



**Older People's Commissioner for Wales**  
**Comisiynydd Pobl Hŷn Cymru**

**Response from the Older People's  
Commissioner for Wales**

**to the**

**National Assembly for Wales' Finance  
Committee Inquiry into the Cost of Caring  
for an Ageing Population**

**January 2018**

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## **About the Commissioner**

The Older People's Commissioner for Wales is an independent voice and champion for older people across Wales, standing up and speaking out on their behalf. She works to ensure that those who are vulnerable and at risk are kept safe and ensures that all older people have a voice that is heard, that they have choice and control, that they don't feel isolated or discriminated against and that they receive the support and services they need.

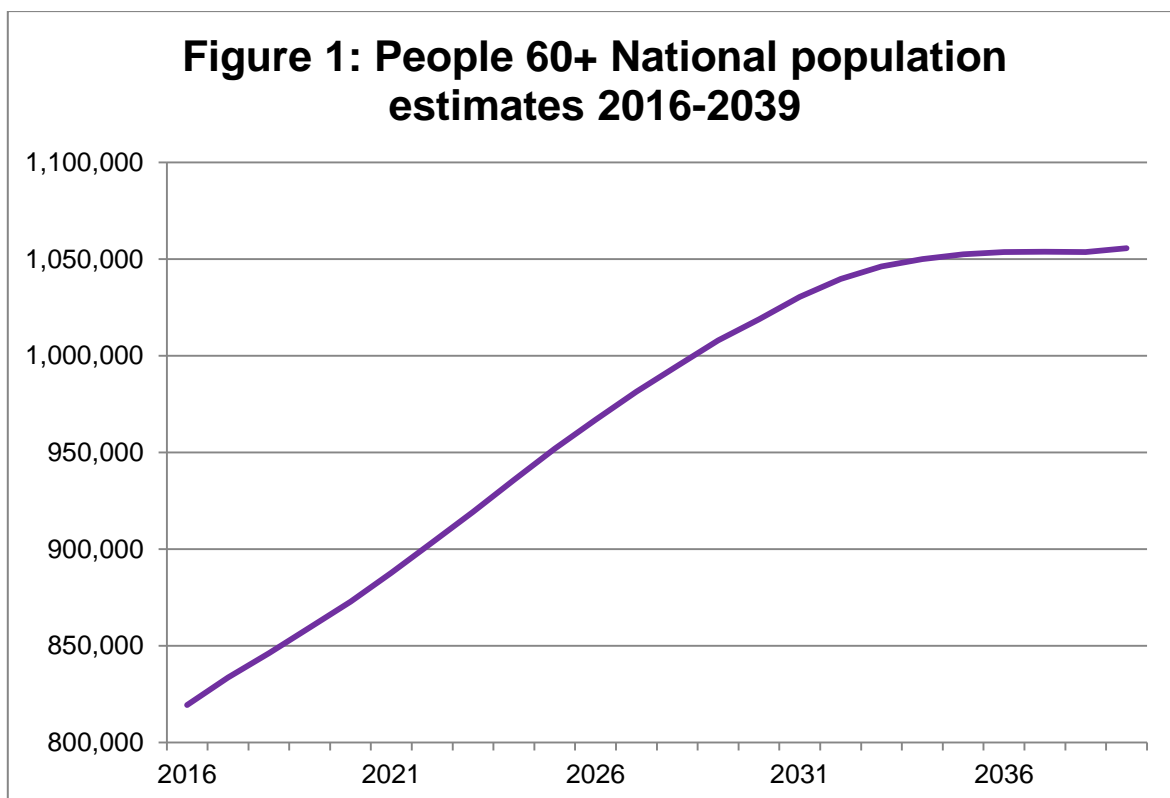
The Commissioner's work is driven by what older people say matters most to them and their voices are at the heart of all that she does. The Commissioner works to make Wales a good place to grow older - not just for some but for everyone.

The Older People's Commissioner for Wales:

- Promotes awareness of the rights and interests of older people in Wales.
- Challenges discrimination against older people in Wales.
- Encourages best practice in the treatment of older people in Wales.
- Reviews the law affecting the interests of older people in Wales.

# Introduction

1. Wales is a nation of older people. Of a population of over 3.1 million, approximately 800,000 are over the age of 60.<sup>1</sup> It is also a nation with a significant number of ‘older older’ people, i.e. those over the age of 85. Parts of Wales, such as the north and the south Wales valleys, have some of the highest levels of older people within the UK.
2. This proportion has been significantly increasing over the past decade and is set to continue to increase until the 2030s, when demographic projections indicate that this increase will begin to slow (Figure 1).<sup>2</sup> Researchers from Newcastle University have shown that whilst we will be living longer than ever before, there will be a considerable increase in the number of older people living with multiple diseases.<sup>3</sup> ‘Healthy’ life expectancy increases are not keeping pace with the increases in life expectancy.



3. Whilst infirmity and decline should not automatically be assumed as an inevitable part of ageing, there are a range of indicators about the current population of older people that have an impact upon their use of public services. More than two thirds of older people live with a

long standing health condition,<sup>4</sup> half have a life limiting disability, one in six live in poverty,<sup>5</sup> over 40,000 are victims of domestic abuse every year,<sup>6</sup> over 7,500 are the victims of financial crime each year<sup>7</sup>, significant numbers are lonely and isolated,<sup>8</sup> and over 45,000 have a form of dementia.<sup>9</sup>

4. The majority of older people continue to live in their own homes but as time goes on, they will require increasingly complex and time-intensive packages of support, often from a wide-range of agencies. Older people will often need support for activities such as bathing, washing, eating, dressing, taking medication and the wider monitoring of their physical, mental and emotional health. They will also need support to ensure that they remain included within wider society, including mobility support to enable them to continue to go out and social support to retain their connection to their communities.
5. Some older people will be able to remain in their own homes but will be dependent on support from family members and unpaid carers. The contribution currently made by unpaid carers is estimated at £8bn a year within Wales, more than the total spent annually on health and social care services.<sup>10</sup> A study published in 2015 predicted that the number of people needing care would outstrip those 'available' to provide it by 2017.<sup>11</sup> Furthermore, of six million people in the UK caring for an older relative, over two million are themselves aged over 65, with more than 400,000 over 80 years of age.<sup>12</sup>
6. Significant numbers of older people will eventually not be able to remain in their own homes, moving into extra care or into the care home sector. The physical and emotional needs of people living within these sectors have increased significantly and rapidly over the last five years and will continue to do so.
7. Research has shown that both the domiciliary and residential care markets are very fragile and we do not yet have a sufficiently clear picture of what the level of demand for these services will be. Shortfalls in service provision have cost implications, for example in relation to creating a greater need for unscheduled care and delaying

discharges from hospital, as well as undermining the achievement of overall wellbeing outcomes for individuals.

8. Older people are also significant users of healthcare services. Primary care is the first port of call for many older people with approximately 80% of contacts taking place in this sector.<sup>13</sup> Older people want to have care provided as close to home as possible, for reasons of accessibility and person-centred care. It is essential that action is taken to ensure a holistic approach to older people's physical and emotional health and wellbeing. It is clear from my report into older people's experiences of accessing and using GP services in Wales that older people face a number of challenges in accessing services within primary care at a cost to both them and the public purse.<sup>14</sup> Unscheduled care is also a significant issue for older people, particularly accessing inpatient services via A&E. These also have a cost to individuals and the public purse.
9. It is very important that older people are not seen as a 'burden' on public services, nor the cause of many of the challenges that public services currently face. Older people are a significant asset, worth £1bn a year to the Welsh economy<sup>15</sup> and they have a rightful expectation of care and support at the time of their greatest need. Failing to sufficiently invest in the right kind of care will ultimately increase the long-term cost for public services. Whilst social care is a cost within public services, it is also important to see it as an investment in the social capital of Wales.

# Creating Sustainable Health and Social Care Services in Wales

10. It has been clear for many years that the demographic changes taking place in Wales will have a significant impact upon the need for, and nature of, support from public services. However, changes were not made when the wider economic environment was more conducive to support the long-term change that was needed. We now have a range of challenges crystallising within public services at a time of huge economic uncertainty, both in relation to domestic austerity and the potential economic impact of Brexit.
11. This failure to effectively plan for the long-term has left the health and social care sectors in a position where they are required to meet increasing levels of demand, which is becoming increasingly complex, whilst radically redesigning their models of care. At the same time, they have had an increase in the duties placed upon them from a range of legislation without a significant increase in the resources available to them. The increase in pressure on the statutory sector has also meant that the third sector has had to contribute more towards preventative services and commissioned services within limited budgets.
12. Whilst the debate is frequently framed in the context of the challenges faced by public services and their longer-term sustainability, it is important not to forget the impact on the lives of older people. There are older people who are in hospital unnecessarily, who move into residential care earlier than they would have needed to and those who receive a level of care which barely meets their needs or are unable to access the services and support they need. This not only causes great distress but also exacerbates ill health and demand for support, creating a vicious cycle of enhanced need and dependency.
13. It is too early to judge the impact that the Social Services and Well-being (Wales) Act 2014 will have on the long-term sustainability of the social care sector. However, one of the key aspects will be the effectiveness of the Population Assessments in respect of planning for, and responding to, identified future demand. It is not yet clear

whether the data that underpins the recently published Population Assessments and the accompanying National Population Assessment report is sufficiently robust to provide an adequate assessment of how services will need to change to meet the needs of future generations.

14. In my view, there are a number of key areas which must be addressed to create more sustainable health and social services in Wales.

### **Investment in preventative services to reduce demand**

15. Whilst it is clear that Wales has focused on the prevention agenda significantly in recent years, many older people still report that a crisis has to occur before they receive the help and support they need. Older people have told me that the help and support they need to prevent deterioration in their health is becoming increasingly difficult to access and it is clear to me that significant further investment is required in a range of preventative services.
16. Often the definition of 'preventative services' is too narrow and the vital role of wider community services, which are taking a significant financial hit, is not sufficiently recognised, in part due to the pressure on budgets in Local Authorities. Community services, such as transport, leisure and public toilets, significantly contribute towards maintaining older people's health, independence and wellbeing and help to prevent them accessing costly statutory services. Research has found that healthcare only accounts for 10% of a population's health.<sup>16</sup> It is therefore vital that further investment is made into other services that can positively impact on individuals' physical, mental and emotional health.
17. Furthermore, it is also clear that we are not investing enough in the third sector, which can be very flexible to local need and easily accessible, but it is increasingly being used to replace secondary support services, rather than focus on primary prevention.
18. There is now considerable debate about the need for individuals to take more responsibility for their own health. This is easily said by a system when it is in crisis, yet not so easily done. There is a clear

need to improve health literacy across Wales, recognised by the Parliamentary Review into Health and Social Care.<sup>17</sup> Wales also has long standing public health issues, which we have been slow to tackle or have ignored for too long, for example, drug and alcohol abuse in older people and a lack of long-term investment in services such as mental health, which undermine older people's abilities to make the right choice and take the right actions.

19. Whilst it can be difficult to significantly invest in these preventative models and services in the current financial settlement, it is clear that the future cost of not investing will be substantial. There must be a long-term vision that recognises there may be a considerable time lag before the benefits of containing demand for health and social care services will be felt but accepts the necessity of doing so to create a healthier population and more sustainable services.

### **Effective Workforce Management**

20. Despite decades of workforce planning, the health and social care sectors are without sufficient numbers of staff with the right skills. This begs the question as to how effective Wales's longer-term workforce planning is across both health and social care.
21. At present, there are significant staff shortages within the social care sector; this applies particularly to domiciliary care staff but also specialist nursing staff within the care home sector.<sup>18</sup> Even if the money was available to drastically increase recruitment, there are not sufficient numbers of people with the right skills available. As a result of these staff shortages, people cannot be discharged from hospital and vulnerable people receive unacceptable levels of care.
22. Compounding this problem are the high turnover rates of staff in the social care sector, particularly within domiciliary care, estimated by the CQC to be at 28% annually,<sup>19</sup> and almost certainly higher within certain geographic areas of Wales. The reasons for this are multifactorial but include low pay, poor terms and conditions and the undervaluing of social care as a profession.<sup>20</sup>
23. Too often, vulnerable people are cared for by staff that don't have the necessary skills and competencies to ensure their quality of care

is at the standard it should be. I recognise the Welsh Government's intention to address this within the social care sector, through the registration of workers, but this will take a decade to take effect and does not address the variable skill base within the NHS.<sup>21</sup>

24. Whilst I welcome recent Welsh Government recruitment campaigns for GPs<sup>22</sup> and nurses,<sup>23</sup> more must be done to address the growing level of unfilled vacancies in the Welsh NHS.<sup>24</sup> As well as recruiting new staff, the Welsh NHS is finding it increasingly challenging to retain staff, due to issues around the cap on public sector pay, staff morale<sup>25</sup> and increased levels of sickness.<sup>26</sup> These factors have led to an increase in spending on costly agency staff to fill gaps, with Health Boards in Wales spending 60% more on agency staff in 2015/16 than in 2014/15.<sup>27</sup>
25. These are significant challenges in their own right and whilst there is uncertainty at present around post-Brexit Wales, it is clear that health and social care services have become more reliant on EU nationals in all parts of the workforce.<sup>28</sup> It is also likely that there will be increased competition across sectors and industries should the supply of labour reduce. Without an indication at the earliest opportunity about how restrictive the post-Brexit immigration system will be, both in relation to EU and non-EU nationals, our ability to effectively workforce plan will be further undermined. It is noted that the Migration Advisory Committee is not due to publish its recommendations until September 2018.<sup>29</sup>

### **Financial pressures**

26. There has also been a sharp and significant increase in demand across health and social care, in part because of the increasing acuity levels of people requiring care and support and the complex nature of the support they require but exacerbated by a system that has struggled to release costs to focus on high impact, early interventions.
27. Cost pressures have also increased within the health and social care systems as a result of the introduction of the living wage<sup>30</sup> and staff shortages leading to the use of agency staff.<sup>31</sup>

28. In recent years, there has been an increasing focus on quality of care (including the impact it has), the redesign of services and securing a sufficient workforce base, both in terms of numbers and skills. This includes new regulation and inspection processes, staff ratios and training requirements, and more explicit quality criteria and outcomes. Whilst these are all essential developments, they do place cost pressures within the health and social care system.
29. The increase in care home costs for individuals has highly outpaced the growth in older people's incomes over the last five years, with the average annual costs of residential care in Wales standing at £30,940.<sup>32</sup> The ongoing cost pressure on an already fragile care home market must be addressed to avoid further destabilisation. There is also an emerging issue in the disparity of fees paid in the care home sector between Local Authority and self-funding residents. The higher costs charged to self-funders are in effect being used to cross-subsidise the costs of individuals placed by Local Authorities.<sup>33</sup>

### **Supporting Carers and Volunteers**

30. There are at least 370,000 carers in Wales who care for their partners, neighbours and family members.<sup>34</sup> It has been clear that without our carers our public services would be bankrupt within weeks. Carers must be seen as an integral and valued part of the care system.<sup>35</sup> Investing in our carers is vital to reducing demand upon services, both in terms of the people cared for but also because of the significant health and mental impact on carers themselves.<sup>36</sup>
31. A study published in 2015 predicted that the number of people needing care would outstrip those 'available' to provide it by 2017.<sup>37</sup> Whilst other sources of support and developments in new technology will fill some of the gap, there will need to be an increase in the level of service provided by health and social care services.
32. Despite the difficulty and complexity of the work they do, many carers do not receive the level of support they need. The Social Services and Well-being (Wales) Act 2014 gives all carers the right to an assessment and consideration for a package of support but

many carers are not being offered an assessment and experience a 'postcode lottery' of receiving care and support.<sup>38</sup>

### **The importance of embedding an outcomes-based approach**

33. The range of health and social care services provided to older people has always been extensive, but it is only over the past few years that Wales has moved to a clear focus on delivering outcomes. This is reflected in the outcomes indicators now in place for the Welsh NHS<sup>39</sup> and the national outcomes framework that sits behind the Social Services and Well-being (Wales) Act 2014.<sup>40</sup>
34. These, coupled with the stronger focus on integration and early intervention, should reduce the scope for unnecessary care and support in the future and reduce the need for longer-term and more expensive care.

### **Separation of health and social care**

35. The historic structural separation of health and social care as distinct services no longer adequately reflects the reality of many older people's lives and nor does it reflect the growing focus on the integrated approach being taken by service providers, both at a strategic and operational level. Formal integration would incur significant costs and disruption to the system but there is clearly significant work underway to look at transactional ways in which greater integration can be achieved. This ranges from joint governance structures, through joint planning, to a growing number of integrated services, and more recently a growing focus on pooled budgets.
36. Further integration of health and social care services in this way, also involving housing, transport and the third sector, can help older people retain their independence and provide them with better care and support that meets their needs. Further integration must be made on the basis of improving the delivery of care and support, rather than restructuring health and social care organisations.
37. I support the Parliamentary Review of Health and Social Care's recommendation to create 'one seamless system for Wales' to break

down barriers between organisation to provide more integrated and person-centred care and support.<sup>41</sup>

### **A failure to share and roll out good practice**

38. Over the past six years as Commissioner, I have seen and supported the development of a wide range of innovative services across Wales, often delivered at low cost but to significant impact for individuals. It is clear, however, that good practice does not travel well enough and this leads to missed opportunities to deliver better outcomes and reduce health and social care's overall cost. It is also clear that the role of the third sector is still not fully understood in developing these creative services, and is still not a full and equal partner in the strategic conversations and changes taking place. It is also clear that too narrow a focus of health and social care is taken and that other sectors, such as housing, are still not seen as an integral part of addressing some of the challenges facing health and social care.

### **The use of technology**

39. One of the key areas where improvement is needed for the future is in the use of digital technology to assist in the delivery of health and social care services. Whilst there have been some advances made in Wales through the NHS Informatics Service, there have been delays in implementation<sup>42</sup> and progress has been patchy. There is a need for a more systematic and sustained approach that seeks to take full advantage of the benefits to individuals and the public purse.<sup>43</sup>

40. Introducing further digitalisation and use of technology into the health and social care system can help to improve service delivery, provide better outcomes for patients<sup>44</sup> and make more effective use of human and financial resources.<sup>45</sup>

41. Systems such as Artificial Intelligence (AI) can be used in a preventative way to help to predict which individuals or groups could be at risk of illness and enable the health and social care sectors to take action to prevent more costly health problems in the future.<sup>46</sup> AI could also help address the efficiency and funding gap that could

emerge in the health and social care sectors by automating tasks, triaging patients to the most appropriate services and allowing people to self-care and self-medicate.<sup>47</sup>

42. There has been a concerted effort to share patient data in Wales through the NHS Informatics Service, and in particular the Welsh Community Care Information System, which shares data between health and social care professionals.<sup>48</sup> Sharing data in this way and using AI-assisted diagnostics can provide better outcomes for individual patients, who will now only have to tell their story once, and avoid misdiagnosis and adverse incidents occurring.<sup>49</sup> Recent research by the BBC found that Health Boards in Wales are paying tens of millions of pounds each year in damages and legal fees for medical negligence; if some of this can be reduced by the sharing of patient data and assisted diagnostics, then the money can be freed up to be used to treat patients instead.<sup>50</sup>
43. I do recognise that there are challenges involved, not least in a financial sense, of integrating technology into the health and social care sectors. It has been recognised that digital change is often seen as slower in healthcare than in other sectors and that any changes would need to address cultural as well as operational issues.<sup>51</sup> There is also the challenge of convincing the public of the benefits of technology and AI in the delivery of health and social care, which currently does not have significant support.<sup>52</sup> There is also a risk that technology is seen as an easy, quick-fix and is used in a way that is not appropriate for the individual. Not all care and support can be provided with the assistance of technology but it will become an increasingly important tool going forward.
44. I welcome that the Parliamentary Review of Health and Social Care has recommended a series of actions that the Welsh Government should take to further incorporate technology into the delivery of health and social care and would urge the Committee to review how these recommendations can reduce funding pressures and improve outcomes for patients and service users.<sup>53</sup>

## Funding Health and Social Care Services

45. From the above, it is clear that the health and social care systems face an unprecedented set of challenges, which are all crystalising at the same time. It is also clear that there is significant work already underway, albeit it should have been started a decade ago, at a national, regional and local level to transform the way that health and social care is provided, the impact it has and the quality that underpins the way in which it is delivered.
46. Much work has also been taken to reduce structural inefficiencies, although some still remain and are reflected in mechanisms, such as those that underpin Continuing Healthcare, poor workforce planning and insufficient investment in key preventative services. Whilst some of these issues are structural, a significant number are linked to the inability of health and social care to release costs upfront to invest in new models. It is not possible for me to specifically quantify the size of these structural inefficiencies, nor whether further action could be taken to release costs to invest in high impact areas.
47. However, I hold the view based on my work of the past six years, that there is a fundamental and underpinning issue that there is not a sufficient level of resources across the health and social care sectors to address all the issues identified above and there is an inadequate recognition that spending in other key sectors has a direct impact on older people's ability to stay healthy, active and independent. It is not always all about money but there comes a point when the overall level of funding does matter and does become directly correlated to the quality of care people receive.
48. The question of how to pay for care has occupied substantial political, policy and media activity over the past 20 years, yet still the issue has not been resolved and becomes more pressing every year. Core NHS spending now accounts for over half of the Welsh Government's total resource budget, compared to 39.1% in 2009/10.<sup>54</sup>
49. Despite proposals being put forward to tackle the issue of paying for social care,<sup>55</sup> there has been little progress at a national level, as the

Welsh Government insists it must wait to see the impact of consequential decisions derived from UK decisions before it can proceed. It must be questioned how long this position is sustainable.

50. It is clear that maintaining a sustainable health and social care sector, which meets increasing demand, will require significant additional resources in the years to come.<sup>56</sup> The NHS in Wales could be facing a 'funding gap' of about £700m by 2019-20, equivalent to 10% of its annual budget.<sup>57</sup> The Health Foundation has calculated that NHS spending in Wales needs to rise by 3.2% a year in real terms to keep pace with cost pressures. This spending increase can be met with a combination of increased funding and efficiency savings. However, since 1997 the NHS has achieved an average of 1% efficiency growth a year, meaning that the majority of budget growth would need to come from increased funding.<sup>58</sup>
51. The outlook for the social care sector in Wales is even more pressing, with a projected increase in cost pressures of 4.1% a year. If funding does not keep up with this increase in demand, many people will be left without the care and support that they need.<sup>59</sup>
52. The performance of the wider economy will be one of the most important influences on funding for the NHS and social care. The possible economic effects of the UK's decision to leave the European Union are not yet clear.<sup>60</sup>
53. The British Medical Association have also looked at how the Barnett Formula affects the level of funding that the Welsh NHS receives and have calculated that the Welsh NHS could be underfunded by as much as £500m a year.<sup>61</sup> Whilst some of this may be compensated for in the Fiscal Framework negotiated by the Welsh and UK governments,<sup>62</sup> the Barnett Formula still remains based on relative population, rather than need.
54. If the future funding of health and social care cannot be guaranteed by economic growth, efficiency savings or further reform of the Barnett formula, then there must be a wider discussion about other ways to increase the available resources. There are different views around how this could be addressed but it is my view that the Welsh Government should consider using its newly acquired powers over

taxation to introduce a hypothecated levy that would support the health and social care systems.

55. The Welsh Government's proposals for a Social Care Tax should be explored in further detail and consideration given to the nature of the tax.<sup>63</sup> The approach taken by the UK Government to allow Local Authorities to introduce a 'social care levy' should not be adopted in Wales, as increases in council tax benefit more affluent Local Authorities, whereas the most deprived parts of Wales are in greater need as they have fewer people who can afford to pay for their own care.<sup>64</sup>
56. I would propose exploring the option of a hypothecated tax for health and social care, similar to the original purpose of National Insurance Contributions. Whilst there are drawbacks to hypothecation, including lower yields in times of recession when arguably the funds would be needed most, it does offer a way to increase the transparency of spending and make tax increase more palatable to the public.<sup>65</sup> The House of Lords Select Committee on the Long-term Sustainability of the NHS has provided a robust overview of the case for and against hypothecation.<sup>66</sup>
57. A health and social care tax should be closely correlated to clear and explicit outcomes and an expectation of quality that people can have of health and social care services. The approach should build on one of the founding principles of the NHS, which sees people pay in according to ability and take out according to need.<sup>67</sup> There is significantly strong support across Wales for a tax-funded NHS, which is free at the point of use and provides comprehensive care for all citizens.<sup>68</sup>
58. A case can be made with the public for an increase in their contribution through taxation to the health and social care sectors. Given the option between further reduced levels of care and increased taxation to fund the NHS, a survey in 2017 found that this would be supported by 64% of the public.<sup>69</sup>
59. Health and social care is funded in a variety of different ways across the world. A report to the Welsh Government by LE Wales on the future of paying for social care provides a detailed overview of the

systems of funding for social care in other UK nations, France, Germany, Sweden, Japan and Australia. Whilst there is some merit to looking at international examples, it is vital that the system adopted in Wales is bespoke to the needs of the people of Wales.<sup>70</sup>

## **Conclusion**

60. It is clear that there are significant challenges facing health and social care services in Wales and without action the availability and quality of services will decline. The Welsh Government must heed the advice of the Parliamentary Review into Health and Social Care and bring forward a long-term plan for health and social care services.
61. As part of this process, there must be robust conversation about how to create a sustainable level of funding for these services, which includes the possibility of exploring a hypothecated levy.
62. I look forward to following the Committee's Inquiry and continuing to contribute towards the debate around the future of health and social care services in Wales.

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