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**Submission to Oireachtas Committee on the Future of Healthcare**

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**Contact**

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**Irish Rural Link Submission to Oireachtas Committee on the Future of Healthcare**

**Executive Summary**

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| Issue | Recommendations |
| Access to Specialist Healthcare | Irish Rural Link welcome Centre of Excellences for the delivery of specialist healthcare. However, the speed of access to specialist healthcare continues to be an issue, especially for people with no private health insurance, with people often waiting up to a year to see a specialist. Also the cost to people living in rural areas to access specialist care is higher as there are extra costs incurred such as travel costs, cost of caring and in some cases cost of accommodation.  Irish Rural Link recommends   1. Access to specialist healthcare must be based on need and not on person’s ability to pay. 2. Supports for people to assist in cost of travel, cost of accommodation etc must be introduced for people receiving specialist treatment. |
| Cost of Medicine | The cost of medicine in Ireland is still higher than most EU countries. People on low or limited income but who are not entitled to a medical card can often find it difficult to meet the cost of medicine, especially if they have to take regular medicine.  The cost of medicine needs a thorough examination and alternatives explored. |
| Ageing Population | It is clear Ireland’s ageing population is a growing area of concern for this Government and for future policy makers. An ageing population will put an increased strain on a country’s health and caring services. Home based caring is the preferred option for family and for Government.  Irish Rural Link recommend that Home-Care packages are adequately funded and resourced and that other services required, such as public transport, are available, especially in rural areas to ensure people can access medical and other healthcare appointments. |
| Meals on Wheels | Meals on Wheels is one service that facilitates older people to remain in their own home and reduce their length of stay in hospital. It can also link older people into other health services and reduce rural isolation, especially men living alone. However, it needs to be adequately funded and resourced to enable to continue to provide this vital service.  Irish Rural Link recommend   1. HSE funding for Meals on Wheels needs to be increased and multi-annual funding made available to allow organisations better plan and budget for the service. 2. Stronger relationship between the HSE and Meals on Wheels organisations is needed and the valuable service meals on wheels provide in reducing the burden on the health system needs better recognition. |
| Mental Health Services | Mental Health needs to be at the forefront of the Future of Healthcare in Ireland. Rural isolation can have a very negative impact on a person’s mental health, especially for men living alone. Mental health services in rural areas can be difficult to get to and to access due to lack of public transport and lengthy waiting times. The number of deaths in Ireland by suicide is almost three times more that the number of deaths on the nation’s roads but yet there is very little mention of this number compared to road deaths.  Irish Rural Link recommend   1. More staff in mental health services need to be put in place to reduce waiting times. 2. An awareness campaign be developed on Mental Health in Rural Ireland especially among men living alone. |
| Community Development Officers | Irish Rural Link recommend that each HSE region would have a dedicated Community Development Officer to help promote better health and wellbeing, ensure health inequalities are removed and access to healthcare is based on need. |
| Health Needs Analysis and Rural Proofing | Department of Health, HSE and other agencies must work closely with the Department and Minister of Regional Development and Rural Affairs to ensure all health policies and strategies are rural proofed and encompass all aspects of rural life.  A social and health needs analysis and not just an economic analysis must be carried out prior to any proposed closure of health services in a rural area. |

**Overview**

Irish Rural Link (IRL) is the national network of rural community groups, representing over 600 groups and thousands of individuals committed to socially, environmentally and economically sustainable rural communities.

People living in rural areas face many of the same difficulties in accessing healthcare, in particular for specialist services, and lack of available services but this can be exacerbated in rural areas by the lack of or limited availability of other necessary services, such as transport, so people can make medical appointments.

Rural isolation can have a severe impact on a person’s mental health. Men living alone, especially older men are a very vulnerable group. The number of people who die by suicide each year in Ireland is higher than the number of people who die on the nation’s roads, however, a lot of stigma still surrounds mental health and suicide and Ireland have not reached a stage yet, especially rural Ireland, where people will talk openly about problems they may be experiencing.

Implementation of measures for suicide prevention needs to happen as a matter of urgency and mental health services must be adequately funded and resourced.

***Access to Specialist Healthcare***

Irish Rural Link welcomes Centre of Excellences for the delivery of specialist healthcare. However, the speed of access to specialist healthcare continues to be an issue and leads to inequalities in terms of income. The two-tier system that occurs for specialist healthcare must be removed. Access must be based on a person’s need and not on their ability to pay or if they have private health insurance. People with private health insurance can be fast-tracked to specialist care. With the cost of private health insurance increasing, many people, especially in rural areas can no longer afford to pay this.

People living in rural areas are faced with extra costs when accessing specialist healthcare. People will have to travel to access the specialist healthcare and in some cases may need to accommodation if receiving treatment. These costs are incurred by the patient. There is also the cost of caring, with another person having to travel with the patient. These extra costs that people incur must be considered in any future of healthcare discussion.

***Cost of Medicine***

The cost of medicine in Ireland is still higher than many EU countries. For people on low income or limited income who are just over the threshold for a medical card are impacted the most by the cost of medicine, especially for people who need to take medicine on a regularly. Although, generic medicines are available, there can be little difference in the price of these. The cost of medicine must be explored.

***Ageing Population***

It is clear Ireland’s ageing population is a growing area of concern not only for this government but also for future policy makers. It is expected that in thirty years the number of people over the age of 65 will double. The ageing population will not only increase financial strain on the countries’ finances but also on health and caring services themselves. These services need to be developed and improved upon to meet future demand for healthcare and meet the healthcare needs of an ageing population. For people living in rural areas other services need to be also be available, such as a robust public transport system, so they can access such healthcare services. Research indicates that home based caring is the preferred option for many families as well as Government as it is the most cost effective method. This Government has outlined in the *Programme for a Partnership Government,* they will improve supports and services for older people to live independently in their own home.

***Meals on Wheels Service***

Meals on Wheels is one service that already exists which facilitates older people to remain in their home and can reduce their stay in hospital. It is also a proven catalyst towards other community and state services for those-in-need. It is plugging the gaps in the system left by the health services. It links people into other services, such as the Public Health Nurse, befriending services and it can reduce rural isolation. For many, especially men living alone, the person delivering a meal may be the only person they might see in the day or week. However, it cannot continue to provide this service without adequate support and funding.

Meals on Wheels service is a critical component of the continuum of care services that enable older people to remain living in the community or to return to their own homes after hospitalisation. However, there are many challenges that are hindering Meals on Wheels delivering the vital service it provides and need to be addressed to ensure older people can remain in their own homes and live independently.

* *Funding of Meals on Wheels*

Adequate funding is essential to the survival of Meals on Wheels and for it to become a sustainable service to older people. The level of funding Meals on Wheels Network receive is very limited and often inadequate to provide the service needed to meet the costs and demand for the service. Currently, service providers receive funding from a range of sources, lacking their impact while also creating confusion over the application process. Many organisations simply do not have the capacity to apply for funding due to the complex application. A great deal of time and resources is also spent on fund-raising events limiting the effect on their core services.

The Health Service Executive (HSE), under Section 39; provide the largest financial subsidy to providers of Meals on Wheels. However, members feel that the funding available is insufficient to meet the modern costs associated with service provision such as rent, food produce/ingredients, wages and governance etc. For many the fragmented, limited and sometimes inadequate funding threatens the sustainability and quality of Meals on Wheels services.

* *Greater Role for the HSE*

There is an opportunity now for the HSE to play a greater role in the development in Meals on Wheels. It should not only act as a funding source for Meals on Wheels services but it should also act as a support mechanism for organisations. Support for Meals on Wheels organisations can vary from region to region for example some regions provides community development workers while other HSE regions provide little or no practical support. Network members view themselves as the voluntary arm of the HSE and whether the HSE see this as the case is another matter. Due to the fragmented nature of current Meals on Wheels services a constant concern remains over their long-term sustainability. Planning, management and financial support from the HSE is necessary to ensure that the future development of the Meals on Wheels service occurs in a more balanced, uniform and streamlined way, and is in a position to meet the likely growth in demand for the service.

***Mental Health Services***

Rural Isolation can have a negative impact on a person’s mental health. Rural isolation is a particular issue among men, and especially older men, who are living alone and this group can be more susceptible to mental health problems. With the closure of services, such as Post Offices, rural schools, Garda Stations, local pubs over the past few years, many people, mainly older people who live alone, the issue of isolation has increased.

In 2015, there were 451 deaths by suicide in Ireland[[1]](#footnote-1), this is almost three times the number of road deaths recorded on the nation’s roads in the same period (166 road deaths in 2015)[[2]](#footnote-2). However, there is very little mention of the actual number of people who die by suicide each year in Ireland. The stigma surrounding mental health and suicide is still very prevalent especially in rural areas and in particular among men. The stigma around asking for help or talking about their problems has not changed in rural areas.

The lack of consistent mental health services and lengthy waiting times to see a counsellor or other mental health professional through public health system can also be a deterrent for people to seek the help they need.

**Recommendations**

Irish Rural Link ask the Oireachtas Committee on the Future of Healthcare to consider the following recommendations

1. **Access to Specialist Healthcare**

As mentioned above IRL are supportive of Centres of Excellence and welcome that a higher level of care can be provided through these centres. However, access to specialist healthcare remains two-tiered. People who can pay or have private health insurance are fast-tracked to care, while people with who cannot afford to pay or do not have health insurance have to wait, sometimes up to a year, to see a specialist. IRL recommend that access to specialist care is based on need and not ability to pay. People with private health insurance cannot be given priority.

The extra costs people living in rural areas have to incur to access specialist healthcare, such as travel costs, accommodation costs, caring costs must be examined and supports made available to reduce the burden of these costs to patients.

1. **Cost of Medicine**

The cost of medicine must be reduced in line with that of other EU countries. People who are on low income but are over the threshold for a medical card are hit the most by the high cost of medicine. A review of the Drugs Payment Scheme must be undertaken and more allowances given to low income families who need to take medicine on a regular basis.

1. **Home Based Caring**

Home care packages need to be adequately funded so home based caring can be developed and assist with older people remaining in their own homes. Other services that can assist people to remain in their own home or return to their home after a stay in hospital must also be adequately and a stronger link developed between all services. As mentioned above, the importance of public transport for older people and people with a disability in rural areas plays a crucial role in helping them remain in their own home and be able to access hospital, GP and other medical appointments. This cannot be overlooked in any Government policies on future health and cross departmental and agency work is essential on this.

1. **Meals on Wheels**

HSE funding must be increased to fund Meals on Wheels services adequately and multi-annual funding to allow organisations better plan and budget for the service they provide in the short to medium term.

The lack of direction from policy makers leaves the services in a vulnerable state while also limiting their effect on the local community and the wider health service. IRL calls for the HSE to take sole responsibility for the delivery of Meals on Wheels services in Ireland through a guaranteed and standardised funding support through a Service Level Agreement.

1. **Stronger Relationship between HSE and Meals on Wheels Organisations**

Improved co-operation between Meals on Wheels organisations and the HSE is now needed so that for some the burden on the health service can be reduced. The improved co-operation between the two organisations can lead to earlier discharge from hospitals and referral of new recipients to Meals on Wheels organisations from the local hospital which can increase the number of recipients while reducing isolation. Although there are huge numbers of people availing of meals on wheels, there remains a stigma attached to the service while the number of recipients can also be improved through developing the referral system. The referral system can be expanded upon by reinforcing the relationship with Public Health Nurses and gaining acknowledgement of Meals on Wheels services at national level also eliminating the stigma.

IRL recommend that HSE and Meals on Wheels service providers should meet twice a year in order to facilitate greater interaction and understanding of each other. The regular interaction will also allow the state agencies to inform service providers about changes to regulations and policy, allowing them to be proactive. Service providers within the network are congest that governance structures including risk assessment and associated essential remedial action are set to be introduced to the sector, placing increased pressure on staff and volunteers. For smaller organisation especially, this governance structure presents fear as they feel they are under resourced and untrained to comply.

State agencies should assist Meals on Wheels organisations to comply with governance structures and relevant regulation through regular training and educational programmes both for staff, boards and volunteers who are vital to the sustainability of organisations. Training also needs to be provided on proper guidelines and food safety labelling.

1. **Mental Health Services**

Mental Health needs to be at the forefront of the Future of Healthcare in Ireland. Investment into mental health services all across the country is imperative. The link between rural isolation and rural isolation among men living alone in particular, and mental health needs to be tackled with adequate funding made available for mental health and other services in rural areas such as transport, which is very often a lifeline to people in alleviating the problem of rural isolation. Measures developed to prevent suicide must be implemented as a matter of urgency and more awareness campaigns to remove stigma surrounding mental health, especially in rural areas must be put in place. IRL would recommend that the Committee consider an awareness campaign be developed on Mental Health in Rural Ireland and one specifically on Rural isolation among men living alone and how it impacts on their mental health.

1. **Community Development Officers**

IRL recommend that each HSE region would have a dedicated Community Development Officer. A community approach to healthcare can help to promote better health and wellbeing in a community and ensure that health inequalities are removed and access to healthcare is based on need[[3]](#footnote-3). Part of the Community Development Officer’s role would be to fully engage with all stakeholders in an area to ensure everyone, especially older and other vulnerable groups and those on low incomes have equal access to healthcare and are aware of the health services they are entitled to.

1. **Health Needs Analysis and Rural Proofing**

With the development of a Regional Development and Rural Affairs Minister and Department, IRL call for any policies/strategies developed to encompass all aspects of rural life. The Department of Health, HSE and other agencies must now work with this department to rural proof any policy being developed that can impact on people living in rural Ireland and their access to healthcare.

IRL also recommends that not just an economic analysis but also a social and health needs analysis is carried out prior to closure of health services in an area and that the demographics of the area is also considered.

**Irish Rural Link the Organisation**

Irish Rural Link (IRL), formed in 1991, is a national network of organisations and individuals campaigning for sustainable rural development in Ireland and Europe. IRL, a non-profit organisation, has grown significantly since its inception and now directly represents over 300 community groups with a combined membership of 25,000.

The network provides a structure through which rural groups and individuals, representing disadvantaged rural communities, can articulate their common needs and priorities, share their experiences and present their case to policy-makers at local, national and European Level.

Irish Rural Link is the only group represented at the national social partnership talks solely representing rural communities’ interests.

***‘Our vision is of vibrant, inclusive and sustainable rural communities that contribute to an equitable and just society’***

Irish Rural Link’s aims are:

* To articulate and facilitate the voices of rural communities in local, regional, national and European policy arenas, especially those experiencing poverty, social exclusion and the challenge of change in the 21st century.
* To promote local and community development in rural communities in order to strengthen and build the capacity of rural community groups to act as primary movers through practical assistance and advice.
* To research, critique and disseminate policies relating to rural communities including issues such as sustainability, social exclusion, equality and poverty
* To facilitate cross-border networking between rural communities

***‘Our mission is to influence and inform local, regional, national and European development policies and programmes in favour of rural communities especially those who are marginalised as a result of poverty and social exclusion in rural areas.’***

1. CSO (2015) “Vital Statistics Yearly Summary” Births, Deaths and Marriages <http://www.cso.ie/en/releasesandpublications/ep/p-vsys/vitalstatisticsyearlysummary2015/> [↑](#footnote-ref-1)
2. RSA (2015) <http://www.rsa.ie/RSA/Road-Safety/Our-Research/Deaths-injuries-on-Irish-roads/> [↑](#footnote-ref-2)
3. HSE *‘Community Development Resource Pack’* <https://www.hse.ie/eng/services/yourhealthservice/SUI/Library/Guides/Community_Development_Resource_Pack.pdf> [↑](#footnote-ref-3)