



**Submission to the Oireachtas Special Committee on
Covid-19 Response:
Non-Covid-19 Healthcare**

July 2020



Rialtas na hÉireann
Government of Ireland



The Scheme to Support National Organisations is funded by the Government of Ireland through the Department of Rural and Community Development

1. Context

Age Action welcomes the opportunity to raise issues related to the impact of COVID-19 in the context of healthcare provision for older people afforded to it by the Special Committee on COVID-19 Response Measures. Age Action's mission states: 'To achieve fundamental change in the lives of all older people by empowering them to live full lives as actively engaged citizens and to secure their rights to comprehensive high quality services according to their changing needs'. Topics addressed in this submission reflect the key issues raised with our organisation through our work with older people.

1.2 Non-COVID-19 Healthcare

Recommendation 1: A Commissioner for Ageing with statutory powers to support their mandate should be appointed to provide an independent voice to investigate and report to Government.

The COVID-19 pandemic experience has highlighted the obligation and opportunity for a more inclusive, representative and age-friendly society with no one left behind. Older persons have long been subject to inadequate protection of their human rights and overlooked in national policies and programmes.

The oversights in action to promote and support the rights and participation of older people during the pandemic response and over an extended period as outlined below points to the need to establish a Commissioner for Ageing that would bring the appropriate level of insight, representation and transparency to policy on ageing. The ageing population is an opportunity to harness the experience, resilience and contribution of older people if we plan well, and take a life-course, whole-of-government approach best championed by an independent Commissioner. A Commissioner for Ageing is urgently needed to protect the needs of current and future older people and to provide quality independent advice to Government, to safeguard the interests of older people and with statutory authority to:

- Investigate systemic issues affecting older people
- Review the adequacy of policy, legislation and services affecting older people
- Undertake best practice research and consultation
- Provide recommendations to Government on matters concerning older people
- Champion the future proofing of policy, legislation and practice to support responsive policy planning.

The disjointed nature of the home supports and informal care system for example, the impacts of a lack of a statutory home care scheme which drives people into nursing home care, and the disproportionate vulnerability of older people to curtailments and suspensions in the health care system have all been exacerbated in recent months under COVID-19 crisis conditions. These issues highlight the need to prioritise older people's needs in the context of the disproportionate impacts they faced during the pandemic, including withdrawal of home care supports, discussed in section 2.

The Government has also long been aware of these issues, and beyond this, recognises that future demand for health care is a key strategic risk to the health system,¹ but we have yet to see planning for a sustainably funded health system that meets the needs of older people:

¹ Government of Ireland (2019). National Risk Assessment 2019: Overview of Strategic Risks. Available at: <https://assets.gov.ie/24144/fff14682a27943fbbdce8922124b5e05.pdf>

7,252 people remain on the waitlist for home supports.² This leaves Ireland poorly prepared for future pandemics or shocks to the healthcare system.

2. Non-Covid-19 Healthcare

2.1 Home help and care

Recommendation 2: The commitment to introduce the new statutory homecare scheme in 2021 must be prioritised, and funding provided to meet the current cost to cut the waiting lists for home supports already in existence. Further, the recommendations of the Oireachtas Joint Committee on Health’s Report on the Provision of Homecare Services (2019) should be implemented in full.

Home care supports were reduced as a result of the pandemic, existing sectoral issues were exacerbated, and the needs of the home care sector were not well-planned for in the pandemic response. This service is already under pressure and underfunded, with 7,252 people on the waitlist for home supports in September 2019.³

Removal of home supports: In relation to the impacts of COVID-19 on home care, it has been reported that 11,300 vulnerable people had their home supports suspended, or asked to have them suspended – almost a quarter of home care recipients.⁴ It has been reported that 5,100 have not had this service reinstated.⁵ Age Action was concerned to hear reports that people had their home care hours suddenly reduced without consultation. Many more told us they felt they were left with no choice but to voluntarily suspend their care hours due to fear about the spread of COVID-19 and lack of PPE for care providers coming into their homes. People who contacted us felt that the removal of home supports was poorly managed, with people distressed at simply receiving a letter to inform them of their home supports removal, and having to make a case to get these supports back. There was also no firm certainty that these supports would be reinstated. The distress this caused to individuals is significant. Future pandemic planning must ensure that where home supports are removed, this is done in consultation with older people and assessment of their current need.

Reinstatement of home supports: The reinstatement of home supports, like the removal of them, is also problematic. People that have voluntarily suspended their hours have received letters asking them to confirm their desire to reinstate their home care hours by a certain date or lose those hours. People feel under pressure to make a decision about their care without adequate information to inform that decision such as confirmation of the adequacy of PPE stock for home care providers. Removal of home care supports should not occur without appropriate needs assessments, and these supports should be provided subject to guaranteed levels of infection control and PPE resourcing equivalent to other care sectors.

² HSE (2019). Performance Profile July-September 2019 Quarterly Report. Available at: <https://www.hse.ie/eng/services/publications/performance-reports/july-to-september-quarterly-report.pdf>

³ HSE (2019). Performance Profile July-September 2019 Quarterly Report. Available at: <https://www.hse.ie/eng/services/publications/performance-reports/july-to-september-quarterly-report.pdf>

⁴ Irish Examiner (2020). 45% of people whose home care cut because of Covid-19 still without services. Available at: <https://www.irishexaminer.com/breakingnews/ireland/45-of-people-whose-home-care-cut-because-of-covid-19-crisis-still-without-services-1007304.html>

⁵ Irish Examiner (2020). 45% of people whose home care cut because of Covid-19 still without services. Available at: <https://www.irishexaminer.com/breakingnews/ireland/45-of-people-whose-home-care-cut-because-of-covid-19-crisis-still-without-services-1007304.html>

Integrated care sector impacts: The reason for provider-initiated suspension of home supports was the need to free up staff to provide staffing for nursing homes and relied on the assumption that many would have family members in a position to provide care during the pandemic.⁶ This reasoning highlights that the challenges across nursing home, home care and family care sectors cannot be separated. Interconnected impacts included adequate staff, issues with access to PPE and standard guidelines on face coverings. Person-centred care requires an ongoing integration of planning across care options to ensure the most appropriate type of care, at a regulated quality standard, is available to those who require it. Future pandemic planning also requires integrated planning across these care sectors.

In addition to ensuring planning is integrated across care sectors, standards and governance should be integrated in a single state body so that issues with different access to staffing and PPE between public and private suppliers of home supports does not occur in a future pandemic/wave as it has with the nursing home sector. This is a risk as the difference in public and non-public home care provider staff contracts is already a known source of issues in the sector, with non-HSE providers less able to offer staff regular working hours and travel pay.⁷

Systemic issues: Ongoing issues within the home care sector which have been exacerbated during the pandemic response include concerns about funding, wait lists, staffing, differences in staff contracts between HSE and non-HSE providers, lack of regulation, and lack of a statutory right to home care. Many people enter nursing homes, or remain in nursing homes, due to lack of available home supports, undermining older people's ability to retain their independence and age in place as they wish. These issues have been explored by the Oireachtas Joint Committee on Health in their Report on the Provision of Homecare Services (November 2019).⁸ Government must prioritise the implementation of the recommendations of the Joint Committee on this issue to create a safe, efficient, quality approach to home supports that provides the foundation for a more robust and secure response to future pandemics/waves. Most importantly, the Government's commitment to introduce the new statutory homecare scheme in 2021 must be prioritised, and funding provided to meet the current cost to cut the waiting lists for home supports already in existence.

2.2 Restarting Non-Covid Care: Digital Inclusion

Recommendation 3: Digital inclusion supports for vulnerable health care users must be funded as a part of core business to ensure services are accessible and enable people to claim their right to health services that are of equivalent quality and speed as those accessible to other users. Digital inclusion supports should include one-to-one training, coverage in rural Ireland, home visits and a freephone helpline.

A move to increased digital delivery of health services and information is evident across the health sector to reduce infection risk and improve access. Older people are disadvantaged in this shift as they are the least likely to be able to access services or information online – many have never been on the internet, and for those that have, many lack basic digital skills to

⁶ Home and Community Care Ireland (2020). Homecare Sector Responds to the Need of Ireland's Most Vulnerable During the COVID-19 Crisis. Available at: <https://hcci.ie/homecare-sector-responds-to-covid-19-crisis/>

⁷ Oireachtas Joint Committee on Health (2019). Report on the Provision of Homecare Services. Available at: https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/joint_committee_on_health/reports/2019/2019-11-21_report-on-the-provision-of-homecare-services_en.pdf and Home and Community Care Ireland (2018). Home and Community Care Ireland Addresses Joint Oireachtas Committee on Health. Available at: <https://hcci.ie/home-and-community-care-ireland-addresses-joint-oireachtas-committee-on-health/>

⁸ Oireachtas Joint Committee on Health (2019). Report on the Provision of Homecare Services. Available at: https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/joint_committee_on_health/reports/2019/2019-11-21_report-on-the-provision-of-homecare-services_en.pdf

navigate independently. A third of people aged 65-74 in Ireland have never been on the internet. Of those in this age group that have been on the internet, just 19% have basic or above basic skills, while 43% have less than basic digital skills.⁹

In the context that older people are at most risk of mortality from COVID-19, and are therefore the group that would most benefit from the digital delivery and access to online health information, government policy must refocus to ensure that older people are specifically enabled to access health services and information online. A study in the area of older adults and COVID-19 recommends that training is provided to improve older adults eHealth literacy, particularly their use of telehealth services.¹⁰ In addition to health-specific digital services, older people cocooning or living in residential care require digital inclusion supports to promote mental and emotional health and wellbeing by enabling meaningful social contact through online channels as well as greater access to information, services, online learning and cultural connection.

Recent HSE work in projects such as the Covid Tracker App and the Attend Anywhere platform has progressed without adequate supports for older people, who need digital literacy supports, to engage with these tools. This is particularly concerning in relation to the Covid Tracker App as it is the main public health tool to manage COVID-19 outbreaks, and the highest mortality from COVID-19 is in those over the age of 55. Of the 598 people that passed away due to COVID-19 in Ireland in the month of May, 590 were over 55.¹¹ It is a major oversight that those most at risk are not supported to access core public health tools to protect them by enabling early warning and management of outbreaks in their peer group.

Similarly, in the context of older people's higher vulnerability to COVID-19, older people stand to benefit the most from the reduced risk of infection that digital service delivery allows, and from higher levels of health information that online access enables. Supporting older people's digital inclusion is a vital public health responsibility to maximise both health system investments and individual health. Public health services cannot assume that digital inclusion is someone else's problem to solve; the principle of digital inclusion should inform the design and implementation of all eHealth services.

The biggest impact of COVID-19 is in the demographic with the lowest digital literacy rates, and health services and information must ensure their funding and project delivery prioritises access for this demographic through funding digital training and support.

2.3 Further action necessary: Impacts of Cocooning

Recommendation 4: Additional supports to address the impacts of cocooning are required particularly in relation to the effects of lack of social contact and lack of exercise.

Cocooning is a highly restricted lifestyle, and additional supports are needed to assist people to recover from this period and reclaim their physical and mental health and independence.

Age Action survey results from the start of the pandemic have shown that the most common theme raised in relation to the need for community supports is about loss of social interaction. While many older people report that they are going well, many others report feeling lonely,

⁹ Eurostat (2019). Digital skills: Individuals level of digital skills; and, ICT usage in households and by individuals: Individuals: Internet use. Available at: <https://ec.europa.eu/eurostat/web/digital-economy-and-society/data/database>

¹⁰ Xie.B et al. (2020). When Going Digital Becomes a Necessity: Ensuring Older Adults' Needs for Information, Services, and Social Inclusion During COVID-19. Available at: <https://www.tandfonline.com/doi/full/10.1080/08959420.2020.1771237>

¹¹ Health Protection Surveillance Centre data 2020

frightened, vulnerable or anxious. Enhanced or additional supports are needed to reconnect older people and support their innate resilience.

2.5 Measures to prepare for a second wave/ further pandemic

Recommendation 5: Future planning should establish in the Roadmap for Reopening Ireland at which phase different medical services could be available.

Recommendation 6: Future planning should address the needs of people living with dementia and their carers, including issuing of guidelines for the reopening of services and supports for people and their families

Recommendation 7: The participation of older people in shaping the policies that affect their lives must be enabled.

Services: Age Action's survey results show older people reported the deferral and/or cancellation of medical appointments of all kinds as a result of the COVID-19 pandemic response. 26% of respondents reported having trouble accessing a GP, with some citing being unable to get through on the phone. The stress and uncertainty of these experiences would be better managed in a future pandemic plan that gives detailed information about the staged recommencement of different types of services, and attention by GPs to ensuring that vulnerable patients reliant on the telephone are able to contact someone if the GP surgery is closed for an extended period. While it's appreciated that experts cannot predict the exact course of COVID-19, there is a marked absence of information on the resumption of healthcare services. Older people prioritise healthcare services, and this should inform future planning processes.

Dementia: The complex needs of people living with dementia were also not emphasised in the COVID-19 response, and Age Action supports calls by the Alzheimer's Society for future pandemic planning to give due consideration to dementia in public health policy, and prioritise the development of guidelines for the reopening of dementia services and supports for people and their families.

Participation: When decisions were being made over the recent months, we did not hear the voices of older people or organisations representing older people represented during decision-making discussions. It is crucial that these voices and experiences are involved in decision making to enable decisions to be made in the framework of a true understanding of needs, the impact on those involved and how best public health advice can be applied. In particular, the voices and views of people with dementia should be enabled.

Inherent to a rights-based approach is the ability to exercise choice and control over one's own life and advocate for oneself. The experiences of older people during COVID-19 must shape our future responses. No evidence-based policy can be designed without the voices of older people being sought in a manner that allows their experience and diversity in older age (e.g. age, health, disability and location) to be included in decision making. Traditionally, older people in Ireland are excluded from full participation in public consultation processes whether for reasons of digital literacy or supports to engage. It is vital that this is remedied.

3. Conclusion

The right to the highest attainable standard of health is one of the fundamental rights of all of us. For many older people, access to health care and care supports is also an essential part of being able to live with dignity and independence, and age in place in one's own community.

Many of the gaps in older people's access to health and care that put people at risk during the COVID-19 pandemic response were already well known. Government must take steps to address urgent concerns, such as supporting digital inclusion, establishing a statutory right to home care and embedding appropriate funding and regulation into this model. However, Age Action is concerned that additional known gaps that expose older people to risk in the future are not being sufficiently addressed to enable people to claim their right to health going forwards.

A Commissioner for Ageing is urgently needed to protect the needs of current and future older people, enable participation, and promote cohesive, efficient, best practice government policy and services for this growing cohort.

About Age Action

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.

Age Action supports and advocates for equality and human rights for all older people. Everything we do is based on a recognition of the diversity of identity and situation among older people and a concern for equality for all older people. In addressing ageing, our work includes a concern to influence perspectives on and responses to ageing. This pursuit of equality and human rights is underpinned by our work to promote ageing in place, life-long learning, and health and wellbeing for older people, empowering them to live as active citizens.