



Home & Community
Care Ireland

ADVANCING HOME FIRST

Pre-Budget Submission 2021

Tuesday 22nd September 2020

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About Home and Community Care Ireland (HCCI)

HCCI is the national representative body for home care providers in Ireland. We have 23 members, who between them have 80 offices around the country. Our members serve approximately 20,000 clients comprising 16,000 Older Persons clients, 1,000 Disabilities clients and 3,000 private clients. More than 10,000 frontline care staff are employed by members to care for these clients. While HCCI represents many of the largest home care providers in the country, most of our members are small and medium-sized enterprises (SMEs).

We represent a flexible and scalable capacity to bolster the HSE's range of home care services, whilst continuing to support our private clients with:

- Expert home care for the elderly, those of all ages with disabilities, those with mental health illness and vulnerable children with complex needs
- Modern technological supports and solutions with capabilities to enhance the HSE's service
- Extensive expertise in care with some members providing care for over 15 years.

HCCI's mission is to advocate for, and represent, a unified professional home care service through leadership, experience and good governance. It is a mission that every member of HCCI has committed to, and that can only be achieved in collaboration with the public health system – our partners in healthcare.

Upon admission to the organisation, all members are audited against the HCCI Standards, and again every three years. We strongly support the introduction of a statutory scheme for home care with attendant regulation, ideally by the end of 2021.

Context: Covid-19

Home has proven to be the safest place to care for vulnerable people. Our proposals for Budget 2021 aim to advance a Home First approach to healthcare delivery, and to enable the sector to prepare for the coming winter months – a time when pressure on the healthcare system is traditionally highest.

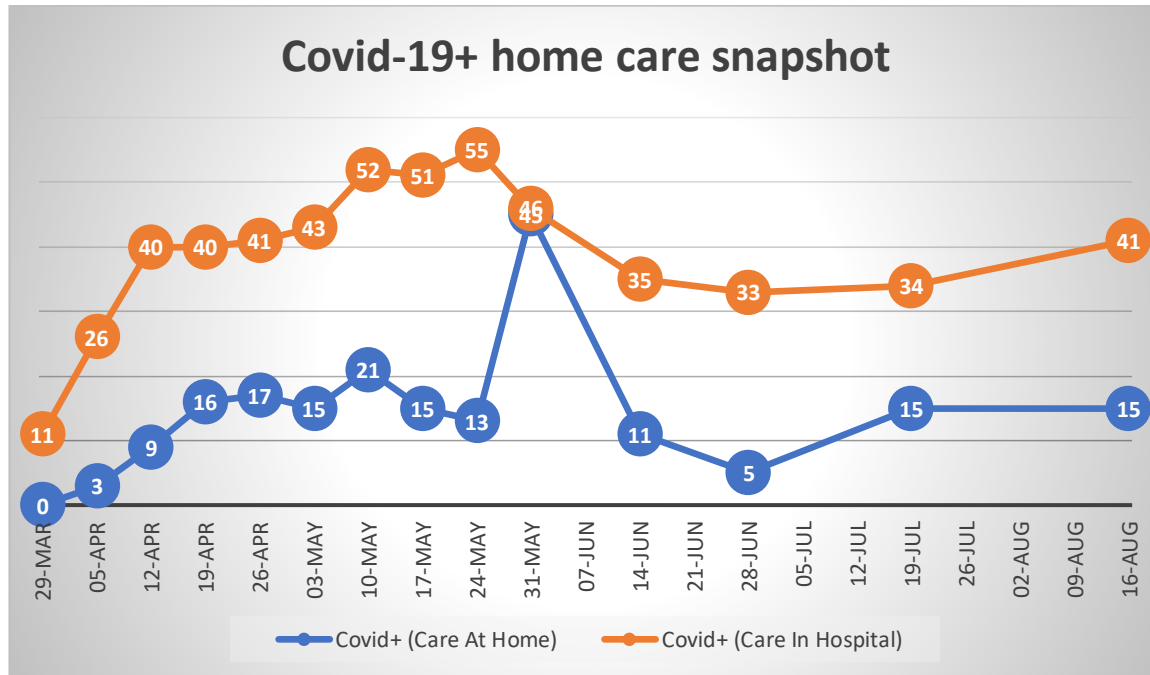
Before listing our recommendations, it is worth reflecting on how covid-19 has affected the sector to date. Whilst very challenging, the situation has been ably managed by the home care sector. The rate of the virus among clients peaked, according to our records, at 0.45% or 91 confirmed positive cases (in April). Carers have been hit harder with an average potential exposure rate to the virus of 8%-10% of the workforce in any given week; any potential exposure leads to self-isolation in accordance with public health advice.

Providers have undergone enormous disruption to their operations, as the figures below illustrate. Our members have had to deal with implementing enhanced infection prevention and control measures; a reduction in turnover owing to clients suspending their care; liaising with clients who suspended their care, including in some cases providing alternative services such as well-being phone calls; and a high rate of carers unavailable for work.

The three graphs below give a short summary of HCCI's recorded data during the height of the pandemic in Ireland.

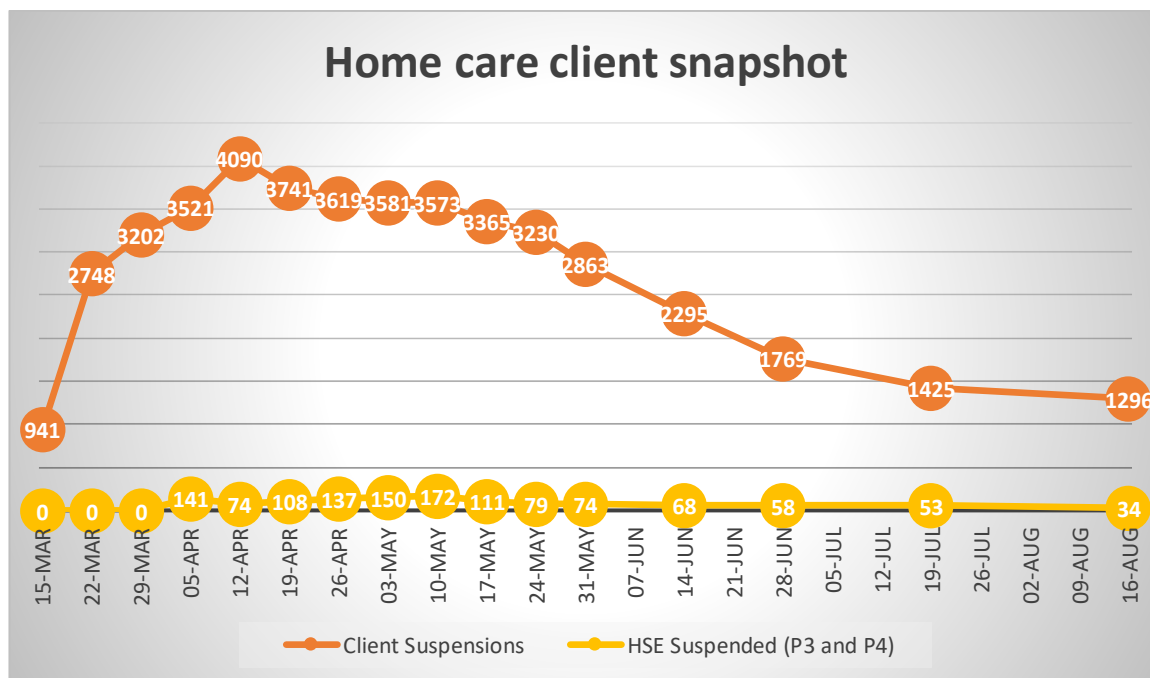
Covid-19 Positive Cases Recorded to Date

This graph shows that the number of cases among our members' client base has remained low through the pandemic.



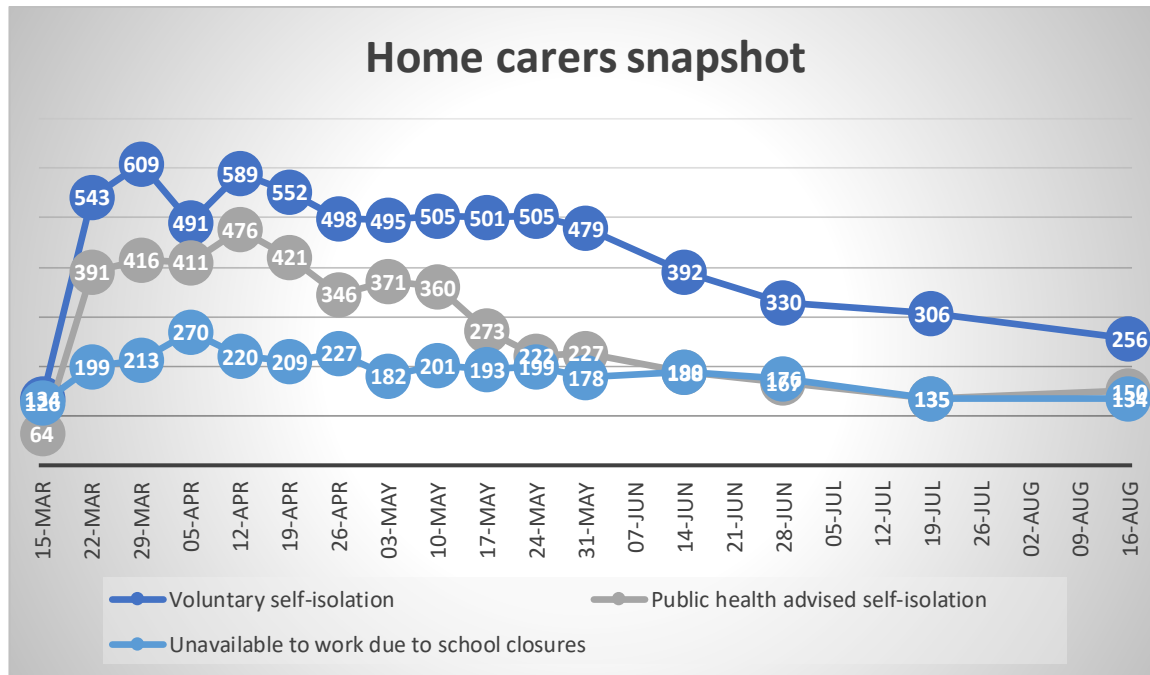
Suspended Home Care Clients

However, the number of clients suspending some, or all, of their home care services due to fears of acquiring the virus has been relatively high.



Carers and covid-19

The number of carers unavailable to work has also been quite high, although this has fallen over time.



List of Recommendations

Recommendations	Relevant Department
<ol style="list-style-type: none"> 1. Double the State's home care provision, to 40m hours per year, to support Home First at a cost of €490m <ol style="list-style-type: none"> a. Provide additional uplift in home care capacity of 18m hours to alleviate occupancy pressures on the acute hospital system and long-term residential care facilities at an annualised cost of c.€425m b. Clear the current waiting list of home support of c.4,000 people at an annualised cost of approximately €40m c. Increase current home care provision by 5% in line with demographic trends and to alleviate unmet need at a cost of €25m 2. Commit to annual review of all legacy home care rates in-line with Tender 2018 extension 3. Develop and implement maximum wait times for home care provision, in consultation with relevant stakeholders 4. Create a new pay mechanism in home support to facilitate care for those with infectious diseases like covid-19 5. Ensure the HSE is adequately funded to continue supplying face masks and enhanced PPE to all home care providers 6. Fund proactive testing in home care to limit any danger of community transmissions of covid-19 7. Continue funding support to the team developing the Statutory Home Care Scheme – the Home First Scheme – and name an Advisory Panel to help inform their work 	<p style="text-align: center;">Department of Health</p>
<ol style="list-style-type: none"> 8. Adapt and expand the Sláintecare Integration Fund into the Sláintecare Innovation Fund along a similar model to the German Healthcare Innovation Fund 	<p style="text-align: center;">Department of Health and Department of Further and Higher Education, Research, Innovation and Science</p>
<ol style="list-style-type: none"> 9. Specific and targeted funding to support the implementation of the 40 actions identified in the <i>Housing Options for Our Ageing Population</i> policy statement 10. Enhanced funding streams from the Department of Health and the Department of Housing, Planning and Local Government to increase the accommodation options available to older people 	<p style="text-align: center;">Department of Health and Department of Housing, Planning and Local Government</p>
<ol style="list-style-type: none"> 11. Conduct a rapid workforce capacity review into the social care sector with a focus on how to train, recruit and retain health care assistants 	<p style="text-align: center;">Department of Enterprise, Trade and Employment and Department of Employment Affairs and Social Protection</p>
<ol style="list-style-type: none"> 12. Allow stamp two visa holders to continue working up to 40 hours per week 	<p style="text-align: center;">Department of Enterprise, Trade and Employment</p>
<ol style="list-style-type: none"> 13. Provision of an additional €2.5M in funding should be made to Skillnet for the training and upskilling of carers to QQI Level 5 Standard 	<p style="text-align: center;">Department of Education and Skills</p>
<ol style="list-style-type: none"> 14. Convene an urgent review of covid-19 insurance cover within the home care sector, and ensure adequate insurance levels are in place ahead of the winter 15. Extend zero-rate of VAT for healthcare supplies to the home care sector introduced during covid-19 	<p style="text-align: center;">Department of Finance</p>

Department of Health

Recommendation 1:

Double the State's home care provision, to 40m hours per year, to support Home First at a cost of €490m:

- Provide additional uplift in home care capacity of 18m hours to alleviate occupancy pressures on the acute hospital system and long-term residential care facilities at an annualised cost of c.€425m
- Clear the current waiting list of home support of c.4,000 people at an annualised cost of approximately €40m
- Increase current home care provision by 5% in line with demographic trends and to alleviate unmet need at a cost of €25m

Rationale

According to the HSE National Service Plan 2020 (HSE 2019) the budget allocated for older person's services in 2020 is €936M, which represents an increase of 8.8% from the previous year. Within that budget over 53,700 people are to be in receipt of home support services to a total of 19.2m hours. In relation to home support, one million additional home support hours was to be provided in 2020 over and above the 2019 target, which includes 230,000 hours of home support to be provided in conjunction with the roll-out of a pilot home support scheme.

Covid-19 will lead to a substantial reduction in available hospital beds and occupancy rates at long-term residential care facilities. It has also highlighted the need for a Home First strategy to be central to healthcare planning. The HSE has estimated that hospitals will be operating at least at 20% less capacity (Carswell 2020) as the health services adjust to new infection prevention and control measures. The logical place to increase capacity in home care, which is in-line with Sláintecare and has general cross-party agreement. Although home care cannot replace hospital capacity like-for-like, more home care funding will be needed to aid prompt discharge as well as prevent people attending hospital in the first place. We recommend that capacity in home care needs to be significantly enhanced to almost double the current 19m hours, to truly bring about Home First.

Although the budget for home care has grown steadily in the past five years, the demand and need for home care continue to exceed supply. Service provision is largely being maintained from year-to-year rather than expanding in line with need. Meanwhile, the waiting list for home care grew by 93% between April 2016 and March 2019, from 3,228 to 6,238 people. Currently 7,522 people are waiting to receive home support (HSE 2020). We understand this list has been cut almost in half, to around 4,000 people. A further €40m is needed to fully clear the waiting list.

Funding for home care needs to grow rapidly to keep up with demographics, demand and need. The health budget must increase by 2% per year (Houses of the Oireachtas 2019) just to keep up with population growth and ageing. In combination with research showing unmet need remains at worrying level, we recommend a minimum uplift of 5% to cover demographics and unmet need; this requires an additional €25M on current levels for home care to keep pace.

Recommendation 2:

Commit to annual review of all legacy home care rates in-line with Tender 2018 extension

Rationale

Feedback from our member organisations has highlighted significant issues with aspects of the remuneration received through the tender process. In every tender, providers are informed that they must hold their existing prices for the length of the tender. Under current market conditions with ever increasing costs, this can be difficult enough over a two-year period. Where a tender can be extended to 4 years, it simply becomes unsustainable.

In fact, with some clients that have received home care for many years through tendered providers, the tendered providers have had to hold their original tender price indefinitely (e.g. until the client passes away). There are instances where tendered providers may still be receiving rates from pre-2008.

This is damaging both to the provider whose financial viability can come under threat, and to the HSE whose capacity to deliver home care can be diminished if a tendered provider can no longer continue. It is also hampering the ability of the sector to increase staff pay rates. This is a situation which arose in the UK in 2011 (HIQA 2017). The client who depends on home care to comfortably age at home is most affected. We welcome the HSE's recent acknowledgement of this reality with an increase in all legacy rates by 2.5% as a part of the extension to Tender 2018. We recommend Government commit to an annual review of the legacy rates and to gradually increase them to parity with existing Tender 2018 prices ahead of the introduction of the new statutory home care scheme.

Recommendation 3:

Develop and implement maximum wait times for home care provision, in consultation with relevant stakeholders

Rationale

Waiting lists and times vary significantly across Local Health Offices. Some have no waiting list. Others have many hundreds of people on their waiting list with wait times that can exceed 2 years.

Clearing the waiting list will require additional funding. Sustaining a cleared waiting list will require financial prudence and a prioritisation of the issue. The introduction of a statutory scheme for home care by 2022 should certainly help and HCCI fully support its development. However, neither can we delay action if we are to prevent an exacerbation of waiting lists and waiting times.

If we are to make Home First effective, we need to introduce transparent waiting lists and times, and enforce these. The effectiveness of such an approach has been demonstrated internationally in acute care settings (Willcox et al. 2007). The HSE has an existing policy in relation to nursing homes, where the target is to maintain the waiting list for funding for new 'Fair Deal' applicants at no greater than 4 weeks (HSE 2018). Ambitious, achievable, effective maximum wait times for home care could be arrived at through consultation with relevant stakeholders.

Recommendation 4:

Create a new pay mechanism in home support to facilitate care for those with infectious diseases like covid-19

Rationale

The care of infectious diseases patients in the home changes the normal operating model in home care. In the case of covid-19, a worker who provides care to a covid-19 suspected or positive client is not permitted to work with any other clients. A carer is also paid for the work they perform on an hourly basis. Therefore, caring for someone with suspected or confirmed covid-19 has the perverse incentive of making critical care services less economically attractive to the worker than standard home care work. A new pay mechanism to facilitate this care should be agreed in advance of the winter season to avoid any delays in care later this year.

Recommendation 5:

Ensure the HSE is adequately funded to continue supplying face masks and enhanced PPE to all home care providers

Rationale

The HSE has agreed to supply all home care providers with face masks and enhanced PPE for the foreseeable future. It would be prudent to agree how long this will last, being mindful that supply of face masks, hand sanitising gel and enhanced PPE are not included in the HSE Older Persons Tender 2018. We recommend that the HSE be adequately funded to continue to supply non-Tender PPE until the statutory scheme for home care comes into operation, or until the public health advice changes.

The HSE has also agreed to aid home care providers deal with increased costs for standard PPE (where sufficient evidence is provided) and, in some cases, supply for standard PPE. This should continue until market conditions returns to normal and the HSE should receive funding from Government to continue providing this support.

Recommendation 6:

Fund proactive testing in home care to limit any danger of community transmissions of covid-19

Rationale

In a meeting with Minister Simon Harris in April 2020, HCCI recommended that proactive testing for home care workers and clients should be implemented. Given the vulnerability of home care clients to the virus, and the relatively high number of healthcare workers who have become ill with covid-19, we think this recommendation makes sense. This is doubly so when community transmission in private homes, which is fuelling our second wave of infection, is the main route of infection.

Asking vulnerable people to indefinitely limit their social contacts and interactions is inhumane and potentially harmful to their mental health. A proactive rolling programme of testing within home care should be implemented as soon as possible. HCCI members are willing to train staff to provide proactive testing at home. With the current increase in covid-19 transmission, this recommendation is urgent.

Recommendation 7:

Continue funding support to the team developing the Statutory Home Care Scheme – the Home First Scheme – and name an Advisory Panel to help inform their work

Rationale

HCCI has been engaged with the Department of Health (DOH), the HSE, HIQA and others in designing the statutory scheme for home care – the Home First Scheme. In October 2019, we published a report into the scheme (available online [here](#)) and facilitated a number of visits from DOH to HCCI member companies thereafter. We note that the Taoiseach recently stated that legislation could be brought forward as early as Autumn 2020 and Minister Butler advised HCCI the new target date for the scheme is 2022.

We understand that four pilot sites across the country had been agreed by DOH and the HSE prior to covid-19. Funding for this should be approved as soon as possible, as well as additional resources for the team developing the scheme so they can meet the deadlines set by Government.

HCCI also supports the creation of an Advisory Panel convened by DOH to provide insight into the scheme.

Department of Health and Department of Further and Higher Education, Research, Innovation and Science

Recommendation 8:

Adapt and expand the Sláintecare Integration Fund into an annual €30M Sláintecare Innovation Fund along a similar model to the German Healthcare Innovation Fund

Rationale

The current Sláintecare Integration Fund is not fit for purpose. It is a once off €20M funding pool open only to the HSE and non-profit organisations. Although some of the schemes that received funding are welcome, the fund scope should be broadened and it should have an annual framework.

We recommend the German approach. They fund a €300 million annual Health Innovation Fund that encourages new models of care and more effective ways to deliver care across a range of healthcare settings, with the private sector closely involved. A proportional annual fund in Ireland would be €30M. We believe priority should be given to initiatives that promote care in the home; alleviate occupancy pressures on hospitals; and increase the resilience of our healthcare system.

Department of Health and Department of Housing, Planning and Local Government

Recommendation 9:

Specific and targeted funding to support the implementation of the 40 actions identified in the Housing Options for our ageing population policy statement

Rationale:

Budget 2021 must provide for specific and targeted funding to support the implementation of the 40 actions identified in the *Housing Options for Our Ageing Population* policy statement (Government of Ireland 2019) launched on February 27th 2019 and the ongoing work of the Interdepartmental/Agency Implementation Group.

All 40 actions are important. For home care, we recommend involving HCCI in the work of the Implementation Group so that we can bring our expertise to bear. We are particularly keen to see the following actions properly funded and advanced:

Action 2: Develop and deliver key actions identified under the Sláintecare Implementation Strategy, particularly in relation to expansion of community-based care to bring it closer to home, aimed at keeping older people healthy and independent for longer.

Action 10: Mandate consultation between Local Authorities and the HSE as part of the planning process in relation to supported housing developments and identify policy in relation to planning for support services (home support) in advance of commencement of development.

Action 25: Develop a statutory scheme and system of regulation for Home Support services, with clear rules in relation to services for which people are eligible and how decisions are made in allocating services. This will improve access to the HSS that people need. Consider how home supports in supported housing models could be incorporated into the Scheme.

Action 31: Promote the use of Support Co-Ordination Services to ensure that a collective approach to the provision of services is delivered at local level. This will include mapping and signposting of all local services such as home supports, befriending, meals on wheels, transport services, activities, services, health and wellbeing programmes, specific services, training & education and technology supports.

Action 32: Continue to invest in primary care facilities across the country to help ensure appropriate provision of, and access to, services in the community. By enhancing and expanding capacity in the primary care sector, we will be able to provide high quality, safe, accessible and sustainable care at the local level and allow people to be cared for in their own homes and communities for as long as possible. Investment in primary care facilities across the country will ensure the appropriate provision of, and access to, services in the community.

Recommendation 10:

Enhanced funding streams from the Department of Health and the Department of Housing, Planning and Local Government to increase the accommodation options available to older people

Rationale:

Two schemes, the Housing Aid for Older People Scheme and the Housing Adaptation Grant for People with a Disability, received €71.25M in Budget 2020. This was an increase of 8% over the 2019 figure. Given the increased attention on ways to keep people safe in their own homes for longer, we recommend a significant uplift in these schemes. Work from the *Housing Options for Our Ageing Population* should inform the scale of the uplift and what additional schemes should be considered.

A €1M pilot programme, the Community and Voluntary Grant for Older People, supported 151 projects around the country. Consideration should be given to making it permanent.

Department of Enterprise, Trade and Employment and Department of Employment Affairs and Social Protection

Recommendation 11:

Conduct a rapid workforce capacity review into the social care sector with a focus on how to train, recruit and retain health care assistants (carers)

Rationale:

Both the home care sector and the nursing home sector have long stated the difficulty experienced in finding enough health care assistants. The domestic labour market appears unable to meet demand. For example, in 2018 only 5,300 people were awarded a relevant QQI Level 5 award to qualify them as an employable health care assistant. The European Commission has estimated there will be a shortfall of around 1 million healthcare workers by 2020, rising up to 2 million if long-term care and ancillary professions are considered. There is an insufficient supply of appropriately skilled indigenous and EEA HCAs.

Furthermore, HCCI members have reported several disincentives in the social welfare system that lead to carers reducing their hours. A member reported to us recently that a carer needed to reduce their hours to 18 hours per week to keep her family's social welfare payments. This holds true across various parts of the system.

We estimate that an additional 3,000 health care assistants will be needed by HCCI members alone to meet the demand if home care hours are increased to 40m per annum. This is an addition to the usual recruitment cycle that requires around 3,000 new hires per year.

We believe that the skills shortage can be solved. For action to be cohesive across Government, we recommend a rapid cross-departmental review of the workforce capacity in the sector, which should start in October 2020 and be completed by December 2020. This will identify short, medium and long-term policies that Government can enact to support the sector. It could also look at ways to help people who are currently unemployed gain the necessary skills to work in the home care sector.

Department of Enterprise, Trade and Employment

Recommendation 12:

Allow stamp two visa holders to continue working up to 40 hours per week

Rationale:

During the first phase of the pandemic, the Department of Justice and Equality updated the guidance on those in Ireland on a stamp two visa. This updated guidance allowed existing stamp two visa holders to work up to 40 hours with immediate effect. This immediately increased workforce capacity in home care sector. Prior to the pandemic, many carers wished to work up to 40 hours, but were restricted by the terms of the stamp two visa. We understand that many colleges will keep elements of the virtual and asynchronous learning introduced during the pandemic, which will mean many carers will have capacity to continue working additional hours. Many of these carers are highly experienced and qualified. Therefore, we would like to see the guidance extended indefinitely with a review ahead of Budget 2022.

Department of Education and Skills

Recommendation 13:

Provision of an additional €2.5M in funding should be made to Skillnet for the training and upskilling of carers to QQI Level 5 Standard

Rationale:

A recent data request of our members by HCCI in partnership with the Department of Employment Affairs and Social Protection, which represented 78% of HCCI membership, revealed a shortage of over 2,500 placements within the homecare sector for the placement of one hundred jobs coming onto the live register. Recruitment efforts continue apace. We recommend that additional funding be allocated to Skillnet for the training of healthcare staff to QQI Level 5.

Leading Healthcare Providers (LHP), the Skillnet that covers private home care providers, have provided tremendous support to the sector throughout covid-19. We hope their request for funding is looked upon favourably.

Department of Finance

Recommendation 14:

Convene an urgent review of covid-19 insurance cover within the home care sector and ensure adequate insurance levels are in place ahead of the winter

Rationale:

During the height of the pandemic, HCCI was pleased to note that, despite some initial reticence from underwriters to cover covid-19 claims, our members' insurance remained in place. This allowed the home care sector to be responsive to the virus and to play our part on the frontline protecting vulnerable people.

However, we have been very concerned by reports from our members, and feedback from Brokers Ireland, that underwriters are showing signs of writing covid-19 exclusions into their policies upon renewal. Already some of our members has had to renew with a partial exclusion. If repeated throughout the sector, this will place a huge obstacle to winter resilience planning that HCCI is engaged in with the Department of Health and the HSE.

Although our initial engagement with Insurance Ireland appeared promising, I am disappointed to report we could achieve no progress with them. Given the critical nature of the healthcare services our members provide, and the need for a stable and operational home care sector throughout winter, the Department needs to convene an urgent meeting on this issue. One outcome may be that the Government's support is required to support the insurance needs in home care, although we hope this can be avoided.

Recommendation 15:

Extend zero-rate of VAT for healthcare supplies to the home care sector introduced during covid-19

Rationale:

As per Recommendation 5, the supply of PPE is a considerable issue in health care. We recommend extending the zero-rate of VAT in the home care sector to allow providers, and the HSE, to better meet the challenge of securing supplies at a reasonable cost.

References

- Carswell, S. (2020). "HSE pledges more home care to help free up hospital capacity for Covid-19", *The Irish Times*, online version available at: <https://www.irishtimes.com/news/health/hse-pledges-more-home-care-to-help-free-up-hospital-capacity-for-covid-19-1.4307306> (retrieved 20/08/2020)
- Government of Ireland (2019) "Housing Options for Our Ageing Population Policy Statement", Government Publication, online version available at: https://www.housing.gov.ie/sites/default/files/publications/files/housingoptionsforanageingpopulationeng_web.pdf (retrieved 20/08/2020)
- Health Information and Quality Authority (2017) *Exploring the Regulation of Health and Social Care Services: Older People's Services*, Dublin: HIQA
- Health Service Executive (2018) "HSE National Service Plan 2019", Dublin: HSE
- Health Service Executive (2019) "HSE National Service Plan 2020", Dublin: HSE, online version available at: <file:///C:/Users/paulc/OneDrive/Documents/HCCI/Pre-budget%20Submission/HSE%20National%20Service%20Plan%202020.pdf> (retrieved 13/08/2020)
- HSE Office of the Assistant National Director, Operations Services for Older People (2020) "PQ 6171/20 To ask the Minister for Health the number of persons waiting for homecare packages in each county in tabular form", *Houses of the Oireachtas Parliamentary Questions*, online version available at: <https://www.hse.ie/eng/about/personalpq/pq/2020-pq-responses/may-2020/pq-6171-20-claire-kerrane.pdf> (retrieved 17/08/2020)
- Houses of the Oireachtas, Parliamentary Budget Office (2019). "The Effect of Changing Demographics on Irish Health Expenditure – An Analysis of Different Approaches and Findings". *PBO Publication 45 of 2019 – Expenditure Analysis series*. Online version available at: https://data.oireachtas.ie/ie/oireachtas/parliamentaryBudgetOffice/2019/2019-08-28_the-effect-of-changing-demographics-on-irish-health-expenditure-an-analysis-of-different-approaches-and-findings_en.pdf (retrieved 20/08/2020))
- Willcox, S., Seddon, M., Dunn, S., Edwards, R., Pearse, J., & Tu, J. (2007) Measuring and Reducing Waiting Times: A Cross-National Comparison of Strategies, *Health Affairs*, 26(4), pp. 1078-1087



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