

North South Inter-Parliamentary Association



Second Meeting

Caring for an Ageing Society

5th April 2013

**Background briefing prepared by the Research and Information Service (RaISe)
of the Northern Ireland Assembly and the Library & Research Service of the Houses of the
Oireachtas (*Tithe an Oireachtais*)**

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Key points – Ireland

- Whilst the 2011 Census confirms that Ireland has the second lowest proportion of older people in the EU, it also shows that the population of older people in Ireland is increasing.
- It has been noted that this 'population transition' is generally discussed in negative and resource-related terms.
- An estimated 41,740 people in Ireland have dementia. Projections suggest this number is going to rise, substantially so after 2021.
- The 2006 social partnership agreement Towards 2016 outlined an agreement to develop an infrastructure of long-term care services for older people.
- The current Programme for Government commits to:
 - Invest in the supply of more and better care for older people in the community and in residential settings;
 - Review the Fair Deal system of financing nursing home care;
 - Complete and implement the National Positive Ageing Strategy;
 - Support older people in living in their own homes and communities for as long as they wish;
 - Develop a national Alzheimer's and other dementia strategy by 2013.
- In addition, the issue of caring for an ageing society should also be placed in the context of overall health reform. A number of Government priorities, as articulated in its reform agenda such as the introduction of Universal Primary Care and Universal Health Insurance, and the establishment of an Integrated Care Agency, will have a direct impact on older people.
- A major and imminent policy development is the anticipated publication in the coming weeks of the National Positive Aging Strategy which has been approved by Government.
- Social care services for older people are likely to face increasing pressure as the numbers within older age cohorts increases.
- Formal care services for older people in Ireland can be divided into residential care, home helps and home care packages.

Key points – Northern Ireland

- The 2011 Census records the number of people in NI aged 65 and over as 263,700. By 2035 the number is projected to reach 463,000 persons, an increase of around 75%. The number of the very elderly (those aged 85 and over) is predicted to more than double in that period.
- The NI Executive's policy agenda for older people includes:
 - The development of a new active ageing strategy for older people.
 - Enactment of legislation banning age discrimination in the provision of goods, facilities and services.
 - Implementation of a new model for integrated health and social care to include an Older People's Service Framework.
 - Implementation of a new Community Safety Strategy for NI which will offer opportunities to promote and drive intergenerational activity.
- Older people are significant users of health and social care services, and currently almost a fifth (19%) of the Health and Social Care budget is allocated to services for older people. This amounts to £616 million.
- There are three main types of care (or "care packages") for older people in NI: domiciliary care, residential care and nursing care. In 2012 there were 2,911 residential care packages and 6,779 nursing home care packages in effect.
- The number of people in NI with dementia is predicted to rise from 17,765 in 2010 to 24,980 by 2021, an increase of 41%.
- Almost half of people with dementia in NI receive care at home. The remainder live in care homes, largely provided by the independent sector.
- It is estimated that the annual cost of dementia care in NI is now around £475m.

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1. THE POSITION IN IRELAND

1.1 POLICY CONTEXT - IRELAND

Government Policy in relation to older people is to support people to live in dignity and independence in their own homes and communities for as long as possible and, where this is not possible, to support access to quality long-term residential care. This policy approach was renewed and developed in the partnership agreement, *Towards 2016*, and is affirmed in the current Programme for Government which, specifically, commits to:

- Invest in the supply of more and better care for older people in the community and in residential settings;
- Review the Fair Deal system of financing nursing home care;
- Complete and implement the National Positive Ageing Strategy;
- Support older people in living in their own homes and communities for as long as they wish; and
- Develop a national Alzheimer's and other dementia strategy by 2013.

However, the issue of caring for an aging society cannot be considered without placing it in the context of overall health reform. The Minister for Health, in November 2012, published *Future Health: A Strategic Framework for Reform of the Health Service 2012-2015*.¹ It sets out the main healthcare reforms that will be introduced in the coming years in preparation for the introduction of Universal Health Insurance in 2016.

Speaking at the launch of the document, Minister Reilly said that:²

"The core of the Government's health reform programme is a single-tier health system, supported by Universal Health Insurance in 2016. Future Health sets out the steps to bring us improved health and wellbeing; faster, fairer access to hospital care; free access to GP care by 2015; better management of chronic illness; more people cared for in their own homes and improved quality and safety. The goal is to put the needs of the patient at the centre of the health system. The essential public nature of the health system will not be changed."

¹ http://www.dohc.ie/publications/pdf/Future_Health_Explanatory_Note.pdf?direct=1

² <http://www.dohc.ie/press/releases/2012/20121115.html>

It may be noted that a number of Government priorities, as articulated in this reform agenda such as the introduction of Universal Primary Care and Universal Health Insurance, and the establishment of an Integrated Care Agency, will have a direct impact on older people.

The policy context is also governed by a range of strategy and policy documents, referred to where relevant below. In particular, the Department of Health is currently preparing a National Positive Ageing Strategy:³

“The preparation of the National Positive Ageing Strategy takes forward the commitment in the *Programme for Government 2007-2012* to better recognise the position of older people in Irish society. The intention behind the Strategy is to put in place arrangements that would ensure that issues affecting older people are mainstreamed in policy-making at all levels and across all sectors. Another objective is to ensure coherence and integration in planning and implementing programmes for older people.”

The strategy has been approved by Government and it is anticipated that it will be published in the coming weeks.

The National Positive Ageing Strategy is to have a much wider focus than the ‘traditional’ issues of health and social care. It is understood that the Strategy will acknowledge that the promotion of well-being in later life must take account of the fact that the well-being of older people is affected by many different factors including:

- older people’s participation in society;
- the ways in which programmes and services for older people are organised and utilised;
- income;
- health and social care;
- housing;
- transport;
- education and employment; and
- access to information.

The new Strategy will therefore have to focus attention on issues relevant to older people across the public policy spectrum. Replying to a parliamentary question in February this year

³ <http://www.olderandbolder.ie/content/ageing-strategy-cusp-delivery>

the Minister of State with responsibility for Older People confirmed the approach the Strategy would take:⁴

“The Strategy will be a high level document outlining Ireland’s vision for ageing and older people and the national goals and objectives required to promote positive ageing. It will be an over-arching cross-departmental policy that will be the blueprint for age related policy and service delivery across Government in the years ahead.

The Strategy is being developed within the constraints of the present fiscal situation. The intention of the Strategy is not to propose new service developments. The strategy will set the strategic direction for Government policy on ageing by outlining the priority areas requiring action. It will be a matter for individual Departments/agencies to identify how best they respond to the challenges posed by an ageing population.”

In examining the policy context this paper also draws on a 2007 ‘social portrait’ of older people in Ireland (Fahey et al. 2007).⁵ This portrait (or report) was commissioned by the Office for Social Inclusion from the ESRI, and is one of a series of reports based on the lifecycle approach which underpins the social partnership agreement *Towards 2016* and the *National Action Plan for Social Inclusion* (NAPinclusion) (Fahey et al. 2007).⁶

It is also important to note the role of **The Irish Longitudinal Study on Ageing** (TILDA)⁷ which is a study of a representative cohort of over 8,500 people resident in Ireland aged 50 and over, charting their health, social and economic circumstances over a 10-year period. A second wave of data collection commenced this year.

TILDA is recognised as being unique amongst longitudinal studies internationally in the breadth of physical, mental health and cognitive measures collected and is therefore an important national asset.

Key findings to date include that there are:

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<http://oireachtasdebates.oireachtas.ie/Debates%20Authoring/DebatesWebPack.nsf/takes/dail2013021400069#WRB02450>

⁵ Fahey, Tony, Bertrand Maitre, Brian Nolan, and Christopher T. Whelan. 2007. *A Social Portrait of Older People in Ireland*. (Economic and Social Research Institute) Dublin: Stationery Office, link at: http://www.socialinclusion.ie/publications/documents/Older_lowres2.pdf (Accessed 28/03/2013).

⁶ The lifecycle approach focuses on tackling problems people face at 4 stages of life. The stages are: children; people of working age; older people; and people with disabilities. Further details available at: <http://www.socialinclusion.ie/WhatisPoverty2.html#whatislifecycles> (Accessed 19/03/2013).

⁷ TILDA is a major inter-institutional initiative led by Trinity College Dublin which aims to produce a massive improvement in the quantity and quality of data, research and information relating to older people and ageing in Ireland. The TILDA project is funded by [Irish Life](#), [Atlantic Philanthropies](#), and the [Department of Health](#).

- major opportunities to improve health risk factors which prevent heart disease, stroke, falls and dementia;
- opportunities to improve pension and financial literacy; and
- technology innovations which are being developed which provide quick, simple tools to measure abnormal heart rhythms and early patterns of cognitive decline.

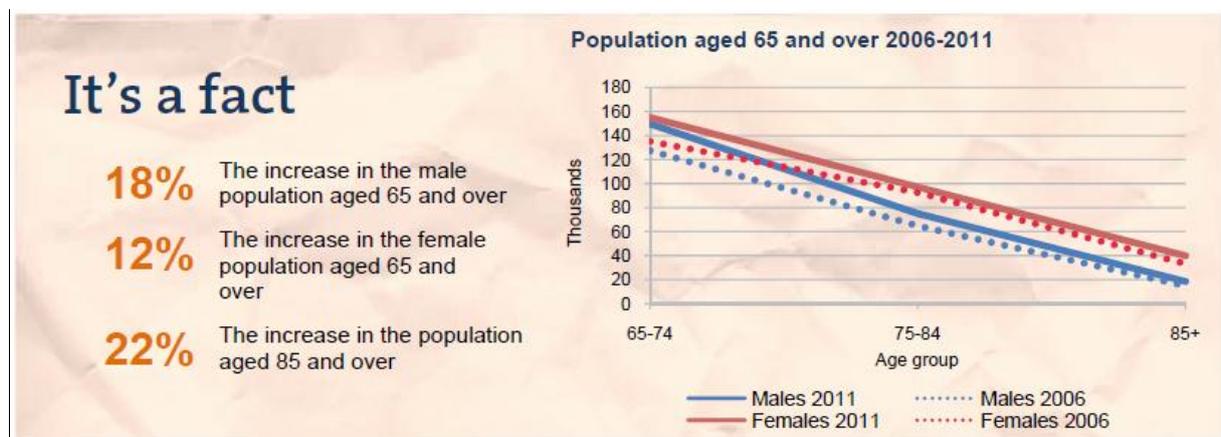
1.2 PROFILE OF OLDER PEOPLE IN IRELAND: STATISTICAL OVERVIEW

The 2011 Census records that the population of older people in the Ireland is increasing:⁸

“The number of persons aged 65 and over has increased at every census since 1961 from 315,000 in that year to 535,393 in 2011.”

This increase is particularly clear if we examine the older age profile recorded in the two latest Censuses as Figure 1 shows.

Figure 1 - Ireland: significant changes in the older population (Censuses of 2006 and 2011)



Source: CSO, *This is Ireland – Highlights from the Census*, (2012) part 1, p.15

As noted in the preceding section Ireland has access to a very valuable dataset in relation to ageing in Ireland (TILDA). Therefore, for more detailed information on the older population, please see the report of the first findings of The Irish Longitudinal Study on Ageing (TILDA).⁹

⁸ <http://www.cardi.ie/userfiles/Ageing%20statistics.pdf>
⁹ Available online at: <http://www.tcd.ie/tilda/publications/reports/>

Among the socio demographic characteristics identified by the TILDA report were that:

- Almost 10% of older people had never been married;
- Older people have an average of three living children; and
- Most older adults (62%) have completed at least secondary level education.

The following table based on CSO data provides an overview of population projections into the future

Table 1: Projected population ratios

	2011	2021	2031	2041
Over 65	535,716	769,484	1,060,496	1,396,585
% of population	11.4	14.1	18.0	22.4
Over 80	130,598	189,051	311,312	457,962
% of population	2.8	3.5	5.3	7.3
Dependency ratio (popn 65+ / popn 18-64)	0.18	0.23	0.30	0.38
Inverse of the dependency ratio	5.7	4.4	3.3	2.6

Source: *Fifty Plus in Ireland 2011 First results from the Irish Longitudinal Study on Ageing (TILDA)*, p.14

Age Action Ireland suggests that this ‘population transition’ is generally discussed negatively, in terms of costs to the health services and exchequer generally, and argue that it “is in fact a success story for public health policies and social and economic development”.¹⁰

The 2011 Census also confirms that Ireland has the second lowest proportion of older people in the EU. Fahey et al (2007)¹¹ previously noted that this stability and the relatively small older population marks Ireland out as unusual in comparative terms. They suggest a number of reasons for what they term the ‘non-ageing’ of the population which include a relatively high birth rate up to the early 1980s, high emigration in the 1950s, meaning that fewer people are now in the older people category and a slow rate of improvement in life expectancy among older people in Ireland in the second half of the 20th century.

¹⁰ Age Action Ireland. September 2006. *Submission on the National Development Plan and Older People 2007-2013*: Link at: http://www.eapn.ie/pdfs/1581_Age%20Action%20Ireland%20-%20Submission%20to%20NDP.doc

¹¹ Fahey, Tony, Bertrand Maitre, Brian Nolan, and Christopher T. Whelan. 2007. *A Social Portrait of Older People in Ireland*: (Economic and Social Research Institute) Dublin: Stationery Office, link at: http://www.socialinclusion.ie/publications/documents/Older_lowres2.pdf

1.3 SERVICE PROVISION FOR OLDER PEOPLE IN IRELAND

Accommodation

The majority of older people in Ireland own their own home. EU-SILC data for 2008 revealed that 91% of people over 65 were owner-occupiers.¹² This means that the issue of home ownership is not a key priority for the majority of older people. Age sector groups stress, however, that what is key is the *quality* of older people's accommodation and the *community supports* that will enable them to live in their own homes for as long as possible.¹³

An example of the issues faced by older people in maintaining the quality of their accommodation was highlighted in a study carried out by a group of researchers from the Dublin Institute of Technology, the Institute of Public Health in Ireland (IPH), Northern Ireland Centre of Excellence in Public Health, and Brunel University London which found that many older people forego other necessities in order to ensure that they can pay heating bills, and 24% of those surveyed said they found their homes too cold.¹⁴

The 2011 Census reveals that:

- Almost 28% (136,295) of those aged 65 years and over in private households were living on their own;
- Older people living alone are predominantly women (almost two-thirds of all older people living alone);
- Cities, along with the Border and Western regions, had the highest number of elderly people living alone;
- Ninety-four per cent of the usually resident elderly population were in private households at the time of the 2011 census with the remainder (31,054), in communal establishments;
- The majority of the 5,379 persons enumerated as residing in other establishments were in religious communities; and

¹² Source: EU-SILC 2008 data provided by the CSO on request from the Oireachtas Library & Research Service

¹³ Age Action Ireland September 2008

¹⁴ The report, *Fuel Poverty, Older People and Cold Weather: An All- island Analysis* (2011) features findings from a survey of older people's experiences of cold weather in Ireland. It also includes a review of national fuel poverty statistics relating to older people as well as an analysis of excess winter deaths among older people in both Ireland and Northern Ireland.

- An increasing proportion of all people aged 80 and over are living in communal establishments. This begins at just over 7% of eighty year olds but gradually increases to a peak of 55% of all persons aged 100.¹⁵

The Nursing Homes Support Scheme ('A Fair Deal') replaced the Nursing Home Subvention scheme from 27 October 2009.¹⁶ It provides financial support for people who need long-term nursing home care. The Scheme is administered by the HSE. Under the scheme, a contribution is required to the cost of care with the State paying the balance. The scheme applies to public, private or voluntary nursing homes. The application process involves both a care needs assessment (to see if nursing home care is required) and a financial assessment (to decide on what the contribution to care should be). The precise details of the financial assessment and the contribution to care are complex.¹⁷

Health and Social Care Services

As part of TILDA, another report¹⁸ published on the 14th of March 2013 on the issue of health services accessed by older people in Ireland found that social care services are likely to face rapidly growing pressures with an increasing older population.

The study focused on the drivers of service use in hospital, primary, community and social care services. These include age, whether you work, whether you live alone or with others, the presence of chronic diseases, having a medical card or having private insurance and measures of capacity to undertake everyday tasks. Although chronic diseases and frailty increase with age, this relationship is changing and it is important to understand if age in itself is an important driver of use. The makeup of households is changing as more men are living into older age, with life expectancy between men and women converging.

At the time of the survey almost 70% of the population were paying out of pocket costs for primary and secondary care services. About 30% of the population had medical cards, providing free access to these services.

¹⁵ Long Stay Activity reports are available by year – the latest available relates to 2011 and can be accessed online at: http://www.dohc.ie/publications/pdf/long_stay_2011.pdf?direct=1

¹⁶ Information on this Scheme is taken from the Department of Health, link at: http://www.dohc.ie/issues/fair_deal/information_booklet.pdf?direct=1 (Accessed 20/03/2013).

¹⁷ The OLRs *Bills Digest* on the *Nursing Home Support Scheme Bill 2008* (No 48 of 2008) provides further information.

¹⁸ *Patterns and Determinants of Health Care Utilisation in Ireland* (2013) available online at: <http://www.tcd.ie/tilda/assets/pdf/Tilda%20Health%20Care%20Utilisation%20Report.pdf>

Key findings from the survey are that:

- Age in itself is not a significant driver of health service use. Factors related to age such as declining health or higher levels of entitlement are more important.
- Those who possess a medical card, on average, make two additional visits to their GP annually, even when health status and other factors are taken into account. This finding has important implications for the cost of introducing GP services which are universally free at point of use.
- Age is not strongly associated with use of outpatient services or the likelihood of being admitted to hospital, but older people do have longer hospital stays.
- Having a medical card increases the number of days in hospital, as does having medical insurance.
- Usage of GP service and numbers of nights spent in hospital are strongly affected by poor health (as indicated by self-rating, number of reported diseases and measures of disability).
- Living alone is not a major driver of the use of GP or hospital services. Married people have longer hospital stays than single people, which may be because single people are more likely to be discharged to other types of institutional care.
- Age is independently important in explaining the patterns of use of community and social care services. In particular, the use of home helps is concentrated in the older age groups. Use of social care services also increases with levels of disease and disability.
- Some service use decreases with age, in particular dental care. Other services, such as physiotherapy, are not affected significantly by age.
- Those without medical cards are low users of community services, especially those over 70. This suggests that practical as well as financial barriers reduce use of services such as chiropody, physiotherapy among others.

The SLÁN 2007 survey provides some data on the health of older people compared to other age groups:¹⁹

- The highest percentage of those who rated their health as 'poor' were in the 65+ age group (6%);
- Some 25% of those aged 65+ reported that a long-term illness, health problem or disability limited their daily activity compared to 11% of respondents as a whole;
- 62% of those over 65 reported having a chronic illness in the previous 12 months, compared to 38% of respondents as a whole; and
- 74% of respondents as a whole had attended a GP in the previous 12 months compared to 92% of those over 65.

Age Action Ireland suggests that “the type of care older people need is often less acute and tends towards the management of chronic health conditions: rehabilitation and a mix of health and social care services”.²⁰ They point to the following key issues in terms of health and older people:

- The community care system (the broad context is supporting older people at home for as long as possible);
- End of life care;
- Long-term care; and
- Dementia.

Home Help and Home Care Packages²¹

The primary focus of HSE Home Help and Home Care Packages (HCP) service provision for older people is to maintain them at home for as long as possible and in accordance with their wishes. In order to ensure that care at home is fully explored as an option and that appropriate care is provided in an appropriate setting an assessment of care needs is undertaken by health professionals.

The number of people in receipt of Home Help Services increased from 41,400 as at 1st January 2006 to 50,986 at 31st December 2011.

¹⁹ Link to this survey at: http://www.dohc.ie/publications/slan07_report.html

²⁰ Age Action Ireland September 2009

²¹ This section is based on information provided by the Department of Health to the Oireachtas Library & Research Service on 26th March 2013

The HSE Service Plan 2012 provided €390 million for Older People. This includes Home Help, Home Care Packages, Respite Care, Meals-on-Wheels and Health Promotion. A Home Care Package is an enhanced level of services for those people living in the community that require an enhanced level of home support. The purpose of the Home Care Packages Scheme is to:

- Facilitate timely discharge of older clients from acute services;
- Reduce inappropriate admissions of older people to acute care or residential care;
- Reduce pressures on A&E Departments;
- Support older people to continue to live, or return to live, in their own homes/communities; and
- Support carers so that they might be able to continue to provide care for older people.

Care Needs Assessment and Reviews²²

Each Local Health Office (LHO) area is required to have in place an effective mechanism for on-going regular reviews of Home Help and HCPs (in line with National Guidelines for HCPs).

The current Programme for Government commits to developing and implementing national standards for home support services, which will be subject to inspection by the Health and Information Quality Authority (HIQA).

The introduction of new regulations would have to take account of all relevant issues including, for example, those raised in the recent Law Reform Commission Report *Legal Aspects of Professional Home Care*, which in itself is a follow up to its 2009 consultation paper entitled *Legal Aspects of Carers*.

Primary legislation and resources will be required for the introduction of a statutory regulation system for home care services. The question of possible changes to legislation, including registration and inspection, for Home Care services for older people is under consideration in the overall context of the licensing of Health Care providers.

²² This section is based on information received by the Oireachtas Library & Research Service from the Department of Health on 26th March 2013.

Other measures, per HSE Service Plan 2012, have or are being taken to improve the standard of community services delivered by, or on behalf of the HSE. These include:

- Recent Guidelines on HCPs;
- New National Quality Guidelines for Home Care Support Services; and
- New National Home Help Guidelines.

Intermediate care

While there is no single, agreed definition of intermediate care it is generally taken to be care that is less intensive than requiring an acute hospital stay but beyond what can be offered by traditional primary care.²³ The main benefits of intermediate care are to:²⁴

- promote faster recovery from illness;
- prevent unnecessary admissions to hospital and long term care;
- support timely discharge (from acute care); and
- maximise independent living.

Intermediate care does not necessarily relate only to the care of older people. However, it has been identified as an emerging concept in health care, which may offer attractive alternatives to hospital care for elderly patients.²⁵

The Minister for Health has expressed interest in the establishment of a system of intermediate care for convalescence and assessment.²⁶

Noting that many people are assessed for long-term care while in acute hospitals, the Minister for Health is reported in April 2012 as having stated that:

“This is not appropriate. They should be assessed in an intermediate care facility while undergoing rehabilitation where a much clearer idea of their status will become apparent.”²⁷

²³ For an overall view of clinical care of older people please see the HSE website at:

<http://www.hse.ie/eng/about/Who/clinical/natclinprog/olderpeopleprogramme/coeprogramme.pdf>.

²⁴ From an evaluation of intermediate care services in Kent, England:

<http://www.kent.ac.uk/chss/researchcentre/docs/icon.PDF>

²⁵ United States of America National Library of Medicine: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC509331/>

²⁶ <http://www.irishtimes.com/news/health/minister-reveals-intermediate-care-plan-for-elderly-1.503185>

1.3 DEMENTIA

Introduction ²⁸

The most recent estimates put the number of people with dementia in Ireland at 41,740.²⁹ Major increases in dementia cases are expected to occur after the year 2021.

Government policy promoting Dementia Care

The current *Programme for Government* commits to developing a national strategy on dementia by 2013 to increase awareness, ensure early diagnosis and intervention and development of enhanced community based services.

The main types of Dementia Care available in Ireland

The estimates indicate that in terms of location the main type of care is family care in the community, followed by public and private residential care. As indicated above, it is estimated that 41,740 people in Ireland have dementia:

- Of these, 26,104 are living in the community, many without a formal diagnosis, unaware of their condition and not necessarily in contact with the health and social care system;³⁰
- An estimated 50,000 family carers in Ireland look after someone with dementia symptom(s);
- An estimated 14,255 people with dementia live in public or private residential care in Ireland, including over 500 people under age 65; and
- 63% of all long-stay residents have dementia (estimate).

While community care by families and residential care may be the main types of care based on where people reside, people with dementia avail of a range of care and related services

²⁷ Irish Times, 17th April 2012 available online at: <http://www.irishtimes.com/news/reilly-plans-fund-for-elderly-care-in-the-home-1.13092>

²⁸ A key source for this paper is the review published in January 2012 to support the development of the proposed new strategy on dementia - *Creating Excellence in Dementia Care – A Research Review for Ireland’s National Dementia Strategy* (2012).

²⁹ Regional variation: Due the differing age structures of the population, there is clear regional variation in Ireland in terms of the population with dementia, with the West of Ireland having a larger population than other areas. Full details of the regional variation can be found at p.35 of *Creating Excellence in Dementia Care – A Research Review for Ireland’s National Dementia Strategy* (2012).

³⁰ Cahill, O’Shea and Pierce (2012, p.12) available online at: https://www.tcd.ie/Communications/content/pdf/Creating_Excellence_in_Dementia_Care2012.pdf

provided by the state, voluntary and private sector (meaning both private – family/informal and private – for-profit providers):

- Home care: Care by family / friends or by paid carers (publicly or privately provided);
- GP / Primary care;
- Day care ;
- Memory clinics;³¹
- Psychiatry of old age services;
- Residential care: Private or voluntary run nursing home / Long-stay public care;³²
- Acute hospital care; and
- Palliative care.

In Ireland, few alternatives to nursing home care exist for people with dementia who can no longer stay at home. As with many areas of health provision in Ireland, the voluntary sector plays a significant role.

Costs of setting up and running Dementia Care

The literature identified for this paper did not provide information on set up costs for dementia care. There is, however, recent information for Ireland (2012), estimating the overall cost of dementia care in Ireland to be **€1.69 billion per annum**.³³ Almost half of this amount is due to opportunity costs of the value of informal care provided by family and friends to those living at home with dementia. A further 43% is attributable to residential long-stay care, with formal health and social care services accounting for only 9% of the total costs.

³¹ OECD 9 Country Comparison Report: A treatment option that is available for patients in the intermediate stage of the disease is the memory clinic. Memory clinics have existed since the 1980s (Bayer, Pathy and Twining, 1987). There does not appear to be any precise definition of what constitutes a memory clinic, but generally, a memory clinic combines clinical work and research. The clinical work tends to be multi-disciplinary, involving clinicians and social care professionals. The research aspect of memory clinics tends to focus on the evaluation of anti-dementia agents, although some do research on non-drug related care.

³² Description of history and types of care available for older people in 2003, Dr. Des O'Neill, Consultant Geriatrician and advocate for older people:

http://www.lawreform.ie/fileupload/Speeches/July%20Uploads/05/Des_O'Neill.pdf

³³ <http://www.dohc.ie/consultations/closed/dementiastrategy/>

2. THE POSITION IN NORTHERN IRELAND

2.1 POLICY CONTEXT – NORTHERN IRELAND

The main elements of the NI Executive's policy agenda for older people are:

- Development of a new active ageing strategy for older people.³⁴
- Enactment of legislation banning age discrimination in the provision of goods, facilities and services.³⁵
- Implementation of a new model for integrated health and social care to include an Older People's Service Framework.³⁶
- Implementation of a new Community Safety Strategy for NI which will offer opportunities to promote and drive intergenerational activity.³⁷

A number of Northern Ireland (NI) departments and bodies have roles and responsibilities which relate to the health and wellbeing of older people. These include the Department of Health, Social Services and Public Safety³⁸ (DHSSPS) which is responsible for policy and legislation for health and social services. Pensions, benefits and housing policy is the responsibility of the Department for Social Development (DSD). The Office of the First Minister and deputy First Minister (OFMDFM) has overall responsibility for the government's cross-cutting strategy for older people. The Office of the Commissioner for Older People for NI (COPNI) is an independent statutory body (supported by OFMDFM) with promotional, advisory, educational and general investigatory duties and powers in relation to older people in NI.³⁹

A Health and Social Care Board commissions services from the DHSSPS's five regional Health and Social Care Trusts. The Trusts manage and administer hospitals, health centres,

³⁴ <http://www.ofmdfmi.gov.uk/index/equality/age.htm>

³⁵ page 40 *Programme for Government 2011-15*

<http://www.northernireland.gov.uk/pfg-2011-2015-final-report.pdf>

³⁶ See <http://www.patientclientcouncil.hscni.net/news/view/older-peoples-service-framework>

<http://www.dhsspsni.gov.uk/showconsultations?txtid=59058>

³⁷ *Building Safer, Shared and Confident Communities: A Community Safety Strategy for NI 2012-2017* Dept. Justice July 2012

<http://www.dojni.gov.uk/index/publications/publication-categories/pubs-policing-community-safety/cs-strategy-20122017.pdf>

³⁸ http://www.dhsspsni.gov.uk/index/about_dept.htm

³⁹ The Commissioner's website summarises the key duties and general powers of the Commissioner.

See <http://www.copni.org/the-law.html>

residential homes, day centres and other health and social care facilities and they provide a wide range of health and social care services to the community.

Health and social care is provided in three main ways in NI:

- Statutory sector, for example the Health and Social Care Trusts
- Private sector, for example for-profit residential and nursing homes and domiciliary care services
- Voluntary sector, for example charities which operate on a non-profit making basis

The DHSSPS divides health care into **Programmes of Care** (POCs) for management purposes. In total there are nine Programmes of Care; POC 4 is Elderly Care. Table 2 shows the expenditure by Trusts on Elderly Care. This programme received £195m in 2010-11, an increase of 25.8% since 2006/07.

Table 2 Actual expenditure by HSC Trusts 2006/07 to 2010/11⁴⁰

Programme of Care	Actual Expenditure as per Trust Financial Returns					
	2006-07	2007-08	2008-09	2009-10	2010-11	Change 2006-07 to 2010-11
	£m	£m	£m	£m	£m	
Acute Services	1,035.3	1,114.8	1,240.0	1,292.4	1,282.0	23.8%
Maternity and Child Health	117.9	121.8	138.2	145.0	148.0	25.5%
Family and Child Care	155.0	166.6	180.9	188.5	195.0	25.8%
Elderly Care	628.6	644.9	687.2	704.9	721.0	14.7%
Mental Health	190.8	197.0	222.7	225.5	228.0	19.5%
Learning Disability	185.6	200.2	215.3	228.3	240.0	29.3%
Physical and Sensory Disability	83.1	92.9	98.1	100.9	106.0	27.6%
Health Promotion and Disease Prevention	42.0	46.6	47.1	46.9	47.0	11.9%
Primary Health and Adult Community	77.1	98.1	120.4	138.4	154.0	99.7%
Total Expenditure	2,515.4	2,682.8	2,949.9	3,070.8	3,121.0	24.1%

⁴⁰ DHSSPS Expenditure Plans 2012-13 RaISe Briefing Paper 147/12 September 2012
<http://www.niassembly.gov.uk/Documents/RaISe/Publications/2012/health/14712.pdf>

Older People's Strategy

A strategy to promote and support the inclusion of older people in NI (*Ageing in an Inclusive Society*⁴¹) was drawn up in 2005 but is now being revised by the Office of the First Minister and deputy First Minister (OFMDFM) and is expected shortly.

Pre-consultation with the Older People's Commissioner and age sector organisations has been informing the development of the strategy. A key concern for these groups is that the strategy should be underpinned by the UN Principles for Older Persons and takes a rights based approach to policy making and delivery for the diverse population of older people. The UN Principles for Older Persons are Independence, Participation, Care, Self-Fulfilment, and Dignity.

Age sector groups wish to see the priorities identified in the strategy incorporated within the Programme for Government and is hopeful that in translating the strategy into actions, the Departments will identify explicit targets, measures and systems to enable the outcomes to be monitored and evaluated effectively. The Executive's Junior Minister Bell recently commented on the progress being made in the development of the new strategy and stated that the full public consultation will be launched in late March or early April.⁴²

Changing policy context for health and social care

In the wake of a major review of health and social care⁴³ a new model for Health and Social Care is to be implemented in NI over the next few years. The review proposed a new *integrated* approach. To achieve this, it recommended that over a transition period of 5 years, £83 million (equating to 5% of the hospital services budget) is shifted from current hospital spend and is reinvested into primary, community and social care services.

Older people are significant users of health and social care services, and currently almost a fifth (19%) of the Health and Social Care budget is allocated to services for older people. This amounts to **£616 million**. The review made a number of proposals in relation to health and social care for older people which include:⁴⁴

⁴¹ *Ageing in an Inclusive Society* OFMDFM 2005

<http://www.ofmdfmi.gov.uk/ageing-strategy.pdf>

⁴² Assembly Question 5 March 2013 AQO 3442/11-15

⁴³ Known as the *Compton Review*

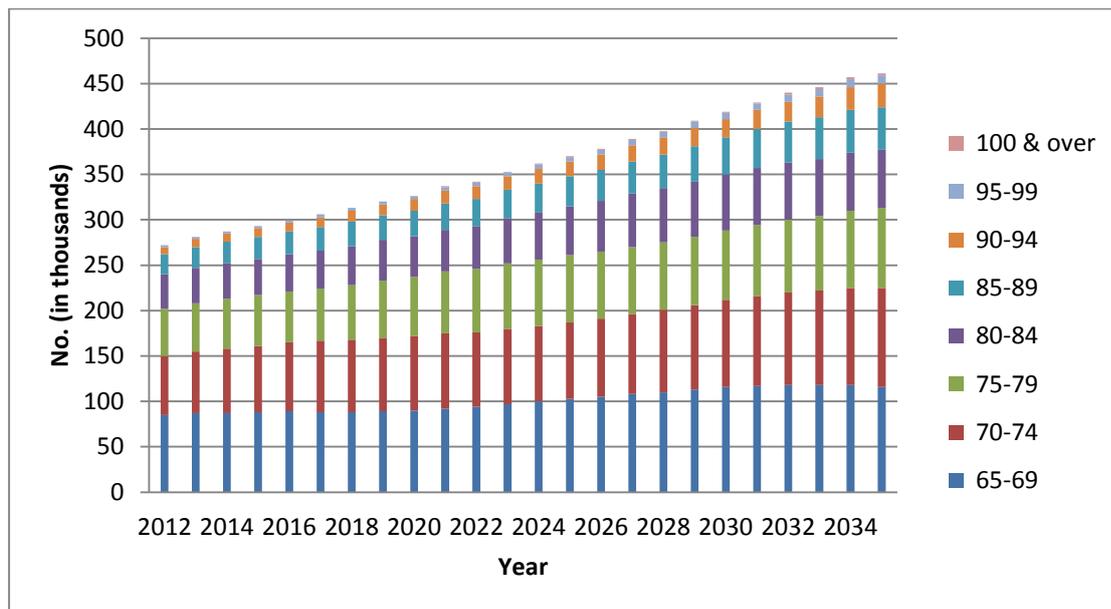
⁴⁴ *Ibid.* See page 136

- Home as the hub of care for older people, with more services provided at home and in the community.
- A major reduction in residential accommodation for older people over the next five years.
- Introduction of reablement to encourage independence and help avoid unnecessary admissions of older people into hospital.
- A greater role for nursing home care in avoiding hospital admissions.
- More community-based step-up/step-down and respite care, provided largely by the independent sector.
- A focus on promoting healthy ageing, individual resilience and independence.
- More integrated planning & delivery of support for older people, with joined up services and budgets in health & social care, and pilots to explore budgetary integration beyond health & social care.
- A holistic and consistent approach to assessment of older people's needs across NI and an equitable range of services.
- A diverse choice of provision to meet the needs of older people, with appropriate regulation and safeguards to ensure quality and protect the vulnerable.
- Personalised care designed to deliver the outcomes care users and their families want, with increasing control over budgets, and access to advocacy and support if needed.
- A policy review of carers' assessments and more practical support for carers including improved access to respite provision.

2.2 PROFILE OF OLDER PEOPLE IN NORTHERN IRELAND: STATISTICAL OVERVIEW

On Census Day 2011 there were 263,700 people aged 65 years and over living in NI. Since the 2001 Census, the number of people aged 65 years and over has increased by 18% (40,400). This trend of a growing older population is predicted to continue. By 2035, the number of people aged 65 and over is projected to reach 463,000 persons, just over a 75% increase on the 2011 Census figure. Of particular note, the number of very elderly (those aged 85 and over) is predicted to grow at an even faster rate and will more than double, impacting on health service provision. The proportion of the population who are aged 65 and over is also predicted to rise from 15% of the population in 2011 to 23% by 2035.

Figure 2: Population projections in thousands for those aged 65 and over, 2012-2035



Service Provision for Older People in Northern Ireland

Demand for Home, Residential and Nursing Care

There are three types of care (or ‘care packages’) for older people in NI: domiciliary care, residential care or nursing home care.

- Domiciliary care** is health or supportive care provided in the individual’s home by health care professionals (such as nurses or care workers). Domiciliary care services are provided by the statutory and independent sectors. Help is provided with routine tasks within and outside the home, and with personal care of the older person. The aim of the service is to enable the individual to experience an acceptable level of health, hygiene, dignity, safety and ease in their home.⁴⁵
- Residential care** homes are for people who can no longer manage to live independently in their own home. They are provided by the statutory, voluntary and private sectors. They are staffed 24 hours a day, and provide board and general personal care to the residents.

⁴⁵ Older people who live alone at home or with their family or a carer can also attend day care facilities. Day centres are a valuable source of social stimulation for older people and also provide respite for their carers.

- **Nursing homes** ⁴⁶ are for people with a disability or illness who require nursing on a regular basis. They are residential facilities providing nursing care 24 hours a day.

There are no statutory sector nursing homes; all are run either by the voluntary or private sectors.

Table 3 Care Packages in Effect in Elderly Care Programme of Care, by Care Type and Sector at 30 June 2012

HSC Trust	Statutory Sector		Voluntary Sector		Private Sector		All Sectors		
	Residential Care	Nursing Home Care	All Care Packages						
Belfast	176	0	246	170	230	1,198	652	1,368	2,020
Northern	239	0	29	0	570	1,586	838	1,586	2,424
South Eastern	148	0	108	45	417	1,281	673	1,326	1,999
Southern	78	0	0	67	255*	1,275	333	1,342	1,675
Western	127	0	57	59	231	1,098	415	1,157	1,572
Northern Ireland	768	0	440	341	1,703	6,438	2,911	6,779	9,690

Future provision

The Compton Review report noted that a significantly higher proportion of NI's elderly live in nursing homes compared with England and Wales, and that the number is increasing. Residential care places however, are slowly decreasing in NI, due to a rise in supported housing schemes provided by Housing Associations. Over the period 2007/08 to 2009/10 the number of residential places fell from 3,096 to 2,983. The review strongly supported a move away from a reliance on residential and nursing care to care in the home. This recommendation has been accepted by the Department and was confirmed by the Health Minister on 19 March 2013:

"Our focus is on delivering better, targeted care for older people closer to home, which will enable them to stay at home and remain independent where possible. This will provide better services that people want and will reduce demand for residential care. I propose to reduce the number of statutory residential homes by around 50% over the next three to five years. As it stands today, some of our existing homes are no longer able to provide a sustainable service while others struggle to meet modern standards expected throughout the sector and require expensive capital work that would be better spent on models which offer a choice to older people."

⁴⁶ Dual registered homes are nursing homes which are also registered to provide residential care and have a number of places/beds available for residential care.

The planned reduction in the number of residential homes does signal our commitment to thinking outside of an institution led approach to health and social care provision, and to considering new opportunities for ensuring that care provision is service user led and committed to supporting our citizens to be able to stay at home where possible.

The majority of respondents told us that our older people prefer to be closer to home and we have set about making this possible. We will invest £3.2million in social care reform including re-ablement over the next three years; we will provide an additional 479 supported living places over the same period; and we will invest £1million to train staff in nursing homes to support people at the end of their life.”⁴⁷

Demand for Medical Care

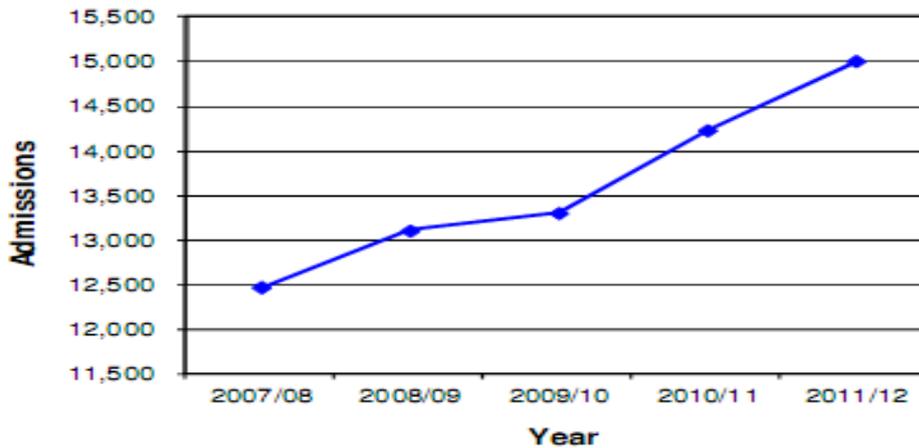
The Health and Social Care review⁴⁸ examined the likely demand for medical care in the future. It noted the increasing numbers of people in NI and the UK as a whole with chronic conditions such as hypertension, chronic obstructive pulmonary disease, stroke and diabetes. Individuals with long-term conditions such as these very often have *multiple* conditions – for example, around a quarter of those in the UK with a long-term condition have *three or more* conditions. Even though life expectancy is rising in the general population rates of ill health and disability amongst the “older old” are increasing dramatically. For instance, the rate of disability for people aged 85 and over is 67% compared with 5% among young adults⁴⁹. The review report noted the increase in numbers of older people being admitted to hospital in NI observing that lack of appropriate nursing and medical interventions available in nursing homes or at home accounts in part for the high demand. Over the five years to 2010/11, the number of admissions increased by 18% as the chart below shows.

⁴⁷ Poots Updates Assembly on Transforming Your Care Tuesday 19 March 2013
<http://www.northernireland.gov.uk/index/media-centre/news-departments/news-dhssps/news-dhssps-190313-poots-updates-assembly.htm>

⁴⁸ Transforming Your Care: A Review of Health and Social Care in Northern Ireland December 2011
<http://www.dhsspsni.gov.uk/transforming-your-care-review-of-hsc-ni-final-report.pdf>

⁴⁹ Physical and Sensory Disability Strategy A consultation Document 2011-2015 DHSSPS 2010

Figure 3 Total admissions to HSC Hospitals in NI under the Elderly Care Programme of Care (2006/07 – 2010/11)⁵⁰



In 2011/12 there were 15,009 admissions to hospital in NI under the elderly care programme of care (POC4), an increase of 2,539 (+20.4%) when compared with 2007/08 and an increase of 777 (+5.5%) admissions when compared with 2010/11. This reflects the earlier noted increase in the NI population aged 65 and over.

Intermediate Care

The DHSSPS has committed to the expansion of intermediate care services in NI. Intermediate care normally lasts no longer than six weeks and aims to rehabilitate people so that they can regain the best possible level of independence following illness. It may be provided in an individual’s home, a nursing or residential home, day care centre or community hospital. A 2012 evaluation of intermediate care in the UK found that the vast majority of users (92%) were aged 65 or over and 42% were over 85 years of age. The mean age was 81 years. The study also found that the most common reasons for admission were related to functional problems such as falls and mobility – these categories accounted for 71% of the total. The cost of an intermediate care bed day ranged from an average of £136 in residential care homes to an average of £252 per bed day in community hospitals.⁵¹ NI’s most recent audit of intermediate care (2006) found evidence of a wide ranging approach to the development of intermediate care. Across Trusts it found 53 schemes in place. A total of

⁵⁰ Source :NI Hospital Statistics: Inpatient Activity 2010/11

⁵¹ *National Audit of Intermediate Care 2012 Report*

http://www.nhsbenchmarking.nhs.uk/docs/NAIC_report_20120912.pdf

17,662 patients had used intermediate care schemes. In 2005/06 there was a total budget of £12.9 m allocated to intermediate care.⁵²

Older People’s Service Framework.

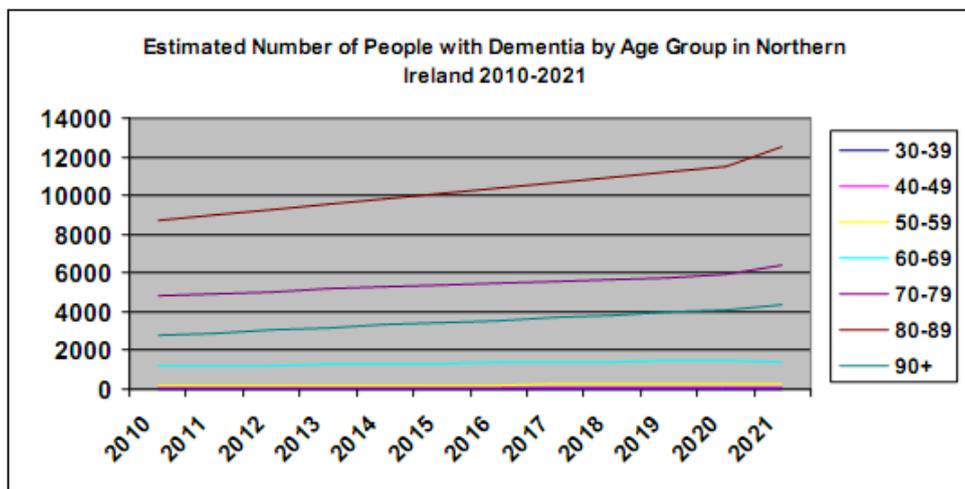
A Service Framework is being developed which sets out explicit standards for health and social care to be used by older people, carers and their families to help explain the standards of care they expect to receive. The Framework sets 46 standards in relation to: *Person-Centred Care, Health and Social Wellbeing Improvement, Safeguarding, Carers, Conditions more Common in Older People, Medicines Management and Transitions of Care.*

Each of the proposed standards is supported by an expected level of performance to be achieved over 3 years which will be regularly reviewed and updated.

Dementia

It is known that the prevalence of dementia increases significantly with age. It is estimated that the number of people in NI with the condition is projected to increase by 41% from 17,765 in 2010 to 24,980 by 2021.

Figure 3 Estimated Number of People with Dementia by Age Group in NI 2010-21



⁵² *Audit of Intermediate Care* DHSSPS October 2006
<http://www.dhsspsni.gov.uk/audit-intermediate-care.pdf>

Government Policy Promoting Dementia Care

Improving Dementia Services in NI: A regional strategy⁵³ was launched in November 2011. The strategy identifies areas where improvements need to be made in the way services for people with dementia and their carers are delivered. The key messages are on:

- prevention and delay of onset;
- raising awareness and addressing stigma;
- access to early diagnosis and enhancing memory services;
- a staged approach to care;
- improving staff awareness and skills;
- redesign of services to provide care and support, as far as possible in people's own homes.

Related strategies are:

- *Caring for carers: recognising, valuing and supporting the caring role* (2006)⁵⁴
- *DHSSPS: Service framework for mental health and wellbeing*⁵⁵
- *DHSSPS: Older people's Service Framework*⁵⁶

The Main types of Dementia Care available in Northern Ireland

Care for people with dementia is provided in a number of ways:

- At home care
- Homes specially intended for dementia sufferers
- Homes providing care for older people in general

Almost half (47%) of people with dementia receive care at home. The other 53% live in care homes, largely provided by the independent sector (i.e. voluntary or private). The proportion of those with dementia living in care homes rises steadily with age (i.e. 39% of those aged 65-74 vs. 68% of those aged 90 and over.)

⁵³ <http://www.dhsspsni.gov.uk/improving-dementia-services-in-northern-ireland-a-regional-strategy-november-2011.pdf>

⁵⁴ <http://www.dhsspsni.gov.uk/ec-dhssps-caring-for-carers.pdf>

⁵⁵ http://www.dhsspsni.gov.uk/sqsd_service_frameworks_mental_health.htm

⁵⁶ http://www.dhsspsni.gov.uk/older_peoples_service_framework_pdf

Cost of setting up and running Dementia Care

Basing their analysis on 2005/06 figures the Alzheimer’s Society has estimated that the annual average cost ranges from £16,700 for someone with a milder form of the disease living at home, to £37,500⁵⁷ for someone with severe dementia also living at home. Applying these figures to NI an estimate of just over £400m is arrived at which includes £150m of informal care costs. The regional strategy has uplifted these figures to 2011/12 prices which reveals the total cost to now be around £476 million per annum.

Table 3 Estimated cost of dementia care in Northern Ireland⁵⁸

	£m (2005/06 prices)	Uplifted to 2011/12 prices £m
Informal care costs	149	175
Health and social care costs	93	109
Supported accommodation costs	163	192
TOTAL	405	476

3. CROSS-BORDER COLLABORATION

3.1 THE CURRENT SITUATION

Cross border collaboration, for example, through the sharing of residential /nursing home services could be one way of meeting the demand for services for the elderly populations in Ireland north and south. However, the current governing legislation in both jurisdictions restricts any collaboration between the DHSSPS in Northern Ireland and the HSE in Ireland in the sharing of these types of services. Health and Social Care (HSC) Trusts in Northern Ireland have no statutory authority to commission these services from the Health and Safety Executive (HSE) in Ireland⁵⁹ (up until October 2009 it had been lawful for clients to be placed

⁵⁷ 2005/06 prices

⁵⁸ Source Dementia UK report for 2005/06 costs

⁵⁹ The Health & Personal Social Services (NI) Order 1972⁵⁹ only permits placements in care homes that are registered under the Health & Personal Social Services (Quality Improvement & Regulation) (NI) Order 2003. Residential homes registered under this Order are required to comply with The Residential Care Homes Regulations (NI) 2005, while nursing homes are required to comply with The Nursing Homes Regulations (NI)

by the HSE in care homes in Northern Ireland. Since then the HSE no longer has the power to enter into new arrangements to make contributions towards the cost of care).⁶⁰

In May 2012 Northern Ireland's DHSSPS indicated that there were no plans to collaborate on older people's services and that there were currently no service level agreements pending between the DHSSPS Minister and counterparts in the Republic in relation to older people's services and residential homes.⁶¹ The *Area Specialist Services for Older People* in the HSE⁶² confirmed the position:

“Under the National Nursing Home Scheme (Fair Deal) here in the south it is not possible for funding to be provided from the scheme for the provision of nursing home care in Northern Ireland. The scheme only covers placement in the South and is in place since October 2009. Prior to the establishment of the scheme, under the old nursing home subvention scheme, payments were made for clients from the south to access residential placements in Northern Ireland. Due to the restriction under the scheme there are no plans in place or pending to my knowledge to collaborate on a cross border basis. There is a proposed review of the Fair Deal scheme to take place later this year where this matter may be raised, as we know the change in practice does limit options for applicants in cross border areas where previously placements were possible.”

3.2 EXPLORING THE POTENTIAL

The potential for cross border collaboration in relation to hospital services was recently explored in a project set up under the auspices of the Centre for Cross-Border Studies⁶³. The

2005. In addition, all care homes are subject to inspection by RQIA against this legislation and the recently published Residential Home Minimum Standards and Nursing Home Minimum Standards.

⁶⁰ Personal correspondence between RaISe and DHSSPS. Response dated 4.5.12

Under Section 7 of Ireland's Health (Nursing Homes) Act 1990, Health Boards were given the powers to issue payments towards costs of maintenance of dependent persons in nursing homes.⁶⁰ The relevant regulations were the Nursing Homes (Subvention) Regulations 1993. Regulation 13.4 enabled a Health Board to pay a subvention in respect of a qualifying person who was resident in a registered nursing home in NI. However, from October 2009 the Irish Government stopped the arrangements whereby Irish nationals who reside in social care homes in NI receive subvention payments from the HSE. Those people who were placed in NI *before* that date continue to receive the payments, but the rate will not be subject to adjustment for inflation and could fall in value below the cost of their placement, if the rate charged rises.

⁶¹ Ibid

⁶² Personal correspondence between RaISe and Róisín Maguire; HSE National Directorate for Older Persons. Response dated 3.5.12.

⁶³ http://www.crossborder.ie/?page_id=180

project produced two reports on how cross-border hospital services might help to provide mutual benefits for the people of the Irish border region:

(i) EXPLORING THE POTENTIAL FOR CROSS-BORDER HOSPITAL SERVICES IN THE IRISH BORDER REGION: ***The role of community involvement in planning hospital services.*** (OCTOBER 2010)

Among the recommendations were that Patient and Public Involvement (PPI) concepts in hospital planning should be properly implemented; service users from both jurisdictions should be involved in the planning of new services at Altnagelvin (Derry/Londonderry) and Enniskillen hospitals; and service users should have full information about their entitlement to services in the other jurisdiction.

(ii) UNLOCKING THE POTENTIAL OF CROSS-BORDER HOSPITAL PLANNING ON THE ISLAND OF IRELAND: A PROTOTYPE MODELLING FRAMEWORK (December 2011)

This study analysed five clinical service areas where there is potential for cross-border collaboration:

- orthopaedic surgery,
- ENT surgery,
- paediatric cardiac surgery,
- cystic fibrosis and
- acute mental health services.

It also produced a prototype modelling framework for cross-border acute healthcare services, incorporating both qualitative and quantitative factors, to help plan the development of such services. The report also noted that the new South West Acute hospital in Enniskillen offered a 'significant opportunity' for cross-border service provision.

3.3 VISION FOR THE FUTURE?

The DHSSPS consultation document *Transforming your Care: Vision to Action*⁶⁴ published in response to the Compton Review's recommendations proposed increasing Northern Ireland's links with Ireland and Great Britain:⁶⁵

⁶⁴ The consultation closed on 15 January 2013.

⁶⁵ Page 57 *Transforming your Care: Vision to Action* Health and Social Care Board 2012

(iii) “The Northern Ireland population, with 1.8 million people will need to have formal arrangements with other jurisdictions, notably [the Republic of]⁶⁶ Ireland. In some instances, this will mean service specific arrangements such as cancer services in the North West; on other occasions it will be a population focus determined by natural flows adjacent to the border.

Such a relationship would mean on occasion those resident in Northern Ireland would travel for treatment in [the Republic of] Ireland or vice versa. We propose to:

1. Create more formal contractual arrangements with [the Republic of] Ireland to reflect this pattern of care
2. Establish closer planning links to enable the achievement of best outcomes for citizens.”