Executive Summary

of

Option Appraisal for the potential reconfiguration of Residential Services in St. Joseph’s Hospital, Ardee
Public Consultation on St. Joseph's Hospital, Ardee

The Health Service Executive (HSE) is considering possible ways in which services can be best delivered in St. Joseph's Hospital, Ardee. A detailed option appraisal report for St. Joseph's Hospital has been completed by a local HSE working group. The report examines various options based on what the working group believes will assist the development of older persons residential services in County Louth both now and into the future.

The report also outlines a number of potential options on how St. Joseph's Hospital can contribute to future services for older person's services in County Louth.

The publication of this report in December 2012 marks the commencement of a public consultation process. The HSE invites you to participate in a public consultation process on the future options for St. Joseph's Hospital as a long stay residential unit for older people.

We will be consulting directly with residents and their families, staff, local action groups and elected public representatives. We would also like to hear directly from the public especially the local communities so that future decisions on St. Joseph's Hospital will be informed by the widest source of information possible.

By participating you can help in deciding if change is needed. You can make suggestions not only on St. Joseph's Hospital but also on future care and services for older people in County Louth.

To participate in the consultation process, please send your submission in writing to:

**Email:** louth.consultation@hse.ie, or

**Postal address:**
Louth Consultation
Office of the Operations Manager
Oriel Suite, St. Brigid’s Complex,
Ardee, Co. Louth

**Closing date:** January 18, 2013

**Telephone:** If you have any queries on the consultation process please contact: 042 9332287
(Louth Office for Services for Older People)

This summary document highlights some of the key issues raised in the option appraisal report which may assist you in making a submission to this consultation process.
HSE National Policy

The overarching HSE National Policy is to support and enable older people to live in their own homes, with their families and within their communities for as long as possible and where this is not possible, to provide high quality residential care, appropriate intermediate rehabilitation step-up/step-down and respite beds. This policy underpins the provision of services to older people and the outcome of the consultation process.

The Health Service Executive (HSE) must respond to the requirements of the ageing population as efficiently and effectively as possible within available resources. It is, therefore, about challenging the current service models that are in existence and putting forward proposals that will benefit the greatest number of older persons and being responsive to individual needs. For example, there are times when an individual remains in hospital or moves to a long-term care facility instead of being able to access a more appropriate option, if one were available.

Responding to current and future requirements of the ageing population may involve changing current models of care such as reducing the number of public long stay beds to newer more responsive models that focus on providing care in an individual’s home. Such changes in the provision of care will also require changes to the way resources are allocated to different services.

A new more responsive care model will:

- Strengthen and expand the provision of care in an individual’s home
- Make more efficient use of funding available
- Strengthen the long stay care service to meet the needs of highly dependent clients
- Make more efficient use of resources

The HSE is committed to a National Clinical Programme for Older People. This programme aims to ensure that every older person has access to the right care and support.
Services for Older People Current Model of Care

The current model of care for older people is divided into services and programmes that are delivered in individual’s homes, community residential settings, and long term care facilities. As individuals’ needs become more complex, they generally access a higher level of service.

The services provided aim to support older people to remain independent, in their home or within their community environment, for as long as possible. This is achieved through the provision of home and community based support services (including home help services, home care packages, respite care, day care and meals on wheels). Where this is no longer possible, older people are supported in residential care under the Nursing Home Support Scheme.

The particular challenge for Services for Older Persons in 2012 and beyond will be to respond to the increasing demand for health and social services due to the increase in the number of older people, particularly in the upper age group. In addition, there are reducing budgets and the need to ensure value for money.

Long Stay Residential Care Services for Older People

Long stay residential care primarily involves a programme of care that is personalised and is set out in an individual resident’s care plan. The care plan encompasses all aspects of the individual resident’s experience in the nursing home. This includes aspects such as physical, spiritual, emotional and recreational considerations.

Care plans are developed in consultation with the resident, family and staff and are adaptable in light of changing circumstances, choices and wishes. The delivery of goals set in care plans are regularly audited and subject to review by the Health Information and Quality Authority (HIQA).

The measures HIQA use includes:

- Physical wellbeing
- Access to activities
- Satisfaction with the service

In Ireland, long stay residential care for older persons is provided by both public and private providers. By law, all providers must be registered with HIQA and are also subject to ongoing HIQA inspections. All providers must comply with HIQA National Quality Standards for Residential Care Settings for Older People in Ireland. Further information is available at www.hiqa.ie.

Residential Services for Older Persons Services County Louth

Census 2011 figures reveal that the over 65 population of county Louth has increased by 15.9% since 2006. The HSE recognises that a strategic plan is needed in order to ensure
current and future services for older people in the county meet the needs of the individuals for whom they are intended. Part of this plan will need to determine and plan for the future requirement and provision of long stay residential care in the county.

**Table 1: Population of Louth aged 65 and over by Age Group Census 2011**

<table>
<thead>
<tr>
<th>Area</th>
<th>Age Group</th>
<th>65 - 69 years</th>
<th>70 - 74 years</th>
<th>75 - 79 years</th>
<th>80 - 84 years</th>
<th>85 years and over</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louth</td>
<td>Male</td>
<td>2,207</td>
<td>1,626</td>
<td>1,125</td>
<td>644</td>
<td>393</td>
<td>5,995</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>2,281</td>
<td>1,738</td>
<td>1,346</td>
<td>1,058</td>
<td>1,059</td>
<td>7,482</td>
</tr>
</tbody>
</table>

**Currently there are 5 public residential units in the county:**
- The Cottage Hospital Drogheda
- Boyne View House Drogheda
- St. Mary’s Hospital Drogheda
- St. Joseph’s Hospital Ardee
- St. Oliver Plunkett Hosp. Dundalk

**Table 2: Current bed capacity of public residential units in Louth**

<table>
<thead>
<tr>
<th>Residential Unit</th>
<th>Current Bed Capacity</th>
<th>Long-term care</th>
<th>Respite</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Cottage Hospital Drogheda</td>
<td>29</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td>Boyne View House Drogheda</td>
<td>26</td>
<td>21</td>
<td>5</td>
</tr>
<tr>
<td>St. Mary’s Hospital Drogheda</td>
<td>38</td>
<td>38</td>
<td>0</td>
</tr>
<tr>
<td>St. Joseph’s Hospital Ardee</td>
<td>20</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>St. Oliver Plunkett Hosp. Dundalk</td>
<td>92</td>
<td>87</td>
<td>5</td>
</tr>
<tr>
<td>TOTAL</td>
<td>205</td>
<td>180</td>
<td>25</td>
</tr>
</tbody>
</table>

To date, the findings of HIQA inspections on St. Joseph’s Hospital have been mainly positive, affirming the quality of care available. The reports also confirm the general satisfaction of residents and their families with the quality of care in all units.

The most significant deficiency identified by HIQA relates to the physical environment of the unit and in particular the extent of multi-occupancy facilities which do not meet the
standards as set down by HIQA to be met by 2015. “Standard 25 pg 43-53”
http://www.hiqa.ie/standards/social/older-people

Most of the HSE Long Term Residential facilities in the county were in operation prior to any consideration of HIQA requirements and therefore require adaptation.

Residential Care is also available from a number of private providers in County Louth these include:

- Sunhill Nursing Home Termonfeckin, Drogheda
- Dealgan House Dundalk
- St. Francis Nursing Home Dundalk
- St. Peter’s Nursing Home Castlebellingham
- Blackrock Abbey N. Home Dundalk
- Aras Mhuire N. Home Drogheda
- Carlingford N. Home Carlingford
- Moorehall Lodge N. Home, Ardee

Table 3: Current bed capacity of Private Nursing Homes in Louth

<table>
<thead>
<tr>
<th>Private Nursing Home</th>
<th>Total Bed Capacity</th>
<th>Long-term care</th>
<th>Respite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunhill Nursing Home Termonfeckin, Drogheda</td>
<td>66</td>
<td>66</td>
<td>0</td>
</tr>
<tr>
<td>Dealgan House Dundalk</td>
<td>53</td>
<td>53</td>
<td>0</td>
</tr>
<tr>
<td>St. Francis Nursing Home Dundalk</td>
<td>25</td>
<td>25</td>
<td>0</td>
</tr>
<tr>
<td>St. Peter’s Nursing Home Castlebellingham</td>
<td>39</td>
<td>37</td>
<td>2</td>
</tr>
<tr>
<td>Blackrock Abbey N. Home Dundalk</td>
<td>60</td>
<td>59</td>
<td>1</td>
</tr>
<tr>
<td>Aras Mhuire N. Home Drogheda</td>
<td>30</td>
<td>30</td>
<td>0</td>
</tr>
<tr>
<td>Carlingford N. Home Carlingford</td>
<td>44</td>
<td>42</td>
<td>2</td>
</tr>
<tr>
<td>Moorehall Lodge N. Home</td>
<td>81</td>
<td>81</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>398</strong></td>
<td><strong>393</strong></td>
<td><strong>5</strong></td>
</tr>
</tbody>
</table>

Requirement for Long Stay Residential Care in 2012 and beyond

There are 573 long stay residential care beds in public and private nursing homes in county Louth. Approximately 31% of beds are currently provided by the public sector and 69% by the private sector.

National projections indicate that approximately 4% of the population aged over 65 will require long stay residential services as their needs will not be adequately met at home.
Based on this national projection there should be 540 long stay care beds available for older people with a population of 13,477. Currently there are 573 long stay care beds or an excess of 33. In July 2012, an additional capacity of 100 beds came on stream in the south Drogheda area. A proportion of these beds will be utilised by county Louth which, in the short term, will further increase the surplus capacity in the county.

**Current Pressure on Long Stay Residential Services in County Louth**

The current pressures facing Louth Residential Services for Older People include costs of the provision of services within the public sector, clinical leadership, the moratorium on recruitment, agency usage and the need to comply with HIQA standards. A structured plan aimed at reconfiguring residential services in Louth in order to adequately meet the needs of our residents in a best practice manner.

As well as examining a range of options for St. Joseph’s Hospital, Ardee, the working group also looked at all public residential centres in Louth. The future reconfiguration plans required in these units will impact on St. Joseph’s Hospital.

The rationale for the focus on St. Joseph’s Hospital is:

- This unit will not comply with Section 25 of the HIQA standards by 2015. Section 25.39 and Section 25.40 of the HIQA Standards has set out the standards in relation to space available for residents in bedroom areas. It states, “The existing residential care setting provides a minimum of 9.3 m² usable floor space (excluding en-suite facilities) in all single rooms. Furthermore it states, there are no more than 2 residents per room except in a high dependency room where up to 6 highly dependent residents, in need of 24 hour high support nursing care, or who are in transition from hospital to nursing home care, can be accommodated together (HIQA Standards, page 40)”. A capital investment of approximately €500k (excl fees) would be required to make St. Joseph’s Hospital compliant by 2015 with a capacity of 18 long stay beds, for which no national allocation is currently available.

- The moratorium on recruitment and the number of staff who took early retirement places considerable pressures on remaining staff resources which is not sustainable in the short to medium term unless a series of options are examined to strategically assess the future provision of services. The moratorium on recruitment has resulted in significant use of agency staff (both nursing and care assistants), St. Joseph’s Hospital in Ardee. This puts additional pressure on the centre’s budget.

- Reductions in financial resources and the need to achieve value for money are important factors. The budget for all long stay beds both Public and Private is held within the Nursing Home Support Scheme (from 1st January 2012). The Scheme calculates a cost per bed week for each public unit based on 95% occupancy and then reimburses each unit for the actual number of long stay residents. The
national average unit cost of a public bed is €1,296 per bed week. The cost of private nursing homes in Louth currently ranges from €870 to €998 per bed week.

- In St. Joseph's Hospital the current cost, adjusted to facilitate comparison with private sector provision is €1,716 per bed week. This cost exceeds the current national average for a public bed and is significantly in excess of local private sector provision costs. Based on current costs, a ratio of 1.8 private sector beds could be purchased for the price of 1.0 public sector bed. Therefore the sustainability of St. Joseph's Hospital in terms of value for money needs to be examined.

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1 This cost was published in March 2011 and was based on 2009 bed capacity.
Proposal on Future Options

The Option Appraisal Document outlines a number of potential options for St. Joseph’s Hospital. These options take account of the current challenges and pressures faced by Services for Older People in county Louth and explore the potential contribution of the unit to the future provision of services to older people in the county. These options are summarised as follows:

OPTION 1

St. Joseph’s Hospital continues to provide long stay care for 20 residents and respite care for 4 clients per week. Services are provided on two floors (24 beds in total). The Unit will only be HIQA compliant under standard 25 until 2015.

OPTION 2

20 long stay care beds will be located on the ground floor of St. Joseph’s Hospital. Respite beds will close and all of the current respite service will be provided from within other existing public and private resources in Co. Louth. The centre will only be HIQA compliant under standard 25 until 2015. St Joseph’s Hospital could possibly be upgraded to meet HIQA standard 25 by 2015 with a reduced capacity of 20 long stay care beds. This development would require capital investment of approximately €500k (excl fees) for which no national allocation is currently available.

OPTION 3

St. Joseph’s Hospital closes and the current residents are accommodated in existing public/private residential units in accordance with their wishes and those of their families/representatives. Respite services will be provided from other public and private resources in Co. Louth. This closure will be completed as per HIQA guidelines.
OPTION 4(a)

St Joseph’s Hospital retains 20 long stay care beds in the short/medium term with a view to developing a replacement unit comprising 50 bed long stay care beds. This new facility would form part of the replacement strategy to address the current 20 beds in St. Joseph’s Hospital, but also reductions in bed numbers in remaining public units arising from the requirement to meet standard 25 of the HIQA standards by 2015. The recently completed Feasibility Study for St Joseph’s Hospital has indicated that this would require capital investment of approx €8.47m (excl fees) for which no national allocation is currently available. This figure includes €1m costs for temporary accommodation costs in private nursing homes.

OPTION 4(b)

St Joseph’s Hospital retains 20 long stay care beds in the short/medium term with a view to a long term strategy of developing a replacement 50 bedded long stay facility within a sheltered housing/retirement village, primary care centre and day care centre complex. Under this proposal the HSE will fund only the 50 beds. This proposal would be delivered in conjunction with a Housing Association and Louth County Council. The recently completed Feasibility Study for St Joseph’s Hospital has indicated that this 50 bed facility would require capital investment of approx €8.47m (excl fees) for which no national allocation is currently available. This figure includes €1m costs for temporary accommodation costs in private nursing homes.

OPTION 5

The HSE undertakes a procurement process to build and operate a 50 bed replacement unit on the site of St. Joseph’s Hospital through a preferred provider. The preferred provider would manage and operate the service subject to a service agreement and ongoing monitoring by HSE management. The recently completed Feasibility Study has indicated that this would require a capital investment of approx €8.47m (excl fees) for which no national allocation currently available. This figure includes €1m costs for temporary accommodation costs in private nursing homes. This option can also be expanded to include the sheltered housing/retirement village opportunities outlined in 4 (b) above.
**OPTION 6**

A Community Trust is established to manage and operate St. Joseph's Hospital. A Community Trust is a not for profit body. The Trust acquires and manages St. Joseph's Hospital on behalf of residents and the community while preserving affordability and the continuation of services as they currently exist. The Trust is independent of the HSE and is legally chartered and regulated to undertake the current activities. It is accountable to the people of the local community. Issues in relation to resources and funding are planned for, and managed by the community in conjunction with the Department of Health and the Nursing Home Support Scheme.

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**Capital Funding**

Options 1 and 3 above assume no additional capital funding is available to the service. Options 2, 4 and 5 require additional capital funding and are beyond the scope of responsibility of the HSE Dublin North East.

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**Option Appraisal Document**

The report “Option Appraisal for the potential reconfiguration of residential services in St. Joseph's Hospital, Ardee” contains information on each of the options summarised on Pages 9 to 11. In addition the report contains a detailed appraisal of each option with information on the advantages, disadvantages, costs and the impacts of key drivers on the particular options.

The full document is available to view or download from [www.hse.ie](http://www.hse.ie).

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**Public Consultation Process**

The HSE has commenced a public consultation process on the future options for St. Joseph's Hospital as a long stay residential unit for older people. The service is committed to ongoing engagement and information sharing with all stakeholders, including residents, their families, staff, local action groups, elected public representatives and the general public.

The HSE acknowledges that the consultation process and the outcome of that process may cause anxiety for residents, their families and staff. Bearing this in mind, the consultation process will be managed sensitively and with care. The following principles will be adhered to throughout the consultation process:
• Safety
• Minimising distress and disruption of services
• Dignity
• Choice
• Respect for family life
• Equality and diversity

The format of the consultation process is set out in detail in the HSE Protocol – Consultation Policy Document in relation to the Potential Closure of Public Long Stay Unit (available in the Option Appraisal document) and a summary of the timeline for the consultation process is set out hereunder:

**Time period and format for consultation**
The HSE will initiate a period of formal consultation which will include face to face contact with residents/clients and other interested parties explaining the content of the Options-Appraisal document and the reasons the HSE is considering reconfiguration options. In addition information will be provided on the consultation process. This consultation will include residents, their families, staff, unions, public representatives and the general public.

**1. The timeline period for consultation**
The total consultation and decision making process will run from December 2012 to February 2013.

**Phase 1**
The HSE will issue letters to residents notifying them of the launch of the Option Appraisal document/s inviting them to participate in the consultation process. Residents will be provided with information about the nature and format of the consultation process. Subsequently residents will receive a letter with a proposed time and date for a meeting and a copy of the questionnaire to be discussed at the meeting. A similar letter will be issued to staff and other interested parties.

The HSE will ensure that each resident’s multidisciplinary health needs are identified and documented as per individual care plans used in the residential unit. A summary assessment and care plan will be available for review by an appropriate medical/clinical person, who is not involved with the unit, if necessary to the outcome of the consultation process. Each individual’s health and safety needs are of paramount concern in the conduct of any consultation process, and the process is focused on understanding the needs and preferences of the residents.

Submissions will be accepted in writing from all interested parties to [www.louth.consultation.hse.ie](http://www.louth.consultation.hse.ie) or to the following postal address:
Louth Consultation
Office of the Operations Manager
Oriel Suite, St. Brigid’s Complex,
Ardee, Co. Louth
The closing date for submissions will occur on January 18th, 2013.

**Phase 2**

Meetings will take place with residents and other interested parties including staff, unions, elected public representatives and action groups. All interested parties will be advised at the commencement of any meeting that their views and opinions may be included in a report published by the HSE and their consent to this will be obtained. The HSE will then advise that no personal information will be disclosed in any published report. However information may be made available under Freedom of Information.

The HSE will prepare a report following the conclusion of each meeting. The individual reports will include any written submissions received from the relevant interested party and in the case of the residents it will also include a completed questionnaire.

At the end of this ‘individual meetings’ process a composite meeting report will be prepared which will include all individual reports as sections in the overall report. It will also include copies of the written responses and questionnaires which will then be presented to the Designated Officer for consideration. The closing date for all submissions will occur on the 18th day of January 2013.

**Phase 3**

The HSE may decide to publish documentation and information surrounding the consultation process with the exception of personal data and commercially sensitive data. The management of the unit/service will submit a written response addressing any issues that have emerged during the course of the consultation process.

**Role of Designated Officer**

The person appointed by the HSE to make decisions about the potential reconfiguration of the residential unit in St. Joseph’s Hospital and to recommend that decision to the Minister for Health is called the Designated Officer and he/she will consider the following information prior to making their decision:

- The information document
- The composite meeting report including appendices
- The medical assessment report
- The management submission
- Any additional information which the Designated Officer deems relevant

The Designated Officer will then inform the National Director for Integrated Service Directorate/Performance and Financial Management of their decision, for submission to the Minister. Once the Minister has communicated his decision to the HSE, this decision will then be communicated to the residents/clients. The HSE and the Minister for Health will announce the Minister’s decision publicly.
The *HSE Protocol – Consultation Policy Document in relation to the Potential Closure of Public Long Stay Units* sets out in greater detail, the nature and format of the consultation process.

**Conclusion**

The total consultation and decision making process will run from December 2012 to February 2013. Your participation is encouraged in the consultation process which enables moving towards a more fully integrated model of client-centred service delivery steered broadly by the HSE Service Planning for 2012 and beyond.

It is imperative that we deliver essential services to those most in need in the most appropriate setting. The HSE is also determined to ensure that the public's money is spent in the most efficient way.

**Contact Information:**

**Address:**
Louth Consultation  
Office of the Operations Manager  
Oriel Suite, St. Brigid's Complex,  
Ardee, Co. Louth

**Email:**
[looth.consultation@hse.ie](mailto:looth.consultation@hse.ie)

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042 9332287 (Louth Office for Services for Older People)