

Making Choices

**Meeting the current and future
accommodation needs of older people**

Proposed Criteria for Change

**Consultation response from the
Commissioner for Older People
for Northern Ireland**

March 2014

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Executive Summary

The following is a summary of the Commissioner's views on the consultation document *Making Choices – Proposed Criteria for Change*. The other chapters of the document set out her views in greater detail.

GENERAL COMMENT

1. The Commissioner welcomes focus on the provision of care arrangements for older people that improve the range of choices, the quality of care, and the quality of lives of those receiving them.
2. The Commissioner is not yet wholly content with the proposed use of these criteria for deciding which residential homes should close and which remain open.
3. It is often the case that as the needs of older people change, different care and living arrangements may better suit the needs of residents. However, on this occasion the proposed changes are not led by needs of the individual residents, rather a change of government policy is the reason for the proposed new arrangements. In that context, not enough has been done to find out what matters to current residents. Furthermore more engagement needs to take place to allow older people to participate in the decision-making process and give their views on alternative plans and have those views considered in a more robust process which puts their needs at its heart.
4. It is absolutely critical that this process puts the needs, views and experiences of current residents at the very heart of the decision making process and its subsequent implementation.
5. Satisfaction levels of current residents' health and well-being (now and post transition) must be comprehensively and objectively measured to establish that the process undertaken has been effective and minimally disruptive and that residents are ultimately more satisfied with the new arrangements.
6. The Commissioner recommends that any proposed residential home closures are managed in such a way that the Board and Trusts retain sufficient capacity in all areas of Northern Ireland.
7. Older people, now and in the future, must be assured that there will always be sufficient capacity of residential care available to meet the assessed needs of those who require it.

CRITERION 1 – AVAILABILITY AND ACCESSIBILITY

8. There is no evidence to show that there has been any measurement of the needs of the current residents and the appropriateness of alternative forms of support and care to meet those needs. The consultation document does not establish the quality, availability or range of alternative options that would be available now. Nor does it outline a timeframe for the development of future alternative provision. Consideration of the needs of, and what matters most to, current residents must be central to the acceptability of the alternative provision.
9. If what matters most to the current residents cannot be facilitated in the local area, then the statutory care home should remain open.
10. In Northern Ireland many people, particularly those living in rural areas dependent on public transport, would consider the definition of “local” as district council areas far too broad a definition of local.
11. Any loss of contact with family and friends, faith communities and other broader community networks and familiar resources is unacceptable.
12. Many older people value residential care explicitly because the communal nature of a residential home affords opportunities for company and contact with others (residents and staff) and reduces feelings of loneliness or isolation. For those groups of friends who wish to move together to an alternative care and support setting, every effort should be made to enable this to happen.

CRITERION 2 – QUALITY OF CARE

13. The Commissioner asks the HSCB to commit to a meaningful process of follow up post-transfer to any new care and support settings and publication of the results of the findings of the evaluation of each closure, which would include the health and well being of those people who were transferred to new arrangements.
14. It is absolutely vital that the alternative provision for current and future residents provides as good or better quality of care than before.
15. Quality of care is the aspect of care most important to older people and their carers and should be afforded at least equal weighting as the previous criteria.

CRITERION 3 – CARE TRENDS

16. The criterion described as Care Trends is vague and poorly described in the current consultation document. It is not clear what is intended to be measured here.

17. The Commissioner believes that the NI Trusts should follow the example of Residential Homes in some parts of Great Britain, by accepting new admissions throughout a closure programme on the basis that the older person concerned had the capacity to understand, and accepted that during the time they lived in a home, it may still be selected for closure and that they would then be required to undertake a planned move to alternative provision. In this way the viability of statutory homes could be assessed equally with each other and against alternative provision.
18. Care trends at a more local level are adversely affected in some areas by the current freeze of new admissions to statutory residential care.
19. Maintaining staffing levels and morale is vital to the quality of the lived experience of current residents.
20. This criterion is inadequately described and its measurement must be more clearly articulated. Without this clarity it is not possible to assess if a weighting of 25 is acceptable.

CRITERION 4 – BEST USE OF PUBLIC MONEY

21. The “best use of public money” must address the assessed needs for services, delivered to the highest possible standard, by properly paid, well trained staff and with the oversight of robust regulation and inspection.
22. The funding required for the provision of high quality support and care for older people must be a spending priority in Northern Ireland. The Commissioner wants to see the very best health and well-being outcomes for older people who require care and support.
23. High quality, person-centred care is the best use of public money.

Background

Transforming Your Care, A review of Health and Social Care in Northern Ireland, published in December 2011, acknowledged a changing trend in care for older people. It proposed to make a person's home the "hub of care" for older people, with more services being delivered at home or in the community. Amongst other recommendations to support the aim of enabling older people to live at home for longer, was a proposal to make "a major reduction in residential accommodation for older people, over the next five years."

The Commissioner supports the provision of residential care in the statutory sector at levels to meet current and future needs, together with a move towards a more independent type of living for those people who wish to live in this way. The consultation document asserts that the proposed reduction of statutory care home places is necessary to make way for new arrangements and to balance the needs of those who wished to remain in the traditional residential care home setting, with preparing for a modern alternative for current and future older people.

The Health and Social Care Board and the Trusts announced the consultation on the future of statutory residential care homes currently operating in their areas in May 2013. Substantial distress was caused to some residents. The Commissioner received complaints about a range of issues, including but not limited to;

- The amount of time residents felt they were being given as notice of closure;
- The perception that consultation wasn't "real" and they were being asked to agree to decisions taken in advance of them being asked for their views;
- Anger, anxiety and mistrust of the plans and those delivering the message.;
- Concern that information wasn't available about where people would move to; and;
- Worry and concern about the alternative provisions being made.

The Commissioner was disappointed that this was the case as the year before, (April 2012), she had directly advised the Minister for Health, Social Services and Public Safety. She also, in partnership with AgeNI, provided the Minister with information on international good practice when developing a co-ordinated approach to the planned closure of residential homes and the movement of residents who live there. The Commissioner's advice recommended a range of actions to make any transition less stressful to the residents.

The Commissioner also heard from some Trust employees citing examples of positive work being undertaken in consulting with older residents of homes that were being considered for closure. Inevitably, such good practice was not picked up by the media and the story of home closures was reported in a broadly negative stance.

The Commissioner met again with the Minister during the subsequent period of intense media coverage and reiterated the need for a transparent process of analysis and consultation on a planned reduction of statutory residential homes. The Commissioner asked for the development of a new consultation process that would ensure residents' and their families' views were sought and taken, they were kept informed of all aspects of the decision to close homes and that the implementation of those decisions would be resident-centred.

The Minister asked the Health and Social Care Board (HSCB) to devise and deliver a regional approach to the consultation on the planned reduction of statutory residential homes. This consultation is part of that process.

Pre-consultation work with HSCB

The Commissioner and her team met with the Director of Social Care and Children, Fionnuala McAndrew and HSCB colleagues for a series of broad discussions at the beginning of the development of this consultation document and the process of designing the programme of residential home closures. More latterly, the Commissioner and her team have had early sight of this consultation document and have offered advice on changes to the text and content, some of which were accepted. The Commissioner is not yet wholly content with the proposed use of these criteria in deciding which residential homes should close and which remain open. The following is her response to the consultation:

The Commissioner encourages anyone responding to this consultation to read the consultation document on the "Proposed criteria for change" alongside the sister publication "Good Practice Guide – Reconfiguration of Statutory Residential Homes." Both are available at the following link:

http://www.hscboard.hscni.net/consult/Consultation-Care_Homes/index.html#P-1_0

The Commissioner welcomes and endorses the use of the *Good Practice Guide – Reconfiguration of Statutory Residential Homes*. It is a practical and positive guide for those working in Health and Social Care, residents, their families and friends. No doubt

it has been informed by some of the good practice in other jurisdictions, as well as within current Health and Social Care structures. The Commissioner is pleased that much of the person-centred advice provided from her office now appears in the Good Practice Guide.

The Context of the Choices to be Made

Older peoples' reaction to change is as diverse as they are, so are their needs and circumstances. Older people often expect to move a number of times in their lives; as their health status changes for example, or to be nearer loved ones who have relocated. Residents are admitted to residential care on the basis of assessed need for support, accommodation and care. It is often the case that as needs change, other arrangements may better suit the needs of residents. However, on this occasion a change of government policy is the reason for proposed new arrangements.

What we have heard from many older people is that they do not want to move from the residential care home in which they currently live. Until now, not enough had been done to find out what matters to current residents, present alternative options, make decisions together and gain the agreement of older people who are currently resident in the homes that may be subject to closure. TYC states that these plans are intended so that future provision of care for older people will be as high quality, or better than before, with greater choice. Current residents are being told they may have to disrupt their lives and living arrangements, and those of their families and friends, to facilitate this promised future improvement. The Commissioner considers it absolutely critical that the experience of current residents puts their needs, views and experiences at the very heart of the decision making process and its subsequent implementation.

About the document: Making Choices – Proposed Criteria for Change

Overall the document proposes the case for the need to prepare for future arrangements of care that will be quite different to the mix of residential and nursing homes, domiciliary care, respite care and other services available now. The document

asserts that statutory residential homes have been closing in the last few years to adapt to changing needs and that many older people are more satisfied with the alternative arrangements than they were with the homes that closed; ideally this is the outcome we are all aiming for. However, this satisfaction is anecdotal; no objective measurement of such raised levels of satisfaction post-transfer is evidenced in the document. The Commissioner recommends that the satisfaction levels of current residents (now and post transition) are adequately and objectively measured to establish that the process undertaken has been effective and minimally disruptive and that residents are ultimately more satisfied with the new arrangements.

The reasons for change are clearly set out. It is heartening to read the affirmation that this proposed change is not being driven by cost; particularly as the provision of similar levels of care in the community and peoples' homes is not likely to require fewer resources. In the scenario set out in TYC, places in the statutory residential care home sector will be reduced by up to 50%, it is very important to ensure that when homes are proposed for closure there is the retention of sufficient capacity in all areas of Northern Ireland. Home closures should be monitored at a regional level to ensure that all Trusts retain sufficient capacity of statutory residential homes to meet the assessed needs of today's and tomorrow's older people in their area. Older people, now and in the future, must be assured that there will always be sufficient capacity of residential care available to meet the assessed needs of those who require it.

The Commissioner welcomes the commitment by the Minister that current residents who move as a result of this proposed programme of closure will not have to pay more for their care in the alternative arrangements made for them where their assessed needs remain comparable.

The criteria and the relative weighting

Making Choices asks respondents to assess whether the criteria proposed in the document are the most important factors to consider when selecting which homes to close. There is no doubt that three of these issues are the ones that came up again and again when listening to older people. The one issue that didn't arise in speaking to older people is that of care trends. Each of the next sections deals with the Commissioner's response to the criteria, their relative importance, and the proposed weighting accorded to it.

Availability and accessibility of care provision

This criterion and the relatively high weighting proposed to be attached to it suggests that where alternative arrangements outside the statutory sector are available, these will be considered as an alternative to statutory residential care. The document refers to a range of alternative types of care, not just residential care (pg 20). The consultation document asserts that current residents will move to nursing care, or sheltered or supported living. Assistive technology may be used to enable them to return to a domiciliary setting, community or voluntary services may be employed and home-based respite care and day care may be available.

In advance of the consultation there is no evidence that there has been any assessment of the needs of the current residents and the appropriateness of alternative forms of support and care to meet those needs. The consultation document does not establish the quality, availability or range of alternative options that would be available now. Consideration of the needs of current residents must be central to the acceptability of the alternative provision.

Some of the current residents will potentially return to a domiciliary care supported setting. Those assessed as requiring nursing care will move to that type of care home. The majority of current residents are most likely to be moving to other statutory residential homes, a residential home in the independent sector or other supported living arrangements. The broad choices set out in the document, for the future, will be most likely to be available to older people who currently live in their own home and who will be enabled to remain there for as long as possible. If what matters most to the current residents cannot be facilitated in the local area, then the statutory care home should remain open.

The details of a judgment on acceptable levels of availability and particularly accessibility are very important and are not articulated in the current document. The proposal in this consultation is that provision for an alternative residential or nursing home to a current statutory home would be acceptable under this policy within a local council area. In Northern Ireland many people, and particularly those living in rural areas dependent on public transport, would consider this far too broad a definition of local. It is not clear in the consultation document if this means the current 26 council model, or the future 11 council model. The model of local council areas should be explicitly defined.

The impact of moving from one residential home to another within council areas could mean that current residents, and those requiring residential care in the future would move away from familiar people, communities and localities. Any loss of contact with family and friends, faith communities and other broader community networks and familiar resources is unacceptable. This would be a very significant and detrimental change for older people. Any arrangement that would diminish the frequency of visits from friends and family members must be avoided.

Where possible, older people must be facilitated to stay within their existing, and often very longstanding faith practice, i.e. their church, chapel, synagogue, temple, mosque etc should they so wish. Equally, long standing commitments to attendance at secular clubs, leisure and social activities must be facilitated at the request of the current resident.

For many current residents of statutory homes, community includes those friends with whom they currently live. Many older people value residential care explicitly because the communal nature of a residential home affords opportunities for company and contact with others (residents and staff) and minimises or eliminates feelings of loneliness or isolation. For those groups of friends who wish to move together to a new residential home, every effort should be made to enable this to happen.

The Commissioner acknowledges that both of the issues above are addressed in the *Good Practice Guide – Reconfiguration of Statutory Residential Homes*; however, she would wish to see a more definite commitment to these arrangements than are expressed in the consultation document.

The Good Practice Guide also refers to the provision of information, and ideally the opportunity to visit the proposed alternative care setting, or to experience on a test basis any other non-residential option. This should be an essential part of the consultation with current residents while plans are being made for closure.

In the transition to a new facility older people should also be able to retain contact with the staff of the existing home (for a suitable period of time), so that the older person has time to adapt to, and form relationships with new staff in the alternative home, or those coming in to provide services in a domiciliary/supported living environment.

Finally, the Commissioner asks the HSCB to commit to a meaningful process of follow up post-transfer to the new care settings and publication of the results of the findings of the evaluation of each closure and the well being of those people who were transferred to new arrangements.

Quality of care

Many of the concerns expressed to the Commissioner, or requests from individuals and families for assistance regarding residential care, relate to quality of care. Quality of care is the aspect of care most important to older people and their carers and should be afforded at least equal weighting as the previous criteria.

It is absolutely vital that the alternative provision for current and future residents provides as good or better quality of care than before. The standards of care in the new arrangement must be as good or higher than that experienced in the previous statutory residential home. This commitment is not currently given in the consultation document. It is the Commissioner's view that this commitment must be provided.

The current proposed measure is that the quality of care must be "in line with the minimum standards and guidelines issued by the Department of Health, Social Services and Public Safety" (pg 22). Whilst the Commissioner expects that all care services in Northern Ireland would be fully compliant with the minimum standards, it is clear from reports from the Regulator (RQIA) that this standard is not universally and consistently met.

The Commissioner calls for an assurance that the quality of care (measured by the methods articulated in the document) must be of a quality equal to, or better than that provided in the current statutory residential home for residents being asked to relocate. This places additional importance on the requirement above to carry out genuine measurement of the levels of satisfaction of residents post-transfer (when an adequate period of transition has elapsed).

All evidence of the assessment of equal or better quality of care (of the proposed alternative care setting) than the current statutory residential home should be made available to current residents or their families or advocates during the consultation period.

Care trends

This criterion is vague and poorly described in the current consultation document. It is not clear what is intended to be measured here. Care trends Northern Ireland-wide have led to the proposals in *Transforming Your Care* and broadly explain the rationale for providing less residential care in the statutory sector in the first place.

Care trends at a more local level are adversely affected in some areas by the current freeze of new admissions to statutory residential care. This could be countered by accepting new admissions throughout a planned closure programme on the basis that the older person concerned had the capacity to understand, and accepted that during the time they lived in a home, it may still be selected for closure and that they would then be required to undertake a planned move to alternative provision. In this way the viability of statutory homes could be assessed equally with each other and against alternative provision.

Maintaining staffing levels and morale is vital to the quality of the lived experience of current residents. No reference has been made in this consultation of the use of statutory residential homes in providing short-term care or respite services. The Commissioner is aware that some homes which have a current non-admissions policy are used for respite care by short – term residents who have expressed a desire to stay there in the longer-term. Such factors must also be taken into account in the determination of the care trends at local level. This criterion is inadequately described and its measurement must be more clearly articulated. Without this clarity it is not possible to assess if a weighting of 25 is acceptable.

Best use of public money

The best use of public money is always a highly technical assessment. It is entirely appropriate to assess the expense to the public purse of provision of one type of service against another. However, the comparison must be accurate and balanced. The best use of public money must address the assessed needs for services at the highest possible standard, by properly paid, well trained staff and with the oversight of robust regulation and inspection.

The Commissioner would ask the HSCB to ensure that any best value assessment would be alert to the potential risk of perverse outcomes (such as the selling off of newer, better facilities because the market value would be higher than older less suitable buildings – leaving the statutory sector in a weaker position).

The consultation document accepts that many older people are not as concerned with the physical environment of older facilities and that other factors are far more important (such as the first two criteria). The Commissioner entirely accepts that the statutory residential estate must be fit-for-purpose and of adequate standard, so the weighting of this criterion seems acceptable.

For those residential homes that remain after the application of these criteria, it will be vital to ensure adequate and timely investment in the remaining homes to ensure the highest standards of compliance with all regulated conditions and services.

The funding required for the provision of high quality support and care for older people must be a spending priority in Northern Ireland. The Commissioner wants to see the very best outcomes for older people here. The best use of public money is to invest enough resources into caring for and supporting older people with high quality care and health provision now and in the future.

