

Home Care

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Thank you for the invitation to address your conference today. I welcome this opportunity to highlight some of the issues for home care services within the health and disability sector. New Zealand's population is ageing. Life expectancy is increasing.

The proportion of older people, who are the greatest proportion of those needing home support services is rising. Thirty years ago, those over 65 represented about nine percent of the population. Today people over 65 make up 11.5 percent of the population. By the year 2021, the figure is expected to grow to around 16 percent.

We know that an aging population will create its own demands on health and disability services in the years ahead. Already older people are more likely to use the health and disability support services than any other group of the population - nearly 25 percent of overnight public hospital stays and around 30 percent of the pharmaceutical expenditure is on older people. There is also an increasing number of people with disabilities who would have formerly lived their lives in institutions, but are now living in their own homes. Some of these people will need support from home support services.

The advances in medical technology and treatment mean that surgery is now possible for many people to reduce their health and disability handicaps. The operations are not only possible, but occur with limited in-patient hospital stays. Consider cataract surgery for example. For some, this is now a day procedure or at the most needs a one or two day stay. This does mean though, that some support at home following early discharge will also be needed. If there are no family members available to provide this support home support services will be called upon.

Just in the number of older people alone we can predict that the need for home support services will increase. The survey of people with disabilities which is being carried out by the Department of Statistics this year will give some in-depth information of a section of the population that we know little about. The results of this survey will assist the Government and regional health authorities in determining what is needed for services and assist them in ensuring that services are more clearly targeted. Almost 3 years on from the beginning of the implementation of the Government's Health reforms, it is worthwhile to reflect on what has been achieved, particularly in the development of home based services.

As you will be aware both the Department of Social Welfare and the health services, through the area health boards, were involved in the provision of home based

services. There was, however, little or no consistency between these two agencies about who received these services, whether or not there was any means testing regime in place, and how a person could even access the services.

We are now almost one year on from the completion of the programme transfers from the Department of Social Welfare to regional health authorities signalled in the Support for Independence document. Those of you who have been working closely with this process can feel a sense of achievement. Of course there has not been progress without some hitches, but I believe the difficulties are being worked through and home based services are now well integrated into the services available for people needing support in their homes.

In making its statement on the funding and delivery of health and disability services, the Government stated that home based support services would be available and that these services would be increased to ensure that people assessed as needing support at home could gain access to them. This has taken time. The Government has also provided more money to the regional health authorities specifically for the purpose of increasing support services to be provided in the home.

The Government recognised that this was necessary. To rely entirely on the shift from residential care to fund home based services would have meant a very slow process. This would have meant that some people living in the community, now would not have had that choice, because the resources would not have been there to establish the services they needed.

As was expected, the transfer of the responsibility for the purchase of services has resulted in noticeable change as regional health authorities are continuing their processes of community consultation and, as each group's needs are considered, changes to services will be implemented to better reflect their needs. As more and more people are being cared for in the community, those staff working in these areas will need to receive training to enable them to carry out their work in a competent and professional manner. Already there are people with quite complex needs being cared for in the community. Some may say that these people should remain in hospital, but they have chosen to live in the community and this is their right.

No successful organisation can survive unless it has trained and competent staff working for it. So, there is a need for employers to ensure that development and training of staff receives priority. Because of the nature of home support services this can provide a challenge. People will be working at different times and from different locations. I know that many agencies who also face similar challenges in providing training for their staff have developed a range of different ways in providing these programmes.

You will also be aware that the Office of the Health and Disability Commissioner has now been set up for more than a year. More recently the Code of Health and Disability Services Consumer Rights was enacted and will come into force in a few days time, on 1 July 1996. This means that every provider of health and disability support services will have to provide services in line with the Code.

The appointment of a Health and Disability Commissioner and the creation of a Code of Health and Disability Services Consumer Rights may be seen by many of you as a revolutionary and untested concept. Indeed some of you may receive complaints about aspects of your service. People may be less reluctant to make comments about services than in the past, this is because they now have a mechanism for doing so and a code of rights which allows them to complain. I firmly believe that few of us need to fear complaints. Instead we should welcome them as an opportunity to improve services.

The Advocacy Service, of the Office of the Health and Disability Commissioner will also start its services on 1 July 1996. Advocates are based in all regions and will assist people in making their concerns known. I am sure more people will come forward when they know they can have the support of an Advocate. Where concerns are brought to your attention, I am sure that you will accept these in a positive fashion and where there is room for improvement, make any changes that are needed.

I am aware that complaints which are made often centre on a lack of clear communication between parties. Unless matters are clarified as soon as possible they can expand into major issues. These often take a lot of time and effort to resolve. Last year the Minister of Health released Standards for Home Based Services which is intended to help achieve high-quality and appropriate 'client-focussed' home care services. In particular, these national standards place emphasis on empowering the individual client.

The Standards were introduced from 1 July 1995 when regional health authorities were required to purchase home based services from providers who meet the standards or can demonstrate that they are working to achieve them. Regional health authorities have until July 1997 to ensure that all home based services they purchase comply with the standards.

These standards complement other quality requirements which apply to the services purchased by regional health authorities, as set out in the Policy Guidelines for Regional Health Authorities each year. You will also be aware that in April the Prime Minister, Rt Hon Mr Bolger and the leader of the United New Zealand Party, Hon Dr Clive Matthewson announced the establishment of a Prime Ministerial Task Force on Positive Ageing to consider the implications of New Zealand's ageing population.

This group, along with a small Secretariat, has the task of presenting to the Government an interim report by the end of June 1997. This interim report will identify policies for older New Zealanders to participate in society, contribute to their communities, and live healthy, interdependent, and safe lives.

I know that the Taskforce intends to consult widely throughout the country and is aiming to meet both older and younger groups of people to gather together their ideas. I would urge you to be involved in the consultation. It will not only be the concerns of some of your clients that you can contribute, but also the future for yourselves as you join that increasing group of the over 65 year olds of our population.

I have made the point in this talk that you represent or work in a service that is on the threshold of change. This is because we have an aging population and a more consumer orientated one. The Government is recognising this fact in several ways, one of which is the establishment of the Health and Disability Commissioner and Advocacy Services.

Changes create opportunities to which you must respond. I am sure that you will be considering ways of doing this at your conference over the next two days. I wish you well.