



**Submission to the Department of Public Expenditure and Reform on the consultation paper  
Commissioning Human, Social and Community Service**

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## 1. Introduction and overview of Age Action

Age Action was established in 1992 as the national non-governmental organisation concerned with ageing and older people, acting as a network of organisations and individuals including older people and carers of older people, and as a development agency promoting better policies and services for older people. Our mission is 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.

A central feature of our work is raising awareness about the lived experience of growing old in Ireland. This includes advocating for policy changes, amongst key decision makers at a national level, to ensure that they will have a positive impact on older people. We also raise awareness about a range of issues affecting older people in national and local media. Other programmes of work include ageing in the developing world and promoting intergenerational solidarity.

Our work has increasingly begun to highlight not only the reality of growing older in Ireland but the importance of planning for future generations of older people. In 2013, we welcomed the publication by the Government of a National Positive Ageing Strategy which states as its vision that:

*Ireland will be a society for all ages that celebrates and prepares properly for individual and population ageing. It will enable and support all ages and older people to enjoy physical and mental health and wellbeing to their full potential. It will promote and respect older people's engagement in economic, social, cultural, community and family life, and foster better solidarity between generations. It will be a society in which the equality, independence, participation, care, self-fulfilment and dignity of older people are pursued at all times (National Positive Ageing Strategy, p. 3).*

A critical aspect of realising this vision is ensuring that older people are supported to remain living in their own homes and communities as they grow older. This can be achieved by providing greater access to home care and home help services. In this regard we welcome the opportunity to respond to the department's consultation paper Commissioning Human, Social and Community Services.

## 2. Enabling Older People to Remain at Home

According to the HSE Service Plan for 2016<sup>1</sup>, older people can be supported *'to maintain their independence and lifestyle choices'* through the provision of *'services so that [they] can live at home or in their own communities wherever possible'* (HSE, 2015: 72). These services are particularly needed following *'return to their own home...following an acute hospital stay'* (Op.Cit.). In 2016, the HSE plans to deliver 10.473 million home help hours along with providing 15,450 people with home care packages.

Despite the level and importance of these supports there is no legislation to regulate the home care sector in Ireland. The HSE 2012 tender requirements introduced quality standards for 26 HSE Approved Providers which included sections on recruitment, training, supervision, health and safety, care planning, assessments and other standards. While all publicly-procured service providers are accountable under HSE monitoring procedures, the quality standards are not subject to inspection or regulation by government.

In order to ensure staff working in the care sector have appropriate training, issues around registration and accreditation within the care system need to be addressed. Education and training programmes currently receive little monitoring and qualifications gained outside the State are not assessed. Age Action's concern is that without national standards and a proper statutory inspection and regulatory structures, there can be no guarantees that home care services commissioned through a tendering process will be of high quality and appropriate for the individual receiving the service.

A further concern is the high turnover of staff and the difficulties recruiting highly-trained workers due to the perception of the home care sector being one of low wages, weak employment contracts and poor working conditions. Research carried out by SIPTU, Migrant Rights Centre Ireland and the Carers' Association highlighted differences in working conditions between providers<sup>2</sup>. Many home care workers have zero hour contracts and are not paid for transit time between clients.

However, HSE directly-employed staff have an annualised hour contract which affords them a guaranteed number of hours and their travel between clients is paid. Where providers do not pay for travel, staff may be reluctant to take on clients in rural areas as transit time between clients is long, resulting in very low wages. Companies and organisations providing employment contracts that guarantee workers a fair wage will be negatively affected in the tendering process. People living outside urban areas will have difficulty accessing home care services as only the large providers will be able to afford to remain in the market.

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<sup>1</sup> HSE (2015) HSE National Service Plan 2016-  
<http://www.hse.ie/eng/services/publications/corporate/serviceplans/nsp16.pdf>

<sup>2</sup> Employment Guidelines for the Home Care Sector: The Workers' Perspective (2014).

The task-centred working culture that a commissioning approach to service provision may create is of concern to Age Action. Older people are individuals with individual needs. Calculating the provision of care and support in terms of minutes ignores this. Allocating 15 minutes to an older person for a shower does not allow for the process to be carried out in a dignified way. There is no opportunity for conversation or the building of strong personal relationships in for the time allowed to help someone with this intimate task.

Another issue that will be exacerbated by the introduction of a commissioning approach in the delivery of services is the present system of allocating care and support to older people based on physical / personal care needs only. This excludes many older people from having their care needs met, particularly in the community, e.g. people with dementia requiring supervisory hours, older people with social or emotional care needs. Services to meet these needs may be more difficult to single out or quantify within a 'commissioning process'.

The movement away from domestic supports and social care within the home care system over recent years was found to have a disproportionate effect on older people with dementia and their carers. Any new commissioning processes must not only maintain the current state of affairs but also improve outcomes for service users.

Evidence of the inappropriateness of a commissioning approach in the provision of care services to older people can be found from research carried out in Finland. Task-centered working cultures that sacrifice IADL and ADL for cost effectiveness have been found to contribute to greater risk of elder abuse (Sipiläinen 2008)<sup>3</sup>.

Furthermore, research into relevant best-practice from Finland describes how the Finnish *National Framework for High-Quality Services for Older People (2008)*<sup>4</sup> is designed to help local authorities to develop their services for older people on the basis of local needs and resources, together with the third sector, private-sector service providers, clients and other local residents.

Municipalities are required to draw up their own old-age strategies to prepare for demographic changes, and integrate it into their municipal budget plan. Its subsequent implementation is monitored regularly.

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<sup>3</sup> Sipiläinen, H. (2008) University of Kuopio, Faculty of Social Sciences Department of Nursing Science, *Nursing Leadership and Management: Nursing Managers' Perceptions of Maltreatment of the Elderly in Old People's Homes* available at: [http://epublications.uef.fi/pub/urn\\_nbn\\_fi\\_uef-20090067/urn\\_nbn\\_fi\\_uef-20090067.pdf](http://epublications.uef.fi/pub/urn_nbn_fi_uef-20090067/urn_nbn_fi_uef-20090067.pdf) (accessed 5/2/16)

<sup>4</sup> Available in English at: [http://www.age-platform.eu/images/stories/EN/pdf\\_nationalframeworkFi.pdf](http://www.age-platform.eu/images/stories/EN/pdf_nationalframeworkFi.pdf) (accessed 5/2/16).

The Finnish Constitution requires the government to ensure the implementation of fundamental and human rights, including the right to equal treatment and essential care. This framework defines the values and ethical principles guiding the provision of services for older people. It also outlines strategies for boosting quality and effectiveness in three dimensions:

1. Promoting health and welfare and developing the service structure.
2. Staffing levels and staff skills and management
3. Old-age living and care environments.

Certain kinds of commissioning underpinned by ‘free market’ and neoliberal conceptions of ‘competition’, such as ‘purchaser provider split’ in Finland<sup>5</sup>, are believed to lead to improvements in service delivery and improved responsiveness of services to patient needs.

However, “The challenges and potential problems associated with competitive tendering are widely recorded, with a particular focus on the risks for service providers and service users. There tends to be a shared view among purchasers, providers and service users as to the nature of the challenges and risks and these are mainly seen to be risks, either directly or indirectly to service quality and continuity’ (Centre for Effective Services 2015, 28-29)<sup>6</sup>.

Ireland must learn from other jurisdictions’ experiences of direct or indirect risks and challenges to service quality and continuity if we are to prevent unnecessary and avoidable mistakes that may have unintended negative consequences for vulnerable older people.

### **3. Ensuring Positive Outcomes from Commissioning**

Many of the services which are open to commissioning are in areas such as disability, care for vulnerable adults, children’s services, mental health services, community employment and social inclusion, amongst others. While public-private partnerships may not be inherently mutually exclusive with meeting the abovementioned needs of individuals and communities, the ways in which such partnerships, and how the private sector is essentially organised, have simply not evolved enough whereby ‘commissioning’ such services within a profit-centric model to the ‘lowest bidder’ through traditional ‘tendering’ processes can achieve the aims of these services in a form that truly supports and enhances the quality of life for individuals, families, communities and society as a whole.

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<sup>5</sup> Tynkkynen, L. K., Keskimäki, I., & Lehto, J. (2013). Purchaser-provider splits in health care: The case of Finland. *Health Policy*, 111(3), 221–225. <http://doi.org/10.1016/j.healthpol.2013.05.012> (last accessed 5/2/16).

<sup>6</sup> See <http://www.per.gov.ie/wp-content/uploads/Final-Commissioning-Literature-Review.pdf> (last accessed 5/2/16).

Age Action fully supports the recent publication by *Clann Credo, The Community Foundation of Ireland* and *The Wheel* on commissioning<sup>7</sup>. In particular we are strongly of the belief that ‘the concept of Societal Value creation must be central to the discussion of how to improve public services and achieve ever-better outcomes for people in Ireland’ (O’Connor, 2016).

In short, any socially just form of commissioning must put people’s needs before the profits of private interests or Government cost-cutting.

#### **4. Conclusion**

To echo the main learning from *Let’s Commission for Communities* (O’Connor 2016):

‘the current drift in policy towards a commissioning model focused on minimising public-spending may compromise the quality of services and threaten the viability of the community and voluntary sector itself. We believe that commissioning can be approached in a positive way that supports communities and that a priority for public policy should be to create an enabling ecosystem to sustain the community and voluntary sector in the years ahead.’<sup>8</sup>

Given the recent track record of public-private partnerships across a range of spheres, Age Action is not confident that those who will be responsible for ‘commissioning’ such necessary services will understand how best to assess, monitor and manage the wellbeing of older ‘service users’.

Older people deserve greater ‘value for money’ but not in the narrow sense of ‘tasks-centred’ approaches within conventional understandings of ‘commissioning’ whereby private companies tender for contracts that are designed to prioritise profit over the wellbeing of their ‘clients’.

As outlined in *Let’s Commission for Communities* (2016), Age Action supports the prioritisation of Societal Value within any framework or common understanding of ‘commissioning’ and its fourteen main recommendations.

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<sup>7</sup> O’Connor, N. ( 2016) *Let’s Commission for Communities: Valuing the community and voluntary approach to human, social and community services.*

[https://www.wheel.ie/sites/default/files/Commissioning%20for%20Communities%20slides\\_Final.pdf](https://www.wheel.ie/sites/default/files/Commissioning%20for%20Communities%20slides_Final.pdf) (accessed 5/2/16)

<sup>8</sup> See <http://wheel.ie/content/commissioning> (last accessed 5/2/16)