

Opening Statement

Chairman and members of the committee, on behalf of the **National Community Care Network (NCCN)**, I would like to thank you for the opportunity to attend today. **NCCN** represents 26 not-for-profit Home Care Providers across the country and as we have submitted a briefing document also, I will focus on a few key points.

The challenge for all stakeholders involved in home care provision is how to satisfy and sustain the growing need for the service. We know that keeping older persons at home has benefits for clients, their families and the State. Living and being cared for at home gives the older person a sense of independence, dignity and lets them remain part of the community. It is also the least expensive option.

Historically the provision of the home care service by community providers was carried out on an almost voluntary basis. Today the sector is funded by the HSE, who themselves are direct home care providers, and contracted out to the private and not-for-profit homecare companies.

The sector is changing rapidly and not necessarily for the better, as the various homecare providers compete for business. The Commissioning (tendering) process, which was expected by some to decrease costs and increase value for money (VFM) has to date resulted in increased costs and reduced hours of care due to a relatively stagnant budget. The move to diminish Home Help (HH) funding in favour of more complex Home Care Packages (HCP) has delayed home care interventions, with the result that older persons now present with more complex needs, require a higher allocation of hours upon engaging with the service, see earlier hospital admissions, all leading to an increased demand for costly long-term residential care.

The terms and conditions of the 2016 tender resulted in varying standards of care and significant inconsistencies in its implementation across the 9 CHO's. The phasing out of grant funding to community home care providers will definitely drive some out of business. With decreased numbers of providers client choice is significantly compromised.

The current situation simply breeds uncertainty and insecurity, and has resulted in the sector being less attractive to potential carers. The recruitment to and retention of persons in the homecare profession is undoubtedly the single biggest challenge for all providers and unless there is a serious intervention we are heading for a major Tsunami!

NCCN members have a long history in community home care, some up to 50 years of experience in the sector. These providers are community based, and have a proven track record of caring for the more vulnerable in our society. Like any business we need funding to function, but the primary focus of **NCCN** is on client care not profitability.

NCCN members are determined to remain at the forefront of homecare delivery in Ireland and have fully engaged with the Health Service Executive when invited to do so.

NCCN is not against change, but feel strongly that we should be afforded the opportunity to be part of the process. Although client care is our primary objective, **NCCN** members are in business. But unlike the private or state providers, our members are subject to even more governance and compliance issues by the Charities Regulatory Authority (CRA) in addition to the Companies Registration Office (CRO), Revenue, and the various Service Level Agreements.

NCCN have from the outset strongly advocated for regulation and common standards across all home care providers both private and statutory. We want all Home Care providers to be accredited in the interests of health and safety of both clients and staff. We advocate for a social clause in all e-tendering procedures.

Our contention is that early intervention is critical and residential care is not inevitable. Our primary objective is to work towards keeping older persons at home, but this is dependent on the availability of carers and care hours. Funding should predominantly be by the State but should not exclude the possibility of a “client” contribution.

The continuity of care would involve working with primary care teams including GP’s and the Public Health Nurse. More could be achieved by better integration with other services like Day Centre’s, meals on wheels and other community organisations like Active Retired, Age Friendly, Age Action, etc.

NCCN is committed to research and the promotion of technologies that would facilitate homecare delivery, client monitoring and safety, but current demands of compliance with the CRO, CRA, Revenue, and each individual funder need to be streamlined.

In isolation, funding increases will do little to attract more persons into the home care sector. If a carer works the shortest call e.g. 30 minutes, they forfeit any entitlement to a social welfare payment for the remainder of that day. Under such circumstances there is no incentive to work.

NCCN has lobbied for a change to DSP payments based on hours per day to hours per week. This would require a co-operation across two departments, (Social Protection and the Department of Health). To date there has not been any obvious political will to effect such a change.

Although there is a need for increased funding to the sector, the recruitment and retention of carers is currently the single biggest challenge to the service. Your Committee has a unique opportunity to positively influence the future of Home Care in the interests of our older persons and an ageing population.

Thank you.