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Caring for an aging population TYC proposals

The most radical DHSSPS proposals to change how the health and social care system currently operates is known as *Transforming Your Care* (TYC).¹ In the original TYC publication (2011), the theme of 'older people' was listed as one of ten major areas of care requiring transformation. Key to the proposals is to ensure that older people remain at home for as long as possible. As housing and health outcomes are inextricably linked, this has implications for those on the edge of formal care in terms of adequately meeting their needs. Whilst a large proportion of older people will have no particular need for specialist housing or care services, and remain happily in their own homes, an increasing number with long term conditions, disabilities, and the growing number of frail elderly will require additional support services and specialised housing if they are to remain outside more formal types of care.

This paper explores these issues in more detail.

¹ See: DHSSPS website. *Transforming Your Care* (2011).

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Key points

- Caring for the aging population is a complex, cross cutting issue. Historically, there has been a tendency to react to crisis events rather than preventative support. There remains heavy reliance on formal (residential and nursing home) care, and informal care in terms of the role of unpaid carers – such as family members.
- In Northern Ireland, between 2010 and 2025, the number of people over 65 is expected to increase by 40%, and the very elderly (people over 85) is expected to almost double. This means that more people will have long term illnesses and disabilities. This has implications for how, and where, people will be cared for.
- The majority of older people want to remain living in their own homes, and policies such as *Transforming Your Care* have attempted to reflect this vision. However, the concept of care at home and in the local community is not new; Policies like *People First* (DHSSPS, 1990) and the *Bamford Review* (DHSSPS, 2007) also reflected this vision.
- Older people are the largest group of users of community health and social care services in Northern Ireland. They account for one fifth of the DHSSPS budget - currently £700 million. But the issue of keeping people at home or in less formal types of care is further complicated because responsibility for many aspects of “housing” rests separately within the Department for Social Development (DSD) - which has its own budget.
- Furthermore, housing and health outcomes are inextricably linked. Good housing has a preventive role in terms of health. Yet research shows that older people are more likely to live in unfit housing. This can lead to physical and mental health problems, resulting in unnecessary hospital admissions, demands on A&E, and longer hospital stays.
- TYC’s lists ‘older people’, as one of its key commitments. TYC seeks to reduce the number of older people in formal care. In the initial publication (2011), TYC stated that it wanted to help older people to live independently “**at home or in supported accommodation.**” However, in TYC’s follow up Strategic Implementation Plan the wording has evolved somewhat, to older living independently “**at home or in assisted housing**”. These are two different concepts, and clarification is needed on the terminology. In addition, such a transformation will require significant investment. Yet there is little detail as to how this specific aspect of transformation will be achieved within the implementation plan.
- A range of other issues have also been raised in the paper. Whilst DSD and DHSSPS have given assurance that they are working closely together, a more strategic, joined-up approach between departments and a wide variety of other stakeholders is required if the transformation is to be realised; taking account of demand, projected demographics - now and the longer term, the location of older people, cost estimations and the level of investment required to shift services, and people’s preferences in terms of care and support.
- Indeed, whilst a range of options are available to help people live independently, it also appears that better information is needed to raise awareness in the older population about what assistance and alternatives are (and will) be available.

1. Our aging population: implications on health

Northern Ireland has the fastest-growing population in the UK. At the same time, life expectancy is also increasing. Currently 15% (around 290,000) of the population is over 65.² Estimates suggest that between 2010 and 2025, the number of people aged over 65 is expected to increase by around 40%, and the number of very elderly (people aged over 85) is expected to almost double.³ This unprecedented demographic shift, and rising levels of patient expectations, has huge implications on healthcare and how people will be cared for.

Whilst older people contribute significantly to our society and longevity is to be welcomed, the rate of ill-health and disability is likely to increase, and more people are likely to require support. Older people are not a homogenous group and their needs are diverse. Whilst many do not require support, it is true that the older population are more susceptible to a range of medical conditions such as dementia, osteoporosis, malnutrition, sensory disabilities such as reduced sight or hearing, risk of falls, and multiple long term conditions, such as coronary heart disease and Type 2 diabetes. Some will struggle with everyday tasks at home and, coupled with poor health, this can result in a decreased quality of life. For others, their health may deteriorate very quickly and can mean that suddenly, they are no longer able to remain at home.

2. Housing and health

Most older people in Northern Ireland live at home. In terms of tenure, nearly two thirds of pensioners in Northern Ireland own their own homes (owner occupiers), with over one fifth living in Housing Executive or Housing Association accommodation (social housing).⁴ A key issue for many older people is that they may be asset rich and income poor, thus sustaining their home can become costly and can inadvertently lead to health problems.

Indeed, housing is a social determinant of health. Inadequate housing contributes to many preventable diseases and injuries⁵ and leads to health inequalities. Poor quality housing can cause numerous physical and mental health problems which can result in unnecessary hospital admissions, demands on A&E, longer hospital stays and even death.⁶ The housing-health link becomes even more important for older people who may be more prone to falls and susceptible to cold or damp. Moreover, appropriate housing is known to have a preventative role and is linked to better health outcomes.⁷

² Public Health Agency Website older people in Northern Ireland - living longer and healthier. <http://www.publichealth.hscni.net/news/older-people-northern-ireland-%E2%80%93-living-longer-and-healthier> Website accessed 13.12.13.

³ NISRA (2010) National Population Projection.

⁴ NI Housing Executive: Older people housing policy. Review Action plan 2008-2010, p 7.

⁵ World Health Organisation Regional Office for Europe (2012). Environmental Health Inequalities in Europe

⁶ Royal College of Nursing (2012). Health inequalities and the social determinants of health, p6.

⁷ Tinker, A et al (2013) Assisted living platform – the long term care revolution, pii. Available online at: http://telecareaware.com/wp-content/uploads/2013/10/HLIN_Report_LTC_Revolution.pdf Accessed 28.01.14.

The NI Housing Executive has conducted a number of research studies on the issue of housing and older people.⁸ For example, the research indicates that older householders in Northern Ireland are more likely to live in unfit accommodation and to experience fuel poverty.⁹ However, there has been little research conducted recently on a local level in light of TYC - in terms of housing, health and the needs of older people.

3. Caring for the older population in Northern Ireland

In terms of caring for older people, historically there has been a pattern of reacting to acute events and crises, rather than proactive and preventative support.¹⁰

Unsurprisingly, older people are the largest group of users of community health and social care services in Northern Ireland.¹¹ One fifth of the health and social care budget, currently 19% (£700 million), is allocated to meeting their needs.¹² In terms of assessing future needs, the Belfast Local Commissioning Group identified that an ageing population will lead to:

- Increased nursing home and elderly mentally ill (e.g. dementia) placements;
- Increased continuing care packages; and
- Increased emergency department attendances and admissions.¹³

3.1 Departmental responsibilities

Caring for our aging population is a complex and cross cutting issue which includes a mix of assessments and eligibility criteria, coupled with provision of services from a range of organisations such as the DHSSPS, DSD, the NI Housing Executive, housing associations and other private and voluntary sector organisations.

Figure 1 shows how, for example, the Department of Health Social Services and Public Safety (DHSSPS) and the Department for Social Development (DSD) are involved in directly supporting older people both in terms of care and accommodation.¹⁴

⁸ NI Housing Executive: Research on housing and older people http://www.nihe.gov.uk/research_older_people

⁹ Dr M Keenan for the Housing Executive (NI) 2011 Meeting the needs of older people: the provision of home improvement (care and repair) services in Northern Ireland, p2.

¹⁰ Department of Health (2008) Making a strategic shift towards prevention and early intervention.

¹¹ Northern Ireland Executive Website (Oct 2012) : Framework aims to improve older people's services – Poots <http://www.northernireland.gov.uk/index/media-centre/news-departments/news-dhssps/news-dhssps-october-2012/news-dhssps-041012-framework-aims-to.htm> Accessed 30.01.14.

¹² HSCB Social Care Directorate Submission to the Review (October 2011) as cited in DHSSPS Transforming Your Care (2011), p 22.

¹³ Belfast LCG population plan, p51.

¹⁴ Diagram taken from 'Adult Care and Support' leaflet, DHSSPS website.

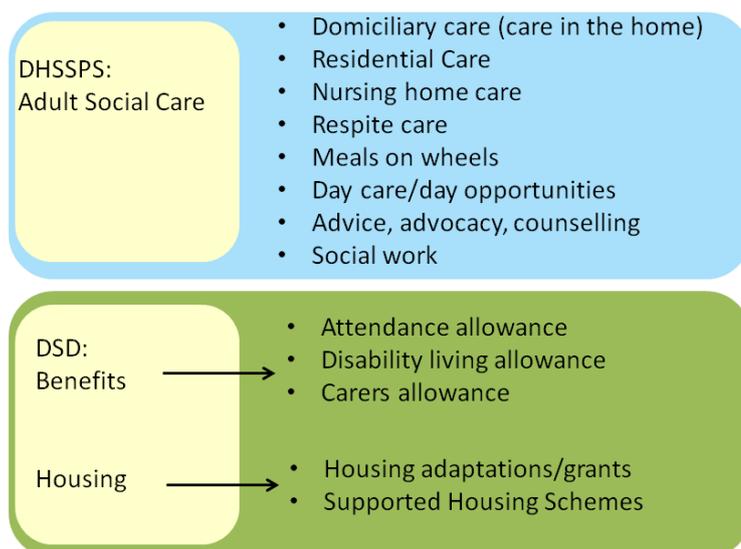


Figure 1. Roles of DHSSPS and DSD in the provision of older people's care

In order to understand the vision of TYC to help older people live independently at home for as long as possible rather than in more formal types of care, it is useful to briefly consider some of the main forms of care currently available (as shown in Figure 2 overleaf). These range from care at home through to more formal types of care.

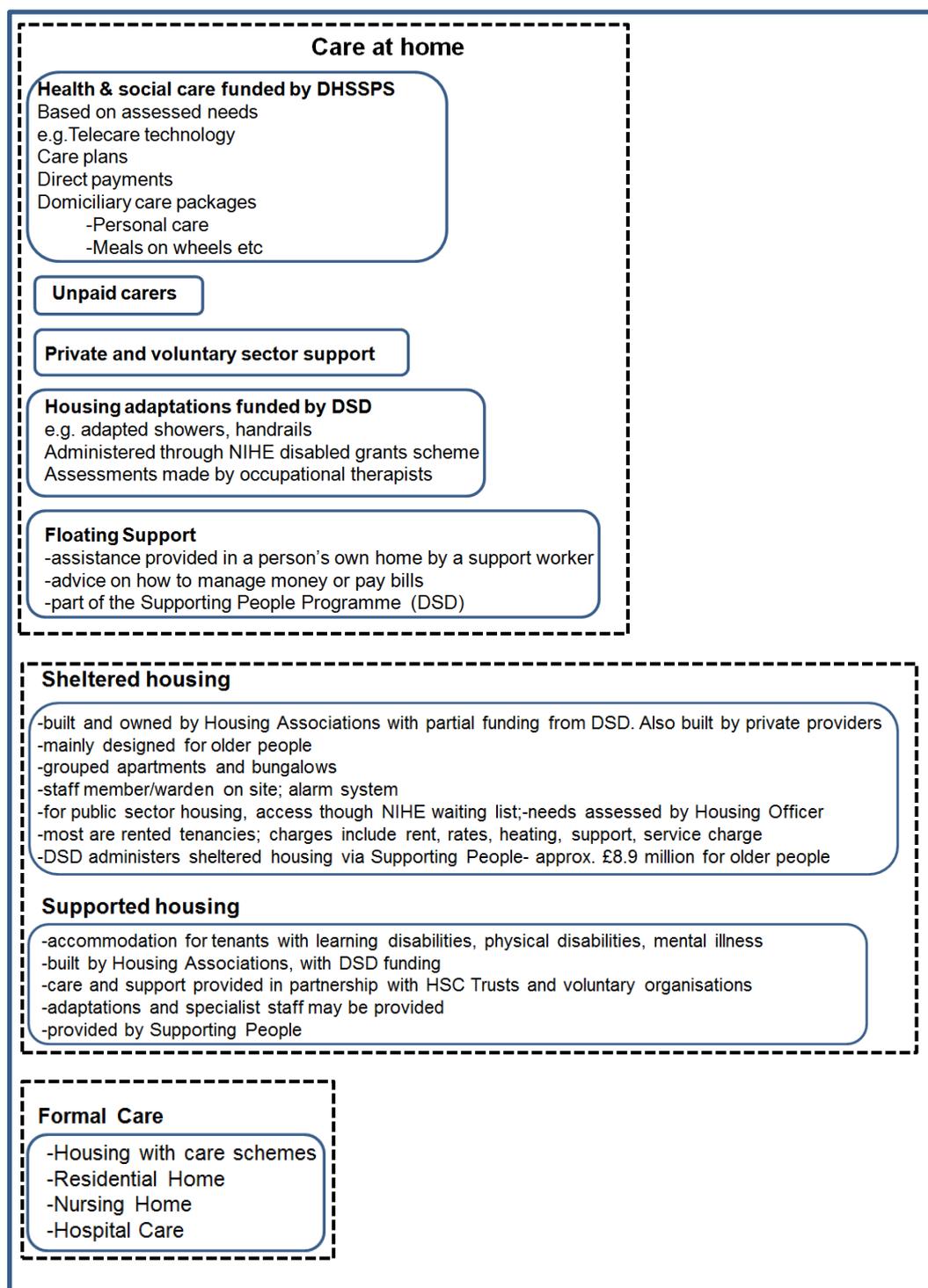


Figure 2. Some of the main forms of care and support for the older population

4. Formal care

Currently, there continues to be high dependency on institutional (residential and nursing home) care for older people in Northern Ireland. According to TYC, almost 10,000 people aged over 65 live in nursing or residential care.¹⁵ Likewise, hundreds of

¹⁵ DHSSPS (2011) Transforming Your Care, p59.

residential and nursing care homes for older people exist. The majority are run by private or voluntary organisations, with far fewer being run by statutory providers.

4.1 Nursing homes

Nursing homes provide 24-hour nursing care, mainly for residents with complex care needs. Figures show that *nursing* home packages have increased by 50% between 1999 and 2009.¹⁶ Moreover, the proportion of older people living in nursing homes is currently 3.5 times higher than in England and Wales.¹⁷ Yet Northern Ireland's *Patient and Client Council* (2013) states that "*there continues to be people within institutional care settings in Northern Ireland who could be receiving care in the home*".¹⁸ The cost of nursing care (not including staying in the home itself) is funded by the Trusts at a rate of £100 per week. In addition, individuals are assessed as to whether they will need to contribute to the cost of their care.

4.2 Residential homes

Initial plans under TYC were to reduce the number of residential care homes.¹⁹ Official figures suggest that since 2010/11, there has been a 15% decrease in the number of *frail elderly* in both statutory and independent residential homes.²⁰ According to the DHSSPS, this reflects a similar pattern across the UK. Reasons cited include greater availability of alternative forms of care - such as those provided by housing associations.²¹

In 2013, there was much controversy surrounding the possible closure of a number of *statutory* residential homes under TYC proposals. These plans have since been abandoned and, in November 2013, a new public consultation process was launched by the Health and Social Care Board entitled "*Making Choices: meeting the current and future accommodation needs of older people*".²² However, the consultation does not include all statutory residential homes; instead 20 statutory homes run by the Trusts for the frail elderly (affecting around 284 residents) will be subject to the consultation, and may or may not be subject to closure. The consultation, which ends in March 2014, does not affect private or voluntary homes.²³

¹⁶ DHSSPS Adult Community Statistics, 1998/99 at Table 3.2 and DHSSPS Adult Community Statistics, 2008/09 at Table 2.2

¹⁷ Health and Social Care Board presentation. Available online at http://www.bgs.org.uk/powerpoint/spr13/orr_residential.pdf Website accessed 17.12.13.

¹⁸ Patient and Client Council (2012) *Care at home: older people's experiences of domiciliary care*, p12.

¹⁹ DHSSPS (2011) *Transforming Your Care*, p60.

²⁰ Health and Social Care Board (2013) *Making Choices: meeting the current and future accommodation needs of older people*, p 15.

²¹ DHSSPS *Transforming Your Care* (2011), p 57. <http://www.dhsspsni.gov.uk/transforming-your-care-review-of-hsc-ni-final-report.pdf> Website accessed 12.12.13, p60.

²² Health and Social Care Board (29 November 2013) http://www.hscboard.hscni.net/consult/Consultation-Care_Homes/Easy%20Access%20Document%20for%20Making%20Choices.pdf Website accessed 13.12.13.

²³ Health and Social Care Board (2013) *Making Choices: meeting the current and future accommodation needs of older people*, p 20.

4.3 Hospital Care

According to TYC, around 60% of acute hospital beds are occupied by people over 65, some of whom will be at the end stages of their life.²⁴ Many arrive on an unplanned basis, and, because there is no viable alternative in the community (or no domiciliary care package is available, or the proper adaptations have not been made) if deemed fit to return home, they can often face delayed discharge from hospital. Thus, older people tend to have longer hospital stays. Hospital care is also costly; in 2009/10, hospital care for older people accounted for around £115 million. Indeed, demand is also rising, and is likely to increase. Between 2006 and 2011, hospital admissions for older people increased by 18%.²⁵ In tackling these issues, TYC has endorsed a plan to introduce a re-ablement model across the province alongside better integration between hospital and community services.²⁶ Nevertheless, their efficacy to date is largely unknown and the re-ablement model has not been rolled out in all Trusts. In 2012 Age NI also criticised the DHSSPS for implementing different re-ablement models across Trusts, making it difficult to assess and compare approaches.²⁷

5. Care at home

5.1 Role of unpaid carers

Many older people who require some form of care depend on the invaluable role of informal (unpaid) carers at home, through family members or friends. It is estimated that unpaid carers save the health service in Northern Ireland around £4.4 billion every year.²⁸ Yet research suggests that many of these carers are older people themselves, who find it increasingly difficult to cope physically, mentally and financially with caring responsibilities,²⁹ which often goes unrecognised. TYC acknowledges that more support is required for these carers.³⁰

5.2 Role of domiciliary care

Those living at home or in a supported living environment that require additional support may be eligible for a domiciliary care package, if they satisfy certain criteria set by Trusts.³¹ Domiciliary care varies from help with basic tasks like dressing or preparing meals, to intensive care, on a short or long-term basis.³² Trusts must also decide whether or not to charge for the required service; however, the 'personal care' aspect of domiciliary care is currently free.³³

²⁴ DHSSPS (2011) Transforming Your Care, p59.

²⁵ DHSSPS (2011) Transforming Your Care, p61.

²⁶ DHSSPS (2011) Transforming Your Care, p62.

²⁷ Age NI (December 2012) Age NI's Response to the Service Framework for Older People, p6.

²⁸ Valuing Carers – Calculating the Value of Unpaid Care, Carers UK 2007 as cited in TYC (2011), p68.

²⁹ Alzheimer's Society: Carer Support

http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=546

³⁰ See TYC Vision to Action Post consultation Document, p40.

³¹ DHSSPS (2010), Domiciliary Care Services for Adults in Northern Ireland 2010, p8.

³² Patient and Client Council (2012) Care at Home Older people's experiences of domiciliary care, p10

³³ Response from DHSSPS to author. Response dated 20.12.13.

Domiciliary care can be delivered in the following ways via: statutory providers (operated by HSC Trusts), via independent providers (where Trusts have contracts with voluntary or private sector agencies), or via direct payments.³⁴ In 2012, 24,150 people were in receipt of Trust funded domiciliary care services in Northern Ireland³⁵ and around 6,000 clients over 65 were receiving “intensive” domiciliary care services (in other words, care for those with high level support needs). These figures do not take account of the number of families who purchase private domiciliary care.

In April 2011, the Health and Social Care Board set a target that at least 48% of care assessments recommend a ‘domiciliary care package’ rather than nursing or residential care to try to reduce admissions to formal care.³⁶ However, recent correspondence from the DHSSPS states that this target “*has been discontinued as it proved too intricate to measure due to the various different data collection systems in the Trusts*”.³⁷

Given recent financial cuts, a number of reports suggest that Trusts are now faced with restricting the amount of domiciliary care they can buy, and the price they will pay for it.³⁸ This has resulted in a shift away from the more general domiciliary services, such as ‘housework’ and ‘meals on wheels’ to a focus on priority duties like ‘personal care’.³⁹ According to Age NI, the withdrawal of less complex domiciliary type services will result in significant health problems for those at the lower end of the care needs spectrum and will inevitably result in higher costs in the future.⁴⁰

5.3 Sheltered and supported accommodation

RaISe paper NIAR 108-14⁴¹ has already provided a range of good practice examples of specialised grouped housing (from sheltered housing to retirement villages) and an overview of DSD’s *Supporting People Programme* (which is administered by the NI Housing Executive). Without reiterating that paper, Supporting People helps vulnerable groups (including older people, amongst other vulnerable groups) to live independently in their own homes, sheltered housing or other specialised supported housing. It does this by funding a range of housing related support services, such as assistance with maintaining tenancies, providing advice, wardens, and by working in partnership with health and social care Trusts and housing associations, amongst others.⁴²

³⁴ These are cash payments in lieu of social service provisions, designed to increase choice and independence. They let the person being cared for (or their carer) decide how/by whom the service will be delivered.

³⁵ United Kingdom Home Care Association (Feb 2013) An overview of the UK domiciliary care sector, p3. <http://www.ukhca.co.uk/pdfs/domiciliarycaresectoroverview.pdf> p23. Website accessed 13.12.13.

³⁶ DHSSPS Transforming Your Care (2011), p 60. <http://www.dhsspsni.gov.uk/transforming-your-care-review-of-hsc-ni-final-report.pdf> Website accessed 12.12.13

³⁷ Response from DHSSPS to author. Response dated 9.01.14.

³⁸ United Kingdom Home Care Association (Feb 2013) An overview of the UK domiciliary care sector, p3. <http://www.ukhca.co.uk/pdfs/domiciliarycaresectoroverview.pdf> p26. Website accessed 12.12.13.

³⁹ Patient and Client Council (2012) Care at Home Older people’s experiences of domiciliary care, p6.

⁴⁰ Age Concern Help the Aged NI (2009), One Voice: shaping our ageing society in Northern Ireland, Belfast: Age Concern Help the Aged NI, p46.

⁴¹ Thompson, J. Specialised grouped housing for older people. NI Assembly RAISE briefing, 14 February 2014.

⁴² NI housing Executive. The supporting people programme. Available online at: http://www.nihe.gov.uk/print/supporting_people_programme Website accessed 12.12.13

6. Policies and strategies concerning the care of older people

6.1 DHSSPS policies

Several policies have been developed in relation to older people's care. One of the first was the DHSSPS's '*People First: Community Care in Northern Ireland in the 1990's*'. Although it was developed over twenty years ago, it remains the main policy framework regarding community care. *People First* advocated that people should remain in their own homes for as long as possible instead of more formal types of care. A number of other strategies have been developed since *People First*, such as the *Caring for carers strategy* (2006),⁴³ *Living matters: Dying matters - A palliative and end of life care strategy for adults in NI* (2010)⁴⁴, the regional strategy for *Improving dementia services in NI* (2011),⁴⁵ a *Living with long term conditions framework* (2012)⁴⁶ and a *Physical and Sensory Disability Strategy and Action Plan (2012-2015)*.⁴⁷ In 2011, an *Older Peoples Service Framework*⁴⁸ which sets out a range of standards older people should expect was also developed. Whilst baseline indicators were outlined in the Framework, no comparisons about its effectiveness can be drawn to date.⁴⁹

6.2 DHSSPS and DSD: Who cares? (2012)

In 2012 the DHSSPS and DSD jointly published a discussion document entitled "*Who Cares? The future of adult care and support in Northern Ireland*".⁵⁰ This document is intended to raise awareness about the growing pressures on the healthcare system, indicating that the way care and support is funded is likely to change and that people will have to make preparation for their future and contribute towards the cost of their care. In terms of accommodation provision, *Who Cares?* seems to acknowledge the role that residential and nursing home care will play in the future:

*We also believe that we need a range of **alternative options** for people who can no longer be supported in their own homes, such as **supported housing**, which provides people with that little bit extra help and security, while at the same time enabling people to remain in as **domestic an environment as possible**. Residential care and nursing homes will continue to play an important role in supporting the most vulnerable in our communities.*

⁴³ DHSSPS (2006) see <http://www.dhsspsni.gov.uk/ec-carers>

⁴⁴ DHSSPS (2010) Living matters, Dying matters http://www.dhsspsni.gov.uk/8555_palliative_final.pdf

⁴⁵ DHSSPS (2011) Improving Dementia Services in Northern Ireland. Available online at <http://www.dhsspsni.gov.uk/improving-dementia-services-in-northern-ireland-a-regional-strategy-november-2011.pdf> Website accessed 15.1.14.

⁴⁶ DHSSPS (2012) Living with long terms conditions framework <http://www.dhsspsni.gov.uk/living-longterm-conditions.pdf>

⁴⁷ DHSSPS (2012) *Physical and Sensory Disability Strategy and Action Plan* http://www.dhsspsni.gov.uk/disability_strategy_and_action_plan_-_2012-2015.pdf

⁴⁸ DHSSPS (2011) Service Framework for Older People. Available online at http://www.dhsspsni.gov.uk/service_framework_for_older_people-2.pdf Website accessed 15.1.14.

⁴⁹ DHSSPS (2011) Older People's Service Framework <http://www.dhsspsni.gov.uk/showconsultations?txtid=59058>

⁵⁰ DHSSPS website. Who cares? (2012) <http://www.dhsspsni.gov.uk/who-cares-future-adult-care-support-ni-discussion.pdf> Website accessed 12.12.13.

The second stage of the consultation process entitled the *Reform of Care*⁵¹ will include proposals for reform and how care and support is funded.⁵² Following this, a *Final Strategic Document* - setting out the agreed future direction of care reform for Northern Ireland is due to be implemented.

6.3 OFMDFM – Older People’s Strategy (currently in draft form)

The Office for the First Minister and deputy First Minister (OFMDFM) has overall responsibility for developing a cross-cutting older people’s strategy. However, their previous strategy, entitled ‘*Ageing in an Inclusive Society*’ (2005), was criticised by the age sector who felt that “*there needed to be a clearer connection between older people’s priorities and delivery programmes in a range of policy areas such as health, housing and transport.*”⁵³ In 2009, Age NI reviewed the strategy and criticised it for lacking in targets and not meeting its objectives.⁵⁴

Given the gaps in the previous OFMDFM strategy, a revised strategy ‘*An active aging strategy for older people*’ is in development in association with the Age Advisory Panel (comprising of a large number of older citizens and chaired by the Commissioner for Older People in Northern Ireland).⁵⁵ The strategy includes seven key topics, one of which specifically relates to the ‘Health and Social Care’ of older people. Yet concerns have been raised by the NI ‘Pensioners Parliament’⁵⁶ namely that proposals are vague, there exists a lack of clarity how changes can be implemented, and whether sufficient funding will be available for the elderly to support the anticipated levels of community care required. A consultation on the draft strategy is intended to lead to final proposals being published later in 2014. Yet to date, Northern Ireland remains without an older people’s strategy in place.

7. TYC – ‘home’ as the hub of care and support

Central to this paper is TYC, the review of health and social care published in 2011.⁵⁷ A key element of TYC is a “shift left” from acute hospital-based care towards a model of care that is delivered closer to people’s homes whereby healthcare services are accessible through primary settings and in local communities.⁵⁸ TYC states:

*Ultimately, older people want to **stay at home**, living independently for as long as possible, and the current model of care does not always provide the support needed to do so. Too often, this results in **reliance on institutional care** with*

⁵¹ Response from author to DHSSPS. Response dated 20.12.13.

⁵² Response from author to DHSSPS. Response dated 20.12.13.

⁵³ OFMDFM (2005) *Ageing in an Inclusive Society* <http://www.ofmdfmi.gov.uk/ageing-strategy.pdf> Website accessed 15.1.14.

⁵⁴ Age NI (2011) Briefing Paper for OFMDFM Committee: Older People’s Strategy, p 2.

⁵⁵ Currently Claire Keatinge. See OFMDFM website <http://www.ofmdfmi.gov.uk/index/equality/age.htm> Website accessed 15.1.14.

⁵⁶ Summary report (2013) Response of the NI Pensioners Parliament to the OFMDFM Presentation on the Draft Active Ageing Strategy <http://www.ofmdfmi.gov.uk/pensioner-parliament-response-draft-active-ageing-strategy.pdf>

⁵⁷ DHSSPS (2011) *Transforming Your Care*. Available online at <http://www.dhsspsni.gov.uk/transforming-your-care-review-of-hsc-ni-final-report.pdf> Website accessed 31.1.14

⁵⁸ *Ibid* p22.

crisis intervention as the order of the day. This is not consistent with a shift to the wellbeing model the public expects.

It then goes on to say:

*The Review supports the trend towards **independent living – at home or in supported accommodation** – and expects to see a very significant reduction in provision of long-term residential places in the next five years.*

Following the publication of TYC, a public consultation entitled *TYC - Vision to Action* followed.⁵⁹ Views of respondents were set out in a *Post Consultation Report*.

Regarding older people's care, the following themes emerged from respondents⁶⁰:

“There must be choice in the models of care available because people's needs are different. For some older people, care closer to home may not be suitable to meet their needs, considering their health and social circumstances.”

“It will be essential to invest in services such as flexible respite (for carers), rapid access to health and social care support and domiciliary packages if we are to help more older people to live independently.”

“Many older people cannot manage at home but do not require intensive nursing support therefore there is a need for residential care until Trusts or housing associations can provide supported living alternatives.”

From the post consultation, it was agreed that a draft Strategic Implementation Plan would be updated and to reflect the responses. In turn a final *Strategic Implementation Plan* was produced in October 2013 which sets out the transformation process over the next 3-5 years.⁶¹

According to the Plan, the transformation of services will result in funding being moved from the current 'hospital services budget' and reinvested into primary, community and social care services. TYC identifies a 5% reduction in the hospital services budget by 2014/15 – which will equate to a recurrent shift of resources of around £83 million per annum.⁶² The Plan cautions that operational planning and consultation may impact on the timing of the anticipated outcomes, which will continue to be reviewed, which could speed up, or slow down implementation.

⁵⁹ TYC Vision to Action Consultation document: Available online at <http://www.tycconsultation.hscni.net/wp-content/uploads/2012/10/TYC-Vision-to-Action-Consultation-Document.pdf> Website accessed 31.1.14

⁶⁰ TYC Vision to Action - Post Consultation report, pp59-63.

⁶¹ Health and Social Care Board (2013) TYC Strategic Implementation Plan final version. <http://www.transformingyourcare.hscni.net/wp-content/uploads/2013/11/Transforming-Your-Care-Strategic-Implementation-Plan.pdf>

⁶² Health and Social Care Board (2013) TYC Strategic Implementation Plan final version, 27.

The Plan describes a model of delivery for local services - both at home and in the community via 17 Integrated Care Partnerships (ICPs).⁶³ ICPs have chosen to focus initially on pathways for 'frail elderly' and long term conditions for all ages,⁶⁴ as shown in Figure 3.

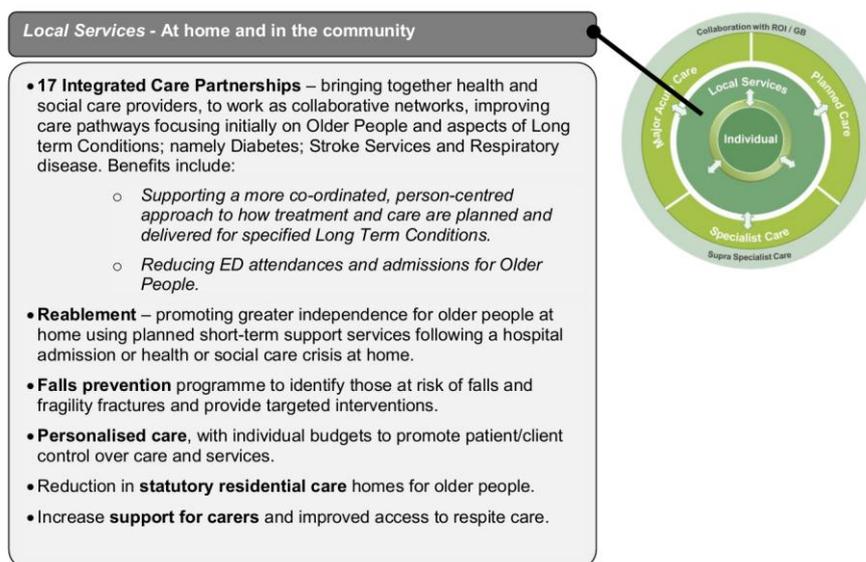


Figure 3. TYC proposals for local services- at home and in the community⁶⁵

The Plan also lists 17 'key commitments' in terms of deliverables, the second of which concerns 'older people'. The section on older people contains a number of goals:

- To maintain people in their own home or assisted housing
- A significant change and benefits such as a reduction in admission from falls.
- Introduction of re-ablement, and, as a result, for example, a reduction in new referrals for domiciliary care (please note, however re-ablement is only a short period of intense help, whereas domiciliary care can be much longer term).
- Improved support and respite for carers
- Improvements in access times for cataract and audiology services
- Implementation of a dementia strategy
- Services will develop safeguarding in line with policies and procedures.⁶⁶

The first goal of the older people section is of interest to this paper. The wording states it will:

*“Support older people and those with long term conditions to maintain their own independence and manage the functions of daily living in their **own home or assisted housing**, as opposed to in an acute setting or long term care.”⁶⁷*

⁶³ ICPs are collaborative networks of care providers; doctors, nurses, pharmacists, social workers, hospital specialists, other healthcare professionals and the voluntary and community sectors, and service users. Each ICP is based around natural geographies of approximately 100,000 people.

⁶⁴ Health and Social Care Board (2013) TYC Strategic Implementation Plan final version, 35.

⁶⁵ Health and Social Care Board (2013) TYC Strategic Implementation Plan final version, p6.

⁶⁶ Health and Social Care Board (2013) TYC Strategic Implementation Plan final version, pp37,38.

However, there is no further detailed information attached to this goal as to how this will be achieved, but one would assume it will involve elements of those listed above and partnership working with a range of organisations. It is also important to highlight that the wording of the original TYC review (2011) advocated that it “*supports the trend towards independent living – at home or in **supported accommodation.***” This wording has evolved somewhat in the strategic implementation plan goal to “*in their own home or **assisted housing.***” No definition of assisted housing is provided, and these are different concepts. It is unclear if “assisted housing” is taken to incorporate supported accommodation (which typically represents a group of housing accommodation for people with more intensive needs) whereas, “assisted housing” is more likely to refer to services in the home like housing adaptations or telemedicine technology. Further clarity on this is needed.

The Plan goes on to talk about the need to raise awareness of alternatives to residential care:

***Community-based alternatives to residential care** are increasing all the time, and there is a need to ensure that the **availability and functioning of these is more widely known** so that people can see the different styles of independent living that it is now possible to offer to older people, where the traditional response would have been to offer a residential placement. Due to improved availability of these types of community-based alternatives, it is expected that demand for statutory residential homes will further decline.*

7.1 TYC Local Commissioning Group (LCG) population plans

As part of TYC, local commissioning groups (LCGs) in each of the five HSC Trust areas also produced population plans for their region to highlight current and projected needs, outcomes, deliverables and the overall finances required for transformational change between 2012-2015.⁶⁸ These plans include details on housing for the older population (and other groups, such as those with disabilities), however the terminology in the plans ranges from ‘supported housing’, ‘supported living’, ‘sheltered housing’, and ‘assisted housing’ in the context of older people.

For example, the Belfast LCG plan lists one of its ‘prioritised initiatives’ is to “*extend supported housing and assistive technology for more dependent clients*”.⁶⁹ It also talks of “*a substantial reduction in residential care and long stay care in hospital, offering supported housing as an alternative to institutional care*”.⁷⁰

The Northern LCG population plan describes further partnership with the NI Housing Executive, and an “*increased focus on the use of technology in delivering home based*

⁶⁷ Health and Social Care Board (2013) TYC Strategic Implementation Plan final version, p36.

⁶⁸ All five plans are available on the HSC Board website <http://www.transformingyourcare.hscni.net/consultation/>

⁶⁹ Belfast LCG Population plan. <http://www.transformingyourcare.hscni.net/wp-content/uploads/2013/11/Belfast-LCG-Locality-Pop-Plan-September-2013.pdf>, p51.

⁷⁰ Ibid, p31.

services (such as telehealth and telecare solutions)⁷¹ and supported living accommodation available to older people" and "better use of sheltered housing and alternative services" with "continued need for nursing home provision".⁷²

The South Eastern LCG links older people to its re-ablement service, established in 2012 stating, *"This service aims to support older people to maintain their own independence and manage the functions of daily living in their own home or assisted housing, as opposed to in an acute setting or long term domiciliary care."⁷³*

The Southern LCG states in its plan: *"The preferred future model for those people who require residential support will be through a range of provision methods, and as part of this, we will work with Supporting People Partnership / NIHE to develop business cases for supported housing for older people. It is expected that in future there may be no statutory residential homes in the area."⁷⁴ It goes on to say that one of the enablers will be the availability "of 'Supporting People' funding through NIHE and efficient processing of business cases via DHSSPS to achieve full implementation of the resettlement programme and alternative options for statutory residential care."⁷⁵*

Likewise, the Western LCG states that it will develop *"Housing with care options for older people"* focusing on dementia options. Under its prioritised initiatives, it states that it will *"reduce residential care placements with a view to cease residential care provision".⁷⁶ It also states that in partnership with the NI Housing Executive and independent sector, it will "maximise adapted housing models, further develop floating support and peripatetic services to maintain people in the community."*

The population plans provide general costing information, but more detailed costing estimates are missing in terms of projections for keeping older people at home. Only one Trust (South Eastern HSC Trust) mentions "assisted housing", referred to in the Strategic Implementation Plan in the context of older people.

It would also be important that a holistic approach is adopted in terms of planning services and facilities to avoid the gaps that may lead to some services being available in certain Trust areas but not others.

7.2 Population projections

Another important aspect of housing and the older population is to look more widely at where the greatest rate of growth will be (see Figure 4). In addition to NISRA

⁷¹ Northern LCG population plan, section 3.4 <http://www.transformingyourcare.hscni.net/wp-content/uploads/2013/11/Northern-LCG-Locality-Pop-Plan-September-2013.pdf>, p11.

⁷² Northern LCG population plan, section 3.4 <http://www.transformingyourcare.hscni.net/wp-content/uploads/2013/11/Northern-LCG-Locality-Pop-Plan-September-2013.pdf>, p49.

⁷³ South Eastern LCG population plan, <http://www.transformingyourcare.hscni.net/wp-content/uploads/2013/11/South-Eastern-LCG-Locality-Pop-Plan-September-2013.pdf>, p31.

⁷⁴ Southern LCG population plan, p31. <http://www.transformingyourcare.hscni.net/wp-content/uploads/2013/11/Southern-LCG-Locality-Pop-Plan-September-2013.pdf>

⁷⁵ Ibid, p72.

⁷⁶ Western LCG population plan <http://www.transformingyourcare.hscni.net/wp-content/uploads/2013/11/Western-LCG-Locality-Pop-Plan-September-2013.pdf>, p44

projections for the older population, research from the NI Housing Executive suggests that between 2006-2016, there will be higher rates of growth in the over 55 population in the south and west of Northern Ireland (much of which is rural) which is projected to increase by over 25%, whereas growth in this age group is only projected to increase by 3% in Belfast.⁷⁷ This also has implications in terms of *where* facilities and services are built or located. Further research is needed in terms of the projections on a longer timescale, and particularly projections in the over 85 age group, in order to adequately plan where the greatest need is likely to be in the future.

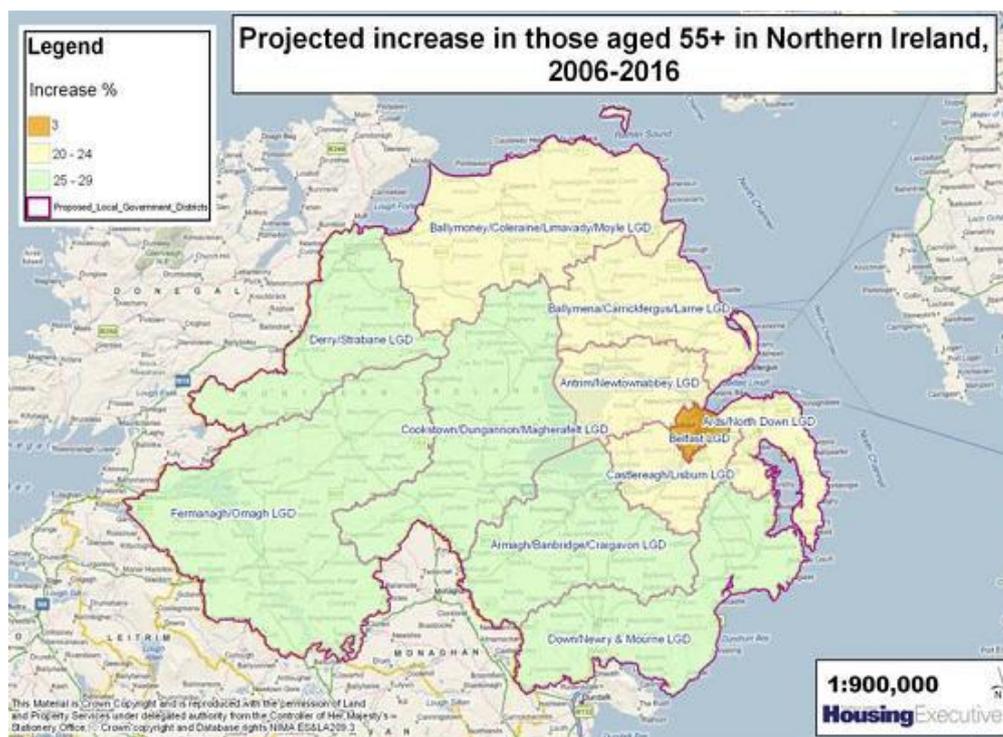


Figure 4. Projected increase in over 55s (2006-2016) (NI Housing Executive)

8. Committee evidence

The HSSPS Committee heard evidence from DHSSPS and Health and Social Care Board officials on assisted living options for older people in the context of TYC. Officials briefed members on a range of initiatives for older people. However, the evidence session also identified a number of gaps in terms of information. For example, officials were not able to provide information on the number of supported living units to be built for older people, as this was incorporated in data for other clients, such as those with learning disabilities. Information on the Supporting People budget in the next few years was also not available, as this information falls under the remit of DSD.

Officials did report that the DHSSPS had spent £3.7 million on supported accommodation for older people in the previous year. Yet there was no indication of future spending levels, and it was explained that some Trusts do not report this data in

⁷⁷ Joe Frey, Head of Research NIHE presentation at CARDI Housing and aging event, February 2014

a uniform way (for example, some Trusts report this within their domiciliary care budgets).⁷⁸ Members voiced concerns over many of the gaps, but were informed by officials that Ministers in DSD and DHSSPS have recently asked their officials to work better together on this issue - including the sharing of information.

9. Written responses by DHSSPS

The author recently contacted the DHSSPS about their views on the older population in relation to the TYC proposals. Firstly, the DHSSPS was asked to explain the definition of assisted/supported accommodation, and what this encompasses:

Assisted living or supported accommodation, within the Government's Supporting People Programme, aims to help vulnerable people to live as independently as possible in the community. The programme established the means to manage accommodation on a partnership basis and to strategically commission housing related support services that aim to tackle social exclusion by preventing crisis and more costly service interventions. It plays an important role in the continuum of care by providing an environment for people who cannot live independently in their own home but who may not yet require the additional personal or clinical inputs required in residential and nursing care.

The DHSSPS was asked if this support ranges from community bungalows to alarm systems, and if different models of supported/assisted living exist:

There is a continuum of housing related support for older people. This provides a range of options and choices for older people relevant to their need. For example, an older person who has low to moderate support needs may be able to live in their own home with support from family, friends, befriending services, and electronic assistive technology. Floating support services, funded by Supporting People, provide information, advice and help, for example, someone to support people to manage their money and pay their bills and this can be provided in a person's own home and in supported living accommodation. These do not provide personal care. Trusts can provide a range of services including personal care to those who have been assessed as having more complex needs.⁷⁹

The DHSSPS was also asked how people would be supported "to live independently in their own home or in **assisted housing**".

Following assessment, a range of health and social care services appropriate to need are available, such as re-ablement, intermediate care, respite, day care, direct payments, specialised nursing services, allied health professionals, telecare, care assessments and care pathways, community development initiatives (befriending schemes) and Supporting People initiatives.

⁷⁸ HSSPS Committee evidence session with DHSSPS and HSC Board Officials 26.2.14.

⁷⁹ Personal correspondence between DALO DHSSPS and author. Response dated 17.2.14

A profile of the number of supported accommodation/assisted living providers in Northern Ireland was also sought:

Across Northern Ireland there are 28 different service providers (5 statutory, 14 Housing Associations and 9 voluntary) providing housing support services to older people in over 400 services.⁸⁰ The total capacity of all the accommodation based services is approximately 10,000 clients, with the vast majority of the services nearly or fully occupied. There may be waiting lists for individual services.⁸¹

The DHSSPS was also asked what grants are available to older people to help them remain in the own homes/supported living accommodation?

There is a range of floating support services available to older people in their own homes. Floating support providers can also signpost older people to other services and grants available to them.

In terms of contracting out work to providers (e.g. alarms, handrails), the DHSSPS was also asked if they have a role in this. They replied:

The Social Housing Development Programme is administered by DSD NIHE and delivered by Housing Associations.

The DHSSPS was also asked what finances/resources have or will be put in place if the level of supported living increases, especially for older people. However the DHSSPS response to this appears rather vague as the ring fenced monies is likely to have been as a result of the resettlement agenda stemming from for example ringfenced monies linked to the Bamford review:

To date, specific ring fenced finance has been made available by DHSSPS to advance projects for people with a learning disability or mental illness in order to resettle them from specialist hospitals. This funding complements the capital and support money provide by Supporting People to develop projects on a collaborative basis. Projects for older people and people with disabilities have been funded by reprovision of existing resources within these programmes.

The DHSSPS was also asked how older people become aware of the option of assisted/supported accommodation and what is being done to raise awareness of this as an option?

NIHE district offices can refer to sheltered/supported accommodation. Regional complex needs officers can identify needs of housing applicant in partnership with Social Services. Information is also available on the Supporting People website, the HSC Trusts' Intranet (e.g. Barn Halt Cottages) and information

⁸⁰ These figures represent the combined total of sheltered housing, frail elderly and dementia schemes

⁸¹ Personal correspondence between DALO DHSSPS and author. Response dated 17.2.14

leaflets and also contact with relevant HSC professionals/practitioners. Health and Social Care professionals may also identify the need for a supported living option on the basis of their assessment of a person's need for support.

Finally, the DHSSPS was asked what role the Supporting People initiative has in TYC – has DSD/NIHE been in contact about the TYC strategic implementation plan proposals and what joint progress has been made to date?

Staff from the Health and Social Care Board and Trust are in regular contact with Supporting People/NIHE/DSD colleagues on a wide range of issues. The Supporting People Commissioning Body is the primary vehicle for progressing supported living developments across Northern Ireland and has well established joint planning arrangements. Regular meetings also take place with DSD which have focussed on a range of issues including the proposed reduction/withdrawal of Special Needs Management Allowance and its potential impact on services. Communication between the relevant parties has been both open and productive.

For illustrative purposes, the DHSSPS also provided an example of how someone is assessed for a particular tenancy. The example given was for Barn Halt Cottages in Carrickfergus, and this is provided in Appendix 1.

10. Discussion

As the policy intention is to keep older people at home (including those who are frail) for as long as possible with a reduction in formal care, there is a need to ensure community care and support services are adequate, strategic, and joined-up. As housing and health are administered by different departments, this adds to the complexity. In addition, DSD's *Supporting People Programme*, which is one aspect of helping people live independently, is currently under review, and the fund has not increased financially in real terms in the last number of years.⁸² This also has implications in terms of TYC's vision to shift services "left" from acute care to community based care - in terms of the level of investment needed in the areas that provide services in the community as opposed to acute settings. This will remain a key challenge given the current financial constraints. Furthermore, as over 70% of older people in NI are currently owner occupiers, it may be more difficult for this group to access grants, and social housing schemes, such as those administered by the Housing Executive, may not be their preferred choice of accommodation.⁸³

The outworking's of TYC could also mean that there are more elderly people, possibly with poor health, living alone due to personal circumstances. This also presents new

⁸² This is also the case for Special Needs Management Allowance (SNMA) funding which is to be phased out. Launched in 2003, SNMA funding was designed to maximise the independence of vulnerable tenants. It funds housing associations to provide housing-with-care services in Northern Ireland. Fold Housing Association is launching a judicial review of the decision as there is a risk housing schemes may be affected if this funding is withdrawn.

⁸³ Personal correspondence between author and Age NI on 4.3.14.

challenges in terms of reducing risk of injury, vulnerability, pressures on services and budgets for example, domiciliary services and the quality of care, and public health issues like loneliness and isolation.

Advocates suggest that any future model must promote independence and place the older person centrally as their own designer of care - with suitable options available and people made aware of the choices available.⁸⁴ In addition, prevention of crises will be a key component to the success of any new model.

11. Some potential issues for consideration

- Population projections and the location of older people are vital to TYC, especially in the longer term.
- Future needs and demands for different housing options is difficult to predict and quantify, however we do not know whether provision is currently sufficient, nor the extent of unmet need. It is difficult for Health Trusts to accurately predict targets for older people in relation to their future housing needs.
- There is limited information and research on older people's housing preferences and their health outcomes in Northern Ireland. Likewise, there may be, for example, rural communities in Northern Ireland where choice in terms of supported accommodation is inadequate.
- There is some confusion regarding the TYC terminology “supported accommodation” and “assisted living”. Clarity is needed on these distinct terms.
- There is little detail in the TYC Strategic Implementation Plan in terms of “how” older people will be assisted to “remain at home or **in assisted housing**”. The vision of TYC could appear somewhat aspirational, with no longer term plan beyond 3-5 years.
- DSD and NIHE were not involved in the development of TYC.
- There are implications regarding constraints within the health and social care budget, as keeping older people at home will require much more investment. There are no detailed or estimated costings for this available.
- It is difficult to ascertain if the risk of crises will be averted under the model proposed in TYC. For example, it may be insufficient to support someone who is particularly frail and living alone in their own home with a series of daily domiciliary care visits.
- A concern highlighted by DSD and DHSSPS is the impact misalignment of funding streams may have on the joint commissioning process. Trust funding is allocated on a yearly basis, whereas DSD budgets are aligned with Comprehensive Spending Reviews (every 3 years). This can create challenges in terms of future planning and further work is required to realign funding for jointly commissioned schemes. The misalignment of funding was one of the factors leading to a case that attracted much media attention – ‘Gnangara’ in Enniskillen – a state of the art dementia scheme

⁸⁴ Tinker, A et al (2013) Assisted living platform – the long term care revolution, pi. Available online at: http://telecareaware.com/wp-content/uploads/2013/10/HLIN_Report_LTC_Revolution.pdf Website accessed 28.01.14.

commissioned jointly by DHSSPS and DSD and brought forward through DSD.⁸⁵ However the original needs assessment carried out by the Western Trust was no longer applicable when the scheme was complete. This led to underutilisation (places not filled). These types of issues have made housing associations more reluctant to commit to future housing projects that are jointly commissioned.⁸⁶

- If care is delivered in a supported housing environment, it could mean that the current model of residential care in institutions is being moved to smaller supported housing schemes instead, where the intention for older people to live independently in a place that is considered their own home is not being achieved.
- There also appears to be mixed emphasis in terms of policy direction - for example, there is an indication that there will be a "reduction in residential care" (as cited in TYC), whereas in others, it is indicated that "residential care will continue to play an important role in supporting vulnerable people." (*Who Cares?* DHSSPS).
- Questions remain over how care "at home" will be regulated and governed in the future, and the quality of this care. There are also implications in terms of Welfare Reform which need to be further explored.

12. Conclusion

TYC has identified older people as a key area requiring transformation. Currently a range of services and supports are provided. Housing is a crucial ingredient in enabling older people to live comfortably and independently at home or in community based alternatives. Whilst the TYC model advocates the home as the hub of care and support, there is little evidence of what the costs for this will be, if crises can be averted, or if there will be better health outcomes by keeping people at home or in supported living with various types of support.

Currently a range of stakeholders are involved in the complex mesh of care and accommodation for older people, however, more joined up, strategic planning between government departments, the Housing Executive and other private, voluntary and community organisations is warranted, if this key aspect of TYC is to be realized. Whilst demand may be difficult to predict, given population projections, we know that a growing number of older people will need support in the future and that the current budget will not be sustainable. Sufficient investment in health (and the promotion of health aging) and housing is key to success, as is a range of choices for older people, and age appropriate ways to raise awareness about the choices available.

⁸⁵ Via DSDs Social Housing Development Programme

⁸⁶ There are also risks, including possible financial deficits, for Housing Associations who invest private funds on such projects.

Appendix 1. Barn Halt Cottages⁸⁷

The DHSSPS was asked to provide an example of the assessment process for a tenancy for frail elderly people. The example they have provided relates to Barn Halt Cottages, Carrickfergus which was built specifically for this group. This scheme is provided by Fold Housing Association.

Assessment Process:

- The person applies by completing a Housing or Transfer Form as appropriate.
- NIHE Complex Needs Officer links with the NHSCT's Senior Practitioner who asks the appropriate social worker/named worker to carry out the assessment with the applicant.
- The completed assessment is returned to the NIHE Complex Needs Officer.
- The Allocation Panel in Barn Halt consists of NHSCT, NIHE and Housing Association representatives, who meet to discuss the applications.
- Applicants need to have at least 10 hours of care and support needs.
- The Allocation Panel meets monthly and prioritises any waiting list.

The assessment includes the applicant's background, events leading to the application, physical and sensory impairments, mental health needs (memory, cognition, and dementia), mobility (including the receipt of DLA/Attendance Allowance), and current care/support arrangements.

The typical costs associated with Barn Halt Cottages are as follows:

1 person (1 bedroom)		2 person (2 bedrooms)		3 persons (2 bedrooms)	
Basic rent	£53.63	Basic rent	£60.55	Basic rent	£62.28
Service charge	£29.97	Service charge	£34.47	Service charge	£34.47
Rates	£ 7.59	Rates	£ 8.57	Rates	£ 8.81
Support charge	£175.24	Support charge	£175.24	Support charge	£175.24
Total £266.43 per week		Total £278.83 per week		Total £280.80 per week	

The DHSSPS has also advised that if a person is assessed as being entitled to Housing Benefit, then they may have their rent paid for them fully or partially depending on their financial situation. The vast majority of people who reside in supported living accommodation receive Housing Benefit which also means that their Housing Support costs are covered, so they do not pay this charge.⁸⁸

⁸⁷ Personal correspondence with DHSSPS and author. Response dated 17.2.14

⁸⁸ Personal correspondence with DHSSPS and author. Response dated 17.2.14