



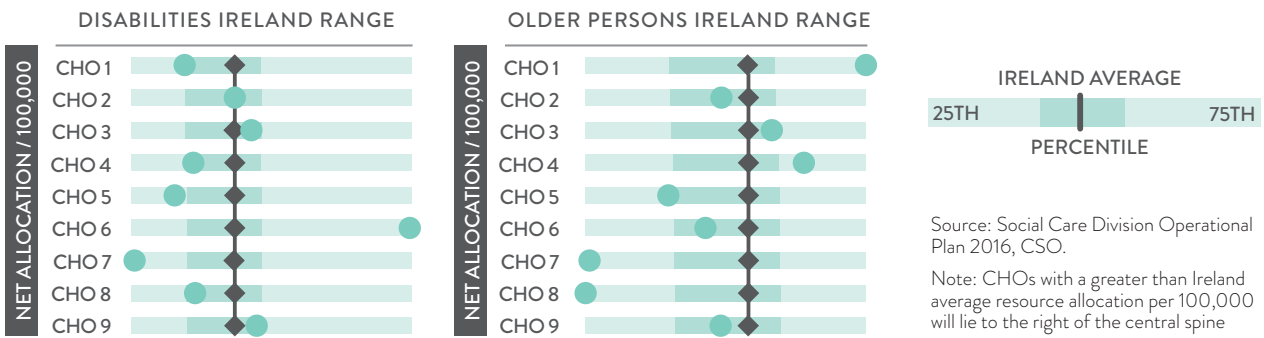
To access the full report go to: www.hse.ie/eng/services/publications/planningforhealth.pdf

ASSUMPTIONS

- The aim of this paper is to project the impact of demographic change on the demand for Social Care Services funded by the HSE in 2017 and give a five year projection to 2022. Utilisation rates for 2015 where appropriate and applicable were used for these projections.
- Population projections are based on the CSO M2F2 scenario.
- No new service improvement initiatives are included
- in projections of activity or costs. In addition unmet demand and need is not reflected in the projections.
- Analysis by CHO Area involving rates are crude rates per 1,000 or 100,000 where applicable and not standardised to the national population.
- All underlying assumptions and projections are based on demographic change only, and do not take into account any changes in policy, models of care, eligibility and service provision since 2015.

KEY MESSAGES

PROFILE OF ALLOCATION OF RESOURCES PER 100,000 POPULATION BY CHOs, 2016



SERVICES FOR THE OLDER PERSON

- Old age dependency will increase from 18.1 in 2012 to 21.2 in 2017, rising to 24.3 in 2022, resulting in an increased demand on services for older people.

RESIDENTIAL BED CAPACITY

- Residential bed capacity is not meeting projected demand for projected population growth. In 2017 it is projected that there will be a deficit of 1,460 long stay and 2,650 short stay beds. This deficit will increase to 5,910 long stay and 3,600 short stay by 2022.

PROJECTED DEFICIT IN SHORT & LONG STAY BEDS

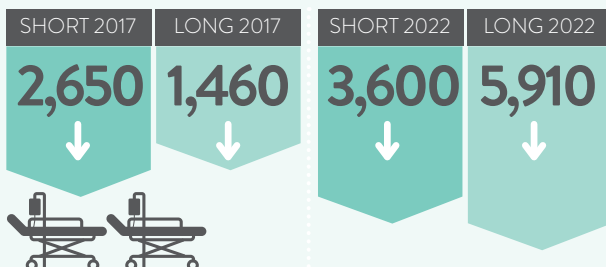
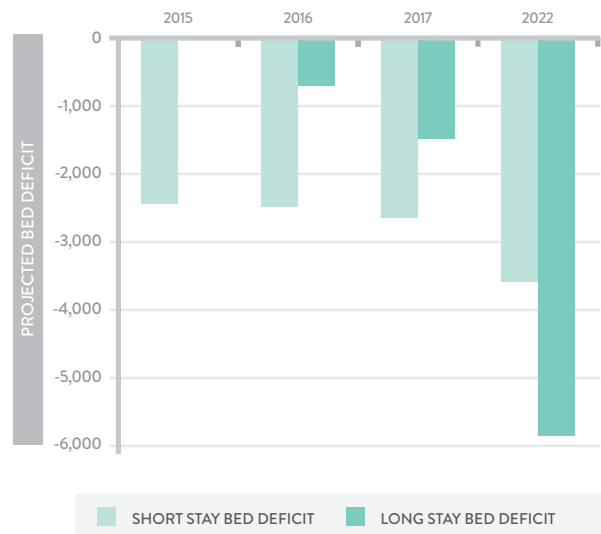


FIGURE 1: PROJECTED DEFICIT IN SHORT AND LONG STAY BEDS FOR 2017 AND 2022

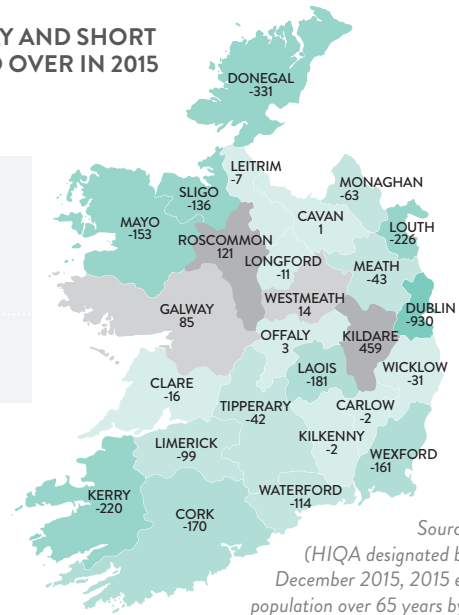
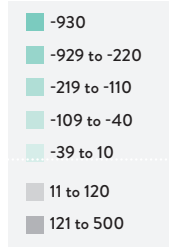
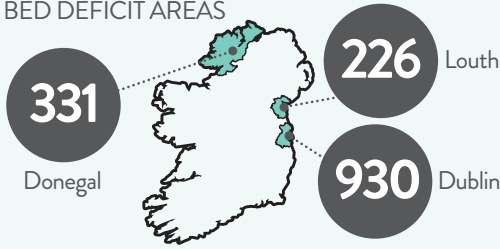


Source: HIQA, CSO

FIGURE 2: VARIANCE BETWEEN NH BED AVAILABILITY (LONG STAY AND SHORT STAY) AND PROJECTED DEMAND IN ADULTS AGED 65 YEARS AND OVER IN 2015

- The greatest bed deficits are in counties Dublin (930 beds), Donegal (331 beds) and Louth (226 beds) while the greatest surplus is in counties Kildare (459 beds), Roscommon (121 beds) and Galway (85 beds)

GREATEST NURSING HOME BED DEFICIT AREAS



NURSING HOME SUPPORT SCHEME (NHSS)

- Using the rate of 3.76%, the Nursing Homes Support Scheme (NHSS) will provide residential support to 24,200 people aged 65 years and over in 2017 and 28,400 in 2022.
- Applications to NHSS for nursing home support are projected to increase by 360 in 2016 (3.6%), a further 330 (3.2%) in 2017 and a further 1,980 (18.5%) by 2022.

APPLICANTS TO NHSS FOR NURSING HOME SUPPORT



HOMECARE

- Based on 2015 utilisation rates and current models of care, there will be 50,875 Home Help clients in 2017, an increase of 1,565 clients from 2016. This will rise to 59,660 in 2022. This will require 300,000 (0.3 million) additional Home Help hours in 2017 and additional 2.27 million by 2022.
- To maintain the 2015 level of Homecare Package provision, an additional 500 home care packages will be required in 2016 and a further 500 required in 2017.
- Increasing complexity of need, as reflected in the casemix index of older people already in acute hospitals demonstrates the increased need for more specific rehabilitation services and complex home care packages.

HOME HELP CLIENTS NUMBERS



ADDITIONAL HOME HELP HOURS REQUIRED



CARERS AGED 65+



- The population aged 75 years and over are the fastest growing cohort providing informal care. Greater support is required for this cohort as they are at greater risk of developing health problems themselves. In 2017 there will be 29,620 carers aged 65 years and over, rising to 34,470 in 2022.

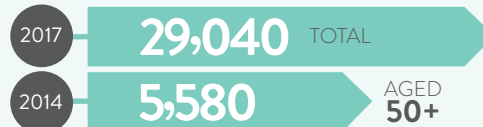
SERVICES FOR THOSE WITH DISABILITY

INTELLECTUAL DISABILITY (ID)

- It is predicted that by 2017 there will be an estimated 29,040 people living with intellectual disability.
- In line with general population trends, life expectancy for people with ID has increased and there were 5,580 people over 50 years of age with intellectual disability recorded on the National Intellectual Disability Database in 2014.
- 20.8% of the total population recorded on the National Intellectual Disability Database have an identified need for respite care.

- TILDA identified higher levels of multi-morbidity in those with intellectual disability, compared to the general population. This group requires greater levels of service input, especially in the areas of Mental Health and Neurological Services.

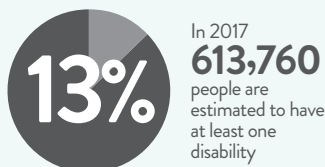
PEOPLE LIVING WITH INTELLECTUAL DISABILITY



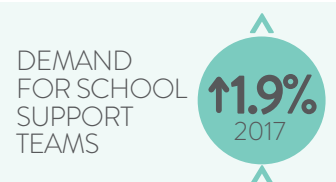
PHYSICAL AND SENSORY DISABILITY (PSD)

- In 2014, 22,908 people were recorded on the National Physical and Sensory Disability Database (NPSDD). The estimated coverage of the NPSDD is 67%, which would equate to an estimated 34,200 people nationally living with physical and sensory disability.
- While only 4% of those on the NPSDD are recorded as being in residential care, of these, 34% are living in nursing homes. The Department of Health (2015) has identified 5.5% of nursing home beds are occupied by those under 65 years equating to 1,670 residents.
- In both children and adults (people over 18 years) the recorded use of respite care is about 10% (9% in children and 11% in adults).
- There is considerable demand for therapeutic services across all ages and the need for personal support services, while low for those less than 18 years, increases in the adult population.

DISABILITY

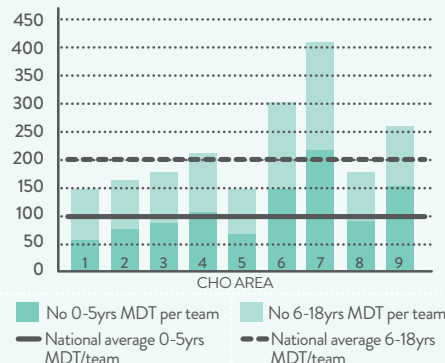


Greatest demand for MDT service to children is in
COMMUNITY HEALTHCARE ORGANISATION AREAS



- 13% of the population reported at least one disability in Census 2011. This equates to 613,760 people in 2017.
- It is estimated that, on average, 5.8% of the population aged 0-17 years have a disability.
- In 2017, this equates to 12,960 children in the 0-5 year age group and a further 25,990 children in the 6-18 year age group.
- There is significant demand for speech therapy in the age group 0-17 years. This is as a result of a cumulative demand from children with an intellectual/learning disability and children with an isolated speech disability.
- It is estimated that 3% of children aged 0-18 years with a disability require a multi-disciplinary team (MDT) service.
- The greatest demand for MDT service to children is in Community Healthcare Organisation Areas 4, 6, 7 and 9.

FIGURE 3: PROJECTED CHILDREN REQUIRING MDT CARE PER DISABILITY NETWORK TEAM, 2017



- The number of children and adolescents living with disability in the 6-18 year age group is projected to increase by 1.9% in 2017 and continue increasing up to 2022, giving rise to an increased demand for school support teams and placements for school leavers.
- Appropriate residential placement for those over 18 years of age continues to be a challenge, with some people inappropriately placed in Nursing Homes for the elderly and psychiatric inpatient facilities.

HEALTH INEQUALITIES

- Disability brings with it significant additional costs which increase the risk of poverty.
- Excluded and disadvantaged groups within the population carry a significant burden of disability.
- Inaccessible and inadequate support for disability may generate and sustain long-term homelessness and multi-morbidity.
- The definition of 'older homeless' should include those aged 50 years and over, as people who have experienced long-term homelessness (especially rough sleepers) die at a much younger age than the general population.
- In the 2011 Census, 17.5% of Irish Travellers had one or more disability compared with 13% of the general population.

RESEARCH AND DATA NEEDS

- Implementation of the single assessment tool for older people is required.
- An international evidence review of models of care for the delivery of homecare should be carried out.
- Revalidation of the current models used to predict demand for services among those aged 65 years and over is necessary.
- Exploration of the concept of a reduced demand for residential services due to healthier ageing, and the impact this would have on demand for home support services is required.
- Development of an indicator (index) to describe activity and complexity of care provision in residential facilities both for older persons and persons with disabilities is recommended. A costing model should be developed in parallel.
- Development of an indicator (index) to describe complexity of care needs among people with a disability, based on a standardised assessment tool is needed. The data generated should be web-enabled and available in a timely manner to inform service planning and development.
- A unified, complete and timely database for people living with disabilities to incorporate the data generated above is required.
- Whenever relevant and possible, Social Care indicators should be reported by socio-economic status and socially excluded groups, to enable equality monitoring of all Social Care Services and monitor progress towards a reduction in health inequalities.