



Health and Social Care Committee
Inquiry into residential care for older people
RC63 – RCT County Borough Council

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Health and Social Care Committee Call for Evidence on Residential Care for Older People

1.0 Introduction

- 1.1 Rhondda Cynon Taf County Borough Council (RCT) welcomes the opportunity to provide evidence to the Health and Social Care Committee on residential care for older people.
- 1.2 As a Council we have statutory responsibilities in assessment of individual need, including the need for residential care. We also have statutory responsibility for commissioning care home places and as a Council we operate 12 residential homes.
- 1.3 Beside the Council's 12 homes we also commission residential and nursing home places in 27 independent sector homes within Rhondda Cynon Taff with a total of just over 1500 beds available across the sector for Residential, NHS funded care and continuing health care placements.
- 1.4 We currently commission residential beds at £464 per week, and pay an enhancement for dementia care at £492 per week. In 2010/11 we supported the placement of 355 people in residential care and 230 people in Nursing care.
- 1.5 Whilst we understand the need for the Committee to limit the scope of its enquiry to deliver achievable outcomes, as will be seen throughout this paper it cannot and should not be divorced from the wider accommodation needs of older people in particular the NHS funded nursing care needs and continuing health care needs of older people. In Rhondda Cynon Taf only a quarter of the independent sector residential homes have only a residential registration.
- 1.6 Common themes running through the evidence are those of resources; financial, human and time and the value which we place on older people more generally all of

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which because of their scarcity risk having a negative impact on older people's experience of care.

2.0 Process and alternatives to residential care

- 2.1 Where people need residential care the process is without doubt confusing for the individual and the impact of having to make a major life decision, often in a short period of time cannot be underestimated. For someone who is generally in poor health, finding it difficult to come to terms with the prospect of moving, often from a hospital environment and not their home, with a variable degree of cognitive impairment, and relying on family and friends to obtain information is extremely difficult and anxiety promoting. Add to this the complexity of needing to understand the financial implications of such a move and it can easily become overwhelming.
- 2.2 Evidence shows that where a move to residential care home or a closure of a home is well planned and the individual is properly informed and engaged the outcomes are good. The difficulty particularly for the NHS is that the pressure to discharge people is so great that the process for individuals and families can feel rushed and chaotic and thus the potential positive benefits of residential care are not fully realised.
- 2.3 RCT's draft commissioning strategy identifies that as a Council we are committed to helping people retain their independence and to remain at home rather than in a residential environment. Given the current economic position and outlook, there are perverse financial incentives for Council's to support people in residential care. Generally the cost to the public purse is significantly less for those in residential care opposed to those supported in the community, the current maximum charge of £50 per week for domiciliary services exacerbates this position.
- 2.4 As a Council we continue to develop and commission services that will support people in their own homes, reablement and intermediate care services with our LHB colleagues, aids and adaptations and importantly preventative services such as meals on wheels, community day centres and support to the third sector. These generally follow the model that John Bolton advocated in his paper for the Social Services Improvement Agency 'Better support at lower cost; improving efficiency and effectiveness in services for older people.'
- 2.5 Whilst these services will support people to remain at home longer, they are unlikely to ever completely remove the need for residential care as people will because of circumstances such as the risk to their independence being too great or through choice to reduce social isolation choose to go into residential care, as people tell us they remain in their own homes..
- 2.6 Only 16% of the people that the Council support are in residential care 84% are supported in the community and there is a small but steady improvement in the balance of care. This provides evidence that the balance of provision is rightly centred on community based care the challenge is to increase the momentum away from residential care.
- 2.7 We have seen good outcomes for people within our intermediate care and reablement service with upward of 70% of people who complete a rehabilitative programme needing no immediate further support from Health or Social Care services. We are in the process of investment into this area and redesigning our

operating model so that there will be an increased focus on short term interventions such as re-ablement and equipment to support daily living that will help people to be independent for longer.

3.0 Capacity of the sector

- 3.1 Recruiting people to work in the care sector remains a challenge with relatively low pay for care staff, a shift pattern of working and challenging working conditions, yet within our homes we have good retention of staff and a highly committed workforce.
- 3.2 We have a number of programmes within RCT that seek to support the sector. The Social Care Workforce Development Partnership (SCWDP) provides good opportunities for training and development and responds to needs identified by the sector, it has encouraged NVQ2 Care by providing underpinning courses. Recently we have delivered an Alzheimer's Society programme for Managers to look at different models of support to people with dementia.
- 3.3 Likewise both the Independent Sector and Local Authority are looking to the work of Stirling and Bradford Universities relating to care for people with dementia to look to improve standards.
- 3.4 The RCT Social Care Workforce Development Partnership has been working successfully with Coleg Morgannwg to enable 16 –18 year olds to enter the World of Residential Care suitably qualified and "job ready" having completed a BTEC First Diploma in Health & Social Care. This is a one year full time (or 2 year part-time) course providing both theoretical and practical skills including undertaking work placements in Social Care settings. This initiative was a shortlisted finalist at the Welsh Social Care Accolades Awards Event this year."
- 3.5 We are making progress in changing the opportunities in the training and development and thinking of care staff and managers. However there are structural difficulties, the difficulty in recruitment of staff and in some areas staff retention mean that irrespective of the cost, managers are not able to release staff for training. We need to consider ways in which we can support staff with development opportunities in the workplace so that individual development is person centred and focussed on the individual needs of current residents.
- 3.6 The Council's draft commissioning strategy identifies that with an emphasis on keeping people at home the demand for residential care for frail elderly will remain static and therefore fall as a proportion of the number of older people aged 65+. We anticipate though an increase in demand for residential dementia beds of about 11% in line with population trends for people with dementia. To address this we pay an enhanced fee to the sector to encourage the development of dementia beds and have over the last three years increased the capacity of our own homes to manage dementia patients by 23 beds whilst decreasing the availability of general residential beds. The area of greater concern is for EMI nursing beds where demand is outstripping the provision and there is no incentive for the sector to develop capacity and even less for the provision of continuing health care placements.
- 3.7 There is a risk that the way in which services are commissioned across Health and Social care will continue to distort the market. The issues identified above have meant that the relative costs between residential and nursing care are having an undue influence on the cost of residential care, with Local Authorities meeting within

their fee structures elements, particularly staffing, that might be considered as nursing costs. There is a need for closer working with the NHS on the commissioning of residential services for older people.

4.0 Quality of Care

- 4.1 The quality of residential care is influenced by a wide range of factors, but a critical one that we have identified in our commissioning of services is the leadership of the home, in the majority of instances where we have concerns as a commissioner the competency of the manager and their relationship with owners or more regional managers is an issue. We seek to support managers through SCWDP and through the commissioning process meet with managers but this is a voluntary arrangement and time pressures often mean that managers are not able to attend.
- 4.2 The Dignity in Care Programme is a welcome initiative to help us reflect on the way we see and treat older people, within our own twelve residential homes 80% of care staff have an NVQ2 qualification and all managers have the appropriate registration.

5.0 Regulation and Inspection

- 5.1 The oversight of residential homes through the Care management review function, contract monitoring, the Protection of Vulnerable adults (POVA) processes and then regulation is extensive yet the reporting of protection of vulnerable adults issues remains high. In 2010- 2011 92 cases of abuse were investigated in Rhondda Cynon Taf representing about 30% of all POVA referrals.
- 5.2 There continues to be a need for formal regulation and inspection and the move to more self assessment against standards and risk based inspection does have weaknesses as shown in a number of recent incidents in England.
- 5.3 CSSIW appear hampered by the legal framework and do not have strong sanctions short of deregistration to act quickly to effectively minimise risk to residents. As a Commissioner of services we find ourselves acting under our contractual powers to place embargos on new placements in homes when often it is regulatory standards that are not being met. This can lead to confusion for everybody concerned and there is a need to consider the appropriate balance between regulation and commissioning.
- 5.4 The viability of providers is not solely about financial models but about how the sector is resourced and the balance of funding between the individual and the public purse, the uncertainty of the future funding model from successive governments does not assist commissioners or providers in planning for the future. The Dilnott report makes recommendations and decisive decisions need to be made on this as a matter of urgency to provide some certainty for everybody going forward.

6.0 New and Emerging models of provision

- 6.1 There are different models of provision emerging, sheltered accommodation and extra care models, retirement villages, use of telecare technologies, rehabilitation services etc. Some of these offer genuine opportunities to support people for longer within their existing home and social networks. We have identified above how

rehabilitation services can support peoples independence and the opportunities that assistive technology can offer need to continue to be explored. As a Council we are appointing a dedicated officer to help us to develop this potential.

- 6.2 Older people have access to considerable sheltered accommodation within RCT but no dedicated Extra Care facility for older people. We believe there is a role for Extracare within the range of services needed to support older people to remain independent.
- 6.3 There is a need for a balance and range of provision to support older peoples accommodation needs. Increasingly Local Authorities have difficulty in raising capital for new projects and we will look to a range of providers such as those suggested in your terms of reference. We do not have a particular view at this time on which is the preferred future model other than to recognise the importance we place on public sector provision in providing benchmarks for the delivery of quality care.

7.0 Conclusion

- 7.1 In conclusion Rhondda Cynon Taf takes seriously its statutory duties toward older people, We have evidenced a commitment to this through increasing fees to the sector, sector wide training and development opportunities and starting to implement different models of care particularly for people with dementia.
- 7.2 There remain challenges and uncertainty in the sector, the balance of funding between the individual and public services need to be clearer and the relationships between the Council, NHS, the independent sector are at times tense as we all seek to balance competing resource pressures.
- 7.3 We are investing in different community based services but continue to recognise that there is a long term role for residential and nursing care for older people.



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