



1.0 About us

- 1.1 The Royal British Legion is at the heart of a national network that supports our Armed Forces community through thick and thin – ensuring that their unique contribution is never forgotten. We were created as a unifying force for the military charity sector at the end of the First World War, and still remain one of the UK’s largest membership organisations. The Legion is the largest welfare provider in the Armed Forces charity sector, helping veterans young and old transition into civilian life. We help with employment, financial issues, respite and recovery, through to lifelong care and independent living. For further information, please visit www.britishlegion.org.uk
- 1.2 The Legion provides long and short term care to older people from the ex-Service community across the UK in our six registered care homes, which have won national and regional awards. All homes provide personal and nursing care, and some also provide dedicated dementia care and respite care. Lister House currently has a specially designed wing to meet the needs of beneficiaries between the ages of 18 and 64 years. We also provide a number of community-based support services, including a handy van service and a community dementia support service through our Admiral Nurses.
- 1.3 Legion homes actively recognise and celebrate residents’ service in the Armed Forces. Each home regularly has events and activities for all residents. They also recognise the service of individuals, with staff regularly going the extra mile to maintain and promote Service connections. This element of personalisation of care is central to the Care Quality Commission’s “Five Key Questions,” used in their inspection reports. All good care homes should strive to meet each person’s needs and preferences and to treat them as individuals (Cobseo, 2018).
- 1.4 Legion care homes also provide day services and respite care, and connect with beneficiaries living in the local community. Family members are part of the life of each home and often maintain contact even after a loved one has died. Legion Branches meet at our homes and Branch Members are often involved in fundraising and other activities. The care homes reach into the local community in a wide variety of ways, which will be further enhanced by the opening of our first Community Hub at our Galanos House care home in Warwickshire.

2.0 General comments

- 2.1 The Legion is grateful for the opportunity to respond to the Local Government Association's (LGA) Green Paper on adult social care and wellbeing: '*The Lives We Want to Lead*'.
- 2.2 We note that there were a number of questions outlined in the Green Paper. We feel that we are not based placed to answer all of these, as such we have summarised our points under a number of themes below.
- 2.3 The Legion is a member of the Care and Support Alliance (CSA) and we support the concerns raised in their response to this consultation. In addition, we have particular points of concern we would like to raise.

3.0 Profile of the Armed Forces community

- 3.1 The Armed Forces community consists of the following groups:
 - Serving personnel (also known as Regulars)
 - Reservists
 - Veterans
 - Families or dependants of the above
- 3.2 Veterans are defined as anyone that has served at least one day in the Armed Forces (Regular or Reserve). In 2016, there were an estimated 2.5 million UK Armed Forces veterans residing in households across Great Britain (MoD, 2017). In 2014, the Legion's Household Survey estimated that the adult ex-Service community in England was 4,070,000 adults and 785,000 children (TRBL, 2014).
- 3.3 The age profile of veterans is older compared to the UK general population. Almost two-thirds of veterans are estimated to be aged 65 and over (63%) (MOD, 2017). A significantly higher percentage of veterans are aged 75 and over (49%), compared to the non-veteran population (8%).
- 3.4 In 2014, Legion research estimated that there were around 300,000 veterans living in "community settings", which includes residential care (TRBL, 2014). While the exact number of veterans living in care homes is currently unknown, it is very likely that care residents over 70 will include a large proportion of those who were called to National Service, and therefore have a military background and first-hand Service experience¹.
- 3.5 Forecasting work has previously predicted a significant decline in the ex-Service community in the coming 10-15 years. This predicted decrease is due to the elderly age profile and estimated death rates in the community. However, the decline of overall numbers will likely be outweighed in the immediate future by the profile of complex health and care needs amongst the ex-Service community.

¹ The UK implemented National Service (also known as conscription, or Military Service) between 1916 and 1920, and between 1939 and 1945, and then in a more limited way up until 1960.

3.6 The Legion notes that the ex-Service community will remain elderly and very elderly as a concentrated group, with high future social care needs associated with their age profile. Equally of note are future increases proportionately in younger age veteran groups re-joining their communities and accessing statutory services.

4.0 Health and care needs of the Armed Forces community

4.1 Working age ex-Service households have previously been found to be twice as likely as the UK population to be receiving sickness or disability benefits (TRBL, 2014) working age adults are also more likely than the general population to report having a limiting illness (TRBL, 2014). Of veterans aged 25-44 with a long-term illness, over half attribute it to their Service.

4.2 Legion research has found that around 630,000 members of the ex-Service community of all ages were likely to be experiencing problems getting around outside the home (TRBL, 2014). Large numbers (around 720,000) experience problems with self-care, including exhaustion and pain, bladder control and difficulty looking after themselves. All of these problems peak for those aged 75 or over (TRBL, 2014).

4.3 The ability to live independently was a key concern for those of retirement age and for those with a long-term illness or disability (TRBL, 2014). One in ten of this group agreed that they need more help to continue to live independently in their own home, with one in ten also agreeing that they struggle to cope looking after themselves.

4.4 Despite the above findings, the Household Survey indicated that those aged 65 or over in the ex-Service population and particularly those aged 75 or over were less likely to report the majority of conditions compared with the UK population of the same age. This suggests that the retired ex-Service community enjoyed better health than is average for the UK.

4.5 Ministry of Defence research also suggests that there is 'no difference' between veterans' and non-veterans' self-reported general health (from very bad to very good), and whether any health problems suffered were expected to last more than 12 months (MOD, 2017).

4.6 However, as life expectancy increases and the National Service generation increasingly moves into the older age brackets, the Legion estimates that the number in the ex-Service community aged 85 and over is set to increase significantly. Correspondingly, well-funded and accessible social care provision will become increasingly important to veterans and their dependents in the UK.

4.7 For younger veterans, research has found that between 2001 and 2014, 21,756 personnel were medically discharged from the Armed Forces for physical and

mental health reasons, with 840 sustaining serious or very serious physical injuries or illnesses in recent conflicts (Demos, 2015). Those whose injuries are the most severe and whose care needs are complex require specialist rehabilitation and ongoing care, and some receive this (at least temporarily) in a residential setting – a care home or nursing home (Demos, 2015).

- 4.8 The Legion welcomes the LGA's contribution to raising awareness of the health needs of the Armed Forces community. In particular, we commend the LGA's 2017 publication "*Meeting the public health needs of the Armed Forces*" which aims to help support and strengthen local bodies to meet the public health needs of Armed Forces populations.

5.0 Caring responsibilities

- 5.1 Legion research has found that in addition to their own needs, one in five of the ex-Service community have reported some unpaid responsibility as a carer for a family member, friend or neighbour, which is equivalent to around 990,000 people (TRBL, 2014).
- 5.2 Compared with the adult population of England and Wales, the ex-Service community is more likely to have some caring responsibility (TRBL, 2014). The difference is greatest for those aged 16-34, so this difference is not explained by the older age profile of the ex-Service community. In total, 23% of those aged 16-64 have reported a caring responsibility, compared with 12% nationally.
- 5.3 One in ten of all carers in the ex-Service community agree that they struggle to cope with their caring responsibilities; equivalent to around 110,000 people. Carers aged 75-84 and those with a long-term illness themselves are slightly more likely to agree (around 15%).
- 5.4 Young carers from Armed Forces families have also been highlighted as a particularly vulnerable group due to the compounding impact of military lifestyle on their caring duties, including increased mobility, the impact of deployment on the family, and limited support from wider family and friends due to increased transience (The Children's Society, 2017).
- 5.5 The Legion recognises that in many cases, families and friends take on unpaid caring responsibilities due to a shortfall in funding and formal care provision.
- 5.6 The Legion believes that families and friends can offer a caring role but that this should not extend to replacing formal and specialised care. The Legion highlights that carers are an extremely crucial part of care provision in the UK and may represent a vulnerable elderly group themselves in the ex-Service community. If this support is to be taken into account, then funded support and respite for carers must be at the heart of a fair and sustainable care system.

6.0 The importance of adult social care

- 6.1 The Legion believes that adult social care is vital to allow people to maintain independence and to live safely in their own home, and to support the most vulnerable to live with dignity. Enabling people to remain in their own homes for as long as possible can increase independence and overall wellbeing.
- 6.2 Where effective, adult social care can prevent unnecessary hospital or care home admissions. Well-funded, high quality social care also relinquishes some of the onus put on families and close friends in providing care to loved ones, enabling them to instead spend quality time with them. This in turn can have positive effects on wellbeing and relationships for both.
- 6.3 Where adult social care is insufficient or ineffective, the most vulnerable in society often lose out. Lack of social care can lead to increased isolation, increasingly poor health, and a resultant strain on the NHS and other health and care provision.
- 6.4 The Legion believes it is important that decisions around adult social care and support are made at local level. This allows for local demographics to be catered for better, including areas which have large Armed Forces populations. Where care is provided at a local level, the particular needs and profile of the Forces community could be more thoroughly considered, and could in turn lead to increased awareness among veterans and families of health and care resources available to them.
- 6.5 The Legion notes that the LGA has previously endorsed the '*Our Community, Our Covenant*' report; which contains examples of good practice for councils to follow in relation to veterans, and recommends that they should take account of their needs locally. The Legion believes that local authorities should already be thinking about how they provide care for veterans in accordance with their local Covenant commitments.
- 6.6 While it is important that care and support be tailored at a local level and take account of specific local needs, we believe this should not be at the expense of a minimum level of service and quality and reasonable standards being met across all local authorities.

7.0 Understanding social care

- 7.1 The Legion agrees with the LGA view that pressures on social care, combined with the current minimum threshold for eligibility, are partly responsible for an increase in unmet and under-met need.

- 7.2 Anecdotal evidence from the Legion further supports the LGA's view that people often do not understand the social care system and how it works. Likewise, findings from a Care and Support Alliance Survey in 2018 showed that over half of respondents (51.8%) would like the Government to prioritise making the care system more straightforward and easier to understand (CSA, 2018).
- 7.3 As a result, people often do not understand the processes involved and how decisions are made, particularly around eligibility for care and support. Anecdotal evidence suggests this can result in a belief that decisions around care cannot be challenged. The Legion notes that The Care Act places a duty on local authorities to ensure that adults in their area have access to information and advice on care and support, and the right to independent advocacy where a person has 'substantial difficulty' engaging with the process. The Legion believes that more informal information and support should be available to those who may not have substantial difficulty, but may not fully understand the system.
- 7.4 The Legion believes that there needs to be greater public education and awareness around social care. By improving understanding of the system, people will be better able to plan for the future and make informed decisions about the type of support they may need in the future. This may also ease unexpected or unnecessary reliance on public resources.

8.0 Funding systems

- 8.1 As a care home provider, the Legion recognises the current pressures in recruitment and retention of staff in the adult social care workforce. The Legion believes these pressures must be acknowledged and funded appropriately, in order to avoid increased strain on budgets, and the loss of skilled staff who provide high quality, suitable care.
- 8.2 The Legion emphasises that a new funding system must reflect the increasing complexity of medical and care needs. Funding currently often falls below what is required by an individual. For example, funding may be granted for a bed in residential care for an individual with 'simple' needs, when in reality, they may have multiple or complex needs requiring intensive nursing support. This in turn puts strain on staffing and ultimately recruitment and retention.
- 8.3 Similarly, reductions in funding have resulted in high levels of unmet need as more people are deemed ineligible for support due to lack of available funds.
- 8.4 The Legion notes that any future funding system must address the reality of the whole social care system. Funding solutions both for domiciliary care and residential care are inextricably linked with each other. The Legion primarily would encourage a system that enables individuals to live independently in their own homes for as long as possible. However, a future care and support system

must be designed with both arenas of care in mind to prevent or mitigate unintended consequences of only catering for one type of care funding solution.

- 8.5 More broadly, the Legion believes that a health and social care system should be holistic; to ensure that funding for care follows the individual. For example, in some cases funding for a bed in a care home may be more appropriate than funding for a hospital bed. This requires a joined-up approach with a whole system viewed together – one in which funding follows an individual's needs.
- 8.6 In the interim, the Legion supports the CSA's recommendation that the investment of short-term funding is absolutely essential and urgent to enable the social care system to survive before the implementation of a long-term funding solution.
- 8.7 As a result of the Legion's Insult to Injury campaign, which we were pleased to work with the LGA on, from 10 April 2017, England, Scotland and Wales social care financial assessments were amended to remove a significant anomaly which had previously meant injured veterans' compensation payments were subject to only a £10 disregard. The Legion strongly welcomed the change to disregard War Disablement Pension and Armed Forces Compensation Scheme payments from the social care means test, which brought much needed fairness and financial relief to veterans who had been previously injured in Service. We believe that any future financial settlement must continue to honour the principle that Service compensation should not be regarded as normal income, or diminish this disregard in any way.
- 8.8 The cost of care for people funding their own care, and the fees offered by local authorities has been diverging significantly for some time now. This difference is exacerbated by cuts to social care funding. The net result is that providers of care dependent on local authority fees have faced significant financial difficulties, reducing costs and often risking significant impact on quality. These providers are increasingly going out of business² or handing local authority contracts back.
- 8.9 The Legion offers high quality care to all beneficiaries. Our homes are accessed by those who can pay for the costs of their own care and by local-authority funded beneficiaries. This is despite significant differences in fees received. Furthermore, unlike some other providers, the Legion makes no distinction in the services we provide - regardless of how the care has been purchased. However, we are concerned about the significantly rising costs of care, and how this could inevitably impact on the capacity, costs and quality of our services. We believe that national and local Government must ensure that local authorities look to the true cost of care provision when assessing a budget

² Care home insolvencies rose by 83% in 2017/18. Almost 150 care homes (148) went out of business in the year, compared with 81 in 2016/17. (Care Home Professional, 14th May 2018)

for meeting an individual's care needs, and reflect this in personal budgets to avoid increasing top up fees falling onto those who need care most.

9.0 Protection of assets

- 9.1 The majority of veterans residing in Great Britain have been estimated to either have owned their own property or had a mortgage (75%); consistent with the non-veteran population (77%) (MOD, 2017).
- 9.2 The Legion's 2014 Household Survey found that the net annual household income for pensioners was £19,700, compared to a level of £15,900 reported by those aged 65 and over in the ex-Service community. This suggests the potential for greater poverty in the ex-Service pensioner community than in the UK as a whole.
- 9.3 The Legion believes that individuals should not be forced to sell their own homes to pay for social care in their own lifetime. Most veterans have previously lived in many different places in the UK and abroad during their time in the Armed Forces. Due to this mobility it was often not practical for serving personnel to buy or reside in their own homes. As a result, the value of a home and stable location can be magnified for veterans due to the previous mobile lifestyle.
- 9.4 The Legion notes that older veterans require a care and support funding system that is flexible to allow schemes such as equity release or insurance schemes that allow protection of assets should an individual need social care. However, the advantage of having assets should not be taken as given when considering a future care and support system, as younger generations are unlikely to have the same asset or savings profile as generations before.

For further information about this submission, please contact the Legion's Public Affairs and Public Policy team via Meg Stapleton, Policy Officer (Health and Care): mstapleton@britishlegion.org.uk

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