

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

RC51 – Public Health Wales



Evidence to the Health and Social Care Committee:

The capacity and sustainability of the residential care sector to meet the current and future needs of older people in Wales.

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Purpose and Summary of Document:

To provide written evidence to the National Assembly for Wales Health and Social Care Committee inquiry into the capacity and sustainability of the residential care sector to meet the current and future needs of older people in Wales.

Public Health Wales is not clear about the definition of residential care used by this inquiry, in particular when there is an overlap between residential and nursing care and where an individual may move between them as their needs become more complex or change.

This response is laid out under each of the seven headings of the terms of reference of the Committee's inquiry.

1 Introduction

Public Health Wales is an NHS Trust providing professionally independent public health advice and services to protect and improve the health and wellbeing of the population of Wales. We welcome the opportunity to contribute to this inquiry into an important aspect of care for some older people.

2 Process by which older people enter residential care

2.1 Prevention and early intervention

Social services are an integral component of services that promote public health and wellbeing. Public Health Wales would strongly encourage the rebalancing of services towards prevention and earlier intervention, with health and social care services being more proactive, evidence based and focused on recovery, re-ablement and social inclusion, in line with current policy direction^{i ii}.

2.2 Empowerment and maintaining independence

For many older people, the decision to enter a care home can come quickly because of a crisis, not always with adequate information or choice about alternatives. Other people are in control and older people can feel disempowered and voiceless in a care home environment. For a substantial proportion of current residents, a care home is not their preferred choice although for a minority, this move can be a positive oneⁱⁱⁱ.

2.3 Access and equity

Access to the right choice of care should be sensitive to the needs of all older people, including those in more isolated rural areas and those groups defined in the Equality Act 2010.

This should be driven by a commitment to deliver a high quality service in a framework of equity, rather than be driven simply by the necessities of the current economic difficulties. Public Health Wales recognises that the issue of paying for care is complex, but is concerned that the issues are being considered in isolation of issues of wider economic policy.

In addition the local approach taken to providing housing for older people is a key component of supporting older people to maintain independence and enjoy a healthy life – residential care should be the last option considered. A strategic approach to provision of a range of housing support for older people should be considered by local housing partnerships (local government, housing providers, third sector) to meet

the specific needs of the population of older people including physical adaptations, floating support and supported housing.

Key messages:

- 1. Public Health Wales recommends that there are explicit mechanisms for empowering older people to make choices and that there are services available to meet diverse needs flexibly.**
- 2. Public Health Wales is aware that the complexity and number of forms that need to be completed in order to access help should to be reviewed radically.**
- 3. Local housing partnerships should take a strategic approach to the provision of a range of housing options for older people.**

3 Capacity of residential care sector

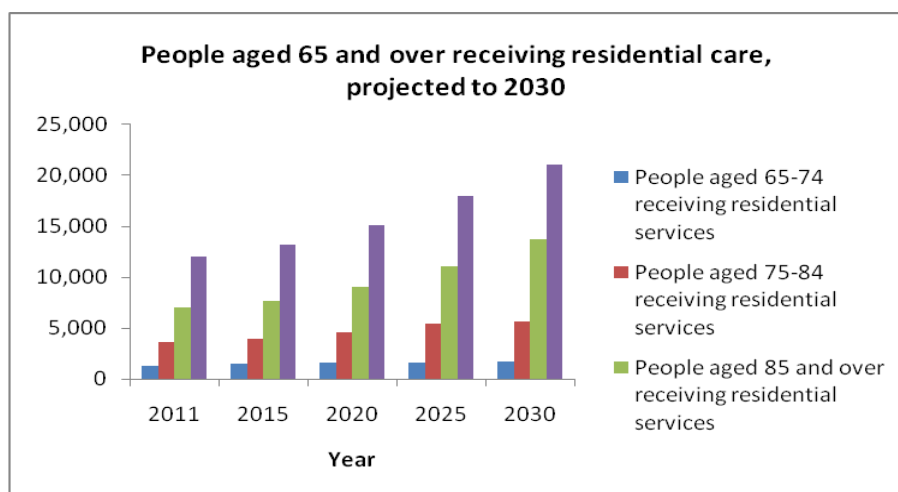
3.1 Changes in population and needs

The proportion of older people in the Welsh population has been steadily rising over the past 25 years and, with a decreasing birth rate, is likely to continue rising in the future. The number of people aged 16-64 is projected to remain relatively constant, increasing by only 1 per cent (20,000) between 2010 and 2035 while the number of people aged 65 and over is projected to increase by around 306,000 or 55 per cent in the same period.

There will, therefore, be more people over 65 for every adult of working age in the future. In 2010, there were around 294 people aged 65 and over per 1,000 people of working age (16-64). This is expected to increase to around 450 per 1,000 people of working age by 2035.^{iv}

These demographic changes will significantly alter the overall balance of the population, and are likely to have most impact in certain communities such as remote parts of the Valleys.

Increasing age is generally associated with increasing disability and loss of independence, and with functional impairments such as loss of mobility, sight and hearing. Changes in health have often precipitated people's entry into a care home, and future projections assume that this pattern will continue in Wales (see figure 1)

Figure 1

Source: Daffodil ^v

These projections are quite difficult to interpret as they may vary depending on changing future health needs; changing models of service provision; more effective early interventions and prevention.

Public Health Wales challenges the common assumption that an ageing population will necessarily lead to higher levels of dependency and long-term care, as the proportion of life expectancy spent in good health is increasing.

However, the increasing prevalence of chronic conditions, such as those associated with obesity, alcohol and lack of physical activity, may affect life expectancy and healthy life expectancy in future. The burden of this will fall disproportionately on the poor, as gaps in life expectancy and healthy life expectancy fail to narrow.

Key messages:

- 1. The proportion of the population over the age of 65 and the proportion of very elderly over the age of 85 will increase significantly.**
- 2. Old age does not necessarily lead to high levels of dependency and services should ensure longer periods of independent living and innovative models of providing supported accommodation to maintain this.**

3.2 Integration with health services

Now that Wales has new integrated healthcare bodies Public Health Wales believes that consideration should be given to the case for integrating the provision of health and social care. Health and social care priorities on key strategic areas need be in tandem to avoid the development of perverse incentives. These can leave the service users in complex and unhelpful positions.

3.2.1 Primary care

The General Practitioner Committee guidance for general practitioners (GP) on *Treating patients in private hospitals nursing and residential homes* states that :

“All UK residents have a right to be registered for primary medical services with an NHS practice... (GPs) would be expected to attend residential and nursing homes as appropriate.”

Public Health Wales Primary Care Quality and Information Service^{vi} provides support to GPs who have also taken on a contract to provide enhanced services through the *GMS contract in Wales 2008-09 enhanced service for care homes specification*^{vii}

In line with the National Service Framework for Older People this service aims to:

- Provide patients with 6 monthly medication reviews thus ensuring that prescribing is appropriate for the patient minimising risk to the patient
- Build effective communication links between primary health care teams and nursing and residential care staff
- Ensure, where appropriate, that patients have the opportunity to record their end of life care plans and to ensure such plans are available when required
- Reduce inappropriate admissions
- Improve this vulnerable group’s overall health by providing a more holistic service

Key messages:

1. The Welsh Government should ensure that every care home has access to a local GP practice that provides the Enhanced Service for Care Homes

4 Quality of services

4.1 Health promotion

Of the ten priority outcomes in *Our healthy future*, the Public Health Strategy for Wales, the most important for older people in care homes are:

- Reducing inequities in health
- Reducing the level of smoking
- Increasing physical activity
- Reducing unhealthy eating
- Improving people's mental well-being
- Reducing the number of accidents and injuries

With regard to nutrition, older people in residential care have the right to enjoy healthy and nutritious meals. A recent trading standards survey of nutrition provision in residential care homes and supported living accommodation in Wales found issues around low calorie content of meals, high levels of fat including saturated fat and high levels of salt^{viii}. Whilst this survey only provided a one-day snapshot of provision, it nevertheless indicates that there is a problem around the provision of healthy nutrition in these settings. The WAG nutrition in community settings pathway and dietetic pilot project on tackling malnutrition in residential and other settings contributes to several of the trading standards report recommendations. However the recommendation of the need for a minimum nutrition standard for the food in care / residential / supported living homes warrants consideration by the committee.

4.2 Falls

Between 30% and 60% of people over 60 will fall every year. Falls are estimated to increase by 50% by 2020 if we do not put preventive measures in place. After a fall, an older person has a 50 per cent probability of having seriously impaired mobility and a 10 per cent probability of dying within a year. Hip fracture is the most common serious injury related to falls in older people, with 70,000 per year in people aged over 65, of whom less than 50% return to their usual place of residence, accounting for many admissions to care homes. Falls account for over 4 million bed days per year, with a cost to health & social services in Wales of £84 million per annum.

There is evidence that people in care homes have an even higher rate of falls: a study in Cardiff found that, compared with the community dwelling

population, care home residents had an overall fracture risk of 2.9 times (95% CI 2.5-3.3) and a hip fracture risk of 3.3 times (95% CI 2.6-4.2). This was weighted for age^{ix}.

Much harm from falls is preventable. One of the simplest and most effective methods of falls prevention is exercise to improve strength and balance. By carrying out annual risk assessments in primary care, fall risk factors can be identified and modified before an injury occurs. This means that the burden of emergency care on the NHS is reduced.

4.3 Medicines management

Medication administration errors in care homes are common despite regulations and national minimum standards introduced to protect residents' safety. A study^x conducted in 55 UK care homes found that in just two drug rounds more than one in five (22%) residents had been exposed to an administration error.

Research studies^{xi} have identified a range of administration errors including, dose omission, overdose, wrong administration technique (for example crushing slow-release formulated tablets thus interfering with the slow-release properties), wrong patient, wrong drug and wrong strength.

Medication reviews for patients in care homes result in an overall reduction in prescribing, less medicines waste and fewer falls^{xii}. Following the introduction of mandatory pharmacist medication review for patients in care homes in the United States, prescribing of inappropriate medication decreased^{xiii}. The Care and Social Services Inspectorate Wales (CSIW) have identified medication management as an area needing attention. In 2007-08 almost a third of inspected care homes failed to meet required standards for medicines management. Prior to 2002 when CSIW was established, every Health Authority employed a pharmacist whose remit was to make announced and unannounced visits to inspect the home on medicines management issues and to provide advice any necessary improvements. Initially CSIW employed pharmacist inspectors to provide specialist input on medicines issues however this is no longer the case.

4.4 End of life care

About 20% of the population of the UK die in care homes, and most of these are the frail elderly, many of them with dementia. It is this group of people that are more likely to be inappropriately admitted to hospital, at considerable cost to the NHS and not always in accordance with their own preferences. The *UK Gold standards for end of life care*^{xiv} provide specific guidance and support for care homes^{xv}.

4.5 Dementia

People with dementia should be supported in the community so far as possible.

Where care for patients with dementia has to be provided in a residential setting, health and social care managers should ensure that the design meets the needs of people with dementia and complies with the Disability Discrimination Acts 1995 and 2005.

Nice clinical guideline 42 should be followed. Specifically, consideration should be given to the size of units, mix of residents and skills of staff to ensure a therapeutic and supportive environment.

Built environments should be enabling and aid orientation, with attention to lighting, colour schemes, floor coverings, assistive technology, signage, garden design, access to and safety of the external environment.

Medication must be used appropriately, for example antipsychotic medication should not be used for mild to moderate non-cognitive symptoms in Alzheimer's Disease, vascular dementias, or mixed dementias because of increased risk of cerebro-vascular adverse events and death. Even with severe symptoms, antipsychotic medication should only be given in line with the guidance.

Key messages:

- 1. The workforce in residential homes should have adequate protected time out to access good quality training to deliver high quality care.**
- 2. Care homes should be able to provide good and enjoyable nutrition – the committee is asked to consider the need for a minimum nutrition standard for the food in care / residential / supported living homes.**
- 3. Care homes should provide an environment that promotes mental wellbeing and physical activity.**
- 4. Attention must be paid to creating an appropriate and supportive physical environment.**
- 5. Care homes should be monitored for the rate of falls among their residents and all should have a program of falls prevention that includes exercises for residents to improve strength and balance.**
- 6. There should be access to specialist pharmacist advice in care homes**

- 7. Medicines management should be included in inspection of care homes.**
- 8. Care homes should be supported to provide the best end of life care in partnership with the resident's GP, and these standards should be included in monitoring of care home quality.**
- 9. Medication for challenging behaviour should be used with caution and in line with NICE guidelines.**
- 10. In addition to specific dementia care, all residential homes should provide for optimum mental well being, enabling people to connect with others, enjoy appropriate activities and be as physically active as they are able.**

4.6 Value for money

Any transformation of social services should provide increased leverage for an improvement in value for money and quality in residential and nursing homes^{xvi}.

5 Regulation and inspection

The committee should note that there are multiple bodies for regulating and commissioning residential care therefore no one agency has overall responsibility for quality of all care in the setting. This means that some issues that fall between several agencies may not have an overall regulatory lead.

Key messages:

- 1. Public Health Wales recommends that the committee review the different regulatory components covering residential homes to ensure overall oversight of delivery of all care.**
- 2. These should take into account the views of users and carers, and embed this in any inspection regime.**
- 3. Indicators of quality should include those related to health outcomes such as nutrition, physical activity, mental well being, end of life care and access to primary health care services.**

6 New and emerging models of care provision

Public Health Wales recognises that a care home can be a valuable resource for older people with support needs. There is a continuum of care from support in people's own homes to supported accommodation through intermediate care (step up or step down), respite care to hospital care. These arrangements should become more flexible and responsive to the diverse needs of older people and their choice should be facilitated and reviewed as time passes and their needs change.

More needs to be done through adopting innovative preventative and early therapeutic approaches towards the development of frailty, in order to ensure longer duration of independent living. Mental and physical health is positively influenced by social networks, access to green spaces and sense of control – new models of care will have improved health outcomes if they support rather than disrupt what keeps people healthy.

Public Health Wales believes there is a need to strengthen joint working not only with the NHS and other partners, but also through national and local policies and guidance ensuring priorities across services are consistent.

The integration of social care and health services for the frail elderly (e.g. district nursing and home care) is but one of a number of areas that would benefit from new models of joint working based around emerging evidence.

Key messages:

- 1. To ensure that integrated health and social care is achieved Public Health Wales believes that emerging evidence based methods of joint working should not necessarily be optional, but form part of the statutory guidance to local authorities.**
- 2. Public Health Wales believes that models of care for the elderly based on the concept of social enterprise, e.g. community co-operatives, are worthy of further exploration.**

7 The balance of public and independent sector provision

Public Health Wales believes there is a central role for the state in the funding of care for elderly. Solutions that do not recognise this are likely to have an adverse effect on population health and increase health inequalities, and inequity, in Wales.

From a public health perspective it would not be desirable for individuals to migrate from Wales to England (or vice versa), if differences in the charging system made this an attractive option from a purely financial perspective. With regard to charging policies, inconsistency across Wales has led to inequalities in the past. Any charging policy should be established on an all Wales basis and be underpinned with equity of access and quality standards for the provision of care.

With regard to the issue of integration of social security benefits into the social care funding system, there will be a need to simplify the existing system in line with UK Government policy.

Key messages:

- 1. Public Health Wales recommends that there is equivalence of charging systems across England and Wales.**
- 2. Public Health Wales recommends that any solutions are carefully planned to avoid exacerbating or causing inequities.**

7.1 References

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^{xiv} Gold Standards Framework [Online]. 2011. Available at: <http://www.goldstandardsframework.org.uk/> [Accessed 14 December 2011]

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