
# Caring for Older West Coasters – changing the focus

## A Request for Expressions of Interest from service providers

**February 2007**

**Planning and Funding**
**West Coast District Health Board**
**P.O. Box 387**
**Greymouth**

## CONTENTS

## 1. Purpose of this paper

West Coast DHB recently released its long-term plan for developing health and support services for older people – the West Coast Improving Services for the Elderly ('WISE') plan.

West Coast DHB wants to make significant changes in the way that long-term support services for older people are funded and delivered, including:

- A stronger emphasis on helping older people stay healthy, fit and independent within their social networks, and on preventing illness, injury and disability
- A 'restorative' model of home-care
- Gradually replacement of some (not all) rest home level beds with supportive/ sheltered housing options, as well as intensive home-care packages
- The development of local short-term non-acute hospital beds
- Greater collaboration between health services and residential care facilities

This Request for Expressions of Interest (REOI) describes these changes in more detail, and invites both existing providers and any potential new providers to:

- Consider how your service might fit into the new model of care
- Respond to the questions raised in this REOI, through informal discussion with us between January to March 2007
- Put together an Expression of Interest to the West Coast DHB by 31 March 2007.

This REOI does not signal any decision by West Coast DHB to withdraw or maintain the funding support given to existing services and providers over the next year.

Rather, we want to open a dialogue with current and any potential new providers as to how we can together reconfigure long-term support services to meet the growing needs of our ageing population over the next ten years.

Reference documents – on the West Coast DHB website, you can find downloadable copies of this paper, as well as the various background documents that we have used in preparing this paper. These include the following and others are listed in the references at the end:

- West Coast DHB. (2006) *West Coast Improving Services for the Elderly* (the "WISE plan") - approved by West Coast DHB Board in December 2006
- West Coast DHB. (2006) *The Health and Independence of Older West Cast residents – a health needs analysis* (a detailed summary of current health data for older West Coasters)

The website also has the Appendix to Caring for Older West Coasters – this is an Excel workbook of the tables referred to in this paper, including current and projected population data, comparative bed numbers and guidelines, and data on expenditure and usage of long-term support services, both residential and home-based.

## 2. Scope of this Request for Expressions Of Interest

### The services covered

This REOI covers those changes in the WISE plan that directly affect the funding and/or delivery of long-term support services, including:

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|---|---|
| Home help | Respite care and carer support |
| Personal care | Short-stay 'non-acute' hospital care *(for respite, rehabilitation etc)* |
| Meals | Long-term rest home level care |
| Adult day care | Long-term hospital care |
| Equipment and housing modifications | Long-term specialist dementia care |
| Transportation services | Supportive housing |
| Support groups | |

The proposed changes also have considerable implications for the following services:

- Needs assessment and service coordination for home-based services, including transfer of care from hospital, and case management for people with long-term conditions
- Community nursing (district nurses, practice nurses, neighbourhood nurses, palliative…)
- Community occupational therapy, physiotherapy, social work, speech language therapy and other allied health groups, as well as continence advisors
- Specialist medical and rehabilitation services for older people (AT&R services)
- Primary health services and management of chronic conditions
- Specialist mental health services for older people, including dementia services
- Health promotion, including falls prevention services

***We are interested in receiving Expressions Of Interest from providers of any or all of the services above, in terms of how your service would respond to the proposed change in focus.***

The diagram on page 5 shows the current health and support services used by older people, clustered into three rough groups. We have deliberately left the boundaries between these groups and services blurry, to encourage ideas for innovative combinations and crossovers:

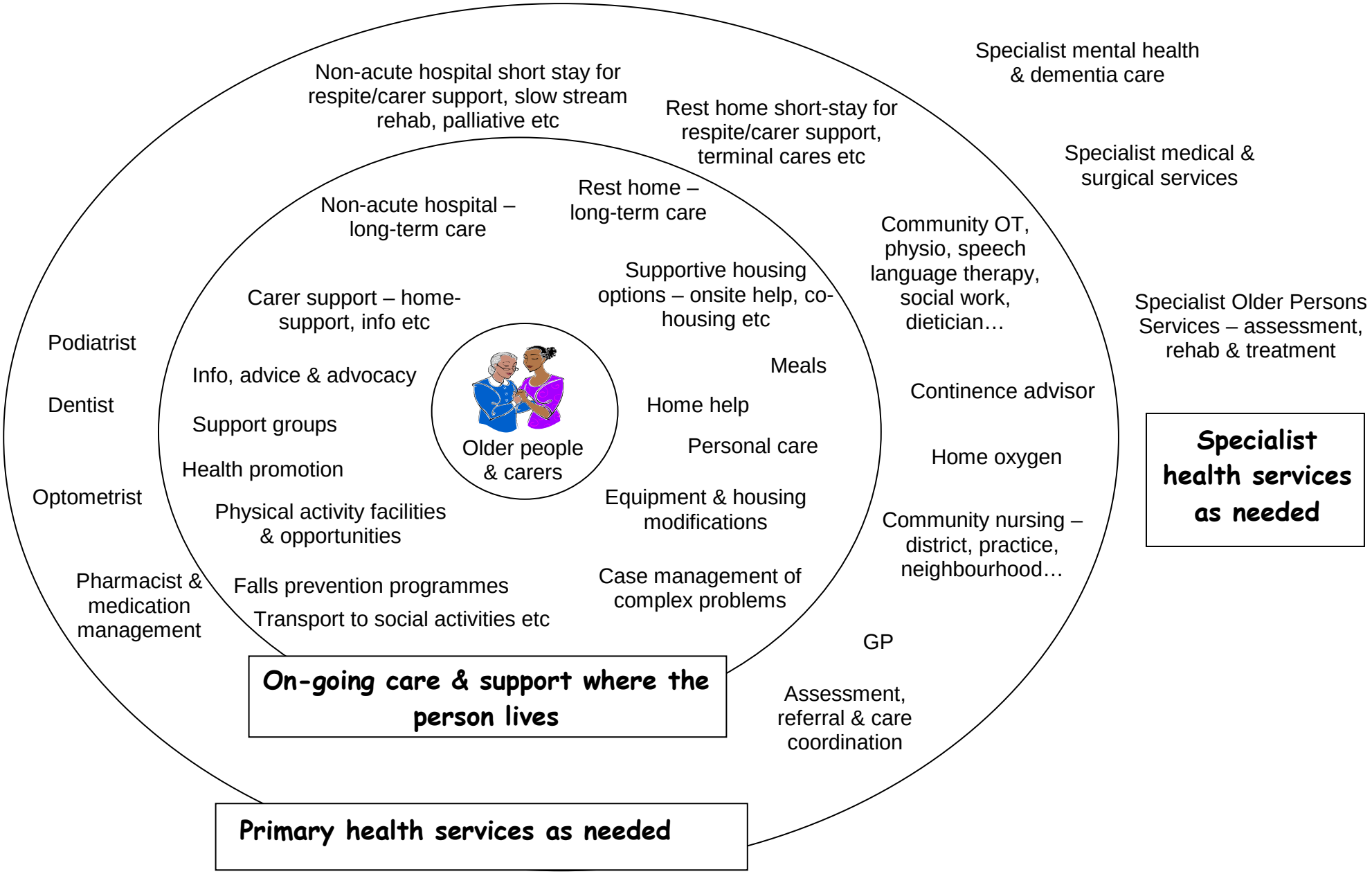
> Examples: *a café sited in the local health centre/hospital/rest home, with transport to bring older people for meals there; joint training in continence management for staff from public hospital, rest homes, home support agencies and primary health centres.*

### Geographic area

Long-term support services need to be as close to where people live as possible, within the inevitable resource constraints facing West Coast DHB as a highly rural DHB. While we wish to have fair access and a consistent approach across the West Coast, we also want to encourage the development of local solutions within the overall strategy.

This REOI covers the whole of the West Coast DHB's area. We are interested in Expressions of Interest that cover the ***whole of this area***, as well as in EOIs that cover a ***part of the area***, such as the Buller district.

# The network of health & support services for older people



### Providers

We want to encourage ***all existing providers*** to envisage how they might change their current services to meet the new model of care, and so are inviting Expressions of Interest from all existing providers, as well as ***any potential new providers***.

This includes both ***DHB-owned providers and non-DHB-owned providers***, such as voluntary organisations and private providers.

This Request for Expressions of Interest does not make any assumptions about possible future changes in contracts or funding with any existing or new providers.

## 3. The older population

### Definition of the group being served

We are planning services for the older population of the West Coast. Mostly this refers to people aged 65+ or more years. When considering chronic conditions and preventive strategies, it is useful to consider the population aged 55+ years, given the poorer than average health of West Coast people. In terms of need for long-term home-based and residential care, the group aged 80 or more years is the most significant.

There is an overlap with people under the age of 65 years who need long-term support services owing to a lifelong physical, sensory or intellectual disability. While this group receives services separately funded by the Ministry of Health, there will be increasing overlap with West Coast DHB's long-term support services for older people as this group ages.

We wish to move away from a funding method that focuses on age or diagnosis as criteria for access to funding, and towards one that focuses on assessed need.

### A growing number of older people

In 2006 there were 4,344 people aged 65 or more years living on the West Coast, and 1,074 people aged 80 or more years. (See Table 1 in the Caring for Older West Coasters Appendix, available from www.westcoastdhb.org.nz).

Between 1991 and 2006 the number of people aged 65+ years rose at around 0.5-1.3 % per year, while the number of people aged 80+ years rose mostly faster, at around 1-4.8% a year.

There are noticeable differences over time and among the three West Coast local authority districts, although this may be partly due to the small numbers.

In terms of the future population of older people - the number of West Coast people aged 65 or more years is expected to rise at around 2-3% a year, and 80+ year olds by 3-4% a year during the period 2006-2026. (See Table 2 in the Appendix)

The number of older West Coasters is not increasing as fast as elsewhere in New Zealand (around 5% for 65+ year olds and 6-8% for 80+ year olds). This is probably partly because lower life expectancy means fewer West Coasters reach older ages, and partly because some older people leave the West Coast to be nearer family and/or the services of larger centres (for instance, when they become unable to drive). We do not know how much this pattern would be reversed if support services on the West Coast were improved.

## The growing need for services and a new model of care

The increasing older population means that more long-term support services will inevitably be needed by 2021. For example:

- *130 more people needing general long-term hospital care at $53,000 a year each*
- *10 more hip fractures a year at a cost of around $22,000 each.*
- *20 more strokes a year, 20% of whom are likely to go on to long-term residential care*

The average 65 year old lives longer and more healthily now than 20 years ago due to better prevention (e.g. stopping smoking, diet) and better treatment (e.g. hypertension medication).

**Inequalities** – however this improvement has been experienced less by people on low incomes and not at all by Maori. These groups in our community must get the preventive and primary care services they need if we are going to manage the rising tide of need for services in the next twenty years.[1]

**A new model of care is needed** - the inevitable increase in the number of older people means we must make very best use of the resources we have. Much could be done to reduce people's need for health services by taking a more proactive and preventive approach. For example:

- *Balancing and muscle strengthening exercises have been proven to be effective in reducing falls and fractures, particularly among very old people.*
- *Fast effective intervention by hospital staff skilled in stroke management can do much to reduce disability following a stroke, as well as the risk of second and third strokes.*
- *Older people are more motivated to stop smoking and more likely to be successful in stopping than the average smoker.*
- *Supportive housing could ease the need for safety and company that makes some older people enter rest homes – West Coast has very few supportive housing options.*

We need to be proactive in helping frail older people stay fit and well. A fall, a bereavement, a bad bout of flu in a cold house can lead to a cascade of problems – hospital admission, temporary confusion, carers burning out, a drop in functioning and then rest home care is needed.[2]

**Unclogging the care system?** - currently West Coast DHB funds more long-term home support services per head of older population than other South Island DHBs and also has the second highest per capita usage of residential care beds in New Zealand.[3] Despite this, it is often difficult to find residential beds for people, whether long-term placements or short-term respite care. The use of home help on the West Coast is high and has been rising, but the use of carer support, respite care and day care is low compared to elsewhere and has been dropping.[4] A vicious circle is happening where residential facilities are too full to be able to offer the short-term respite care that might keep some people from needing permanent care.

If more supportive housing options were available, as well as more flexible home-based services (including short-stay residential care), this might reduce the current pressure on rest home beds and unclog the system.

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[1] See *The health and independence of older West Coast residents –a health needs analysis* (2006), downloadable from West Coast DHB website www.westcoastdhb.org.nz

[2] See *Planning health and disability support services for older people over the next 20 years – a brief literature review* (2004), downloadable from www.westcoastdhb.org.nz

[3] Data for 2005/06 data from an as yet unpublished paper prepared for DHBNZ. See also Appendix A in *The health and independence of older West Coast residents –a health needs analysis* (2006).

[4] See Table 4 in the Caring for Older West Coasters workbook at www.westcoastdhb.org.nz.

## 4. A new model of care – home support

### Some problems with the current model of home support

**Not very flexible in responding to people's needs** – currently the DHB funds home support in the form of a set number of hours of home help or personal care, and a set number of days of respite care or carer support, or a set service like meals on wheels. There is little scope for providing flexible options to suit people's individual situations, and the small size of West Coast communities means there's a relative lack of voluntary organisations like Age Concern to fill the gaps.

**Not easy to coordinate –** support services are accessed from a wide variety of sources and budgets – NASC, district nursing, social work, community occupational therapy etc. This makes it difficult to coordinate services for individuals, or for any one health worker to have overall responsibility for ensuring <u>all</u> services are in place.

**High turnover and low skill level of care workers** - funding home help and personal care services on a hourly rate has contributed to care worker jobs becoming casualised and poorly paid, with resulting high staff turnover and low skill levels. This has implications for quality of care - having the same trusted, skilled caregiver is crucial for most older people.

### What a different system could look like -

- **More flexible and tailored to people's individual situations and needs** – a wider range of options than just home help and personal care provided within the set funding for people's assessed level of need. Examples: *transport to take Mr Jones to a shared meal a few times a week; a dog-walker to look after Mrs Jones' dog while she recuperates from a stroke so she doesn't have to give him away.*
- **A stronger focus on rehabilitation** and helping people retain and/or regain their abilities and fitness. Examples: *a homecare worker walking with Mrs Jones to get the post, rather than getting it for her; a homecare worker supporting Mrs Nathan to do her falls prevention exercises.*
- **Greater input of allied health and nursing** skills in the training and supervision of homecare workers. Examples: *the homecare worker looking after Mrs Jones at home after a stroke follows a set of tasks drawn up by the OT, so that she helps her maximize what she can manage rather than just 'doing for' her.*
- **More closely linked to the local general practice**, district/community nurses and community OTs, physios and other allied health staff. Example: *the homecare workers looking after Mrs Jones are part of a team that includes the homecare coordinator/supervisor, local practice nurse/district nurse and GP, health of older people specialist outreach nurse, community OT etc.*
- **Value the skills of care workers** more highly through greater training and supervision, as well as permanent employment and recognition of travel and training expenses. Example: *the homecare workers looking after Mrs Nathan are permanent part-time employees, the 'eyes and ears' of the multi-disciplinary team.*
- **Value and support the work of unpaid carers** and the family, whanau and social network that the older person belongs to. Examples: *funding childcare to enable Mrs Nathan's daughter to do her personal cares; transport to enable Mr Smith to maintain his sports coach role; specific information and support to help Mrs Jones' daughter manage her mother's continence problems; putting Mrs Jones and her daughter in touch with the local stroke support group.*

- **Support the older person to remain socially and physically active** – through transport, information, networking and other practical means. Examples: *transport to enable Mrs Nathan to see her friends; finding a buddy to go with Mr Smith to the swimming pool.*

Much home support on the West Coast is in fact delivered in this way, based on the skill and experience, goodwill and cooperation of many homecare workers, coordinators, nurses, allied health workers, volunteers and others who make the system work.

But this isn't supported by the way services are currently funded or organised, and this is what we want to change.

### A 'restorative' model

A number of 'restorative' models of homecare are being tried out around New Zealand. Some of them are funded through the provider holding a budgeted amount for each client for a set period (e.g. 12 months), and being responsible for providing all the services needed to keep the client fit and healthy at home within that budget.

These services can include an intensive input of allied health and nursing, if this helps the person reach their best level of functioning and not become dependent on ongoing home support.

In pilots being done elsewhere, the allied health and nursing input is provided by the home care agency itself. This is probably impractical for the West Coast, given the small size of services.

***Allied health input into homecare - we want allied health services to have a stronger input into home support services, but without weakening their professional base. Your ideas on how this could be achieved are welcomed.***

### Funding home support by client, rather than by hour of service

Funding home support by client rather than per hour of service has made it easier in some DHB areas for the homecare provider to employ carers on a permanent basis, and to invest in training and supervision.

In these funding models, the total amount of funding for any one person/family is based on their level of assessed need, and is not that much different from at present. This ensures fairness when people with the same level of need are getting different types of services. It also means the budget is not blown out by suddenly expanding the types of services the DHB will fund.

***A client-based funding method for home-based services - your comments on how this proposed change in funding method could be implemented are welcomed.***

### A changing role for home-care workers

The restorative model assumes that homecare workers will have more skills than is currently the case, and receive closer supervision and training from nursing and allied health professionals.

There is scope for the home-care worker role to become much more of a stepping-stone to a health professional role for those who would like to take this step – i.e. to be at the level of enrolled nurse, OT assistant or physio assistant.

***A more skilled role for home-care workers* - we seek your ideas on how this change in the role of home-care workers could be achieved.**

### Better care coordination

West Coast DHB will be establishing a Community Coordinating Service (CCS), which essentially brings together the needs assessment and service coordination roles of the current needs assessors, service coordinator, older persons' specialist outreach nurse, district nurses etc. It also brings together all the budgets used for supporting people at home, for easier access and management.

The Community Coordinating Service will work towards all assessments being done using a common assessment tool, such as InterRAI,[5] and a shared client record.

The setting up the Community Coordinating Service in 2007 will be done with the involvement of all stakeholders. One of the issues that will need resolving is: who should do the ongoing care coordination for an older person – the home support service/primary care team or the CCS or other?

Examples: *Mrs Jones at 87, frail, poor sight and recovering from stroke, may need on-going care coordination – best done by a key worker (e.g. AT&R outreach nurse)? ; Mr Smith, 68, usually fit and active but slowed down by a hip fracture, may only need intermittent reassessment and care coordination, which could be done by the CCS?*

***Care coordination* – your thoughts on whether care coordination sits with the Community Coordinating Service, the home support provider, primary care team or elsewhere are welcomed.**

[5] See The Ministry of Health website – Project Updates section for more information on InterRAI – www.moh.govt.nz/olderpeople

## 4b. A new model of care - residential care

### A high proportion of West Coasters go into rest homes

Most older people do not relish the idea of moving into a rest home, yet West Coasters make this move more often than other New Zealanders. A third more older West Coasters use rest homes compared to other South Islanders.[6]

However our use of long-stay hospital and specialist dementia facilities (rest home and hospital level) appears to be more similar to that of other areas.

West Coasters probably move into rest homes sooner and more often than they might elsewhere because:

- It is not practical to provide intensive home support to remote rural areas. Even in West Coast urban centres the lack of public transport and voluntary organisation services make it harder for people to continue to live independently.
- There are few housing options between living at home or moving to a rest home – council pensioner flats have long waiting lists, and the population is too small, scattered and non-affluent to attract retirement village proprietors.
- There are probably relatively more older men living alone and in remote locations, with more medical problems and informal support less easily available.
- The way home support services are currently funded and organised does not easily allow for flexible or individually tailored solutions to enable people to stay at home.
- The current pressure on residential care beds makes it harder to find beds for short-stay respite care or carer support. This leads to a vicious circle whereby someone who might have stayed at home with occasional respite periods in a rest home has to enter permanent care, thereby reducing the number of beds available for short-stays.

### Scope for more supportive housing and intensive homecare

There is clearly a need for more supportive housing for older people who need more security, company and support, particularly for those on low incomes and those who need to rent.

Various options are around,[7] such as:

- Abbeyfields and other co-housing models. Abbeyfields groups are independent trusts, where 8-15 people buy into a purpose-built house with a live-in cook/manager. Abbeyfields groups have formed in Greymouth and Westport.
- Kaumatua housing based on or near a marae.
- Local council pensioner units with an on-call warden or other way of providing support e.g. locating nearby local hospital/health centre.
- Retirement village units built near existing residential care facilities.

[6] 3.6% of West Coasters aged 65+ years, compared to 2.7% of all South Islanders in 2004/05 – see Appendix A in *The health and independence of older West Coast residents –a health needs analysis* (2006).

[7] See Judith Davey et al. *Accommodation Options for Older People in Aotearoa/New Zealand* (NZ Institute for Research on Ageing, 2004) for a great description of a wide variety of options for helping older people remain living independently while getting the care they need – download from http://www.hnzc.co.nz/chr/publications.html

All these are housing options rather than 'care' per se. They represent a less medicalised type of care, which is likely to be attractive to people and supportive of their independence and health.

Being housing rather than rest home or hospital care, these options can be developed flexibly even in very small communities where it is too hard to get paid staff or sufficient residents to make a rest home or hospital viable.

West Coast DHB can support people in supportive housing through home-care services.

***<u>Supportive housing options</u> - we are keen to explore supportive housing options and welcome your proposals and ideas for initiatives in this area.***

### Getting the right number and mix of residential care beds

We have been looking at how many long-term care beds we will need over the next 10-20 years. This is difficult to calculate, as it depends on the amount of supportive housing available and on how many people could stay at home with intensive homecare packages.

Because of this difficulty, the Ministry of Health has decided not to produce national residential care bed guidelines on the Australian model.

However in practice West Coast DHB needs some rational and explicit basis for funding residential care beds into the future, both to be able to manage the budget for this service and to give some indication of our funding plans to assist providers in their capital investment decisions.

***We are still working on this but are putting forward where we have got to, in order to make this planning process transparent and to invite providers and others in the sector to join in this discussion.***

We have reviewed various guidelines from the past and from elsewhere, and applied them to the West Coast older population. We also compared our bed numbers and utilisation to those of other DHBs of a similar size and type. (See Table 3 in the Appendix.)

More work needs to be done to understand the data and what lies behind it, but in summary, these comparisons suggest that:

- The West Coast is not an outlier in terms of the number of beds per 1000 older population aged 65+ years. West Coast has much the same number of rest home beds per 1000 population compared to other similar size DHBs, while also having more hospital level beds and fewer specialist dementia beds.
- In terms of the Midland region and Australian bed guidelines, West Coast has about a third more total beds, with all types of beds being higher than either set of guidelines.

However, in terms of DHB <u>expenditure</u> on residential care, West Coast DHB has the second highest spending on residential care services per head of older population, 33% higher than the national average. This appears to be driven by two factors:[8]

- A high cost per bed day – this is due to a higher proportion of residents who need to be fully subsidised, compared to other DHBs with a richer population. This accounts for about 7% of the 33% difference from the national average spend.

[8] The source for this information is a draft paper prepared for DHBNZ and recently circulated to DHBs. It is based on expenditure and utilisation data for 2005/06.

- A high proportion of the older population using rest home care – for the reasons noted on page 11. This accounts for the remaining 24% difference from the national average.

While little can be done to change this cost driver, there is probably scope for reducing the use of long-stay rest home beds by increasing the number of supportive housing options, together with more flexible and intensive homecare options, including better access to short-stay residential care for respite and carer support.

The extent to which such alternative services and accommodation can substitute for rest home care will be limited by the unique nature of the West Coast's small and widely dispersed population and relative lack of informal and community supports compared to more urban areas. So we need to allow for this when considering other areas as a benchmark for the number of rest home beds needed.

On the other side of the equation we also need to consider that a relatively high proportion of West Coasters move elsewhere for residential care services. West Coasters using residential facilities in other DHB areas account for about 5% of our total residential care budget[9] – these are beds that West Coast DHB has to fund but which are provided elsewhere. So the West Coast's planned number of bed should be reduced by 5% to account for this (though the expenditure still needs to be reserved to pay for these beds, as West Coast DHB is now responsible for this ongoing funding).

So, although we are still working on the exact number of beds (as well as supportive housing and intensive homecare packages) needed in the different locations on the West Coast, the analysis suggests that in general terms we should plan for:

- ***Increasing the number of long-stay hospital and specialist dementia beds to match the expected gradual rise in the 80+ older population.***
- ***Doing more work on the extent to which rest home beds should be increased, and establish the extent to which the current pressure on rest home level care could be eased by the development of supportive housing options and more flexible home support packages, including greater and more flexible use of short-stay residential care beds.***

There are no guidelines for the number of supportive housing beds needed and we need to do more work to estimate this. In the meantime, given the relative lack of this type of housing on the West Coast, we want to actively encourage the development of a range of different local housing options of this type.

***<u>Proposed bed numbers</u> - we welcome the response of your service to these proposals to:***

***a) Increase the number of long-stay hospital and specialist dementia beds, to match the expected gradual rise in the 80+ older population, and***

***b) Do more work on the extent to which rest home beds should be increased, and establish the extent to which the current pressure on rest home level care can be eased by the development of supportive housing options and more flexible home support packages, including a greater and more flexible use of short-stay residential care beds***

[9] This is net of the people coming into West Coast facilities from other DHB areas. The source is data on Inter-District Flows of expenditure, routinely analysed for West Coast DHB by the South Island Shared Agency (SISSAL)

### Blurring the boundary between home and residential care

The current separate buckets of funding for homecare, residential care and respite care make it unnecessarily hard to put together packages to enable people to stay at home.

> Example: *Mrs Jones, 87, frail, not very mobile, poor vision etc is adamant she doesn't want to leave home. She can manage with intensive home support so long as she spends one week a month at the local rest home, being fed and cared for. (Or maybe at the local council housing complex or friendly boarding house?) But this type/level of respite care is not funded currently.*

Funders have traditionally been somewhat suspicious of residential providers offering day care or retirement units, fearing it encourages people to move on to rest home care who might not otherwise really need it. But if the funding and incentives were different, this blurring of home-care and residential care could work well.

***Residential/homecare boundary - we welcome proposals for innovative ways of combining residential and home-based services to enable people to maintain independence while getting support when they need it, such as easier and more flexible access to short stays in residential care.***

### Closer links between residential care and health and rehabilitation services

There is greater recognition now of the extent to which long-term aged residential care and acute hospital services are integrally linked – good management of illness in residential care means fewer acute admissions to hospital; sufficient residential beds means people do not stay unnecessarily long in an acute ward waiting for transfer to long-term care.

This partly reflects the change since 2003 when funding responsibility for long-term support services was devolved to DHBs, to become part of DHBs' core business.

Possible collaborative arrangements between health services and residential care providers might include:

- **Short-term 'non-acute' beds** for people who need a longer period of rehabilitation after discharge from an acute hospital bed – also termed 'slow-stream rehabilitation' or transitional care. The Grey Base 2020 project for reconfiguring Grey Base Hospital identifies the need for more non-acute beds.[10]
- **Collaboration on staffing** issues – e.g. joint training, recruitment, rotation etc
- **Greater input from specialist staff** – assessment, consultation, assessment, advice, training etc from allied health, specialist nursing and other Health of Older People's staff.
- **Joint purchasing arrangements**
- **Information sharing** - e.g. using the DHB website as a common information resource for all providers, to post notices, educational material etc.

***Collaboration between residential and hospital services - we welcome your proposals for ways of achieving better working relationships between health services and residential care providers.***

[10] An example of a residential care facility being used for short-term non-acute beds and rehabilitation can be found in the ASPIRE research study (Auckland Uniservices 2006). A 'Transitional Care' service specification covering rehabilitation in both home and residential care settings is available on the national DHB contract intranet.

## 5. Working together on a new model of care

### Resourcing

In terms of West Coast DHB's resources, we may have some scope for making more effective use of the dollar, given that our spending on long-term support services per person aged 65+ years is one of the highest in the country, particularly for rest home level care.

This suggests that, even given the West Coast's unique rurality issues, poorer overall health and higher proportion of subsidised clients, we could reconfigure services so they will meet the growing needs of older West Coasters in the future. This should be possible within current resources if we start now before the tide of an ageing population catches up with us.

### The sustainability of the long-term care sector

We acknowledge the long-standing issues of sustainability which the long-term care sector has faced and still faces. These are particularly difficult in a small rural population, where staff retention is a constant problem for all providers.

The changes we are proposing are partly intended to address the issue of sustainability. We believe that solutions can be found, not just by increasing the price of the current services or the number of beds, but by making the changes to the way services are funded and delivered that have been described above.

If homecare services and supportive housing are developed more fully, this is likely to ease the pressure for low-level rest home care, and this in turn should free up long-stay beds for people at a higher level of need. If more short-stay non-acute beds are available for respite and slow-stream rehabilitation, this is also likely to reduce the pressure on long-stay beds.

The proposed model very much depends on the building of collaboration and trust among all those working in older persons' health and support services, since the success of each service, whether rest home, home-care or hospital ward, relies on the success of all the other services

We invite your collaboration in what will be an exciting project to improve services for our older people and ensure that these services are sustainable into the future.

***Sustainability and viability of the long-term care sector - we welcome your proposals for ways of improving the sustainability of long-term care, within the constraints of the DHB's overall long-term care budget***

## 6. What happens next

We invite all existing providers and any potential new providers to:

***During February and March*** - consider how your service might fit into the new model of care described here and:

- ***Respond to the questions raised in this REOI*** – we have included a summary of the questions in the paper as a questionnaire to send to us,

  and/or

- ***Contact us for an informal discussion –*** please contact Torfrida Wainwright, Planning and Funding, 03-768-0499, ext 2855 or 021-107-3937 torfrida.wainwright@westcoastdhb.org.nz

***By 31 March 2007 – send us an Expression of Interest.*** We expect this would include the completed questionnaire, together with any specific proposals.

Please send your Expressions of Interest to:

Torfrida Wainwright
Planning & Funding
West Coast District Health Board
P.O. Box 387
Greymouth or email to torfrida.wainwright@westcoastdhb.org.nz

On the basis of discussions and proposals received, the Planning and Funding team will then prepare an action plan by 1 May that may include:

- A Request For Proposal for the provision of a specific number of long-term residential care beds (this may include rest home, hospital and dementia level)
- A Request for Proposal for the establishment of short-term non-acute beds
- Changes to the funding and delivery of home-based support services for older people to a more restorative, flexible and innovative model
- Active support for specific supportive housing options in local areas

Again, this REOI does not signal any decision by West Coast DHB to withdraw or maintain the funding support given to existing services and providers over coming years.

We look forward to working with you on innovative and exciting ways of changing how we care for our older people on the West Coast, so that we are able to meet their needs over the coming decades.

## REFERENCES


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- West Coast DHB. (2006) *West Coast Improving Services for the Elderly.* The "WISE plan"- approved by West Coast DHB Board in December 2006. Downloadable from West Coast DHB website – www.westcoastdhb.org.nz WISE Older persons project page
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**Caring for Older West Coasters – Changing the Focus**
**Request for Expressions of Interest**
**RESPONSE FORM**

## 1. ORGANISATION DETAILS

**Please provide the following details of your organisation:** (if a joint venture is proposed please complete part 1 for each organisation)

**1.1 Full name of organisation:** _____

**1.2 Type of organisation:** _____
*E.g. DHB owned service, Incorporated Company, Charitable Trust, Incorporated Society, etc*

**1.3 Contact details:**

Address: _____

Phone Number: _____ Fax Number: _____

Contact person: _____

Position: _____

## 2. CURRENT SERVICES

**2.1 Do you currently provide any health or disability support services?**
Yes ❑ No ❑

**2.2 If the answer to 2.1 is yes, please complete the following:**

| Name and Location of Service | Briefly describe the nature of the services currently provided | Population reached | Number of years provided |
|---|---|---|---|
| | | | |

## 3. RESPONSE TO REOI QUESTIONS

***<u>Allied health input into homecare</u> - we want allied health services to have a stronger input into home support services, but without weakening their professional base. Your ideas on how this could be achieved are welcomed.***

***<u>A client-based funding method for home-based services</u> - your comments on how this proposed change in funding method could be implemented are welcomed.***

***<u>A more skilled role for home-care workers</u> – we seek your ideas on how this change in the role of home-care workers could be achieved.***

***<u>Care coordination</u> – your thoughts on whether care coordination sits with the Community Coordinating Service, the home support provider, primary care team or elsewhere are welcomed.***

***<u>Supportive housing options</u> - we are keen to explore supportive housing options and welcome your proposals for initiatives in this area.***

***<u>Proposed bed numbers</u> - we welcome the response of your service to these proposals to:***

***a) Increase the number of long-stay hospital and specialist dementia beds, to match the expected rise in the 80+ older population, and***

***b) Do more work on the extent to which rest home beds should be increased and establish the extent to which the current pressure on rest home level care could be met by the development of supportive housing options and more flexible home support packages, including a greater and more flexible use of short-stay residential care beds.***

***<u>Residential/homecare boundary</u> - we welcome proposals for innovative ways of combining residential and home-based services to enable people to maintain independence while getting support when they need it, such as easier and more flexible access to short says in residential care***

***<u>Collaboration between residential and hospital services</u> - we welcome your proposals for ways of achieving better working relationships between health services and residential care providers.***

***<u>Sustainability and viability of the long-term care sector</u> - we welcome your proposals for improving the sustainability of long-term care, within the constraints of the DHB's overall long-term care budget.***

**ANY OTHER COMMENTS?**

**Thank you for your comments. Please send this form back to**

**Torfrida Wainwright**
**Planning & Funding**
**West Coast District Health Board**
**P.O. Box 387**
**Greymouth or email to torfrida.wainwright@westcoastdhb.org.nz**

**by 31 March 2007**

This workbook contains spreadsheets to be read in conjunction with
Caring for Older West Coasters - a Request for Expressions of Interest

This REOI has been prepared by the West Coast DHB as part of its planning for older persons services, February 2007

For more information, see the West Coast DHB website:
www.westcoastdhb.org.nz, section on WISE Older Persons Project

# TABLE 1

## ACTUAL POPULATION - CHANGES IN WEST COAST OLDER POPULATION, BY AGE GROUP AND DISTRICT, 1991 TO 2006

**Age Group and Sex, for the Census Usually Resident Population Count, 1991, 1996 and 2001**

**NUMBER OF PEOPLE IN EACH AGE GROUP**

### 1991

| | 55-59 Years | | | 60-64 Years | | | 65-69 Years | | | 70-74 Years | | | 75-79 Years | | | 80-84 Years | | | 85 Years and Over | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Femal | Total | Male | Female | Total | Male | Femal | Total |
| **Buller** | 246 | 216 | **465** | 240 | 246 | **486** | 243 | 234 | **477** | 162 | 192 | **354** | 114 | 168 | **285** | 51 | 87 | **138** | 24 | 63 | **87** |
| **Grey** | 285 | 261 | **546** | 279 | 261 | **543** | 252 | 276 | **531** | 210 | 243 | **453** | 144 | 165 | **309** | 81 | 111 | **192** | 24 | 66 | **87** |
| **WestInd** | 183 | 138 | **321** | 177 | 135 | **315** | 174 | 144 | **321** | 123 | 117 | **240** | 84 | 120 | **204** | 42 | 84 | **126** | 18 | 51 | **69** |
| **West C.** | **714** | **615** | **1,332** | **696** | **642** | **1,344** | **669** | **654** | **1,329** | **495** | **552** | **1,047** | **342** | **453** | **798** | **174** | **282** | **456** | **66** | **180** | **243** |

**AVERAGE YEARLY % INCREASE WITHIN EACH 5-YEAR PERIOD**

### 1991 to 1996

| | 55-59 Years | | | 60-64 Years | | | 65-69 Years | | | 70-74 Years | | | 75-79 Years | | | 80-84 Years | | | 85 Years and Over | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Femal | Total | Male | Female | Total | Male | Femal | Total |
| **Buller** | 2.2 | 3.6 | **2.6** | 1.8 | (2.4) | **(0.4)** | (1.5) | (1.3) | **(1.4)** | 4.4 | (1.3) | **1.5** | 0.5 | (1.4) | **(1.1)** | 5.9 | 6.2 | **6.1** | 7.5 | 1.9 | **3.4** |
| **Grey** | 3.8 | 2.8 | **3.2** | (0.2) | (0.9) | **(0.7)** | (1.4) | (2.4) | **(2.0)** | (1.1) | (0.2) | **(0.7)** | (0.4) | 4.4 | **1.9** | 2.2 | 3.2 | **2.8** | 27.5 | 7.3 | **14.5** |
| **WestInd** | 1.3 | 3.0 | **2.2** | - | - | **(0.2)** | (2.4) | (1.3) | **(2.1)** | 2.9 | 2.1 | **2.8** | 0.7 | (3.0) | **(1.2)** | 1.4 | 0.7 | **1.0** | - | 4.7 | **4.3** |
| **West C.** | **2.6** | **3.1** | **2.7** | **0.5** | **(1.3)** | **(0.4)** | **(1.7)** | **(1.7)** | **(1.8)** | **1.7** | **(0.1)** | **0.9** | **0.2** | **0.3** | **0.1** | **3.1** | **3.4** | **3.3** | **12.7** | **4.7** | **7.7** |

**NUMBERS WITHIN LARGER AGE GROUPS, 1991, 1996, 2001, 2006**

### 1991

| | 55+ Years | | | 60+ years | | | 65+ Years | | | 70+ years | | | 75+ Years | | | 80+ years | | | 85 Years and Over | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Femal | Total | Male | Female | Total | Male | Femal | Total |
| **Buller** | 1,080 | 1,206 | **2,292** | 834 | 990 | **1,827** | 594 | 744 | **1,341** | 351 | 510 | **864** | 189 | 318 | **510** | 75 | 150 | **225** | 24 | 63 | **87** |
| **Grey** | 1,275 | 1,383 | **2,661** | 990 | 1,122 | **2,115** | 711 | 861 | **1,572** | 459 | 585 | **1,041** | 249 | 342 | **588** | 105 | 177 | **279** | 24 | 66 | **87** |
| **WestInd** | 801 | 789 | **1,596** | 618 | 651 | **1,275** | 441 | 516 | **960** | 267 | 372 | **639** | 144 | 255 | **399** | 60 | 135 | **195** | 18 | 51 | **69** |
| **West C.** | **3,156** | **3,378** | **6,549** | **2,442** | **2,763** | **5,217** | **1,746** | **2,121** | **3,873** | **1,077** | **1,467** | **2,544** | **582** | **915** | **1,497** | **240** | **462** | **699** | **66** | **180** | **243** |

**AVERAGE YEARLY % INCREASE WITHIN EACH 5-YEAR PERIOD FOR EACH AGE GROUP**

### 1991-1996

| | 55+ Years | | | 60+ years | | | 65+ Years | | | 70+ years | | | 75+ Years | | | 80+ years | | | 85 Years and Over | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Femal | Total | Male | Female | Total | Male | Femal | Total |
| **Buller** | 1.7 | 0.0 | **0.8** | 1.6 | (0.7) | **0.3** | 1.5 | (0.2) | **0.5** | 3.6 | 0.4 | **1.6** | 2.9 | 1.3 | **1.6** | 6.4 | 4.4 | **5.1** | 7.5 | 1.9 | **3.4** |
| **Grey** | 0.9 | 1.0 | **0.9** | 0.1 | 0.5 | **0.3** | 0.3 | 1.0 | **0.6** | 1.2 | 2.6 | **2.0** | 3.1 | 4.6 | **4.1** | 8.0 | 4.7 | **6.5** | 27.5 | 7.3 | **14.5** |
| **WestInd** | 0.4 | 0.5 | **0.5** | 0.1 | - | **0.1** | 0.1 | - | **0.2** | 1.8 | 0.5 | **1.3** | 0.8 | (0.2) | **0.5** | 1.0 | 2.2 | **2.2** | - | 4.7 | **4.3** |
| **West C.** | **1.1** | **0.5** | **0.8** | **0.6** | **(0.0)** | **0.3** | **0.7** | **0.3** | **0.5** | **2.1** | **1.3** | **1.7** | **2.5** | **2.1** | **2.3** | **5.8** | **3.9** | **4.8** | **12.7** | **4.7** | **7.7** |

Source: 1991-2001 data was downloaded from Statistics NZ website using Table Builder in December 2006. Data for 2006 was downloaded from Statistics NZ website not using Table Buil

## TABLE 1 continued

## ACTUAL POPULATION - CHANGES IN WEST COAST OLDER POPULATION, BY AGE GROUP AND DISTRICT, 1991 TO 2006

### NUMBER OF PEOPLE IN EACH AGE GROUP

**1996**

| | 55-59 Years | | | 60-64 Years | | | 65-69 Years | | | 70-74 Years | | | 75-79 Years | | | 80-84 Years | | | 85+ Years | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| **Buller** | 273 | 255 | **525** | 261 | 216 | **477** | 225 | 219 | **444** | 198 | 180 | **381** | 117 | 156 | **270** | 66 | 114 | **180** | 33 | 69 | **102** |
| **Grey** | 339 | 297 | **633** | 276 | 249 | **525** | 234 | 243 | **477** | 198 | 240 | **438** | 141 | 201 | **339** | 90 | 129 | **219** | 57 | 90 | **150** |
| **WestInd** | 195 | 159 | **357** | 177 | 135 | **312** | 153 | 135 | **288** | 141 | 129 | **273** | 87 | 102 | **192** | 45 | 87 | **132** | 18 | 63 | **84** |
| **West C.** | **807** | **711** | **1,515** | **714** | **600** | **1,314** | **612** | **597** | **1,209** | **537** | **549** | **1,092** | **345** | **459** | **801** | **201** | **330** | **531** | **108** | **222** | **336** |

### AVERAGE YEARLY % INCREASE WITHIN EACH 5-YEAR PERIOD

**1996-2001**

| | 55-59 Years | | | 60-64 Years | | | 65-69 Years | | | 70-74 Years | | | 75-79 Years | | | 80-84 Years | | | 85+ Years | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| **Buller** | 0.7 | 2.4 | **1.7** | (1.6) | 2.8 | **0.3** | 1.6 | (1.4) | **-** | (0.6) | 2.7 | **0.8** | 3.1 | (1.2) | **0.7** | 2.7 | 1.1 | **1.7** | (1.8) | 5.2 | **2.9** |
| **Grey** | 1.6 | 2.2 | **2.1** | 2.8 | 3.9 | **3.3** | 3.1 | (0.2) | **1.5** | 1.2 | (1.8) | **(0.4)** | 1.3 | (0.6) | **0.4** | (1.3) | 2.8 | **1.1** | (2.1) | 3.3 | **0.8** |
| **WestInd** | 3.4 | 10.2 | **6.2** | 2.0 | 6.2 | **3.8** | 1.2 | (0.9) | **0.2** | (3.4) | (0.9) | **(2.4)** | 7.6 | 2.4 | **4.4** | 1.3 | (4.8) | **(2.7)** | 16.7 | (1.9) | **1.4** |
| **West C.** | **1.7** | **4.1** | **2.9** | **1.0** | **4.0** | **2.3** | **2.1** | **(0.8)** | **0.6** | **(0.7)** | **(0.1)** | **(0.5)** | **3.5** | **(0.1)** | **1.4** | **0.6** | **0.2** | **0.3** | **1.1** | **2.4** | **1.6** |

### NUMBERS WITHIN LARGER AGE GROUPS, 1991, 1996, 2001, 2006

**1996**

| | 55+ Years | | | 60+ years | | | 65+ Years | | | 70+ years | | | 75+ Years | | | 80+ years | | | 85+ Years | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| **Buller** | 1,173 | 1,209 | **2,379** | 900 | 954 | **1,854** | 639 | 738 | **1,377** | 414 | 519 | **933** | 216 | 339 | **552** | 99 | 183 | **282** | 33 | 69 | **102** |
| **Grey** | 1,335 | 1,449 | **2,781** | 996 | 1,152 | **2,148** | 720 | 903 | **1,623** | 486 | 660 | **1,146** | 288 | 420 | **708** | 147 | 219 | **369** | 57 | 90 | **150** |
| **WestInd** | 816 | 810 | **1,638** | 621 | 651 | **1,281** | 444 | 516 | **969** | 291 | 381 | **681** | 150 | 252 | **408** | 63 | 150 | **216** | 18 | 63 | **84** |
| **West C.** | **3,324** | **3,468** | **6,798** | **2,517** | **2,757** | **5,283** | **1,803** | **2,157** | **3,969** | **1,191** | **1,560** | **2,760** | **654** | **1,011** | **1,668** | **309** | **552** | **867** | **108** | **222** | **336** |

### AVERAGE YEARLY % INCREASE WITHIN EACH 5-YEAR PERIOD FOR EACH AGE GROUP

**1996-2001**

| | 55+ Years | | | 60+ years | | | 65+ Years | | | 70+ years | | | 75+ Years | | | 80+ years | | | 85+ Years | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| **Buller** | 0.4 | 1.4 | **0.9** | 0.3 | 1.1 | **0.6** | 1.1 | 0.7 | **0.8** | 0.9 | 1.5 | **1.2** | 2.2 | 0.9 | **1.4** | 1.2 | 2.6 | **2.1** | (1.8) | 5.2 | **2.9** |
| **Grey** | 1.7 | 1.2 | **1.5** | 1.7 | 0.9 | **1.3** | 1.3 | 0.1 | **0.6** | 0.4 | 0.2 | **0.3** | (0.2) | 1.3 | **0.7** | (1.6) | 3.0 | **1.0** | (2.1) | 3.3 | **0.8** |
| **WestInd** | 2.1 | 2.4 | **2.1** | 1.7 | 0.5 | **0.9** | 1.6 | (1.0) | **-** | 1.9 | (1.1) | **(0.1)** | 6.8 | (1.2) | **1.5** | 5.7 | (3.6) | **(1.1)** | 16.7 | (1.9) | **1.4** |
| **West C.** | **1.3** | **1.5** | **1.4** | **1.2** | **0.9** | **1.0** | **1.3** | **-** | **0.5** | **0.9** | **0.3** | **0.5** | **2.2** | **0.5** | **1.1** | **0.8** | **1.1** | **0.8** | **1.1** | **2.4** | **1.6** |

| | |
|---|---|
| Source: 1991-2001 data was downloaded from Statistics NZ website using Table Builder in December 2006. Data for 2006 was downloaded from Statistics NZ website not using Table Builder | |

**TABLE 1** continued

## ACTUAL POPULATION - CHANGES IN WEST COAST OLDER POPULATION, BY AGE GROUP AND DISTRICT, 1991 TO 2006

### NUMBER OF PEOPLE IN EACH AGE GROUP

**2001**

| | 55-59 Years | | | 60-64 Years | | | 65-69 Years | | | 70-74 Years | | | 75-79 Years | | | 80-84 Years | | | 85+ Years | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| **Buller** | **282** | 285 | **570** | 240 | 246 | **483** | 243 | 204 | **444** | 192 | 204 | **396** | 135 | 147 | **279** | 75 | 120 | **195** | 30 | 87 | 117 |
| **Grey** | **366** | 330 | **699** | 315 | 297 | **612** | 270 | 240 | **513** | 210 | 219 | **429** | 150 | 195 | **345** | 84 | 147 | **231** | 51 | 105 | 156 |
| **WestInd** | **228** | 240 | **468** | 195 | 177 | **372** | 162 | 129 | **291** | 117 | 123 | **240** | 120 | 114 | **234** | 48 | 66 | **114** | 33 | 57 | 90 |
| **West C.** | **876** | **855** | **1,737** | **750** | **720** | **1,467** | **675** | **573** | **1,248** | **519** | **546** | **1,065** | **405** | **456** | **858** | **207** | **333** | **540** | **114** | **249** | **363** |

### AVERAGE YEARLY % INCREASE WITHIN EACH 5-YEAR PERIOD

**2001-2006**

| | 55-59 Years | | | 60-64 Years | | | 65-69 Years | | | 70-74 Years | | | 75-79 Years | | | 80-84 Years | | | 85+ Years | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| **Buller** | 7.0 | 3.8 | **5.2** | 4.0 | 2.9 | **3.7** | - | 1.8 | **0.9** | 2.5 | (3.2) | **(0.3)** | 2.2 | 0.4 | **1.5** | 8.0 | (2.5) | **1.5** | 10.0 | 6.2 | **7.2** |
| **Grey** | 3.6 | 5.1 | **4.2** | 2.3 | 2.0 | **2.1** | 1.1 | 2.8 | **1.8** | 2.3 | - | **1.1** | 0.4 | (0.6) | **(0.2)** | 3.6 | - | **1.3** | - | 4.6 | **3.5** |
| **WestInd** | 8.2 | 3.3 | **5.6** | 4.6 | 5.8 | **5.0** | 2.2 | 6.0 | **3.9** | 0.5 | (2.9) | **(1.3)** | (4.5) | (3.2) | **(3.8)** | 11.3 | 9.1 | **10.0** | 1.8 | 4.2 | **3.3** |
| **West C.** | **5.9** | **4.1** | **4.9** | **3.4** | **3.3** | **3.4** | **1.0** | **3.1** | **2.0** | **2.0** | **(1.9)** | **0.1** | **(0.4)** | **(0.9)** | **(0.6)** | **7.0** | **0.9** | **3.2** | **3.2** | **5.1** | **4.6** |

### NUMBERS WITHIN LARGER AGE GROUPS, 1991, 1996, 2001, 2006

**2001**

| | 55+ Years | | | 60+ years | | | 65+ Years | | | 70+ years | | | 75+ Years | | | 80+ years | | | 85+ Years | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| **Buller** | 1,197 | 1,293 | **2,484** | 915 | 1,008 | **1,914** | 675 | 762 | **1,431** | 432 | 558 | **987** | 240 | 354 | **591** | 105 | 207 | **312** | 30 | 87 | **117** |
| **Grey** | 1,446 | 1,533 | **2,985** | 1,080 | 1,203 | **2,286** | 765 | 906 | **1,674** | 495 | 666 | **1,161** | 285 | 447 | **732** | 135 | 252 | **387** | 51 | 105 | **156** |
| **WestInd** | 903 | 906 | **1,809** | 675 | 666 | **1,341** | 480 | 489 | **969** | 318 | 360 | **678** | 201 | 237 | **438** | 81 | 123 | **204** | 33 | 57 | **90** |
| **West C.** | **3,546** | **3,732** | **7,278** | **2,670** | **2,877** | **5,541** | **1,920** | **2,157** | **4,074** | **1,245** | **1,584** | **2,826** | **726** | **1,038** | **1,761** | **321** | **582** | **903** | **114** | **249** | **363** |

### AVERAGE YEARLY % INCREASE WITHIN EACH 5-YEAR PERIOD FOR EACH AGE GROUP

**2001-2006**

| | 55+ Years | | | 60+ years | | | 65+ Years | | | 70+ years | | | 75+ Years | | | 80+ years | | | 85+ Years | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| **Buller** | 3.9 | 1.4 | **2.7** | 2.9 | 0.7 | **1.9** | 2.5 | - | **1.3** | 3.9 | (0.6) | **1.5** | 5.0 | 0.8 | **2.6** | 8.6 | 1.2 | **3.7** | 10.0 | 6.2 | **7.2** |
| **Grey** | 2.2 | 2.2 | **2.1** | 1.7 | 1.3 | **1.5** | 1.5 | 1.1 | **1.3** | 1.7 | 0.5 | **1.1** | 1.3 | 0.8 | **1.1** | 2.2 | 1.9 | **2.2** | - | 4.6 | **3.5** |
| **WestInd** | 3.6 | 3.0 | **3.3** | 2.0 | 2.9 | **2.4** | 1.0 | 1.8 | **1.4** | 0.4 | 0.3 | **0.4** | 0.3 | 2.0 | **1.2** | 7.4 | 6.8 | **7.1** | 1.8 | 4.2 | **3.3** |
| **West C.** | **3.1** | **2.1** | **2.6** | **2.2** | **1.5** | **1.9** | **1.7** | **0.9** | **1.3** | **2.1** | **0.1** | **1.0** | **2.2** | **1.1** | **1.6** | **5.6** | **2.7** | **3.8** | **3.2** | **5.1** | **4.6** |

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

**TABLE 1** continued

## ACTUAL POPULATION - CHANGES IN WEST COAST OLDER POPULATION, BY AGE GROUP AND DISTRICT, 1991 TO 2006

NUMBER OF PEOPLE IN EACH AGE GROUP

| | 2006 | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 55-59 Years | | | 60-64 Years | | | 65-69 Years | | | 70-74 Years | | | 75-79 Years | | | 80-84 Years | | | 85+ Years | | |
| | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| **Buller** | 381 | 339 | **717** | 288 | 282 | **573** | 243 | 222 | **465** | 216 | 171 | **390** | 150 | 150 | **300** | 105 | 105 | **210** | 45 | 114 | **159** |
| **Grey** | 432 | 414 | **846** | 351 | 327 | **675** | 285 | 273 | **558** | 234 | 219 | **453** | 153 | 189 | **342** | 99 | 147 | **246** | 51 | 129 | **183** |
| **WestInd** | 321 | 279 | **600** | 240 | 228 | **465** | 180 | 168 | **348** | 120 | 105 | **225** | 93 | 96 | **189** | 75 | **96** | **171** | 36 | 69 | **105** |
| **West C.** | **1,134** | **1,032** | **2,163** | **879** | **837** | **1,713** | **708** | **663** | **1,371** | **570** | **495** | **1,068** | **396** | **435** | **831** | **279** | **348** | **627** | **132** | **312** | **447** |

NUMBERS WITHIN LARGER AGE GROUPS, 1991, 1996, 2001, 2006

| | 2006 | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 55+ Years | | | 60+ years | | | 65+ Years | | | 70+ years | | | 75+ Years | | | 80+ years | | | 85+ Years | | |
| | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total | Male | Female | Total |
| **Buller** | 1,428 | 1,383 | **2,814** | 1,047 | 1,044 | **2,097** | 759 | 762 | **1,524** | 516 | 540 | **1,059** | 300 | 369 | **669** | 150 | 219 | **369** | 45 | 114 | **159** |
| **Grey** | 1,605 | 1,698 | **3,303** | 1,173 | 1,284 | **2,457** | 822 | 957 | **1,782** | 537 | 684 | **1,224** | 303 | 465 | **771** | 150 | 276 | **429** | 51 | 129 | **183** |
| **WestInd** | 1,065 | 1,041 | **2,103** | 744 | 762 | **1,503** | 504 | 534 | **1,038** | 324 | 366 | **690** | 204 | 261 | **465** | 111 | 165 | **276** | 36 | 69 | **105** |
| **West C.** | **4,098** | **4,122** | **8,220** | **2,964** | **3,090** | **6,057** | **2,085** | **2,253** | **4,344** | **1,377** | **1,590** | **2,973** | **807** | **1,095** | **1,905** | **411** | **660** | **1,074** | **132** | **312** | **447** |

**TABLE 2**

**PROJECTED CHANGES IN WEST COAST POPULATION BY AGE GROUP**

**Projected Total Population by Age and Sex at 30 June 2006-2026 (2001-Base)**

*** Medium Projection : Assuming Medium Fertility, Medium Mortality, and Medium Migration ***

| | 2001(Base) | | | 2006 | | | 2011 | | | 2016 | | | 2021 | | | 2026 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Age** | **Male** | **Female** | **Total** | **Male** | **Female** | **Total** | **Male** | **Female** | **Total** | **Male** | **Female** | **Total** | **Male** | **Female** | **Total** | **Male** | **Female** | **Total** |
| 55-59 | 880 | 870 | 1,760 | 1,130 | 1,020 | 2,150 | 1,170 | 1,030 | 2,200 | 1,310 | 1,200 | 2,500 | 1,190 | 1,160 | 2,350 | 990 | 1,000 | 2,000 |
| 60-64 | 780 | 740 | 1,530 | 860 | 840 | 1,700 | 1,100 | 980 | 2,080 | 1,140 | 1,000 | 2,150 | 1,280 | 1,170 | 2,440 | 1,170 | 1,130 | 2,300 |
| 65-69 | 680 | 580 | 1,250 | 730 | 700 | 1,430 | 810 | 790 | 1,600 | 1,040 | 940 | 1,980 | 1,090 | 960 | 2,050 | 1,220 | 1,120 | 2,340 |
| 70-74 | 540 | 550 | 1,090 | 590 | 520 | 1,110 | 650 | 640 | 1,290 | 730 | 740 | 1,470 | 950 | 880 | 1,830 | 1,000 | 900 | 1,900 |
| 75-79 | 410 | 470 | 880 | 430 | 480 | 910 | 480 | 460 | 950 | 550 | 580 | 1,120 | 620 | 670 | 1,290 | 820 | 810 | 1,620 |
| 80-84 | 210 | 330 | 540 | 280 | 360 | 640 | 310 | 380 | 680 | 360 | 380 | 730 | 420 | 480 | 890 | 480 | 560 | 1,040 |
| 85-89 | 90 | 200 | 290 | 120 | 230 | 350 | 170 | 270 | 440 | 200 | 300 | 510 | 240 | 320 | 560 | 300 | 410 | 720 |
| 90-94 | 20 | 50 | 70 | 30 | 60 | 90 | 40 | 80 | 120 | 60 | 100 | 160 | 80 | 120 | 200 | 90 | 130 | 220 |
| 95+ | - | 10 | 10 | - | 20 | 20 | 10 | 20 | 30 | 10 | 30 | 40 | 20 | 50 | 60 | 20 | 60 | 80 |
| **55+** | 3,610 | 3,800 | 7,420 | 4,170 | 4,230 | 8,400 | 4,740 | 4,650 | 9,390 | 5,400 | 5,270 | 10,660 | 5,890 | 5,810 | 11,670 | 6,090 | 6,120 | 12,220 |
| **65+** | 1,950 | 2,190 | 4,130 | 2,180 | 2,370 | 4,550 | 2,470 | 2,640 | 5,110 | 2,950 | 3,070 | 6,010 | 3,420 | 3,480 | 6,880 | 3,930 | 3,990 | 7,920 |
| **70+** | 1,270 | 1,610 | 2,880 | 1,450 | 1,670 | 3,120 | 1,660 | 1,850 | 3,510 | 1,910 | 2,130 | 4,030 | 2,330 | 2,520 | 4,830 | 2,710 | 2,870 | 5,580 |
| **75+** | 730 | 1,060 | 1,790 | 860 | 1,150 | 2,010 | 1,010 | 1,210 | 2,220 | 1,180 | 1,390 | 2,560 | 1,380 | 1,640 | 3,000 | 1,710 | 1,970 | 3,680 |
| **80+** | 320 | 590 | 910 | 430 | 670 | 1,100 | 530 | 750 | 1,270 | 630 | 810 | 1,440 | 760 | 970 | 1,710 | 890 | 1,160 | 2,060 |
| **85+** | 110 | 260 | 370 | 150 | 310 | 460 | 220 | 370 | 590 | 270 | 430 | 710 | 340 | 490 | 820 | 410 | 600 | 1,020 |

**Yearly percentage increase during that 5-year period**

| | 2001-2006 | | | 2006-2011 | | | 2011-2016 | | | 2016-2021 | | | 2021-2026 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **55+ year age group** | 3.1 | 2.3 | 2.6 | 2.7 | 2.0 | 2.4 | 2.8 | 2.7 | 2.7 | 1.8 | 2.0 | 1.9 | 0.7 | 1.1 | 0.9 |
| **65+ year age group** | 2.4 | 1.6 | 2.0 | 2.7 | 2.3 | 2.5 | 3.9 | 3.3 | 3.5 | 3.2 | 2.7 | 2.9 | 3.0 | 2.9 | 3.0 |
| **70+ year age group** | 2.8 | 0.7 | 1.7 | 2.9 | 2.2 | 2.5 | 3.0 | 3.0 | 3.0 | 4.4 | 3.7 | 4.0 | 3.3 | 2.8 | 3.1 |
| **75+ year age group** | 3.6 | 1.7 | 2.5 | 3.5 | 1.0 | 2.1 | 3.4 | 3.0 | 3.1 | 3.4 | 3.6 | 3.4 | 4.8 | 4.0 | 4.5 |
| **80+ year age group** | 6.9 | 2.7 | 4.2 | 4.7 | 2.4 | 3.1 | 3.8 | 1.6 | 2.7 | 4.1 | 4.0 | 3.8 | 3.4 | 3.9 | 4.1 |
| **85+ year age group** | 7.3 | 3.8 | 4.9 | 9.3 | 3.9 | 5.7 | 4.5 | 3.2 | 4.1 | 5.2 | 2.8 | 3.1 | 4.1 | 4.5 | 4.9 |

Source: Statistics New Zealand, on the national DHB intranet, downloaded October 2006

| TABLE 3 | Number of West Coast residential aged care beds per 1000 population aged 65+, 70+ and 75+ years in 2006, compared to other DHBs and to bed guidelines from New Zealand Department of Health (1977-1980s), Midland Regional Health Authority and Australia | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Actual bed numbers, 2006 | | | | Beds per 1000 population 65+ | | | | Beds per 1000 population 70+ | | | | Beds per 1000 population 75+ | | | |
| | Rest Hm | Hosp | Dementia* | TOTAL | Rest Hm | Hosp | Dementia* | TOTAL | Rest Hm | Hosp | Dementia* | TOTAL | Rest Hm | Hosp | Dementia* | TOTAL |
| **West Coast beds**** | **202** | **112** | **18** | **332** | **46** | **26** | **4** | **76** | **68** | **38** | **6** | **112** | **106** | **59** | **9** | **174** |
| **West Coast pop 2006** | | | | | *4,344* | | | | *2,973* | | | | *1,905* | | | |
| **Other DHBs** (2004) | | *Sorted by Total* | | | | | | | | | | | | | | |
| Tairawhiti (Gisborne) | | | | | 40 | 10 | 10 | 61 | | | | | | | | |
| Northland | | | | | 37 | 15 | 15 | 66 | | | | | | | | |
| Bay of Plenty | | | | | 33 | 17 | 17 | 66 | | | | | | | | |
| Counties Manukau (South Auckland) | | | | | 28 | 19 | 19 | 66 | | | | | | | | |
| Waitemata (West Auckland) | | | | | 33 | 17 | 17 | 67 | | | | | | | | |
| Nelson/Marlborough | | | | | 36 | 17 | 17 | 71 | | | | | | | | |
| Hawke's Bay | | | | | 42 | 15 | 15 | 72 | | | | | | | | |
| Waikato | | | | | 40 | 18 | 18 | 75 | | | | | | | | |
| South Canterbury | | | | | 43 | 17 | 17 | 76 | | | | | | | | |
| **West Coast** | | | | | **46** | **26** | **4** | **76** | | | | | | | | |
| Whanganui | | | | | 56 | 12 | 12 | 79 | | | | | | | | |
| Wairarapa | | | | | 40 | 21 | 21 | 82 | | | | | | | | |
| Hutt | | | | | 33 | 27 | 27 | 87 | | | | | | | | |
| Capital Coast (Wellington) | | | | | 32 | 28 | 28 | 89 | | | | | | | | |
| Otago | | | | | 55 | 19 | 19 | 94 | | | | | | | | |
| Lakes | | | | | 49 | 23 | 23 | 95 | | | | | | | | |
| Canterbury | | | | | 51 | 22 | 22 | 96 | | | | | | | | |
| Taranaki (New Plymouth) | | | | | 68 | 16 | 16 | 100 | | | | | | | | |
| Auckland | | | | | 67 | 33 | 33 | 132 | | | | | | | | |
| Southland | | | | | not avail. | not avail. | not avail. | not avail. | | | | | | | | |
| Midcentral (Palmerston North/Horowhenua) | | | | | not avail. | not avail. | not avail. | not avail. | | | | | | | | |
| **Average NZ** | | | | | **42** | **20** | **6** | **68** | | | | | | | | |
| **Bed guidelines** | | | | | | | | | | | | | | | | |
| NZ Dept Health (1977 - late 1980s) | | | | | 30 | 18 | | **48** | | | | | | | | |
| Australia (2005)*** | | | | | | | | | 33 | 55 | | **88***** | | | | |
| Midland Regional Health Authority (late 1990s - covering the middle North Island.) | | | | | | | | | | | | | 96 | 33 | 6 | **135** |
| * Dementia beds refer to rest home and hospital level combined, as all West Coast specialist dementia beds are in Seaview Hospital. | | | | | | | | | | | | | | | | |
| ** Rest home beds at Ziman House, Reefton, have been counted as 10 beds available | | | | | | | | | | | | | | | | |
| *** As well as 88 residential care places per 1000 population aged 70+, the Australian guidelines also specify 20 community care places/packages | | | | | | | | | | | | | | | | |
| Source: mostly from unpublished draft Ministry of Health paper | | | | | | | | | | | | | | | | |
| Australian bed guidelines from Australian Insitutute of Health & Ageing (2005) Australia's Welfare 2005, at www.aihw.gov.au/publications | | | | | | | | | | | | | | | | |

**TABLE 4**

**Expenditure on long-term home-based and residential services, 2004/05and 2005/06**

**West Coast DHB and all South Island DHBs,**

**showing percentage change in expenditure per head of older population between 2004/05 and 2005/06**

**and expenditure per head in 2005/06 by West Coast DHB compared to all South Island DHBs together**

**LONG-TERM HOME-BASED SERVICES**

| Service | DHB | Expenditure 2004/05 $ | Expenditure 2005/06 $ | $ per cap 65+ 2004/05 | $ per cap 65+ 2005/06 | Difference in $ per cap between 0405 and 0506 | Difference in $ per cap between West Coast and Sth Is total |
|---|---|---|---|---|---|---|---|
| **Home Help** | West Coast | 1,136,826 | 868,819 | 264 | 200 | -24.2 | 11.8 |
| | South Island | 21,842,845 | 20,840,758 | 162 | 179 | 10.4 | |
| **Personal Care** | West Coast | 465,665 | 382,346 | 108 | 88 | -18.5 | -25.4 |
| | South Island | 13,513,478 | 13,750,014 | 100 | 118 | 18.0 | |
| **Carer Support** | West Coast | 250,502 | 198,271 | 58 | 46 | -21.3 | -34.3 |
| | South Island | 8,418,138 | 8,092,555 | 62 | 69 | 12.1 | |
| **Respite Care** | West Coast | 47,601 | 28,748 | 11 | 7 | -39.8 | -70.3 |
| | South Island | 2,881,022 | 2,596,376 | 21 | 22 | 6.1 | |
| **Day Care** | West Coast | 12,554 | 11,480 | 3 | 3 | -11.9 | -69.7 |
| | South Island | 968,867 | 1,015,441 | 7 | 9 | 24.5 | |
| **All Home-Based services** | West Coast | 1,913,149 | 1,489,664 | 445 | 343 | -22.9 | -13.7 |
| | South Island | 47,624,350 | 46,295,144 | 353 | 397 | 12.6 | |

**LONG-TERM RESIDENTIAL SERVICES**

| Service | DHB | Expenditure 2004/05 $ | Expenditure 2005/06 $ | $ per cap 65+ 2004/05 | $ per cap 65+ 2005/06 | Difference in $ per cap between 0405 and 0506 | Difference in $ per cap between West Coast and Sth Is total |
|---|---|---|---|---|---|---|---|
| **Rest Home** | West Coast | 2,415,678 | 2,958,545 | 562 | 681 | 21.2 | 2.3 |
| | South Island | 59,778,079 | 77,528,680 | 443 | 666 | 50.2 | |
| **Longstay Hosp** | West Coast | 3,139,708 | 3,347,473 | 730 | 771 | 5.6 | 9.9 |
| | South Island | 70,633,517 | 81,707,290 | 523 | 701 | 34.1 | |
| **Dementia** | West Coast | 179,180 | 249,676 | 42 | 57 | 36.8 | -61.9 |
| **Rest Home** | South Island | 14,277,843 | 17,585,491 | 106 | 151 | 42.4 | |
| **Dementia** | West Coast | 648,942 | 603,741 | 151 | 139 | -8.0 | 1049.7 |
| **Hospital** | South Island | 12,488,097 | 1,408,060 | 92 | 12 | -86.9 | |
| ***Dement hosp.+*** | *West Coast* | *828,122* | *853,417* | *193* | *196* | *1.8* | *20.5* |
| ***rest hm combined*** | *South Island* | *26,765,940* | *18,993,551* | *198* | *163* | *-17.6* | |
| **All Residential** | West Coast | 6,383,508 | 7,159,435 | 1,485 | 1,648 | 11.0 | 7.7 |
| | South Island | 157,177,537 | 178,229,521 | 1,164 | 1,530 | 31.5 | |

*Source: DHB payment system for longterm support services (CCPS)*