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Tuarascáil maidir le Soláthar Seirbhísí Cúraim Baile

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JOINT COMMITTEE ON HEALTH

Report on the Provision of Homecare Services

November 2019

[32H028]

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Dr. Michael Harty T.D.
**(Rural Independent Technical
Group)**

Homecare provides invaluable assistance to persons with additional health and care needs. Such care needs are often complex and specific to individuals. Homecare services, whether provided informally by family members and friends or formally through carers, allows a person to be cared for outside of a hospital setting and to remain in their own home. This healthcare model is supported by Sláintecare¹.

The evidence, given to the Joint Oireachtas Committee on Health from several voluntary organisations² who provide homecare services, detailed a system that is under much pressure. There is little autonomy for homecare recipients who struggle to access homecare packages. Carers and providers are faced with a difficult and fast changing working environment which appears to function through a myriad of silos and ineffective systems. The main provider, the HSE, is tasked with providing an under-resourced service to increasing demands. However, as homecare is provided in a private setting, many of these problems are unseen and have received less public attention.

The Committee welcomes the opportunity to examine these matters and to highlight the experiences of those providing and receiving services. The Committee acknowledges the work of all carers. Many of the shortcomings of the homecare service structure have been offset by the outstanding value of carers. Carers are now under increased pressure and it is important that their work is not just acknowledged, but that an effective system is established to ensure that they are supported through the effective provision of resources, capacity planning and policy implementation.

A handwritten signature in black ink that reads "Dr. Michael Harty T.D." with a stylized flourish at the end.

Dr. Michael Harty, T.D.
Chair of the Joint Committee on Health
20 November 2019

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https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/committee_on_the_future_of_healthcare/reports/2017/2017-05-30_slaintecare-report_en.pdf

² The Committee meeting on 12 December 2018 was attended by representative of Age Action Ireland, Care Alliance Ireland, Home and Community Care Ireland and Family Carers Ireland. See Appendix 2 for a list of stakeholders. https://www.oireachtas.ie/en/debates/debate/joint_committee_on_health/2018-12-12/

Executive Summary

Homecare services are essential in enabling people with additional care needs to live independently in their own homes and communities for as long as possible. The Health Service Executive (HSE) are responsible for providing formal homecare assistance although this is not yet a statutory obligation. In 2019, the HSE has planned to provide 17.9 million home support hours to approximately 53,000 people³. The 2020 budget has indicated that an additional one million home help hours will be provided although the specific details of this is yet to be finalised⁴.

This service includes homecare provided by HSE staff and voluntary bodies commissioned by the HSE to provide services.

Homecare providers, however, are under increasing pressure to meet current demand for services and it is predicted that the need for services will grow substantially over the next couple of decades given an ageing population.

The purpose of this report is to examine the provision of homecare services. The report examines the challenges people encounter when they wish to be cared for at home but face an absence of appropriate supports in the community, which can consequently result in people having to rely on private homecare services or residential care facilities. The report also details the challenges facing voluntary organisations commissioned by the HSE to provide homecare.

The Joint Oireachtas Committee on Health held a meeting on the 12 December 2018 and met with representatives of several voluntary groups who are commissioned by the HSE to provide homecare services. These include representatives of Age Action Ireland, Care Alliance Ireland, Home and Community Care Ireland and Family Carers Ireland.

The Committee notes the increasing number of unmet hours for homecare services despite additional funding. Several external factors, such as demographic changes, have impacted upon this demand. The current structure for providing homecare is struggling to adapt and is unlikely to be able to efficiently provide for future demand increases.

The Committee also notes that the existing structure for providing homecare services is not effective in responding to the increase in demand. The outsourcing of services by the

³ HSE Service Plan 2019, p58

<https://www.hse.ie/eng/services/publications/serviceplans/national-service-plan-2019.pdf>

⁴ <https://www.gov.ie/en/news/5808c6-budget-2020-bringing-slaitecare-to-life-in-our-communities-with-100/>

HSE to voluntary organisations was in response to the unmet demand. However, the mechanism for outsourcing these services is complex and ambiguous. The HSE, who initially utilised these organisations for supplementing the service, is now reliant on them providing the majority of many homecare services⁵.

Voluntary organisations are also under increased pressure in trying to provide services. Representatives of these organisations told the committee of difficulties with staff retention and recruitment, regulation, funding and communication with the HSE. In addition, the representatives discussed the many difficulties experienced by those seeking homecare services including accessing services, long waiting lists and a system that fails to incentivise family carers. This includes barriers to accessing grants and allowances, a lack of respite service and inconsistencies with a tax system that can have a punitive effect on those seeking to work and provide informal care.

The Committee observes that this current system is too reactionary in how it provides services. Care is only provided on a case-by-case basis, after a complicated assessment process with long waiting times. It is essential that effective future planning is implemented as demand for homecare services continues to rise. This report acknowledges the work and actions set out by Sláintecare regarding homecare and, specifically, its aim to provide a statutory framework for homecare and the establishment of a community-based health system.

⁵ At the Committee meeting of 12 December 2018, the Alzheimer’s Society of Ireland reported that they provide 68% of all community dementia services.

Summary of Recommendations

The Joint Committee on Health recommends:

1. the enactment of legislation underpinning the provision of homecare. This legislation must set out to provide a definition of homecare, the eligibility of homecare and the statutory obligations on the HSE to provide homecare. The Committee strongly recommends that appropriate resources are provided to enable the enactment of legislation by 2021, as set out in Sláintecare's strategic plan.
2. that homecare services are regulated by HIQA or another independent body which should be responsible for regulating the standard of care provided by professional carers, the commissioning of service by the HSE to voluntary organisations and the provision of homecare services.
3. that family carers are provided adequate support to incentivise informal homecare support. Such support includes:
 - simplifying access to carer allowances and grants
 - widening eligibility to accessing carer allowance and grants
 - removing irregularities within the tax system which have a punitive effect on those providing informal homecare
 - providing respite hours to those who supply home care hours.
4. formal care should be delivered by appropriate qualified service providers who should be given adequate support to ensure:
 - that a standardised quality of care be provided by carers
 - that an equity of working conditions for carers of voluntary providers be provided, similar to that of carers employed by the HSE with regard to regular consistent working hours, travel expenses and contracts.
 - that carers be incentivised with career pathways
5. that the recommendations published in the Report of the Independent Review Group established to examine the role of voluntary organisations in publicly funded health and personal social services⁶ be fully implemented to improve and drive the relationship between the HSE and voluntary homecare service providers.

⁶ https://health.gov.ie/wp-content/uploads/2019/01/190117_IRG-FINAL.pdf

6. that the HSE records and publishes details of the number of people on waiting lists for homecare, that such lists are updated and published on a regular and continuous basis and that such lists are included in key metric data with the objective of delivering month on month improvements.
7. that the Single Assessment Tool is implemented without delay. The Committee notes the importance of a unified, consistent and transparent assessment tool to be operated by all CHOs.
8. that the HSE engage in an open and transparent discussion with the voluntary sector in relation to
 - planning and providing for current and future demand of homecare services.
 - the financial capacity of the voluntary sector in providing homecare services.
9. that an analysis be undertaken by the Department of Health and the Department of Public Expenditure and Reform, to examine the financial challenges of the voluntary sectors and their ability to provide homecare services. The objective of this analysis is to aid and support to the sector and enable a joint approach between public and voluntary bodies to meet unmet demand of homecare services.

1. Background

1.1 Introduction

There is no statutory definition of homecare, but it may be described as the provision of additional health or care assistance to a person which allows them to remain living independently in their own home.

The majority of homecare is provided for persons over 65 years. Ireland has an ageing population⁷, the number of persons aged over 65 years has increased substantially in the last decade and is set to increase further over the next number of years. While most persons aged over 65 years are healthy and living independent lives, the increase in this demographic will result in a growing demand for care assistance. The majority of this assistance will be informal, through family members. Nonetheless, additional care will also be required in a more formal setting, through professional care.

Homecare may also be required for persons under 65 years. This may include care for persons with long-term health needs, such as persons with a disability or a chronic illness, or temporary care such as rehabilitation. It is often more appropriate and beneficial for such person to be cared for in a home setting rather than a residential setting or hospital.

There are several advantages to providing such care in a domiciliary setting as opposed to a hospital or care home.

- The provision of homecare services allows people the opportunity to remain living independently at home.
- Traditionally, residential setting care was the primary source of additional care, however more availability of homecare hours has provided better autonomy to those with additional care and health needs.
- Providing care at a domiciliary level will free up hospital beds for other health services. Recently, the ESRI found that a 10 per cent increase in per capita homecare supply could lead to 40,000 fewer inpatient beds per annum if applied nationally.⁸

⁷ The over 65 years age group saw the largest increase in population since 2011, rising by 102,174 to 637,567, a rise of 19.1%.

⁸ An Analysis of the Effects on Irish Hospital Care of the Supply of Care Inside and Outside the Hospital

<https://www.esri.ie/system/files/publications/RS91.pdf>

1.2 Homecare Services

There are several options to providing homecare services. These include:

(a) Informal Care

The majority of homecare is provided by family members or friends. This is mostly unpaid. Some carers may be eligible for carer's allowances or grants:

- Carer's Allowance is a payment to people on low incomes who are looking after a person who needs support because of age, disability or illness (including mental illness).
- Home respite involves providing alternative family or institutional care for a person with a disability in order to enable the carer to take a short break, a holiday or a rest. It can cover very short-term respite, for example, a carer for an evening, or a much longer arrangement for a holiday
- A housing adaptation grant is available from local authorities if a person needs to make changes to a home to make it more suitable for a person with a physical, sensory or intellectual disability or mental health difficulty.

(b) Formal Care (Public)

Formal public care is provided by the HSE. This involves the HSE directly providing homecare or funding care by voluntary bodies or private companies who awarded public contracts. Within public care, there are three main services available.

- **Home Help services**

This service visits people to assist with personal care (washing, changing, help at mealtimes etc) and essential domestic duties related only to the individual client (lighting a fire, bringing in fuel, essential cleaning of the person's personal living space).

- **Homecare Packages**

This service assists people with medium-to-high support needs to continue to live at home independently. Homecare Packages consist of community service 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.

- **Intensive Homecare Packages**

These packages assist persons who require a very high level of assistance, to be discharged from hospital or avoid admission. It is a limited service that includes support over and above those provided as part of a standard Homecare Package or current community services.

(c) Formal Care (Private)

Individuals may also purchase private homecare. This may provide all an individual's homecare needs or be purchased to supplement public provided hours.

1.3 Evolution of Homecare in Ireland

There is currently no statutory framework regarding homecare in Ireland. The absence of this legislation has had significant impact upon the sector's development.

Traditionally, the emphasis of care in Ireland has been centred toward residential settings, provided by charities or religious bodies. Such care was viewed as a panacea to a wide spectrum of additional needs including persons with disabilities, persons with chronic illness and persons aged over 65 years old who did not have support networks that would allow them to remain in their homes.

Since the 1970's the provision of formal homecare has become increasingly prominent. The Health Act 1970 established the Health Boards with responsibility for providing homecare assistance.

Several reports and government strategies in the last number of decades have recognised the value of homecare and recommended planning and actions to further expand services. However, subsequent policies have not fully capitalised on the potential benefits of homecare.

Appendix 3 – Homecare in Ireland lists some of the most prominent reports since the 1970's which have examined homecare.

2. Homecare in Ireland

2.1 Health Service Executive

The Health Service Executive (HSE) has statutory responsibility for the management and delivery of health and personal social services in Ireland.⁹ This includes responsibility for the provision of homecare although this is not a statutory obligation.

The National Service Plan (NSP) sets out HSE's objectives and performance indicators for each year. The NSP 2019 has set out to provide 17.9 million hours for 53,000 people¹⁰. In comparison, the NSP 2018 provided 17.2 million hours to 52,632 people¹¹.

The NSP 2019 also sets out the objectives of the Intensive Homecare Packages and aims to provide 360,000 hours to 235 people.

The NSP states that:

“It is recognised that the scale of the challenge in 2019 will present particular difficulties in adequately meeting the demand for our residential care services, emergency places for people with disabilities, maintaining compliance with HIQA regulation and responding to the growing need of an ageing population for home support services”.¹²

2.2 Assessment for Homecare Hours

For persons wishing to obtain homecare assistance, an applicant must send a completed application form to their Community Health Organisation (CHO). In many situations, the request for homecare is initiated by their General Practitioner.

Community Health Organisations (CHOs) are responsible for assessing the care and social needs of the applicant. Currently, there is no standard assessment consistent

⁹ The Health Act 2004 [Section 6(1)] replaced the Health Board with the Health Service Executive which assumed all the Health Boards Previous functions (section 7(1)) including responsibility for the provision of homecare.

¹⁰ <https://www.hse.ie/eng/services/publications/serviceplans/national-service-plan-2019.pdf>

¹¹ The NSP 2018 initially expected to provide 17 million hours to 50,000 individuals in 2018

¹² NSP 2019, p39

throughout the CHO's and representatives who attended the Committee meetings noted that there was much ambiguity as to how each individual CHO assesses applicants.

The Standard Assessment Tool (SAT) is a uniform assessment process that was developed by the HSE and stakeholders. It is intended to be a standard assessment for all CHOs and the process has support from stakeholders. This is further discussed in Section 4.5(ii) of this report.

Waiting times are a continuing issue and often occur pre-assessment and post-assessment. Following assessment of the individual by a health professional, a homecare package will then be provided by the HSE. However, the HSE may have difficulty in providing the required care and home help hours. As a result, the HSE may provide and fund care through a non-government agency, such as Age Action Ireland, Care Alliance Ireland, Home and Community Care Ireland and Family Carers Ireland.

2.3 Provision of Homecare

In these scenarios, known as cash-for-care programmes, the cost will be paid for by the HSE. Alternatively, the HSE may provide a grant or vouchers to the individual and a list of homecare providers. The individual will then be able to utilise the vouchers to “purchase” the care assistance. This approach allows some flexibility to the individual. However, one criticism of this method is that it shifts responsibility for obtaining homecare services from the HSE to the individual.

Despite an increase in the overall hours provided for homecare, there are claims that the average homecare time per individual has decreased.

The Committee was presented with various scenarios of individuals receiving 15- and 30-minute calls which in the Committee's view is totally inadequate. Care Alliance, in their Analysis of Home Care Supports Funded by the HSE 2008–2016 Briefing Paper¹³ noted that:

“There is some evidence that the actual number of hours of home help per client has reduced materially over the years. In 2000, the figure was estimated at eight hours per client per week (Mercer Ireland, 2002); the 2016 HSE targets suggest a figure of a little over four hours per client per week. This raises the question of the adequacy of provision at an individual level and may point to the apparent increase in the use

¹³<https://www.carealliance.ie/userfiles/file/Briefing%20Paper%201%20%3B%20An%20Analysis%20of%20Home%20Care%20Supports%20Funded%20by%20the%20HSE%202008-2016%20June%202016.pdf>

of short 15/30-minute home care visits, something that has received much negative criticism in the UK in particular.”

The ESRI found that in many areas the average annual number of publicly financed home care hours per person aged over 65 years had fallen and that there were large discrepancies from county to county.¹⁴

AVERAGE ANNUAL NUMBER OF PUBLICLY FINANCED HOME CARE HOURS PER PERSON AGED 65+ BY COUNTY, 2012–2015

Geographic area	2012	2013	2014	2015	% change 2012–2015
Carlow	22.3	22.6	22.7	21.1	-5.29
Cavan	29.9	28.5	28.2	27.9	-6.48
Clare	16.7	17.0	16.9	19.5	17.00
Cork	29.5	27.0	28.3	25.3	-14.25
Donegal	30.0	26.2	29.9	30.1	0.54
Dublin North	22.6	27.2	29.6	32.5	43.81
Dublin South	15.9	16.0	15.8	16.6	3.79
Galway	25.3	24.4	24.8	24.6	-2.81
Kerry	31.4	29.6	31.1	30.0	-4.55
Kildare	19.2	18.6	17.1	18.5	-3.61
Kilkenny	21.2	20.0	20.3	18.8	-11.18
Laois	19.6	19.2	22.1	25.1	27.88
Leitrim	34.9	31.3	32.8	34.5	-1.14
Limerick	25.2	22.8	23.1	23.3	-7.40
Longford	22.0	19.7	18.1	17.8	-19.26
Louth	22.1	26.5	29.9	30.3	37.03
Mayo	23.8	21.3	21.7	23.2	-2.76
Meath	27.6	27.9	30.0	31.3	13.33
Monaghan	29.4	28.1	27.5	27.6	-6.27
Offaly	17.1	17.0	19.5	21.9	27.94
Roscommon	27.9	27.5	28.5	29.4	5.61
Sligo	37.6	33.6	34.6	36.7	-2.28
Tipperary North	26.6	25.0	25.0	25.9	-2.49
Tipperary South	26.4	24.7	24.6	25.8	-2.37
Waterford	21.2	16.0	17.0	16.3	-22.84
Westmeath	24.3	21.8	20.1	20.0	-17.89
Wexford	22.8	21.3	22.0	21.8	-4.14
Wicklow	20.7	20.8	20.3	20.3	-1.75
Ireland	23.9	23.3	24.1	24.5	2.63
Gini Coefficient (aged 65+)	0.118	0.113	0.101	0.125	-

Source: Social Care Division, HSE.

Figure 1: Original Source: Social Care Division, HSE.

¹⁴ ESRI, September 2019. *An Analysis of the Effects on Irish Hospital Care of the Supply of Care Inside and Outside the Hospital*, Dublin. Table 3.3, p40

2.4 Sláintecare

The Sláintecare report was published by the Oireachtas Committee on Future Healthcare in May 2017. The report plans a 10-year programme which sets out to reform the health system.

One of the key focuses of the report is to:

“examine and make recommendations on how best to orientate the health service on a phased basis towards integrated, primary and community care, consistent with highest quality of patient safety, in as short a time-frame as possible”.

The report found that the health system cannot meet today’s demand which has led to long waiting lists and basic gaps in provision. The report specifically noted the high levels of unmet need in homecare and other social care services and recommends increasing funding for homecare provision by €129 million in the first five years.

The Sláintecare Implementation Strategy was published in 2019. The strategy sets out to introduce a new statutory scheme for homecare to support people to live in their own homes by 2021.¹⁵

2.5 Citizen’s Assembly

In 2017, a citizen’s assembly held a number of hearings on “How we Best Respond to the Challenges and Opportunities of an Ageing Population”. The Assembly invited members of the public, representative groups and citizen organisations to make a submission on this topic. The Assembly made several findings and recommendations including:

- that the Government urgently prioritise and implement existing policies and strategies in relation to older people (for e.g. National Positive Ageing Strategy).
- an increase in public resources allocated for the care of older people.
- that additional funding for care of older people should primarily be spent in Home care services and support.
- that the Government expedite the current commitment to place home care for older persons on a statutory footing.

¹⁵ Sláintecare Implementation Strategy, p49 <https://health.gov.ie/wp-content/uploads/2018/08/Sl%C3%A1intecare-Implementation-Strategy-FINAL.pdf>

- that regulation, such as that currently in place for residential centres, should be extended to afford better protection to older people in receipt of all health and care services.

3. External Factors impacting the provision of Homecare Services

i. Demographics

Ireland has an ageing population and the number of persons over 65 years is continuing to increase. The number of persons over 65 year increased by 19.1% between the 2011 and 2016 census, with the numbers rising by 102,174 to 635,567. The 2016 census also recorded 456 centenarians, an increase of 17.2% from 2011.

The 2016 census also saw an increase in older persons living in a private household. The 2011 census recorded that 94% of persons aged over 65 years were living in a private household, increasing to 94.7% (557,171) in the 2016 census. For persons over 85 years, the number of persons rose from 76.2% to 78.3%.

The number of people aged over 65 years living in nursing homes rose by 9.4% to 22,762 persons in 2016, although the proportion of people in nursing homes decreased from 4.1% (2011) to 3.7% (2016).

It is forecasted that the number of people over 65 years will continue to grow substantially over the next number of years and the HSE anticipate that the group aged over 65 years will increase by 114% between 2016 and 2041. While the majority of people over 65 years will continue to live healthy lives and not require additional care, the increase will impact upon demand for homecare assistance.

ii. Number of older persons living alone

In addition to an increasing population of those aged over 65 years, the number of people aged over 65 years living alone is also estimated to increase. ALONE estimates that currently approximately 268,558 people aged over 60 live alone and that this will increase to 406,963 people by 2031¹⁶.

Many hours of assistance are provided by a spouse or other family members living with the individual in need of assistance. An increase in the number of older people living alone is expected to indicate a future need for homecare requests.

¹⁶ Housing Choices for Older Persons in Ireland – Time for Action, p5, <http://alone.ie/wp-content/uploads/2018/07/Housing-Choices-for-Older-People-in-Ireland-Time-for-Action-1.pdf>

The challenge of providing for the health and care needs of the population will require additional focus, support and resources. There is a critical necessity that capacity building focuses on providing a structure that can meet the projected requirements.

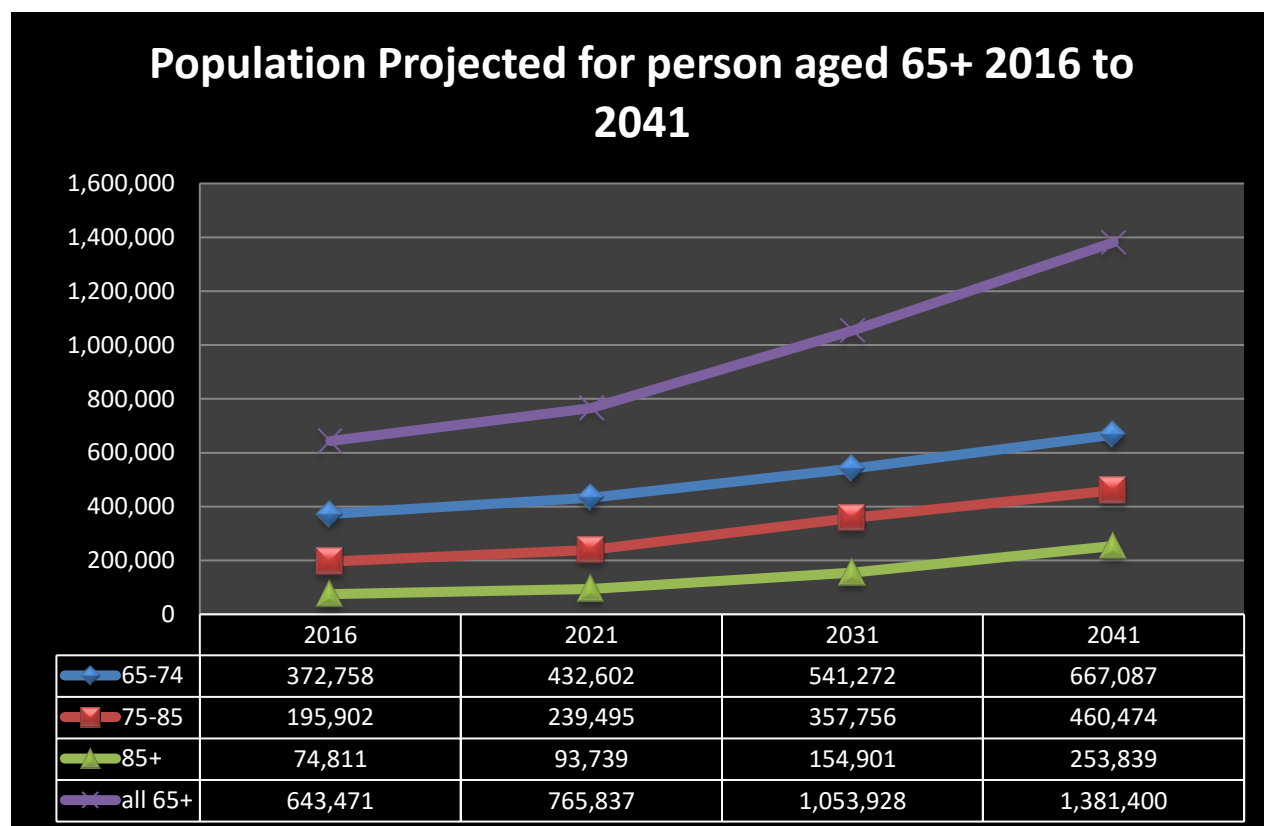


Figure 2: Source HSE¹⁷

iii. Increase in two income families

The majority of homecare provided in Ireland is unpaid and provided by families. This includes situations where family members exclusively provide care for family members or where a family member provides additional care to formal care hours.

However, due to societal changes, providing informal homecare assistance by family members is becoming increasingly arduous. Economic factors often require two incomes within families. The average family size has decreased and therefore the care burden cannot be shared. Additional commitments and burdens have a consequential effect on the ability of families to provide homecare for family members, which will also result in an increase in demand for homecare to be provided by external sources i.e. the HSE or private providers.

¹⁷ <https://www.hse.ie/eng/about/who/population-health/population-health-approach/population-projections-2011-to-2041.pdf>

In addition, persons providing informal homecare to family members may be penalised if they provide homecare with part-time employment. Family members who provide homecare hours may receive an allowance or grant. However, if that family member takes up part-time work, they may no longer be eligible for the allowance or grant.

4. Key Issues

4.1 Statutory Framework

There is currently no statutory underpinning of the provision of homecare in Ireland. Homecare services are available from both public providers (through the HSE), private providers and publicly funded non-government organisations. There is no regulation in terms of who can provide homecare services or in terms of the quality of homecare required.

Similarly, the absence of legislation has also impacted upon the assessment of eligibility. The assessment of individuals applying for homecare is determined within each CHO but there is no standardisation of assessment and many inconsistencies exist between various CHOs regarding eligibility of services.

In the absence of a statutory entitlement to homecare, there are often long waiting lists and due to such difficulties, many people purchase homecare hours through private providers. In 2014, a study by the WHO and European Observatory on Health Systems and Policies reported on the difficulties of homecare stating that Ireland is:

‘unique among EU countries in not providing universal coverage of primary care... its system of entitlement to publicly financed healthcare is complex.... Gaps in coverage in Ireland create significant financial barriers to access particularly for those without medical cards or private health insurance (PHI). This results in not only unmet need but also in inequitable and inefficient patterns of use... these barriers are substantial relative to most EU countries especially for primary care’.¹⁸

¹⁸ Thomson, S., Jowett, M. & Mladovsky, P., 2014. *Health System Responses to Financial Pressures in Ireland - Policy options in an international context*, s.l.: WHO, European Observatory on Health Systems and Policies. http://www.euro.who.int/_data/assets/pdf_file/0006/260088/Health-system-responses-to-financial-pressures-in-Ireland.pdf

Representatives who attended the Committee meeting agreed that the statutory entitlement of homecare was essential.

The Sláintecare Implementation Strategy¹⁹ sets out targets to:

- Review the current eligibility framework for all service to from the pathway to achieving the vision of universal health care by 2019²⁰
- Develop a policy proposal and roadmap for achieving universal eligibility considering:
 - i. the range of service to be provided in the community on a universal basis
 - ii. the rationale and methodology for phased eligibility for the service and
 - iii. the co-payment or ²¹
- Introduce a statutory scheme for homecare to be provided by 2021.²²

Recommendations

1. The Committee recommends the enactment of legislation underpinning the provision of homecare. This legislation should set out to provide a definition of homecare, the eligibility of homecare and the statutory obligations on the HSE to provide homecare. The Committee strongly recommends that appropriate resources are provided to enable the enactment of legislation by 2021, as set out in Sláintecare’s strategic plan.

4.2 Regulation

The representatives who addressed the Committee agreed on a requirement for regulation within the homecare services. Representatives of Age Action Ireland added that:

“the new statutory homecare scheme must be underpinned with robust eligibility and it must have the quality standards monitoring framework.”

Representatives of Family Carers Ireland noted the “HSE’s ongoing conflicted roles as a service provider, commissioner and regulator of home care”. They also informed the Committee that HIQA was initially scheduled to have been established as a regulator in 2016 but there is still no mechanism for oversight of homecare services.

¹⁹ <https://health.gov.ie/wp-content/uploads/2018/08/Sl%C3%A1intecare-Implementation-Strategy-FINAL.pdf>

²⁰ Action 6.2.1

²¹ Action 6.2.2

²² Action 6.3

The representatives added that they have large lists of policies in which to comply with and that a more standard, less complex regulated system is required.

Recommendations

2. The Committee recommends that homecare services are regulated by HIQA or another independent body which should be responsible for regulating the standard of care provided by professional carers, the commissioning of service by the HSE to voluntary organisations and the provision of homecare services.

4.3 Carers

4.3.1 Family Carers

The majority of homecare in Ireland is provided informally, often by family members and friends. Without the availability of informal care, there would be unsustainable pressure on homecare services. However, there are several factors which are creating difficulties for many people to provide informal care. Such factors include the rise in two-income families, which reduces the ability of a family to provide further homecare assistance. In many cases, family members will provide homecare assistance in conjunction with their employment but may still require assistance during their employment hours.

Grants and allowances are often available for individuals who provide informal homecare assistance. However, if an individual takes up any other employment, they may lose this financial assistance.

There have been numerous estimates of the economic contribution of family care in Ireland, with some reports estimating a range between €2.1 and €5.2 billion²³. Family Carers Ireland estimates that family carers provide an average of 16 million hours of unpaid care each week, saving the State approximately €10 billion each year in avoided health and social care costs.²⁴ Regardless of the exact figure, the Committee recognises that the value of family carers is unique, and support and assistance should be provided to family carers.

²³ Hanley, Paul and Sheerin, Corina, "Valuing Informal Care in Ireland: Beyond the Traditional Production Boundary"

²⁴

3. The Committee recommends that family carers are provided adequate support to incentivise informal homecare support. Such support includes:
 - simplifying access to carer allowances and grants
 - examining eligibility to accessing carer allowance and grants
 - removing irregularities within the tax system which have a punitive effect on those providing informal homecare
 - providing respite hours to those who supply home care hours.

4.3.2 Professional Carers

The Committee heard evidence of the difficulties experienced by carers, specifically with job security and the lack of career opportunities.

Stakeholders described to the Committee the structure and environment of homecare where many service providers are reliant on tenders by the HSE. These are offered by the HSE via email and the first provider to respond will be awarded the tender. This method makes it difficult to plan for what hours will be available for workers. Representatives also reported their concerns that the HSE are only contracting-out homecare assistance hours that are more difficult or complex to provide. In addition, hours tendered to providers may be removed if the HSE can source their own staff to provide the homecare package.

As a result, carers working for voluntary service providers lack the stability of regular working hours and pay. As a result, many carers seek employment within the HSE or give up work as a carer.

Stakeholders also noted the absence of a standard of qualification required for carers. Representatives of Family Carers Ireland told the Committee that they had previously funded qualifications to carers but that due to issues regarding job security, many of their carers had transferred their employment to the HSE.

This creates a situation in which service providers have little incentive in which to upskill their staff.

Stakeholders were in favour of professionalising the carers workforce. To achieve this would require:

- Ensuring stable working hours for carers

- Ensuring standards of qualification
- Providing a career pathway for carers
- Standardisation in terms and conditions, standard minimum rate of pay and standardisation contract.
- Contract hours for carers
- Providing equal conditions between carers employed by the HSE and carers employed by voluntary bodies contracted to the HSE. Such conditions include providing travel expenses and equity of working hours.

Recommendations

4. The Committee recommends that formal care should be delivered by appropriated qualified service providers who should be given adequate support to ensure:
 - that a standardised quality of care be provided by carers
 - that an equity of working conditions for carers of voluntary providers be provided, similar to that of carers employed by the HSE with regard to regular consistent working hours, travel expenses and contracts.
 - that carers be incentivised with career pathways

4.4 Provision of Service

Following the approval of a person for homecare service, the HSE will provide homecare services through its own carers or, if they cannot, the contract will be outsourced to a voluntary organisation. However, this method is reactionary and only attempts to source hours once approved. There is little planning for future demand of services and as such there is no capacity for any increase in demand.

This method has also led to long waiting lists, unmet demand and capacity issues. Many people will purchase private homecare services to supplement services provided by the HSE or to provide all their homecare hours. This has led to further inequities of accessibility in that those who can afford private homecare services will access services faster.

The recently published Report of the Independent Review Group²⁵ examines the role of voluntary organisations in publicly funded health and personal social services. The report notes that the voluntary sector provides approximately one quarter of acute hospital services

²⁵ https://health.gov.ie/wp-content/uploads/2019/01/190117_IRG-FINAL.pdf

and approximately two thirds of services to people with disabilities. It also notes that many of our health and social care services today are dependent on voluntary organisations, which form an essential and integral part of the overall system. This is no more evident than in the provision of homecare services. The report states the “clear need for the statutory and the voluntary sectors to recognise that they depend upon and benefit each other” and makes several recommendations regarding the relationship between voluntary organisations and the State. These recommendations note the importance of consultation between both groups to establish:

- services to be funded by the State
- the full cost prices for delivery of these services
- appropriate national standards to be developed
- a full mapping of all voluntary organisations providing personal social care services receiving public funding and of their capacity to provide a range of essential services in the coming years.

Recommendations

5. The Committee recommends that the recommendations published in the Report of the Independent Review Group established to examine the role of voluntary organisations in publicly funded health and personal social services²⁶ be fully implemented to improve and drive the relationship between the HSE and voluntary homecare service providers.

4.5 Assessment

(i) Waiting Lists

The Committee heard evidence of long delays for those awaiting assessed on their eligibility of homecare services and or those approved but awaiting to be provided with homecare services. These delays have a significant effect on an individual’s health and wellbeing and the Committee heard evidence of situations in which persons, awaiting homecare, have passed away while on the waiting lists.

²⁶ https://health.gov.ie/wp-content/uploads/2019/01/190117_IRG-FINAL.pdf

Stakeholders recommended that the waiting times should be recorded and published regularly by the HSE. Stakeholders also recommended that such times should be a key metric to be addressed regularly.

(ii) Single Assessment Tool

The Single Assessment Tool is a process that has been developed by the HSE and relevant stakeholders. This process allows one to assess the additional care needs required by individuals. The benefits of the SAT include:

- capacity to capture quantitative data
- supports the management of fair and efficient allocation of resources by health and social care professionals
- supports Regional consistency and allocation of resources based on a more objective assessment of need.

Stakeholders told the Committee that the SAT had been piloted in some CHOs but that a national roll-out had been slow.

Recommendations

6. The Committee recommends that the HSE records and publishes details of the number of people on waiting lists for homecare, that such lists are updated and published on a regular and continuous basis and that such lists are included in key metric data with the objective of delivering month on month improvements.
7. The Committee recommends that the Single Assessment Tool is implemented without delay. The Committee notes the importance of a unified, consistent assessment tool to be operated by all CHOs.

4.6 Funding

The Committee heard evidence that the levels of funding provided for the provision of homecare services are not adequate to meet the demands for homecare. The Committee heard all stakeholders express that a new model of funding was required. Suggested options include providing a similar model as the Fair Deal Scheme of nursing homes or funding through an insurance model similar to that used in Germany.

In examining the level of funds, it is worthwhile to reference funding to residential care. The care not provided for in homecare is likely to directly result in a higher demand for residential care. It will also lead to increased care provided in a hospital setting whereas it may be more

effective for such care to be provided for in a homecare setting. The Committee recognises that to achieve an effective homecare service, adequate resources are also required for community care to ensure that additional services are available in the community. Such a model of care is proposed in the Sláintecare report. The Committee notes that since the public meeting on homecare, there has been some developments in the implementation of Sláintecare. Firstly, the Sláintecare Action Plan was published in 2019²⁷. The Action plan plans to draft a statutory scheme of homecare and to develop an integrated workforce plan. However, further developments are required to ensure that a sustainable model is implemented.

The Committee notes that the current system is not effective in meeting the demands of homecare needs. Future planning is essential and the HSE should provide a map detailing the services available to the HSE and the demands of homecare.

The Report of the Independent Review Group notes that Section 39 organisations are accumulating deficits because they cannot provide the services specified in their Service Agreements (SA's) for the budget provided. The report recommends that the Departments of Health and Public Expenditure and Reform should undertake a review of the financial positions of voluntary organisations that would include an analysis of surpluses/ deficits over the last five years and put forward proposals for resolving any deficits identified. The Committee agrees that the financial challenges as described by stakeholders are damaging the ability of the State to provide homecare services and that the HSE should perceive these pressures as barriers to providing an adequate service rather than financial problems of non-state related bodies. The Review Group also noted that there should be an open and transparent discussion on the financial capacity and fundraising plans of the voluntary sector as part of the SA process, which stakeholders noted was currently lacking from current arrangements.

Recommendations

8. The Committee recommends that the HSE engage in an open and transparent discussion with the voluntary sector with regard to
 - planning and providing for current and future demand of homecare services.
 - the financial capacity of the voluntary sector in providing homecare services.

²⁷ <https://assets.gov.ie/9379/05384619bb2240c18c294b60578117e1.pdf>

9. The Committee recommends that an analysis be undertaken by the Department of Health and the Department of Public Expenditure and Reform, to examine the financial challenges of the voluntary sectors and their ability to provide homecare services. The objective of this analysis is to aid and support to the sector and enable a joint approach between public and voluntary bodies to meet unmet demand of homecare services.

Appendix 1 - Membership of the Joint Committee on Health

Deputies:

- Stephen Donnelly (Fianna Fáil)
- Bernard Durkan (Fine Gael)
- Dr Michael Harty [Chairman] (Rural Independent Technical Group)
- Alan Kelly (Labour)
- Kate O'Connell (Fine Gael)
- Margaret Murphy O'Mahony (Fianna Fáil)
- Louise O'Reilly (Sinn Féin) [Vice Chair]

Senators:

- Colm Burke (Fine Gael)
- John Dolan (Civil Engagement Technical Group)
- Rónán Mullen (Independent)
- Dr Keith Swanick (Fianna Fáil)

Appendix 2 - Stakeholders and Transcripts

The Joint Committee on Health held a meeting on 12 December 2018 to engage with relevant stakeholders to discuss the provision of homecare services. The table below identifies all stakeholders who made presentations to the Committee.

- | | |
|----------------------|---------------------------------|
| • Ms Celine Clarke | Age Action Ireland |
| • Ms Audry Deane | Age Action Ireland |
| • Mr Liam O'Sullivan | Care Alliance Ireland |
| • Mr Pat McLoughlin | Care Alliance Ireland |
| • Ms Joan Carthy | Care Alliance Ireland |
| • Mr Joseph Musgrave | Home and Community Care Ireland |
| • Mr Ed Crotty | Home and Community Care Ireland |
| • Mr John Dunne | Family Carers Ireland |
| • Ms Clare Duffy | Family Carers Ireland |

The transcript of the meetings of 12 December 2018 is available online²⁸.

²⁸ https://www.oireachtas.ie/en/debates/debate/joint_committee_on_health/2018-12-12/

Appendix 3 – Homecare in Ireland

- 1988 Year's Ahead Report ²⁹ acknowledged Ireland's ageing population, recommended future planning of long-term care in Ireland and advocated for the expansion of home help nursing. The report also recommended that the Health Boards should be legally obliged to provide home help services.
- In 1994, the Government Health Strategy noted the failure to provide adequate community care would lead to unnecessary admissions to hospitals of people who could otherwise be treated in the community. However, institutional care remained the primary care provider. due to a lack of resources and the lack of incentives to discriminate positively in favour of home care. The lack of coordination of services also served to reinforce the bias towards institutional care.
- The Health and Social Care Report for Older People in 2001 examined older people's opinions on long-term care. Those surveyed clearly expressed that their wish to remain living in their own home and that their family and friend by the principal caregivers with health and social services providing support.
- The National Development Plan 2007 to 2013³⁰ allocated €4.7 billion to help older people live independently for as long as possible in their own homes. This allocation included the funding of home care packages, meals on wheels services, community intervention teams and respite day care services.
- The Programme for Government 2016³¹ made further commitments to “introduce a uniform home care services so all recipients can receive a quality support, 7 days per week, where possible”. The Sláintecare report also recommended extending services with additional funding and providing effective community services.
- In 2017 the Department of Health initiated a consultation on the establishment of a statutory home care scheme. Its findings were published in 2018³². It acknowledges that while homecare is mostly used by older people in Ireland it is of relevance to people with disabilities and others (such as those leaving hospitals).

²⁹ <http://www.ncaop.ie/mwg-internal/de5fs23hu73ds/progress?id=bOgbZ4j6sr3QjFDm0tDPddmWrG2W7iDhXDCwEtHhSzE>,

³⁰ <http://www.socialinclusion.ie/documents/NationalDevelopmentPlan2007-2013.pdf>

³¹

https://www.merrionstreet.ie/MerrionStreet/en/ImageLibrary/Programme_for_Partnership_Government.pdf

³² IPH, June 2018. *Improving Home Care Services in Ireland: An Overview of the Findings of the Department of Health's Public Consultation*, Dublin: Institute of Public Health in Ireland.

Appendix 4 – Terms of Reference of Committee

A) Functions of the Committee [derived from Standing Orders – DSO 84A and SSO 70A]

(1) The Committee shall consider and report to the relevant House(s) on-

- (a) such aspects of the expenditure, administration and policy of a Government Department or Departments and associated public bodies as the Committee may select, and
- (b) European Union matters within the remit of the relevant Department or Departments.

(2) The Select Committee appointed by Dáil Éireann is joined with a Select Committee appointed by Seanad Éireann (to form a Joint Committee) for the purposes of the functions set out in this Standing Order, other than at paragraph (3), and to report thereon to both Houses of the Oireachtas.

(3) Without prejudice to the generality of paragraph (1), the Select Committee shall consider, in respect of the relevant Department or Departments, such—

- (a) Bills,
- (b) proposals contained in any motion, including any motion within the meaning of DSO 187,
- (c) Estimates for Public Services, and
- (d) other matters

as shall be referred to the Select Committee by the Dáil, and

- (e) Annual Output Statements including performance, efficiency and effectiveness in the use of public moneys, and
- (f) such Value for Money and Policy Reviews as the Select Committee may select.

(4) Without prejudice to the generality of paragraph (1), the Joint Committee may consider the following matters in respect of the relevant Department or Departments and associated public bodies:

- (a) matters of policy and governance for which the Minister is officially responsible,
- (b) public affairs administered by the Department,
- (c) policy issues arising from Value for Money and Policy Reviews conducted or commissioned by the Department,
- (d) Government policy and governance in respect of bodies under the aegis of the Department,
- (e) policy and governance issues concerning bodies which are partly or wholly funded by the State or which are established or appointed by a member of the Government or the Oireachtas,
- (f) the general scheme or draft heads of any Bill
- (g) any post-enactment report laid before either House or both Houses by a member of the Government or Minister of State on any Bill enacted by the Houses of the Oireachtas,
- (h) statutory instruments, including those laid or laid in draft before either House or both Houses and those made under the European Communities Acts 1972 to 2009,
- (i) strategy statements laid before either or both Houses of the Oireachtas pursuant to the Public Service Management Act 1997,
- (j) annual reports or annual reports and accounts, required by law, and laid before either or both Houses of the Oireachtas, of the Department or bodies referred to in subparagraphs (d) and (e) and the overall performance and operational results, statements of strategy and corporate plans of such bodies, and
- (k) such other matters as may be referred to it by the Dáil from time to time.

(5) Without prejudice to the generality of paragraph (1), the Joint Committee shall consider, in respect of the relevant Department or Departments—

- (a) EU draft legislative acts standing referred to the Committee under DSO 114 and SSO 107, including the compliance of such acts with the principle of subsidiarity,

- (b) other proposals for EU legislation and related policy issues, including programmes and guidelines prepared by the European Commission as a basis of possible legislative action,
- (c) non-legislative documents published by any EU institution in relation to EU policy matters, and
- (d) matters listed for consideration on the agenda for meetings of the relevant EU Council of Ministers and the outcome of such meetings.

(6) Where the Select Committee appointed by Dáil Éireann has been joined with a Select Committee appointed by Seanad Éireann, the Chairman of the Dáil Select Committee shall also be the Chairman of the Joint Committee.

(7) The following may attend meetings of the Joint Committee, for the purposes of the functions set out in paragraph (5) and may take part in proceedings without having a right to vote or to move motions and amendments:

- (a) members of the European Parliament elected from constituencies in Ireland, including Northern Ireland,
- (b) members of the Irish delegation to the Parliamentary Assembly of the Council of Europe, and
- (c) at the invitation of the Committee, other members of the European Parliament.

(8) The Joint Committee may, in respect of any Ombudsman charged with oversight of public services within the policy remit of the relevant Department or Departments, consider—

- (a) such motions relating to the appointment of an Ombudsman as may be referred to the Committee, and
- (b) such Ombudsman reports laid before either or both Houses of the Oireachtas as the Committee may select: Provided that the provisions of DSO 111F apply where the Committee has not considered the Ombudsman report, or a portion or portions thereof, within two months (excluding Christmas, Easter or summer recess periods) of the report being laid before either or both Houses of the Oireachtas.

B) Powers of the Committee [derived from Standing Orders – DSO 85, 114 and 116 and SSO 71, 107 and 109]

The Joint Committee has:-

- (1) power to take oral and written evidence and to print and publish from time to time minutes of such evidence taken in public before the Committee together with such related documents as the Committee thinks fit;
- (2) power to invite and accept oral presentations and written submissions from interested persons or bodies;
- (3) power to appoint sub-Committees and to refer to such sub-Committees any matter comprehended by its orders of reference and to delegate any of its powers to such sub-Committees, including power to report directly to the Dáil and to the Seanad;
- (4) power to draft recommendations for legislative change and for new legislation;
- (4A) power to examine any statutory instrument, including those laid or laid in draft before either House or both Houses and those made under the European Communities Acts 1972 to 2009, and to recommend, where it considers that such action is warranted, whether the instrument should be annulled or amended;
- (4B) for the purposes of paragraph (4A), power to require any Government Department or instrument-making authority concerned to submit a Memorandum to the Committee explaining any statutory instrument under consideration or to attend a meeting of the Committee for the purpose of explaining any such statutory instrument: Provided that such Department or authority may decline to attend for stated reasons given in writing to the Committee, which may report thereon to the Dáil;
- (5) power to require that a member of the Government or Minister of State shall attend before the Committee to discuss policy for which he or she is officially responsible: Provided that a member of the Government or Minister of State may decline to attend for stated reasons given in writing to the Committee, which may report thereon to the Dáil and Seanad: and provided further that a member of the Government or Minister of State may request to attend a meeting of the Committee to enable him or her to discuss such policy;
- (6) power to require that a member of the Government or Minister of State shall attend before the Committee to discuss proposed primary or secondary legislation (prior to

such legislation being published) for which he or she is officially responsible:

Provided that a member of the Government or Minister of State may decline to attend for stated reasons given in writing to the Committee, which may report thereon to the Dáil and Seanad: and provided further that a member of the Government or Minister of State may request to attend a meeting of the Committee to enable him or her to discuss such proposed legislation;

- (6A) power to require that a member of the Government or Minister of State shall attend before the Committee and provide, in private session if so requested by the member of the Government or Minister of State, oral briefings in advance of meetings of the relevant EU Council of Ministers to enable the Committee to make known its views: Provided that the Committee may also require such attendance following such meetings;
- (6B) power to require that the Chairperson designate of a body or agency under the aegis of a Department shall, prior to his or her appointment, attend before the Committee to discuss his or her strategic priorities for the role;
- (6C) power to require that a member of the Government or Minister of State who is officially responsible for the implementation of an Act shall attend before a Committee in relation to the consideration of a report under DSO 164A and SSO 157A;
- (7) subject to any constraints otherwise prescribed by law, power to require that principal office-holders in bodies in the State which are partly or wholly funded by the State or which are established or appointed by members of the Government or by the Oireachtas shall attend meetings of the Committee, as appropriate, to discuss issues for which they are officially responsible: Provided that such an office-holder may decline to attend for stated reasons given in writing to the Committee, which may report thereon to the relevant House(s);
- (8) power to engage, subject to the consent of the Houses of the Oireachtas Commission, the services of persons with specialist or technical knowledge, to assist it or any of its sub-Committees in considering particular matters; and
- (9) power to undertake travel, subject to—
 - (a) such recommendations as may be made by the Working Group of Committee Chairmen under DSO 108(4)(a) and SSO 104(2) (a); and

- (b) the consent of the Houses of the Oireachtas Commission, and normal accounting *procedures*.

In accordance with Articles 6 and 8 of Protocol No. 2 to the Treaty on European Union and the Treaty on the Functioning of the European Union (Protocol on the Application of the Principles of Subsidiarity and Proportionality) as applied by sections 7(3) and 7(4) of the European Union Act 2009, the Committee has the power-

- (a) to consider whether any act of an institution of the European Union infringes the principle of subsidiarity [DSO 116; SSO 109]; and
- (b) to form a reasoned opinion that a draft legislative act (within the meaning of Article 3 of the said Protocol) does not comply with the principle of subsidiarity [DSO 114 and SSO 107].

C: Scope and context of activities of the Committee

In addition to the powers and functions that are given to Committees when they are established, all Oireachtas Committees must operate within the scope and context of activities in Dáil Standing Order 84 and Seanad Standing Order 70 as set out below.

- A Committee may only consider such matters, engage in such activities, exercise such powers and discharge such functions as are specifically authorised under its orders of reference and under Standing Orders;
- Such matters, activities, powers and functions shall be relevant to, and shall arise only in the context of, the preparation of a report to the relevant House(s).
- A Committee shall not consider any matter which is being considered, or of which notice has been given of a proposal to consider, by the Committee of Public Accounts pursuant to DSO 186 and/or the Comptroller and Auditor General (Amendment) Act 1993;
- A Committee shall not consider any matter which is being considered, or of which notice has been given of a proposal to consider, by the Joint Committee on Public Petitions in the exercise of its functions under DSO 111A(1); and
- A Committee shall refrain from inquiring into in public session or publishing confidential information regarding any matter if so requested, for stated reasons given in writing, by—
 - (i) a member of the Government or a Minister of State, or
 - (ii) the principal office-holder of a body under the aegis of a Department or which is partly or wholly funded by the State or established or appointed by a member of the Government or by the Oireachtas:

Provided that the Chairman may appeal any such request made to the Ceann Comhairle, whose decision shall be final.