

The Safest Place to Age:

Mapping the Path to Statutory Home Care in Ireland



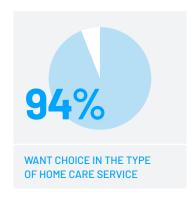
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Background

In 2016, the Oireachtas (Irish Parliament) Committee on the Future of Healthcare called for Universal Home Care in its Sláintecare Report. The subsequent Sláintecare Implementation Strategy, published in 2018, targeted the passing of legislation for statutory home care in Ireland by 2021 as part of its goal to provide high-quality, accessible and safe home care. Legislation for statutory home care is included within the current Programme for Government, and approval to draft the Heads of Bill was given in May 2021.

In 2018, the Irish Department of Health found that 94% of Irish citizens surveyed wanted a choice in the type of home care service they receive and 87% wanted choice over who would provide their service.¹ Fostering integrated long-term care systems that enable choice can empower people to live a life consistent with their basic rights, fundamental freedoms and human dignity. Person-centred, rights-based home care can also help reduce the inappropriate use of acute health-care services, help provide families with financial security for care of their loved ones and enable healthy ageing for all, in line with the United Nations' and World Health Organisation's Decade of Healthy Ageing, targets to achieve the Sustainable Development Goals and principles of Universal Health Coverage.² The COVID-19 pandemic has also highlighted the safety of the home,³ in stark contrast to institutional settings, which emphasises the critical importance of receiving the right type of care, in the right place, at the right time. As life expectancy increases in Ireland, so too does the need for quality home care.







"To achieve a system in which the best possible care can be provided, there must be a clear, coherent and simple political vision. Doing so will not only save money, but it will also create strong care economies to boost growth."

-John Beard, Professor, ARC Centre of Excellence in Population Ageing Research (CEPAR), University of New South Wales & Former Director, Department of Ageing and Life Course, World Health Organisation To examine and chart the path for home care as a high-quality, accessible and safe option for care in Ireland, the Global Coalition on Aging (GCOA) hosted an expert roundtable that brought together Irish and global experts in health, economics, policy-making and advocacy on June 10, 2021.

The roundtable was organised and facilitated by GCOA and made possible through financial support from GCOA member company Home Instead.

Roundtable participants included:

John Beard,

Professor, ARC Centre of Excellence in Population Ageing Research (CEPAR), University of New South Wales & Former Director of Ageing and Life Course, World Health Organisation

Catherine Cox,

Head of Communications & Policy, Family Carers Ireland

Fiona Keogh,

Director of Policy and Research, Mental Health Ireland

Pat McLoughlin,

Chief Executive,
The Alzheimer Society
of Ireland

Melissa Gong Mitchell,

Executive Director, Global Coalition on Aging (Facilitator)

Seán Moynihan,

Chief Executive, ALONE

Tony O'Brien,

Former Director General, Health Service Executive & Strategic Adviser, Home Instead Ireland

lan Philp,

Founder, Age Care Technologies

Amal Abou Rafeh,

Chief of Programme on Ageing Unit, United Nations Department for Economic and Social Affairs

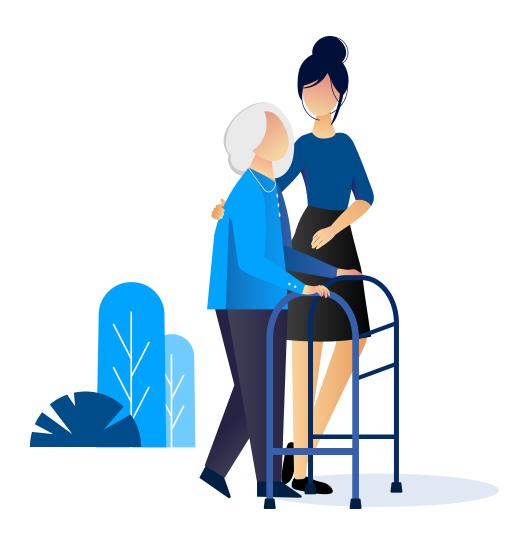
Patricia T Rickard-Clarke,

Chair, Safeguarding Ireland

Dr. Samir Sinha,

Peter and Shelagh Godsoe Chair in Geriatrics and Director of Geriatrics, Sinai Health System and the University Health Network in Toronto This document summarises key learnings and policy recommendations from the roundtable discussion, which serve to offer expert insights to inform policy directions for the future of home care in Ireland. The viewpoints expressed in this document capture the overarching consensus of the roundtable discussion and should not be considered to reflect the specific opinion of any individual participant.

These insights focus on three central themes: (I) equity and the right to statutory home care, (II) home care standards to ensure quality, and (III) person-centred, integrated home care.



Policy Insights & Recommendations



THEME I

Equity and the right to statutory home care

POLICY INSIGHTS

All citizens, regardless of geographical location, age or economic/financial status, should have equitable access to home care.

In Ireland, the Health Service Executive (HSE) funds home care, however, variations linked to geographical and administrative boundaries have resulted in significant inequities in accessing home care. Without a statutory right to publicly funded home care, families can easily be incentivised to choose nursing home care—where a statutory right does exist—even if that level of care is not required. Another challenge is that, in practice, existing state–funded home support services⁴ are based on age, rather than need, resulting in different services being offered to citizens above and below 65 years of age. While the increase in home care needs is closely correlated with the ageing of the population, the right to avail of statutory home care should be available to citizens of all ages, on an equal basis.

There is currently no national, fit-for-purpose tool to assess home care needs in Ireland. A holistic, adaptable approach to assessing need for home care—one that is person-centred and grounded in the evolving social, mental, and physical health and social care needs of care recipients and their family carers—would improve the process of quantifying the amount, type and locus of care and support an individual requires. Specifically, a single assessment tool can better identify care needs

(e.g., physical, cognitive, psychosocial) and gather data necessary to ensure the system is more predictive and therefore more effective for care recipients and costefficient for health systems. A single assessment tool is in the early stages of national rollout and should be accelerated. A standardised needs assessment process should then be followed by a collaborative, co-produced care planning process so that home support can be personalised.

Equity and the Right to Statutory Home Care

GUIDING PRINCIPLES

- Equity: The development and implementation of any statutory home care scheme should ensure equitable access to care, within and outside the home, irrespective of gender, age, economic/financial status, geographic or administrative locations, accounting for the specific needs of vulnerable populations, including people with disabilities, older people and ethnic and cultural minorities.
- Empowerment: A statutory scheme for home care in Ireland should empower all care recipients, including older adults, to co-design the type of home care they receive and choose the provider delivering it, grounded in common needs-based assessment tools and supported by commensurate financial allocations and supports.

Choice for the type, location and provider of care should be at the heart of person-centred care.

Remaining in a person's own home and being supported to do so with confidence should be the hallmarks of a statutory home care scheme. Home care recipients should be supported to design the type of care they need and to choose the provider of home care support they receive, subject to their assessed needs being addressed. This approach, coupled with effective regulation and licencing, would allow for augmented transparency and accountability, ensuring the personalisation of home care, along with greater quality and safety.

A statutory home care scheme must respect the human rights of home care recipients, including their preferences, dignity and privacy to enable life with meaning.

Many lessons can be learned from the existing Nursing Home Support Scheme, which does provide choice within its framework. Care recipients who qualify and elect to receive home care should have the same choices, freedoms, rights and security of eligibility as they would have if they qualified for, and elected to receive, nursing home care under the Nursing Home Support Scheme (the "Fair Deal").



"Our home care system must be grounded in human rights and equity, underpinned by a fair and transparent standard care needs assessment for both the person being cared for and the family carer."

-Catherine Cox, Head of Communications and Policy, Family Carers Ireland

Equity and the Right to Statutory Home Care

POLICY RECOMMENDATIONS



• RECOMMENDATION #1

Implement a common, evidencebased and needs-based assessment
tool as part of the statutory home
care scheme. This will ensure citizens
receive the right care at the right time
in the right place and are empowered
to live meaningful and autonomous
lives in their homes and communities
for longer than would otherwise
be possible.



RECOMMENDATION #2
 Invest in needs-based care built on a standard assessment to help provide care recipients and their families with financial certainty and also reduce health system costs.



RECOMMENDATION #3

 Implement flexible home support
 services supported by accessible and
 transparent information related to
 home care providers in order to ensure
 citizens can access the care that best
 reflects their needs and their wishes.

THEME II

Home care standards to ensure quality

POLICY INSIGHTS

Regulation—properly balanced—is a necessity to ensure enforcement of home care standards.

Home care is currently unregulated in Ireland. While the HSE sets minimum standards for the provision of publicly funded home care, there is no systematic auditing of compliance with HSE standards among home care providers. As a starting point, national standards should apply, and these should be strengthened progressively.

Home care service providers should be licenced to indicate they are meeting regulatory standards. All service providers, including the HSE, must be licenced, regulated, inspected and audited by an independent regulatory authority, such as the Health Information and Quality Authority (HIQA). In this respect, an outcomesbased provider licensing system supported by legislation could provide the right structure to help ensure the standards necessary for home care quality and safety—from employment practices to training and continuing education for caregivers. Regulation and standards will also help provide for, and protect, care recipient choice within any statutory home care scheme that is introduced.

A system for oversight that requires adherence to home care sector standards will help emphasise safety and quality.

Any statutory home care scheme should be underpinned by clinical governance structures, which integrate the clinical and social care of the provider and commissioners,⁵ aimed at ensuring the quality and safety of care received by individuals both within and outside the home, and harmonising private, public and not-for-profit care providers.

The consideration of lessons from the COVID-19 Nursing Homes Expert Panel report and the establishment of national criteria on roles and responsibilities of provider clinical leads, including linkages with other local HSE governance structures such as the Community Healthcare Network, will be important in this regard.

Standardised carer supervision provided by clinical professionals such as nurses or allied healthcare professionals represents a core element to ensuring oversight in carer training as well as quality, multidisciplinary care planning, coordination and delivery. Standardised provider carer training and development is needed, including the attainment of postgraduate qualifications to support

Home Care Standards to Ensure Quality

GUIDING PRINCIPLES

- Care safety and quality: Any statutory scheme for home care should act to strengthen the quality of care received across settings—both within and outside the home—as well as protect the rights of care recipients and their families.
- Well-trained, valued, and rewarded carer workforce:
 A statutory home care scheme should provide for standardised carer training and development, including educational standards, effective clinical supervision and cohesive career trajectories, and ensure appropriate wages, employment security and benefits.

professionalism and career progression within the sector. Key elements of governance involve care coordination and management, including medication management, data protection, risk assessment, and flexible, inclusive and choice-based care planning for both older and younger people.

Establishing and regulating home care standards associated with carer recruitment, retention, training and working conditions is crucial to ensuring quality, needsbased, person-centred care. It will have the further benefit of creating a workforce of carers that is valued, supported, protected and appropriately compensated, with a clear career pathway and supervision structures.

These elements will also help in building carer capacity across the sector. A statutory home care scheme which seeks to address current and future need will inevitably give rise to the need for an expanded workforce.



"You cannot have quality of care if you don't have a workforce that is valued, cherished, supported, well paid, and with career paths."

-Seán Moynihan, Chief Executive, ALONE

Equity and the Right to Statutory Home Care

POLICY RECOMMENDATIONS



RECOMMENDATION #4
 Implement regulation to strengthen home care safety and quality standards.



RECOMMENDATION #5

Develop regulatory licensing
schemes for all home care
providers, including the
HSE, to ensure standards
of care are set, pursued
and achieved, including
educational and professional
training requirements for
carers and the assurance of
good working conditions.



RECOMMENDATION #6
 Strengthen governance structures to ensure coordinated care across home care providers, health and social care services and care settings, including through effective multidisciplinary case management and clinical supervision of home carers.



Recommendation #7
 Revise governance and promote training to provide service users with choice about their home support services and enable flexibility in care decisions to ensure effective transitions across the care continuum.

THEME III

Person-centred, integrated home care

POLICY INSIGHTS

Integrated care and support will enable healthier ageing and reduce overall healthcare costs.

Any statutory home care scheme that is introduced should be underpinned by governance, as set forth in Theme II. In addition, funding structures and provider processes are required that allow for flexibility to support personalisation and to address individuals' evolving and multifaceted health and social care needs across the course of their lives. It should ensure that home support services are integrated within a broader, cohesive continuum of care, from prevention to treatment and end-of-life care, and with providers including general practice as well as public, private and not-for-profit providers, across health and social care systems. This includes adopting a rights-based approach to care across all settings—the home, the community and in long-term care facilities—to ensure individuals' autonomy, dignity and independence.

Home care supports and services should extend beyond the care recipient to their families, including through information and advice, social and financial benefits, respite services and other supports for family carers. Policies in this regard should take account of the fact that the disproportionate burden of unpaid care is borne by females.



"For too long, we have relied on healthcare legislation that is concentrated on acute care only, instead of having a cross spectrum, holistic approach to a person and their needs, and that can change from month to month or week to week, and we should have a system to accommodate all health and social care needs."

-Patricia T Rickard-Clarke, Chair, Safeguarding Ireland

Inclusive and flexible care planning allows for needs to be met at each stage of the care journey.

Care needs constantly evolve, and therefore care planning cannot be a static process. It should be collaborative and inclusive, developed jointly by the home care provider,

Person-Centred, Integrated Home Care

GUIDING PRINCIPLES

- Multisectoral and multidisciplinary care: A statutory
 home care scheme should be firmly grounded in an integrated response across health and social care systems
 and providers to ensure timely access to appropriate care,
 supports and services across one's life and care settings,
 in line with care recipients' needs and wishes, and
 supportive of their human rights.
- Inclusive care planning: Personalised home care plans should be developed collaboratively to reflect the evolving needs and wishes of care recipients and their families and ensure appropriate levels of person- and family-centred support are provided.

home care recipient and their family carer. Currently, weaknesses in system architecture reduce care planning flexibility. New shared governance models between the contracting authority and the provider are needed to allow person-centred, choice-based care planning

driven by care outcomes, rather than a set list of required tasks. A particular focus should be on strengthening standards related to supported decision-making and end-of-life planning, where appropriate.

Person-Centred, Integrated Home Care

POLICY RECOMMENDATIONS



• RECOMMENDATION #8

Improve home care supports for family carers by increasing the types and availability of services available, including social and financial benefits, respite services and information and advice for family carers, with particular focus on a female perspective to reflect the fact that more women find themselves with caring responsibilities.



• RECOMMENDATION #9

Strengthen provider governance to ensure service user participation in care planning and outcomes-based, collaborative, personalised care planning across the course of one's life.



Summary of Recommendations



Recommendation #1. Implement a common, evidence-based and needs-based assessment tool as part of the statutory home care scheme. This will ensure citizens receive the right care at the right time in the right place and are empowered to live meaningful and autonomous lives in their homes and communities for longer than would otherwise be possible.



Recommendation #2. Invest in needs-based care built on a standard assessment to help provide care recipients and their families with financial certainty and also reduce health system costs.



Recommendation #3. Implement flexible home support services supported by accessible and transparent information related to home care providers in order to ensure citizens can access the care that best reflects their needs and their wishes.



Recommendation #4. Implement regulation to strengthen home care safety and quality standards.



Recommendation #5. Develop regulatory licensing schemes for all home care providers, including the HSE, to ensure standards of care are set, pursued and achieved, including educational and professional training requirements for carers and the assurance of good working conditions.



Recommendation #6. Strengthen governance structures to ensure coordinated care across home care providers, health and social care services and care settings, including through effective multidisciplinary case management and clinical supervision of home carers.



Recommendation #7. Revise governance and promote training to provide service users with choice about their home support services and enable flexibility in care decisions to ensure effective transitions across the care continuum.



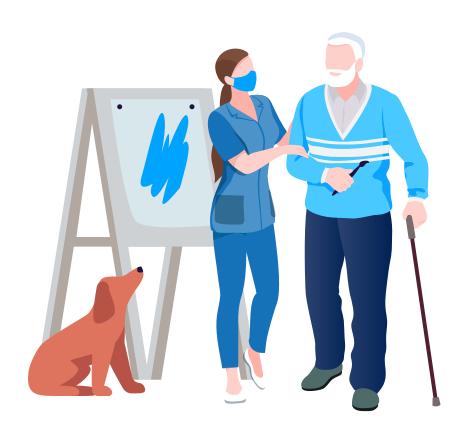
Recommendation #8. Improve home care supports for family carers by increasing the types and availability of services available, including social and financial benefits, respite services and information and advice for family carers, with particular focus on a female perspective to reflect the fact that more women find themselves with caring responsibilities.



Recommendation #9. Strengthen provider governance to ensure service user participation in care planning, and outcomes-based, collaborative, personalised care planning across the course of one's life.

Time for Action

At the start of the Decade of Healthy Ageing, Ireland has a clear opportunity to chart the path for a statutory home care system—one that promotes equity, sets clear standards on quality, and supports care that is home-based and person-centred. The Irish Government's opportunity for action is now, and GCOA and our partners stand ready to further discuss the policy insights offered in this report.



Endnotes

- 1. Irish Department of Health, Report on the findings of the public consulation on home-care services, June 2018. https://assets.gov.ie/9990/1e6ec3b04d8a4c-1480c6637cce471c88.pdf
- 2. World Health Organization,
 Decade of Healthy Ageing: Plan of
 Action, December 2020. https://
 www.who.int/publications/m/item/
 decade-of-healthy-ageing-plan-ofaction
- 3. Health Information and Quality Authority and Health Protection Surveillance Centre, Analysis of factors associated with outbreaks of SARS-CoV-2 in nursing homes in Ireland, May 2021. https://www.rte.ie/documents/news/2021/05/higa-report.pdf
- 4. For the avoidance of doubt, the term 'Home Support Services' when used in this document refers to any home care package, home support service, home support model, home help package, or other related terms.
- 5. Commissioning is the process by which health and care services are planned, purchased and monitored.



About GCOA

GCOA represents a cross-section of global business including technology, pharmaceuticals, healthcare, home care, financial, transportation, and consumer sectors. We engage global institutions, policymakers, and the public to drive debate on, create, and promote innovative policies and actions to transform challenges associated with the ageing of the global population into opportunities for social engagement, productivity and fiscal sustainability.

GCOA would like to express appreciation to our member company Home Instead for their support of this important and timely roundtable.

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