



**CITIZENS'
ASSEMBLY
SUBMISSION**

**'How we respond to
the Challenges and
Opportunities of an
Ageing Population'**

May 2017

Introduction

The ageing of the population is to be celebrated. It is a measure of the advances in living standards, technology and treatment of medical conditions, and presents opportunities to embrace. An indicative measure of decent society is how it treats its older persons. The focus by the Citizens Assembly upon responding to the challenges and the opportunities presented by an ageing population are to be welcomed.

The ageing of the population presents major challenges now and for the future in several areas. These include pensions, housing, transport, technology and crucially sustaining and further improving social and health care services. We need to develop a range of policies and services to address the challenges this presents.

Recent Governments commitments to ‘shift’ and re-orientate the focus to meeting our healthcare needs through primary and community care is welcome. Enhanced community care is vital to support and enable our acute hospitals to focus upon delivery of acute care. A continuum of care that ensures our older population can avail of the specialist care they require at each stage is essential. Planning for, resourcing and ensuring the availability of quality services within the continuum will be integral to ensuring we treat our older persons with the dignity befitting of a society that appropriately respects its older population.

What constitutes old? Is the traditional definition of persons being aged 65+ still legitimate? There is a considerable difference in health and social care needs within this cohort. A relatively small number of persons aged 65+ – one in twenty persons (4%) – avail of 24/7 clinical, health and social care provided by nursing homes. However, approximately one-in-five persons aged 85+ do require this specialist care. The average age of a nursing home resident in Ireland is 82.9 years¹.

Meeting healthcare needs within the appropriate setting and as close to home as possible is intrinsic to treating our older population with dignity and respect and to further their wellbeing.

We must not allow the older person care debate to become polarised or dominated by sectoral interests. It must remain focussed upon the greater good for our older population.

Disappointingly, present discussion surrounding older person care is becoming skewed and not conducive to a mature debate that is required. As Minister for Health Simon Harris informed Dáil Éireann 26th January: “We need to acknowledge the considerable differences between residential and home care. We must be careful not to pit one against the other or seek to impose arrangements for one or the other with unworkable consequences. We must respect the informal arrangements many people have made in their homes and recognise the difference between a private residence and a nursing home. We need a properly funded and organised system that will work for all older people, those who can be cared for at home and those who need and wish to receive nursing home care.”

About Nursing Homes Ireland

Nursing Homes Ireland (NHI) is the representative organisation for private and voluntary nursing homes. 448 private and voluntary nursing homes across Ireland are providing care to 23,590 persons. They are directly employing in excess of 25,000 dedicated, caring and committed staff to facilitate round-the-clock care within these home-from-home dedicated healthcare settings.

What is within this submission?

This submission focusses upon key elements of healthcare provision that must be planned for, resourced and delivered to a high standard for our older population. It focusses upon:

- The Role of Nursing Home Care
- Meeting Care Needs Within Our Communities
- Expanded Role of Nursing Homes in the Community
- Timely Access to Care Services within our Communities
- Planning for Older Person Care Needs
- NHI Recommendations

Meeting the challenges presents opportunities to ensure we meet our healthcare needs within our local communities and personnel are in place to provide the relevant support and care.

The Role of Nursing Home Care

“There is a trend emerging that people are applying for the scheme (Nursing Home Support Scheme commonly referred to Fair Deal) later in life than in previous years and consequently average lengths of stay are decreasing. In 2015, 68.1% of applicants were aged 80 years and over whereas in 2012, 66.6% of all applicants were aged 80 years and over,” Health Service Performance Report December 2015, Performance Report Supplementary Commentary.

As outlined within the introduction, the persons most dependent upon nursing home care are aged 85+, with 56% of nursing home residents being within this age cohortⁱⁱ. Nursing home care is high dependency care. These dedicated healthcare settings meet the healthcare needs of persons with high levels of frailty and with complex, high dependency care needs. The care is provided on a 24 / 7 basis. It is provided by specialist care teams, with nurses meeting clinical care needs, carers meeting care requirements, activities focussed around supporting, maintaining and improving physical and cognitive wellbeing, and catering teams meeting the diet and nutritional requirements. Nursing homes are subject to robust independent regulation and inspection by HIQA.

As stated by the Authority in May 2017 to announce publication of *Overview of 2016 HIQA regulation of social care and healthcare services*, “a culture of regulation is now embedded in nursing homes and is influencing improvements in hospitals, disability and children’s services”.

Contrary to some perception, the numbers availing of nursing home care are not considerably increasing. Over the three-year period 2013 to 2016, the number of persons financially supported by the Nursing Home Support Scheme, commonly known as Fair Deal, increased by a very modest 135 persons. This data further underlines people are applying for the scheme later in life. Over the period 2011 to 2016, the number of persons financially supported by Fair Deal increased by 7%. The CSO’s Census 2016 Preliminary results informs over the corresponding period the number of persons aged 85+ increased by 18%. It states: “For the population aged over 85, the male population increased by 24.8 per cent to 23,062 while the female population increased by 11.4 per cent to 44,493.”

Misinformation fed into public discourse states Ireland has a higher prevalence of nursing home care by comparison with European / International counterparts. This is incorrect. OECD analysis of persons aged 65+ availing of long-term care informs Ireland ‘ranks’ 13th of

22 countries, with countries such as Germany, France, Sweden, Finland, Norway, Switzerland and Belgium having higher prevalenceⁱⁱⁱ.

Despite the relative stagnation in numbers availing of nursing home care, we cannot overlook the requirement for this specialist care will grow considerably in tandem with the growth of our ‘older old’ population. Our projections within this submission focus upon the older-old, those persons most dependent upon nursing home care. The CSO informs 68,400 persons residing in Ireland in 2016 were aged 85+. It projects in 2026 this cohort will number 104,600. This would represent a 53% growth over the ten-year period.

The Alzheimer Society of Ireland states there are approximately 48,000 people living with dementia in Ireland. This number is expected to increase significantly in the coming years, rising to 68,216 people by 2021 and to 132,000 people by 2041. It should be noted the majority of people with dementia (63%) live at home in the community^{iv}. But a cohort with high dependency care needs who require 24 / 7 person-focussed, specialist care are supported by nursing homes.

Independent analysis undertaken by the Dementia Services Information and Development Centre^v and DKM Economic Consultants^{vi}, on behalf of the Department of Health, inform the present funding model to support nursing home care, namely Fair Deal, does not recognise the true costs associated with provision of high dependency care. The DKM analysis concerningly and alarmingly states: “It is untenable that the State quality regulator can assess differentiated dependency levels and in doing so impose costs on nursing homes, while the State price regulator claims it is unable to reflect the same factor in its pricing decisions.”

Meeting Care Needs Within Our Communities

At year-end 2016, 23,142 persons were financially supported by the Nursing Homes Support Scheme (Fair Deal). As of April 2016, 580 nursing homes were registered in Ireland, with HSE provision being approximately 20% and private and voluntary being 80%.

8,121 new persons availed of Fair Deal financial support in 2016. Transitional care funding, enabling people be discharged from acute hospitals to nursing home care within their communities, was provided to 7,342 persons last year – an average 612 persons per month.

The healthcare needs presented by older persons bring requirement for a multitude of care services. Government policy is to enable people to live in their own homes for as long as possible. By year end 2016, 46,948 persons were in receipt of HSE home help hours and 16,354 persons were availing of HSE home care packages.

As advanced by Minister Harris, the critical requirement is to ensure persons can avail of the care most appropriate to their care needs at the most appropriate stage. This requires a focus upon mapping the demographics and future healthcare needs. It should entail bringing into effect the appropriate policy to ensure we are positioned to meet present and future requirements, ensuring the appropriate funding models are in place, and ensuring resourcing is allocated on a per-need basis.

The focus placed upon meeting healthcare needs within the community can avert and curtail hospital admissions.

A major contributor to the current chronic and ongoing crisis in our acute hospitals is the number of beds occupied by patients who have completed their acute care, but have not been discharged, because arrangements for their post-hospital care needs have not been put in place. This care may involve ongoing care in step-down facilities, long term residential nursing home care or the provision of home care packages.

This submission has informed of 7,342 persons last year availing of transitional care funding to enable them move from acute hospital care to nursing home care. At year-end 2016, the number of persons classified as ‘delayed discharged’ within our acute hospitals numbered 436. This was almost half the high presented in October 2014 of 832 persons. A €74 million investment by the Government in April 2015, which enabled the high number of persons requiring nursing home care within acute hospitals to avail of it on a on-demand basis, has positioned the State to bring into effect a sizeable reduction in numbers within our acute hospitals delayed discharged.

In November 2015, then Minister for Health Leo Varadkar informed Dáil Éireann the measure had freed up approximately 265 beds every day to be used by hospitals, “which is a capacity increase equivalent to a medium-sized hospital”. At year-end 2016 Minister for Health Simon Harris heralded 436 persons delayed discharged as representing the lowest recorded numbers. 71% of such persons were awaiting long-term nursing care^{vii}. While the 436 represents significant progress, Government push must be to ensure older persons are facilitated in being discharged back to their local community in as timely a manner as possible. Hundreds remaining within acute hospitals having completed their acute phase of care should not be heralded a success for older person care or our health services.

Expanded Role of Nursing Homes in the Community

Within the aforementioned continuum and wider healthcare delivery for our older population, nursing home care has an essential role to play. These ‘homes-from-home’ are dedicated healthcare settings employing care teams with a diverse range of specialist health and social care skills, employing nurses, carers, caterers, activity coordinators. The growth of the ageing population will present varied challenges to meet healthcare needs within our local communities. Utilisation of these independently regulated dedicated healthcare settings and the staff employed within them must be a focus for policy planners.

In tandem with long-stay care, nursing homes fulfil a critical role in the provision of respite, transitional and rehabilitation care. Given the growing requirement that will be placed upon the State to provide our older population with the required health and social care services within communities, the opportunities presented to further utilise these health settings must be actively explored and supported in public policy. Utilising nursing homes and the staff employed within them can present opportunity to provide complimentary community services such as home care, meals-on-wheels, independent living.

Timely Access to Care Services within our Communities

A move from the present fragmented and polarised approach to community care needs to shift to a rounded, inclusive one.

It is critical healthcare services are made available to older persons on a per-need basis. Good GP and nursing care are key elements to reduce admissions to hospital by older persons.

A collaborative approach between GP services, primary / community care services and nursing homes is essential to meet the health needs of our population within the community and to reduce acute hospital admissions. A GPs contract must categorically state the obligations and duties of the GP to persons in the community and also those within residential care. It should promote a mutual enhancement of a collaborative relationship that will protect and promote the care given to older people.

In its report *Who Cares? An Investigation into the Right to Nursing Home Care in Ireland*, the Office of the Ombudsman highlights the exclusion of therapies and social programmes under the Fair Deal scheme. It states this appears at odds with “what (in the words of the Department [of Health]) is commonly understood as long-term nursing home care”. It says the failure to encompass costs for such services is not consistent with obligations under the Health Act.

The HIQA report *Designated Centres for Older People: An analysis of inspection findings during the first 15 months of inspections* states inadequate access to care services such as physio, chiropody, occupational therapy and others highlights a “wider funding and access issue” in particular for private nursing homes.

In 2013 an unpublished HSE audit of access to therapies for older people in nursing home care came to public attention. It assessed access to physiotherapy, speech and language therapy, occupational therapy and dietetics. It revealed the vast majority of nursing home residents do not have access to these essential public health services. Furthermore, it exposed huge geographical inequalities in access, inequalities between residents in public and private nursing homes, as well as discrimination based on medical card status.

Such therapies are re-enabling and life-saving for persons in nursing home care. Older persons in nursing homes must be capable of accessing such services in a short timeframe from the comfort of the nursing home. The State has a responsibility to ensure persons in such care have timely access to the life enabling and saving therapies.

Planning for Older Person Care Needs

A dedicated Office for Older People is required to take the lead in identifying, planning for and meeting service provision challenges for our older population. The dedicated Office would liaise with Government departments to focus upon service provision and enable the State to lead in addressing and meeting older person’s health and social care needs.

NHI has long advanced the Department of Health must lead in bringing stakeholders around the table to address the challenges we face in meeting our older population’s healthcare needs. This ‘working group’ / ‘forum’ can assess and discuss the present and future challenges facing us. It can input to the policy development, the resourcing of services and their delivery across the country.

It must also be recognised the growing number of older people requiring healthcare services will necessitate a workforce with the appropriate skill mix to meet their clinical and healthcare requirements. Strategy must be developed to plan for the growing demand for healthcare and associated professionals to meet our older population's needs.

NHI recommendations

- Policy and related stakeholders should be brought around the table by the Department of Health through a Statutory 'forum' that will consider, advise and push for the planning, funding and delivery of health services for older people.
- A dedicated Office for Older People is required to take the lead in identifying, planning for and meeting service provision challenges for our older population.
- A shift in emphasis towards ensuring primary care is better supported under the 'money follows the patient' mantra can lead to more efficient spend within health services. A new scheme in keeping with that of Fair Deal should be introduced on a statutory basis for home care services.
- Funding models to support older person care must be cognisant of their healthcare needs and dependency levels, and recognise the true costs entailed to meet their care requirements.
- 'Ring-fenced' budgets specific for differing, specialist care services give transparency within health spend and help ensure the budgets are resourced to be demand-led.
- A GPs contract must categorically state the obligations and duties of the GP to persons in the community and also those within residential care. It should promote a mutual enhancement of a collaborative relationship that will protect and promote the care given to older people.
- A collaborative approach between GP services, primary / community care services and nursing homes is essential to meet health needs of our population within the community and reduce acute admissions.
- Persons within residential care and availing of care within the community must retain access to therapies and services that are fundamental to support their healthcare needs. Deterring access to these services is an abuse of their rights and can lead to further health complications that lead to dependence upon acute services.
- Strategy must be developed to plan for the growing demand for healthcare and associated professionals to meet our older population's needs. This should encompass the promotion of education / training opportunities to pursue dedicated careers within healthcare, the re-training, recruitment and retention of healthcare staff and access to labour markets where shortages apply.

ENDS

NHI, May 2017

ⁱ Health in Ireland Key Trends 2016

ⁱⁱ NHI Annual Survey 2009 / 2010

ⁱⁱⁱ OECD Long-Term Care Recipients Aged 65+

^{iv} Alzheimer Society of Ireland

^v An Irish National Survey of Dementia in Residential Care, 2015

^{vi} Potential Measures to Encourage the Provision of Nursing Home & Community Nursing Unit Facilities, December 2015

^{vii} HSE Performance Report December 2016