



*West Coast District Health Board*  
*Te Poari Hauora a Rohe o Tai Poutini*

## FAQs: Buller Community Engagement

### Older Persons' Health - now and into the future

Friday 1 August, 2014

**1. What is the Buller Older Persons' Health engagement process about?**

This is a conversation with the Buller community about older persons' health services [including but not limited to aged residential care services], and how we might best plan ahead to meet the needs of the older population in Buller into the future.

**2. What are you trying to achieve?**

We need to identify the range of options and choices for the ways in which older peoples' health services, including aged residential care services, are organised into the future. There are a number of constraints that we need to bear in mind, including the poor state of repair of our Kynnersley and Dunsford facilities; the fact that no further government funding is available for Buller aged care facilities; the expansion of capacity at O'Conor home; the current lack of retirement options in Buller that are available in other parts of the country; and the desire that people have to remain in their homes for as long as they can.

**3. How will this community engagement process work?**

We start on 1 August 2014 with a public meeting in Westport. Following this, a stakeholder group of community representatives and other interested parties will be convened to develop up options. These will be brought back to the community for further consideration. We intend to hold two further community meetings, and we're also planning a paper-based and online survey.

**4. How does the West Coast DHB define *older person*?**

Given our longer lifespans these days, being 65 is relatively young and most 65-year-olds don't need long-term home based support or residential care services. In New Zealand, 65 years is the point at which people are eligible for retirement and this is also the age of potential eligibility for/access to older persons' health services (see question 8: Access to services).

**5. Hasn't the West Coast DHB had this conversation before?**

The decision to proceed with an IFHC was made after considerable consultation with the community, staff and health professionals during 2011. Selection of a site for development was undertaken via a formal process involving the community, clinicians, other DHB staff and local

government. As a result of that analysis and consultation, the outcome was a strong preference for the current Buller Health facility site. Some of the other factors influencing our decision included the site's ease of access and its central location.

The facility originally proposed included all aged care bed capacity in Buller alongside an Integrated Family Health Centre [IFHC]. This would have brought all health services in Buller on to the one site. It would also have required the O'Connor Trust to move their aged residential care capacity to the Buller Health facility site. We were hopeful that the Trust might have considered alternative uses for its own site, including complementary services such as independent living accommodation for people that do not need to be in a rest home. This approach would have meant that Buller residents had access to a greater range of aged care services to choose from. Additionally, it would have meant that the DHB's commitment to helping people remain living in the community for longer was better supported.

However, the O'Connor Trust advised us of their intention to pursue the further development of rest home facilities at their own site. The District Health Board was disappointed in this decision because we believe it represents a fragmentation of health services in the Buller region.

We have subsequently moved forward with the development of plans for the IFHC in Buller because we need to ensure that we are able to provide the health services that community has asked for. In doing so, we have been clear about the need to re-engage with the community about older persons' health services in this context.

## **6. Why restart the conversation now?**

We made a commitment to engaging with the community about older persons' health services when the government confirmed the green light for the Buller IFHC.

It is not an option that we do nothing. The current buildings at the Buller Health Facility do not address seismic compliance requirements, and it is not an option to leave the Kynnersley and Dunsford facilities in their current state. Additionally, there is no further government funding available for aged care facilities in Buller.

## **7. How does an older person get access to health services?**

Access to older persons' health services is based on assessed needs, not age alone. In the Buller, older persons' health services are accessed by referrals from GPs, specialists and the Complex Clinical Care Network (CCCN). The CCCN conducts the assessments for older people with complex needs. Service providers like home-based support also complete assessments of older clients to ensure their needs are known. This guides what services are provided.

## **8. Where do the majority of older people on the West Coast live?**

About 93% of West Coast older people live in the community (at home) and most of the rest live in aged residential care. People want to remain in their home as long as they can, and the DHB is doing more to support this to happen.

**9. What older persons' health services are currently in place? [Note some of these services also work with all ages]**

- The CCCN [assessment and service coordination] – bringing clinicians together to wrap services around individuals living at home
- Improved access to specialist care, i.e. new geriatrician services for the Coast, on the Coast
- Better targeted home-based support services (focus on providing care that enables people to remain well in their home)
- District nursing
- Aged residential care (in Buller there are rest home, dementia rest home and hospital care facilities)
- General practice/practice nursing
- Day care
- Falls prevention
- Better access to GP services, including shorter wait times for routine appointments

**10. How does someone get access to aged residential care services?**

The CCCN can allocate any of the services listed above based on assessed need. A referral to aged residential care requires that a comprehensive assessment is done and that a geriatrician agrees the person needs aged residential care.

**11. What is the purpose of home-based support services?**

These services focus on the goals and abilities of the older person, working with them to regain as much strength and maintain as much functionality as possible.

**12. What if an older person does not want to work on goals?**

Although it is preferable to have goals, services understand that client choice is important and will work with the older person accordingly.

**13. What if an older person needs rehabilitation at home?**

Already, the CCCN and home-based support providers work with older people to help them regain as much strength and maintain as much functionality as possible. The CCCN is building on this to develop a "Rehab Response" service that will help older people avoid hospitalisation or leave hospital earlier where this would better meet their needs.

**14. What if this Buller Older Persons' Health engagement process identifies that changes are needed to current services and supports?**

As this is an open conversation and no decisions have been made, we genuinely want to understand all views on how best to care for and support Buller's older population in the coming years. This will help us plan, with staff and stakeholders' involvement, and if there are any future major changes proposed, we will consult with staff and the public.

**15. If a lot of services will be delivered from the IFHC, tell us what's going to be in it?**

Services delivered at the IFHC will include: General practice services; emergency department; inpatient services; Allied Health services, including radiology; community mental health services; maternity services; Maori health services; community and home-based support services; and the Complex Clinical Care Network [CCCN].

**16. When are your further meetings taking place?**

Community meetings will take place in early-mid September and late October.  
Stakeholder Group meetings will take place on Wednesday 20 August, Wednesday 3 September, Wednesday 17 September and Wednesday 1 October.