Health and Social Care Committee

Inquiry into residential care for older people

RC22 – Aneurin Bevan Health Board

NATIONAL ASSEMBLY FOR WALES
HEALTH & SOCIAL CARE COMMITTEE

INQUIRY INTO RESIDENTIAL CARE FOR OLDER PEOPLE

ANEURIN BEVAN HEALTH BOARD
SUBMISSION OF EVIDENCE

Introduction

The Health Board welcomes the opportunity to provide evidence to the Health and Social Care Committee regarding Residential care for Older People.

The Health Board interfaces with the Residential Care Sector at many levels and in varying degrees. Our Safeguarding Team provides POVA advice and guidance to visiting professionals whilst our Nurse Assessors and District Nurses play a more direct role in both assessment of older people in residential homes as their needs change and in the direct provision of clinical care.

The Health Board together with a number of Local Authorities have appointed Integrated Service Managers who commission both Residential and Nursing Care. The new Frailty Community Resource Teams are also playing an active role with the Residential Care Sector to help prevent avoidable admissions and early discharge.

These are just a small example of the ways in which the Health Board interfaces with the Residential Sector.

The evidence provided below has been collated from responses across the Health Board both in terms of clinical and corporate services. The evidence is not based on research but on peoples experiences of the system and should be viewed in that context.

Evidence

The letter indicates a number of key areas for which the Committee is seeking evidence and the responses are detailed below.

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

The process by which people enter Residential Care is experienced by the Health Board from a hospital perspective. Following a Multi Disciplinary Team Assessment if the person requires Residential Care this is arranged via the relevant Local Authority. There can be significant delays in this process due to available capacity, funding and patient and carer choice. Sadly on occasions this has meant that people have deteriorated in terms of independence and have gone on to become eligible for Continuing Health Care and been admitted to a Nursing Home.

The level of community services and support available as an alternative to Residential Care is improving. There have been a number of initiatives across the Health Board and Local Authorities to enhance this provision.

Reablement services are now offered through the Gwent Frailty programme and our Community Resource Teams provide support to aid people back to independence. Reablement is now becoming the automatic focus for initial support for most referrals and the Frailty teams are successfully reducing dependency for care post intervention. In Newport for example a recent review found that 55% of people were discharged from Frailty with either a reduced package of care or no further needs. Pre frailty many of these people would have transferred from Hospital into the residential Care sector.

However there is still a lack of community capacity to support the numbers of people who could potentially remain at home rather than enter Residential Care, particularly when considered in the context of expected demographic change. There are also constraints on the numbers of people that the Domiciliary Care Agencies can manage at any one time. Limited resources, service (workforce) availability and the need to be clear about how public monies are spent for maximum impact will still need to be a factor in determining service models.

Whilst the alternative community provision continues to develop there is a real shortfall in the current level of residential care capacity particularly in relation to EMI residential provision, this is also true of EMI nursing provision.

Key issues which need to be considered are:

- How risks will be managed in the community in the future
- The point at which it is considered unsustainable to continue to support someone in their own home (trigger points for entering residential care - risk assessment/ mental capacity/ choice/cost)
- Thresholds for accessing social services -raising the eligibility bar for social services as a means of managing demand may be counter productive in terms of reducing the likelihood for people to need residential care at a future point

The capacity of the residential care sector to meet the demand for services from older people in terms of staffing resources, including the

skill mix of staff and their access to training, and the number of places and facilities, and resource levels.

.

From a Health Board point of view it would appear that the there is insufficient capacity to meet demand particularly for EMI residential placements and this is often reflected in the Health Boards Delayed Transfers of Care numbers. There are also issues emerging about elderly people having to moves homes as their needs change i.e. if they develop dementia or need nursing care. Ideally the model should be a flexible one that can take account of peoples changing needs.

There is also a view that many of the “homes” are poor in terms of the environment and are quite institutionalised.

We are unable to comment on the staffing resource available in Residential Care Homes.

The quality of residential care services and the experiences of service users and their families; the effectiveness of services at meeting the diversity of need amongst older people; and the management of care home closures.

.

The Health Board experiences the quality of Residential Care Services through a number of avenues.

Firstly the level and types of admission from Residential Care Homes can be seen as an indicator of quality. We now monitor admissions via WAST by Residential Home (and indeed Nursing Home) and by the reasons for admission. Appendix 1 is data for June to September 2011 indicating the calls by home and reason for admission. Falls are clearly a key issue. Anecdotally there are concerns that people are not “allowed” to die at home and that they are admitted when they could be supported via District Nursing. Within this monitoring we look for “Frequent Flyers” and again support is offered at both a patient level and Home level. Our Frailty Service is now actively engaged in supporting admission avoidance and early discharge to Residential Homes.

Secondly the level of POVAs and Home Closures gives another indication of quality of care. This varies considerably across the Health Board area. Torfaen, for example are quoted as having the highest POVA levels in Wales whilst Newport are seeing falling POVAs and homes becoming engaged in the roll out of the 1000 Lives Plus Campaign. Blaenau Gwent has an Integrated POVA Team supporting all the homes in the area.

The Health Board also experiences very low levels, if any, of referrals for Fast Track Palliative Care for people in Residential Care Homes.

In terms of improving quality consideration should be given to the staffing models required to do more than just provide basic personal care. There is need to invest in the workforce in terms of education and remuneration so that people want to be care workers and feel valued and proud of what they do.

Registration might be part of this. Statutory services should also ensure appropriate access to NHS primary and secondary care services for people resident in care homes. This would mean that people would not necessarily have to move as their needs changed.

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

The Health Board has limited involvement in the regulation and inspection of Residential Care Homes.

New and emerging models of care provision.

The Health Board have an agreed operational procedure for ensuing that the care for older people who reside in nursing homes and who receive care on behalf of the NHS is delivered in such a way that it promotes dignity and respect, health, wellbeing and safety and is consistent with human rights. The Health Board would be happy to share this as an area of good practice.

Whilst there has been significant improvement in joint working there is still a need for more effective collaborative working between health, housing and social services and this was a key theme of the recent Health and Housing Conference (Healthy Homes – Health Lives). The aim of which would be collaborative support to maintain people in their own homes. The outcome of the conference was the proposed establishment of a Health Board led Health and Housing Partnership Forum.
.

The balance of public and independent sector provision, and alternative funding, management, and ownership models, such as those offered by the cooperative, mutual sector and third sector, and Registered Social Landlords.

The recent experience of the Southern Cross Homes has in some part brought a sharp emphasis on contingency planning and for this reason there does need to be an exploration of the funding, management and ownership models which support both the Residential and Nursing Home Sector.

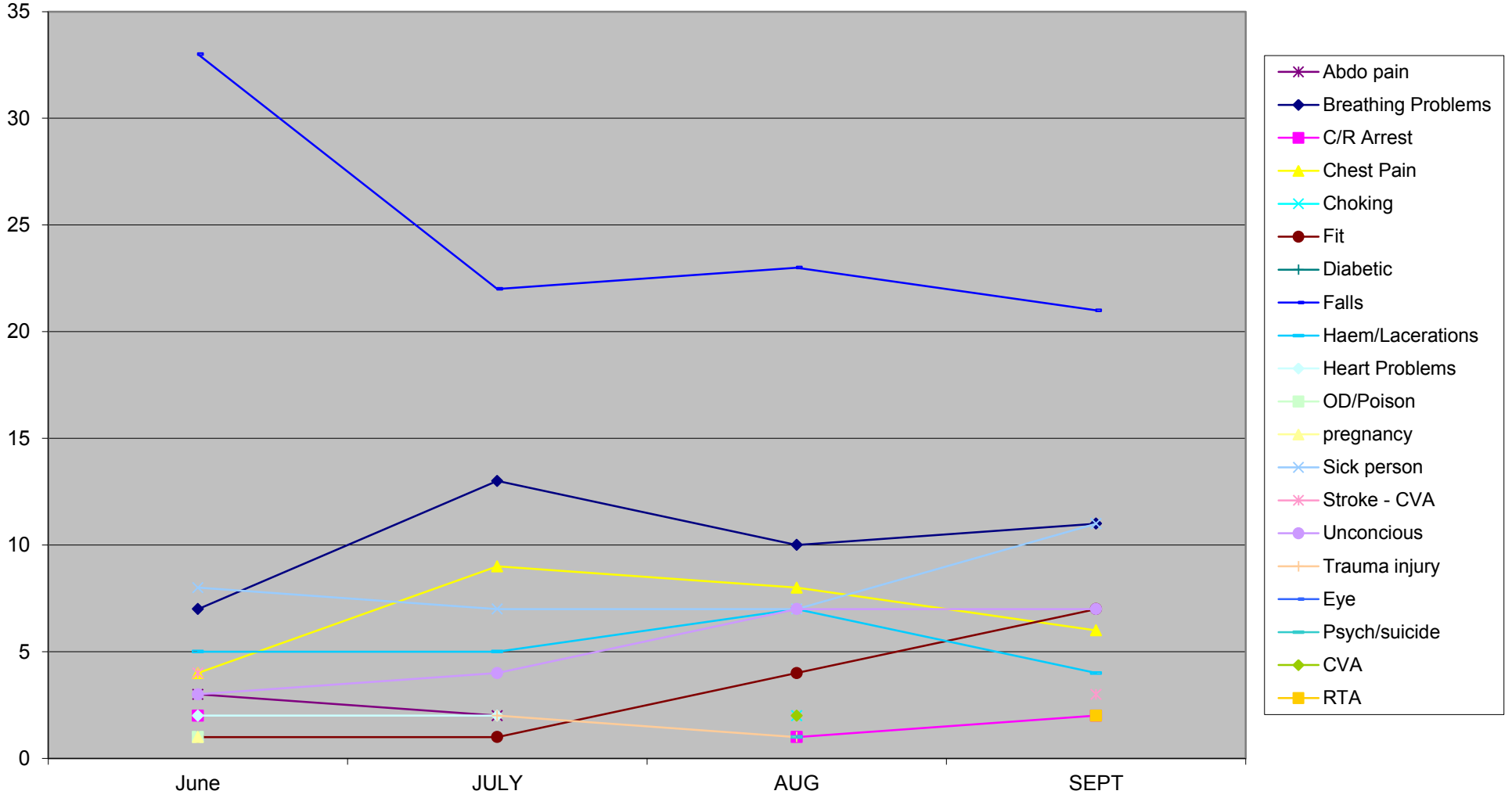
There is also the issue of the fabric of the premises, with many being quite old and some poor environments. The issue of how homes access capital to develop modern facilities is a key concern.

Prepared on Behalf of Aneurin Bevan Health Board by

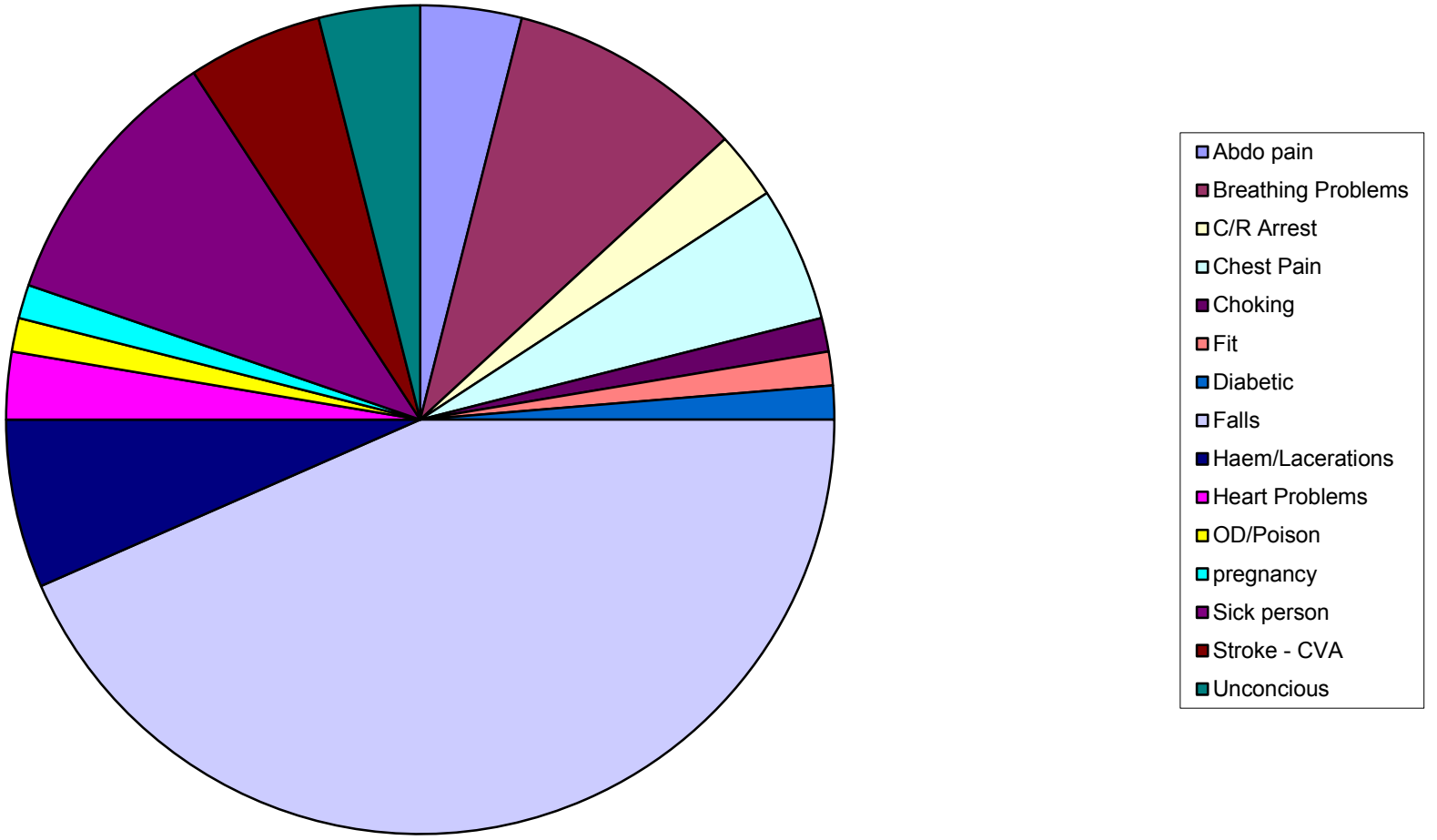
Julie Thomas
Locality Director Newport

BG	JUNE	JULY	AUG	SEPT
Woffington	4	6	5	3
Rookery	3	3	8	3
Bridge house	0	0	0	2
C	**JUNE**	**JULY**	**AUG**	**SEPT**
Churchview	6			5
Hillside	7	1	4	4
Abermill	6	4	9	8
Millbrook	5	3	7	5
Parkside	1	1		
White Rose	1			
Oakdale Manor	1	1	3	7
churchview		7		
whiterose		3		
M	**JUNE**	**JULY**	**AUG**	**SEPT**
Castle Court	3	1	1	3
Bethany Christian Home	1	1	1	1
Belmont House	1	4	6	2
Parade House	1		2	
Penpergwm House	2			2
Ty Gwyn	3	3	1	3
Cantref		1		
N	**JUNE**	**JULY**	**AUG**	**SEPT**
Glenmore	2		1	
Mayfield	2		1	2
Florence Justice	2	1		
Ashton Park	2		2	
The Willows	1		2	1
Emmaus	1	1		
T	**JUNE**	**JULY**	**AUG**	**SEPT**
Plas Y Garn	7	4	4	1
Arthur Jenkins	2	9	2	5
Regency House	9	12	10	14
Cwmbran House	3		4	4
Mayflower			1	

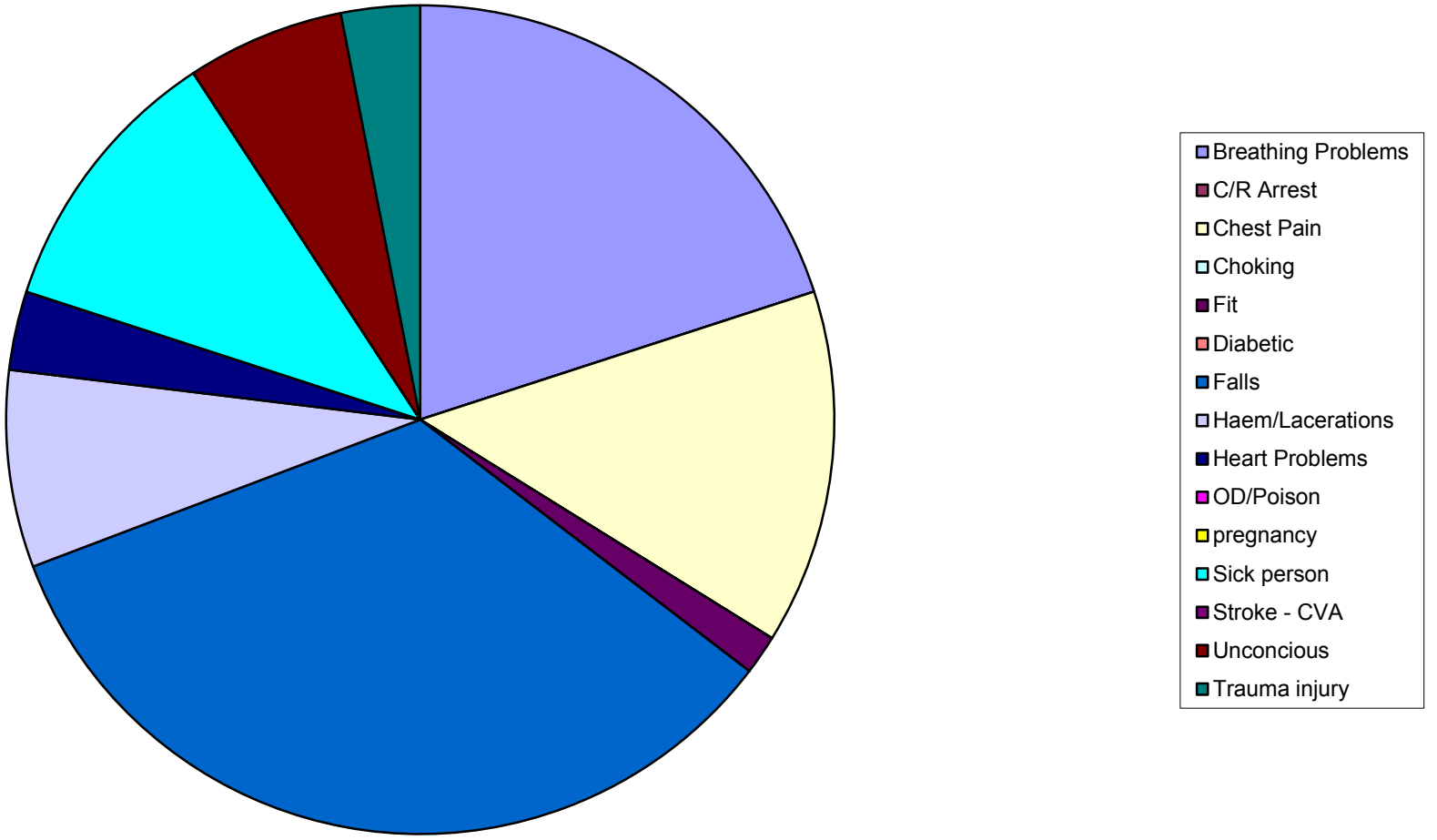
REASON FOR CALL-RESIDENTIAL HOMES



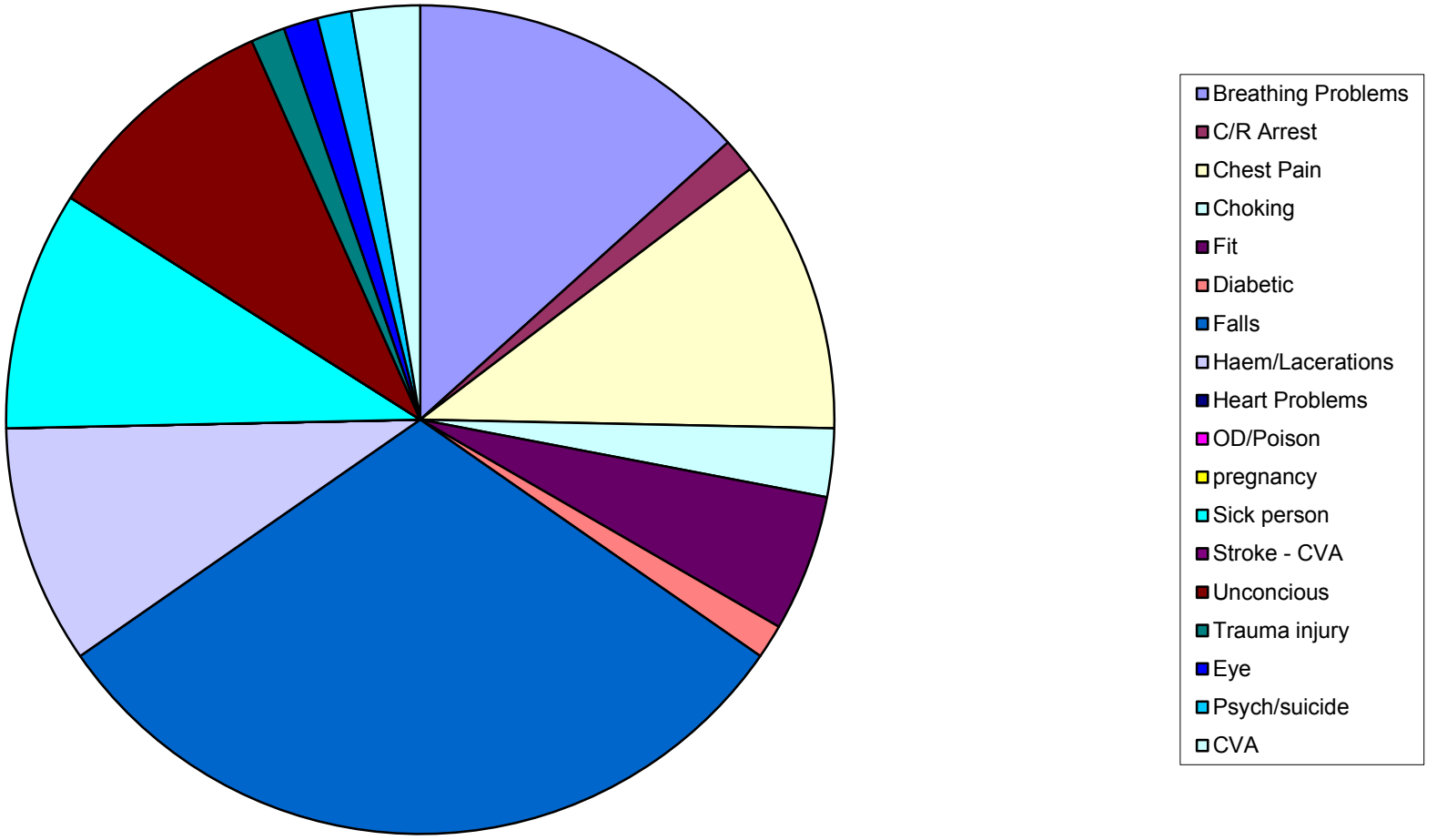
REASON -June


Abdo pain
Breathing Problems
C/R Arrest
Chest Pain
Choking
Fit
Diabetic
Falls
Haem/Lacerations
Heart Problems
OD/Poison
pregnancy
Sick person
Stroke - CVA
Unconcious

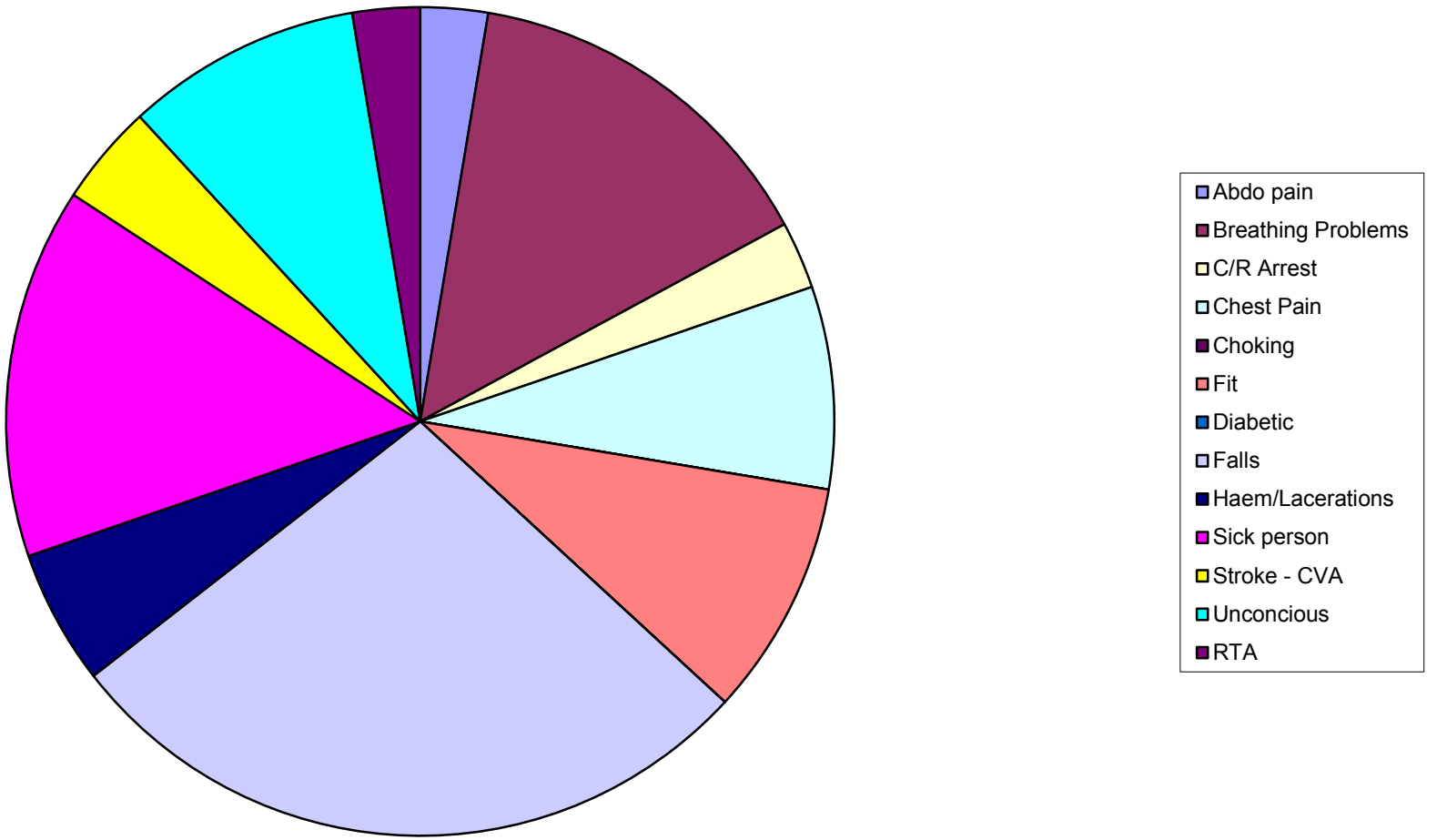
REASON -JULY2



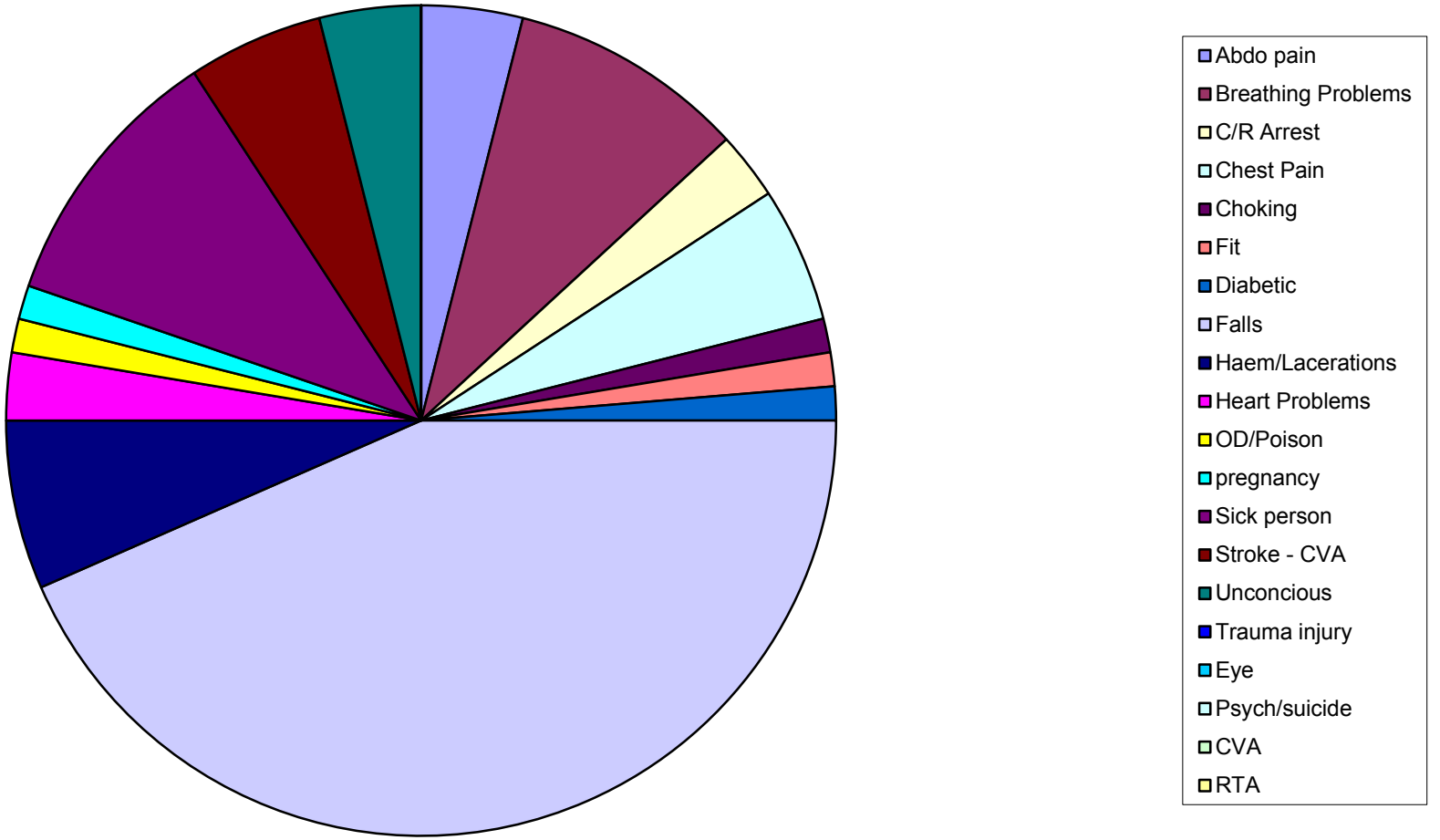
REASON -AUG


Breathing Problems
C/R Arrest
Chest Pain
Choking
Fit
Diabetic
Falls
Haem/Lacerations
Heart Problems
OD/Poison
pregnancy
Sick person
Stroke - CVA
Unconcious
Trauma injury
Eye
Psych/suicide
CVA

REASON -SEPT


Abdo pain
Breathing Problems
C/R Arrest
Chest Pain
Choking
Fit
Diabetic
Falls
Haem/Lacerations
Sick person
Stroke - CVA
Unconcious
RTA

REASON FOR CALL PIE CHART



BG	JUNE	JULY
Woffington	4	6
Rookery	3	3
Bridge house	0	0
C	**JUNE**	**JULY**
Churchview	6	
Hillside	7	1
Abermill	6	4
Millbrook	5	3
Parkside	1	1
White Rose	1	
Oakdale Manor	1	1
churchview		7
whiterose		3
M	**JUNE**	**JULY**
Castle Court	3	1
Bethany Christian Home	1	1
Belmont House	1	4
Parade House	1	
Penpergwm House	2	
Ty Gwyn	3	3
Cantref		1
N	**JUNE**	**JULY**
Glenmore	2	
Mayfield	2	
Florence Justice	2	1
Ashton Park	2	
The Willows	1	
Emmaus	1	1
T	**JUNE**	**JULY**
Plas Y Garn	7	4
Arthur Jenkins	2	9
Regency House	9	12

Cwmbran House	3	
Mayflower		

AUG	SEPT
5	3
8	3
0	2

AUG	SEPT
	5
4	4
9	8
7	5
3	7

AUG	SEPT
1	3
1	1
6	2
2	
	2
1	3

AUG	SEPT
1	
1	2
2	
2	1

AUG	SEPT
4	1
2	5
10	14

	June	JULY	AUG	SEPT
Abdo pain		3	2	2
Breathing Problems		7	13	10	11
C/R Arrest		2		1	2
Chest Pain		4	9	8	6
Choking		1		2	
Fit		1	1	4	7
Diabetic		1		1	
Falls		33	22	23	21
Haem/Lacerations		5	5	7	4
Heart Problems		2	2		
OD/Poison		1			
pregnancy		1			
Sick person		8	7	7	11
Stroke - CVA		4			3
Unconcious		3	4	7	7
Trauma injury			2	1	
Eye				1	
Psych/suicide				1	
CVA				2	
RTA					2

	JULY
Abdo pain	2
Breathing Problems	13
C/R Arrest	
Chest Pain	9
Choking	
Fit	1
Diabetic	
Falls	22

	AUG
Breathing Problems	10
C/R Arrest	1
Chest Pain	8
Choking	2
Fit	4
Diabetic	1

4	4
1	

Haem/Lacerations	5
Heart Problems	2
OD/Poison	
pregnancy	
Sick person	7
Stroke - CVA	
Unconcious	4
Trauma injury	2

Falls	23
Haem/Lacerations	7
Heart Problems	
OD/Poison	
pregnancy	
Sick person	7
Stroke - CVA	
Unconcious	7
Trauma injury	1
Eye	1
Psych/suicide	1
CVA	2

	SEPT
Abdo pain	2
Breathing Problems	11
C/R Arrest	2
Chest Pain	6
Choking	
Fit	7
Diabetic	
Falls	21
Haem/Lacerations	4
Sick person	11
Stroke - CVA	3

Unconcious	7
RTA	2