



Opening Statement to the Oireachtas Joint Committee on Health

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Good morning Cathaoirleach and to the other members of the committee.

Age Action is the leading advocacy organisation on ageing and older people in Ireland. Our mission is to achieve fundamental change in the lives of all older people by eliminating age discrimination, promoting positive ageing and securing their right to comprehensive and high quality services.

I would like to thank the committee for the opportunity to meet with you this morning and acknowledge the efforts of Minister for Older People Jim Daly TD and his predecessor Minister Helen McEntee TD in bringing forward the public consultation on how we can develop a statutory scheme and system of regulation for home care services.

Goal Three of the National Positive Ageing Strategy states that it is the policy of the Government to “Enable people to age with confidence, security and dignity in their own homes and communities for as long as possible”.¹ Every political party we have met has told us they support this.

Yet despite this political will we have developed a system that drives older people into long-term care prematurely and that treats home care supports more as a way to empty acute hospital beds than to enable an older person to age at home with dignity and independence.

Acute and community

In Ireland, we spend one per cent of our total healthcare expenditure on preventative care, significantly less than other European countries².

The current policy of prioritising the provision of home care packages to facilitate discharge from acute hospitals means older people in hospital can access them more easily than those in the community.

This makes it harder for older people in the community to have their care needs met and is a false economy.

Frail older people who are denied home care have higher rates of admission to acute hospitals, whilst those who get the support they need see a fall in the number of hospital admissions³.

Unmet need in Ireland

The HSE Planning for Health 2017 report calculated that 50,875 people should be in receipt of home help in 2017.

However, as indicated in Table 1, the number of home help hours provided remained at 2016 levels. These figures reflect home help provided to all care groups. A HSE performance report in 2009 estimated that 85 per cent of recipients were older people.

¹ http://health.gov.ie/wp-content/uploads/2014/03/National_Positive_Ageing_Strategy_English.pdf

² <http://www.hse.ie/eng/services/publications/planningforhealth.pdf>

³ Sands, P., Yun Wang, W., McCabe, G, Jennings, K, Eng, C., Covinsky, K (2006) Rates of Acute Care Admissions for Frail Older People Living with Met Versus Unmet Activity of Daily Living Needs JAGS 54:339–344

Using this figure, it is estimated that fewer than 42,000 older people receive home help, approximately 6.5 per cent of the population aged 65 and over.

When set against the OECD estimate that 10.1 per cent of people 65 and over need home care this suggests approximately 22,300 older people in Ireland are not getting the support they need.

Table 1: Home help budget, number of hours and recipients

	2011	2012	2013	2014	2015	2016	Expected Activity 2017
Budget (million)	€211	€185	€185	€185	€185	€192	€217.9
Home Help Hours (million)	11.98m	9.83m	10.1m	10.3m	10.437m	10.57m	10.57m
Recipients	50,986	45,705	46,249	47,500	47,795	49,000	49,000

Evidence of this unmet need is apparent in the community. An evaluation of the piloting of the Single Assessment Tool indicated that of 534 Fair Deal applicants discharged from acute hospitals 41 per cent, 219 patients, were not in receipt of home support services prior to admission⁴.

Waiting lists

The numbers waiting for home help are increasing. At the end of December 2016, there were 2,039 people assessed as needing home help but waiting for a service⁵. By the end of April 2017, the number waiting had increased by more than 20 per cent to 2,456⁶.

There are major regional disparities within these figures with 554 people waiting in CHO 9 at the end of December 2016, compared to nobody in CHO 7⁷.

People may have to wait until a client dies or moves into a nursing home for hours to become available as attested to by a social worker interviewed for the research study *Meeting Older People's Preference for Care* who said: "Often the situation is that you are waiting for someone to die to access hours."⁸

The reality is that home help hours and home care packages are simply not available in many parts of the country.

This means more older people forced unnecessarily into nursing homes, more families struggling to cope without home helps and more pressure piled on family carers.

⁴ Health Service Executive (2017) Single Assessment Tool (SAT) Pilot Evaluation

⁵ HSE response to PQ 6494/17

⁶ HSE response to PQ: 26788/17

⁷ Response to PQ 6494/17

⁸ https://www.ageaction.ie/sites/default/files/aa2c_asi2c_iasw_final_research_report-a4-report_lr_for_web_2.pdf

We welcome the additional home care funding announced by the Government in last month's budget and we look forward to this making a real difference in reducing the number of people waiting for services.

Towards a solution

A flexible and person centred approach to the provision of home care services is required to meet the specific needs of the individual, their carer and the wider health system.

We need a rights-based, statutory, model for the delivery of home care.

If older people are to enjoy the highest attainable standard of physical and mental health, as is their right under the International Covenant on Economic, Social and Cultural Rights, home care must move from a selective model, where the allocation of services are at the discretion of local management in each CHO area, to a universal model underpinned by rights.

In this context we would expect the State to continue to be the main provider of home help and home care services, functioning as the bedrock of the home care system.

While older people should certainly have a choice of providers it is critical that the State does not seek to abdicate its responsibility for ensuring that all providers, public and private, meet certain minimum standards.

A statutory entitlement to care allows older people to claim their rights and steers policy and resources to the State's legal responsibilities. Home care services underpinned by legislation can also address the absence of any rigorous monitoring, regulation or quality standards.

We must change how we think about long-term care. Long-term care should be recognised as a public good, not as an individual responsibility.

With the number of older people in Ireland set to continue to rise in the coming years we have an opportunity now to put in place a system that provides a continuum of care for our older citizens, one that integrates home care with our primary and community services and, for those who will need it, our nursing homes and long-term care facilities.

We look forward to working with you all to make this a reality.

ENDS