

Cross Party Group on Dementia

Meeting – 1/4/2014

Meeting Start Time: 12.45pm

Present: Ann Pascoe (National Dementia Carers Action Network); Dr David Findlay (Faculty of Old Age Psychiatry, Royal College of Psychiatrists); Dr Nanette Milne MSP; Mary Scanlon MSP; Dr Jackie Wilson (Division of Clinical Psychology); Heather Edwards (Care Inspectorate); Sally Hughes (Napp Pharmaceuticals); Shirley Law (Dementia Services Development Centre); Amy Dalrymple (Alzheimer Scotland); Andrew Senew (Home Instead Senior Care); Tanith Muller (Parkinson's UK); Ranald Mair (Scottish Care); Rebecca Gatherum (Scottish Care); Roderick Campbell; Dr Gary Morrison (Mental Welfare Commission of Scotland); Archie Noone (Scottish Dementia Working Group); Maddy Halliday (Life Changes Trust); Jim Brennan (National Carers Action Network); Gaby Stewart (College of Occupational Therapists); Fiona McLeod (MSP); Lawrence Cowan (Royal College of Nursing); Mauren Watt (MSP); and, Eilidh Lean (in-house secretariat).

Apologies: No apologies received.

Presentation from Ranald Mair:

Mr Mair indicated that he had been asked to speak to the group about care home costs, dementia and palliative care in care homes. See attached Power Point for full information.

Mr Mair began his presentation by talking about the perception of care homes and how they do not enjoy the best public image and there is anxiety about care homes. He then spoke about the current state of play for care homes and advised that there are 940 care homes for Older People. 34,000 people in care homes which is twice the number that is in NHS hospitals – it is a huge sector.

He then went on to speak about the costs involved. Care homes cost a local authority £500 per resident per week and we have £580 per week for publically funding nursing care and he contrasted it with the cost of a child in a children's home. He also expressed worry about the gap in staffing ratios with 1 member of staff for every 5 residents.

He explained that a taskforce report was published on 31 March which looked into the future of care

homes in Scotland and it focused on the funding issue. Mr Mair is worried about the fact that when resources are tight, corners are cut. He also indicated that there are problems in recruiting care home staff and nursing staff – care homes are crying out for nurses. It will be difficult to find solutions but levelling up is needed.

Mr Mair spoke about dementia provisions in care homes. Care Homes are part of the national dementia strategy and getting the environment right is key – the work by the Dementia Services Development Centre is key in this regard. Post-diagnostic support within care homes is also important – it is available in the community but is it being used to its full potential in a care home? Investment and support is needed as a significant number of those in care homes have dementia.

With regard to palliative care – definition sees it focussing on premature death and we are making it possible for people to die at home but agree that we could make better use of care home provision. Agreement that dementia could fit in as it is a life-shortening condition. We need to discuss options and we still have ways to go as people are stilling being transferred to hospital.

Mr Mair stated that, from his point of view, care Homes play a key role – we will need to continue to have care homes. Care Homes will need to be used for step-up and step-down care, as well as ensuring that GPs have more access to care homes.

He explained that this is where we are yet but the landscape of care is changing with the health and social care integration and we need to ensure that they are supporting care homes.

Question and Answer Session with Mr Mair:

Following his presentation, the group held a question and answer session. He was asked and answered questions on a wide range of topics.

When asked about the suggestion that people are staying in care homes for a shorter period of time he explained that the reduction of time is not uniform and that general health may be better. A recent BUPA survey found that over a 5 year period average length of stay went from 2 years to 15 months though self-funders are staying for longer – people are possibly making the conscious decision to go into a home. Anecdotal testament suggests that care at home is improving though we need to make sure that people at home are not socially isolated and we need move from care at home is good and

care homes are bad.

Mr Mair was then asked about the opportunity to have experience of a care home before going in. He explained that there is a squeeze on day care and on respite care – care homes do want to build up an involvement but this isn't happening as much as it could be. He explained that not many care homes offer homecare and it tends to be separate and not linked into care home. No continuity as those involved in care at home are not involved in the care home.

When asked about the occupancy and capacity rates remaining static, Mr Mair indicated that capacity has remained static and occupancy has decreased but parts of the country have limited capacity (Edinburgh for example). We need to be more thoughtful with care home developments as people are encouraged to build homes where costs are low but no incentive to build them where they are high. Existing capacity is sufficient to meet needs but it needs to be part of a community planning approach.

Mr Mair was then asked about costs discrepancy between self-funders and those supported by the local authority. He explained that it is legally competent for the local authority to be less for an individual, than a self-funder. What local authorities pay is related to the national contract but self-funders pay actual cost at a given location – but Mr Mair would much prefer level-up public funding and level-down funding. A family can ask why care costs what it does and for justifications for increase – cannot say that the Council has only given them so much. The solution? People need to shop around and be more consumerlike.

Mr Mair was then asked how we can ensure that funding is at the forefront of policy discussions and said that we need to highlight the failure cost – both human and financial. We need more resources.

This was followed on with a question about the role of assisted living and he indicated that we need more assisted living homes – Auhclochan Retirement Village near Lesmahagow is an excellent example of this – mix of assisted living and care homes. We need more of this.

A question then touched upon the need for more care homes ensuring balance of individuals within them and how we need to get care of elderly right. Mr Mair indicated that there are care homes that are exclusively self-funding but we need to ensure that we do not have a two-tier system. With regard to care of older people we need to ensure that staff are fully trained. He explained that the Care Inspectorate will say what levels of training are needed within care homes and Heather Edwards

explained that there is now an Older People team within the Care Inspectorate.

Mr Mair in response to two similar questions indicated that we need to plan our use of resources carefully and make sure that systems are all working together in practical terms.

When asked about restrictions of liberty, Mr Mair explained that the way we manage boundaries is important and that we need ensure that when able, individuals are able to give informed consent. This tied in with a later question on communication and Mr Mair said there cannot be any excuses for failing to communicate properly. This was followed on by a question on retaining life skills and Mr Mair indicated that rehabilitation care is essential.

The meeting was then brought to a close and finished at approximately 2.00pm.