only save public services huge sums of money, it would send out an important statement that Welsh Government is addressing and acting on a critical issue for the nation's future.

Additional information

Groups of carers with specific needs

36. It is important that the committee is mindful of some of the specific challenges facing older carers and carers of people with dementia when considering evidence in relation to this inquiry.

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Key Issues for Carers of People with Dementia

37. Carers Trust's research into the experiences and needs of carers of people with dementia, demonstrates clearly what the issues faced by this group of carers experience. A Road Less Rocky¹⁷, sets ten key crisis points when carers of people with dementia need specific, information, advice and support in their own right to prepare for and cope with their caring journey. These are:

- When dementia is diagnosed,
- When the carer takes on an "active" caring role,
- When the capacity of the person with dementia declines,
- When the carer needs emotional support and/or a break from caring,
- When the person with dementia loses their mobility,
- When the person with dementia has other health problems,
- When the carer has to cope with behavioural problems,
- When the carer's own circumstances change,
- When the person with dementia becomes incontinent,
- When decisions about residential care and end of life care have to be made

38. Carers are still going unidentified at an early enough point whereby they reach crisis point at one of these later points which has long term implications for their own health and wellbeing and often leads to the person they care for being admitted to residential care.

39. Carers of people with dementia experience particular challenges that are in addition to the wider issues experienced by all carers. Often due to their age, the nature and complexity of dementia and their own health needs they are a particularly vulnerable group who need attention in their own right.

40. It is important that all hospitals in Wales develop their carer awareness to ensure that carers are included throughout the care pathway which would reduce poor discharge practices.

41. Additionally, Commissioners must ensure carers of people with dementia are included in commissioning decisions including ensuring their own needs (as identified in the Road Less Rocky) are taken into account when commissioning services.

Older carers

42. The numbers of older carers is growing all the time, those aged 85 and over grew by 128% in the last decade (Carers UK and Age UK, 2015).

¹⁷ Newbronner. L, Chamberlain. R et al, A Road Less Rocky – Supporting Carers of People with Dementia, Carers Trust, 2013

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43. Older carers have their own specific needs and have tended to be a forgotten group, often going unidentified because they do not recognise themselves as a carer or are not recognised by services. With an aging population and the increase in the life expectancy of people with learning disabilities which is to be celebrated; people are caring for longer and later in their lives¹⁸.

44. Key issues for older carers include:

- Lack of recognition of their own health needs and the impact of caring on their own health and wellbeing.
- Isolation and loneliness, especially in relation to unavailable, inappropriate or inaccessible transport.
- Complex management and navigation models of health and social care systems with no support.
- Lack of preparation including a lack of awareness of the likelihood for caring in later life, especially so for carers who have been caring for children with long term conditions whose life expectancy meant they were unlikely to reach old age but increasing numbers now are.
- Older carers have a strong sense of “duty to care”, this can be reinforced by health and social care professionals which means they may feel they have no choice or continue to do so longer than they are able.
- Lack of information on financial planning, including information on lasting powers of attorney are not provided at an early enough point.

It is also worth referring to a number of reports produced by Carers Trust which support this¹⁹²⁰:

To support older carers it is important that:

45. Primary and secondary care services identify older carers as early as possible and ensure they are referred for a carers need assessment.

46. Planning for caring in later life should be considered as a public health priority and the public supported to plan for their own care needs and the potential for becoming a carer in later life.

47. Health and social care systems must be aligned and integrated to ensure older carers are not required to navigate the complex systems for both their own and the person they care for’s health needs. This presents particular challenges when discharging an unpaid carer from hospital.

¹⁸ Marks. L, Retirement on Hold, Carers Trust, 2016 (due to be published January 2017)

¹⁹ Fraser. M, Always on Call, Always Concerned, Carers Trust, 2011

²⁰ Caring about Older Carers: Providing Support for People Caring in Later Life, Carers Trust, 2015

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48. There must be improved information and guidance on financial planning including information on Lasting Powers of Attorney to ensure carers are prepared for the future and are not required to address these issues too late in their caring journey.
49. Public, community and hospital transport must be improved to address issues of isolation and loneliness which are particularly acute issues for older carers.
50. Clearer support and guidance to help carers navigate a complex health and care system.

By virtue of paragraph(s) vi of Standing Order 17.42

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**RESPONSE TO THE NATIONAL ASSEMBLY FOR WALES
FINANCE COMMITTEE
INQUIRY INTO THE COST OF CARING FOR AN AGING POPULATION**

Who are we?

Care Forum Wales is the leading professional association for independent sector social care providers in Wales with over 450 members. Of particular relevance to this enquiry is the fact that our membership includes those who provide care homes and domiciliary care services for older people. Our members come from both the private and third sectors and we aim to engage and professionally support independent providers, to spread good practice, and help members provide a high quality service.

Our members include a variety of structures: large corporate groups, home-grown small and medium enterprises (SMEs), registered social landlords, and voluntary or charitable bodies.

Our members include organisations providing support to older people in a variety of ways:

- Residential care homes
- Nursing homes
- Domiciliary care providers, which provide social care to people in their own homes
- Extra care housing providers, offering varying levels of support facilities for tenants living in their own apartments.

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 Social Services and Wellbeing Act (Wales) gives an emphasis on early intervention and prevention and re-ablement, but we need to be realistic about the amount of paid-for care that will still be required. We need a system where we know what standards we expect and those are commissioned, paid for and inspected against. The public debate needs to move on from who inherits what when the older person who needs care is gone and instead discuss the standard of care they should receive, what it realistically costs and how we pay for that.



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

Our response focusses on the role of our members in providing paid for residential and non-residential care. That we are living longer is incontrovertible: Social Care Wales' National Population Assessment Report https://socialcare.wales/cms_assets/file-uploads/SCW-NPAR-ENG.PDF anticipates a 119% increase in those aged over 85 by 2035, and although healthy life expectancy is rising faster than life expectancy we can expect to see a growth in the number of people affected by dementia or physical frailty. Frailty can lead to increased falls, which can lead to increased dependence and lack of agility creating a vicious circle. Understandably, policy has emphasised keeping people independent and in their own homes as long as possible. However, it is clear there will always be those who need to enter a care home – and indeed as people become frailer, this can reduce the tendency to isolation and loneliness for some people.

Keeping people in their own homes for longer means providing not just more support but more complex support. Increasingly we are seeing domiciliary care workers needing to be trained to undertake some healthcare tasks. This extra training itself has a cost and in addition the nature of the tasks can also, for example, increase insurance premiums for providers. Additionally staff with increased skills and responsibility for higher level tasks will understandably expect some recognition of that in their own reward package. Some commissioners seem to find difficulty in recognising that they are not just commissioning a standard domiciliary care worker, but commissioning people to take on higher level tasks requiring more training and a greater taking of responsibility.

Similarly as we are able to keep people in their own homes for longer, those who do enter care homes are on average significantly frailer. This is leading to a requirement for both more and better trained staff in care homes, but this has not been sufficiently recognised in fees by public sector commissioners. It could be seen as a hidden efficiency saving over the ten to fifteen years and a significant factor in the pressure on providers and lack of sustainability of those relying on public sector fees.

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

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Providing care is a people intensive business. 60-70% of provider costs relate to staffing, with domiciliary care costs even more dependent on staffing costs than care homes where the building is also a significant proportion of the costs. Over recent years we have seen decisions of UK Government put a significant upward pressure on staffing costs with pensions auto-enrolment, changes to sickness pay and significant increases in the legal minimum wage. While all good social care providers recognise that in order to recruit and retain staff they need to offer terms and conditions above the legal minimum, the reality is that most public sector commissioners pay rates based on the assumption that staff will be paid at or near the legal minimum. It is an ongoing source of frustration for independent providers that local authorities and health boards will recruit staff they have trained because they offer them better terms and conditions than those same local authorities and health boards enable providers to pay through the fee levels they commission at.

The significant increases in the legal minimum wage mean that providers have had to prioritise resources to keep up wages for the lowest paid staff, but this has had an effect of eroding differentials and making it harder to reward staff appropriately for taking on additional roles or undertaking training to improve their skills. Recruitment and retention is an issue in the sector for care workers, but also for nurses and managers. Providers are competing with supermarkets and the hospitality industry for care workers who can often earn more stacking shelves. We know that the NHS itself struggles to recruit nurses and it is even harder for independent providers who cannot match the benefits in terms of sick pay, maternity pay, pensions etc. Meanwhile there are not enough qualified social care managers to fill every vacancy in Wales and the requirement for managers from England to undertake additional qualifications is not helpful. The uncertainty around immigration status post-Brexit is already having an effect in terms of recruitment as many providers need to recruit from overseas to fill posts. When the income thresholds were introduced it became impossible to recruit care workers from outside the EU; it would be disastrous if the same were to happen with those from within the EU. But the uncertainty around immigration status going forward is already having an effect and putting potential recruits off. The difficulties in recruitment are leading to increasing numbers of providers needing to use agency staff, who come at a high cost, patchy reliability and in the worst cases can create concerns about safety. The sector also has difficulty recruiting sufficient Welsh speakers to meet the needs of our elderly population, particularly outside areas with a significant Welsh speaking population of working age. Welsh speakers are in high demand and can thus obtain terms and conditions over and above what most care providers are able to raise.



There are of course other pressures on costs too. For example, care homes have seen significant increases in food and fuel costs. The cost of borrowing for capital expenditure to build, equip and maintain care homes is also significant and we have seen fluctuations based on concerns about the riskiness and viability of the sector going forward.

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

In the previous section we have commented on the pressures and difficulties in recruiting and retaining an appropriate workforce. The regulations under the Regulation and Inspection of Social Care (Wales) Act will create a registered workforce. While we support this in principle, and want to see an increasingly professionalised workforce, we do have concerns that this will add pressure to the ability to recruit and retain the workforce needed on current terms and conditions. These measures will also create additional costs for the sector in terms of training, administration and registration fees.

The Regulation and Inspection of Social Care (Wales) Act also requires increased physical standards for new build care homes and extensions, with every room requiring an ensuite including a shower as well as increased space requirements. These will obviously increase the costs of any new additions to care home stock. In general we are only seeing new provision being built for the private payer market and it is likely under these requirements, without a change in public sector fees that this will continue. The recent Competition and Markets Authority report <https://www.gov.uk/government/publications/care-homes-market-study-summary-of-final-report/care-homes-market-study-summary-of-final-report> which looked at care home provision across the UK was very clear “The current model of service provision cannot be sustained without additional public funding; the parts of the industry that supply primarily local authority (LA)-funded residents are unlikely to be sustainable at the current rates LAs pay. Significant reforms are needed to enable the sector to grow to meet the expected substantial increase in care needs.” It is not just the costs of borrowing per se that restrict new care home building, but the restricted proportion of a care homes costs that banks will lend, meaning that other money must be sourced from other sources, and restrictive covenants on areas such as profit, occupancy which can be punitive even for an outwardly successful enterprise. It may be that the recognition of the sector as a sector of national strategic importance may open up borrowing opportunities to help.



The Welsh Government has also taken decisions to cap the domiciliary care costs paid by an individual and increase the capital limit which is retained by those in care homes. While understandable and attractive to individuals and families, both these policies have taken money out of the care system which has not been replaced.

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

While there are savings to be made and duplications that could be removed from the system the likelihood is that the projected population increase will lead to increased needs and increased requirements for paid-for care. We must be ambitious about what standards we want for that care but also realistic about what it will cost. Providers are adept at providing what is requested and paid for but frustrated by an increasing and understandable pressure to improve standards without the means to fund doing so.

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

We welcome the consideration of a social care levy by Welsh Government as part of the consideration of tax varying powers. We would caution that it is important not just to decide how to raise money, but also what it is spent on. Merely increasing, for example, the capital limit retainable by those in care homes, would not inject more much-needed resources into the sector to, for example, recognise the increased professionalisation of staff and improve their terms and conditions accordingly.

As a society we need to decide what we want from care, commission it, pay for it and inspect it. We think it would be a step forward and assist transparency and understanding for the public if the Care Inspectorate Wales (CIW) were to include value for money reporting in their inspection reports as Estyn do for education settings. This would enable greater public understanding of the true costs of care and what could and should be provided at what price.

Fees are of course a difficult issue for commissioners. In many areas local authorities are in a monopsony position: they are by far the biggest buyer of care services with a small market of private self-funders and some NHS commissioned continuing healthcare. In such a market there needs to be an intervention to ensure fair fees are set: fair to both providers and tax



payers. There is ongoing work by Welsh Government in this area under its Care Homes Steering Group. We would endorse the recommendations of the Competition and Markets Authority report there is greater assurance at national level about future funding levels, by establishing evidence-based funding principles, in order to provide confidence to investors. We believe there needs to be a level of national oversight and review in order to ensure a system where commissioners are not simply focussed on the lowest costs, but actually consider strategically what they want to commission at what cost and that new cost burdens are managed appropriately. For example, we believe commissioners should consider whether and over what timescale they wish to move to all qualified staff in the sector being paid at least the real living wage. These strategic decisions should be built into the fee-setting methodology.

It is also vital that a settlement is reached with providers following the Supreme Court case on Funded Nursing Care <http://www.bbc.co.uk/news/uk-wales-politics-40802237> which at the time of writing has still not been resolved, meaning providers have been subsidising a significant shortfall of funding while local authorities and health boards have disagreed about who should pay it. We also need to resolve the anomaly in some parts of Wales, where when an individual's needs increase to the extent that they move from Funded Nursing Care to Continuing Healthcare the fee paid to cover meeting their needs remains the same or in some cases goes down.

To consider the findings and conclusions of the Parliamentary Review.

We welcome the Parliamentary Review and its emphasis on a seamless service for the citizen and recognition that that should include independent providers. In particular we support the added focus on the workforce, which recognises long term recruitment issues and improving training, support and capacity to innovate for staff. This again needs to include those working in the independent sector with a focus on rewarding appropriately to recruit and retain.

It is of course the case that the remit of the Parliamentary Review specifically excluded funding, but this will need to be addressed as part of its implementation.

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Agenda Item 4



Older People's Commissioner for Wales
Comisiynydd Pobl Hŷn Cymru

**Response from the Older People's
Commissioner for Wales**

to the

**National Assembly for Wales' Finance
Committee Inquiry into the Cost of Caring
for an Ageing Population**

January 2018

For more information regarding this response please contact:

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About the Commissioner

The Older People's Commissioner for Wales is an independent voice and champion for older people across Wales, standing up and speaking out on their behalf. She works to ensure that those who are vulnerable and at risk are kept safe and ensures that all older people have a voice that is heard, that they have choice and control, that they don't feel isolated or discriminated against and that they receive the support and services they need.

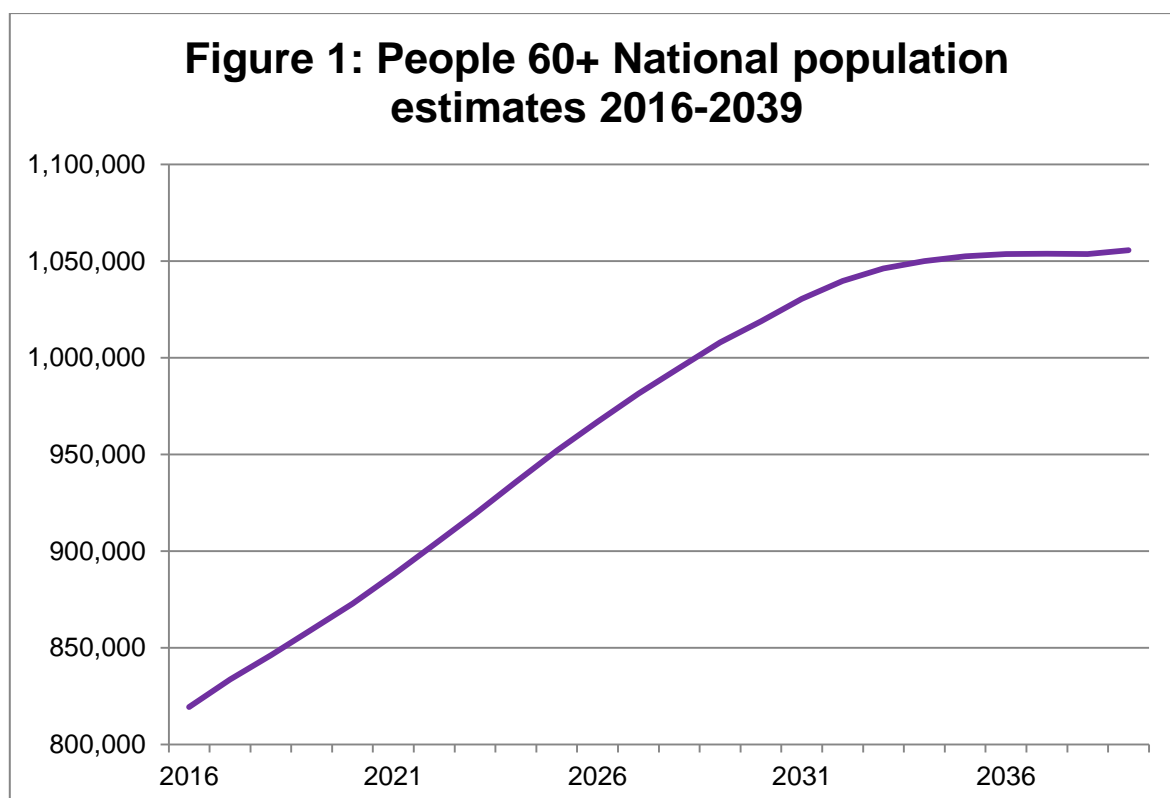
The Commissioner's work is driven by what older people say matters most to them and their voices are at the heart of all that she does. The Commissioner works to make Wales a good place to grow older - not just for some but for everyone.

The Older People's Commissioner for Wales:

- Promotes awareness of the rights and interests of older people in Wales.
- Challenges discrimination against older people in Wales.
- Encourages best practice in the treatment of older people in Wales.
- Reviews the law affecting the interests of older people in Wales.

Introduction

1. Wales is a nation of older people. Of a population of over 3.1 million, approximately 800,000 are over the age of 60.¹ It is also a nation with a significant number of 'older older' people, i.e. those over the age of 85. Parts of Wales, such as the north and the south Wales valleys, have some of the highest levels of older people within the UK.
2. This proportion has been significantly increasing over the past decade and is set to continue to increase until the 2030s, when demographic projections indicate that this increase will begin to slow (Figure 1).² Researchers from Newcastle University have shown that whilst we will be living longer than ever before, there will be a considerable increase in the number of older people living with multiple diseases.³ 'Healthy' life expectancy increases are not keeping pace with the increases in life expectancy.



3. Whilst infirmity and decline should not automatically be assumed as an inevitable part of ageing, there are a range of indicators about the current population of older people that have an impact upon their use of public services. More than two thirds of older people live with a

long standing health condition,⁴ half have a life limiting disability, one in six live in poverty,⁵ over 40,000 are victims of domestic abuse every year,⁶ over 7,500 are the victims of financial crime each year⁷, significant numbers are lonely and isolated,⁸ and over 45,000 have a form of dementia.⁹

4. The majority of older people continue to live in their own homes but as time goes on, they will require increasingly complex and time-intensive packages of support, often from a wide-range of agencies. Older people will often need support for activities such as bathing, washing, eating, dressing, taking medication and the wider monitoring of their physical, mental and emotional health. They will also need support to ensure that they remain included within wider society, including mobility support to enable them to continue to go out and social support to retain their connection to their communities.
5. Some older people will be able to remain in their own homes but will be dependent on support from family members and unpaid carers. The contribution currently made by unpaid carers is estimated at £8bn a year within Wales, more than the total spent annually on health and social care services.¹⁰ A study published in 2015 predicted that the number of people needing care would outstrip those 'available' to provide it by 2017.¹¹ Furthermore, of six million people in the UK caring for an older relative, over two million are themselves aged over 65, with more than 400,000 over 80 years of age.¹²
6. Significant numbers of older people will eventually not be able to remain in their own homes, moving into extra care or into the care home sector. The physical and emotional needs of people living within these sectors have increased significantly and rapidly over the last five years and will continue to do so.
7. Research has shown that both the domiciliary and residential care markets are very fragile and we do not yet have a sufficiently clear picture of what the level of demand for these services will be. Shortfalls in service provision have cost implications, for example in relation to creating a greater need for unscheduled care and delaying

discharges from hospital, as well as undermining the achievement of overall wellbeing outcomes for individuals.

8. Older people are also significant users of healthcare services. Primary care is the first port of call for many older people with approximately 80% of contacts taking place in this sector.¹³ Older people want to have care provided as close to home as possible, for reasons of accessibility and person-centred care. It is essential that action is taken to ensure a holistic approach to older people's physical and emotional health and wellbeing. It is clear from my report into older people's experiences of accessing and using GP services in Wales that older people face a number of challenges in accessing services within primary care at a cost to both them and the public purse.¹⁴ Unscheduled care is also a significant issue for older people, particularly accessing inpatient services via A&E. These also have a cost to individuals and the public purse.
9. It is very important that older people are not seen as a 'burden' on public services, nor the cause of many of the challenges that public services currently face. Older people are a significant asset, worth £1bn a year to the Welsh economy¹⁵ and they have a rightful expectation of care and support at the time of their greatest need. Failing to sufficiently invest in the right kind of care will ultimately increase the long-term cost for public services. Whilst social care is a cost within public services, it is also important to see it as an investment in the social capital of Wales.

Creating Sustainable Health and Social Care Services in Wales

10. It has been clear for many years that the demographic changes taking place in Wales will have a significant impact upon the need for, and nature of, support from public services. However, changes were not made when the wider economic environment was more conducive to support the long-term change that was needed. We now have a range of challenges crystallising within public services at a time of huge economic uncertainty, both in relation to domestic austerity and the potential economic impact of Brexit.
11. This failure to effectively plan for the long-term has left the health and social care sectors in a position where they are required to meet increasing levels of demand, which is becoming increasingly complex, whilst radically redesigning their models of care. At the same time, they have had an increase in the duties placed upon them from a range of legislation without a significant increase in the resources available to them. The increase in pressure on the statutory sector has also meant that the third sector has had to contribute more towards preventative services and commissioned services within limited budgets.
12. Whilst the debate is frequently framed in the context of the challenges faced by public services and their longer-term sustainability, it is important not to forget the impact on the lives of older people. There are older people who are in hospital unnecessarily, who move into residential care earlier than they would have needed to and those who receive a level of care which barely meets their needs or are unable to access the services and support they need. This not only causes great distress but also exacerbates ill health and demand for support, creating a vicious cycle of enhanced need and dependency.
13. It is too early to judge the impact that the Social Services and Well-being (Wales) Act 2014 will have on the long-term sustainability of the social care sector. However, one of the key aspects will be the effectiveness of the Population Assessments in respect of planning for, and responding to, identified future demand. It is not yet clear

whether the data that underpins the recently published Population Assessments and the accompanying National Population Assessment report is sufficiently robust to provide an adequate assessment of how services will need to change to meet the needs of future generations.

14. In my view, there are a number of key areas which must be addressed to create more sustainable health and social services in Wales.

Investment in preventative services to reduce demand

15. Whilst it is clear that Wales has focused on the prevention agenda significantly in recent years, many older people still report that a crisis has to occur before they receive the help and support they need. Older people have told me that the help and support they need to prevent deterioration in their health is becoming increasingly difficult to access and it is clear to me that significant further investment is required in a range of preventative services.
16. Often the definition of 'preventative services' is too narrow and the vital role of wider community services, which are taking a significant financial hit, is not sufficiently recognised, in part due to the pressure on budgets in Local Authorities. Community services, such as transport, leisure and public toilets, significantly contribute towards maintaining older people's health, independence and wellbeing and help to prevent them accessing costly statutory services. Research has found that healthcare only accounts for 10% of a population's health.¹⁶ It is therefore vital that further investment is made into other services that can positively impact on individuals' physical, mental and emotional health.
17. Furthermore, it is also clear that we are not investing enough in the third sector, which can be very flexible to local need and easily accessible, but it is increasingly being used to replace secondary support services, rather than focus on primary prevention.
18. There is now considerable debate about the need for individuals to take more responsibility for their own health. This is easily said by a system when it is in crisis, yet not so easily done. There is a clear

need to improve health literacy across Wales, recognised by the Parliamentary Review into Health and Social Care.¹⁷ Wales also has long standing public health issues, which we have been slow to tackle or have ignored for too long, for example, drug and alcohol abuse in older people and a lack of long-term investment in services such as mental health, which undermine older people's abilities to make the right choice and take the right actions.

19. Whilst it can be difficult to significantly invest in these preventative models and services in the current financial settlement, it is clear that the future cost of not investing will be substantial. There must be a long-term vision that recognises there may be a considerable time lag before the benefits of containing demand for health and social care services will be felt but accepts the necessity of doing so to create a healthier population and more sustainable services.

Effective Workforce Management

20. Despite decades of workforce planning, the health and social care sectors are without sufficient numbers of staff with the right skills. This begs the question as to how effective Wales's longer-term workforce planning is across both health and social care.
21. At present, there are significant staff shortages within the social care sector; this applies particularly to domiciliary care staff but also specialist nursing staff within the care home sector.¹⁸ Even if the money was available to drastically increase recruitment, there are not sufficient numbers of people with the right skills available. As a result of these staff shortages, people cannot be discharged from hospital and vulnerable people receive unacceptable levels of care.
22. Compounding this problem are the high turnover rates of staff in the social care sector, particularly within domiciliary care, estimated by the CQC to be at 28% annually,¹⁹ and almost certainly higher within certain geographic areas of Wales. The reasons for this are multifactorial but include low pay, poor terms and conditions and the undervaluing of social care as a profession.²⁰
23. Too often, vulnerable people are cared for by staff that don't have the necessary skills and competencies to ensure their quality of care

is at the standard it should be. I recognise the Welsh Government's intention to address this within the social care sector, through the registration of workers, but this will take a decade to take effect and does not address the variable skill base within the NHS.²¹

24. Whilst I welcome recent Welsh Government recruitment campaigns for GPs²² and nurses,²³ more must be done to address the growing level of unfilled vacancies in the Welsh NHS.²⁴ As well as recruiting new staff, the Welsh NHS is finding it increasingly challenging to retain staff, due to issues around the cap on public sector pay, staff morale²⁵ and increased levels of sickness.²⁶ These factors have led to an increase in spending on costly agency staff to fill gaps, with Health Boards in Wales spending 60% more on agency staff in 2015/16 than in 2014/15.²⁷
25. These are significant challenges in their own right and whilst there is uncertainty at present around post-Brexit Wales, it is clear that health and social care services have become more reliant on EU nationals in all parts of the workforce.²⁸ It is also likely that there will be increased competition across sectors and industries should the supply of labour reduce. Without an indication at the earliest opportunity about how restrictive the post-Brexit immigration system will be, both in relation to EU and non-EU nationals, our ability to effectively workforce plan will be further undermined. It is noted that the Migration Advisory Committee is not due to publish its recommendations until September 2018.²⁹

Financial pressures

26. There has also been a sharp and significant increase in demand across health and social care, in part because of the increasing acuity levels of people requiring care and support and the complex nature of the support they require but exacerbated by a system that has struggled to release costs to focus on high impact, early interventions.
27. Cost pressures have also increased within the health and social care systems as a result of the introduction of the living wage³⁰ and staff shortages leading to the use of agency staff.³¹

28. In recent years, there has been an increasing focus on quality of care (including the impact it has), the redesign of services and securing a sufficient workforce base, both in terms of numbers and skills. This includes new regulation and inspection processes, staff ratios and training requirements, and more explicit quality criteria and outcomes. Whilst these are all essential developments, they do place cost pressures within the health and social care system.
29. The increase in care home costs for individuals has highly outpaced the growth in older people's incomes over the last five years, with the average annual costs of residential care in Wales standing at £30,940.³² The ongoing cost pressure on an already fragile care home market must be addressed to avoid further destabilisation. There is also an emerging issue in the disparity of fees paid in the care home sector between Local Authority and self-funding residents. The higher costs charged to self-funders are in effect being used to cross-subsidise the costs of individuals placed by Local Authorities.³³

Supporting Carers and Volunteers

30. There are at least 370,000 carers in Wales who care for their partners, neighbours and family members.³⁴ It has been clear that without our carers our public services would be bankrupt within weeks. Carers must be seen as an integral and valued part of the care system.³⁵ Investing in our carers is vital to reducing demand upon services, both in terms of the people cared for but also because of the significant health and mental impact on carers themselves.³⁶
31. A study published in 2015 predicted that the number of people needing care would outstrip those 'available' to provide it by 2017.³⁷ Whilst other sources of support and developments in new technology will fill some of the gap, there will need to be an increase in the level of service provided by health and social care services.
32. Despite the difficulty and complexity of the work they do, many carers do not receive the level of support they need. The Social Services and Well-being (Wales) Act 2014 gives all carers the right to an assessment and consideration for a package of support but

many carers are not being offered an assessment and experience a 'postcode lottery' of receiving care and support.³⁸

The importance of embedding an outcomes-based approach

33. The range of health and social care services provided to older people has always been extensive, but it is only over the past few years that Wales has moved to a clear focus on delivering outcomes. This is reflected in the outcomes indicators now in place for the Welsh NHS³⁹ and the national outcomes framework that sits behind the Social Services and Well-being (Wales) Act 2014.⁴⁰
34. These, coupled with the stronger focus on integration and early intervention, should reduce the scope for unnecessary care and support in the future and reduce the need for longer-term and more expensive care.

Separation of health and social care

35. The historic structural separation of health and social care as distinct services no longer adequately reflects the reality of many older people's lives and nor does it reflect the growing focus on the integrated approach being taken by service providers, both at a strategic and operational level. Formal integration would incur significant costs and disruption to the system but there is clearly significant work underway to look at transactional ways in which greater integration can be achieved. This ranges from joint governance structures, through joint planning, to a growing number of integrated services, and more recently a growing focus on pooled budgets.
36. Further integration of health and social care services in this way, also involving housing, transport and the third sector, can help older people retain their independence and provide them with better care and support that meets their needs. Further integration must be made on the basis of improving the delivery of care and support, rather than restructuring health and social care organisations.
37. I support the Parliamentary Review of Health and Social Care's recommendation to create 'one seamless system for Wales' to break

down barriers between organisation to provide more integrated and person-centred care and support.⁴¹

A failure to share and roll out good practice

38. Over the past six years as Commissioner, I have seen and supported the development of a wide range of innovative services across Wales, often delivered at low cost but to significant impact for individuals. It is clear, however, that good practice does not travel well enough and this leads to missed opportunities to deliver better outcomes and reduce health and social care's overall cost. It is also clear that the role of the third sector is still not fully understood in developing these creative services, and is still not a full and equal partner in the strategic conversations and changes taking place. It is also clear that too narrow a focus of health and social care is taken and that other sectors, such as housing, are still not seen as an integral part of addressing some of the challenges facing health and social care.

The use of technology

39. One of the key areas where improvement is needed for the future is in the use of digital technology to assist in the delivery of health and social care services. Whilst there have been some advances made in Wales through the NHS Informatics Service, there have been delays in implementation⁴² and progress has been patchy. There is a need for a more systematic and sustained approach that seeks to take full advantage of the benefits to individuals and the public purse.⁴³

40. Introducing further digitalisation and use of technology into the health and social care system can help to improve service delivery, provide better outcomes for patients⁴⁴ and make more effective use of human and financial resources.⁴⁵

41. Systems such as Artificial Intelligence (AI) can be used in a preventative way to help to predict which individuals or groups could be at risk of illness and enable the health and social care sectors to take action to prevent more costly health problems in the future.⁴⁶ AI could also help address the efficiency and funding gap that could

emerge in the health and social care sectors by automating tasks, triaging patients to the most appropriate services and allowing people to self-care and self-medicate.⁴⁷

42. There has been a concerted effort to share patient data in Wales through the NHS Informatics Service, and in particular the Welsh Community Care Information System, which shares data between health and social care professionals.⁴⁸ Sharing data in this way and using AI-assisted diagnostics can provide better outcomes for individual patients, who will now only have to tell their story once, and avoid misdiagnosis and adverse incidents occurring.⁴⁹ Recent research by the BBC found that Health Boards in Wales are paying tens of millions of pounds each year in damages and legal fees for medical negligence; if some of this can be reduced by the sharing of patient data and assisted diagnostics, then the money can be freed up to be used to treat patients instead.⁵⁰
43. I do recognise that there are challenges involved, not least in a financial sense, of integrating technology into the health and social care sectors. It has been recognised that digital change is often seen as slower in healthcare than in other sectors and that any changes would need to address cultural as well as operational issues.⁵¹ There is also the challenge of convincing the public of the benefits of technology and AI in the delivery of health and social care, which currently does not have significant support.⁵² There is also a risk that technology is seen as an easy, quick-fix and is used in a way that is not appropriate for the individual. Not all care and support can be provided with the assistance of technology but it will become an increasingly important tool going forward.
44. I welcome that the Parliamentary Review of Health and Social Care has recommended a series of actions that the Welsh Government should take to further incorporate technology into the delivery of health and social care and would urge the Committee to review how these recommendations can reduce funding pressures and improve outcomes for patients and service users.⁵³

Funding Health and Social Care Services

45. From the above, it is clear that the health and social care systems face an unprecedented set of challenges, which are all crystalising at the same time. It is also clear that there is significant work already underway, albeit it should have been started a decade ago, at a national, regional and local level to transform the way that health and social care is provided, the impact it has and the quality that underpins the way in which it is delivered.
46. Much work has also been taken to reduce structural inefficiencies, although some still remain and are reflected in mechanisms, such as those that underpin Continuing Healthcare, poor workforce planning and insufficient investment in key preventative services. Whilst some of these issues are structural, a significant number are linked to the inability of health and social care to release costs upfront to invest in new models. It is not possible for me to specifically quantify the size of these structural inefficiencies, nor whether further action could be taken to release costs to invest in high impact areas.
47. However, I hold the view based on my work of the past six years, that there is a fundamental and underpinning issue that there is not a sufficient level of resources across the health and social care sectors to address all the issues identified above and there is an inadequate recognition that spending in other key sectors has a direct impact on older people's ability to stay healthy, active and independent. It is not always all about money but there comes a point when the overall level of funding does matter and does become directly correlated to the quality of care people receive.
48. The question of how to pay for care has occupied substantial political, policy and media activity over the past 20 years, yet still the issue has not been resolved and becomes more pressing every year. Core NHS spending now accounts for over half of the Welsh Government's total resource budget, compared to 39.1% in 2009/10.⁵⁴
49. Despite proposals being put forward to tackle the issue of paying for social care,⁵⁵ there has been little progress at a national level, as the

Welsh Government insists it must wait to see the impact of consequential decisions derived from UK decisions before it can proceed. It must be questioned how long this position is sustainable.

50. It is clear that maintaining a sustainable health and social care sector, which meets increasing demand, will require significant additional resources in the years to come.⁵⁶ The NHS in Wales could be facing a 'funding gap' of about £700m by 2019-20, equivalent to 10% of its annual budget.⁵⁷ The Health Foundation has calculated that NHS spending in Wales needs to rise by 3.2% a year in real terms to keep pace with cost pressures. This spending increase can be met with a combination of increased funding and efficiency savings. However, since 1997 the NHS has achieved an average of 1% efficiency growth a year, meaning that the majority of budget growth would need to come from increased funding.⁵⁸
51. The outlook for the social care sector in Wales is even more pressing, with a projected increase in cost pressures of 4.1% a year. If funding does not keep up with this increase in demand, many people will be left without the care and support that they need.⁵⁹
52. The performance of the wider economy will be one of the most important influences on funding for the NHS and social care. The possible economic effects of the UK's decision to leave the European Union are not yet clear.⁶⁰
53. The British Medical Association have also looked at how the Barnett Formula affects the level of funding that the Welsh NHS receives and have calculated that the Welsh NHS could be underfunded by as much as £500m a year.⁶¹ Whilst some of this may be compensated for in the Fiscal Framework negotiated by the Welsh and UK governments,⁶² the Barnett Formula still remains based on relative population, rather than need.
54. If the future funding of health and social care cannot be guaranteed by economic growth, efficiency savings or further reform of the Barnett formula, then there must be a wider discussion about other ways to increase the available resources. There are different views around how this could be addressed but it is my view that the Welsh Government should consider using its newly acquired powers over

taxation to introduce a hypothecated levy that would support the health and social care systems.

55. The Welsh Government's proposals for a Social Care Tax should be explored in further detail and consideration given to the nature of the tax.⁶³ The approach taken by the UK Government to allow Local Authorities to introduce a 'social care levy' should not be adopted in Wales, as increases in council tax benefit more affluent Local Authorities, whereas the most deprived parts of Wales are in greater need as they have fewer people who can afford to pay for their own care.⁶⁴
56. I would propose exploring the option of a hypothecated tax for health and social care, similar to the original purpose of National Insurance Contributions. Whilst there are drawbacks to hypothecation, including lower yields in times of recession when arguably the funds would be needed most, it does offer a way to increase the transparency of spending and make tax increase more palatable to the public.⁶⁵ The House of Lords Select Committee on the Long-term Sustainability of the NHS has provided a robust overview of the case for and against hypothecation.⁶⁶
57. A health and social care tax should be closely correlated to clear and explicit outcomes and an expectation of quality that people can have of health and social care services. The approach should build on one of the founding principles of the NHS, which sees people pay in according to ability and take out according to need.⁶⁷ There is significantly strong support across Wales for a tax-funded NHS, which is free at the point of use and provides comprehensive care for all citizens.⁶⁸
58. A case can be made with the public for an increase in their contribution through taxation to the health and social care sectors. Given the option between further reduced levels of care and increased taxation to fund the NHS, a survey in 2017 found that this would be supported by 64% of the public.⁶⁹
59. Health and social care is funded in a variety of different ways across the world. A report to the Welsh Government by LE Wales on the future of paying for social care provides a detailed overview of the

systems of funding for social care in other UK nations, France, Germany, Sweden, Japan and Australia. Whilst there is some merit to looking at international examples, it is vital that the system adopted in Wales is bespoke to the needs of the people of Wales.⁷⁰

Conclusion

60. It is clear that there are significant challenges facing health and social care services in Wales and without action the availability and quality of services will decline. The Welsh Government must heed the advice of the Parliamentary Review into Health and Social Care and bring forward a long-term plan for health and social care services.
61. As part of this process, there must be robust conversation about how to create a sustainable level of funding for these services, which includes the possibility of exploring a hypothecated levy.
62. I look forward to following the Committee's Inquiry and continuing to contribute towards the debate around the future of health and social care services in Wales.

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