



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

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Mr Mark Drakeford AC / AM
Chair
Health and Social Care Committee
National Assembly for Wales
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Ein cyf / Our ref: 111215-03-MB-MD

Eich cyf / Your ref:

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Gofynnwch am / Ask for: Mary Burrows

Ffacs / Fax:

Dyddiad / Date: 15th December 2011


Dear Mr Drakeford,

Re: Submission of Evidence Inquiry into Residential Care for Older People.

Thank you for the opportunity to submit evidence to the Inquiry into residential care for older people. Whilst Betsi Cadwaladr University Health Board recognises the enquiries main focus is on residential care. Evidence has been gained from health professionals who provide input and support to residential homes. The staff groups who have contributed include District Nurses, Locality Matrons and Continuing Healthcare Managers.

Evidence has been sought on the questions you plan to examine as part of the inquiry:

The process by which older people enter residential care and the availability and accessibility of alternative community based services including re-ablement services and domiciliary care.

The Health Board are utilising discharge planning and redesign of intermediate care to ensure that alternatives are considered as a first option for any person who has re-ablement potential. In the future, this will include re-ablement beds for those people who need additional short term support. Extra care housing options are available in certain areas but there is a need for additional capacity. Coordination of Health and Social Care in localities over 24 hours is in development and there is a requirement to join up Health and Social Care out of hours services to include intermediate care services, with support from the third sector.

The capacity of the residential sector is to meet the demand for services from older people in terms of staffing resources, including the skill mix of staff, their access to training and the number of places and facilities and resource levels.

Whilst it is the responsibility of the Local Authority to monitor residential care, there is increasing concern from a health perspective in relation to the fact that there is no guidance on minimum safe staffing levels or skill mix in residential care. This is unhelpful to homes and to stakeholders and is required as part of good governance arrangements.



In relation to the need to meet the demand for services, there is often a need to move people to a nursing home when their condition becomes more complex. For residents, this is in effect moving them from their own home and it would be useful to have simpler and quicker processes for variation of contract to enable health input, rather than the present way of an individual variance.

In relation to training, the development of core competencies and mandatory training is key in ensuring quality care and the ability to recognise change in condition and deal with the increasing level of complexity that presents in a residential setting. Joint provision of training between Local Authorities, CSSIW and Health, requires input to maintain standards in relation to training. Key areas of training should include POVA, tissue viability, dignity and respect, infection control, nutrition and manual handling.

Health Services support residential homes in this area with training and also in review of residents who require health input.

The quality of residential services and the experience of service users and their families, the effectiveness of services at meeting the diversity of needs amongst older people; and the management of care home closures

Although this is the direct responsibility of Local Authorities, Health Services provide support to local authorities in this function. This includes the management of any care home closures and review of any residents as part of escalating concerns, and is a resident's condition deteriorates and therefore becomes the responsibility of Health when their needs change.

The effectiveness of the regulation and inspection arrangements for residential care, including the scope for increased scrutiny of service provider's financial viability

This is not a responsibility of Health but there is a need for effective regulation and inspection to safeguard residents. This should include the scope for increased scrutiny of financial variability. If a home is not financially viable this tends to impact on care and the provision of an early warning. If there is lack of financial viability this can enable additional support and prevent deterioration in care for residents.

New and emerging models of care provision

There is a requirement as part of the development of localities, to have the ability to access flexible as required as part of a pathway approach with integrated Health and Social Care services providing care at home and with strengthened function of intermediate care which is undertaken as part of care services.

Key elements of this would include step up to extra care, short term residential care and intensive rehabilitation. There is a need to look creatively at beds in the residential sector – e.g. to provide palliative care or an intermediate care type facility where a resident required



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24 hour supervision which could be provided by mainstream community services. As highlighted previously, this would require changes to variation function by CSSIW.

The balance of public and independent sector provision and alternative funding, management, and ownership models such as those offered by co-operative, mutual sector and third sector and registered social landlords.

This approach would be welcomed as there are good emergent examples of alternative models across the United Kingdom that would merit further exploration. Any development of alternative models needs to provide effective governance arrangements and provide assurance that it meets local need.

I hope this is helpful and Betsi Cadwaladr Health Board would be pleased to follow up this submission with oral evidence as part of the inquiry.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Mary Burrows'.

Mary Burrows
Chief Executive