Welsh Assembly Finance Committee

Inquiry into the cost of caring for an ageing population

Written evidence submitted on the behalf of the RCEM Wales (January 2018)

The Royal College of Emergency Medicine Wales (RCEM Wales) is the single authoritative body for Emergency Medicine in Wales. RCEM Wales works to ensure high quality care by setting and monitoring standards of care, and providing expert guidance and advice on policy to relevant bodies on matters relating to Emergency Medicine.

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. The health service in the United Kingdom has been described as a victim of its own success.[1] On the whole, our population is healthier and living longer than ever before. As we will evidence below, a growing ageing population means we need to invest more into our health and social care services to adequately prepare and care for an increasing number of patients requiring complex care packages.

Ageing Population and Patterns of Demand

2. NHS Wales' medical and social care workforce faces a significant challenge to meet the health needs of a growing and ageing population with increasingly complex needs.

3. The figures given below are from Stats Wales collated from the Office of National Statistics.[2] What these figures show is that the population of Wales – which already had considerable needs centred around an ageing population – has continued to become more elderly. From mid-2013 to mid-2016 the population of those over 65 years of age increased by 5.7%. In the same time period, the population as a whole increased by no more than 1.0%.

Year	Population all ages	Population aged 65 and over
Mid 2013	3,082,412	600,630
Mid 2014	3,092,036	614,747
Mid 2015	3,099,086	624,773
Mid 2016	3,113,150	634,637

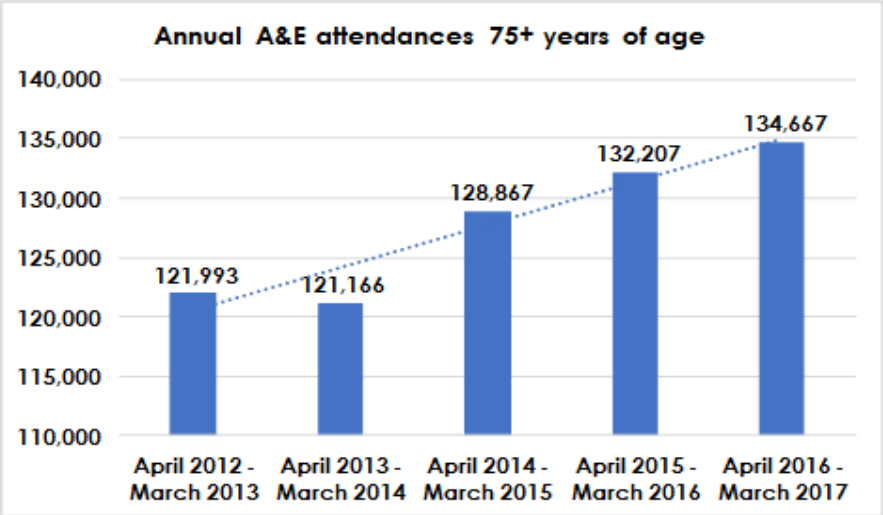
4. Moreover, the number of people over 65 years of age is predicted to grow by 229,204 by 2039. This is an increase of 35% in the space of only 21 years.[3]

5. While these changes are significant when considered on their own, they are compounded by the elderly populations changing attitude to their own health. Analysis of both Disability Free Life Expectancy and Healthy Life Expectancy data has shown that while life expectancies are increasing those same people's assessments of their remaining life expectancy in good health are decreasing.[4]

[1] Wales Online, Is the NHS "a victim of its own success" (2012)
[2] Stats Wales National Level Population Estimates by Year (2016)
[3] Ibid.
[4] ONS, Changes in Disability Free Life Expectancy (2016) and ONS, Health Life Expectancy (2016)

6. This in turn is reflected in an increasing propensity to access health and social care services. Demand from people over 65 years of age continues to grow considerably and has resulted in rising numbers of GP appointments,[5] demand for social care services and pressures in secondary care services, including A&E Departments.

7. The figures presented below are taken from Stats Wales. It shows that the number of A&E attendances of those over the age of 75 has steadily grown since 2013 by 11.2%. Although the overall number of Emergency Department (ED) attendances has only risen by around 2% in the same timeframe, the median time that patients over the age of 75 spend in an A&E Department can be three times longer than patients under the age of 75.[6] This is due to the complexity of conditions that accompanies older age.



8. A person with comorbidity has two or more significant clinical conditions. The likelihood of having two or more significant conditions rises to 60% by the age of 75 years and to more than 75% by 85 years.[7] In cases such as these patients inevitably need a higher level of care in both the hospital and community setting.

9. Indeed, the LE Wales has predicted that the number of over 65s requiring local authority funded domiciliary care or residential or nursing homes will rise by 47% and 57% between 2013 and 2030.[8] However, local authorities are already increasingly unable to meet demands for care and the responsibility of arranging care is often left to the patient and their families.[9]

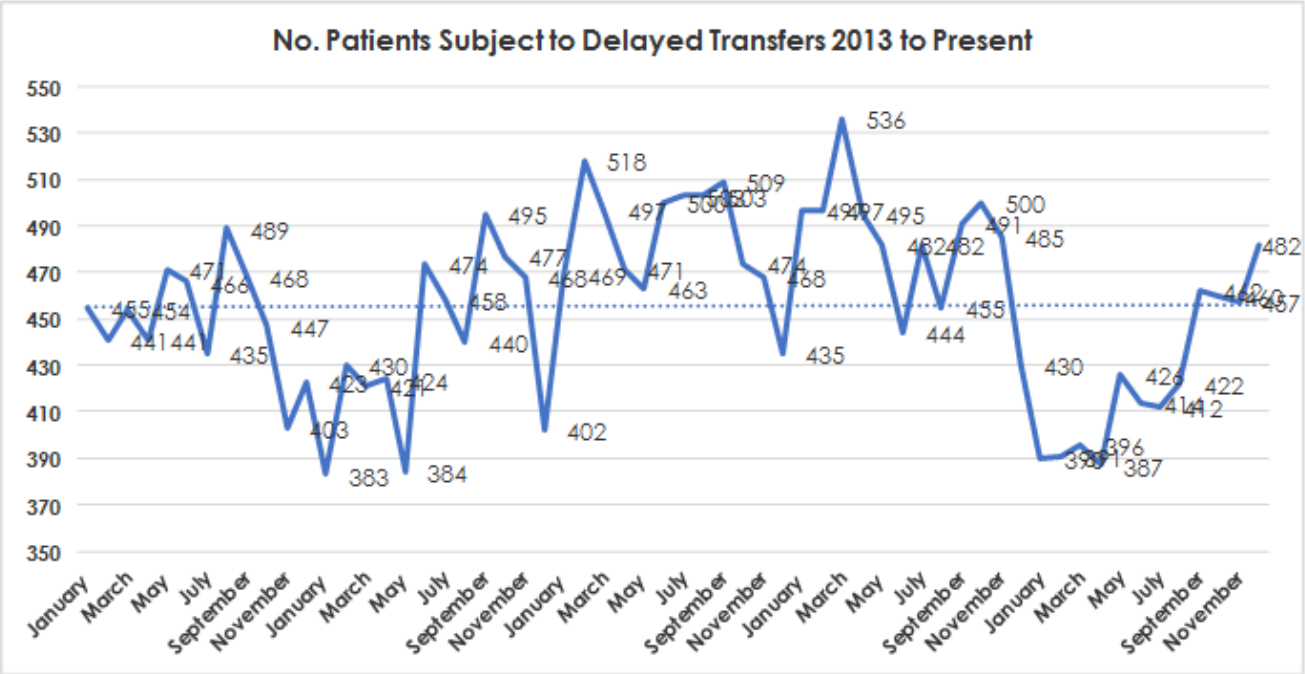
10. Insufficient social care resource impacts the entire the hospital system and contributes to ED crowding, 'Exit Block' and Delayed Transfers of Care (DTOC) – all of which are associated with negative patient outcomes. It is within this context that the RCEM takes the view that EDs have struggled in the face of rising demand, because we continue to systematically under-resource social care services. As we will evidence below, a lack of social care is not economical in terms of hospital expenditure and can significantly impact a patient's mental and physical wellbeing.

[5] The King's Fund, Understanding pressures in general practice (2016)
[6] Stats Wales, Mean and Median time spent in A&E and A&E Attendances by age band
[7] Dr Richard Day, Comorbidities in older people (2017)
[8] LE Wales, Future of Paying for Social Care in Wales (2014)
[9] Welsh Government, Parliamentary Review of Health and Social Care in Wales, Interim Report (2017)

The effects of insufficient social care in the hospital setting

11. One aspect of an ageing population is that more of those patients who enter hospital are more likely to need some kind of care package in place before they can leave. When this cannot be supplied in a timely fashion, those patients are subject to Delayed Transfers of Care (DTOC).

12. The chart given below shows the numbers of patients' subject to Delayed Transfers of Care in Welsh hospitals since 2013.[10]



13. This is important because the more patients subject to Delayed Transfers of Care – and the data does not specific how long each of these delays lasted – the fewer the available hospital beds to admit patients to when they arrive at A&E requiring further treatment.

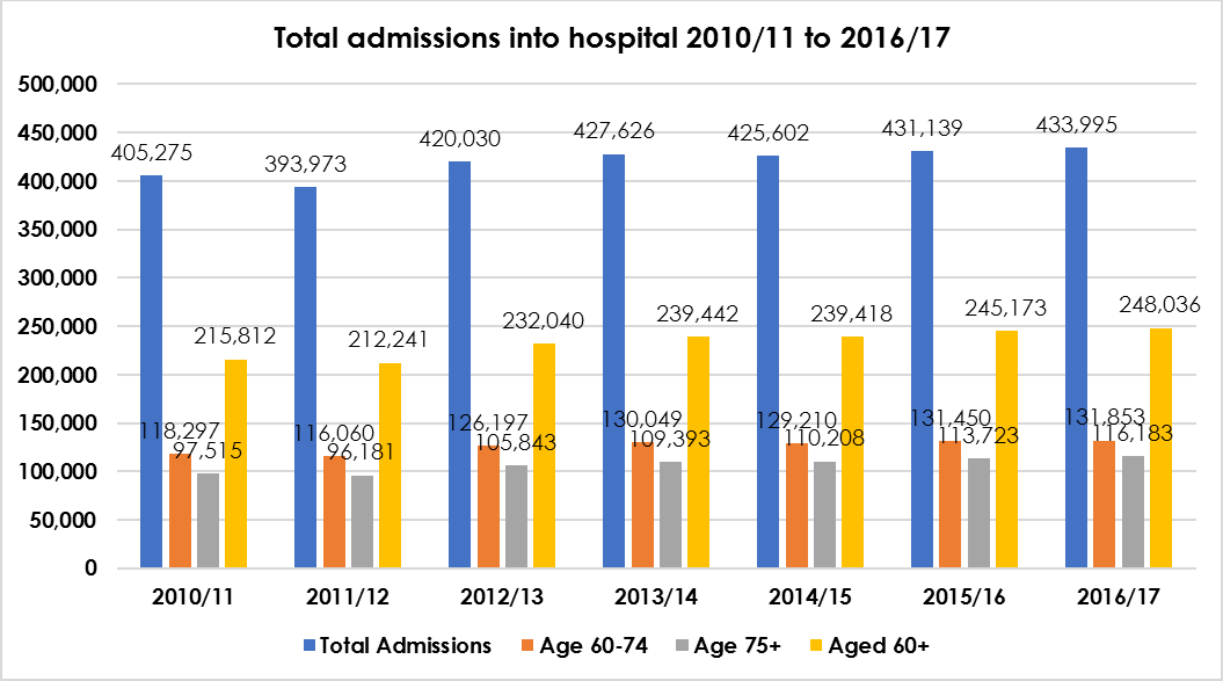
14. In over half of DTOC cases in Wales, delays are a direct result of hospital staffs' inability to discharge patients into an appropriate social care setting.[11] Whilst more people require care in the community, data from Stats Wales shows that the number of care homes in Wales for older adults has reduced by nearly 9% and therefore the number of places has fallen by almost 5%.[12]

Year	Total Settings (Older Adult Care Homes)	Number of Places
March 2011	704	23,340
March 2012	694	23,199
March 2013	684	23,050
March 2014	675	22,816
March 2015	670	22,713
March 2016	653	22,092
March 2017	642	22,217

[10] Stats Wales Delayed Transfers of Care by Organisation
[11] Welsh Government, Delayed transfers of care in Wales, 2016-17 (2017)
[12] Stats Wales, CSSIW Services and Places by Setting Type and Year

15. Furthermore, for those who no longer require hospital care but still need some form of care in the community, social care becomes increasingly important. This is in terms of long-term patient wellbeing and economical use of hospital resources.

16. An FOI request revealed that a stay in a hospital bed in the UK costs the NHS around £400 per day.[13] Data from NHS Wales Informatics Service shows a gradual increase in the number of admissions into hospital over the last couple of years – and a significant proportion of those consist of patients over 65 years of age.[14] The King's Fund bears this out and has found that patients over the age of 65 can account for 70% of bed days.[15] This means that the cost associated with elderly care in hospital is rising year on year.



17. More importantly, a frail person's ability to recover their former independence is greatly affected by a prolonged hospital stay.[16] Indeed, the Health Foundation estimates that 8-12% of admissions into hospital will result in harm to a patient.[17] The longer a person stays in a hospital bed, the greater the impact on their mental health and the more likely they are to develop a life-threatening hospital infection.[18]

18. The data for patients waiting more than 12 hours in an A&E Department is equally concerning. Since 2013-14 the number of patients' subject to these delays in A&E centres has grown from 11,502 to 33,834 in 2016-17.[19] This is an increase of 194.2% and this number is projected to rise.

19. Usually, four, eight and 12-hour breaches are a direct result of the lack of available and appropriate hospital beds – also known as 'Exit Block'. If there are insufficient hospital beds, in part due to a lack of social care, patients are more likely to have to wait longer in the A&E Department which can impact patient safety.[20] Indeed, prolonged ED waits are associated

[13] BBC News, Bed-blocking patient evicted after two years 'did not want to stay' (2017)
[14] Informatics Service, Annual PEDW Data Tables (2017)
[15] The King's Fund, Continuity of care for older hospital patients (2012)
[16] Ibid.
[17] The Health Foundation, Is the NHS getting safer? (2015)
[18] Forbes, 4 Ways Hospitals Can Harm You (2014)
[19] Stats Wales Performance against 12 hour waiting times
[20] RCEM, Exit Block: Hospital Demand Pressures and ED Performance in Wales (2016)

with several negative patient-oriented outcomes, including increased inpatient mortality rates.[21]

20. In order to answer what resources we require for the future – and looking at the data it is clear that we need more - we need to ask whether there has been any material changes in the funding for social care historically which would suggest that the situation was about to improve, rather than continue to deteriorate. Then we can determine whether both our health and social systems require a significant increase in financial aid and resources, rather than a continuation of the current trend.

Social Care Funding

21. The figures given below are from Stats Wales and detail NHS expenditure.[22]

Category	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Total NHS Funding (£)	1755.77	1759.10	1765.57	1803.82	1876.47	1,974.03
Social care needs (£)	14.45	13.99	14.69	15.93	16.18	18.68

22. Although these numbers are not adjusted for inflation, part of this picture is fairly positive. Social care funding has increased by 29.3% since 2010 and overall NHS funding in Wales has increased by 12.4%. Furthermore, between 2005-06 and 2013-14, expenditure by Welsh councils on social care services for people aged 65 and over has increased by 23%.[23] Using Wales Audit Office data, on the basis of these trends, expenditure could continue to rise to over £750 million within 10 years.[24]

23. However, considered more closely a different picture emerges. The Nuffield Trust - after adjusting for the fact that older populations have higher health needs and associated costs – evidenced that in 2015 Wales was the lowest spending UK Nation on its Health Service.[25] Moreover, the Health Foundation found that between 2008/09 and 2014/15, public spending on adult social care per head fell by an average of 0.4% per year (in real terms) in Wales. By comparison, funding in Scotland has risen by 0.5% a year.[26] This is despite Wales having a greater population made up over 65s than Scotland[27] and despite evidence suggesting that comorbidity is a key driver for social care costs.[28]

24. And yet these cuts are in the face of historical and projected growing demand. Indeed, the average life time expenses for social care faced by people aged 65 and over is estimated to exceed £30,000[29] and long-term care provision expenses is set to continue to rise.[30] The inevitability of an increasing number fail elderly with comorbidities will compound this.

25. For example, the number of people with dementia in the UK is forecast to rise to 2,092,945 by 2051 - an increase of 156%.[31] The cost of dementia in the UK was estimated at £26.3 billion in 2013, with 39% attributable to social care and 44% to unpaid care. Dementia patients often

[21] A. Singer et al., The Association Between Length of Emergency Department Boarding and Mortality (2011)
[22] Stats Wales, NHS expenditure per head by budget category and year
[23] Wales Audit Office, Supporting the Independence of Older People: Are Councils Doing Enough? (2015)
[24] Ibid.
[25] Nuffield Trust, NHS In Numbers & Health Spending Across UK Nations (2015)
[26] The Health Foundation, Health and social care funding explained (2017)
[27] ONS, Population estimates for UK, England and Wales, Scotland and Northern Ireland: mid-2016 (2017)
[28] International Journal of Integrated Care, Who would most benefit from improved integrated care? (2015)
[29] Comos-Herrera et al., Expected lifetime costs of social care for people aged 65 and over in England (2010)
[30] Government Office for Science, Current and future challenges of family care in the UK (2015)
[31] Alzheimer's Society, Demography (2014)

have longer hospital stays than other inpatients, and are more likely to need social care after being discharged.[32] We need to account for this inevitable rise in demand for social care.

26. The Welsh Government recently acknowledged that "social care services are under substantial pressure at present, because of a large demand for local authority funded care, a squeeze on funding, and a shortfall in staff available"[33] – a view that is constantly repeated.

27. Nevertheless, the Government found that that access to alternatives to residential care - such as extra care housing, sheltered housing, and housing based support services - has significantly reduced.[34] Furthermore, capital costs for entry into the market and financial pressures has arguably dissuaded any new care home providers from setting up,[35] despite clear demand.

Staffing

28. The recruitment of health and social care professionals is declining at a time when people increasingly require treatment and support at home and in the community.[36]

29. Data taken from the Welsh Government shows that there has been a steady fall in the number of directly employed social services staff since 2009. Between 2016 and 2017 the total whole time equivalent staff fell by 5%. Moreover, in 2017 there were 2,762 home care services staff which is a 14% decrease when compared to 2015.[37]

30. There are numerous reasons why the recruitment and retention of social care staff is struggling. Many find better paid and better working conditions elsewhere, for example in the retail industry. Others find that the work is too stressful because of the demands placed upon them in an under resourced field.[38]

31. Although difficult to quantify, Brexit could pose a further risk to for the staffing of both health and social care services. According to the Nuffield Trust, 10% of doctors and 4% of nurses are from the EU and are working in the UK.[39] For social care, almost one in five care workers were born outside of the UK.[40]

32. If social care services are under significant demand now and are unable to adequately provide for their patients – due to insufficient financial provision and resource – it is fair to suggest that if the current trend continues, NHS Wales and Care and Social Services Inspectorate Wales will be unable to adequately provide for the frail elderly population of the future. We must therefore ensure that staff feel valued and attracted to work in Wales.

Conclusions and Recommendations

33. The situation laid out above is not a new phenomenon. Difficulties treating patients in a timely fashion because of a lack of available beds and social care in the community has been a feature of the Welsh and other UK health systems for some time. Planning must address the

[32] Government Office for Science, Future of an ageing population (2016)
[33] Welsh Government, Parliamentary Review of Health and Social Care in Wales, Interim Report (2017)
[34] Welsh Government, Parliamentary Review of Health and Social Care in Wales, Interim Report (2017)
[35] Public Policy Institute for Wales, The Care Home Market in Wales: Mapping the Sector (2015)
[36] Government Office for Science, Future of an ageing population (2016)
[37] Welsh Government, Local authority social services: Staff numbers in Wales, 31 March 2017 (2017)
[38] The Guardian, Social care in Wales: 'Brexit poses risks to staffing and services' (2016)
[39] Nuffield Trust, Fact Check: migration and NHS staff and Stock of doctors by country of first qualification (2016)
[40] Association for Real Change, Brexit and Social Care (2017)

need to cope with rising numbers of the frail elderly – with complex interactions between health and social care and long-term co-morbidities.

34. As acknowledged above, hospital care is a high-cost service and can also be detrimental to the health of some patients who are unable to be placed into community care in a timely fashion. Considering this, it is more logical to respond positively to the needs and demands of patients wanting care in the community. It is our opinion that the way to do this is to adequately finance the health and social care system and put in place social care services fit for the future.

35. There are too few social and community care staff to deliver effective and efficient care. We must ensure the work environment and shift patterns promote rather than discourage staff retention in these sectors.

36. The College's A&E Hub Concept proposes that frailty teams should be co-located alongside emergency departments to better meet the patient's need and reduce avoidable hospital admissions.[41] Early involvement of old age specialist teams has been shown to reduce length of stay in hospital and reduce inappropriate admissions, in addition to being preferred by patients.[42] Given the high cost of hospital admissions, introducing frailty teams at the front door might even be cost-saving for NHS Wales in the long-term and could lead to better patient outcomes.

[41] RCEM, Co-Location - the Hub concept (2015)
[42] British Geriatrics Society, The Older Person in the Accident & Emergency Department (2009)