



# Home & Community Care Ireland

IMPROVING HOME CARE SERVICES IN IRELAND

Submission by Home and Community Care Ireland  
(HCCI)

May 2018

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## 1. Executive Summary

### **Home Care: 7 Decisions for Government**

The Oireachtas Library and research recently published an overview of the operation of the home care sector in Ireland and identified seven current policy and legislative challenges. Using these seven headings, Home and Community Care Ireland (HCCI) provides its recommendations on how government could address these policy challenges:

#### **1. Determining eligibility and entitlement**

Approx. 50,000 people are in receipt of publicly-funded home care. However, there is no statutory entitlement to it. As a result, there is a lack of clarity and consistency about who is eligible for services, and how services are allocated.

##### **HCCI Opinion**

- Home care is introduced on a statutory basis, thus introducing a legal entitlement to funding, mirroring the legal entitlement to funding for long stay care available through the Nursing Home Support Schemes.
- Funding and access to home care must be central to the new Irish home care system.

#### **2. Selecting a funding model**

Publicly-funded home care is available free at the point of use. However access is limited by available resources – this is a supply-led scheme. Greater demand for home care services is putting upward pressure on public spending (of €408m in 2018). It is likely that providing sufficient services, in the short to medium term, will require raising additional revenue (through taxes or charges) or re-allocating funds from another publicly-funded service.

##### **HCCI Opinion**

- ***One Budget*** - Combine current budgets for Nursing Home Care and Home Care.
- ***Mind the Gap*** - the HSE to offer larger home care packages for certain clients to prevent them choosing a nursing home unnecessarily.
- ***Means Testing*** - A greater number of people would be in receipt of home care services
- ***Tax Relief*** – Better communication of existing relief will ensure more individuals fund and avail of home care services.

### **3. Finding the right mix in service provision**

A key policy question is how *publicly-funded* services would be best delivered – that is, what mix of public, private and voluntary bodies should be organising and providing home care?

#### **HCCI Opinion**

- Following HSE assessment, offer a ‘monetary contribution’ towards an individual’s home care needs, allowing them (and their family) the choice of what provider they want to get home care from - public, private or a voluntary body.
- If the HSE implements a Client Directed Home Care (CDHC) approach in September (as stated), the individual and provider can agree a tailored and flexible care plan.

### **4. Introducing effective regulation**

There is currently no statutory regulatory regime for home care and no external oversight of private home care. The challenge is to put in place a regulatory system that balances successfully the benefits of regulation (such as improved quality) against costs (e.g. a potential loss of choice, and direct and indirect financial costs to the State, industry and individuals as users of services).

#### **HCCI Opinion**

An independent authority (like HIQA) is introduced to implement regulation and standards to drive higher quality and safe care for people using all home care providers.

### **5. Sustaining informal Care**

The bulk of care that enables people to live at home is provided by informal carers (generally unpaid family and friends). Determining and implementing the optimal incentives and supports to sustain this is a key challenge. A combination of employment supports, income supports and health and social care supports is likely to be considered.

#### **HCCI Opinion**

The Government to continue the Home Care allowance for family and friends, as well as employment, income and social care supports.

## 6. Securing a care workforce

Care work is labour intensive and there are considerable challenges to be met to ensure the availability and retention of suitably qualified staff, not least by securing favourable pay and conditions. Moving all care into the formal labour market is likely to be a consideration. However, tensions may arise between the rights and claims of workers and the demand for affordable care.

### HCCI Opinion

- **Change HSE commissioning** - allow Providers to provide valuable care workers with a block weekly schedule and travel costs. Their rate of pay must reflect their vital role.
- **Legislative changes** – The Dept. of Social Protection could address the shortage of care workers by changing legislation. Currently, if a care worker works just two hours a day they will lose their full daily social welfare entitlement.

## 7. Developing alternatives to nursing home care

The policy challenge here is to develop stronger services and supports across a spectrum (such as sheltered / supported housing and re-ablement interventions). A particular issue is that these services cross traditional professional and sectoral boundaries which can be hard to bridge. A further factor is the scoping of eligibility criteria.

### HCCI Opinion

- **Single Assessment Tool** - this will allow older people and families to choose home care, assisted living facilities or nursing home care based on the results of the assessment.
- **Utilise Technology** - Digital health solutions can play an important role in improving the value of home-based care as part of the overall health care system.

## 2. Introduction

### HCCI - Improving Home Care Services in Ireland

The provision of home care in Ireland is both complex and challenging. The rate of elderly older people requiring care is going to increase significantly in the coming years. Properly regulated home care will enhance the golden years of Ireland's ageing population, and have the added dual benefits of cost saving to the State and removing pressure from the hospital sector. There are a number of barriers to the delivery of a robust fit-for-purpose service. There is no regulation of the sector; the HSE's method of engaging care providers is a disincentive for both users and carers; carers are walking away from jobs and recruitment is a challenge; there is a lack of recognition of the huge value digital technology can bring; and a lack of promotion of home care for users and as a career. Significant financial and tax incentives would play a huge role in the delivery and take-up of home care services.

Having played an organic role in the development of home care services in Ireland, as well as observing the evolution of home care globally, **Home and Community Care Ireland (HCCI)** is uniquely positioned to provide evidence-based suggestions and enhancements that will rival some of the best home care systems in the world. We are happy to engage with any credible stakeholder including the HSE, Department of Health, HIQA, patient/family representative bodies and the Houses of the Oireachtas to assist with the development of care services in Ireland.

Research shows that most people want to live in their own home right up to and including death. In April 2017, Active Retirement Ireland published a new study, ***Right to Remain***, revealing that 82 per cent per cent of older people would like to age in their own homes.

**One of the United Nations' key principles for older people relates to older persons being able to reside at home for as long as possible to enable them to maintain independence, autonomy, and connection to social support (UN 1991).**

In light of the Department of Health considering a new approach to home care in Ireland, the HCCI encourages the HSE to consider the following recommendations in any updated home care system in Ireland:

- Having strategies, actions and performance measures to improve the value of home care
- Promoting home care as a valuable element of the publicly funded healthcare continuum.
- A comprehensive mapping of resources available on a local level.
- Promote specialised home care required for different chronic health conditions e.g. dementia care; limited mobility care; palliative care and Clinical care at home.
- Promote the use of restorative or re-ablement home care.
- Ensure a comprehensive care assessment of older people that is holistic and considers not only the medical, but also the psycho-social needs.
- Allow individuals more choice in terms of selecting the Care Provider and allow more participation in the construction of their care plan.

The Joint Oireachtas Committee on Health, in its future of healthcare review - Sláintecare, a ten year strategy for health care and health policy in Ireland - published in May 2017 , set out a summary of policy challenges, facing healthcare in Ireland. This was a very valuable exercise in noting a deficit in the delivery of a robust fit-for-purpose modern system of home care in Ireland, beneficial to the State, but most importantly to those requiring care. HCCI has taken these seven policy challenges and in this document, responds with a proposed way forward.

### 3. Determining eligibility and entitlement

**Policy Challenge:** Approximately 50,000 people are in receipt of publicly-funded home care. However, there is no statutory entitlement to it. As a result, there is a lack of clarity and consistency about who is eligible for services, and how services are allocated (e.g. there is regional variation). A significant policy challenge is weighing up arguments that emphasise the scarcity of resources against claims of social justice, entitlement or rights, to determine an acceptable and affordable level of statutory entitlement.

#### Response of Home and Community Care Ireland:

##### Home Care on a Statutory Basis

HCCI recommends that the Government must establish **home care on a statutory basis**, thus introducing a legal entitlement to funding for home care, and mirroring the legal entitlement to funding for long stay care available through the Nursing Home Support Schemes.

##### Means Testing

The HSE home care budget is under growing pressure from an increasing number of home care users due to a long-standing belief that home care is an entitlement. High net worth individuals subscribing to this belief are limiting the ability of providing services to a greater number of people who are not in a position to contribute. A greater number of people would be in receipt of home care services if **means testing** was introduced and there was a shift from strictly needs testing.



## 4. Selecting a funding model

**Policy Challenge:** Publicly-funded home care is available free at the point of use. However access is limited by available resources – this is a supply-led scheme. Greater demand for home care services is putting upward pressure on public spending (of €408m in 2018). It is likely that providing sufficient services, in the short to medium term, will require raising additional revenue (through taxes or charges) or re-allocating funds from another publicly-funded service. There is a choice to be made between different methods of funding home care in the future. Options include general taxation, care insurance, and applying a similar model to the Nursing Home Support Scheme (NHSS) (also known as the ‘Fair Deal Scheme’).

### Response of Home and Community Care Ireland:

HCCI recommends a number of actions to improve the funding of home care:

#### (a) One Budget for Nursing Home Care and Home Care

ALONE’s *Home First* report, published June 2015, states the level of nursing home residents in Ireland is 35% greater than the EU average. Furthermore, between 2004 and 2013 there was a 44.6% increase in the number of residents in nursing homes categorised as low dependency and a 17.6% increase in the number of residents with medium dependency (DOH, 2015). Higher levels of low-medium dependency older people in Ireland are now entering long-term residential care.

The number of people being supported under the Nursing Home Support Scheme has increased from 21,698 in 2010 (HSE, 2011), the first full year of implementation, to 23,965 in 2015 (HSE, 2015). This increase is happening at a time when most western countries are reducing their dependency on and even closing nursing homes.

Monies could be saved by ensuring there is not an over reliance on nursing home care. This would ultimately enable care for a greater number of older people in Ireland.

HCCI recommends that the Government amalgamates the budget for the Nursing Support Scheme with that for home help and home care packages. This will incentivise the provision of supports outside hospitals and long stay care and boost cost effectiveness. It will enable the provision of a clearly defined, readily accessible, adaptable continuum of supports that can respond to the changing needs of people

as they age. The amalgamation of both budgets will ensure that more people will receive care in their own home.

If home care was provided for in the same budget as nursing home care, this should prove cost negative, given that a proportion of next year's estimated new nursing home care recipients will be deferred to receive less costly home care package.

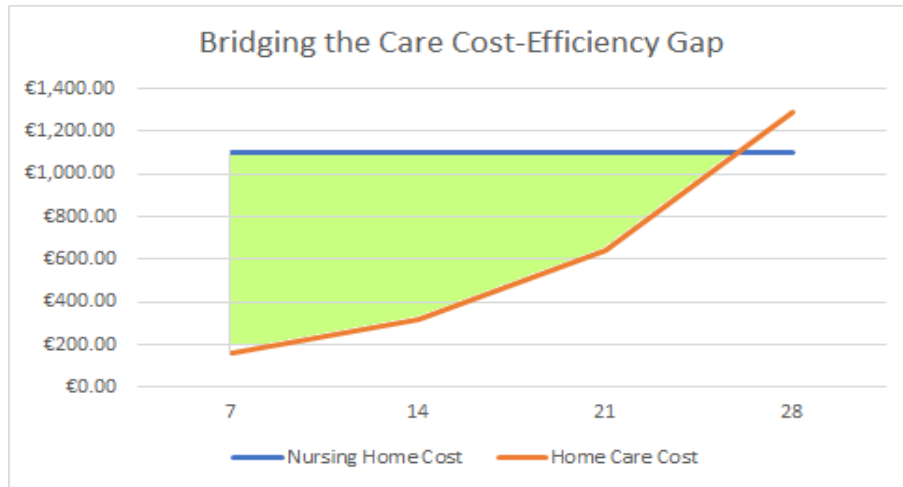
(b) The Single Assessment Tool (SAT) – A Potential Solution to give CHOICE and to help keep more people stay at home

The introduction of the Single Assessment Tool (SAT) by the HSE in 2017 to properly assess the clinical and social needs of the older person allows older people and families to choose home care or nursing home care based on the results of the assessment. The SAT helps healthcare professionals assess the needs of an individual and consequently allocate an appropriate home care package. This would enable the Government to create a cohesive care budget, not just a nursing home support scheme and separate home care funding/budget. A cohesive budget would ensure that a suitable choice is arrived at for older people.

(c) 'Mind the Gap'

The gap between the cost of the average Home Care Package of €161 (7 hours) per week or even an enhanced Home Care Package of €322 (14 hours) per week and the average cost of nursing home care per week of €1,100 is enormous. With the much larger budget for nursing home care, many who are offered nothing or a very limited home care package by the HSE are forced to choose nursing home care. The HSE needs to offer larger home care packages for certain clients to prevent them choosing a nursing home unnecessarily.

The table below highlights where nursing homes at a flat fee of €1,100 per week, compared to €161 per 7-hour package, does not represent cost efficiency. The shaded area highlights the cost-efficiency gap where it does not make economic sense to provide nursing home care instead of a home care package.



(d) Means Testing

The HSE home care budget is under growing pressure from an increasing number of home care users due to a long-standing belief that home care is an entitlement. High net worth individuals subscribing to this belief are limiting the ability of providing services to a greater number of people who are not in a position to contribute. **A greater number of people would be in receipt of home care services if means testing was introduced** and there was a shift from strictly needs testing.

(e) Tax Relief

There is an uptake in private home care when families are informed of the 20% to 40% tax relief that is available on the cost of home care. This is an excellent incentive provided by the Government that has led to a real increase in home care and must therefore be formally communicated and advocated by the Government and the HSE to ensure more individuals fund and avail of home care services.

Improvements needed to (2016) Home Care Tender

Need for all HSE CHO (Community Health Organisations) areas to accept the same invoice format and reporting per HCP (Home Care Package) Client.

#### The New (2018) Home Care Tender Recommendations

Some areas of Ireland receive a much greater home care budget per head of older population than others. This needs to be resolved in the 2018 Tender.

#### 2018 Introduction of Client Directed Home Care (CDHC)

Following the pilot phase in CHO 3, the HSE is committed to implementing a CDHC approach to home care on 1 September 2018, on foot of the 2018 Tender. The detailed CDHC approach is being decided by the HSE, taking account of the pilot phase and in consultation with the Quarterly Forum, but will involve the following matters:

- monetary value;
- indicative level of time related to complexity of care required;
- schedule of services to be agreed between the client and the chosen service provider, subject to any specific clinical requirements as indicated by the HSE;
- client feedback and satisfaction;
- consideration of urban/rural location of services to be provided;
- the outcome of the pilot phase;
- HSE care plan;
- The hours of service delivered is a matter to be agreed between the client and the provider and will be subject to HSE value for money controls to be determined in the course of the pilot.

#### Some CDHC Learnings from Other Markets

While it is not easy to transplant health care programmes from one country to another due to history and culture, it is worth observing and learning from the German home care service model.

Older people receive monthly home care allowances in five bands of care, representing the broad scope of home care services. The individual and their family spend it with a Government approved home care provider of their choosing, whom they work with to create a suitable care plan. Their Consumer Directed Home Care model also enables the older person and their

family to top up their Government provided voucher. In 34% of instances families have chosen to bolster their home care package in a private pay capacity.

This CDHC system operates in a number of countries. It will require a forward thinking shift for the HSE to hand over choice, control and responsibility to families. The model has proven successful for budgeting and is very popular in giving enhanced choice, responsibility and involvement in the care plan by older people and families.

## 5. Finding the right mix in service provision

**Policy Challenge:** A key policy question is how publicly-funded services would be best delivered – that is, what mix of public, private and voluntary bodies should be organising and providing home care.

### **Response of Home and Community Care Ireland:**

There is need for both improvement and clarification of the current commissioning of home care that includes but is not limited to:

- A. The HSE give its own Home care staff preferential shifts, block hour contracts, travel allowances and other conditions, compared to staff employed by Provider Organisations who provide home care under the current HSE tender. This not in the spirit of cooperation required between the HSE and provider organisations they trust to provide home care on their behalf. It sends the wrong message to home care staff who feel they are less valued at a time that there is such an unavailability of staff. Most of the HSE referrals for HCP in the midlands area are now 2-5 hours including mostly half hour shifts.
- B. All HSE CHO areas to accept the same invoice format and reporting per HCP Client.
- C. There is a great need to audit Providers to prevent non-compliant providers giving a sub-standard service. This means a uniform approach to audits and reporting across all CHO areas.
- D. A uniform referral and assessment template and time period to acceptance packages by providers in all CHO areas.
- E. Need for agreed client information to be shared once service is accepted by an approved home care provider.
- F. STOP double assists for 30 minutes – lack of dignity for the client, demoralising for the carers and very difficult for scheduling.
- G. Standardisation of payment terms and conditions. Some providers receive very preferential terms due to historical precedent.

- H. Providing older people and their families the choice of their preferred home care provider is not being exercised in all parts of the country.
- I. Governance on how the Tender is implemented at local HSE office level. Better training is needed in how to implement and operate the SLA and Tender standards.
- J. Have the HSE Home Care Team assess a client instead of a Hospital social worker, who may set unrealistic expectations due to lack of knowledge about how home care works in the community. For example, not everyone can get home care at 9:00 in the morning.
- K. Hospital Discharge should be discussed much earlier, allowing time for a Provider to do an assessment in the hospital.
- L. Written procedures for dealing with visits cancelled at short notice.
- M. Clarity on how often Garda vetting for employees should be repeated.
- N. Clarity of who owns the care plan once the home care service has started. The Client, HSE or the Provider?
- O. If a home care service is suspended (e.g. hospitalisation), after how long does it become a new home care service or package.
- P. What timeframe following the formal acceptance of a home care package by a Provider is it appropriate for that provider to maintain carer capacity, if there is a delay in the service starting?
- Q. Provide a guide booklet to inform clients how home care works in order to set expectations e.g. uniform home care entitlements, expect home care workers who are properly trained, Garda vetted, insured, supervised, have office back-up and have identity cards. Clients should be told to expect changes in care staff at weekends and different times of the day and expect Irish and foreign care staff and occasional delays etc.
- R. In rural areas, HCCI recommends that the HSE collaborates closer, in person and more regularly with home care providers in dealing with the delivery of services to more difficult and isolated cases.
- S. Current commissioning does not contribute to holistic quality home care and client satisfaction. This involves prescribing either one hour or half hour shifts. Short shifts not only affect the dignity of the client, they do not leave enough time to complete tasks and leave older people in a vulnerable situation. This system is driving thousands of valuable trained home care workers away. The carers carry difficult work while not being paid travel time and related costs.

### The New (2018) Home Care Tender Recommendations

With the 2018 Tender due to start on 1 September 2018 where HCP (Home Care Packages) and HHS budgets for older people will be obtained in the same manner, through an openly

advertised tender process from Eligible Providers, HCCI sees a tender without the pricing element to implement a CDHC Approach.

HCCI recommends that the HSE is much more discerning in how it awards a license to a Provider. As there are nine tenders for the nine separate CHO areas, we would recommend that the HSE pre-qualifies each Provider in each CHO area prior to granting a tender to 1) establish that the Provider or consortium is a **bone fide provider** of home care services 2) has **experienced, knowledgeable** operations in CHO areas 3) has an established presence in the area or a demonstrated ability to operate a hub and spoke arrangement 4) has enough support workers to cover the CHO area concerned. **Only then should a license be awarded to provide managed home care services on behalf of the HSE.**

HSE should draw from the experience of 2016 by not granting licenses to Providers who cannot illustrate they have the infrastructure, systems and personnel to provide the quality of care the HSE needs. The infrastructure needs to be in place for a relevant period of time before Providers are granted a license.

#### Give Clients Choice - But also give them Advice, Information and Support

The 2018 Tender needs to be designed to provide the care client and their family with the responsibility and choice to investigate a suitable care option, choose their provider, participate in the care plan, make home modifications and possibly participate in the funding of their care. However, navigating the home care landscape in Ireland is difficult and it varies greatly in many CHO areas in terms of entitlements, size of packages, choice of provider, standards, practices and procedures.

As key outcome of the 2018 Tender, is that it must be made easier for older people and their families to understand the home care application process and support services. HCCI recommends that the HSE sets up a National (or 4/5 regional) Home Care Support Centre(s), similar to that planned for Fair Deal applications. Individuals could contact a credible Home Care Adviser to clearly explain the application process. If nursing home care and home care came from the one budget following the new Single Assessments, it seems reasonable that the HSE Support Centres could advise on both home care and nursing home care applications together.

**Question** - Why do some areas of Ireland receive a much greater home care budget per head of older population than other areas? Maybe this could be resolved in the 2018 Tender.

#### 2018 Introduction of Client Directed Home Care (CDHC)

Following the pilot phase in CHO 3, the HSE is committed to implementing a CDHC approach to home care on 1 September 2018 on foot of the 2018 Tender. The detailed CDHC

approach is being decided by the HSE taking account of the pilot phase and in consultation with the quarterly forum but will involve the following matters:

- monetary value;
- indicative level of time related to complexity of care required;
- schedule of services to be agreed between the client and the chosen service provider, subject to any specific clinical requirements as indicated by the HSE;
- client feedback and satisfaction;
- consideration of urban/rural location of services to be provided;
- the outcome of the pilot phase;
- HSE care plan;
  
- The hours of service delivered is a matter to be agreed between the client and the provider and will be subject to HSE value for money controls to be determined in the course of the pilot.

#### HCCI thoughts on CDHC Approach

From its research into CDHC, HCCI see many benefits. The main benefit is that it allows both client and provider to mutually agree a tailored care plan that can be updated as requirements change. This works very well as every client's needs or family situation is unique. The ability to price each case individually is necessary to deal with:

- Different acuity of Client and the resulting level of service and possible specialist training required.
- Locality of the client and the resulting availability of local carers, and transport time and costs.
- Family involvement resulting in possible need for care at difficult shift times like late evenings and weekends; and the possibility of changing the hours as family involvement changes.
- Eliminating a number of the current issues of commissioning and handling of home care packages.

Currently all home care is provided on the basis that one rate fits all cases. This is often the reason that many providers cannot take on difficult cases that the HSE are trying to slot into regular home care.

These difficulties will further increase as the lack of availability of care workers becomes even more acute. CDHC can deal with this, as it allows the Provider the ability to price each case on the basis of client needs and the costs and availability of home care workers in any particular locality.

Having a tailored care plan will give the Provider the opportunity to produce much greater outcomes for the client such as:



- **Companionship** – The 2014 Trinity College RelAte project recommended more companionship in home care visits will improve emotional health, decrease loneliness, deter depression and possibly deter dementia.
- **Home Safety** - With most falls taking place in the home, prevention will allow older people to remain at home in the community for longer
- **Improved Physical Health** – Care workers provided are trained in management and monitoring of medication, nutrition and hydration, all contributing to better physical health.
- **Heightened Care and Attention** – Care workers can provide families and health professionals with an extra set of eyes and ears and provide valuable information and coordination that improve early diagnosis and treatment, thus avoiding GP visits and preventing costly hospital stays.
- **Less Nursing Home Care** – Home care provides extra support and services, decreases the need for long-term institutional/residential care.
- **Family Support** – Home care helps family members better manage their own stress, health and have less lost wages, due to having more influence over the care of their parents.
- **Reduced Isolation** – If transport services are available, home care clients can remain engaged and connected in the community.
- **Personalised Care Budgets** - The 2017 OPRAH (Older People Remaining at Home) Report published by Trinity College, recommended personalised care budgets to facilitate older people to manage their own care and support, enabling them to access services, which fit their changing individual needs and wishes.

#### Some CDHC Learnings from Other Markets

While it is not easy to transplant health care programmes from one country to another, it is worth observing and learning from the German home care service model.

Older people receive monthly home care allowances in five bands of care, representing the broad scope of home care services. This allowance is spent it with their chosen Government approved home care provider, whom they work with to create a suitable care plan. This Consumer Directed Home Care model also enables the older person and their family to top up their Government provided voucher. In 34% of instances families have chosen to bolster their home care package in a private pay capacity.

This CDHC system operates in a number of countries. While it will require a change of mind-set for the HSE employees internally to outsource choice, control and responsibility to families, the model has proven successful for local Government budgeting and very popular in giving enhanced choice, responsibility and involvement in the care plan by older people and families.

## Care worker recruitment and retention crisis

Department of Social Protection – Intervention Needed Urgently

There is a shortage of care workers and a recruitment crisis in Ireland that represents a major threat to the home care system. HCCI implores the Department of Social Protection to encourage employment opportunities by changing the legislation. **Currently, if a care worker works just two hours a day they will lose their full daily social welfare entitlement.** This is a clear disincentive to work.

Considering the ageing population, it is urgent and crucial that the Department of Social Protection allows care workers to retain some allowances and benefits, to ultimately bring in thousands of care workers to deal with the ever-growing need for home care services.

The Government urgently needs to consider a ‘special status’ to encourage people to take up the caring profession.

### **Other initiatives that must be seriously investigated quickly are:**

- Reviewing VISA restrictions for non-national carers
- Tax incentives to attract thousands of care workers into the sector.
- Formalising of a travel allowance, so that all Providers can make necessary payments, to attract and retain home care staff.
- Create a home carer register in order to attract, track, train and promote home caring as a valued and honourable profession.
- A nationwide media campaign to promote home care as an honourable career, funded by HSE and other providers to attract more passive carers. It may sound extreme, but we need to go on a war footing where we need posters declaring ‘Your Country Needs You’.

One positive is that the implementation of CDHC will improve availability of home care support workers, as it will allow Providers to: 1) better plan the usage of carer hours, 2) have more flexibility to use carers in difficult locations, 3) provide better pay for difficult or complicated cases and 4) provide travel expenses and better conditions necessary to retain carers.

## 6. Introducing effective regulation

**Policy Challenge:** There is currently no statutory regulatory regime for home care and no external oversight of private home care. The challenge is to put in place a regulatory system that balances successfully the benefits of regulation (such as improved quality) against costs

(e.g. a potential loss of choice, and direct and indirect financial costs to the State (taxpayers), industry and individuals as users of services).

### Response of Home and Community Care Ireland:

Considering such findings and given the collective experience of HCCI members, the organisation welcomes the Department of Health initiative in developing a new home care approach. HCCI wants to see older people and their families with choice, access and funding, as well as the provision of uniform and regulated home care standards.

In light of the Department of Health considering a new approach to home care in Ireland, HCCI encourages the HSE to consider the following recommendations in any updated home care system in Ireland:

- Having strategies, actions and performance measures to improve the value of home care
- Promoting home care as a valuable element of the publicly funded healthcare continuum.
- A comprehensive mapping of resources available on a local level.
- Promote specialised home care required for different chronic health conditions e.g. dementia care; limited mobility care; palliative care and clinical care.
- Promote the use of restorative or re-ablement home care.
- Ensure every individual gets a comprehensive care assessment that is holistic and considers not only the medical, but the psycho social needs of that individual.
- Allow individuals more choice in terms of selecting the Care Provider and allow more participation in the construction of their care plan.

### What is Home Care and What Can it Offer Ireland?

#### Definition of the Scope of Home Care

- It is important to note that the scope of home care services has transitioned in the last number of years. This is because professional home care providers provide more intensive services, as well as the HSE requiring home care of chronically ill people, leading to governance and management processes. **HCCI therefore recommends that the HSE redefines 'home care services' to become 'managed home care services'**. This is based on the increasing acuity of people being cared for, the

increasing the need for specialised training and more involvement by Providers in the changing needs of the client and the family environment.

- HCCI believe it would be very beneficial that all parties have a comprehensive guide that clearly defines what the scope of home care services are in Ireland. Meal preparation, companionship, exercise routines, transport needs to be on the list of possible services available.
- This guide should be reviewed every three years as client expectations grow and because of the many opportunities to upskill and use new innovations and technologies.
- There is much documented evidence that **older people thrive much more in their own home and community with one-on-one care and companionship**. For example, the 2014 Trinity College Dublin RelAte study provides empirical evidence that there are real and sustained benefits from relational and person-centred care interventions for older people. Proving that these types of interventions really work is crucial for the user's wellbeing.
- When HSE's Dr Austin Warters spoke at the Irish Carers Conference recently, he noted that the FRAILITY SCALE was a very good measurement of an older person's support needs. Both he and HCCI believe the HSE should implement this scale in Ireland. He makes the point it would cost more to the HSE initially as there would be a need to add on an average of 30 minutes per day per shift to enable an exercise programme. However, this would result in keeping older people active for longer, leading to less admissions to hospital and a more positive mental state (all of which contribute to reducing the cost of care for the individual and consequently savings to the HSE). This usage of the frailty measurement has been championed by Dermot O'Shea in Saint Vincent's University Hospital and recently completed a study of its benefit in the Day Care Centre in Clonskeagh, in South Dublin.

### Define what is Required from a Professional Provider

The HSE has to consider the growing potential for more specialised and personalised home care and the professional profile of the care provider required into the future. This should represent not only a new cooperative approach in giving more responsibility to professional, regulated Home Care Providers, but ultimately, to ensure the delivery of a **person-centred home care solution**.

Due to the shortage of Community Health Professionals such as OT's, Social Workers and PHN's etc. there are often rushed discharges with no proper assessments or supports in place. **It is important to recognise the value of Professional Home Care Providers in taking**

**up the slack, by providing correct assessments and organising supports such as mobility equipment, hoists, slings or social supports that are not in place; collection of prescriptions, doctor's appointments, shopping and so on.**

The New (2018) Home Care Tender Recommendations

*Home Care Regulation*

In order to give credibility to home care and Home Care Providers within the health care industry, HCCI recommends that an independent authority such as HIQA is brought into the sector to **implement regulation and standards to drive higher quality for people using any home care provider.**

## 7. Sustaining family care

**Policy Challenge:** The bulk of care that enables people to live at home is provided by informal carers (generally unpaid family and friends). Determining and implementing the optimal incentives and supports to sustain this is a key challenge. A combination of employment supports, income supports and health and social care supports is likely to be considered.

**Response of Home and Community Care Ireland:**

The implementation of a CDHC approach to home care will be of huge benefit to families, allowing them to work with the care team on providing the best possible support for the family member in need of care.

Following the pilot phase in CHO 3, the HSE is committed to implementing a CDHC approach to home care on 1 September 2018 on foot of the 2018 Tender. The detailed CDHC approach is being decided by the HSE taking account of the pilot phase and in consultation with the quarterly forum but will involve the following matters:

- monetary value;
- indicative level of time related to complexity of care required;
- schedule of services to be agreed between the client and the chosen service provider, subject to any specific clinical requirements as indicated by the HSE;
- client feedback and satisfaction;
- consideration of urban/rural location of services to be provided;
- the outcome of the pilot phase;
- HSE care plan;

- The hours of service delivered is a matter to be agreed between the client and the provider and will be subject to HSE value for money controls to be determined in the course of the pilot.

A tailored care plan will give the Provider the opportunity to produce much greater outcomes for the client such as:

**Family Support** – Home care helps family members better manage their own stress, health, and work life balance; and they will experience less loss of work time and income due to having more influence over the timing and type of care available to their loved one.

### 2018 Tender - Advances in Technology provides great opportunity for improving the value of home care

The HSE needs to recognise and make allowances for the effective use of technology in the 2018 Tender process. While technology cannot provide the same assistance as a home carer or replace companionship, the growing availability of excellent digital health solutions will play an important role in significantly improving the value contribution that home-based care can make to the overall health care system.

Many older people are living with multiple chronic health conditions and supported by a range of individuals including home carers, public health nurses, GPs and hospitals. **A digitally integrated care system can be used to detect issues, manage, monitor and holistically communicate details of these conditions** on a daily basis.

Digital solutions can bring family members, friends and neighbours together into an ecosystem that connects, monitors, supports older people, therefore improving on the negative effects of isolation, loneliness, depression and other psycho-social needs of the individual.

### Flawed approach and thinking – need to embrace digital

One issue with the implementation of CDHC and the use of digital technologies is that some politicians, The Department of Health and the HSE are more focussed on provision of hours of care, rather than person-centred home care that makes a real difference to the recipient. The focus on hours is measurable and relates to directly funding. But it does not accommodate the possibility that a care recipient could achieve better quality care and value for money, from person-centred care and supporting digital technologies.

## 8. Securing a care workforce

**Policy Challenge:** Care work is labour intensive and there are considerable challenges to be met to ensure the availability and retention of suitably qualified staff, not least by securing favourable pay and conditions. Moving all care into the formal labour market is likely to be a consideration. However, tensions may arise between the rights and claims of workers and the demand for affordable care.

**Response of Home and Community Care Ireland:**

*Current (2016) Home Care Tender – Many Improvements needed*

There is a need for improvement and clarifications in the current commissioning of home care that includes but is not limited to:

The HSE uses its position to give its own home care staff preferential shifts, block hour contracts, travel allowances and other conditions, compared to home care staff employed by Provider Organisations, who provide home care under the current HSE tender. This not in the spirit of cooperation required between the HSE and provider organisations they expect to provide home care on their behalf. This sends the wrong message to home care staff who feel less valued at a time that there is such an unavailability of home care staff. For instance, most of the HSE referrals for HCP in the Midlands Area are now 2-5 hours, but including mostly half hour shifts.

Within rural areas, we recommend that the HSE collaborates closely and more regularly with home care providers to deal with delivering services to more difficult and isolated cases.

Current commissioning does not contribute to holistic quality home care and client satisfaction. This involves prescribing either one hour or half hour shifts. Such short shifts not only affect the dignity of the older person, but do not leave enough time to complete tasks and leave older people in a vulnerable situation. **This commissioning system of very short shifts is driving thousands of valuable and trained home care workers out of the sector.** Carers do difficult work, while not being paid travel time and costs.

## CARE WORKER RECRUITMENT AND RETENTION CRISIS

While there is an urgent need for home care, there is a reducing availability of care workers. There is a growing list of older people waiting to be approved for a home care, but there will be an even bigger approved list of who cannot get a carer to actually provide the home care.

### Home Care Workers are not being treated correctly

Because there is no regulation and no home care standards, some Providers are not treating care workers with the respect they deserve. This is particularly because of the way the HSE is commissioning home care services; care workers are being rostered to carry out home care schedules that are often impossible, dangerous or even degrading to both the carer and the client they serve. Understandably, many are leaving the sector because of this poor treatment.

HSE commissioning needs to change urgently to allow Providers the ability **to provide valuable care workers with a block weekly schedule and travel costs**. Their rate of pay must also respect the vital role they play in delivering a broad scope of home care services, which well exceeds the provision of basic activities of daily living. **Caregiving must be respected as an honourable career, not just an hourly (or half hourly) paid worker.**

### Department of Social Protection Needed Urgently

There is a serious shortage of care workers and a recruitment crisis in Ireland, representing a major threat to the home care system. HCCI want the Department of Social Protection to encourage employment by changing the legislation. If a care worker works just two hours a day they will lose their full daily social welfare entitlement. This is not a tenable situation.

Considering the ageing population, it is urgent and crucial that the Department of Social Protection allows care workers to retain some allowances and benefits, to ultimately attract the thousands of care workers needed to deal with the ever-growing need for home care services. **The Government needs to consider a 'special status' to encourage people to take up the caring profession.**



Other initiatives that must be seriously investigated quickly are:

- Reviewing VISA restrictions for non-national carers
- Tax incentives to attract thousands of care workers into the sector.
- Formalising of a travel allowance, so that all Providers provide can make necessary payments, to attract and retain home care staff.
- Create a home carer register in order to attract, track, train and promote home caring as a valued and honourable profession.
- A nationwide media campaign to promote home care as an honourable career, funded by HSE and other providers to attract more passive carers. It may sound extreme, but we need to go on a war footing where we need posters declaring 'Your Country Needs You'.

One positive is that the implementation of CDHC will improve availability of home care support workers, as it will allow Providers to better plan usage of carer hours, have more flexibility to use carers in difficult locations, provide better pay for difficult or complicated cases and provide travel expenses and better conditions necessary to retain carers.

## 9. Developing alternatives to nursing home care

**Policy Challenge:** The policy challenge here is to develop stronger services and supports across a spectrum (such as sheltered / supported housing and reablement interventions). A particular issue is that these services cross traditional professional and sectoral boundaries which can be hard to bridge. A further factor is the scoping of eligibility criteria.

### Response of Home and Community Care Ireland:

#### Funding of Home Care

HCCI recommends a number of initiatives and changes to improve the funding of home care:

#### a. **One Budget for Nursing Home Care and Home Care**

ALONE's *Home First* report, published June 2015, states the number of nursing home residents in Ireland is 35% greater than the EU average. Furthermore, between 2004 and 2013 there was a 44.6% increase in the number of residents in nursing homes categorised as low dependency and a 17.6% increase in the number of residents with medium dependency (DOH, 2015), suggesting that higher levels of low-medium dependency older people in Ireland are now entering long-term residential care.

The number of people being supported under the Nursing Home Support Scheme has also increased from 21,698 in 2010 (HSE, 2011), the first full year of implementation, to 23,965 in 2015 (HSE, 2015). This increasing use of nursing homes is happening at a time when most western countries are reducing their dependency on and even closing nursing homes.

It is important for the Government to consider the fact that monies could be saved by ensuring there is not an over-reliance on nursing home care, which would ultimately enable care for a greater number of older people in Ireland.

**HCCI recommends that the Government amalgamates the budget for the Nursing Support Scheme with that available for home help and home care packages.** This will incentivise the provision of supports outside hospitals and long stay care and boost cost effectiveness. This will also enable the provision of clear, readily accessible, adaptable continuum of supports that can respond to the changing needs of people as they age. The amalgamation of both budgets will ensure that more people will receive care at home, if they so desire.

Furthermore, if home care was provided for in the same budget as nursing home care, this should prove cost negative, given that a proportion of next year's estimated new nursing home care recipients will be deferred to receive less costly home care package.

**b. The Single Assessment Tool (SAT) – A Potential Solution to give CHOICE and to help keep more people stay at home**

The introduction of the Single Assessment Tool (SAT) by the HSE in 2017 to properly assess the clinical and social needs of the older person, will allow older people and families to choose home care or nursing home care based on the results of the assessment. The SAT helps healthcare professionals to assess the needs of an individual and consequently allocate an appropriate home care package. This would also enable the Government to create a cohesive care budget, not just a nursing home support scheme and separate home care funding/budget. A cohesive budget would ensure that older people are adequately assessed and a suitable choice is presented.

2018 Introduction of Client Directed Home Care (CDHC)

Following the pilot phase in CHO 3, the HSE is implementing a CDHC approach to home care on 1 September 2018 on foot of the 2018 Tender. The detailed CDHC approach is being decided by the HSE taking account of the pilot phase and in consultation with the quarterly forum but will involve the following matters:

- monetary value;
- indicative level of time related to complexity of care required;
- schedule of services to be agreed between the client and the chosen service provider, subject to any specific clinical requirements as indicated by the HSE;
- client feedback and satisfaction;
- consideration of urban/rural location of services to be provided;
- the outcome of the pilot phase;
- HSE care plan;
- The hours of service delivered is a matter to be agreed between the client and the provider and will be subject to HSE value for money controls to be determined in the course of the pilot.

Having a tailored care plan will give the Provider the opportunity to produce much greater outcomes for the client such as:

**Less Nursing more Home Care** – Home care provides extra support and services, which leads to a decreased need for long-term institutional or residential care.

**Home and Community Care Ireland**  
[www.hcci.ie](http://www.hcci.ie)  
**April 2018**