

# **SOUTH WESTERN AREA HEALTH BOARD**

**Report No. 5/2003**

**Board Meeting – 6<sup>th</sup> May 2003**

## **Services for Older Persons in the South Western Area Health Board**

### **1. Introduction**

The following is an update on the provision of services for older persons in the South Western Area Health Board.

The services for older persons are shaped by such documents as:

1. National Health Strategy, launched in December 2001;
2. Primary Care Strategy;
3. 10 Year Action Plan for the Elderly;
4. South Western Area Health Board's Organisational Strategy 'Getting Better Together' 2002-2007;
5. Demographic trends.

In the overall context of the above, this Board is also committed to providing a range of services to enable older people to remain at home.

In the current environment, clients want to make informed decisions around preventive and other care services, treatments, providers and health care plans. Developments for services for older persons within our Board will continue to focus on client needs and their families. Regular and ongoing meetings with client representative groups and advocacy groups will continue this year. In line with the National Health Strategy, and indeed our own Organisational Strategy, we will develop models for involving the consumer in the planning and development of services.

### **2. Demographics**

In the 2002 census, the total population for the South Western Area Health Board is 581,551. This represents an increase of 60,000. The gender and age profiling information will not be available until mid-summer 2003 but all indications suggest that predictions made prior to the 2002 census will be reflected in final census report.

**Table A**

<b>Year</b>	<b>Elderly Population in the South Western Area Health Board</b>
1996	44,073
2002	49,000 ( <i>Estimate</i> )
2006	53,600 ( <i>Projected</i> )
2008	58,000 ( <i>Projected</i> )

The above figures are based on the 1996 census; the projections are based on figures taken from the 10 Year Action Plan.

With better health and education, older people are expected to live longer. It is projected that the largest increase is expected to be in the category of the over 75's. The over 75's accounted for 4% of all older people in 1996. This is expected to have increased by 19% in 2011.

It should be noted that our board has 47% of the Eastern Region's most deprived areas. The government has classified 7 localities in the South Western Area Health Board as being disadvantaged. The population increases, together with the projection that older persons will live longer, indicate that there will be a need for increased acute/non-acute and community services for the elderly in the South Western Area Health Board.

### **3. Residential Services**

#### **3.0 *Current Publicly Funded Extended Care Facilities in the South Western Area Health Board***

The Board is working closely with the Consultant Physicians in the major hospitals. Liaison Committees are established between the South Western Area Health Board, St. James's Hospital and Tallaght Hospital. These committees work closely with our acute services and community services in the context of discharge of patients to our publicly funded and our subvented beds. Liaison with acute hospitals in our Board's area will continue in order to develop further appropriate seamless services for older persons.

The long-stay/respite beds are operated on the basis of the increasing dependency levels of our patients that can be staffed within our resource complement. The South Western Area Health Board made 37 additional, publicly funded beds available to the system since the middle of 2002. 27 of those beds were made available in January 2003.

Table B outlines the current provision of publicly funded extended care facilities in the South Western Area Health Board.

**Table B**

<b>RESIDENTIAL FACILITIES – S.W.A.H.B. AREA</b>	<b>NO. OF BEDS</b>
Meath Community Unit	50
Maynooth Community Unit	50
Brú Chaoimhín	158
Bellvilla Community Unit	50
St. Mary's, Rathmines	10
St. Brigid's, Crooksling	150
Drogheda Memorial Hospital	20
Cherry Orchard Hospital	96
St. James's Hospital	54
Peamount Hospital	50
Baltinglass Hospital	91
St. Vincent's Hospital, Athy	204
<b>Total:</b>	<b>983</b>

### ***3.1 Cherry Orchard Hospital***

A review of services provided on the campus of Cherry Orchard Hospital was carried out in 2002. The review group, on completion of its task, made recommendations regarding the future development of services on the site which included the development of services for older persons.

Since January 2003, 27 additional beds for extended care and respite opened at the hospital. These beds are being used by St James's Hospital, Tallaght Hospital and our own Community Services. A Project Team has been established to consider medium and longer-term developments for the campus, based on the recommendations of the review group. Cherry Orchard Hospital is one of the proposed sites for the location of a new Community Nursing Unit under the Public Private Partnership initiative.

### ***3.2 Meath Hospital***

The former Eastern Health Board purchased the Meath Hospital in August 1999. There are currently 50 beds in use for Care of the Elderly.

The hospital site is 2.7 acres in size and consists of a mixture of buildings dating back from the early 19<sup>th</sup> century to additions and extensions built during the early to mid 20<sup>th</sup> century. The main buildings, including the G.U. building where our elderly patients reside, are in need of repair and refurbishment.

The current location of this service on the Meath Campus is considered inappropriate and a proposal has been submitted to refurbish the Nurse's Home in order to facilitate the transfer of our existing elderly patients to a more appropriate and conducive environment, while also maintaining our clients in a location which is close to their families and

friends. The Eastern Regional Health Authority is currently in discussion with the Department of Health & Children to progress this issue as a matter of urgency.

The Meath Hospital Campus has also been chosen for the establishment of the Primary Care Team. It is planned to progress this initiative during the latter part of this year.

### **3.3 *Respite/Re-Enablement Services***

In 2002 the South Western Area Health Board, together with St. James's Hospital and Our Lady's Hospice, Harold's Cross, supported the opening of a re-enablement unit of 25 beds. This unit will enable patients to leave an acute hospital bed and receive intensive rehabilitation in the short term before returning home. The service is also available to clients in the community whom it is felt would benefit from such treatment. The Board will review and evaluate the service with a view to replicating the service in the future.

### **3.4 *Centralised Bed Monitoring System***

In March of this year, the South Western Area Health Board established a centralised bed monitoring system for all extended care beds in the Dublin area. This system, which is operated by the Nursing Homes Department in the South Western Area Health Board Headquarters, was established to ensure equity of access for all patients requiring long-term care, including elderly persons in the community. Vacant beds are notified on a daily basis to the staff in the Nursing Homes Department who in turn re-allocate the bed to one of the acute hospitals (St. James's Hospital/Tallaght Hospital) or to the Community in rotation. The use of respite beds throughout the Dublin area is also monitored.

## **4. Private Nursing Home Services**

There are 34 private nursing homes in the South Western Area Health Board. The Board has responsibility under the Nursing Homes Regulations 1993 to inspect and register private nursing homes. Inspections are carried out at community care level by an inspection team, which comprises an Area Medical Officer and a Director or Assistant Director of Public Health Nursing. Inspections are carried out twice yearly with Registration being renewed on a three yearly basis.

The South Western Area Health Board has carried out extensive work in relation to Nursing Home Inspections over the past year. A Standards of Care document relating to the proprietor's responsibility under the Act has been produced by the Board and initial responses to the document by the Private Nursing Home owners is very favourable.

The Board has also established a complaints procedure for the management of complaints submitted by the public in respect of clients in private nursing homes. These procedures have assisted in attaining a level of transparency throughout this process.

A more co-ordinated approach to the Inspection itself has also been developed by strengthening links with colleagues in Environmental Health Services and the Fire Service in Kildare.

The Board currently has 569 fully subvented beds in Private Nursing Homes throughout the region. The Board operates on the basis of placing patients as near as possible to their own homes and families. In order to achieve this, fully subvented beds that were located outside our area are replaced, when they become available, with beds located within the South Western Area Health Board. The Board also operates a transfer list for patients who could ideally be more appropriately located closer to their homes and families.

#### **4.1 Fully Subvented Beds**

No. of Fully Funded Beds in the South Western Area Health Board.	569	At 25.04.03
No. of Subventions funded by the South Western Area Health Board of which 228 are enhanced subventions.	462	At 25.04.03

#### **4.2 New guidelines for the allocation of fully subvented beds**

The Area Health Boards, in conjunction with the Eastern Regional Health Authority, have developed new guidelines for the allocation of fully subvented beds. The guidelines are being introduced to ensure equity of access to fully subvented beds, which has been an issue of concern for some time.

In order to implement the new guidelines, some operational issues need to be addressed e.g. comparison of prices charged by private nursing homes and clarification on levels of dependency. These and other issues are currently being addressed and it is proposed to introduce the new guidelines from 1<sup>st</sup> June, 2003. When finalized, the guidelines will be made available to members.

### **5. Community Services**

The Board provides a comprehensive range of services for elderly persons living in the community. These include:

- Nursing Services – The Public Health Nursing Service is vital to caring for elderly people at home.
- Occupational Therapy / Physiotherapy / Speech Therapy – Therapy services for elderly people in the community are essential, particularly following discharge from hospital. Therapists attached to the Community Ward Teams provide valuable services in this regard.

- Health Promotion – The appointment of a Health Promotion Officer specifically for Older Persons is a new and welcome development. The appointee is working closely with the elderly care teams at community care level in an effort to promote enjoyable living for older persons.
- Community Ward Teams – In addition to the provision of a comprehensive range of services and support for the elderly in the community, the Community Ward Team develop and implement appropriate preventative, education and health promotion programmes for the elderly in their area. There are seven teams in existence in the Board's area at present.
- Meals on Wheels – The flexibility and voluntary commitment which form such an important part of the Meals on Wheels service must be acknowledged. In 2002 consultation took place with service providers regarding the provision of meals on wheels services. A formal consultation structure has now been established and a report is being prepared which will shape the future delivery of this service.
- Home Help and Home Care Attendant Services – The Board provides Home Help services to approximately 3,775 individuals. This service is undergoing a full review at present. Issues being addressed include:
  - Efficiency and Effectiveness of the Service
  - Equity of Access to the Service
  - Quality of the Service
- Day Care Services – Day Care Services are provided throughout the Board both by Voluntary Organisations and the Board. This service is a key support to maintaining older persons at home and can help to reduce unnecessary admissions to residential or extended care.
- Dental/Aural/Ophthalmic Services – These services are available via the local community care area.
- Home Improvement Scheme – The Housing Aid for the Elderly Scheme is managed via Eastern Community Works on behalf of the Board. This service continues to be availed of by many older persons living in the community and is considered to be one of the most valued services provided by the Board.

## **6. Hospital Services**

Services available to our elderly clients under this heading include: General Hospital Services, Rehabilitation/Stroke Services, Acute Departments of Medicine for the Elderly and Day Hospital Services.

- Day Hospital Services – Day Hospital Services are provided on the campus of the three acute general hospitals in the South Western Area Health Board. (St. James’s, Tallaght, and Naas). Patients are referred to the Day Hospital via their General Practitioner for full assessment by a Multi-disciplinary Team, which is led by the Consultant Geriatrician.

## **7. Voluntary Sector**

The voluntary sector plays a vital role in providing and complementing service provision for older people. It is the Board’s intention to support these voluntary groups by improved consultation, communication structures and financial support in their provision of services, both current and proposed.

## **8. Organisational Strategy 2002-2007 “Getting Better Together” – Older Persons**

The Strategy for Older Persons was developed in line with the National Health Strategy 2001 and the South Western Area Health Board Organisational Strategy 2002 – 2007.

**Mission: To provide a range of services which empower older people to make choices suitable for their needs. To consult with service users and other stakeholders in the planning and development of services.**

### **Objectives:**

- Encourage a positive outlook for older people by identifying options for enjoyable living.
- Deliver integrated service to older people.
- Deliver quality services based on models of best practice.

An Implementation Group with membership from various disciplines involved in older persons services in the four Community Care areas was established to provide a consultative and participative framework to oversee the implementation of the organisational strategy for older persons.

The group will review the actions required to achieve the objectives and ensure in as far as is possible that the actions are implemented in accordance with the agreed timeframe.

## **9. Forum on Care of Older Persons**

An editorial team has been established to edit the Report on the Forum on Care of Older Persons, with membership from three organisations (the South Western Area Health Board, St. James’s Hospital and Tallaght Hospital). The work is expected to be finished

in June 2003 and will be presented to the Board in July 2003. This document will be incorporated into the Board's future strategy for older persons.

#### **10. Community Nursing Units**

The Department of Health & Children announced the development of nine Community Nursing Units (CNU) through Public Private Partnership for the Eastern Region. Three of the Units are to be located in the South Western Area Health Board. The proposed locations within the South Western Area Health Board are: St. Loman's Hospital, Cherry Orchard Hospital and Brú Chaoimhín.

It is proposed that each unit will consist of 50 beds. Financial advisors for these projects have been appointed. The next phase is the preparation of a business case for submission to the Department of Health & Children and Department of Finance.

#### **11. Personal Care Services**

The three area health boards and the Eastern Regional Health Authority are working together to develop a comprehensive personal care service for the region. It was recognised that throughout the region there is considerable variance in the range of services available and eligibility/assessment criteria.

It is envisaged that the new personal care service would provide different levels of support ranging from household chores, social care tasks, personal hygiene, respite and combined care, which would include clinical supervision over a twenty four hour period, seven days a week and would be based on the needs of the individual client. This level of support will enable older people to maintain their dignity and independence and remain in their homes for as long as is possible.

Our Board will continue to seek funding to establish a personal care service that will support older people staying at home by providing them with services tailored to their unique needs.

#### **12. Primary Care Initiatives**

Implementation of the National Health Strategy Primary Care Initiatives in our Board would enhance our policy of supporting older people in their homes.

Examples of enhancement of services would be:

- Individual Care Plans appropriate to clients' needs.
- Integrated Care Pathways facilitated by key workers such as Occupational Therapists, Physiotherapists, Public Health Nurses, Wound Clinics, etc.

- Discharge plans between Primary and Secondary Care.
- Shared Care Arrangements.

### **13. Conclusion**

To ensure quality, equity, effectiveness and value for money, the Board will consolidate existing services, standardize policies and procedures, consult widely and develop services in line with all national strategies, including the National Health Strategy 2001 and our Board's Organisational Strategy for Older Persons.

Future services for older persons must take cognizance of the major demographic and social changes which will occur over the next two decades. Consultation with service users and all stakeholders must inform service delivery and new developments.

**Mr. Pat Donnelly**  
**Chief Executive Officer**

**6th May, 2003**