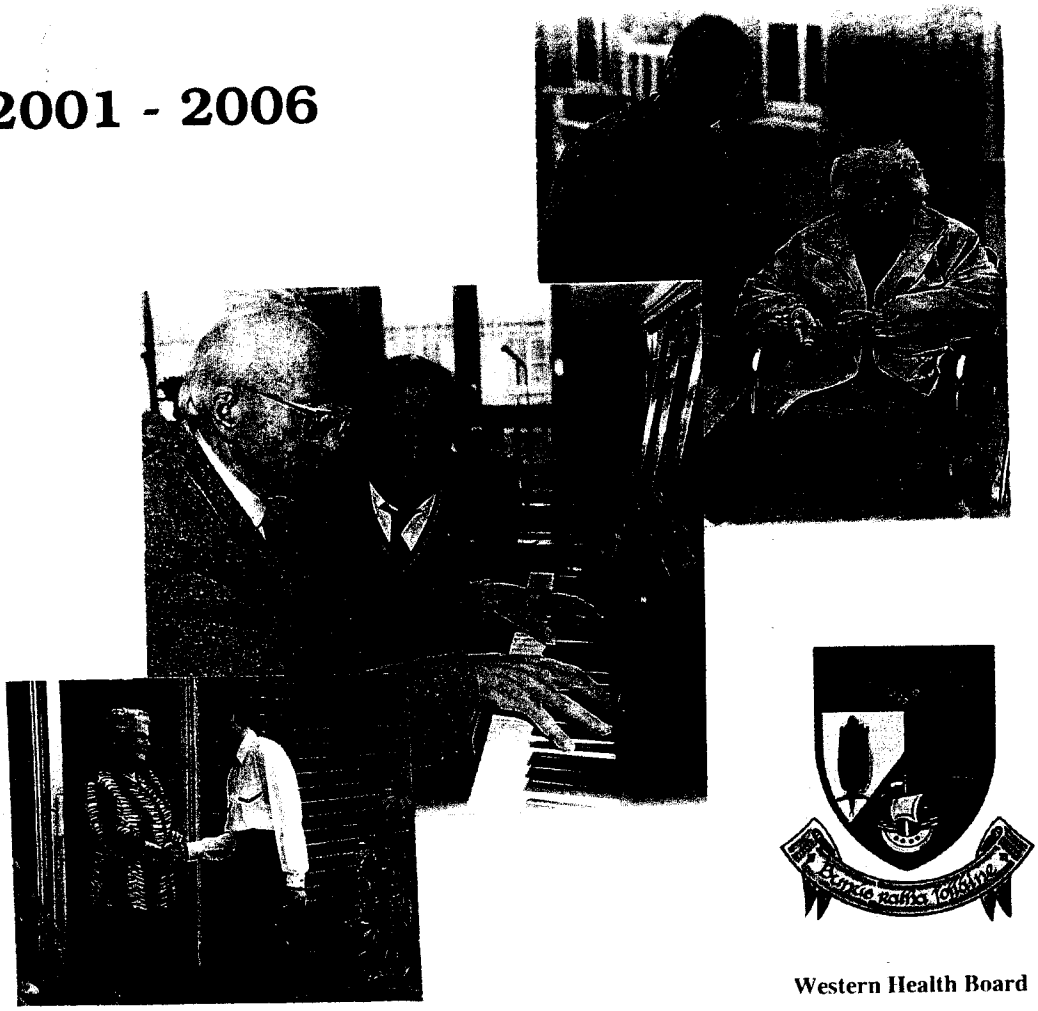
Draft

SERVICES FOR OLDER PEOPLE

A STRATEGY FOR HEALTH AND WELLBEING

2001 - 2006



Western Health Board

"Old age hath yet his honour and his toil;
Death closes all: but something ere the end,
Some work of noble note, may yet be done,
Not unbecoming men that strove with gods.
The lights begin to twinkle from the rocks:
The long day wanes: the slow moon climbs: the deep
Moans with many voices. Come my friends,
"Tis not too late to seek a newer world."

Ulysses.

TABLE OF CONTENTS

Acknowledgements

We would like to acknowledge with thanks the very many people who contributed to the development of this strategy. In particular we would like to thank all the older people in Galway, Mayo and Roscommon who gave so generously of their time to enable us to carry out our research. We would also like to thank the many carers, voluntary organisations and statutory agencies who took the time to share their views and give us the benefit of their valuable experience. Thanks are also due to the very many health care workers who, despite pressing work commitments, found the time to assist in the development of the vision for services for older people which is outlined in this document.

FOREWORD

Older people continue to contribute to society. They value their independence. They are still learning and developing. They have wisdom to share and they have customs and culture to hand on. They have also told us what type of health services they want. This strategy reflects those wishes and also the ideas of staff and all others who have a role in providing services for older people.

The seven aims set out in this strategy will focus our work over the coming years as we develop our services in Galway, Mayo and Roscommon.

Dr. Sheelah Ryan,
Chief Executive Officer.

December, 2000.

Services for Older People

A Strategy for Health and Wellbeing 2001 - 2006

EXECUTIVE SUMMARY

The demographic profile of the Western Health Board area poses particular challenges in the planning and development of health and personal social services for older people. There is a higher than average population of older people living in our area at 14%, compared with the national average of 11% and there are many local areas where the population of older people is considerably higher. More than one quarter of all older people in the region are over 80 and many live alone in remote areas. There is a requirement to plan services that are appropriate and responsive to need and available as near as possible to where older people live.
While older people require the same access to all health care services as other age groups they have additional health and social care requirements associated with advancing years. The development of a range of services with on-going monitoring of quality and evaluation of outcomes is essential to ensure a service that is flexible and responsive to need.

This strategy for older people's services was developed following wide consultation with older people in the region, carers, voluntary and statutory agencies and health care workers. The aims and strategic objectives outlined reflect the outcome of this consultative process and have also been guided by the many reports, both national and otherwise, on services for older people. A vision for services, together with the key principles guiding service delivery are outlined. Objectives for the provision of services along a continuum of care from health promotion and education through services at home, in the acute hospital and residential long term care are described. The need for adequate resources, support structures, a skilled and educated workforce and consultation with service users is identified. Ongoing evaluation is emphasised in the delivery of services that are based on assessed need, are responsive to individual requirements and are evidence based.

Hereunder are set out the aims and strategic objectives which will guide the planning and delivery of services for older people in the Western Health Board region over the next number of years.

AIM ONE: To Promote the Health of all Older People in our region.

Strategic Objectives

Health Promotion

- *We will develop and promote an understanding of health promotion among all staff working with older people through ongoing support and training.*
- *We will develop a programme of health promotion for older people to be included in all care plans, which is in line with the principles of best practice outlined in our health promotion strategy.*
- *We will develop a framework for auditing the existing facilities and services provided by the Board for older people to assess how conducive they are to health promotion in the areas of environment, policies, programmes and services.*
- *We will provide home safety assessments for older people most at risk.*
- *We will develop a food and nutrition policy for all older people in services operated by the Board.*
- *We will provide access to professional support for older people to develop and maintain healthy lifestyle choices in line with best practice.*
- *We will develop programmes which foster the physical, mental, social and spiritual needs of older people.*
- *We will support the formation of partnerships to promote the health of older people in various settings e.g. community, long stay and acute.*
- *We will evaluate our performance in relation to promoting the health of older people.*

AIM TWO:	*To maintain older people in dignity and independence at home in accordance with the wishes of older people.*

Strategic Objectives

Eligibility for Services

- ***We will make information on medical card entitlements available to all older people who come in contact with our services and to their carers.***

Anticipatory Care

- ***As an initial step, we will undertake a review of the existing screening programme for older people provided by Public Health Nurses in the Western Health Board region and make recommendations as to future screening programmes.***

- ***A multi disciplinary working group will be set up to consider the need for, and benefits of, a register of older people at risk and how it should be maintained.***

Services at Home and in the Community

- ***We will develop an inter-disciplinary team approach to the planning and delivery of care for older people.***

- ***At area planning team level we will identify and prioritise the range and mix of skills required for the provision of services for older people based on assessed need. Services will be developed and enhanced based on these priorities over the next number of years as finances become available.***

- ***We will plan to provide out of hours and weekend services for older people when required.***

- ***We will develop skills and services in the area of pain management.***

- ***We will develop and make available information on services relevant to, and suitable for, older people and their carers.***

- ***We will standardise systems for application and issue of medical and surgical equipment and appliances throughout the region which are based on assessed needs.***

- *We will implement the recommendations of The National Working Group on Elder Abuse.*

- *We will fill the special dental post, when approved, to provide dental services for our residents in long stay units and community hospitals.*

- *We will review the operation of our hearing aid service.*

Mental Health Services for Older People

- *We will, in the short term, appoint two specialist consultants in psychiatry of old age, one in Co. Galway and one in Co. Mayo with a full multidisciplinary team complement, including registrar, senior house officer, community psychiatric nurses, social worker, psychologist, occupational therapist and associated clerical support. These appointments will be supported by the creation of structures, such as day hospitals, in addition to access to acute care beds and short stay treatment beds for those with dementia who have behavioural or psychiatric problems.*

- *We will work in partnership with voluntary bodies to develop high support accommodation and nursing home facilities for stable older mentally ill patients and those with dementia who do not have behavioural disturbances.*

- *Older patients with mental illness in Co. Roscommon and East Galway will continue to be cared for by general adult psychiatric teams with an interest in older people. We will seek to have a specialist psychiatrist and dedicated teams in place as soon as possible.*

- *We will upgrade the existing facilities in Castlerea to accommodate a specialist unit and day hospital for dementia sufferers.*

- *Older mentally ill patients will continue to have access to acute psychiatric beds in all our psychiatric units.*

- *We will review and re-assess the existing arrangements for psychiatric services for older people over the next 5 years in the light of changes in demography and efficiency of existing systems of care delivery.*

Environmental Issues

- *We will develop formal relationships with statutory and voluntary housing authorities in order to assess the housing needs of older people and plan to meet those needs in the most integrated way possible.*

- *We will work in partnership with statutory, voluntary and community groups to ensure maximum safety for all older people in the region.*

- *We will work in partnership with statutory and voluntary agencies to ensure that, when environmental issues, including transport, are being addressed, the needs of our older population are taken into account.*

AIM THREE:	*To encourage and support the care of older people in their own community by family, neighbours and voluntary bodies.*

Strategic Objectives

Supporting Carers

- *We will continue to support carers in our region through the implementation of our carers' support programme.*

Respite Care

- *We will develop an in-home respite service to suit the needs of individual carers.*

- *We will develop our respite services over the next number of years to provide beds specifically assigned for respite care services in each of our community nursing units, and community and geriatric hospitals.*

- *We will provide a planned programme of admission for respite care.*

- *We will provide information on respite services to all relevant people.*

- *Emergency respite admissions will continue to be provided as required.*

Day Care Centres

- *We will evaluate the activities of day care centres to assess their benefits for users and to determine principles of best practice.*

- *We will increase the number of day care places provided by our Board on an incremental basis over the next 5 years.*

- *We will work in partnership with voluntary organisations to extend and develop day centres throughout the region with particular emphasis on rural and remote areas.*

Meals on Wheels

- *We will evaluate the nature and extent of the meals-on-wheels service in our area together with consumer satisfaction with the service.*

- *Subject to the outcome of this evaluation, we will extend the meals-on-wheels service in the area in partnership with voluntary organisations.*

Boarding Out

- *We will review the boarding out scheme and implement the recommendations of this review.*

Voluntary Organisations

- *We will work in partnership with voluntary organisations in the development of existing and of new services in the region as appropriate.*

- *Subject to the outcome of the evaluation of our pilot project, we will develop and extend community worker support for voluntary organisations in the area.*

AIM FOUR:	*To restore to independence at home those older people who become ill or dependent.*

Strategic Objectives

Acute Hospital Services

- *We will promote a better understanding of the nature of services and foster liaison and communication among staff in all sectors, acute, community and residential care.*

- *We will review and standardise our policy in all acute hospitals on admissions and discharges of older people in consultation with all relevant personnel.*

- *We will appoint discharge co-ordinators in acute hospitals to facilitate the planned discharge of older people*

Assessment and Rehabilitation

- *We will review staffing levels in respect of care of older patients in acute hospitals.*
- *We will pilot a system of inter disciplinary care planning to include the transfer of records between acute and community services.*
- *We will continue to increase our acute and rehabilitation services for older people over the next number of years as funds become available to include in-patient and day hospital services in all our acute hospital settings.*
- *We will develop the advocacy role of staff to assist older people in making decisions about care options and services.*
- *We will ensure that all new buildings are designed to take account of the needs of older service users.*

Accident and Emergency (A & E) Services

- *We will review admissions procedures through A & E department to take account of the needs of older people.*
- *We will develop discharge protocols from our A & E departments which are sensitive to the needs of older people.*
- *We will appoint discharge co-ordinators in our A & E departments to ensure a planned discharge of older people with appropriate follow up services at home.*
- *We will plan transport services appropriate to the needs of older people being discharged from acute services.*
- *We will plan to provide on-call support services including out of hours services in the community (e.g. home help and nursing) to enable the safe discharge of older people.*

Outpatient Services

- *We will review the organisation of, and appointment procedures in outpatient clinics.*

- ***We will plan to provide outreach outpatient and geriatric services to meet the needs of older people in remote locations.***

- ***We will plan to reduce waiting lists and waiting times for both inpatient and outpatient services in line with national standards.***

AIM FIVE:	*To provide a high quality of hospital and residential care for older people as near as possible to their own home or community when they can no longer be maintained in dignity and independence in their own home.*

Strategic Objectives

Continuing Residential Care

- ***We will validate waiting lists for long stay residential care on a regular basis to ensure that they are a true reflection of need.***

- ***We will reduce waiting lists for long term residential care by enhancing community support services including respite services and by providing additional residential care places.***

- ***We will review patient/staff ratios in all our residential care facilities.***

- ***We will continue to develop and expand residential care for older people in public and private facilities.***

- ***We will expand the range of services available in our community nursing units to meet increased levels of need and dependency.***

- ***We will develop practices in activities of daily living within our long stay residential facilities that reflect the wishes of residents.***

Private Nursing Home Care

- ***We will work in partnership with private nursing homes in the provision of physiotherapy, occupational therapy and chiropody services.***

- *We will develop programmes which foster the health and wellbeing of older people to take account of their physical, mental and social care needs.*

- *We will work in liaison with the private nursing homes sector and health board personnel to develop common standards of care and performance indicators for service for older people.*

- *We will examine the feasibility of providing respite, palliative and day care services in the private nursing home sector.*

AIM SIX: To provide a planned, co-ordinated and quality service.

Strategic Objectives

Planning and Co-ordination

- *We will develop the post of area co-ordinator in each community care area, (one in Mayo, one in Galway and one in Roscommon/East Galway to ensure an even distribution of this service).*

- *We will implement and evaluate pilot projects on care management as a model to provide comprehensive and integrated services.*

Ongoing Consultation with Older People

- *We will develop and implement a plan for the ongoing involvement of, and consultation with, older people and other stakeholders in the planning and development of services arising from this strategy.*

Quality

- *We will develop standards of care in consultation with all relevant stakeholders together with a system of measurement.*

- *We will appoint a research officer for older people's services to assist in the evaluation of services.*

Ethical Issues

- ***We will raise the awareness of our staff of ethical issues relevant to older people's services through the provision of opportunities for education and debate.***

Services in Gaeltacht Areas

- ***We will plan to extend the range of services provided through the medium of Irish to ensure that all Irish speaking older people in our region can avail of services in Irish if they so wish.***

- ***We will establish a Gaeltacht Advisory Committee with representation from the Health Board, the voluntary sector and other relevant support agencies to assist in developing services in Gaeltacht areas in the most responsive and co-ordinated way possible.***

Island Services

- ***We will plan to extend the level and range of services available to older people resident on islands.***

- ***In planning services on the mainland we will take account of the particular needs of older people resident on islands in areas such as transport, appointment times and the occasional requirement to remain away from home overnight.***

Training and Development of Staff

- ***We will implement our strategy for continuing education and training for all staff providing services for older people.***

AIM SEVEN: *To implement the Strategy for Health and Wellbeing of Older People within the agreed timeframe*

Strategic Objectives

Implementing the Strategy

- ***We will disseminate this strategy widely throughout the Board and to other relevant voluntary and statutory agencies.***
- ***We will appoint a steering group to oversee the implementation of the strategy and to monitor and evaluate progress.***

Services for Older People

A Strategy for Health and Wellbeing 2001 – 2006

Section 1: Introduction

In recent times a number of trends have influenced the planning and development of health and personal social services for older people. People are now living longer and there is a marked increase in our older population. Disease patterns are changing and many advances have been made in diagnostic and treatment facilities. There is an increased need for, and expectation of, services. As a nation we are becoming increasingly prosperous. Family structures are changing with more women now working outside the home. There is a shift from a rural to an urban-based population and many of the traditional support networks are no longer available to older people.

Features that are unique to the Western Health Board region and which provide an additional challenge to service planning and delivery are the higher than average number of older people resident in our region, the low population density and the high number of older people living alone. In addition many live in remote areas including offshore islands.

A number of reports have been produced which have sought to influence health service provision for older people and which have outlined the principles of good practice. *The Care of the Aged Report,* published in 1968, was the first report to make recommendations regarding the improvement and extension of services for older people as a distinct care group. In 1988 a further report entitled *The Years Ahead ... A policy for the Elderly* emphasised the need to maintain older people in dignity and independence in their own homes for as long as possible. In addition the wishes of older people themselves should be taken into account when planning and developing services. The Department of Health adopted the recommendations of this report as official policy. In 1998 *The Years Ahead Report* was reviewed by The National Council on Ageing and Older People. Generally the main thrust of the report was found to be still relevant although the recommendations had not been universally implemented.

In 1994 The Department of Health published a national health strategy entitled *Shaping a Healthier Future – A Strategy For Effective Health Care In The 1990's.* This strategy recognised the increasing demand for services as a result of the growing population of older people. It identified the need to enhance the health and quality of life of older people and not just to focus on treatment and disease. It stressed the importance of equity, quality and accountability in service delivery.

In 1999 the Western Health Board set up a working group to develop a strategy to promote the health and wellbeing of older people. A number of other strategies have already been produced for the Board's area which are relevant to the health of older people. These include health promotion, primary care, physical sensory and learning disability, cancer, cardiovascular disease, men's health, women's health, quality, acute services, continuing education and travellers health. This strategy for health and wellbeing addresses issues not included elsewhere and which are unique to older people. It outlines how health and personal social services for people in the Western Health Board region will be developed over the next five years and is part of an integrated planning process. It needs to be followed up with an operational plan and results management

Section 2: Older People in the West.

2.1 Population Analysis

An examination of the proportion of older people living in Galway, Mayo and Roscommon gives an understanding of the health needs of the older people Of the 49,000 people who are over 65 years in the region, 23000 live in Galway, almost 18,000 live in Mayo and 8500 in Roscommon. (Table 1)

Table 1.
Older Adults by Age Groups - Western Health Board - 1996

	65-69	70-74	75-79	80-84	85+	Total 65+	% 65+	All Ages
Galway County	5121	4770	3856	2765	1673	18185	13.8	131613
Galway Co. Borough	1527	1319	1003	689	445	4983	16.3	57241
Mayo	4657	4547	3824	2798	1631	17457	15.6	111524
Rosc-ommon	2487	2252	1769	1306	749	8563	16.4	51975
WHB	13792	12888	10452	7558	4498	49188	13.9	352353
Ireland	126809	112542	84097	55771	34663	413882	11.0	3626087

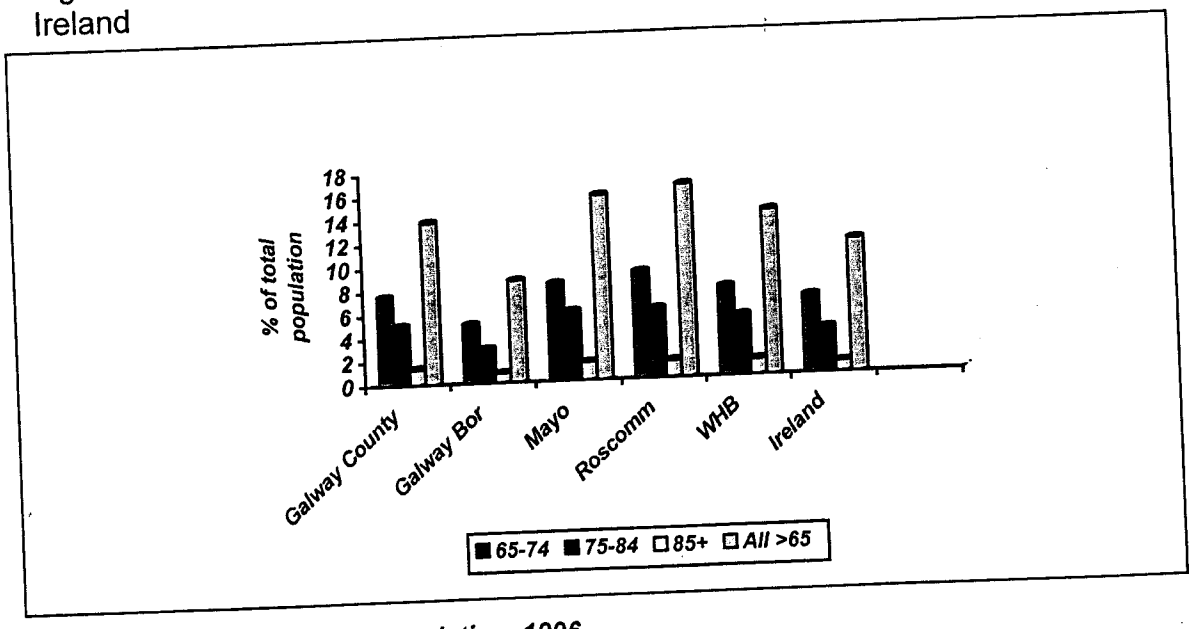
Source CSO, Census of Population, 1996

In all almost 14% of the Western Health Board population are aged over 65 years compared to only 11% for the whole country. (Table 1 and Figure 1). In particular the rural areas of Galway, Mayo and Roscommon have a larger proportion of older people. Older people are not a homogenous group and the needs of the very old, especially those who are over 85 years, are very different and must be considered when planning health services. About 4500 people or 1.3% of the population of the Western Health Board are over 85 years. (Table 2 and Figure 1.)

Table 2: Population Breakdown by Age for the Western Health Board and Ireland 1996

Age Group	Western Health Board		Ireland	
	Number	%	Number	%
65-74	26680	7.6	239351	6.6
75-84	18010	5.0	139868	3.8
Over 85	4498	1.3	34663	0.9
All >65	***49188***	***14.0***	***413882***	***11.0***
Total	***351874***	***100***	***3626087***	***100***

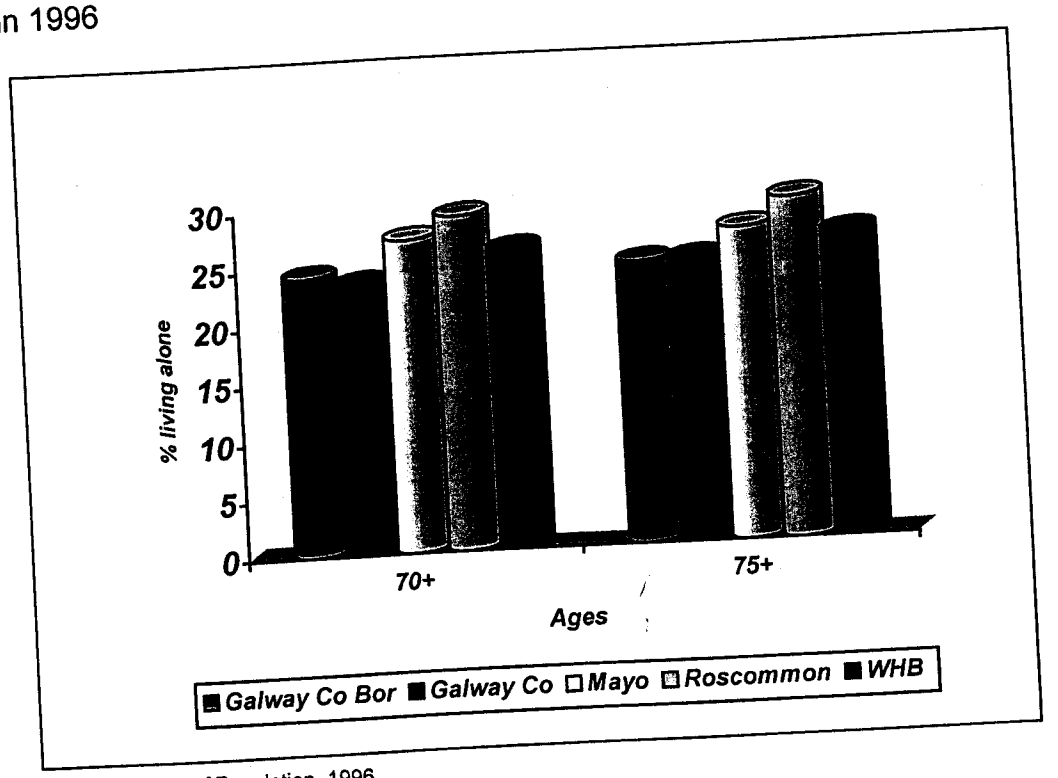
Figure 1. Older Adults as % of Total Population of the Western Health Board and Ireland



Source: CSO, Census of Population, 1996

In the Western Health Board, as with the rest of Ireland, there are more women than men in the older age groups, with 7.6% of women aged over 65 years compared to 6.3% of men. (Figure 2).

Figure 3. Percentage Older Adults Living Alone Aged 70+ and 75+in 1996



Source: CSO, Census of Population, 1996

2.3 Population Projections.

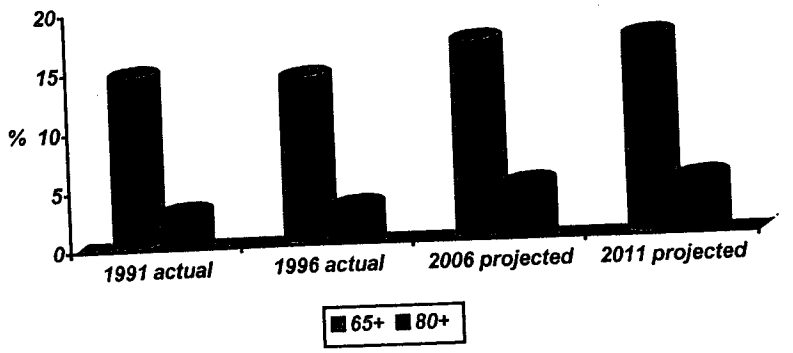
The estimates of future populations, albeit underestimates, give an indication of what the increases in population will be like on a national and a regional level. The number of people aged 65 years and over in Ireland is steadily increasing and will continue to rise well into the next century. Projections for the Western Health Board region predict a rise in the proportion of people over 65 from 14% in 1996 to 16.6% in 2011. Similarly the over 80-year-olds are expected to increase to 4.6% in 2011 compared to 3.5% for Ireland. Table 3 and Figure 4 show the expected changes for the Western Health Board and for Ireland for the coming years.

Table 3. Population Projections WHB and Ireland

	WHB Year			Ireland Year		
	1996	2006	2011	1996	2006	2011
Over 65 years	49188	51138	55406	413882	465907	521653
% Over 65 years	*14*	*15.2*	*16.6*	*11.4*	*12.8*	*14.1*
% Over 80 years	*2.9*	*4.5*	*4.6*	*2.5*	*3.2*	*3.5*

Source: CSO, Census of Population, 1996

Figure 4 . Population Projections in the Western Health Board 1996 to 2011 for those aged 65+ and 80+ as percentage of total population

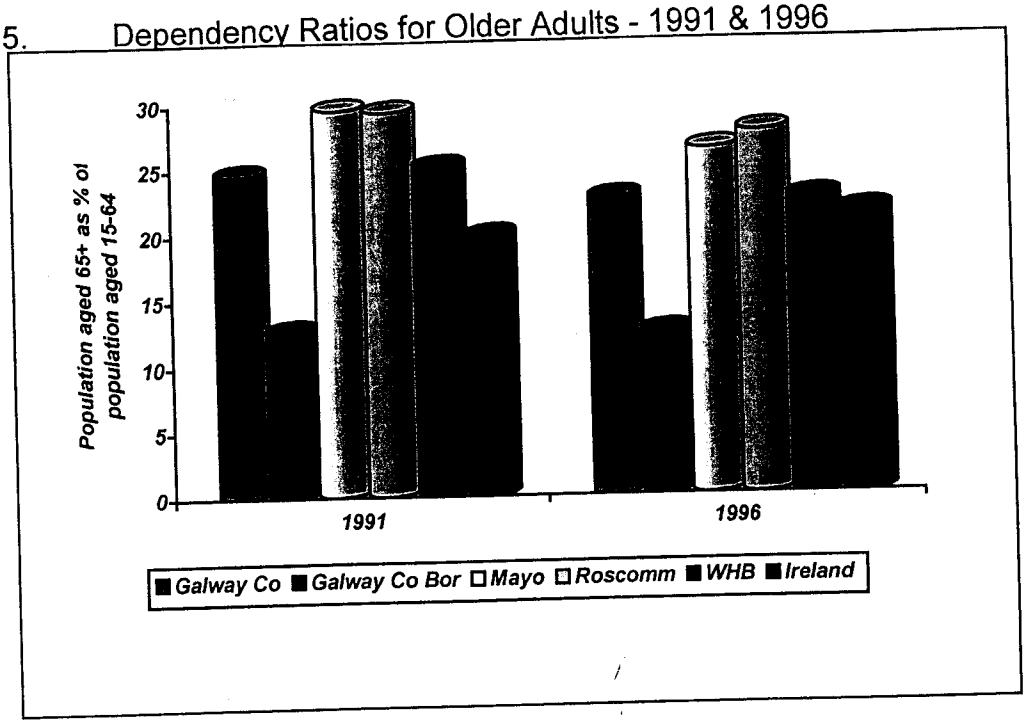


Between 1991 and 2011 the projected increase in persons over 65 years is slightly lower in the Western Health Board (2%) than for Ireland as a whole (3%); however for those over 80 years the increase is slightly higher in the Western Health Board (2%) than Ireland (1%) (Figure 4). Within the Western Health Board, Mayo and Roscommon are predicted to experience the largest increases, with Galway County Borough to experience the smallest increase. These projections, while providing a useful insight into future population trends, are based on a number of variables such as fertility, mortality and migration. In considering older adults, mortality is especially important as a major determinant of population trends.

2.4 Dependency

The greatest need for health care is at the extremes of age. A useful measure of this is the dependency ratio, which is a measure of those aged over 65 years expressed as a proportion of those aged 15-64 years. In other words, a high dependency ratio suggests that the proportion of the very young and the very old is greater in the area studied and that these are the people who are most vulnerable and in need of care and support. In 1991, the dependency ratio for the Western Health Board was 25% compared to 21% for Ireland, although this differential decreased in 1996. Roscommon and Mayo have higher dependency ratios, as there is a high percentage of older adults, while Galway County Borough, because of the large proportion of younger people, has a low dependency ratio at 12.3%(Fig 5).

Figure 5. Dependency Ratios for Older Adults - 1991 & 1996



2.5 Life Expectancy

Irish people are living longer that before. By the age of 65 years, Irish men can expect to live another 13.9 years and Irish women 17.4 years. However these figures are lower than the European Union averages, which are 15 years for males and 18.8 years for females. Ireland ranks lowest in the life expectancy tables in the European Union.

Section 3: The Health of our Older Population

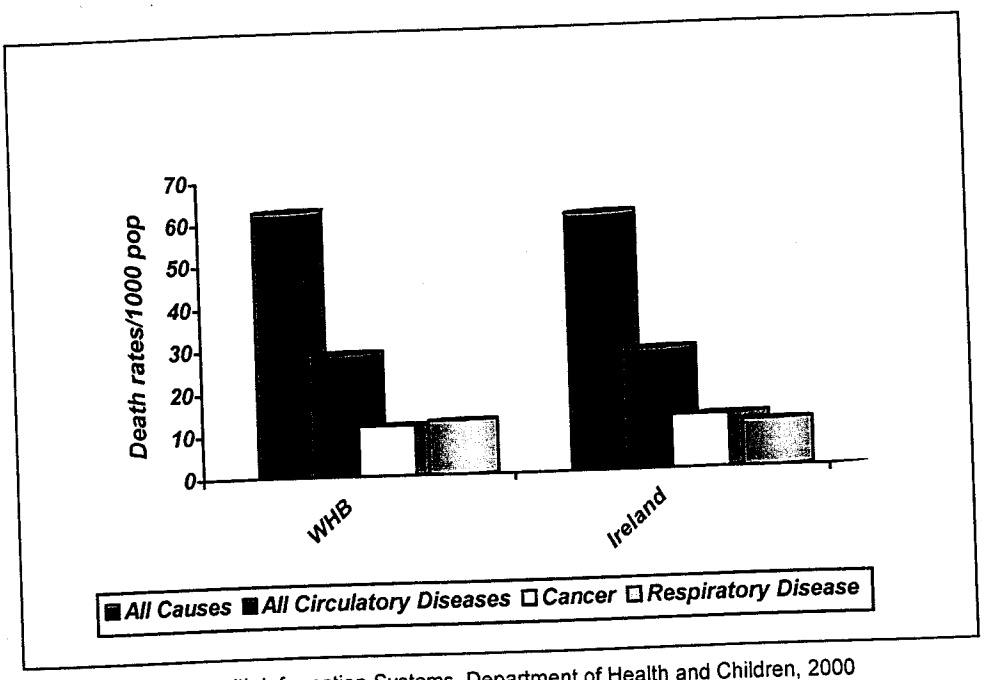
3.1 Measures of Health Status

It is essential in planning for health services for our older population that measures exist which will provide objective indicators of health status. These measures include information on death and on illness.

3.2 Mortality

Information on death gives us a limited picture on our overall health. However, even with its limitation, information on deaths provide the most reliable and complete data currently available to us. Nationally the overall death rate for older adults has remained more or less the same over the past 20 years, at about 61/1000 population. The death rate in the over 65 year age group in the Western Health Board is 62.5 per 1000 population which is similar to the national picture at 60.6. (Figure 6)

Figure 6. Deaths in older adults in the Western Health Board & Ireland - 1980 to 1995



Source: Public Health Information Systems, Department of Health and Children, 2000

The most common cause of death in the older age group is circulatory disease, which includes heart disease and stroke. Mortality from heart disease in the older age group in Ireland is the highest in the European Union.
Cancer is the second most common cause of death in this particular group accounting for almost 70% of all cancer deaths, which is increasing and is above

the European Union average. A number of factors are probably responsible for this increase. The incidence of cancer increases with age, so that with an increasingly older population cancer deaths can be expected to rise, despite better treatment and cure rates. In addition improved diagnostic techniques and better reporting of cases is leading to better ascertainment of the disease. The death rate from cancer in the Western Health Board is slightly lower than the national rate.

Figure 7. Cause of death in the over 65's in the Western Health Board, 1997

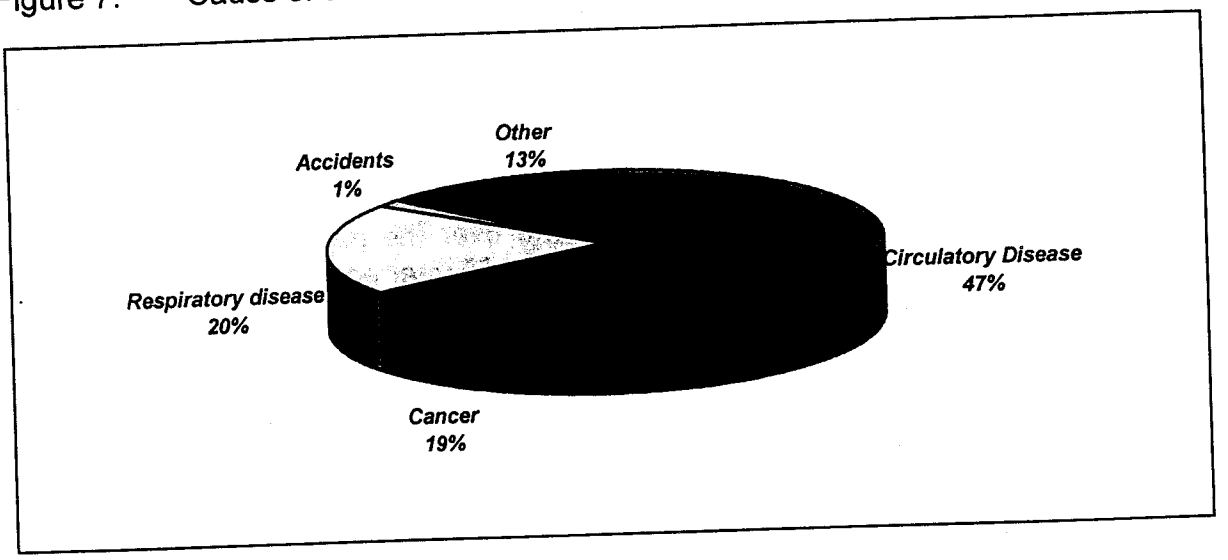


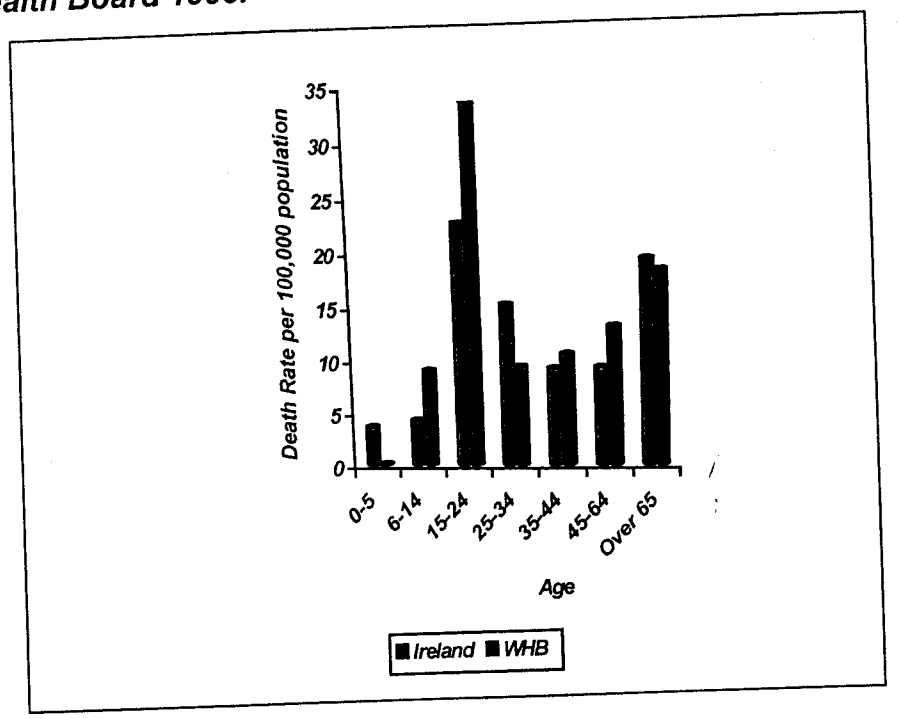
Figure 7 shows that in 1997, almost half of all deaths (46%) in the Western Health Board in older adults were due to circulatory disease, with respiratory disease and cancer accounting for 39%.
The death rate from respiratory disease is higher in the Western Health Board area at 12.7 per 1,000 population, than the national rate at 10.9 per 1,000 population (Figure 6). The majority of these deaths are due to chronic bronchitis, emphysema and asthma.

3.3 Accidents

Accidents account for only about 1% of deaths in the older age group but deserve attention as they are, by definition, preventable. Within the Western Health Board over 500 older people were admitted to acute hospitals for injuries in 1998, accounting for 31% of the total number of admissions. Within this number two-thirds of the admissions resulted from injury due to a fall. It is also recognised that older adults are more prone to serious injury than younger people when they are involved in a road traffic accident. Figure 8 shows the rates of deaths occurring following road traffic accidents in 1998 in the different age groups. It is clear that there is a sharp rise in the number of deaths for older adults, compared to younger ages, with the exception of the 15-24 year olds. In

fact it has been estimated from US road data that the same accident is about three times more likely to kill a person aged 70 as a person aged 20.

Figure 8: Road Fatalities per 100,000 Population Ireland and the Western Health Board 1998.



3.4 Mental Health.

There has been an increase in the rate of suicide in Ireland since the late 1970's. In the over 65 year age group the suicide rate for males has doubled from 9.4 to 17.9/100,000 population, while the rate for females has remained essentially the same. Out of a total of 48 reported suicides in the Western Health Board area in 1998, three were men aged over 65 years.

3.5 Ill Health Requiring Admissions To Hospital.

Hospital admissions give a reasonable indication of ill health in the community. Admission to hospital is a significant event in the life of an older adult and it is important to identify the main reasons for admission in order to plan and develop health services.

The Hospital Inpatient Enquiry (HIPE) data for the Western Health Board indicates that the number of people aged over 65 years in 1999 was 22,258. This accounts for 35% of all admissions (64,529) in the Western Health Board in that year. Hospitals which are analysed include University College Hospital Galway, Merlin Park Regional Hospital, Mayo General Hospital, Roscommon County Hospital and Portiuncula Hospital Ballinasloe.

The average length of stay for older adults was considerably longer than that for younger patients (8.8 days for the 65-74 year age group and 10.4 days for the over 85 year age group). The average length of stay for all ages was 6.2 days (Table 4).

Table 4. All Causes of Hospitalisation - Western Health Board 1999

Age Group	Total Number of Cases	Average Length of Stay (days)
65-74 years	9983	8.8
75-84 years	9430	10.0
85+ years	2845	10.4
All ages	64529	6.2

Source HIPE.

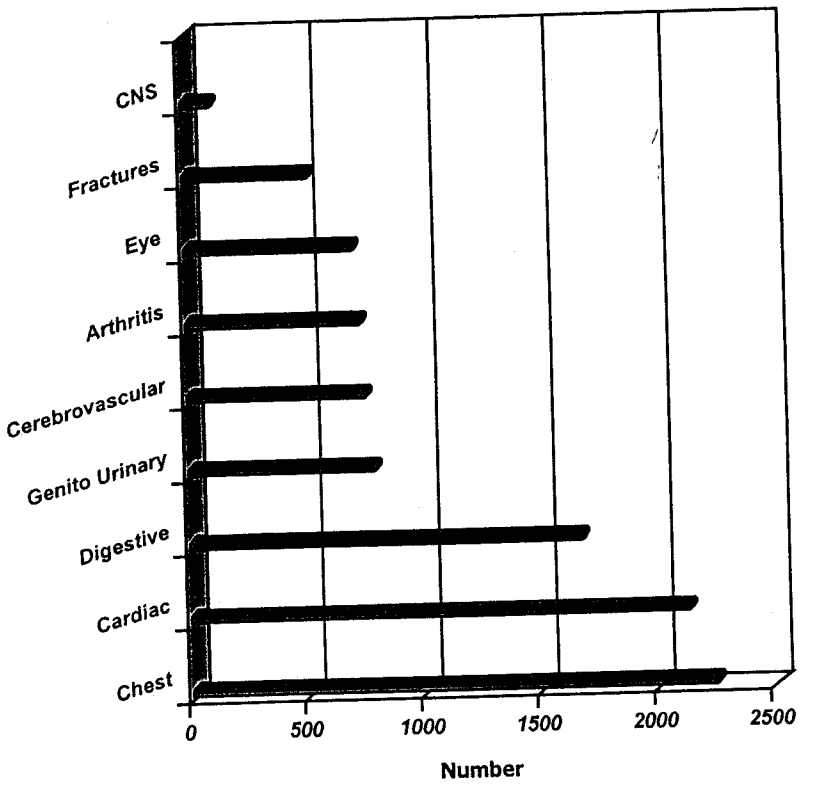
3.6 Top 10 Diagnoses.

The principal diagnoses for older people admitted to hospitals in the region are shown in table 5. Of almost 11,000 admissions which fall into the top 10 range, heart disease and stroke, diseases of respiration, of the digestive tract and cancer account for the majority. Diseases of the eye and arthritis and fractures form the bulk of the remainder.

Table 5. Top 10 Principal Diagnoses Older People Western Health Board 1998

	Portiuncula	RCH	MPRH	UCHG	MGH	TOTAL
Respiratory (Chest)	290	413	642	293	598	**2236**
Cardiovascular (Cardiac)	383	397	207	612	523	**2122**
Gastro Intestinal Tract (Digestive)	243	213	43	504	665	**1668**
Cancer	-	-	114	917	-	**1031**
Genito Urinary Tract	169	30	73	291	220	**783**
Cerebrovascular	74	175	105	158	235	**747**
Arthritis	-	-	731	-	-	**731**
Ophthalmology (Eye)	-	-	-	705	-	**705**
Fracture	-	-	517	-	-	**517**
Central Nervous System (CNS)	-	-	105	-	-	**105**

Figure 9
Top Ten Principal Diagnoses WHB Area
Over 65 year olds



Section 4: Developing the Strategy.

4.1 The Consultation Process

In order to develop this strategy it was necessary to analyse the services that we currently provide, identify the gaps and determine how we should plan for the future. To do this we sought the views of a large number of people, older people themselves living in the community and in our long stay residential units, carers, relevant voluntary and statutory agencies and our own staff.

4.2 Getting the Views of Service Users

Consultation with older people living at home was undertaken by means of a research study which was carried out in partnership with The National Council on Ageing and Older People. The views of 536 randomly selected older people, living in the Western Health Board region were sought. They ranged in age from 65 – 97 years, one third lived alone, over a quarter were 80 years and over and almost half were widowed. Experience of health and personal social services recently received and preferences as to how services should be provided for them in the future were examined. This research is called the HeSSOP Study (Health & Personal Social Services for Older People). A further study was undertaken by our Department of Public Health on the views of people receiving long stay residential care. A total of 38 interviews were undertaken with people resident in our long stay hospitals, community nursing units and district hospitals and with their relatives. A comprehensive study was also undertaken to identify the activities of carers who look after older people at home, the level of care they provide and the difficulties they experience in their caring role. Those receiving informal care were also consulted to assess their level of satisfaction with the quality of the care they receive.

4.3 Getting the Views of Other Service Providers

Consultation also took place with relevant voluntary organisations and other statutory agencies involved in providing services for older people. Workshops and individual meetings were held with representatives of the Department of the Environment, Local Authorities, Voluntary Social Services and other Voluntary Agencies, and with a representative of a community alert scheme and Bus Eireann. Written submissions were received from Eircom, Midwest Radio and Udaras na Gaeltachta. A survey of voluntary organisations dealing with older people was carried out in Co. Mayo with responses from 29 organisations. The findings represented the views of approximately 500 older persons and also the views of the voluntary organisations themselves. The private nursing homes sector was represented on the strategy planning group and on workshops with staff.

4.4 Getting the Views of Our Staff

Workshops, at which a large number of our staff attended, were held. These included managers, clinicians, professions allied to medicine and other support staff. The strengths and weaknesses of the existing services were identified, opportunities and threats that currently prevail in the planning and development of services were analysed (SWOT Analysis) and the way forward was proposed. In general the following were identified.

4.5 SWOT Analysis of our Services.

4.5.1 Strengths

- We have a highly educated and experienced workforce who are familiar with the needs of older people.
- There is a more positive attitude to aging and an increased awareness of the needs of older people. This has led to the re-organisation of the management structure to focus specifically on older people as a distinct care group. There is a renewed focus on planning and developing services.
- There has been an increase in funding for older people's services which has led to an improvement in standards of care.
- A broad range of services is provided in the community, in hospital and in residential care.
- There is an increased awareness of the need for inter-disciplinary co-operation in planning care and some developments have already taken place in this area. Communication and liaison have improved between services.
- Care of older people is now a specialist area and the number of consultant physician/geriatricians in our Board's area has increased. This has led to more appropriate service provision and assessment teams have been developed in the three counties.
- There is a greater appreciation of, and involvement with, families, voluntary organisations and private nursing homes as partners in the care of older people. There is a shift towards involving older people and communities in planning and developing services.
- There is an increased awareness of the need for evidence based practice and an on-going commitment to education and training.

4.5.2 Weaknesses

- The on-going changes in the demographic profile of the Western Health Board area have led to increased isolation and vulnerability of our older population. This has resulted in increased difficulties in the planning and delivery of appropriate services. To date planning of services has been fragmented.

- The increase in the older population has resulted in increased demands on the existing service. Appropriate services are not always available with long waiting lists for some services. This has resulted in reduced health and quality of life for older people. In addition access to services is difficult due to lack of appropriate transport.

- Older people are not considered by some to be a priority group for the provision of services. The increase in resources has not kept pace with the increase in demand for services. The inability of staff to respond to this increased demand has resulted in increased pressure which, on occasion, has led to low morale with a negative impact on the health and quality of life of older people.

- Older people are not always cared for in the most appropriate setting and have little choice in services provided. There is an over emphasis on treatment and care as opposed to health promotion and education.

- The level of services and facilities available are not sufficient to meet the needs of older people. These include home help, home nursing, physiotherapy, occupational therapy, speech & language therapy, chiropody and appropriate services for confused older people and people requiring assessment, rehabilitation and long term residential care.

- There is not a total commitment to the multi-disciplinary team approach. Internal communication between staff and external communication and liaison with statutory and voluntary agencies and the private sector is not well developed.

- A comprehensive assessment of the needs of the older population has not been carried out to date.

- Because of the size of the Western Health Board as an organisation and the large number of staff, the management of change and on-going education and training requirements pose a major challenge.

- No model for identifying vulnerable older people with an appropriate follow-up service has been developed.

- To date there has been little consumer involvement in the planning, delivery and evaluation of services and a limited understanding of the nature of services provided. In addition health care workers have not been fully consulted in planning and reviewing services.

- Many of our existing facilities have not been upgraded in line with modern care requirements.

- Liaison between the statutory housing authorities and the health board is ad hoc and has resulted in lack of appropriate housing.

- A reliable system for measuring performance and quality of care has not yet been developed.

4.5.3 Opportunities

- There is an increased public awareness of, and involvement in the requirements of older people. Older people themselves are becoming more vocal about their needs and more aware of their entitlements. They are also an untapped resource in terms of service planning and delivery.

- Linkages between the statutory, voluntary and private sector and with informal carers are being developed with an increase in the number of organisations involved in services for older people.

- There is an increase in the resources available for services. In addition the National Health Strategy takes account of the service requirements of the older population.

- There is an increased focus on inter-generational communication; younger people are becoming more aware of issues relevant to old age.

- At national level the importance of services for older people has been recognised through the creation of a ministerial post with responsibility for services for older people. There has also been an increase in capital funding available through the National Development Plan.

- Developments in treatment and technology have led to improved health and quality of life.

- Recent legislation has led to better quality of care for older people e.g. The Health (Nursing Home) Act, 1990. In addition there is a broad range of entitlements available to enable older people to remain at home.

- Older people are becoming increasingly aware of the potential of modern communications systems e.g. computerisation, local radio etc. This

facilitates the provision of relevant information by health service providers and other agencies.

- The National Council for Ageing and Older People is an important resource in providing the relevant up to date researched information which is required in the planning and development of services both at national and regional level.

4.5.4 Threats

- The change in family structures with more women in paid employment has resulted in an increased demand for statutory services in order to care for older people in their own home.

- There is a high service expectation with a more litigation conscious public.

- A lower priority to funding older peoples services is accorded at national level e.g. there is more investment in child care and acute services. There is no legislation which specifically provides for services for older people. There is no national health strategy specifically for services for older people.

- Funding is allocated on the basis of service location rather than service need e.g. subvention is available for private nursing home care but no subvention is available to buy care at home.

- The strength of our economy has resulted in increased competition for staff with the Health Board having increased difficulty in recruiting and retaining an educated, skilled and experienced workforce.

- Working in older peoples services appears to have a lower status than working in other areas of the health services e.g. 'high tech'.

- The existing two tier system (private -v- public) militates against those who are less well off.

- Public transport in rural areas is underdeveloped.

- The perception of an increase in violence, particularly in rural areas, has increased the level of fear among older people, especially those living alone.

Section 5: Vision, Mission and Key Principles.

5.1 Vision

Our vision is a population of older people who have the opportunity to achieve their full potential in the area of health and quality of life.

5.2 Mission

Our mission is to maximise the health and wellbeing of older people in the region within available resources. This mission is set in the context of the general Mission Statement of the Western Health Board. In implementing this mission we are guided by the aims outlined in *The Years Ahead Report* as follows:

- To maintain older people in dignity and independence at home in accordance with the wishes of older people.
- To restore to independence at home those older people who become ill or dependent.
- To encourage and support the care of older people in their own community by family, neighbours and voluntary bodies.
- To provide a high quality of hospital and residential care for older people as near as possible to their own home or community when they can no longer be maintained in dignity and independence in their own home.

5.3 Key Principles.

The following principles will guide our work in the planning and development of services for older people resident in our area.

- ***Comprehensive*** – We will provide a broad range of services.
- ***Fair*** – We will treat people fairly.
- ***Accessible*** – We will take account of where people live and endeavour to make services as accessible as possible.
- ***Responsive*** – Services will be planned on the basis of older people's health requirements.
- ***Flexible*** – We will provide care to suit individual circumstances.

- ***Co-Ordinated*** – We will foster an integrated approach to services.
- ***Planned*** – We will design our services to give the greatest benefit possible.
- ***Holistic*** – We will take the individuals physical, mental, social and spiritual needs into account.
- ***Participative*** – We will work in partnership with individuals families and communities.
- ***Person Centred*** – Our primary focus will be on the health and wellbeing of the older person.
- ***Empowering*** – We will aim to enable older people to have more power over factors which affect their health.
- ***Autonomy*** – We will respect the right of older people to decide on their own care and lifestyle even if their decision does not comply with the views of service providers.
- ***Cost Effective*** – We will make every effort to achieve maximum health benefit from the resources available.

Section 6: Health Promotion for Older People

AIM ONE: *To Promote the Health of all Older People in our region.*

6.1 Health Promotion

Health promotion aims to promote good health and quality of life. It recognises that a wide range of factors influences the achievement of this. Healthy behaviours are not only the result of personal lifestyle choices but also the physical, social and economic environments which make these choices possible e.g. facilities and services, support networks, income and education. Health promotion is thus broader than health education, which aims to promote changes in individual behaviour. Health promotion seeks to address all the factors that influence health. The 1986 Ottawa Charter definition of health promotion has been widely accepted. It defined health promotion as "the process of enabling people to exert control over the determinants of health and thereby improve their health".

Research has shown that investing in health promotion for older people is effective and affordable and is beneficial both for society and for government as well as for individuals themselves. It helps to achieve better health for all older people, enables them to live independently and participate in and contribute to society for longer. In addition, the health care costs associated with an aging population are reduced.

Health promotion is of particular relevance for older travellers as very few survive to old age. They have a life expectancy 10 – 12 years less than their settled counterparts.

6.2 A Framework for Health Promotion For Older People

Irish life expectancy at the age of 65 is the lowest in the European Union. The SLAN (National Health and Lifestyle) survey revealed that 38% of people aged 65 and over perceived their general health to be fair or poor. The findings of the HeSSOP study in the Western Health Board area show that:

- 10% of older people reported that one or more basic facilities were lacking in their home e.g. hot water, cooking, indoor toilet, bath/shower and telephone.
- Over 20% of older people felt they didn't exercise enough.
- Many older people had limited social and emotional support.
- 20% of older people were smokers with 77% having no interest in quitting.

- Less than 50% received the influenza vaccine with almost 25% believing that it did not reduce the risk of influenza.

In a study undertaken in our residential care facilities it was found that there were three times more people underweight and more people obese than in similar age groups in the general public. The need for mental and physical stimulation was also identified.

Lifestyle is one of the factors that influences the health of our population. This includes diet/nutrition, exercise, smoking, and stress. Research has shown that efforts to improve lifestyle require action at a number of levels if they are to be effective and sustainable. These include:

- Focusing on information and education to enable people to make informed choices about their lifestyle.
- Creating safe and caring environments that nurture and support older people to make healthy lifestyle choices.
- Providing access to appropriate services for people who wish to develop and maintain healthy lifestyles.
- Developing policies which make healthier choices more accessible and attractive for older people.

Research has also shown that the key factors influencing health are, in the main, outside the health sector. The most effective way of promoting health is by working in partnership both within and outside the Board.

Older people use a relatively large proportion of health service resources. To maximise the effectiveness of resources priorities must continue to shift from cure towards health promotion. The recent publication of the Board's health promotion strategy (1999) seeks to address this and provides a strategic framework for the development of current and new health promotion initiatives. This has been followed by the publication of a new National Health Promotion Strategy 2000. This strategy for the health and wellbeing of older people seeks to implement the recommendations of these strategies through the following actions.

- ***We will develop and promote an understanding of health promotion among all staff working with older people through ongoing support and training.***

- ***We will develop a programme of health promotion for older people to be included in all care plans, which is in line with the principles of best practice outlined in our health promotion strategy.***

- ***We will develop a framework for auditing the existing facilities and services provided by the Board for older people to assess how***

conducive they are to health promotion in the areas of environment, policies, programmes and services.

- *We will provide home safety assessments for older people most at risk.*
- *We will develop a food and nutrition policy for all older people in services operated by the Board.*
- *We will provide access to professional support for older people to develop and maintain healthy lifestyle choices in line with best practice.*
- *We will develop programmes which foster the physical, mental, social and spiritual needs of older people.*
- *We will support the formation of partnerships to promote the health of older people in various settings e.g. community, long stay and acute.*
- *We will evaluate our performance in relation to promoting the health of older people.*

Section 7: Supporting Older People at Home

AIM TWO:	*To maintain older people in dignity and independence at home in accordance with the wishes of older people.*

7.1 Older People at Home

It is estimated that 95% of people over 65 years of age in the Western Health Board area live at home and the majority are thought to lead reasonably independent lives. Nevertheless, our research shows that there is a high level of morbidity among this group. When asked, 86% of older people said that they had some underlying illness or condition during the last year and 22% of these had at least one condition that they described as causing extreme disruption. (These included 9% with bone and joint conditions and 2% with hearing problems, sleep problems, heart conditions, prostate bladder and continence problems, foot problems, lung conditions and memory and concentration problems). There was a link between this disruption and the presence of anxiety and depression. Pain had been experienced in the past week by over a third of those interviewed. Eleven percent of respondents indicated that they would like a particular service but were unaware of its availability.

Services in community are concerned with health promotion, disease prevention, treatment and care. A broad range of services is therefore necessary to meet the needs of our older population. These services should be comprehensive, accessible, flexible, co-ordinated and ideally available on a 24 hour basis.

7.2 Eligibility for Services.

Approximately 80% of persons 65 years and over in the Western Health Board region have medical cards which entitles them to the majority of services free of charge. Of the 536 persons in our research study, 23% did not have medical cards. Eight percent had both a medical card and private health insurance and 7% had neither medical card nor private health insurance. Of the 36 persons who had neither medical card nor private health insurance, almost a quarter had a nett income of less than £50; a further 29% had an income between £50 & £99; 2% reported that cost was a factor that prevented them from seeing their general practitioner. However, all over 84 years in the study were covered by a medical card and/or private health insurance. While the number of older people with low incomes who did not have medical cards is relatively small, there is clearly a

need to ensure that this situation is rectified and that all older people in the region are aware of and are able to avail of their entitlements.

- ***We will make information on medical card entitlements available to all older people who come in contact with our services and to their carers.***

7.3 Anticipatory Care

Anticipatory care is concerned with anticipating the health problems of older people before they arise or at an early stage. It is provided through screening and surveillance programmes, and ongoing assessment and is a fundamental aspect of the work of general practitioners and public health nurses. By tradition, public health nurses maintain a register of older people at risk. However, the criteria for inclusion in this register has not been standardised at regional or national level. As a means of addressing this issue, in 1994 a screening programme for persons 75 years and over was developed in the Western Health Board region for implementation by public health nurses. However, the managerial and acute care workloads of public health nurses has limited the time available to them to implement this programme. In addition, a formal evaluation of its effectiveness has not to date been undertaken.

Research shows wide variations in performance of screening in the UK. Uptake and patient satisfaction seems high, although general practitioner enthusiasm for screening is low. Some studies show the failure of screening to improve morbidity although this does not mean that screening is a waste of time and effort. Some professionals believe that screening improves quality of life. A screening programme for older people is clearly going to be expensive in terms of time and money and should not be considered unless adequate resources are put in place. The type of screening to be provided, how often, for whom and by whom needs to be agreed. Most importantly, follow up treatment must be available for any abnormal findings.

Further work needs to be done to analyse the setting up and implementation of screening programmes for older people. Those involved would include geriatricians and their teams, general practitioners, practice nurses, public health nurses and those concerned with providing follow up care. A number of pilot projects of different models is required to assess the most effective.

- ***As an initial step, we will undertake a review of the existing screening programme for older people provided by public health nurses in the Western Health Board region and make recommendations as to future screening programmes.***

- ***A multi disciplinary working group will be set up to consider the need for, and benefits of, a register of older people at risk and how it should be maintained.***

7.4 Services At Home and In The Community

All health and personal social services for older people, including services in their own home, should be planned on the basis of assessed need, be responsive to the personal circumstances of individuals and their families and have an emphasis on quality.

The findings of our research indicate that the majority of older people, irrespective of their degree of dependency, wish to remain in their own homes with appropriate support from their families and health services. In addition the 1994 national health strategy has identified the target of maintaining 90% of older people over 75 years in their own homes. An interdisciplinary team approach with a mix of skills is recommended in the planning and delivery of services, which is responsive to individual needs and circumstances. Services currently provided include general practitioner, nursing, home help, physiotherapy, occupational therapy, speech & language therapy, chiropody, community welfare services and community nutrition.

The general practitioner service is central to the provision of care for older people at home and is currently the only community service available 24 hours per day. The HeSSOP Study identified a very high level of satisfaction (98%) with the general practitioner service with 98% having their own general practitioner. A minority reported difficulties in accessing general practitioner services, 8% had transport difficulties, less than 2% reported cost as a factor and 5 respondents mentioned difficulty in seeing their general practitioner because they were house bound. Many general practitioner services have practice nurses in post. These practice nurses are ideally placed and have an important role to play in providing a broad range of services for older people attending general practitioners' surgeries.

Nursing services are provided in the community by public health nurses and registered general nurses. While a high level of satisfaction (96%) was reported with the service, there are nevertheless significant gaps in its provision. The service currently is provided from 9.00 – 5.00 p.m. with a very limited out of hours and weekend service. While the service seeks to provide health promotion, disease prevention treatment and care, the high demand for curative and personal care services, coupled with the limitation of resources available, results in little opportunities to develop health promotion for older people e.g. to increase the uptake of the influenza vaccine. In addition, little opportunity exists to advance other issues identified in the health promotion strategies of the Western Health Board and the Department of Health and Children. There is an inadequate structure for the provision of nursing services in community with currently no approved general nursing posts in the Western Health Board region, although there are a number of general nurses employed on a part time basis.

Home help services currently provide personal care and domestic support to older people living at home. Resources are limited with priority given to personal care. Four percent of the population used the home help service last year with an average of 3 hours per week per person. (HeSSOP Study) There was a high level of satisfaction with the service (95%) although 18% would like an increase in the amount of service provided. Forty percent of those who received home help service and who had medical cards paid at least partly for the service. The home help service is currently a discretionary service and the level of service provision falls short of what is required.

The provision of a comprehensive chiropody service is essential in maintaining the quality of life of older people, in particular in the area of mobility. It is currently a very limited service in the Western Health Board region with chiropodists employed on a sessional basis where available. There are many areas where no chiropody services are available. This service has been identified as being of particular benefit to older people with a need for the service that far exceeds the supply.

There is limited physiotherapy and occupational therapy services available to people in their own homes. For the most part the services are ad hoc with significant waiting lists, although satisfaction is high among people who receive them. Adequate professional structures have not to date been developed to enable the provision of planned, integrated and quality services. In particular, there is a very limited speech and language therapy service for older people, with no service available in the community in a major part of the region.

The community welfare service provides financial assistance for older people as required and is ideally placed to identify and refer older people with whom it comes in contact and who may require additional services.

While there has been a significant increase in funding of medical and surgical equipment in recent times, there is nevertheless still some room for improvement. The HeSSOP Study identifies that aids and appliances have been made available to only half the older people who feel they require them. Assessment of needs, eligibility criteria, maintenance and distribution systems have not been standardised within the region.

We currently do not have any social work or counselling services for older people resident in their own homes. There is an increasing need for the provision of these services in the community to deal with such issues as abuse of older people, and other areas such as housing, financial, legal and social issues. Elder abuse is an issue which is coming increasingly to the fore in recent times. There is a national working group currently preparing policies and procedures to address this issue. Draft policies and procedures are being piloted in two health board areas and recommendations will issue when these pilot studies are completed.

Health service personnel report that liaison between professionals has not been fully developed and interdisciplinary planning of care takes place only in a very limited way. Integrated packages of care are currently being piloted in the three community care areas. Three different models are being implemented and the outcome of this pilot will be used to plan the integration of services in the future. Interdisciplinary planning teams for older people's services have been established at community care level and are currently working to assess needs in their own area.

Older people and their carers in the region have identified the need for information on services; twelve percent stated they had difficulty getting information. This need has also been identified in national studies. General practitioners were identified by the vast majority (83%) as their preferred sources for information on health services. The media was the second choice (20%). Local radio has an important role in providing information for housebound older people. It can also counteract isolation and loneliness through the provision of local news and entertainment. In addition the potential of information technology as a means of communication in the areas of information, health promotion and ongoing contact with health professionals needs to be explored.

The Dental Treatment Services Scheme operated by the Department of Health & Children provides dental care to 25% of people 65 years and over residing at home. The Dental Treatment Benefit Scheme operated by the Department of Social, Community & Family Affairs provides dental care for approximately 14% of the total eligible population in our region. Both schemes are provided by contracted general dental practitioners and some health board dental surgeons. Both schemes provide for oral examination and a schedule of routine items including fillings, extractions, gum treatments, x-ray and dentures. It is considered that both schemes will continue to provide adequate dental care for eligible older persons residing at home for the foreseeable future. However, eligible persons in long stay care and community and geriatric hospitals only receive a basic emergency relief of pain service on demand provided by the Western Health Board dental department. This is inadequate to meet current needs.

There is an ever increasing demand for domiciliary care which the present health board dental services does not have the manpower to provide. The re-structuring of the health board dental service agreed between the Department of Health and Children and The Irish Dental Association in January 2000 has the facility to create a special needs post. This facility in the future will see dental care specifically assigned to the elderly in long stay and community hospitals in the Western Health Board area. It is felt that this development will also satisfy the increasing demand for domiciliary care for older people.

Older people may apply for optical services through the sight testing scheme through which services are provided by an optician of their choice following authorisation by the Health Board. The service is only available every two years although patients who have specific medical conditions can avail of a more frequent service. The Community Ophthalmic Scheme provides assessment and treatment by an ophthalmologist following referral by a general practitioner or a public health nurse.

The adult hearing aid service provides a free hearing aid service for adults with medical cards. The service comprises of assessment of hearing disabilities, counselling with regard to hearing impairment and fitting of hearing aids with referral to the service by general practitioners and ear nose and throat specialists. Hearing difficulties can considerably diminish the quality of life of older people. Despite this the HeSSOP Study revealed that almost 1/3 of older people who have hearing aids do not wear them.

- ***We will develop an inter-disciplinary team approach to the planning and delivery of care for older people.***

- ***At area planning team level we will identify and prioritise the range and mix of skills required for the provision of services for older people based on assessed need. Services will be developed and enhanced based on these priorities over the next number of years as finances become available.***

- ***We will plan to provide out of hours and weekend services for older people when required.***

- ***We will develop skills and services in the area of pain management.***

- ***We will develop and make available information on services relevant to, and suitable for, older people and their carers.***

- ***We will standardise systems for application and issue of medical and surgical equipment and appliances throughout the region which are based on assessed needs.***

- ***We will implement the recommendations of The National Working Group on Elder Abuse.***

- ***We will fill the special dental post, when approved, to provide dental services for our residents in long stay units and community hospitals.***

- ***We will review the operation of our hearing aid service.***

7.5 Mental Health Services for Older People

Mental illnesses present in persons over 65 years include functional illness e.g. depression, neurotic disorder, psychotic disorders, alcohol and substance abuse and also organic disorders such as dementia with severe behavioural disturbance or psychiatric symptoms.

The emphasis of all psychiatric care for the over 65 year population should be to maintain patients in their own home environment for as long as possible and to institute treatment as appropriate in their own home setting with follow up domiciliary visits by the community psychiatric nurses and/or doctors.

With an increasing population of older people, it is likely that there will be an increased demand for mental health services. Regular screening and early diagnosis of both functional illness and dementia is very important and has been shown to improve quality of life for both patients and carers. Access to comprehensive specialist, assessment and support services is vital.

Psychiatry of old age was recognised as a sub-speciality of psychiatry by the Irish Medical Council in 1998. Integration of psychiatry of old age services with other services including general practitioner, community care, general hospital services, geriatric services and the voluntary services is also vitally important for proper co-ordination of care for older people. Further development of memory clinics, which allow for earlier assessment, diagnosis and treatment of dementia may also have an input from the psychiatry for the elderly team.

There is currently no specialist psychiatry of old age services for older people in the Western Health Board region and the needs of those with acute functional psychiatric disturbances are being catered for by the general adult psychiatric services.

There are currently two dementia units for older patients who have severe behavioural disturbances located at St. Bridget's Hospital, Ballinasloe and The Sacred Heart Hospital, Castlebar and plans are in train for a dementia unit in Merlin Park. While it is estimated that five multidisciplinary psychiatry teams are required for a catchment area such as the Western Health Board, it is unlikely that funding for this level of service will be available in the immediate future.

- ***We will, in the short term, appoint two specialist consultants in psychiatry of old age, one in Co. Galway and one in Co. Mayo with a full multidisciplinary team complement, including registrar, senior house officer, community psychiatric nurses, social worker, psychologist, occupational therapist and associated clerical support. These appointments will be supported by the creation of structures, such as day hospitals, in addition to access to acute care beds and short stay***

treatment beds for those with dementia who have behavioural or psychiatric problems.

- ***We will work in partnership with voluntary bodies to develop high support accommodation and nursing home facilities for stable older mentally ill patients and those with dementia who do not have behavioural disturbances.***

- ***Older patients with mental illness in Co. Roscommon and East Galway will continue to be cared for by general adult psychiatric teams with an interest in older people. We will seek to have a specialist psychiatrist and dedicated teams in place as soon as possible.***

- ***We will upgrade the existing facilities in Aras Naomh Chaolain to accommodate a specialist unit and day hospital for dementia sufferers.***

- ***Older mentally ill patients will continue to have access to acute psychiatric beds in all our psychiatric units.***

- ***We will review and re-assess the existing arrangements for psychiatric services for older people over the next 5 years in the light of changes in demography and efficiency of existing systems of care delivery.***

7.6 Environmental Issues

It has long been accepted that health and well-being is influenced by the standard and quality of accommodation. The 1991 Census of Population indicates that approximately 90% of persons over the age of 65 years live in private accommodation, 7% live in public authority housing and 3% in private rented accommodation, with a very small minority in rent free accommodation. In the HeSSOP Study, it was found that 84% of people over 65 years live in property owned by themselves and the majority of the remainder live in property owned or rented by their family. To date little systematic work has been done to determine standards and suitability of privately occupied accommodation for older people. Our consultation process indicates that while the vast majority of private housing stock occupied by older persons is of a high standard, there is still a large number of older people who live in very poor housing circumstances. The HeSSOP Study also identified that 9% of older people lack one or more of the basic facilities; these include hot water, indoor flush toilets, bath and shower, adequate lighting, cooking facilities and continuous access to a telephone. It was also suggested that if the current high cost of housing continues, over time older people will be less likely to be able to afford it and schemes such as equity release may be attractive to older people in the future particularly if they are operated by 'not for profit' state agencies. In addition existing building regulations could be amended to require all new houses to be designed and built so that they are suitable for older people.

The main grant and assistance schemes available for older people include the Special Housing Aid for the Elderly Scheme administered by the Health Board, the Essential Repairs Grant, Disabled Persons Housing Grant, and various forms of shared ownership of housing or the "Works in Lieu of Rehousing" scheme operated by local authorities. Some Gaeltacht Grants apply outside these schemes. These schemes enable people to remain in their own homes and within their own communities. In general the Department of the Environment encourages a flexible approach to implementation. This is particularly true in the Special Housing Aid for the Elderly Scheme where the Health Board is allowed significant flexibility to enable the most appropriate response to the needs of older people.

While there is informal contact between local authorities and Health Board personnel in the matter of housing older people, there is no significant level of formal contact to discuss areas of mutual concern such as housing needs, assessments and service needs in specific areas e.g. housing needs of older emigrants who would like to be able to return home to Ireland to live.

The provision of appropriately designed sheltered housing together with appropriate support such as a warden service, alarm system and necessary health and personal social services provides a suitable alternative for older people who can no longer live independently in their own homes, but who do not require residential nursing care. It is recommended that an assessment of the need for sheltered housing is carried out in all areas and that all bodies engaged in the provision of sheltered housing – voluntary, private and statutory-liaise and consult with one-another in planning new projects to ensure co-ordination of effort. A limited number of sheltered housing schemes have been implemented in the Western Health Board region but to date there is little co-ordination and liaison between the agencies involved. In addition there is little clarity as to where responsibility for this scheme lies.

A supportive infrastructure and a good quality environment is essential to maintain a good quality of life for older people in community. The quality of drinking water in many rural areas is not fit for human consumption and needs to be addressed. Personal security and safety is an issue for many older people particularly those who live in isolated areas. Twenty one percent of older people in our region have fully functional alarm systems, although 13% of these reported they felt unsafe despite the presence of an alarm. (HeSSOP Study). Public transport is not available in many rural areas to enable many older people to get out and about, although it is apparent that many of the public transport services are under utilised and access to public buildings for frail older people often proves difficult and the issue of suitable car parking needs to be considered; this is relevant for our health services as well as for public services in general. The prevention of accidents for older people, particularly road accidents, is also an issue which needs to be addressed.

Section 8: Supporting Families and Communities

AIM THREE: *To encourage and support the care of older people in their own community by family, neighbours and voluntary bodies.*

8.1 Community support for Older People at Home

Family, neighbours and voluntary bodies have a major role to play in maintaining older people in their own homes for as long as possible. Close family members in particular are the main carers and provide the majority of support for frail and incapacitated older people at home.

In order to assist with the planning of services in the most appropriate way possible, the Western Health Board undertook a comprehensive study of the level, extent and nature of carer assistance in the region. In addition, people receiving care were consulted to assess their level of satisfaction on the quality of care they receive. Members of the public who were not carers were also asked about their attitudes to informal care and their preferences. It was found that 18% of homes contained a carer with the proportion rising to a quarter in Co. Mayo. When applied to the total population in the Western Health Board region, this equates to approximately 19,317 carers and represents a substantial section of our Board's population. The results of our study show that the population of the Western Health Board is predisposed to providing care for older people in their own homes and communities. Many of the carers enjoy the work and find the role rewarding. However, the study also illustrates the profound physical, psychological, social and financial effects of providing constant care on a long term basis in the absence of practical, emotional and financial support.

In response to the findings of this study, a policy for the support of carers was developed within the Western Health Board. This policy includes the development of carers support groups throughout the region, identification of carers needs and planning to meet those needs, the provision of training as required, the provision of information on services and ensuring that ongoing consultation with carers takes place in the planning and delivery of services. Three co-ordinators have been appointed to implement this policy throughout the region.

- ***We will continue to support carers in our region through the implementation of our carers' support programme.***

8.2 Respite Care

The majority of older people in the West who require long term care would prefer to stay in their own home with support from their family and some health board backup in the form of respite care. To date all reports written on services for older people and studies on carers identify respite care as having a vital role in supporting relatives caring for dependant older people at home. Regular intermittent admissions of dependent relatives for short periods of time provide respite for caring relatives and enable them to continue in this role.

Respite care could include in-home respite to relieve the primary carer, respite through day care centres, short term boarding out with other families on a planned intermittent basis, intermittent hospital admissions, respite care in geriatric and district hospitals, respite care in designated nursing homes and short term residential care in designated respite centres for people with disabilities. In our study of carers, people receiving care and non carers in the Western Health Board area about one third of the respondents identified short term respite care as their first preference for support.

Ideally respite care should be provided as close as possible to where people live. It should be flexible and responsive to individual needs, it should be planned and co-ordinated and be available as part of a care plan on an ongoing basis if required. In addition to planned respite beds, crisis respite beds are required on an ongoing basis to cater for emergencies such as family bereavements or acute illness of the carer.

In the Western Health Board region, respite care is provided in our community nursing units and geriatric and community hospitals. To date the service has been provided on an ad hoc basis with 11 beds in the region specifically designated for this purpose. In the main, services are provided when beds are available, but the service cannot be guaranteed. Some additional respite is provided in private nursing homes. There is a need for a planned programme of respite care in the region with beds specifically reserved for this service.

- ***We will develop an in-home respite service to suit the needs of individual carers.***
- ***We will develop our respite services over the next number of years to provide beds specifically assigned for respite care services in each of our community nursing units, and community and geriatric hospitals.***
- ***We will provide a planned programme of admission for respite care.***
- ***We will provide information on respite services to all relevant people.***
- ***Emergency respite admissions will continue to be provided as required.***

8.3 Day Care Centres

Day care centres have been identified by 45% of respondents in our study of carers as being a useful support for them in caring for their dependent older relative. Day care centres provide social contact and stimulation for older people. Meals and personal hygiene are provided together with physiotherapy, occupational therapy and chiropody in some centres. Organised transport is generally required to enable older people to attend. There are 12 day care centres in our community nursing units and geriatric and district hospitals providing up to 220 places per day. Some day care centres are also provided by voluntary organisations in the region. Voluntary organisations also have some centres which only provide social and recreational opportunities for older people in the area. To date no evaluation of day care services has been undertaken.

- ***We will evaluate the activities of day care centres to assess their benefits for users and to determine principles of best practice.***

- ***We will increase the number of day care places provided by our Board on an incremental basis over the next 5 years.***

- ***We will work in partnership with voluntary organisations to extend and develop day centres throughout the region with particular emphasis on rural and remote areas.***

8.4 Meals on Wheels

Meals on Wheels is a service where a hot meal is provided for older people in their own homes on a regular basis. This service is currently provided by seven of our residential units for older people on an outreach basis to local communities and delivered by volunteers and through the home help service. Meals on Wheels are also supplied by voluntary organisations in the area. This service is not consistent throughout the region. Many older people believe that the receipt of this service is stigmatising. No formal evaluation of the service to date has taken place.

- ***We will evaluate the nature and extent of the meals-on-wheels service in our area together with consumer satisfaction with the service.***

- ***Subject to the outcome of this evaluation, we will extend the meals-on-wheels service in the area in partnership with voluntary organisations.***

Section 9: Supporting ill Older People

AIM FOUR: *To restore to independence at home those older people who become ill or dependent.*

9.1 Acute Hospital Services

While older people require the same access to acute hospital care as other age groups they make greater proportionate use of acute hospital services than other groups as a result of the significant health problems associated with advancing years.

In the Western Health Board region, acute care is provided for our older population in 5 general hospitals i.e. University College Hospital Galway, Merlin Park Regional Hospital Galway, Mayo General Hospital, Roscommon County Hospital and Portiuncula Hospital, Ballinasloe. Thirty five percent of all admissions in the Western Health Board region in 1999 were of people 65 years and over, although this group comprises 14% of our total population. The three most common causes for admission were circulatory disease, respiratory disease and diseases of the digestive system. The average length of stay for people 65 years and over in 1999 was 9.5 days compared with 6.2 days for all ages. However, the average length of stay for people 65 years and over is decreasing. This makes it critical that discharges are carefully planned so that unnecessary re-admissions do not occur.

9.2 Admissions & Discharges.

Many admissions of older people to acute care are planned. There is also a significant amount of admissions through the Accident and Emergency (A&E)Department.

With the exception of medical care there are little or no linkages between community and acute services on admission. While many older people receive nursing and paramedical services in advance of hospitalisation, information on these services is not transferred. In addition, information on therapies provided in hospital is not always available following discharge. The nature of services available in the community is sometimes not clearly understood by acute service personnel. Expectations of services which have been generated in the hospital are sometimes not fulfilled following discharge.

The majority of acute hospitals in our area have written policies on admissions and discharges of older people although these policies have not to date been

standardised across the region. In four of the five acute hospitals liaison public health nurses are involved in planning discharges of older people to their own homes. There is a limited social work service, which is also involved in discharge planning. The development of these services has considerably enhanced the continuity of care of older people, but there is a need for more formal arrangements and better communication structures between the acute and community services.

- ***We will promote a better understanding of the nature of services and foster liaison and communication among staff in all sectors, acute, community and residential care.***

- ***We will review and standardise our policy in all acute hospitals on admissions and discharges of older people in consultation with all relevant personnel.***

- ***We will appoint discharge co-ordinators in acute hospitals to facilitate the planned discharge of older people***

9.3 Assessment and Rehabilitation

The development of geriatric departments is one of the most significant advances in the care of older people in recent times. It is recommended that departments of medicine for the elderly should be established in all acute hospitals. These departments should provide specialist geriatric services including diagnosis and treatment, care and rehabilitation. It is also recommended that continuing support is available to older people in day hospitals following discharge.

Departments of medicine for the elderly have been established in all acute hospitals in The Western Health Board region. There are currently five consultant geriatricians in post supported by multi disciplinary teams, involved in assessment and rehabilitation of older people. Three are in Galway, one in Mayo and one in Roscommon. These teams need to be further developed and resourced to provide an increased range of nursing, therapy and other support services.

Rehabilitation services aim to return a patient to full physical, social and psychological function and is the means by which a significant number of older patients are enabled to return to their own home environment. Patients following stroke and those with recent hip fracture repairs have been found to particularly benefit from this service. The length of hospital stay can be considerably reduced where the service is provided.

We currently have 63 acute geriatric beds, some of which are occupied by younger people because of competing pressures for admissions from accident and emergency departments. There are 58 rehabilitation beds in the region. In addition, rehabilitation and recovery services are provided for older people in our district hospitals following discharge from acute care where 180 beds are located. These hospitals also cater for the needs of acutely ill older people in the local area with medical care by the general practitioner. A thirty bed assessment and rehabilitation unit is currently being planned in Merlin Park Hospital and a new assessment and rehabilitation unit is being planned in Mayo General Hospital and The Sacred Heart Hospital, Roscommon These developments will greatly enhance services in the region.

The development of day hospitals attached to departments of medicine for the elderly provides access to specialist geriatric services for older people who do not need to be admitted to hospital. These day hospitals provide assessment, investigation and treatment including nursing, physiotherapy, occupational therapy, speech and language therapy and chiropody. The development of such day hospital services will eliminate the need for many of our older people to attend the A & E departments of acute hospitals and will facilitate prompt assessment of older people referred by their general practitioner. Currently there are some day hospital services in the Sacred Heart Hospital, Castlebar and Clifden District Hospital and plans are being developed for a day hospital in University Hospital Galway.

Services for older people require a higher investment in resources e.g. nursing and therapy services with all staff educated and skilled in the care of older people. Older people in acute hospitals who have multiple and complex medical conditions should have access to assessment and treatment by a specialist geriatric team. A holistic approach to care is required. The current level of services available particularly in the areas of speech & language therapy, physiotherapy, occupational therapy, chiropody and social work is insufficient. Interdisciplinary care and integrated care plans need to be developed across all locations of care both within and outside the acute hospital setting.

The importance of family and friends in supporting older people in acute care should be recognised and facilitated through the provision of open visiting, catering facilities and the opportunity to obtain information and contribute to planning care as appropriate. Older people availing of acute care services and their families and carers need information and guidance about care options and services available to them. Staff have an advisory and advocacy role in this regard.

The designing and equipping of all new buildings including parking arrangements should be responsive to the needs of older service users.

- ***We will review staffing levels in respect of care of older patients in acute hospitals.***

- ***We will pilot a system of inter disciplinary care planning to include the transfer of records between acute and community services.***

- ***We will continue to increase our acute and rehabilitation services for older people over the next number of years as funds become available to include in-patient and day hospital services in all our acute hospital settings.***

- ***We will develop the advocacy role of staff to assist older people in making decisions about care options and services.***

- ***We will ensure that all new buildings are designed to take account of the needs of older service users.***

9.4 Accident & Emergency Services

Many older people attend A & E departments prior to admission to hospital. Some experience long delays before an appropriate bed becomes available. A considerable percentage do not require admission and are discharged home and for those people there is currently no structured discharge process which specifically addresses their unique needs. They often experience long delays before transport is available. Older people who are discharged late in the evening have particular difficulties, especially those who live alone or with elderly relatives and do not have their own transport. In this context the provision of observation beds in A & E departments enables an overnight stay.

Immediate communication with community support services such as home help and home nursing together with suitable transport is required to facilitate a timely and safe discharge. This discharge planning process requires a considerable amount of time as there are large numbers of older people attending A & E departments (approximately 7,500 in UCHG in 1999). Dedicated personnel are required to plan effectively with rapid access to follow up services in the community.

- ***We will review admissions procedure through A & E departments to take account of the needs of older people.***

- ***We will develop discharge protocols from our A & E departments which are sensitive to the needs of older people.***

- ***We will appoint discharge co-ordinators in our A & E departments to ensure a planned discharge of older people with appropriate follow up services at home.***

- ***We will plan transport services appropriate to the needs of older people being discharged from acute services.***

- ***We will plan to provide on-call support services including out of hours services in the community (e.g. home help and nursing) to enable the safe discharge of older people.***

9.5 Outpatient Services.

The current planning process of outpatient clinics in acute hospitals is not always sensitive to the needs of older people such as travelling arrangements for those who live in remote areas. People attending outpatient services often wait a long time to be seen and this can cause distress particularly for ill older people. The development of multi-disciplinary team clinics along the 'one stop shop' principle would greatly facilitate older people who require to be seen by many different health professionals.

Many frail older people attending outpatient services experience hardship as a result of having to travel long distances. Geriatricians with specialist support staff and equipment who can provide an effective outreach service, both in the community and in residential care, are required so that older people are not disadvantaged because of their geographic location.

While there have been many waiting list initiatives in recent times which have reduced waiting times for access to surgery, such as hip replacements and cataract removal, there is nevertheless a lengthy delay for some older persons before they receive services. Quality of life can be considerably diminished for them as a result. The HeSSOP Study revealed that older people were waiting for out-patient services from one to two hundred weeks and for in-patient services from one to one hundred and thirty weeks. However, satisfaction with the services was relatively high at 93% for hospital out-patient and in-patient services. The satisfaction rating for A & E services was somewhat lower.

- ***We will review the organisation of, and appointment procedures in outpatient clinics.***

- ***We will plan to provide outreach outpatient and geriatric services to meet the needs of older people in remote locations.***

- ***We will plan to reduce waiting lists and waiting times for both inpatient and outpatient services in line with national standards.***

residents together with attention to nutritional requirements. The issue of appropriate levels of nursing and support staff and the current lack of physiotherapy, occupational therapy and chiropody services were also identified. The Commission on Nursing has recommended that the levels of nursing care available in services for older people be reviewed.

- ***We will validate waiting lists for long stay residential care on a regular basis to ensure that they are a true reflection of need.***

- ***We will reduce waiting lists for long term residential care by enhancing community support services including respite services and by providing additional residential care places.***

- ***We will review patient/staff ratios in all our residential care facilities.***

- ***We will continue to develop and expand residential care for older people in public and private facilities.***

- ***We will expand the range of services available in our community nursing units to meet increased levels of need and dependency.***

- ***We will develop practices in activities of daily living within our long stay residential facilities that reflect the wishes of residents.***

10.2 Private Nursing Home Care

The private nursing home sector makes a very valuable contribution to the nursing care of older people in the Western Health Board area. There are in excess of 1,600 private nursing home places available throughout the region. Older people who wish to avail of this service and who meet the financial and dependency criteria for the scheme are entitled to financial assistance towards the cost. The weekly subvention rate is £70, £95, and £120 for medium, high and maximum dependency respectively. The rate of subvention has not been increased since 1993. Over the past number of years additional funding has been allocated to private nursing home subvention but this has been channelled into meeting increased demand and the additional costs arising from higher dependency levels. A national review of the nursing home subvention scheme is currently being carried out and is due for completion by December, 2000.

Some services are being contracted in a private nursing home in South West Connemara where no Health Board facilities are available within a reasonable distance.

The Health (Nursing Home) Act, 1990 requires the Health Boad to register private nursing homes and to carry out regular inspections to ensure that the regulations are implemented. There has been a significant improvement in the

level of care provided since the commencement of this Act and the Western Health Board inspection teams seek to work in partnership with private nursing homes to ensure that the highest level of care is provided. There is very little physiotherapy, occupational therapy, speech and language therapy and chiropody services available to older people in private nursing home care. The Health (Nursing Homes) Act. 1990 enables health boards to provide these services in the private sector. As in the public sector, programmes of mental and physical stimulation are required. In the main private nursing homes provide continuing residential care but other care options such as respite care, palliative care and day care should be explored.

- ***We will work in partnership with private nursing homes in the provision of physiotherapy, occupational therapy and chiropody services.***

- ***We will develop programmes which foster the health and wellbeing of older people to take account of their physical, mental and social care needs.***

- ***We will work in liaison with the private nursing homes sector and health board personnel to develop common standards of care and performance indicators for service for older people.***

- ***We will examine the feasibility of providing respite, palliative and day care services in the private nursing home sector.***

Section 11: Providing an Integrated Service

AIM SIX: To provide a planned, co-ordinated and quality service.

11.1 Planning and Co-Ordination of Services

The desirability of establishing structures for co-ordination and planning of services for older people has been accepted in principle for some time and was first eluded to in the *Care Of The Aged Report* in 1968. This report identified the need for co-ordination between public and voluntary services at both national and local level. The need for this type of co-ordination and planning has been re-affirmed by The National Council for the Aged in the 1980's and also by the *Commission on Health Funding Report* in 1989. *The Years Ahead Report* identified the lack of co-ordination and links between all agencies involved in providing services for older people and proposed structures to address this issue which included an advisory committee on the elderly at regional level and co-ordinators of services at community care area level supported by district care teams for the elderly. It was also recommended that services for the elderly be organised as far as possible in districts serving a population of approximately 25,000 – 30,000 people.

The findings of the review of *The Years Ahead Report* indicate that co-ordination at district and community care levels appears to work effectively when there are designated co-ordination personnel but appropriate organisational arrangements, back-up support structures and resources need to be in place.

In line with the care group approach to service planning, and in order to increase the integration of services in all locations of care, in 1998 all specialist services for older people in the Western Health Board area were assigned to one regional manager. In addition a regional co-ordinator of services for older people was appointed in order to facilitate the identification of special health and social care needs and assist in developing integrated and seamless services where possible. At community care level inter-disciplinary planning teams for older people's services have been developed. These developments have enhanced the planning of services for older people. However, there is a need for more intensive planning and liaison arrangements with all agencies involved in service provision at a more local level to ensure the provision of appropriate, flexible and effective care. This requires on-going communication and co-operation between different services within the Health Board and different agencies within the public, private and voluntary sectors and needs to be co-ordinated.

The concept of care management has been advocated by The National Council on Ageing and Older People in recent times as a means of co-ordinating care in the community, of overcoming the fragmentation of community services and of improving community, hospital and institutional care linkages. Pilot packages of care are currently being planned in our area based on this care management approach.

- ***We will develop the post of area co-ordinator in each community care area. (one in Mayo, one in Galway and one in Roscommon/East Galway to ensure an even distribution of this service).***

- ***We will implement and evaluate pilot projects on care management as a model to provide comprehensive and integrated services.***

11.2 Ongoing Consultation With Older People.

To date efforts at consulting consumers of health services have been minimal and have, in the main, consisted of limited feedback on existing services. Older people, as consumers of health services have been given little opportunity to initiate change. A shift in the balance of power is required by allowing service users to take an active role in the decision making process, to include how services are developed, structured and provided. This democratic approach empowers health services users, strengthens their commitment to a better health and social system and increases their own sense of control over their lives. (HeSSOP Study)

Initiatives for consumer consultation should be developed by older people themselves and they need to be facilitated in this regard through the provision of resources and support. Consultation must be part of an on going process with the involvement of all relevant stakeholders including older people themselves, carers and those with specialised knowledge of the situations of older people. Outcomes of this consultation process must influence the planning and development of services.

Method of consultation include consumer surveys, focus groups, local health councils, complaints procedures, users and advocacy groups and partnerships with voluntary and statutory agencies. In the Western Health Board area we are committed to consumer involvement and consultation in the planning and development of services for older people.

- ***We will develop and implement a plan for the ongoing involvement of, and consultation with, older people and other stakeholders in the planning and development of services arising from this strategy.***

11.3 Quality.

The Western Health Board Strategy for Quality defines quality as follows; "the right people receive the right service from the right staff in the right place at the right time". The 1994 national health strategy identifies quality as a key component in the delivery of all health care provision. From the perspective of older people the two most important dimensions of quality are quality of care and quality of life. Quality of care is concerned with what happens to people and quality of life is concerned with what people feel about what happens to them. In order to ensure a quality service it is very desirable to have written standards of care which identify resources needed (structure), how the service is to be provided (process) and the effect on the service user (outcome). In order to ensure that services provided meet the required standard it is necessary to monitor and evaluate these services on an on-going basis through performance measurement. The concept of performance measurement is relatively new in Irish healthcare and will require investment in time and money if it is to be successful. It requires the development of relevant performance indicators, which can identify if services are appropriate, effective and efficient and if planned improvements have taken place.

In promoting the quality of life of older people in residential care, consideration should be given to the dignity, independence and autonomy of older people themselves. All those involved in the long term care process should be involved in developing standards, older people who are residents, relatives and friends of older people, care and medical staff, managers, administrators and planners. Ideally standards should be uniformly implemented across all sectors, public, private and voluntary and they should have clear performance targets and indicators. Measurement tools to monitor, evaluate and so improve the quality of service are required.

- ***We will develop standards of care in consultation with all relevant stakeholders together with a system of measurement.***

- ***We will appoint a research officer for older peoples services to assist in the evaluation of services.***

11.4 Ethical Issues.

There are many ethical considerations in the provision of health services. Issues such as ageism, rationing of services, advocacy, informed consent to treatment, involvement in research, living wills and the decision not to resuscitate are of particular relevance to older people. These areas all require considerable reflection and debate together with consultation with older people themselves as to the most appropriate response. They are, to a great degree, regulated through legislation and guidelines for practice issued by professional organisations and associations.

- ***We will raise the awareness of our staff of ethical issues relevant to older peoples services through the provision of opportunities for education and debate.***

11.5 Services In Gaeltacht Areas

In the Western Health Board area many older people live in Gaeltacht areas where Irish is their first language and is a fundamental part of their culture. We recognise their right to have all health and personal social services provided through the medium of Irish in all locations of care as required. This includes staff who can communicate competently in the Irish language, both oral and written.

It is our policy in the Western Health Board to facilitate anyone who wishes to avail of the services we provide through the medium of Irish. This policy is pursued through the employment of staff who are competent in the language, the provision of on-going training in the Irish language and ensuring that all signs and documents are bi-lingual.

Many services are provided in Irish, especially in community and long stay services. Particular difficulties arise when locum staff require to be employed or when older people avail of services outside their local area. Some difficulties also arise in the acute care services.

There is a need to develop partnerships with statutory and voluntary agencies to plan and develop health and personal social services that are responsive to the unique needs of older people living in Gaeltacht areas. This approach will ensure that services are co-ordinated and that the best use is made of existing and future resources.

- ***We will plan to extend the range of services provided through the medium of Irish to ensure that all Irish speaking older people in our region can avail of services in Irish if they so wish.***

- ***We will establish a Gaeltacht Advisory Committee with representation from the Health Board, the voluntary sector and other relevant support agencies to assist in developing services in Gaeltacht areas in the most responsive and co-ordinated way possible.***

11.6 Island Services.

In order to ensure that the views of island people were taken into account in the preparation of this strategy, health and social care needs were studied separate from the mainland population (HeSSOP Study).

In general the needs of older people living on the islands tend to be compounded by geographic location although the connection to the mainland by air has greatly enhanced access to and from some islands. One of the most common anxieties identified was the fear of having to leave the island for health reasons. There is need for back-up services for carers of older people. In general the public health nurse and the general practitioner are the two main services on islands but there is a need to broaden the range of core services provided to include physiotherapists, dentists, chiropodists etc. There is also an identified need to extend the level of home help support.

In essence many of the health care needs identified on the islands are similar to those of any isolated older community. These include the need for local professionals who can provide an informational, observational, diagnostic, supportive and treatment role; access to ancillary services required for regular check-ups or treatment without undue disruption to daily life; local transport for practical and social purposes; assistance to maintain themselves in good health at home for as long as is possible and, in the event of the need for long term care, the security of knowing they will not need to go far away from home.

- ***We will plan to extend the level and range of services available to older people resident on islands.***

- ***In planning services on the mainland we will take account of the particular needs of older people resident on islands in areas such as transport, appointment times and the occasional requirement to remain away from home overnight.***

11.7 Training and Development of Staff.

The majority of Western Health Board staff are involved to some degree in providing services for older people. Ongoing education and training is required to ensure that services provided are evidence based and appropriate. The Board is committed to the promotion of life long learning and professional development for all staff and to fostering the skills necessary to provide high quality services. We aim to provide education and ongoing development opportunities for everyone involved in the delivery of health and personal social services. A strategy for continuing education for all staff involved in the care of older people has been developed. It addresses education and training specific to individual professions and occupations as well as a multi-disciplinary approach providing common education for all disciplines involved in providing services for older people.

- ***We will implement the strategy for continuing education and training for all staff providing services for older people.***

Section 12: Implementing the Strategy

AIM : SEVEN	*To implement the Strategy for Health and Wellbeing of Older People within the agreed timeframe*

This strategy for older people's services has been developed through a wide consultative process with all the stakeholders involved and has been informed by the many reports and research projects undertaken in the care of older people. It outlines the direction that services for older people will take in the Western Health Board area for the next five years, although some of the aims will require a much longer timeframe for achievement. The success of this strategy is dependent on the commitment of all health care personnel to embrace the vision for services for older people outlined in this document. The values and key principles identified will inform decision making and guide the development of service plans in the future both at corporate and individual service levels.

Appropriate structures and adequate resources must be put in place to enable the identified developments to take place. A computerised patient centred information system, which is capable of linkages with systems across all service sectors, is required to ensure that all relevant data is available for planning, reviewing and evaluating services.

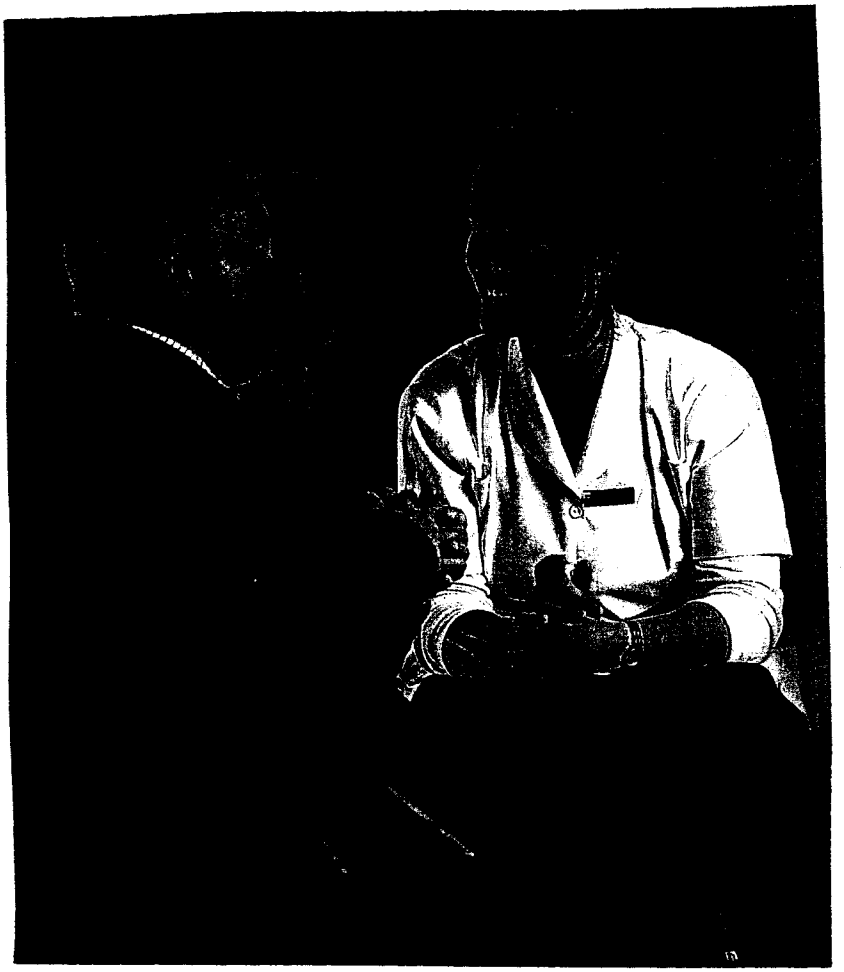
The advent of the care group approach to service planning in recent times has facilitated a more responsive assessment of the needs of older people based on an inter-disciplinary approach. The human and financial resources required to support this process must be forthcoming. There is a need for an appropriate model of co-ordination to deal with the many complexities of service planning and provision for older people. The involvement of Western Health Board staff at all stages of the implementation of this strategy is essential.

Partnerships need to be fostered and opportunities need to be provided for the various sectors to come together to develop a common vision and establish appropriate arrangements for working together in the provision of promotion, prevention, treatment and care services. Older people themselves need to be actively involved and consulted in the planning and development of services that impact on their own lives.

The delivery of health and personal social services for older people on the basis of assessed need, with the older person at the centre of the service and a commitment to best practice and continuous quality improvement is the challenge for us all in the years ahead.

- ***We will disseminate this strategy widely throughout the Board and to other relevant voluntary and statutory agencies.***

- ***We will appoint a steering group to oversee the implementation of the strategy and to monitor and evaluate progress.***



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Appendix 1

SERVICES FOR OLDER PEOPLE STRATEGY WORKING GROUP.

Dr. S. Conroy, Regional Manager, Corporate Affairs, Western Health Board.

Dr. S. Fahy, University College Hospital, Galway.

Ms. E. Fanning, Health Education Officer, Western Health Board.

Mr. B. Haddigan, Regional Manager, Mental Health & Older Peoples Services,

Ms. P. Haverty, Home Help Organiser, Community Services, Galway.

Mr. C. Kearney, Principal Environmental Health Officer, Community Services, Mayo.

Ms. M. Kelly, Director of Nursing, Sacred Heart Hospital, Roscommon.

Dr. M. Loftus, General Practitioner, Crossmolina, Co. Mayo.

Ms. J. McDermott, Director of Nursing, D'Alton Community Nursing Unit, Claremorris, Co. Mayo.

Ms. M. McDermott, Regional Co-Ordinator, Services for Older People, Western Health Board.

Dr. E. Mulkerrin, Consultant Physician/Geriatrician, University College Hospital, Galway. Chairman,

Mr. F. Murphy, General Manager, Community Services, Roscommon.

Mr. J. J. O' Kane, Administrator, West Galway Mental Health and Older Peoples Services (Residential).

Dr. S. O' Keeffe, Consultant Physician/Geriatrician, Merlin Park Regional Hospital, Galway.

Ms. D. O'Neill, Director of Public Health Nursing, Community Services, Roscommon.

Ms. M. F. O'Reilly, Divisional Nurse Manager, University Hospital, Galway.

Dr. M. O'Shea, Public Health Specialist, Western Health Board.

Mr. J. Stanley, Irish Nursing Homes Organisation.

Dr. J. Sullivan, G.P. Unit , Western Health Board.

Ms. M. Surlis, N.U.I.G/Age Action West.

Ms. G. Timothy, Secretary, Regional Voluntary Social Services Group.

Appendix 2

STRATEGY GROUP ON OLDER PEOPLE'S SERVICES

TERMS OF REFERENCE:

To prepare a strategic action plan which promotes the health and welfare of older people and which will guide service delivery in the Western Health Board area over the next five years with particular reference to the following:

A) To identify the principles and values which underpin health service delivery for older people in the region

B) To identify future demographic trends and population projections and their implications for future service delivery.

C) To consult with service users, service providers, carers and other relevant stake holders as to their perceived needs and perception of current service provision.

D) To consult with other working groups in the Health Board region who are involved in developing services for older people with a view to developing a common strategic approach to service provision.

E) To identify current service provision and evaluate against best practice as determined by national policy documents and other relevant publications.

F) To liase with the department of Corporate Affairs & Population Health and Public Health in such areas as research, quality, measurement of service effectiveness and evaluation of the health and social status of the older population

G) To promote the reorientation of the service towards a consumer focus and develop partnerships with voluntary organisations, private service providers and other agencies involved in providing services for older people in the preparation of this strategic plan.

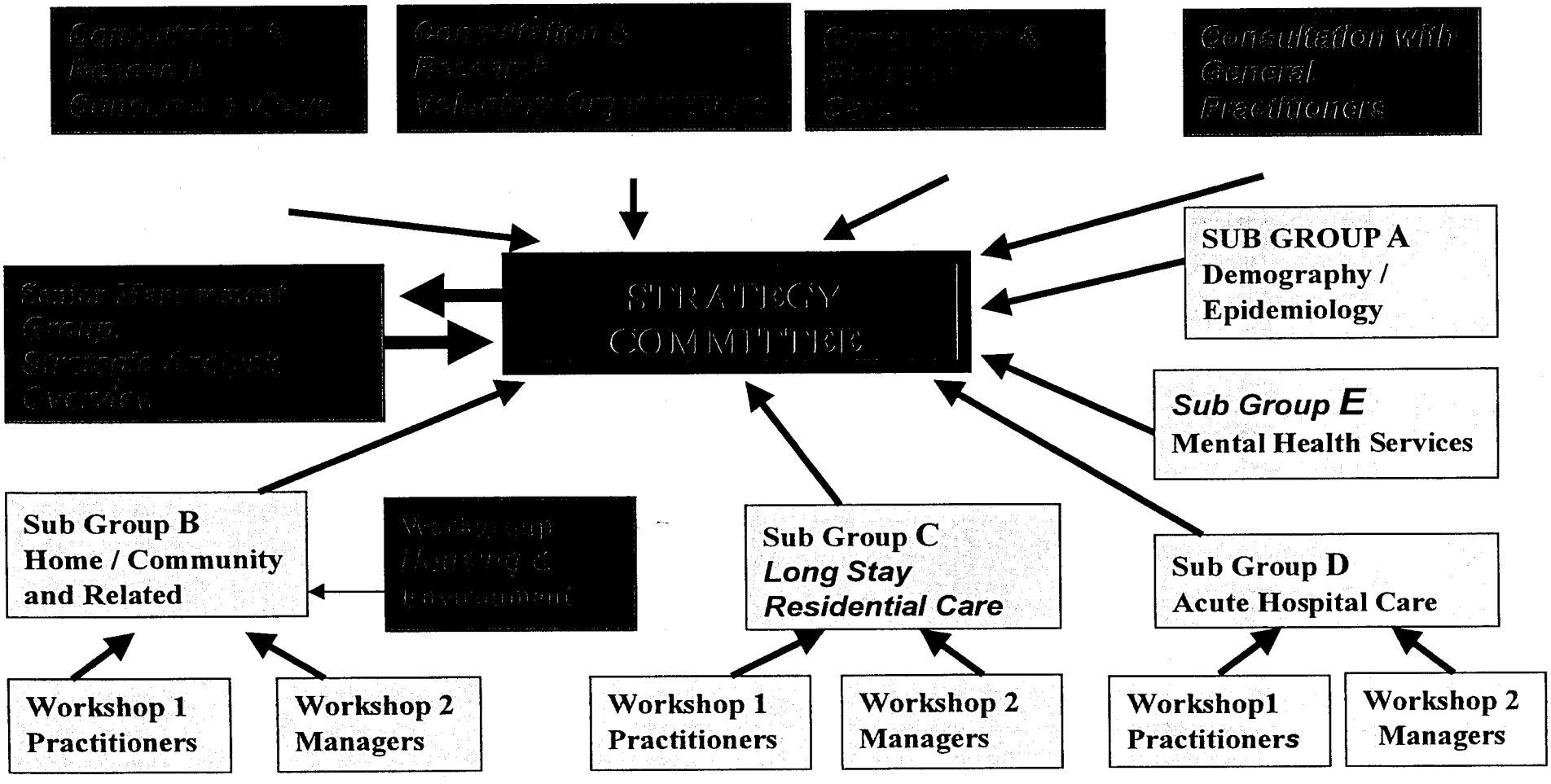
H) To promote a positive and informed attitude towards ageing and older persons among all service providers and the public at large

I) To promote ongoing education and training for health services personnel on the special needs and care of older people.

J) To prepare a report for presentation to the Western Health Board.

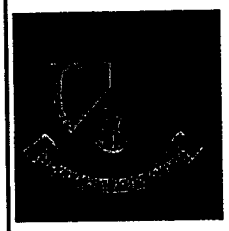
THE CONSULTATIVE PROCESS

Appendix 3



Appendix 4

Bord Slainte an Iarthair



Western Health Board

Mission Statement

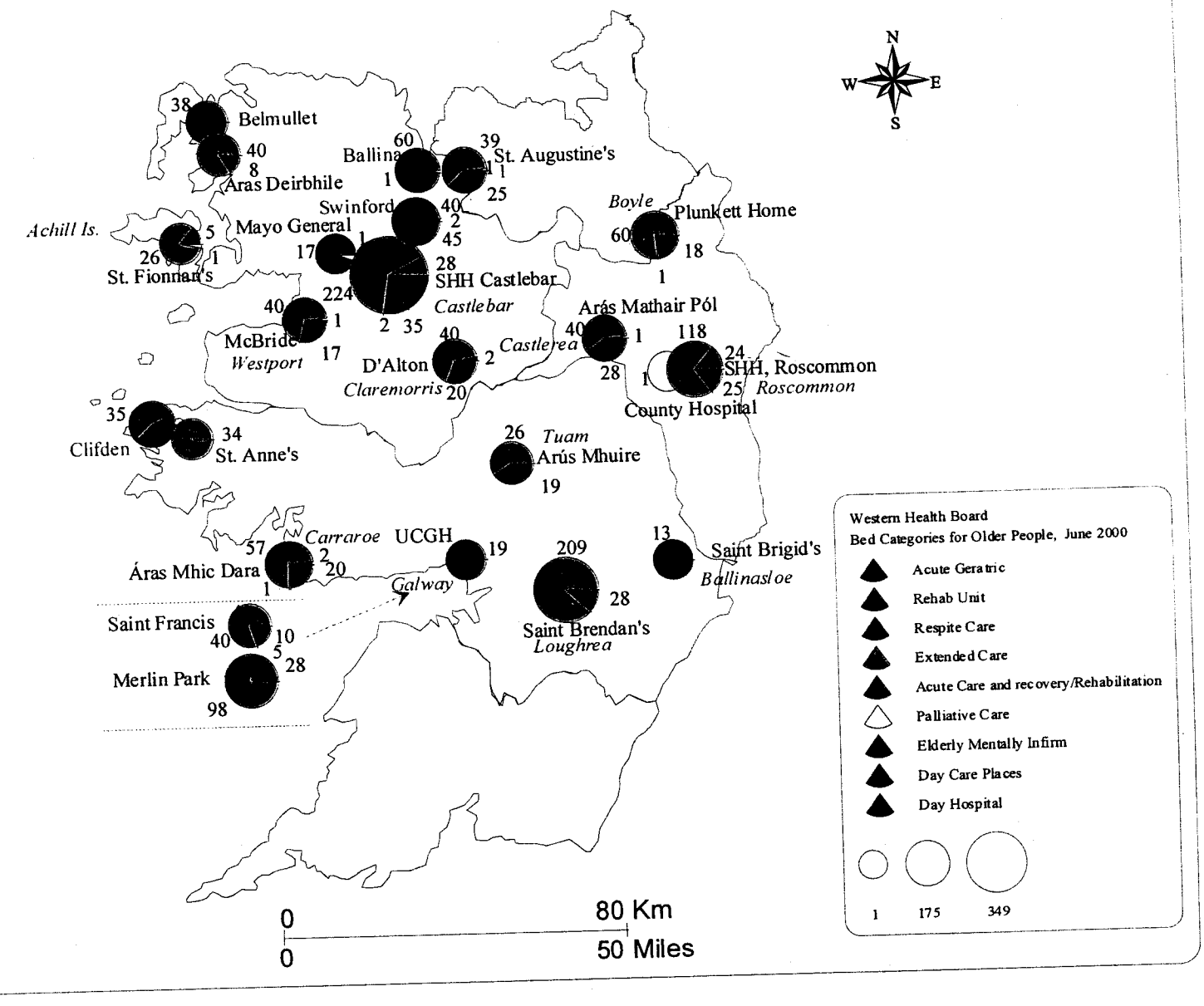
Mission Statement as Approved at Board Meeting of Monday, 7th, November 1994.

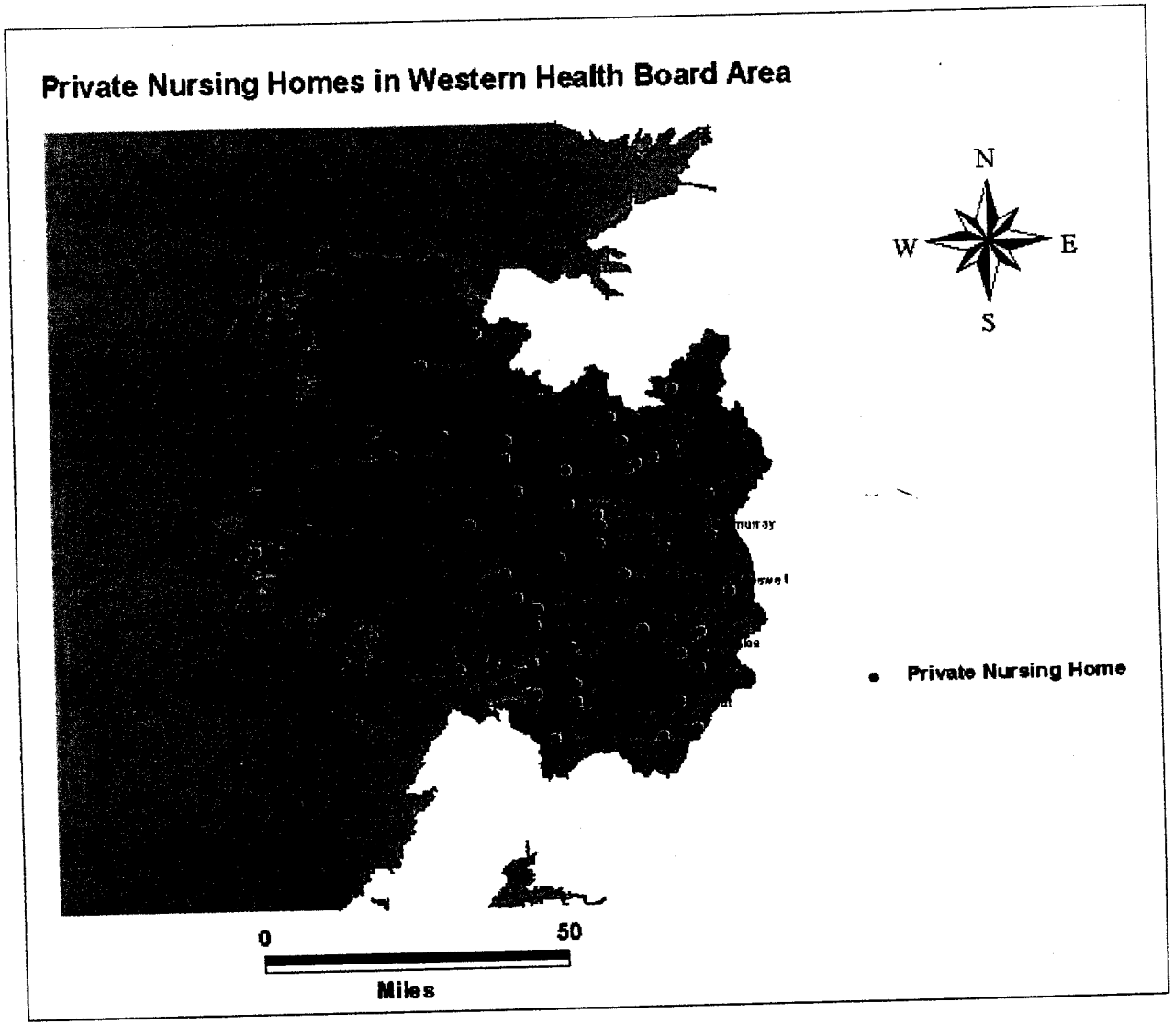
'The Mission of the Western Health Board is to promote the highest attainable level of health for all persons in its functional area'.

The Board will pursue this aim through:

- The advancement of health promotion and disease prevention.
- The provision of high quality services accessible to all.
- The cost effective use of allocated resources.
- The involvement of its dedicated staff and the development of each person's potential.

Western Health Board, Bed Complement for Older People, June 2000

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