Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Long Term Support & Care: Facilitating Independent Living - Accessing our System

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Health Service Executive

Citizen's Assembly Meeting
10 June 2017

Building a Better Health Service

CARE COMPASSION TRUST LEARNING

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Growth in over 65 Population
Opportunities & Challenges

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Feidhmeannacht na Seirbhíse Sláinte
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Growth in over 65 Population Benefits to Society

TK Whitaker, Economist and Public Servant – died this year aged 100

John Glenn – Oldest human to go into space aged 77

Longest Reigning British Monarch aged 90

Became President of South Africa aged 76

I'm happy when what I'm doing is helping people and unhappy when what I'm doing isn't helping people

— Chuck Feeney —

Aged 85

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Focus of Presentation

1. **Community Health Services?**
   - Continuum of Care
   - Integrated Care – what does it mean?
2. **Community Healthcare Organisations - new structures to deliver integrated care**
   - Primary Care Teams
   - Primary Care Networks
3. **Accessing services & supports for our citizens**
   - Core Community Services – Primary Care Teams & Networks
   - Home Care
   - Transitional care/Respite & Convalescent Care
   - Long Term Care – Nursing Home Support Scheme (NHSS)
4. **Opportunities & Challenges**
   - Supports required to provide continuum of care
   - Single Assessment Tool (SAT)
   - 10-Step Integrated Framework for Older Persons
   - Service User & Carer engagement in the Co-production of Integrated Care for Older Persons
   - Assisted Decision Making Legislation (Capacity) Act 2015
5. **Nora's story**

1. Community Healthcare Services ?

Enabling communities to support their people:

- Cross-sectoral, community based support to enable citizens to live their lives in their own homes and communities
- Services delivered by 96 Primary Care Networks within current 9 Community Health Organisations (CHOs)
- A range of services for citizens with different needs at different times in their life

View of Older People:

- Long Stay care is seen as the 'last resort'
- Supports sought include Home Care, Day Care, Respite, Rehabilitation, Voluntary and Community Support
- Difficulties experienced in 'navigating the system' due to both complexity and scale of present arrangements – need a more joined up approach

Continuum of Care

Participation and inclusion in Society

Access to assessment from PCT

Referral by PCT to Specialist Services

Supported Housing for Care of the Elderly

Volunteering, Sharing Experience

Home Care Services

Home Care Package / IHCP

Palliative / End of Life Care

Knowledge of Services

Day Care, Social Activities, Meals on Wheels

Short Stay Bed +/- Respite

Long Term Nursing Care

Over 65 but well → Over 65 but requiring some assistance → Over 65 with increased medical needs → Over 65 but cannot remain at home

The Continuum ensures that at all stages, citizens requirements are at the centre of the service provision

Integrated Care – What does it mean?

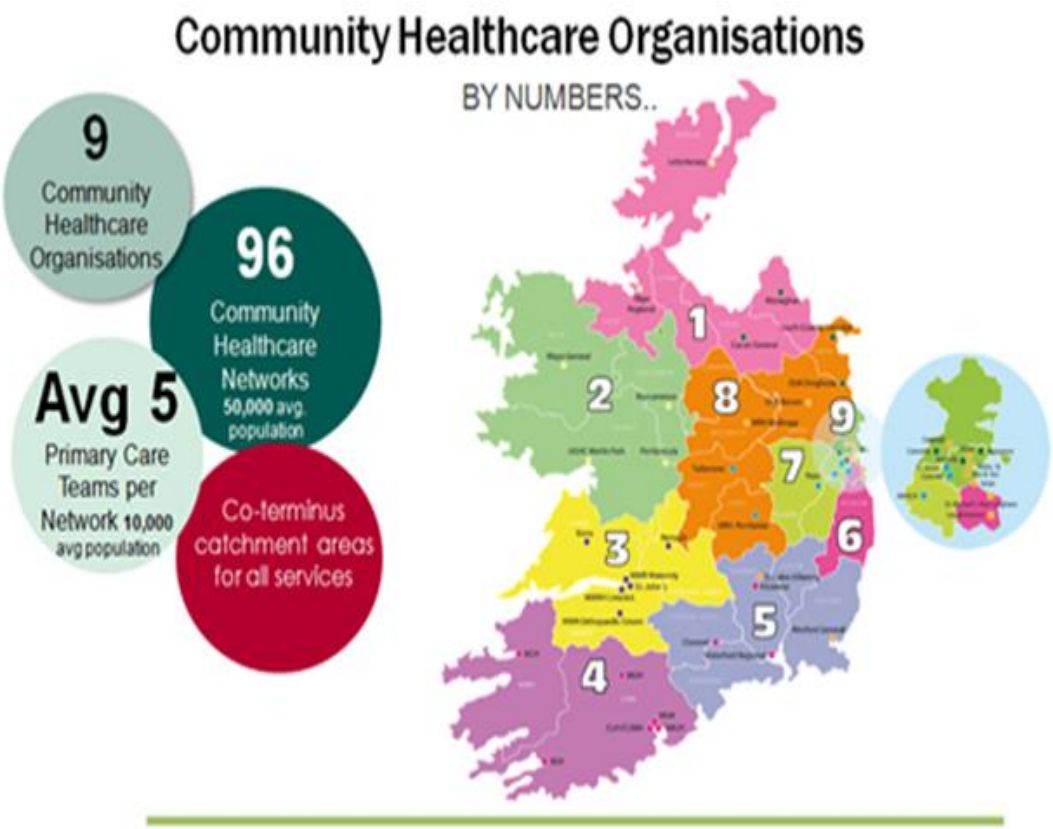
- It simply means that all services **work together** in a **well coordinated way** around the **assessed needs of the person**
- Working together deals with two key issues

1. The ease through which a person can go through different healthcare services to meet their needs,
2. The quality of outcome they get at the end of their patient journey

Key themes / learning's internationally

"Integrated Care – all services work together centred on the needs of the person"

2. Community Healthcare Organisations



Area 1 - ***Population 389,048***
Donegal LHO, Sligo/Leitrim/West Cavan LHO and Cavan/Monaghan LHO.

Area 2 - ***Population 445,356***
Galway, Roscommon and Mayo LHOs

Area 3 - ***Population 379,327***
Clare LHO, Limerick LHO and North Tipperary/East Limerick LHO

Area 4 - ***Population 664,533***
Kerry LHO, North Cork LHO, North Lee LHO, South Lee LHO and West Cork LHO

Area 5 - ***Population 497,578***
South Tipperary LHO, Carlow/Kilkenny LHO, Waterford LHO and Wexford LHO

Area 6- ***Population 364,464***
Wicklow LHO, Dun Laoghaire LHO and Dublin South East LHO

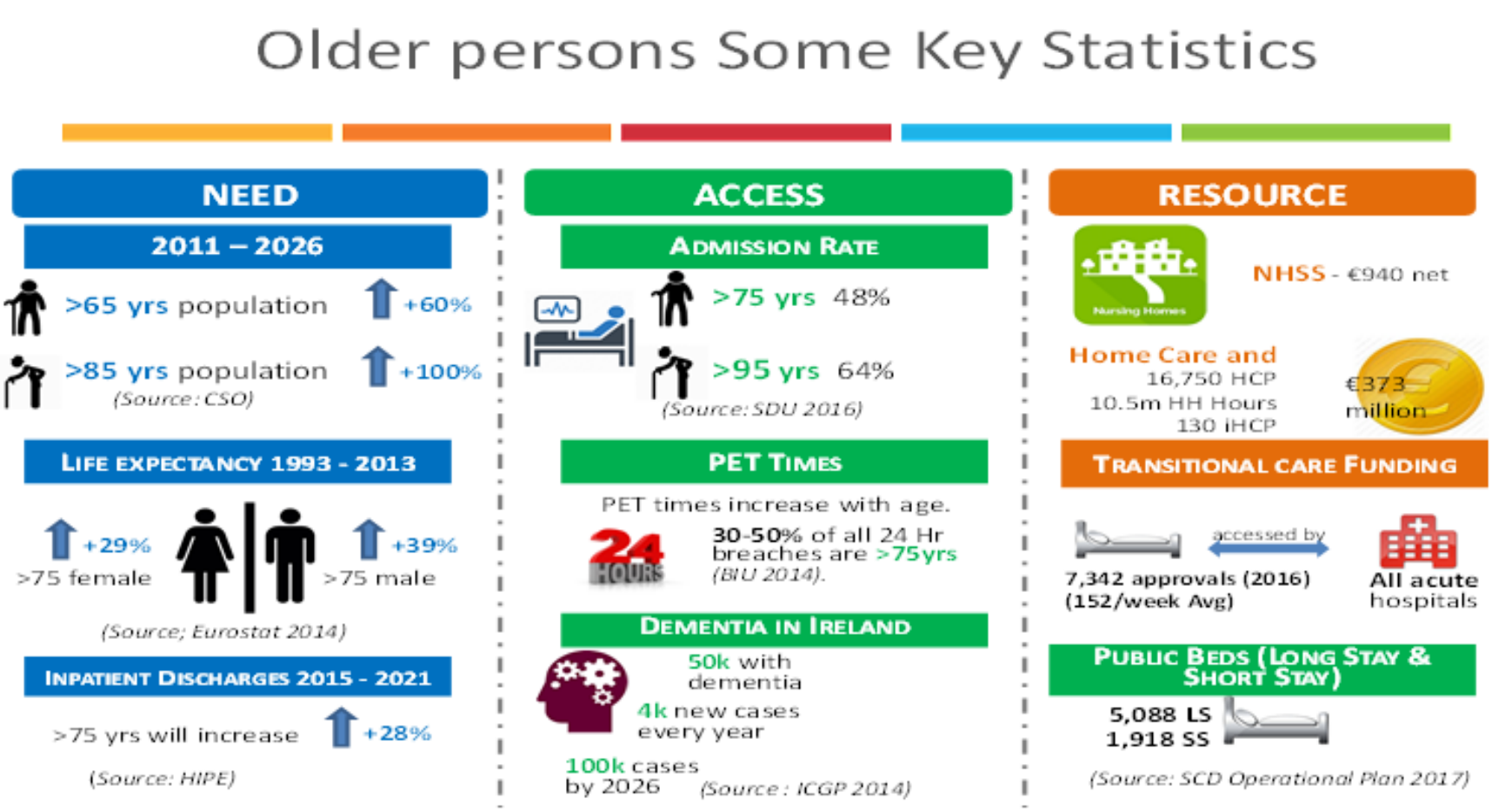
Area 7 - ***Population 674,071***
Kildare/West Wicklow LHO, Dublin West LHO, Dublin South City LHO and Dublin South West LHO

Area 8 - ***Population 592,388***
Laois/Offaly LHO, Longford/Westmeath LHO, Louth LHO and Meath LHO

Area 9 - ***Population 581,486***
Dublin North LHO, Dublin North Central LHO and Dublin North West LHO

"the public will receive the right service, at the right time, in the right place, by the right team"

3. Accessing services & supports for our citizens



Using Home Care Service as an Example….

- 2017 National Service Plan
  - Funding of €373m to provide
    - 16,750 HCPs
    - 10.57m HH Hours to approx. 49,000 people
    - 130 IHCPs
- April Waiting Lists
  - 2,200 people waiting for funding for HCPs
  - 2,400 people waiting on HH Hours

Home Care -Perspective and Challenges

- Due to the large numbers of people in receipt of Home Care ~ 49,000, minimal increases in hours and costs creates significant overall national financial challenge.
  - E.G. if every one of the existing 49,000 clients was to receive just ONE additional Standard Hour of Home Help / Week, at a cost of €20/hr (low rate), this would require an additional annual funding of €51m.

4. Opportunities & Challenges

"the balance of health & social care services to shift away from over-reliance on acute hospital services towards stronger primary and community services"

- SAT - Validated Assessment to determine appropriate supports.
- Integrated Care Programme for Older People (ICPOP)
- Home Care
  - New Scheme
  - Regulation/ Legislation
  - Funding
- Timely Appropriate Rehabilitation/ supported Convalescence
- Alternatives to LTC – Housing with Care etc
- Residential care to meet all needs in required locations - including Dementia specific, Challenging Behaviour
- Supporting Choice – Assisted Decision Making Legislation

Single Assessment Tool (SAT)

Implementation of the Single Assessment Tool (SAT) will form the foundation for future service planning and policy development for services for Older People based on robust standardised data.

SAT will deliver a fully developed, robust, reliable, standardised multi-dimensional assessment system using interRAI assessment system

Countries using interRAI Tools

North America
Canada, USA,
Mexico, Belize, Cuba

Europe
Iceland, Norway, Sweden, Denmark, Finland, Netherlands, Germany, UK, Switzerland,
France, Poland, Italy, Spain, Belgium, Estonia, Lithuania, Czech Republic, Austria, Portugal, Ireland

South America
Chile, Brazil, Peru

Far East / Pacific Rim
Japan, South Korea, Taiwan, China, Australia, Hong Kong, New Zealand, Singapore

Africa
Ghana

Middle East
Israel, India, Lebanon

Multiple Benefits of SAT

Benefit older people and their carers through better information on their needs and options for care.
Benefit staff through reduction of assessment duplication, supporting the transfer of information between hospital and community, and supporting multidisciplinary integrated working

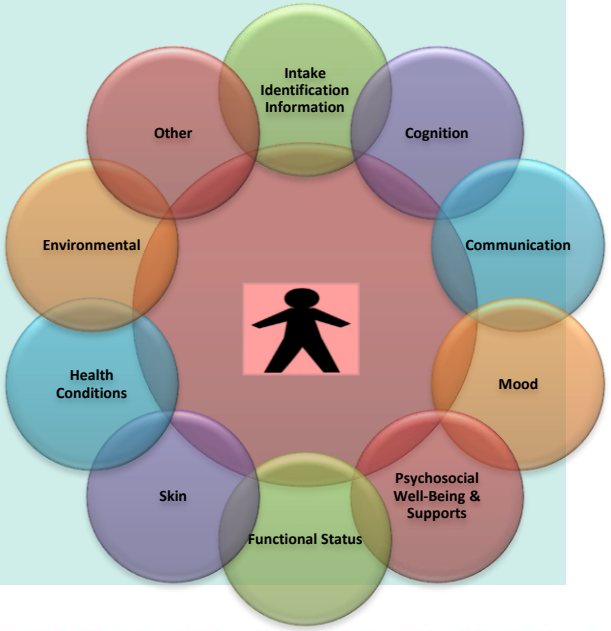
Comprehensive Assessment Approach

IT based

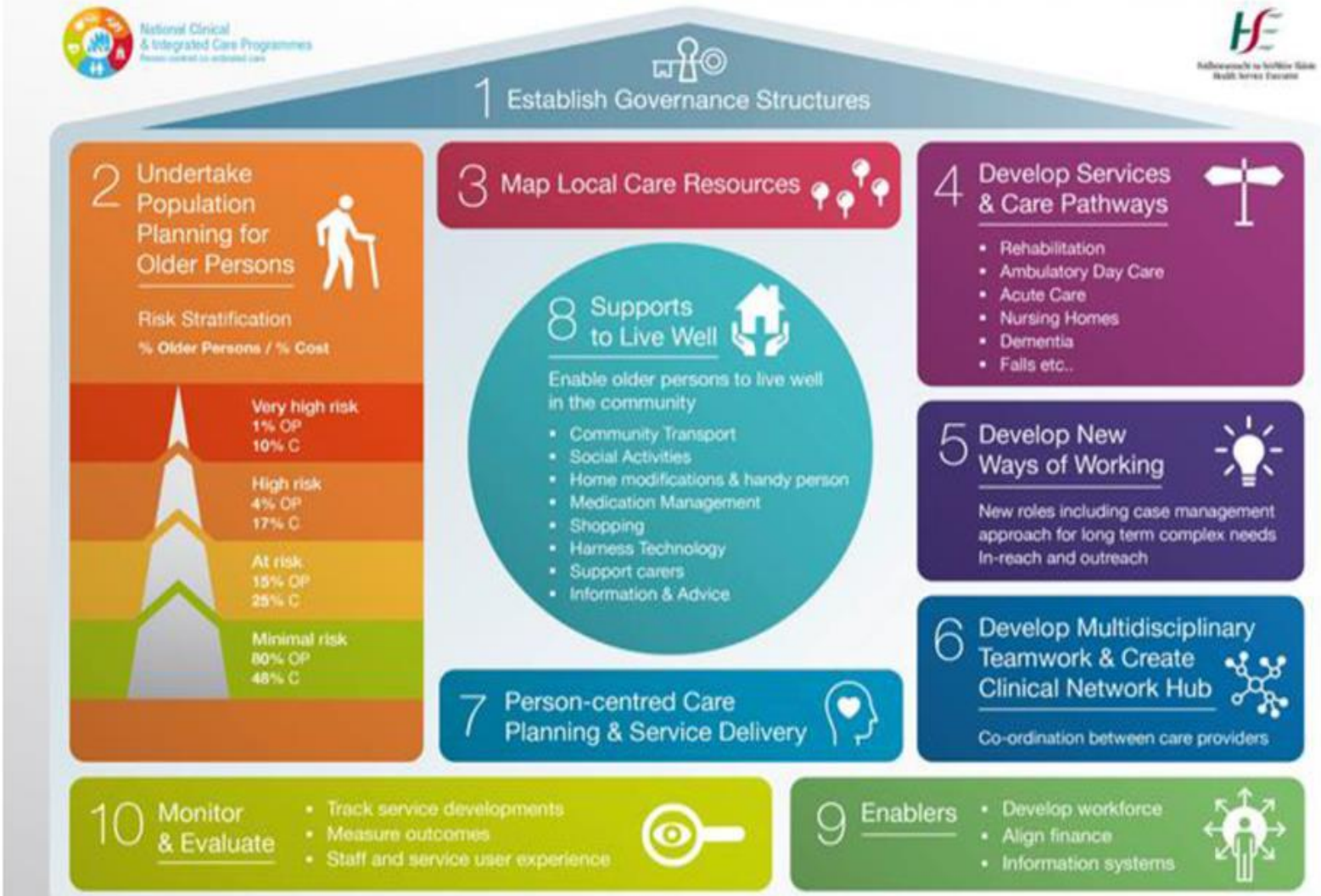
Decision supports (auto generated)

- **Clinical assessment protocols**
- **Outcome scales**
- **Quality Indicators**

Standardised Assessment Areas - Reduced Variability Nationally



10-Step Integrated Care Framework for Older Persons



Service User & Carer engagement in the CO-PRODUCTION of Integrated Care for Older Persons

- Co-production – a meeting of minds to find a shared solution which requires meaningful consultation with users of our services. *–(Think Local Act Personal (2011) Making it real: Making progress towards personalised, community based support, London: TLAP)*
- Utilising Assets based approach to planning and delivering health & Social Care.
- Each individual has assets which are instrumental in enabling older people to live well and participate in the management of their own health and wellbeing* e.g.
  - Knowledge, Experience, Friends, Family, Community etc.
- The Challenge for service providers is how to facilitate co-production from a strengths perspective to ensure older people can access the right help at the right time in the right place when needed, & to ensure the voice of the older person is heard in service design,

**'Towards Asset Based Health & Social Care Services' – Glasgow Centre for Population health, February 2014.*

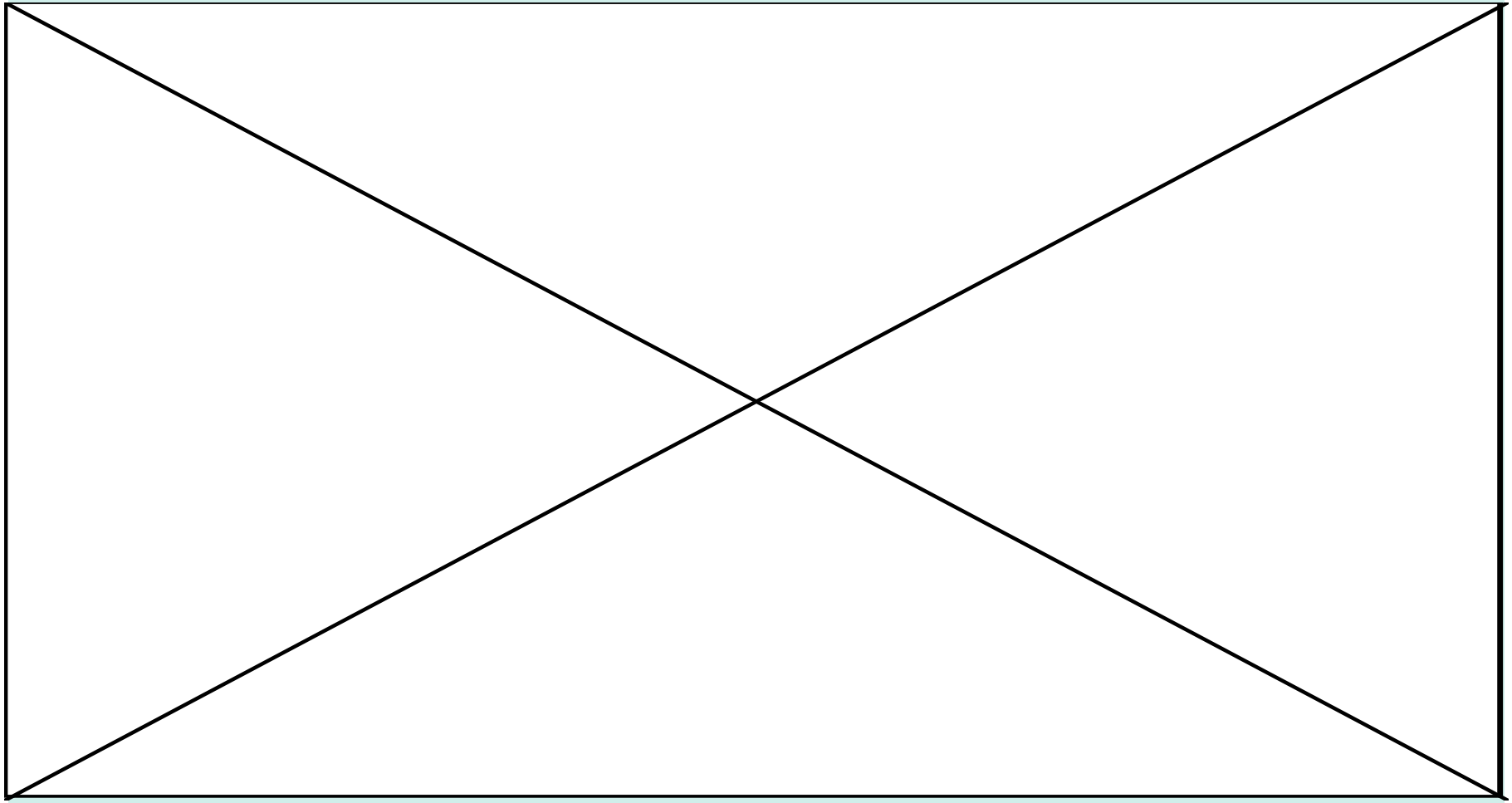
5. NORA's Story

- We have developed an animated clip to outline the circumstances of a person and their experience of our services such as they are – and more importantly how they should be with greater integration and through Case Planning and coordination of Care.

- Nora, represents a group of older persons who are most at risk of acute hospital admission and premature long term care.

- By identifying Nora's needs and ensuring that the services are aligned to meet those identified needs Nora's ability to stay in her own home and community will increase and more importantly her quality of life will be better.

NORA’s Story Video Clip



Nora's Story - Youtube Link

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Thank You

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