Registered Nursing Home Association Briefing

Do They Really Mean It?

THE NHS PLAN AND THE GOVERNMENT'S RESPONSE TO THE ROYAL COMMISSION ON LONG-TERM CARE

1. General Principles

Never a burden on society

"Older people are not and must never be seen as a burden on society. They are a vital resource of wisdom, experience and talent." These words are taken from the introduction to the Government's response to the Royal Commission on Long Term Care. The response comes in a supplement to the NHS Plan, published in July 2000, which sets out among other things the Government's proposals for ensuring dignity, security and independence in old age.

This briefing from the Registered Nursing Home Association (RNHA) summarises the key points and repeatedly asks the question: "Do they really mean it?" In other words, is the Government truly supporting a mixed economy of care based on different models to suit different needs? And if it is, how will we all make it happen?

Nursing care - the right option for some people

In the NHS Plan, the Government argues that the NHS and social services should encourage independence rather than institutional care by providing reliable, high quality, on-going support at home. ***It acknowledges, however, that residential or nursing care is the right option for some people.***

That's the nub of it. No-one should take up dogmatic positions about this model or that model of care being a panacea for all circumstances. For some people, moving into a nursing home really is the best solution for them as individuals.

What matters is that individuals should have choice. Their needs should be independently and objectively assessed and *their* views should be taken fully into account.

People should not be channelled into a pre-ordained route simply because 'the professionals' think they know what is best. Domiciliary care may be the right outcome for many but by no means all people.

We ourselves, in the nursing home sector, must also become more flexible in the way we deliver packages of care. The proposed expansion for intermediate care (a mid-point between the acute hospital ward and supported care at home) creates new opportunities and new challenges for nursing homes.

The key role of the nursing home

From the stance taken by the Government in its plan, we presume that nursing homes still have a key role to play in the care of older people and those who are chronically sick or disabled. We make that presumption because:

1. Nursing homes have sufficient spare capacity on a daily basis to meet all NHS needs for beds to which patients can be discharged from acute hospitals.

2. Nursing homes offer skilled nursing care to the most vulnerable people in society.

3. Nursing homes are well placed to be able to realise the Government's vision for the development and expansion of intermediate care.

If the Government is serious about improving services for older people, it would be a tragic waste of professional skills and resources not to engage nursing homes in delivering its modernisation agenda. We are ready and able to play our full part.

NURSING HOMES ARE AT THE CENTRE OF THE MODERNISATION AGENDA

2. Developing New Partnerships

A concordat between the public and private sectors

The NHS Plan says that 'the time has now come for the NHS to engage more constructively with the private sector'.

Particular areas are highlighted for co-operative working, including intermediate care. This, says the Government, will involve the private and voluntary sectors developing and making available facilities to support its strategy for better preventive and rehabilitation services.

Having these facilities available will, the Government believes, help the NHS with winter planning and the drive to reduce waiting times. This new concordat will also cover:

* **the involvement of private and voluntary sector organisations in the development of local health planning;**
* **the development of locally agreed protocols for referral, admission and discharge into and out of NHS and private and voluntary sector facilities;**
* **greater exchange of information between the two sectors.**

That's the theory – what about the practice?

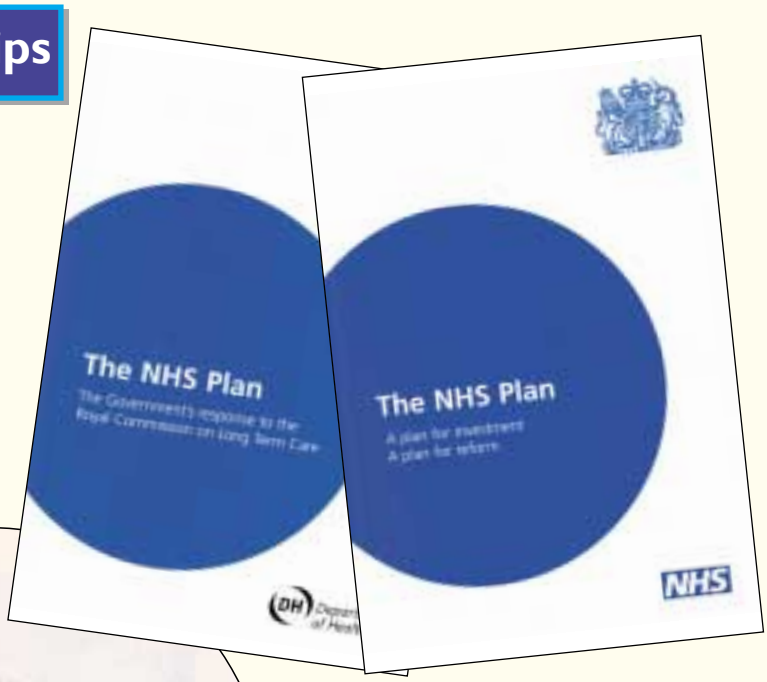
We, in the RNHA, are pleased that the Government has recognised the need for all sectors to work together for the benefit of patients. However, we must ask ourselves the question: does the Government really mean it? Will there be genuine partnership between the NHS, social services and the independent and voluntary sectors? Or is this just another false dawn which will result in nursing homes continuing to be kept at arm's length? We hope not.

If this sounds rather sceptical, it's for very good reason. All too often in the past nursing homes have found themselves being distanced from crucial decisions about resource allocation, quality standards and needs assessment.

Yet we are the providers of services to nearly a quarter of a million people in the United Kingdom. We employ many tens of thousands of qualified nurses and care assistants. We therefore ask our 'partners' in the Government, the NHS and social services: "Please let us join with you in improving the range and quality of care available to older people."

Can health and social services get it together?

Of course, it's not just a question of public and private health organisations working together more effectively for the benefit of patients. There's another very fundamental issue. In a nutshell: can health and social services get it together? The Government believes they should and they will.



The Health Act 1999 already enables local councils and the NHS to work more closely together. For example, they can pool budgets to fund some care services. One or the other can take the lead in commissioning services on behalf of both bodies. They can also merge their services to provide integrated packages of care.

In future, it is envisaged that social services will be delivered in new settings, such as GP surgeries. Social care staff will work alongside GPs and other primary and community health teams as part of a single local care network.

Again, it sounds fine in a policy document. But it will take political will at local as well as national levels to make it happen. In many parts of the country, we don't see much evidence that collaboration is the order of the day. Vastly different cultures between health and social care professionals, and disputes over who should pay for what, remain barriers still to be mounted.

We hope the Government will ensure that these barriers are mounted. Nursing homes would like to work harmoniously and effectively with all parts of the public sector responsible for the health and welfare of older people. But we can't do it if they are themselves divided in their objectives and wedded to different procedures.

The new Care Trusts – a possible solution?

The Government has proposed the establishment of 'Care Trusts', public bodies which will be able to commission primary and community health care as well as social care for older people and other client groups.

Care Trusts will normally be set up where there is joint agreement at local level between health and social services. But, according to the NHS plan, the Government will take powers to create such an organisation where local health and social services have failed to establish effective joint

partnerships, or where inspection has shown that services are failing.

The first wave of Care Trusts could be in place by as early as next year. It remains to be seen whether this further reorganisation of the public sector will make a real difference. For our part, we are willing, ready and able to work with them to turn words into deeds and to ensure that there are real improvements in care for older people.

Health improvement programmes – are we 'in' or are we 'out'?

At a local level, health improvement programmes (HImPs, for short) have become the means by which the population's health needs are assessed and plans are agreed for meeting those needs. Health authorities take the lead in developing these programmes, working alongside all the key stakeholders.

So far, nursing homes have been conspicuous by their absence among those organisations invited to participate in the process. Yet nursing homes provide more long-term care to older people (one of the most vulnerable sections of the community) than the NHS itself. To present a complete picture of the needs of older people, nursing homes should surely have a seat at the HImP table.

3. Who Pays for Care?

A new deal on funding…but watch the small print

The Government has a lot to say about the funding of care for older people. Specific proposals include:

1. Free nursing care….The Government says there can be no justification for charging people in nursing homes for their nursing care. From October 2001, the NHS will meet the costs of registered nurse time spent on providing, delegating or supervising care in any setting. Equipment costs are also included. It is estimated that around 35,000 people will benefit at any one time. They could save about £5,000 a year for a year's stay in a nursing home.

We ask: ***"How will nursing care be defined for the purpose of exempting people from fees?"*** It could be argued that some nursing care is directly related to enabling older people to undertake the activities of daily living such as washing, dressing, feeding and moving around. Yet this has tended in the past to be defined as 'social care'. It's time to remove some of the rigid barriers and recognise that nursing is more holistic than the administration of medicines and injections and the changing of dressings.

2. Disregarding the value of someone's home for the first three months in nursing home care….This, says the Government, will give people a breathing space in which to consider their position and allow the possibility of a return home. It will also give them more financial stability at what is often a difficult time. The change will be made from April 2001, benefiting around 30,000 people each year. A person who needs nursing home care and has a house but few other assets will save up to £2,500 during the first three months of their stay.

We say: ***"This does not automatically mean free care for a patient who owns a house. That person's total assets will still be taken into account in calculating whether they have to pay for their own care."***

3. Helping people who don't want to sell their homes to meet care costs….From October 2001, councils will be given a special ring-fenced grant to cover the costs of care for those people who would otherwise have to sell their homes. They will be able to recoup the money from the person's estate once the house is sold. This will benefit around 5,000 people at any time and help them avoid having to sell their home against their wishes.

We ask: ***"If the person's own home is let out to provide an income, how will that be regarded for the purposes of calculating an individual's means tested assets?"***

And what about people who live in rented accommodation?

We ask: ***"Will they be allowed to retain income so that they can continue to rent and maintain their home should they recover and wish to return to it?"***

4. Raising the capital limits….When someone has capital assets of over £16,000, councils do not currently contribute to the costs of their nursing home care. From April 2001, this threshold will be raised to £18,000 (the real terms value in 1996). Around 20,000 people should benefit.

We ask: ***"How often will the capital thresholds be adjusted in future?"*** It's important, we believe, to make regular, possibly annual, adjustments in order to ensure that the real terms value of the allowance is preserved.

5. Entitlement to State benefits while in long-term care….Some 65,000 people in England who were already in residential care on 31st March 1993 have a *preserved right* to receive a special, higher rate of Income Support from which they can purchase their care. It is estimated that about 45% of them may be experiencing a shortfall in funds.

The Government intends to give councils responsibility for the assessment and care management of everyone with preserved rights. No-one will be moved against their will out of their existing nursing home and councils will be given powers to pay individuals' fees if they would otherwise not be able to afford to stay.

6. Residential allowance….The Government intends to transfer to local councils the money currently paid in the residential allowance component of Income Support to people in independent or voluntary nursing and residential care homes. It claims that the existing arrangements encourage councils to purchase this type of care for purely financial reasons.

If that is the case, we have seen very little evidence of it. Our impression is that councils have been keen to avoid paying for nursing home care if they possibly can.

We have one further question about funding: ***"How long will the current shortfall be allowed to continue between what social services departments pay for nursing home care and the actual cost of providing it?"***

Currently, those patients who fund themselves are cross-subsidising those who are funded by social services. This is unfair. The amount paid by social services should be sufficient to ensure that true costs are met and that an agreed quality of care is provided.

If quality of provision is now the watchword of the NHS - as, indeed, the NHS Plan makes clear - it should equally be the watchword of nursing home care in the independent and voluntary sectors. Just as adequate resources are needed by the NHS to meet the Government's perfectly reasonable expectations, so they are needed by nursing homes striving to raise standards.

Action for Change: How We Will Respond

Let us move forward on a positive and optimistic note, assuming that the Government really does mean what it says about co-operation and partnership between all parts of the health care sector. The RNHA is keen to move forward quickly to ensure that the momentum for change is maintained. In particular, we will take the following action:

We will identify a group of nursing homes to work with the agenda-setting Primary Care Trusts in England to develop integrated models of care, including intermediate care.

We will identify a group of innovative nursing homes from within our membership and invite the Department of Health to work with us to determine the skill mix and other requirements that will enable nursing homes to expand their role into rehabilitation and other areas of intermediate care.

4. New Models of Intermediate Care

In the NHS plan the Government commits itself to developing 'intermediate care' which, it is claimed, will ensure that older people receive the right care at the right time in the right place. An extra £900 million investment is promised by 2003/04.

So what exactly is 'intermediate care'? According to the Government's definition, it comprises:

* *rapid response teams* to provide emergency care for people at home and prevent unnecessary hospital admissions;
* *intensive rehabilitation services* (normally located in hospitals) to help patients regain their health and independence after a stroke or major surgery;
* *short-term recuperation facilities*, including those in nursing homes, for patients who do not need continuing hospital care but are not fit enough to go home;
* *integrated home care teams* to help older people live independently at home when they are discharged from hospital.

The essentials for making it work

The NHS plan does not go into detail about exactly how intermediate care will be developed. In our view, it cannot be achieved without:

* minimising the current segregation of funding streams and establishing a single tier purchaser;
* encouraging care providers themselves to develop integrated models of care.

Innovation and flexibility

Innovation and flexibility are crucial. Both purchasers and providers need incentives to pursue novel approaches to care which will meet the future needs of patients. It follows from this that we need a system where:

* Quality is based on measurements of health outcomes and consumer feedback, rather than the application of bureaucratic rules and regulations.
* People with potential nursing needs should always have those needs assessed by an appropriately qualified nurse.
* Individuals should have a choice of the setting in which they wish to be cared for. It should not be presumed that everyone automatically prefers to stay at home regardless of their circumstances.
* The delays in decision-making are minimised. Currently, they result in many people staying too long in acute hospitals because of the difficulties in arranging nursing home care. Likewise, some people may stay too long in nursing homes because of delays in arranging domiciliary care.

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