



**Improving Home Care Services in Ireland:**

**Have Your Say!**

## **Your Opinion Matters**

This public consultation is being carried out to help the Department of Health to develop plans for a new statutory scheme for home care services.

We would like to find out what people think about current home care services – what is working well and what needs to be improved. We would also like to hear the public's views on what the future scheme should look like. A report of the findings of this consultation process will be published. These findings will help the Department to develop the new home care scheme.

This stage of the consultation is particularly aimed at people who use home care services, their families and the general public. However, everyone with an interest, including: health and social care providers; health and social care workers; advocacy groups; those providing complementary services (such as meals-on-wheels and social activities); and representative organisations is welcome to participate.

It is important to say that this consultation paper is just the start of a broader consultation process on home care. The Department also intends to consult by:

- Meeting with individuals and groups so they can tell us directly what they think;
- Meeting with home care service provider organisations and other organisations that represent people that use home care services so they have the opportunity to put forward their views; and
- Asking everyone with an interest in home care services to tell us what they think of our plans when they are developed.

Given that the Department will be consulting again throughout the process of developing the new home care scheme, this consultation does not attempt to address every issue related to home care.

### **Structure of this Consultation Paper**

There are four sections in this paper:

- Section 1 gives some information and background to home care in Ireland;
- Section 2 asks you to tell us a little about yourself;
- Section 3 asks you to tell us about your experiences of home care;
- Section 4 asks for your views about the current home care system and your ideas for the future.

### **How to take part**

You can fill in the consultation online at: <http://health.gov.ie/consultations/>

If you prefer, you can download a copy of this document at <http://health.gov.ie/consultations/> and post it to us at:

Home Care Consultation  
Room 204  
Department of Health  
Hawkins House  
Hawkins Street  
Dublin 2, D02 VW90

Alternatively, if you would like a paper copy to be sent to you, please contact the Department of Health using the contact details written above or by calling (01) 6354402 or (01) 6354732.

You can also contact the Department at these phone numbers or at our email address ([homecareconsultation@health.gov.ie](mailto:homecareconsultation@health.gov.ie)) if you have any questions about this document.

### **Easy Read Version**

A shorter, “easy read” version of this consultation paper is also available on the Department’s website. If you would like to receive a paper version of the easy read consultation paper, please contact the Department at the phone number, email address or postal address above.

### **Closing date**

The closing date for submitting your views is **Thursday 31 August 2017**.

### **Data Protection and Privacy Provisions**

The information shared by you in this consultation will be used solely for the purposes of policy development and handled in accordance with data protection legislation. An analysis of submissions received as part of the public consultation will be published online which will include a list of organisations and representative bodies that responded. Comments submitted by individuals may be used in the final consultation report but these will be anonymised. All personal data is securely stored and subject to data protection laws and policies. For more information, see <http://health.gov.ie/data-protection/>.

Please note that submissions received by the Department are subject to the Freedom of Information (FOI) Act 2014 and may be released in response to an FOI request.

## **SECTION 1 – INTRODUCTION AND BACKGROUND**

**Note: Before you begin to answer the questions, you might find it helpful to read this section which has information about home care in Ireland and the consultation process. An Easy Read version of this information is available from the Department of Health’s website at: <http://health.gov.ie/consultations/>.**

## **1. Introduction**

It is widely accepted that most people want to continue to live in their own homes throughout their lives. The Government wants to improve community based services so that people can live with confidence, security and dignity in their own homes for as long as possible. In order to help make this happen, the Department of Health is developing a new scheme that will improve access to the home care services that people need, in an affordable and sustainable way. The Department will also introduce a system of regulation for home care so that the public can be confident that the services provided are of a high standard.

The Government’s commitment to improving home care can be seen in its Programme for Partnership Government<sup>1</sup>. The Programme makes several references to home care including commitments to: (i) review the management, operation and funding of national home help services; (ii) increase funding for home care services; and (iii) introduce a uniform home care service so all recipients can receive a quality support, seven days per week where possible. The recently published Report of the Oireachtas Committee on the Future of Healthcare<sup>2</sup> also shows support for improving home care from across the political system.

## **2. Scope of this Consultation – What is home care?**

The focus of this public consultation is on home care services. However, this raises an important question – what is home care?

The meaning of home care can differ significantly between countries and, as such, there is no standardised definition. However, a recent evidence review by the Health Research Board titled “Approaches to the regulation and financing of home care services in four European countries”<sup>3</sup> states that:

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<sup>1</sup> [http://www.merrionstreet.ie/MerrionStreet/en/ImageLibrary/Programme\\_for\\_Partnership\\_Government.pdf](http://www.merrionstreet.ie/MerrionStreet/en/ImageLibrary/Programme_for_Partnership_Government.pdf)

<sup>2</sup> <http://www.oireachtas.ie/parliament/media/committees/futureofhealthcare/Oireachtas-Committee-on-the-Future-of-Healthcare-Slaintecare-Report-300517.pdf>

<sup>3</sup> <http://www.hrb.ie/publications/hrb-publication/publications//731/>

*“Home care in Ireland is typically understood as home help services, which include cleaning, cooking and other light household tasks that a person is unable to do themselves due to old age or disability. The scope of home help has subsequently developed to include more personal care assistance such as support with personal hygiene, washing, and dressing also”.*

While the home care service in Ireland is mainly used by older people, it is also provided, in a limited way, to some people with disabilities and other identified care needs. This includes services for people leaving hospitals who need support.

The key home care services provided by or funded by the HSE are home help, home care packages and intensive home care packages. These services are explained below.

#### Home Help Service

The HSE home help service visits people to help with:

- Personal care (washing, changing, oral hygiene, help at mealtimes);
- Essential domestic duties related only to the individual client (lighting a fire / bringing in fuel, essential cleaning of the person’s personal living space).

#### Home Care Packages

HSE Home Care Packages aim to help people with medium-to-high support needs to continue to live at home independently. Home Care Packages consist of community services and supports which may be provided to assist a person, depending on their individual assessed care needs, to return home from hospital or residential care or to remain at home where mainstream or normal levels of services are insufficient.

The services provided in a Home Care Package include more home help hours in addition to the average level available locally. Packages may also include nursing and therapies (for example - physiotherapy, speech and language therapy, occupational therapy), respite care and aids or appliances. The services delivered are based upon the assessed client needs and the level of other supports already provided such as home help services or informal care by family, friends or neighbours to the client.

#### Intensive Home Care Packages

Intensive Home Care Packages allow people who require a very high level of assistance to be discharged home from hospital or avoid admission. It is a limited service that includes supports over and above those provided as part of a standard Home Care Package or current community services.

### **3. Other Services and Supports**

In addition to home care as described above, it is recognised that many other services may be necessary to support people in their own homes. These include primary and community care services (GP; public health nursing; physiotherapy; speech and language therapy; occupational therapy; day centres; and respite care) and specialist services including geriatrician-led teams. Personal Assistants also play an important role in helping some people with disabilities to live independent lives. Home Support provides personal and/or essential domestic care and support for some disabled people to facilitate participation in social and leisure activities. Aids and appliances or house adaptation grants also help individuals make changes to their homes that are required to meet their particular needs.

Furthermore, many people are looked after by carers, family and friends. Care provided by family and friends can be called informal care. These carers make a vital contribution to the health, well-being and quality of life of those that they care for.

While all of these other services and supports are important to enable people to live independently in their own homes for as long as possible, **this public consultation is focussed primarily on home care services, that is home help services, home care packages and intensive home care packages.**

The Department recognises the need for those providing home care services to work effectively with other community and primary care service providers. This will help to ensure that services delivered best meet the needs of the service user.

### **4. Who provides home care in Ireland and how is it funded?**

Formal home care is professional care paid for by recipients, family members or the State. In Ireland, formal home care services are provided by the Health Service Executive (HSE), private providers and not-for-profit voluntary providers.

The HSE directly employs a range of staff to provide home care services. The HSE also contracts not-for-profit providers and private providers to supply services on its behalf.

The HSE will spend approximately €370 million on home care services in 2017. This funding will enable the HSE to provide 10.57 million home help hours to support about 49,000 people. In addition, the HSE expects to provide 16,750 Home Care Packages and 190 Intensive Home Care Packages for clients with complex needs in 2017.

## **5. How is home care accessed?**

When individuals need home care, they or someone on their behalf, can apply to the HSE for services. HSE staff then carry out assessments of the individuals' need for home care services. The HSE staff then prioritise and allocate the services based on the assessed need.

There is currently no charging or means testing for HSE funded home care services. However, there is more demand for home care services than there are resources available to deliver them.

Many people also purchase home care services directly from private providers. These services can act as a top-up to services funded by the HSE or can be instead of HSE funded services. Tax relief may be available for the purchase of private care in certain circumstances which may encourage those with the means to do so to pay for services.

## **6. Why we need a new Home Care Scheme**

The National Positive Ageing Strategy<sup>4</sup> recognises that population ageing is a success story. It goes on to state that “later life can and should be a time for active citizenship, for continued contribution and participation in local community affairs, for engaging in the kinds of activities that enhance physical and mental health, and a time for involvement with family, friends, neighbours and the wider community”. Home care is an important part of the services that some people will need in order to help them do this. It can also help to reduce the need for long-term nursing home care. However, the reality is that the vast majority of older people lead active lives in their communities without the assistance of formal home care.

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<sup>4</sup> [http://health.gov.ie/wp-content/uploads/2014/03/National\\_Positive\\_Ageing\\_Strategy\\_English.pdf](http://health.gov.ie/wp-content/uploads/2014/03/National_Positive_Ageing_Strategy_English.pdf)

Equally, a person's disability should never dictate the path that they are able to take in life. What should count is the person's abilities, their talents and their determination and aspiration to succeed. People with disabilities are writers, artists, entrepreneurs, everyday people who work in offices and shops, who pay taxes and contribute to society and who personify the core principles of community inclusion and active citizenship. Home care can be a support to help those with disabilities who need it in order to live ordinary lives in ordinary places and participate in and contribute to the life of the community.

Formal home care services can also be a crucial support for carers.

These services can also help people to avoid having to be admitted to hospital as well as help them to return home sooner after a hospital stay.

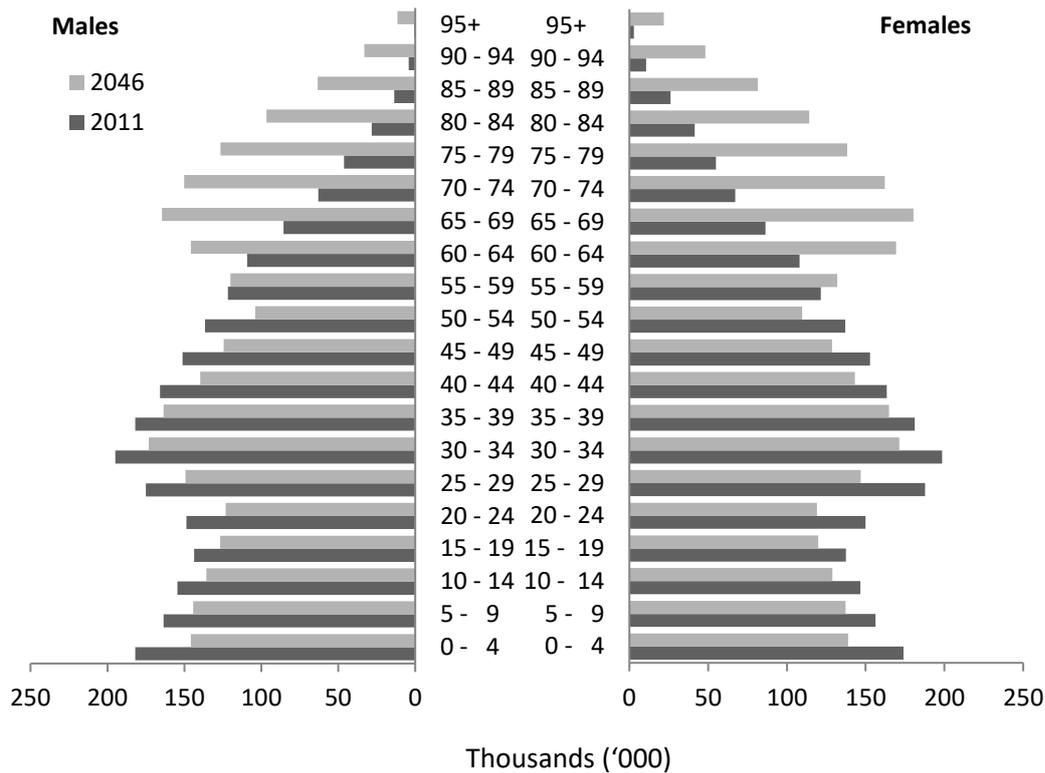
Although the Government is committed to increasing funding for home care services, the supply of such services is unlikely to keep up with the increasing demands without reform of the home care system. This means that the Department of Health needs to develop a new scheme that operates in a consistent and fair manner for all those who require it. Two of the main reasons why we need a new home care scheme are outlined below.

(i) Unmet Need and Population Changes

Despite the significant level of spending on home care referenced in Section 4 above, there is unmet need. This means that the level of services cannot keep up with demand, resulting in approximately 4,600 people now on waiting lists for home care. This number includes new applicants and those who are receiving services but are seeking additional resources or care hours.

The level of unmet need is likely to increase in the years to come because demand is growing for the HSE's home care services. A key reason for this additional demand is the expected increase in the number of older people in the country. The number of people over the age of 65 will double in the coming years while the number over the age of 85 will treble. Further detail on this issue can be seen in the figure below which shows the substantial growth in the number of adults aged 60 and older that will be seen between 2011 and 2046.

*Figure 1: Pyramid for males and females, 2011-2046 (estimated)*



**Note:** estimates based on M1F3 combined assumptions for migration and fertility.

Information from the TILDA<sup>5</sup> study shows that older people are more likely to have difficulty with basic activities of daily living such as: dressing; walking across a room; bathing/showering; eating; getting in or out of bed; and using the toilet. Older people are also more likely to have difficulty preparing a hot meal; doing household chores; shopping for groceries; making telephone calls; taking medications; and managing money. Some people with disabilities may also face difficulties with some of these tasks. In light of this, home care will continue to be an increasingly important part of the supports we offer into the future.

(ii) Consistency in Service Provision

The provision of home help and home care packages has a basis in law but there is no statutory entitlement to these services. Services are not means tested or ‘limited’ in any other way. For instance, services are not restricted to medical card holders and no charges apply for these services (unless a person procures these services privately).

<sup>5</sup> This information is from The Irish Longitudinal Study on Ageing - TILDA (wave 2, 2012). The Irish Longitudinal Study on Ageing (TILDA) is a large-scale, nationally representative, longitudinal study on ageing in Ireland, the overarching aim of which is to make Ireland the best place in the world to grow old.

This absence of a statutory underpinning for home care provision has led to inconsistencies in how State funded home care is delivered across the country. This means that the availability of services can vary from place to place and at different times of the year. This contrasts with the Nursing Homes Support Scheme – “A Fair Deal” which is consistently applied throughout the country.

A statutory scheme for home care would help to introduce clear rules in relation to what services individuals are eligible for and how decisions are made on allocating services. For that reason, developing a new statutory scheme will be an important step in ensuring that the system operates in a consistent and fair manner for all those who need home care services.

## **7. Why we need Regulation of Home Care Services**

There is also a need to ensure that home care services, whether funded by the HSE or privately funded by individuals, are regulated appropriately.

Unlike other health and social care services, such as long term residential care (for example, nursing homes or residential centres for people with disabilities), there is currently no statutory regulation of home care services. A recent national opinion poll commissioned by the Health Information and Quality Authority<sup>6</sup> (HIQA) found that 76% of people that responded mistakenly thought that home care services are independently regulated or monitored.

While a statutory regulatory regime is not in place, a significant step towards quality assurance for home care services was taken in 2012 when the HSE introduced a single procurement framework for external providers. This included quality standards in terms of governance and accountability, person-centred care, complaints management, training and qualifications. Providers are monitored through Service Level Agreements with the HSE and are required to provide a range of information in relation to the services they provide.

Some of the reasons why a system to regulate home care services, whether HSE funded or privately funded, is required, include:

- to ensure that all users are treated with dignity and respect while promoting their independence and choice;
- to promote client safety;
- to promote equity and freedom of choice for service users;
- to improve performance and quality;
- to provide assurance that core standards are achieved;

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<sup>6</sup> <https://www.hiqa.ie/sites/default/files/2017-05/HIQA%20National%20Poll.pdf>

- to provide accountability both for levels of performance and value for money; and
- to bring Ireland in line with best international practice.

## **8. Home Care working with other Services and Policies**

It is important to recognise that the new statutory home care scheme will not be developed in isolation. It will be designed to complement and integrate effectively with other health and social care services such as long term residential care (including the Nursing Homes Support Scheme), primary and community services as well as hospital services.

The new scheme will also be developed in the context of relevant existing policies such as the Report of the Oireachtas Committee on the Future of Healthcare, National Carers Strategy<sup>7</sup>, the Positive Ageing Strategy and National Dementia Strategy<sup>8</sup>, among others. Work currently underway such as the development of new community nursing services and the Task Force on Personalised Budgets in the disability sector will also be considered.

## **SECTION 2 – YOUR DETAILS**

**In this section, we ask you to tell us a little about yourself so we can look at the responses received from different points of view. This is the only reason for collecting this information.**

**(Note: If you are making a submission on behalf of an organisation or representative body, please complete Part B.)**

**Part A – to be completed by individuals.**

**Your name (optional): If you would prefer to not give your name, please skip to the next question.**

**Title**

**First Name**

**Surname**

<sup>7</sup> <http://health.gov.ie/wp-content/uploads/2016/02/National-Carers-Strategy.pdf>

<sup>8</sup> <http://health.gov.ie/wp-content/uploads/2014/12/30115-National-Dementia-Strategy-Eng.pdf>

**What is your gender:**

Male       Female       Prefer not to say

**Your age:**

Under 40            40 – 59            60 – 69        
70 – 79            80 – 89            90 +        
Prefer not to say     

**What county do you live in?**

**Of the list below, which best describes you: (you can select more than one)**

- Someone who receives or has received home care
- Family member or friend of someone who receives home care
- Member of the public
- An informal carer (not paid to provide care)
- Home care worker
- A health professional providing home care services
- A health professional working in another sector
- Prefer not to say
- Other, please provide details \_\_\_\_\_

**(If you are NOT a home care worker or healthcare professional, please ignore the following two questions)**

**If you are a home care worker or a healthcare professional, please indicate what type of organisation you work in:**

- HSE
- Private Sector
- Voluntary/Not for Profit Sector

**If you are a home care worker or a healthcare professional, please indicate what service you work in:**

- Home care/home help

Primary/community care and therapies

Meals on Wheels

Respite care

None

Other, please specify: \_\_\_\_\_

**PART B – This section only needs to be completed by organisations or representative bodies (you do not need to fill in the section below if you are responding as an individual)**

**Organisation**

I am the authorised representative on behalf of an organisation/body.

Please state **name and address of organisation:**

**Nursing Homes Ireland,  
2051 Castle Drive,  
Citywest,  
Dublin 24,  
D24 K299**

**Title**

Mr

**First Name**

Tadhg

**Surname**

Daly

**Job Title**

Chief Executive Officer

**Please state category of organisation:**

Union/ staff representative body  Representative Body

Regulatory Body  Patient Interest Group

Public Interest Group  Academic institution

Advocacy Body  Private Home Care Provider

Voluntary/Not for Profit Home Care Provider

Other, please specify: \_\_\_\_\_

**(Note: If you are responding on behalf of an organisation, you do not need to complete Section 3)**

### **SECTION 3 – YOUR EXPERIENCES**

**Have you ever received any of the following home care services? (You can select more than one):**

- Home Help
- Home Care Packages
- Intensive Home Care Packages
- None of the above

**Have you ever received any of the following services? (You can select more than one):**

- Meals on wheels
- Day centre
- Residential respite care
- Respite care in your home
- Therapies such as Occupational Therapy, Rehabilitation
- Public Health Nursing
- GP services
- Help from family, friends or neighbours
- None
- Other, please provide details \_\_\_\_\_

**Are you currently paying for private home care services?**

Yes  No  Prefer not to say

**If you are currently paying for private home care services, how many hours do you receive from the private provider each week?**

\_\_\_\_\_ hours

**Have you paid for private home care services in the past?**

Yes  No  Prefer not to say

**If you have or are currently paying for private home care, please state why:**

Did not know about HSE services

Applied to the HSE but was not approved

On a waiting list

Top up to HSE services/needed more hours

Prefer not to apply to the HSE

This question does not apply to me

Other, please specify: \_\_\_\_\_

## **SECTION 4 – TELL US WHAT YOU THINK**

This section asks for your views about how home care currently works and your ideas for the future.

Here we are asking about **formal home care services**. By this we mean care that is provided by a professional and is paid for by the HSE, the person receiving home care or by family members.

In this section you will be asked to give your opinion on the different home care services, the strengths of the current home care system and what could be improved. This information will help the Department to decide what should stay the same and what needs to be done differently.

### **General Questions**

#### **1. In your opinion, what are the good things about home care services in Ireland?**

When giving your answer to this question, you may wish to think about the following:

- How you apply for home care
- How your need for home care services is assessed
- Who can access services
- What home care services are provided
- How home care services are provided
- How home care services are monitored

- How you can appeal a decision about your home care
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Question 2, 3 and 4 ask whether the different services that are needed to help people stay at home work well together. This information will help to inform how services can work better together in the future.

**2. Do you think that home care services work well alongside primary care and other community services to meet the needs of people who receive home care?**

Note: Primary and community services include GP services, public health nursing, physiotherapy, speech and language therapy, occupational therapy, and respite care.

Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_

**Government objective to bring about a decisive shift in healthcare delivery to strengthen primary care services and enable healthcare provision within the community, where possible, is welcome and paramount. It is critical primary care is appropriately resourced to ensure primary care services are accessible.**

**The HSE Quality and Patient Safety Audit 2012 highlighted challenges in respect of access to primary care services including physio, OT, speech and language therapy, and other services in nursing homes.**

**Engagement and collaboration with the nursing home presents an opportunity to establish and support nursing homes as 'primary care hubs' locating GP services, public health nursing, physiotherapy, speech and language therapy, occupational therapy and other services in providing primary care to residents in the nursing home and to persons in the wider community where the nursing home operates.**

**Eligibility to enable a person avail of respite care is inconsistent. Persons' encounter significant difficulties in becoming aware of the criteria, eligibility and funding of such care.**

**3. Do you think that home care services work well alongside hospitals to meet the needs of people who receive home care?**

Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_

**It is mixed and it is evident within the high number of persons categorised as delayed discharge. It should be acknowledged the HSE Performance Report informs over 5 million home help hours were provided the first six months of 2016 and 18,402 persons were availing of home care packages at the end of June.**

**Discharge planning to home or nursing home (short or long stay stay) requires focussed improvement, dedicated funding and collaboration with providers.**

**4. Do you think that home care services work well alongside informal carers to meet the needs of people who receive home care?**

Note: informal carers are family and friends that provide care and support

Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_

If you have any comments in relation to how well home care services work with other providers of care, please include them below:

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Questions 5 and 6 ask for your views in relation to choice of home care services and providers.

**5. Do you think that people who receive home care should have more of a say in the range of services that are provided to them?**

Yes  **YES** No \_\_\_\_\_ Don't know \_\_\_\_\_

**We are of the view the voice of the resident / patient / care recipient is vital within healthcare provision. The experience of the healthcare user can support healthcare providers and**

commissioners in ensuring the needs of healthcare users are met, improvements in quality of care and best practices are identified and implemented.

In conjunction with Ulster University, Nursing Homes Ireland recently (Sept 2017) published a research report assessing the lived experiences of nursing home residents and their transitions to nursing home care. The research report is titled *The Lived Experience of Nursing Home Residents in the Context of the Nursing Home as their Home*.

6. Do you think that people who receive home care should have a choice in who provides their care?

Note: Home care can be provided by the HSE, not-for-profit providers and private providers.

If you have any comments in relation to choice of home care services and providers, please include them below:

Yes  No \_\_\_\_\_ Don't know \_\_\_\_\_

**Persons should be enabled, entitled and empowered to choose the care provider that best suits their healthcare needs. Resident choice is enshrined within Fair Deal, with HSE, private and voluntary providers providing this specialist care. Differing choices are presented for persons requiring nursing home care, with private providers now being the majority providers of this specialist care. Former Taoiseach Enda Kenny previously spoke of the positive outcome choice within Fair Deal has presented for older people. Speaking in June 2012, he was quoted in the Connaught Telegraph: "The Fair Deal initiative has brought in a whole new era for patient care. Patients themselves decide that they don't want to go to institutions like this [Sacred Heart Hospital] anymore and they choose to go to private nursing homes where they feel they have more appropriate facilities for their needs."**

**Ensuring a person is statutorily entitled to choose the provider from which they will receive their home care support will facilitate them in choosing the provider best suited to their care**

requirements. Furthermore, it helps create an environment that encourages providers to ensure the highest levels of care are provided and to strive to exceed the expectations of care recipients.

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## **7. In your opinion, how could home care services in Ireland be improved?**

Note: When giving your answer to this question, you may wish to think about the following:

- How you apply for home care
- How your need for home care services is assessed
- Who can access services
- What home care services are provided
- How home care services are provided
- How home care services are monitored
- How you can appeal a decision about your home care

**The ‘shift’ in focus to meeting our healthcare needs through primary and community care is welcome. A continuum of care that ensures our older population can avail of the specialist care they require, at each appropriate stage, is essential to ensure we meet older persons healthcare needs and have in place a proper-functioning health service. Increased community care is vital to support acute hospitals in focussing upon delivery of acute care. Within this continuum and wider healthcare delivery, home care fulfils an essential role.**

**This consultation process is welcome. Disappointingly, much of recent discussion and public commentary regarding older person care has served to pit one specialist type of care against another. Home care and nursing home care both have essential roles to fulfil in meeting our older population’s healthcare needs. We must move away from the polarisation that besets discussion regarding care of the older person.**

**We need to move from a fragmented, polarised approach to community care, to a rounded, inclusive one. The real discussion must be focussed upon ensuring people can avail of the care most**

**appropriate to their care needs within the most appropriate setting in the community, removed from an acute setting where possible.**

**The considerable growth in our older population will lead to increased demand for home care and nursing home care.**

**The numbers aged 85+ are projected by the CSO to increase by 46% over the ten-year period 2011 to 2021. The Alzheimer Society of Ireland is projecting the prevalence of dementia to increase by 41% over the coming ten years.**

**Nursing Homes Ireland recognises the essential role home care has to fulfil in meeting the healthcare needs of our older population. Indeed, many nursing home providers also provide home care services and other community services within their local communities.**

**NHI believes the relative success of the Nursing Home Support Scheme (Fair Deal) can be replicated in placing home care on a statutory footing. This can be achieved by bringing into effect a separate statutory and budgetary framework. Fair Deal is defined and transparent. Its budget is ring-fenced, providing transparency regarding the availability, or indeed non-availability, of funding to enable a person avail of financial support for such specialist care.**

**NHI would recommend that a new scheme mirroring Fair Deal with dedicated funding should be introduced on a statutory basis for home care. This scheme could mirror the principles of Fair Deal and deliver:**

- >A uniform assessment**
- >Equitable access to those assessed as requiring such care**
- >Dedicated ring-fenced funding**
- >A co-payment model that makes such care affordable and accessible**

**The development and roll-out nationally by the HSE of the Single Assessment Tool can deliver a standardised assessment to determine the health and social care needs of older persons. SAT can support in determining the specific care package best suited to the person.**

**A home care funding model could become a key component of our health services and fulfil an essential role, similar to that of Fair**

**Deal, in enabling people avail of care in the community most appropriate to their needs**

**As per Fair Deal, the ring-fenced funding to enable homecare provision must be cognisant of the substantial growth in our older population that will lead to resulting requirement for such services. The focus upon meeting healthcare needs within the community must be endorsed by State funding that ensures persons are enabled to avail of the appropriate specialist care within the community. Insufficient resourcing has a knock-on effect for wider healthcare delivery and care of the older person.**

**NHI would also advocate the State explore the opportunities presented by nursing homes within our communities to provide services in tandem with traditional long-stay care and meet people's health and social care needs. These highly regulated healthcare settings employ staff that include nurses, carers, activity co-ordinators, chefs. They are highly regulated primary care hubs within our communities, employing teams of highly-skilled staff to provide person-focussed clinical, health and social care. Nursing homes are meeting older persons clinical, care, rehabilitative, physical and cognitive, dietary needs. Focus should be placed upon enabling people within the wider community to be enabled to avail of specialist care or activities that are essential to their health and wellbeing that the nursing home can facilitate. Utilising nursing homes and the staff employed within them can present opportunity to provide complimentary community services such as day care, respite, rehabilitative, home care; meals-on-wheels, independent or assisted living.**

**There is urgent requirement for the State to lead in developing a workforce plan for the entire health service. The considerable growth in our older population and demand this will place upon our health services is well versed. Planning to ensure we have in place a workforce that can meet present and future older person healthcare needs must come into effect with immediacy.**

**The Department of Health must lead in bringing stakeholders around the table to input to a workforce plan for the entire health services. Such a plan should entail planning to attract the required workforce personnel to meet requirement and focus upon training and education of prospective health professionals. Turning a blind eye to the escalating demand for health professionals such as**

**carers and nurses will bring catastrophic consequences for our health services, older persons in particular, and wider society.**

### **Questions on Information in relation to Home Care Services**

This section asks who you would contact if you needed information on home care services. It also asks whether you are aware of the tax relief that is available for privately purchased home care.

**8. If you, a relative or friend needed home care services, who would you ask for information first?**

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If you have any comments on this issue, please include them below:

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**9. Are you aware that tax relief is available to people that pay for home care services?**

Note: tax relief reduces the amount of tax that an individual has to pay.

Yes \_\_\_\_\_ No \_\_\_\_\_

If you have any comments on this issue, please include them below:

### **Question on Standardisation**

At the moment, home care services operate in different ways across the country. This means that the amount and type of home care available can vary depending on where you live or the time of the year. Many other countries have home care systems that make sure that home care is provided in the same way across the country.

**10. Do you think that the same approaches should apply across the country in relation to the following?**

- How you apply for services  Yes  No  Don't know
- How your need for services is assessed  Yes  No  Don't know
- Who can access services  Yes  No  Don't know
- What home care services are provided  Yes  No  Don't know
- How home care services are provided  Yes  No  Don't know
- How home care services are monitored  Yes  No  Don't know
- How you can appeal a decision about your home care  Yes  No  Don't know

If you have any comments on this issue, please include them below:

**A statutory homecare scheme will provide definitive clarity within our health services. Clear unambiguous criteria within regard to eligibility for homecare support can ensure consistency and fairness is applied for older people across the country.**

**Under Fair Deal assurance is provided when, having undertaken a comprehensive care needs assessment, it is determined by health professionals nursing home care is best suited to a person's healthcare needs and they are then statutorily entitled to avail of the financial support that will enable them avail of this care. This should, and generally does, provide greater security and assurance for the person requiring care.**

**A person who, having undertaken a care needs assessment, is determined as requiring nursing home care, then has statutory entitlement to avail of the care.**

**The numbers being supported by the scheme and those awaiting funding approval are publicly available. This applies transparency with regard to how the scheme is operating and whether people are being enabled to avail of their required care.**

**Question on Quality Standards**

At the moment, there are no national standards for home care. This means that the quality of home care can differ among home care providers. Other

countries have introduced national standards. We would like to know your views on whether or not you think national quality standards should apply in the future to home care providers in Ireland.

Note: National standards would mean that every home care provider would have to meet a minimum standard of quality in order to continue providing home care services.

**The absence of regulation, national standards and independent oversight within the home care sector presents an appalling anomaly in our care of older persons.**

***Open Your Eyes*, the most recent annual report published by HSE Elder Abuse Services encompassing the year 2014, informed 83% of the allegations of abuse referred to it were with regard to people residing within their own home. This amounted to 2,268 referrals. The majority of the 2014 referrals concerned psychological abuse (35%), financial concerns accounted for 26%, neglect 19% and physical 15%.**

**The absence of regulation, national standards, independent oversight and statutory requirement for carers to have training and qualifications must be addressed as an integral element of placing home care on a Statutory footing.**

**It is imperative an outcome derived from this consultation process brings into effect independent regulation (registration and inspection) and national standards are implemented within our home care sector on a Statutory basis.**

**11. Do you think that the same national quality standards should apply to all (public, private and not-for-profit voluntary) providers of home care?**

Yes  **YES** \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_

If you have any comments on this issue, please include them below:

**Regulation and national standards must be evenly applied to all. Applying to a particular / select cohort of care providers would present discriminatory practice and negate the safeguarding of all**

**persons receiving home care services. Such a scenario must not be contemplated or tolerated.**

### **Question on Training for Care Workers**

Currently, there is no minimum level of training required in order to be a home care worker in Ireland, though many have completed relevant training. Other countries have introduced minimum training levels in order to help ensure a better quality of service. We would like to know whether or not you think this would be a good idea for Ireland.

**12. Do you think that formal home care workers should have to complete a minimum level of training that would be set by the Government?**

Note: formal home care workers are people who are either self-employed or work for a home care service provider organisation

Yes  **YES**      No \_\_\_\_\_      Don't know \_\_\_\_\_

If you have any comments on this issue, please include them below:

**Carers providing care within a home setting must, at a minimum, have training in place to enable them to:**

- > recognise the personal care needs of the older person,**
- > respond effectively to the older person's individual needs,**
- > have the practical skills to meet the personal care requirements of the older person,**
- > maintain a safe, healthy and hygienic environment for the older person.**

**The State should engage further with the nursing home sector to explore the potential and opportunity offered by the highly regulated staff within nursing homes to meet care needs of older persons within the community.**

**As advanced within this submission, the potential exists to utilise the expert staff within nursing homes and these specialist community healthcare settings to provide services beyond traditional long-stay residential care.**

## Questions on Funding

In Ireland, there is no means test for home care services that are funded by the HSE. People who receive these services do not have to pay for them. This is different to many other countries which have some form of charging or means test.

**13. Taking account of limited State resources, do you think that people who receive home care services should make a financial contribution to the cost, based on their ability to pay?**

Yes  No \_\_\_\_\_ Don't know \_\_\_\_\_

If you have any comments on this issue, please include them below:

**NHI would recommend that a new scheme with dedicated funding mirroring Fair Deal should be introduced on a statutory basis for home care.**

**Recent commentary has advanced Fair Deal also encompass financial support for home care packages. Such a measure, while noble in principle, would be to the detriment of older persons. Diluting the funds available to financially support persons availing of nursing home care, and indeed home care, will weaken the transparency applied with regard to State funding to support older person care and specific, specialist care.**

**A new home care scheme should replicate Fair Deal as a means tested co-payment model. The full economic costs of high quality home care services must be recognised.**

**It critical to realise Fair Deal's co-payment mechanism could not be reciprocated for home care. Nursing home care and home care are radically different. Nursing home care entails 24/7 care in dedicated healthcare settings equipped with specialist equipment and a range of highly-skilled staff. The care entails meeting the resident's day-to-day living requirements. This encompasses day-to-day living expenses including food, heating and electricity. The nursing home resident contributes 80% of their income on a weekly basis towards the cost of their care. A person availing of home care requires the**

means necessary to enable them meet day-to-day living costs such as those incurred for food, heating and electricity.

Fair Deal has proven a success in enabling people to avail of specialist care, while making a fair contribution towards the cost of their care. The care recipient pays a weekly contribution of their means to the HSE to offset the costs incurred. The means testing of the weekly contribution – based upon the resident’s disposable income – applies fairness in enabling the person pay a contribution that is affordable.

14.If the State could only provide a certain amount of home care services based on health need, would you be prepared to purchase additional hours with your own money, if you needed them?

Yes \_\_\_\_\_ No \_\_\_\_\_ Don’t know \_\_\_\_\_

If you have any comments on this issue, please include them below:

#### Other issues

15.If there are any other comments that you would like to make, please include them below.

The ‘shift’ in focus to meeting our healthcare needs through primary and community care is welcome. A continuum of care that ensures our older population can avail of the care they require, at each appropriate stage, is essential to ensure we meet older persons healthcare needs and have in place a proper-functioning health service. Increased community care is vital to support acute hospitals in focussing upon delivery of acute care. Within this continuum and wider healthcare delivery, community care (home care and nursing home care) fulfil an essential role.

Much of recent discussion and public commentary regarding older person care has served to pit home care against nursing home care. Both have essential roles to fulfil in meeting our older population’s healthcare needs. We must move away from the polarisation that besets discussion regarding care of the older person.

**NHI recommends;**

- 1. A true continuum of care is required to ensure we are positioned to meet older persons health and social care needs**
- 2. The requirement to establish a separate statutory homecare scheme, with requirement for the care to be supported through a dedicated budget**
- 3. Clear, unambiguous criteria re eligibility for homecare can ensure consistency and fairness is applied in enabling older persons avail of this specialist care**
- 4. Introduction of a means-tested co-payment model**
- 5. Full economic costs of homecare provision must be recognised**
- 6. Imperative requirement for the independent regulation (registration and inspection) of home care services.**
- 7. Where possible integrating care services, to deliver a true continuum to meet older persons health and social care requirements**

**Thank you for completing this consultation.**

**If you would like to receive a copy of the results of this consultation, please provide your postal or email address**

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