



Submission to SAGE Forum on Long-term Care

February 2016

## 1. Introduction and overview of Age Action

Age Action was established in 1992 as the voice for older people and Ireland's leading advocacy organisation on ageing issues.

We act both as a network of organisations and individuals, including older people and carers of older people, and a service provider, assisting thousands of older people every year.

Our mission is to empower all older people to live full lives as actively engaged citizens and to secure their rights to comprehensive high quality services according to their changing needs.

A central feature of our work is raising awareness about the lived experience of growing old in Ireland. This includes advocating for changes in policy at a national level and working with key decision-makers ensure they consider the needs and interests of older people.

Our work highlights not only the reality of growing older in Ireland but the importance of planning for future generations of older people. In 2013 we welcomed the publication by the Government of a National Positive Ageing Strategy which states as its vision that:

*Ireland will be a society for all ages that celebrates and prepares properly for individual and population ageing. It will enable and support all ages and older people to enjoy physical and mental health and wellbeing to their full potential. It will promote and respect older people's engagement in economic, social, cultural, community and family life, and foster better solidarity between generations. It will be a society in which the equality, independence, participation, care, self-fulfilment and dignity of older people are pursued at all times (National Positive Ageing Strategy, p. 3).*

We strongly believe that for the vision of the National Positive Ageing Strategy to be realised, older people should be supported to remain at home as long as possible.

Age Action welcomes the opportunity to make a submission to SAGE Support and Advocacy Service for Older People as part of the Forum on Long-term Care.

We believe that the consultation around long-term care must involve discussions about access to supports which enable older people to remain in their own home.

We set out in this submission the key arguments and issues around ensuring that older people have real choices about the type of support and care they receive.

## 2. The challenges older people experience in getting appropriate support

The overwhelming majority of older people want to remain at home for as long as they are able. Since the publication of *The Years Ahead – A Policy for the Elderly* in 1988 it has been the policy of successive governments to support older people to remain in their homes.

Current policy, as stated in Goal Three of the National Positive Ageing Strategy, is to “enable people to age with confidence, security and dignity in their home and communities for as long as possible”.

However practice does not reflect policy as is evident in how the Government allocates resources and the limited availability of home care and other supports.

### 2.1 Home Care

In 2015, out of a total budget for older people’s services of €1,532 million<sup>1</sup>, €874 million went towards funding the Nursing Home Support Scheme. This left only €320 million, a mere 21 per cent, allocated to the provision of home care services - €185 million for home help and €135 million for home care packages.<sup>2</sup>

The number of home help hours delivered in 2015<sup>3</sup> was nearly 2 million fewer than the number delivered in 2008, despite a 25 per cent increase since then in the population aged 65 and over.<sup>4</sup> To cope with demand, home help services are now mainly focused on meeting the personal care needs of older people, for example getting the person up or back to bed.

Support for domestic tasks such as shopping or preparation of a hot meal is no longer available in many parts of the country.

Where home help hours are allocated, the service is now very task orientated, with people allocated, for example, 30 minute slots so there is little time for building a relationship with clients or meeting any additional needs a person may have.

This can make it challenging for older people to obtain home support if their situation does not fit the task orientated profile of home help services.

There can be more flexibility in the types of supports provided for under the Home Care Package Scheme, however there is no guarantee that the older person will be allocated the hours they have been assessed as needing.

Resources and the different criteria applied by individual community health organisations determine eligibility and the level of support provided. Older people whose needs fall

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<sup>1</sup> <http://www.hse.ie/eng/services/publications/corporate/serviceplans/nsp16.pdf>

<sup>2</sup> <http://www.hse.ie/eng/services/publications/corporate/sp2015.pdf>

<sup>3</sup> <http://www.hse.ie/eng/services/publications/corporate/serviceplans/nsp16.pdf>

<sup>4</sup> <http://www.hse.ie/eng/services/Publications/corporate/AnnualReport2009.html>

outside the assessment tools generally used, such as the CSAR, will not be able to access supports.

For example, older people with dementia or mental health issues requiring supervisory hours will not receive this support in many parts of the country.

The failure to address the holistic needs of each older person as an individual and the focus on providing the service to those with the greatest need means older people with lower care needs must wait to become more dependent to get basic supports.

A report by the HSE and Healthy Ireland, *Planning for Health- Trends and Priorities to inform Health service Planning 2016* highlights how Ireland lags behind the OECD average number of people provided with home supports, which suggests a substantial level of unmet need.<sup>5</sup>

## *2.2 Supported Housing*

The area of specialist housing for older people is relatively undeveloped in Ireland compared to other countries.

A number of voluntary sector organisations, private housing associations and housing co-operatives provide 'sheltered' and supportive housing for older people. These include Fold, Carnew Community Care Housing and McCauley Place in Naas.

In the private sector, retirement villages providing self-contained housing units alongside long-stay provision have been developed over the last decade. In other countries, housing for older people can cover a broad range of accommodation typologies.

Mainstream 'general needs' housing occupies one end of the spectrum with nursing home care at the other end. In between, there are various degrees of specialist housing including:

- a. housing with support (including sheltered housing for rent, retirement housing for sale);
- b. housing with care (also known as very sheltered housing, and assisted living; both care and support are available);
- c. extra care housing (both care and support are available);
- d. close care (usually a few dwellings attached to, or in the grounds of, a care or nursing home).<sup>6</sup>

## *2.3 Restorative Care*

Within the current health and social care system there is little emphasis on restorative care which is crucial to an older person's well-being, dignity and quality of life. Funding is

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<sup>5</sup> <http://www.hse.ie/eng/services/publications/planningforhealth.pdf>

<sup>6</sup> Pannell, J., Aldridge, H. and Kenway, P. (2012) Market assessment of housing options for older people. London: New Policy Institute. Available at: <http://www.npi.org.uk>

allocated for step-down beds, but not for step-up programmes such as reablement projects as is evident in the allocation in Budget 2015 of a mere €3 million for transitional beds.

Older people have few opportunities to regain or maintain their physical strength and mental health. Targeting funding for the roll-out of reablement programmes such as the one piloted in North Dublin by the HSE would enable greater independence, reducing the need for ongoing support.<sup>7</sup>

Restorative care and reablement programmes help older people regain their independence through intensive, short-term home based programmes.

The North Dublin pilot programme indicated that following a six week intensive programme, 21 per cent of participants, the majority aged over 80, no longer needed any home care hours and 59 per cent need fewer hours.<sup>8</sup>

#### *2.4 Access to Nursing home beds*

Every older person is unique and has particular needs. Some older people need the level of care that can only be provided in a nursing home setting. Once again, supply and demand will determine if an older person can access good nursing home care in their local community.

In large urban areas, it can be difficult for older people to access a nursing home bed in their community due to the closure of public nursing homes and smaller nursing homes.

In other countries, a 'Home First' policy and practice has been shown to reduce delayed discharges from acute hospitals and ensure long-term care beds are reserved for those who really need them.<sup>9</sup>

For example, in Ontario, Canada, patients are sent home with intensive case management and enhanced home care supports for several weeks. This frees up acute beds and ensures those with higher dependency care needs can get long-term care beds.

This period of enhanced care supports also allows an older person to see how well they manage at home, giving them the time and space to make a life altering decision about where they want to live long-term, rather than making such a choice in a stressful and disorienting hospital environment.

Over time this is a cost-neutral approach as the cost of the intensive case management approach used in Ontario is outweighed by the cost of acute hospital or nursing home beds.

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<sup>7</sup> <http://sonasapc.ie/wp-content/uploads/2015/05/Austin-Warters-Building-integrated-dementia-care-pathways.pdf>

<sup>8</sup> Ibid

<sup>9</sup> [http://www.southeasthealthline.ca/healthlibrary\\_docs/Home%20First%20News%20Letter.pdf](http://www.southeasthealthline.ca/healthlibrary_docs/Home%20First%20News%20Letter.pdf)

### **3. Resources follow entitlements and the needs of the acute hospital system**

Older people do not have any entitlement to home care and provision is based on local area policy and available resources.

In one community health organisation area a person may be able to access quality home care support in line with their personal needs. Ten miles down the road, in another HSE area, there may be no home care support available at all.

Yet any older person ordinarily resident in the State, assessed as needing long-term care, has a statutory entitlement to financial support for nursing home care.

The current system is designed to meet the needs of the acute hospitals.

In 2015, acute hospitals received extra funding to enable discharge, and are prioritised when it comes to accessing home care packages, rehabilitation beds and long-term care beds for their patients.

For example, in Budget 2015 the Government allocated €25 million to Department of Health for delayed discharges, €5 million of which was allocated to support acute hospital discharges in specific hospitals through the provision of home care packages.

#### **4. Conclusion**

If older people are to be supported to live, and die, in the place of their choice which, for the majority of older people, is their own home, an integrated, collaborative approach to providing appropriate and innovative supports is needed.

The National Positive Ageing Strategy provides a road map for achieving this. Its implementation should be a priority.

The strategy is underpinned by cross-departmental collaboration, and this approach is crucial to develop innovative solutions enabling older people age in their communities.

Supported housing and the use of technology are areas in which there has been little investment or development.

Older people want to live independent lives, to age with dignity and in security. The best way to do so is to support them to stay at home as long as possible and, if a point comes when this is no longer possible, to ensure that the residential setting in which they are placed is near their family and community and respects their rights.

Policy is not enough. Statutory measures are required to ensure resources are aligned to policy and the needs and preferences of older people.

A statutory entitlement to home care benefits must be introduced if the policy of maintaining people in the community insofar as is possible is to be achieved.

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