

Parliamentary Review of Health and Social Care in Wales

This submission is sent from Community Housing Cymru (CHC) on behalf of the Health, Social Care and Housing project group, formed by CHC and Public Health Wales. In November 2015 both organisations signed a Memorandum of Understanding which signified our commitment to work more closely together to improve the lives and health of people in the most deprived communities in Wales. As part of the MoU the Health, Social Care and Housing project group was formed.

Executive Summary

This work provides information on:

- RSL feedback on key challenges, barriers to engagement and solutions within the residential and care home sector
- Examples of innovation from Health, Social Care and Housing sector

Introduction and reason for submitting evidence

The Health, Social Care and Housing project group consists of membership from Welsh Government, Local Health Boards, Housing Associations, Welsh Local Government Association, Community Housing Cymru, Public Health Wales, Social Care Wales and other key health, social care and housing partners.

As part of this work, we consulted with RSLs on the key challenges, barriers and solutions to collaborative working in the residential and nursing care sector.

In light of the work of the Parliamentary Review of Health and Social Care in Wales, we would like to share our findings with you, outlining the role that housing can play in health and social care sector, and have detailed the feedback received below.

Findings

RSL feedback on key challenges, barriers to engagement and solutions within the residential and care home sector:

Key Challenges

Prevention

Integration is needed in the areas of preventative health, community wellbeing and active ageing, a focus in these areas will reduce the demand for residential and nursing care.

Funding and the Cost of Care

Capital - Residential and Nursing Homes are not entitled to receive SHG funding. Consequently 100% capital funding has to be raised from private sources. Unfortunately, it is difficult to find lenders and once found the terms on which funding is available are higher than is the norm for the sector, thereby making it extremely difficult to achieve viable projects.

Revenue – There is difficulty in achieving the right level of payments to meet the costs of projects. Additionally, in the early stages Care Homes take time to fill, this enables you to demonstrate your model of care and establish a good reputation. Therefore, to build-up a scheme it can take circa 2 years. To offset this, a proportion of ‘self-funders’, paying higher fees, are required to be resident within schemes to make them financially viable and the target market then becomes the self-funder and private market. RSL’s want to meet the broader needs of the community and those who are disadvantaged - is there an opportunity for RSL’s to be providing this type of provision?

The Living Wage – The phased introduction of the Living Wage will substantially increase operating costs, which is not necessarily reflected in the fees paid by commissioners. Some Local Authorities have increased their level of contribution; however this does not always match increased costs.

Demographics

Rural locations are more likely to require smaller care homes, however the overheads are the same as larger schemes in terms of Management costs, catering costs, build costs etc. Therefore, smaller schemes do not financially stack up as well as larger schemes, which can be an issue in rural locations. It is difficult to incentivise development if no public money is available.

Regulators and Commissioners

The views and requirements of regulators and commissioners can vary and requirement in relation to staffing levels or paper-based recording instead of electronic recording for example, can increase costs and place additional pressures on scheme financial viability.

Strategic approach of Local Authorities

The strategies for some LA’s are geared towards Extra Care provision rather than residential or nursing care homes, when there is still a need for this provision. Concerns raised over nursing care provision within an Extra Care environment, with the consequential regulation requirements.

Recruitment and Retention of Staff

Due to the relatively low level of pay within the care sector there can be difficulties in recruiting and retaining suitable persons as Care Workers. Often they can obtain better rates of pay within the local retail sector. Similar difficulties can be experienced in the recruitment and retention of Nurses.

Partnership working

Concerns raised over the transfer of risk to RSL's within partnership arrangements with LA's and health.

Understanding RSL's

Exec Directors/Non Exec Directors have the role of protecting the interest of RSL's and therefore they can be risk averse towards development and want to see a guarantee on return on investment. Sharing of risk and incentives for RSL's around Care Home development would help with this risk aversion from boards and lenders.

It is difficult to find a partner who will lease a building once developed, RSL's do not have as many alternative options around development of Care Homes.

Perception of Care Homes, Commissioning and Future Provision

Care Homes can be perceived as a last resort rather than positive life choice. We need an array of housing options and solutions, and to be innovative in our thinking around the provision of care, such as intergenerational living.

Barriers to Further Engagement

Understanding RSL's offering

RSL's are not necessarily seen by Commissioners as a separate entity of providers, there is a need to be distinguished from the 'for profit' providers.

Concerns raised over quality vs cost and trying to achieve the most low cost provision.

Funding and Cost of Care

There is no grant for the building of new care homes or certainty over funding of the true cost of care. The margins are very tight, it can be difficult to provide the service at cost.

Risk

Under the advice of Non-Executive Directors, some RSL's will not enter into the area of care/residential/nursing homes, due to the very different skill and regulatory environment that it operates in.

What would need to change?

Funding and Cost of Care

Current fee levels are not enough to cover costs, fee levels should be increased in line with an agreed index and reflecting national policy initiatives such as the Living Wage.

Grant funding could be provided for not-for-profit providers to assist in making fees affordable for all sectors of the community. This could be restricted to persons placed by commissioners, who are unable to pay top-up fees in the private sector.

Risk Sharing

Commissioners to work in partnership with the not-for-profit sector on appropriate projects, with the sharing of risk.

Development of career paths within the Care sector - with assistance provided with training and personal development costs provided as part of a national initiative.

Demographics

Access to grant funding could be considered for smaller schemes, additional support is required similarly to that provided to the Extra Care market. RSL's are carrying all of the financial risk, in terms of developing a building and delivering the service. Delivery of Nursing Care and establishing this infrastructure within Housing Associations is not easy to do and is costly.

Understanding RSL's

RSL's need to highlight the positives, that they do not have shareholders and are not-for-profit organisations, they pay staff good wages/living wage and are striving to raise standards in care provision.

Commissioning and Future Provision

Future provision will need to look at complex needs and nursing care, Housing need to integrate with Health in the commissioning of services that relieve the pressure on hospital beds. We need to consider how Care Home provision is commissioned, RSL's can be the solution, we need some smarter thinking and leadership nationally to achieve this.

Choice in Provision of Care

Choice is important; there is a need for the provision of both residential and nursing care homes within the spectrum of care provision.

Examples of Innovation

Lighthouse project

The Lighthouse Project, (directly managed by Taff Housing Association), works in partnership with Newport City Council's Supporting People Team who provide funding for floating support. This need was identified due to delays in transfer of care for people with housing related support needs, more focused and knowledgeable support required.

The Lighthouse project provides specialist housing advice to those in Royal Gwent and St Woolos hospital. Available to those aged over 18 who are Newport residents, via a referral from a Social Worker. A Project Worker is based within the Hospital Discharge Team.

Service includes:

- Advice on issues such as aids and adaptations in the home and general safety and security
- Assistance to contact relatives and agencies such as doctors or social workers
- Assistance with managing accommodation or applying for more appropriate accommodation
- Sign-posting to other services/agencies

Recently an additional Support Worker was recruited as part of a 12 month pilot in order to build on the success of this Supporting People funded project. This will allow the project to expand its function to cover all appropriate referrals from within the Royal Gwent and St Woolos Hospitals covering residents from Newport and additionally Torfaen, Monmouthshire, Blaenau Gwent and Caerphilly.

Wellbeing 4 U project

This Primary Care led and funded project aims to address public health priorities in Cardiff & Vale, through strengthening links between GP practices and the local community, and tackling key issues of immunisations and screening. A team of workers will be employed by United Welsh Housing Association: a team leader and a wellbeing co-ordinator and assistant co-ordinator in each locality. The GP clusters will prioritise the practices where the team will focus their time and efforts in order to achieve the maximum impact.

Coordinators will work partly on a one-to-one basis with people on a strength based approach to help them adopt healthier behaviours and take up screening and immunisation opportunities, and partly with groups doing educational awareness raising.

The project is aimed at all age groups and is based across 3 localities in Cardiff and the Vale, it aims to target total population as the project progresses. Localities are Cardiff North, West and South West; Cardiff East, South East and City & South; and the Vale.

Outcomes:

- an increase in flu vaccination levels for people aged 65 and under with a chronic condition
- an increase in screening uptake amongst hard to reach groups
- an increase in uptake of community activities in local areas

Falls Prevention Working Group

This group is Chaired by Neil Williams (Head of Agency Support and Development, Care & Repair Cymru) and its main purpose is to provide a health and housing response to falls. The group is setting up a Partnership Working pilot in the Hywel Dda area, with Ceredigion County Council, Care & Repair and the Fire and Rescue Service to develop a standardised assessment tool for home visits. This work aligns with the Ageing Well in Wales and Prudent Healthcare principles within a housing response to falls. It aims to send the same messages and utilise the same pathways around falls prevention with partners that carry out visits in people's homes. Alongside this work, the group is aiming to set up a data sharing pilot between NHS and non NHS organisations in Wales, this aims to reduce the risk of duplication of assessments, resources and costs to individual organisations but most importantly is to ensure a collaborative approach that provides a positive experience for the individual. Currently the group are delivering falls prevention workshops and training sessions to maximise conversations between tenants and support staff in order to embed a proactive culture of preventing falls.

We would be happy to consult with the Health and Housing project groups for any further information or future reviews.

Please do not hesitate to let me know if I can provide any further information or clarification.

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On behalf of CHC and the Health, Social Care and Housing Project Group