

Submission to the Department of Health on the Creation of a Statutory Home care Scheme

Family Carers Ireland (FCI) welcomes the opportunity to submit our views to the Department of Health on the development of a new statutory scheme for home care services. FCI is a national membership charity for carers. For 26 years we have worked to improve supports, services and recognition for anyone living with the challenges of caring for a family member or friend who is ill, frail, disabled or has mental health difficulties. Through our network of 22 resource centres and 66 support groups we engage with approximately 20,000 family carers throughout Ireland every year. FCI also provide in-home respite and homecare in each of the 9 CHO regions as an approved HSE provider. This submission is based on our experience of supporting and advocating for Ireland's 355,000 family carers¹. FCI acknowledges that this consultation is the first of a series and that it is focussed on "*what people think about current home care services – what is working well and what needs to be improved*". We are happy to contribute our perspective on the questions presented but we do not want this to be taken as an endorsement of some of the subtext which appears to be informing aspects of the questionnaire. We have four particular concerns in this regard:

1. The consultation is explicit in separating critical primary care functions, such as physiotherapy, occupational therapy, GP services or respite (or broader social services including transport and housing) into packages of home support (page 6, consultation form). We believe it is completely inappropriate for legislation to define home care so narrowly (e.g. Boerma and Genets definition cited in the HRB evidence review (page 17) i.e. '*care provided behind someone's front door*'). Whilst designing legislation to underpin an integrated care approach is undoubtedly a more difficult task the alternative will simply reinforce current 'silos' by enshrining them in legislation. Years of operating in this way has created a transactional delivery system with little consideration given to accountability across the continuum of care or to building infrastructure that integrates health services and provides seamless care transitions. As such it would seem to fly directly in the face of the mantra of *patient and family centred care* which now permeates policy recommendations for the development of Ireland's health system. Indeed, FCI believes that Ireland's first legislative underpinning for home care should be even more ambitious and frame a whole of government approach to home care, creating a statutory context that includes aids and appliances, housing adaptation grants, transport and respite breaks as part of a comprehensive basket of services.
2. FCI is equally concerned that the consultation invites comments on only one funding option – co-payment – without presenting the range of alternative models available (taxation, social insurance, private insurance). The fact that "there is more demand for home care services than there are resources available to deliver them" is a result of policy choices, not an axiomatic truth. We note that both Minister Harris in November 2016² and Minister McEntee in April 2017³ were clear that means-testing will be a feature of any new scheme. Whilst we acknowledge that the legislation needs to address the resourcing issue, and that co-funding is a plausible approach, we do not believe that it should be given statutory underpinning without equivalent statutory certainty in regard to the range, quantum and quality of services that are to be co-funded.
3. FCI is concerned that even before this public consultation was announced, it's focus was being framed as a '*formal home care scheme for older people*' (HRB, page 9⁴,) and announcements made since have reinforced this reductive view (*DoH Press Release 6th July 2017*). The exclusion of people with disabilities and life-limiting conditions who also require long-term care from a statutory

¹ National Carers Strategy (2012) defines a Family Carer as '*someone providing an ongoing significant level of care to a person in need of that care in the home due to illness or disability or frailty*'.

² '[We cannot afford free home help for all: Harris](#)' *Irish Independent* 11th November 2016

³ '[Elderly home care scheme is likely to be means-tested](#)' *Irish Independent* 11th April 2017

⁴ Kiersey, R. and Coleman, A. (2017). *Approaches to the Regulation and Financing of Home Care Services in Four European Countries*. Dublin: Health Research Board.

scheme, without any objective rationale for doing so, will be vulnerable to a legal challenge on the grounds of age discrimination. We believe that any statutory home care scheme should be available to all potential users of home care, and not limited only to older people.

4. Our final concern rests on the complete absence of any reference in the consultation to a statutory definition of where the ultimate responsibility for care should be located. We believe that there would be overwhelming support in Ireland for a system which located primary responsibility with the family with a secondary duty on the state to support this endeavour in specific ways (as well as acting as a provider of last resort where the family is unwilling or unable to meet the need)⁵. We believe that this would be the most sustainable approach in social and well as financial terms but fear that the legislation might be silent on this matter for fear of creating a co-production model of social care rather than a co-financing one. In this context, we believe that those individual family members who take on significant caring responsibilities should have certainty that basic supports will be provided if required; that services will be in place to help them maintain their own health and wellbeing; that they will be able to work and have a life of their own alongside their caring role; and that they will be recognised rather than penalised in terms of access to financial supports. Carers can no longer be expected to fill the deficits of a poorly configured health and social care system – the care must be shared between the State and families.

FCI welcomes the Department’s recognition of the need for a statutory home care scheme, and we offer our continued support. We ask that the Department continue to engage with the caring sector to ensure the needs of carers are reflected in the final scheme. We are happy to elaborate on any aspect of this submission and to assist in consideration of how these issues and principles might be addressed in legislation.

Please note, the following sections of this submission correspond to the questions presented in the consultation document relevant to ‘representative bodies’. As such questions are presented do not follow a sequential order.

PART B

Organisation: Family Carers Ireland
 Address: Unit 1, Hibernia Building, Heuston South Quarter, Dublin 8
 Name: Ms. Clare Duffy
 Job title: Policy & Public Affairs Manager

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

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: _____ | |

⁵ The other two main options in Europe are (i) the state taking lead responsibility ahead of the family and (ii) the state refusing to accept any role in supporting the family in fulfilling their caring responsibilities.

General Questions

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

The current home care crisis makes it difficult to identify any significant positives. That said, a strengths-based analysis of the home care system would undoubtedly highlight:

- Family carers remain willing to accept a central role in respect of the care of their loved one. As such the consultation and any legislation arising from it must have regard to how families can be best supported.
- Home care is currently not means tested, nor is there a charge or contribution to be paid by the person receiving care or their families.
- The efforts that have been made to improve the delivery of home care over recent years through the tender process and the subsequent introduction of minimum quality standards for approved providers. It should be noted however that the disparate adoption of these measures and the favourable terms and conditions offered to HSE employees have to some degree further distorted the sector and contributed to even greater staff shortages.

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?

Yes **No**✓ Don't know

For decades the Irish healthcare system has operated in silos resulting in fragmented care that focuses on episodic treatment at the point of presentation rather than on the overall long-term wellbeing of patients. As a result it has evolved into a transactional delivery system with little consideration given to accountability across the continuum of care or to building infrastructure that integrates health services and provides seamless care transitions. The mantra of *patient and family centred care* which now permeates the health system appears to lose its relevance in a home care setting, where there is little effort to integrate critical primary care functions, such as physiotherapy, occupational therapy, GP services or respite (or broader social services including transport and housing) into packages of home support. Disappointingly the focus of this consultation has been explicit in their separation (page 6, consultation form).

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

Yes **No**✓ Don't know

The integration of hospital and home care is problematic on a number of fronts. Firstly, despite the majority of care being provided in the community, we continue to pump over a third of the total health budget into hospitals, while spending €11m less on home care than we did in 2008⁶, and against a backdrop of a 36 percent increase in the older population over the same period⁷. Secondly, failures in hospital discharge protocols (as highlighted in the findings of the National Patient Experience Survey 2017) are leading to patients being discharged with no home care plan in place; no engagement with families who will be integral to the delivery of post discharge care; and leaving patients 'stranded' in expensive hospital beds because resources are not available to provide them with even basic home supports, contributing to the delayed discharge crisis which continues to clog the entire hospital system.

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

Yes **No**✓ Don't know

⁶ In 2008 the HSE spent €331m on home care compared to €320 in 2015.

⁷ There were 468,000 people aged over 65 years in 2006 compared with 637,567 in 2016 (Census 2011/2016).

Carers are filling the deficits of a dysfunctional home care system: The lack of legal clarity regarding the State's obligation to provide care to our elderly and disabled population means that families are increasingly filling the deficits in care provision. Family carers are the largest providers of care, with 80 percent of care required by older people and those with care needs provided by family members. The CSO Irish Health Survey (2015) shows 10 percent of the sample population aged over 16 are carers, providing an average of 45 hrs care each week. If extrapolated to the national population, this means Ireland could have close to 355,000 carers who save the State some €10 billion p.a. based on a replacement cost of €12 per hour - some 27 times more than the €370m the HSE will spend on home care in 2017. While logic would suggest that services to support care in the home should increase in line with demand, this has not been the case. At best, home care services are being maintained at the previous year's level, and at worst are being rationed to the extent that even those assessed as needing home support cannot access help until another person dies and hours can be 'recycled'. This rationing is in addition to the widespread closure of respite beds, cuts to disability and mental health funding, and the withdrawal of important supports such as the Mobility Allowance and Motorised Transport schemes, all of which are forcing carers to fill the ever-increasing gap between home care demands and the limited supports available.

Care not shared equally between the State and families: The National Carers' Strategy 2012 commits to respecting carers as *expert partners in care* (vision statement page 2); *protecting their health and wellbeing* (goal 2, page 10) and *involving them in care planning and decisions relating to the care of their loved one* (goal 1, page 10). Despite these commitments, many carers regard services as inadequate to meet their needs or receive no extra help, and consistently report feeling mentally drained and overlooked by healthcare professionals⁸. FCI believes that caring should be a shared responsibility, where the burden of care doesn't fall completely on families. Rather, those who take on significant caring responsibilities should have certainty that basic supports will be provided if required; that services will be in place to help them maintain their own health and wellbeing; that they will be able to work and have a life of their own alongside their caring role; and that they will be recognised rather than penalised in terms of access to financial supports. Carers can no longer be expected to fill the deficits of a poorly configured health and social care system – the care must be shared between the State and families.

Rationing home care hours when a carer is present: The practice of rationing home care hours when a family member receives Carer's Allowance is common practice. In fact, the question of whether someone in the family receives Carer's Allowance is prominent on most home care assessment forms and PHNs from across the country admit that the presence of a family carer is a significant factor in deciding whether someone is considered a priority for home care or how many hours they should be allocated. While FCI understands the logic of asking whether a family carer is present, their presence should only be taken into account if and when the carer's own support needs have also been assessed through a Carer Needs Assessment.

Carer Needs Assessment: The identification of a carer's needs in her/his caring role is key to ensuring that carers get the support they need in order to provide and continue to provide the necessary care. When the system fails to consider the needs of the carer alongside the person who receives care it will ultimately have to deal with demand from not one but two individuals. For this reason any statutory scheme must include recognition of the needs of family carers. FCI welcomes the fact that the HSE have developed a Carer Needs Assessment as part of interRAI Single Assessment Tool (SAT) and fully expect that the SAT and Carer Needs Assessment will be offered to people of all ages and their carers as part of the implementation of a statutory home care scheme.

⁸ Listening to Carers regional workshops 2016 & 2017.

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 ✓ No Don't know

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

Yes ✓ No Don't know

Recognising and responding to the needs of carers: The legislation underpinning the statutory home care scheme must recognise the intertwined relationship between the person receiving care in the home and their family members or friends who provide the bulk of this care. Caring for a loved one brings with it enormous personal challenges including negative effects on the carers own health and wellbeing, financial costs both immediate and the longer term, as well as the loss of independence. There is also growing recognition that as carers age, or develop disabilities and illnesses themselves, their capacity to care is strained and they too require support. If carers are to continue to play an integral role in keeping their loved ones at home, then they too must be supported. As is the case in Germany and the Netherlands (HRB, page 63/69) FCI believes that any package of home support must include regular, flexible and appropriate respite. Ironically, while respite care is consistently identified as a key intervention to support the health and wellbeing of carers, and is critical to the sustainability of caregiving efforts, in recent years a perfect storm of events has led to respite becoming almost non-existent. Funding cuts, staff shortages, bed closures as a result of HIQA inspections and the transfer of respite beds to transitional care beds or long stay beds have combined to reduce respite availability and deny carers this vital support.

Challenges of choice: FCI agrees in principle, that choice is a good thing and is in practice often correlated with increased client satisfaction. However, facilitating greater choice and control for people receiving home care is not without its challenges. International research examining patient choice models has called for caution and warns that more competition does not necessarily lead to better outcomes⁹. KPMG's 2015 review of Consumer Directed Home Care (CDHC) in Australia cautioned that constructing older people as empowered consumers risks undermining the resources and support networks needed to help them navigate an increasingly complex care market. Indeed the inherent assumption that every person receiving care is autonomous and self-motivated agents with equal capacity to make choices in their lives fails to recognise the profound challenges that persist in old age or for those with significant care needs. Findings emerging from the Irish pilot of CDHC in CHO 3 further illustrate this, with a significant number of older people choosing to opt out of the CDHC pilot, or appearing to be overwhelmed by the complexities involved in choosing a service provider. As such FCI recommend the establishment of information centres or service brokers who will support home care clients to access and manage their care packages, similar to the [Pflegestützpunkte](#) care hubs operated throughout Germany.

Role of the HSE: A particularly problematic characteristic of the current Irish home care system is the HSE's role as commissioner, provider and regulator. It is unclear how under a CDHC system the HSE will manage its fixed supply of home care worker hours if an insufficient number of clients choose to use the HSE as their preferred provider, and what additional incentives it could offer without risking the perception of preferential access to State supports.

Adequacy of home care budgets: Another typical problem with a CDHC/voucher system is that whilst it appears to offer greater choice, it can in practice lead to a race to the bottom as it places the onus of responsibility on the client to stretch inadequate budgets to meet their care needs. This is a particular concern in the current Irish circumstances of chronic and significant underfunding of home care services relative to other parts of the health system.

⁹ Professor Michael Porter ['Redefining Competition in Healthcare'](#)

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

Each country is unique in how it delivers health and social care services, and while the HRB report is useful in providing an insight into how other countries have addressed the long-term care issue, it is not possible to transpose any one model onto the Irish system. Rather we have to design a statutory home care scheme that, informed by the experience of other countries, will ensure high quality and sustainable home care services suitable to Irish circumstances and complementary to the Fair Deal scheme. In summary the principles that we believe the legislation must reflect are:

- (i) it should place the interest of care recipients at the heart of the system (along the lines of [Ontario's Home Care and Community Services Act 1994](#));
- (ii) it should set out a comprehensive framework approach which sets out clearly the respective responsibility of the State and the family in the provision of long-term care;
- (iii) it should be sufficiently broad to encompass all potential users of long-term care services;
- (iv) it should incorporate a broad definition of home care and include access to the gamut of services necessary to support and sustain people at home (see OECD definition of [long-term care at home](#)).
- (v) it should enshrine the principles of objectivity, transparency and consistency in the assessment of care needs and provide for a credible independent review of needs assessments;
- (vi) it should provide for a system to support informed choice by care users (along the lines of the German [Pflegerstützpunkte](#) p.21);
- (vii) it should provide for a needs based planning framework to ensure adequate service levels;
- (viii) it should provide for support for families that are contributing to the long-term care of their loved ones; and
- (ix) it should provide for a proper independent regulatory system to ensure the quality and integrity of the long term care system.

Standardisation

10. Do you think 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 home care	Yes ✓	No	Don't know

The anomaly between residential and home care: The entitlement to residential care under the demand-led provisions of Fair Deal, alongside the discretionary basis of home care, has prioritised residential care and forced many older people into nursing homes unnecessarily when home care supports are unavailable. The legislation arising from this consultation must urgently address this anomaly by placing residential and home care on an equal statutory footing.

Creating uniform access: Equity of access to home care and the standardisation of its delivery is a goal embraced by all players within the sector. Indeed, the geographic disparity, lack of transparency and inconsistent care standards are repeatedly identified as the most significant challenges to accessing home care. The Slaintecare report makes a number of recommendations in relation to the standardisation of health care delivery, which FCI is broadly supportive of, including population based

health planning and the introduction of legislation to provide a Cárta Sláinte (a Health Card) to entitle citizens to care based on need. In addition, FCI recommends:

- a standardised care needs assessment that takes account of what family support is available;
- a standardised Carer Needs Assessment if a family carer has been included in the care plan;
- clearly defined and transparent eligibility criteria;
- access to all persons requiring care, regardless of age or geography;
- a standard basket of clinical, social and practical services (including respite) from which families can choose;
- national quality standards
- national independent oversight and monitoring body who can also investigate client complaints.

Quality Standards

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 No Don't know

There is currently no legislation to regulate the home care sector in Ireland. While the HSE has initiated national standards through the 2012 public procurement process, private home care providers *not* funded by the HSE are not bound by these and so are operating in the absence of any regulation. HIQA was scheduled to assume regulatory oversight of home care in 2016, however this has yet to happen and there is no new timeline for this process to be completed.

Any statutory basis for home care needs to include provision for a proper independent regulatory system to ensure the quality and integrity of the long term care system and should reflect international best practice. Two significant reports exist in relation to the development of national standards in the delivery of home care – the Law Reform Commission ‘*Legal Aspects of Professional Home Care*’ (2011) and NESCC ‘*Quality and Standards in Human Services in Ireland: Home Care for Older People*’ (2012). Both provide a useful starting point for the development new home care standards.

Training for Care Workers

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?

Yes No Don't know

Minimum training requirements: FCI is in favour of training requirements for home care workers, however rather than impose a single minimum requirement we endorse a multi-tiered model similar to that operated in the Netherlands (as outlined in the OECD report, *A Good Life in Old Age? Monitoring and Improving Quality in Long-term Care*) whereby minimum training requirements apply to the type of care work provided (i.e. domestic workers, care assistants, home help, nursing assistant, nurse, nurse specialist etc). This would help address one of the issues raised in the HRB report that “*Home care staff reported that the minimum training requirements were high but the pay rate and working conditions did not meet minimum training requirements*” (HRB p12). Finally, it is worth noting that the current tender process which requires QQI5 accreditation is not entirely satisfactory since many providers do not include sufficient practical skills training in delivering their programmes primarily because such training is more expensive.

Conditions of employment: The quality of home care is more dependent on the quality of front-line care workers than any other factor. For this reason FCI as an employer of care workers and an advocate acting on behalf of family carers is doubly concerned with quality of employment as fundamental to developing and sustaining quality care systems. Given that the current system for funding Home Care Packages in Ireland already disadvantages care workers employed by non-HSE agencies (who are being used to shield the working conditions of HSE care workers) this is cause for significant concern. For example, since 1st April 2014, HSE-employed staff no longer have If-and-When contracts, but have an annualised hour contract which affords them a guaranteed number of hours per week and excludes some times of peak need (e.g. weekend or night calls). The contracts are monitored by the HSE with SIPTU to ensure they are implemented in a fair and reasonable manner. This system ensures that in many cases the HSE's own best practice standards in regard to home care are routinely ignored. By contrast, care workers employed by non-HSE agencies continue to work off If-and-When contracts, work unsociable hours and are not reimbursed for travel costs.

Funding

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?

FCI is concerned that the consultation invites comments on only one funding option – co-payment – without presenting the range of alternative models available (taxation, social insurance, private insurance), or providing a message consistent with that presented in the Slaintecare Report which recommends a taxation model. Indeed Minister Harris in November 2016¹⁰ and Minister McEntee in April 2017¹¹ were clear that means-testing will be a feature of any scheme and co-payments essential to its sustainability – positions arrived at without any public discussion. Accordingly, at this early stage and without sufficient public discussion FCI does not endorse any particular funding model, but rather feel it more appropriate to set out important measures for consideration by the Department in weighing any financing arrangement that may be proposed. Proposals for consideration in relation to the funding of home care services include:

- The Department should undertake a comparison of all funding models available.
- Eligibility for home care should be based on a transparent assessment of medical need and applied consistently across the country.
- People under 65 years with an assessed need should also be eligible.
- Family members should not be means-tested or expected to contribute to the cost of their loved one's care (consistent with the NHSS).
- Any consideration of a co-payment model must exclude the family home from reckonable assets as the 'room and board' portion of care costs remains with the caree.
- Likewise any consideration of a co-payment model must leave the caree with an adequate income to cover the costs of running their household and cannot make a contribution that would leave them with a disposable income so low they are at risk of poverty.
- Any funding model must be cognisant of cost of collection ratios.
- FCI accepts that home is not always the most appropriate care setting, particularly when there are health and safety risks or where the costs of providing care safely in the home are so high that it becomes economically unviable.

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

¹⁰ ['We cannot afford free home help for all: Harris'](#) *Irish Independent* 11th November 2016

¹¹ ['Elderly home care scheme is likely to be means-tested'](#) *Irish Independent* 11th April 2017

At the heart of the concerns flagged throughout this submission is a fear that, faced with the sustainability challenge in the context of shifting demographics, the Irish government will seek to restrict eligibility to a statutory home care scheme through a combination of means-testing and needs-testing to such an extent that only a small cohort of those in need of home care will receive it from the State whilst the rest will be pushed towards purchasing necessary care privately – in effect creating a two-tier home care market. As such there is a very real danger that if the scheme is not properly planned and adequately funded to meet the total care needs of an individual (including access to regular respite), regardless of age, geography or economic circumstances, access to home care could be made worse rather than better.

Other issues

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

- **There is an urgent need for a dramatic increase in funding for homecare. This cannot wait until a statutory scheme is finalised, but must begin to be addressed in Budget 2018.** The ‘even playing field’ promised by Fair Deal has resulted in even greater disparity by instituting guaranteed access to full funding for residential care while retaining the discretionary nature of home care services. Without legislation to underpin access to home care, provision will remain inequitable, problematic and unreliable, and ultimately wasteful of scarce public resources. It is critical that Government enact legislation that will give a statutory, demand-led entitlement to home care and place care in the home on an equal footing with nursing home care. However, given the current home care crisis families cannot wait the 2-3 years it will take to finalise a statutory home care scheme. Rather funding towards home care must be dramatically increased in Budget 2018.
- **Reorient funding from acute care towards community-based care:** The HSE spent €4.5 billion on acute care in 2016, one third of the total health budget of €13 billion. A further €988 million was spent on residential care, through the NHSS. In line with the Slaintecare Report, Government must gradually reorient health spending away from a hospital-centric model, where care is provided at the most expensive level, towards primary and community care, that delivers the best health outcomes and the best value for money. Such a dramatic shift cannot be achieved in the short-term. Rather, efforts must first focus on reducing patients’ use of hospital services, for example by carrying out minor surgery in primary care centres, allowing GPs to have direct access to a range of diagnostic tests and investigations. We must also instigate behavioural changes – in the way GPs refer patients, in how patients themselves make informed decisions about their care and in establishing patients’ trust in the primary care system.
- **Establish fully functioning Primary Care Centres:** Primary Care Centres are intended to be the first point of contact within the health service, providing a ‘one-stop shop’ for everything that a patient may need and representing the most local element of healthcare provision. The *Primary Care – A New Direction* Health Strategy stated that primary care was seen as the appropriate setting for the treatment of between 90 and 95 percent of healthcare needs and highlighted the potential for primary care to reduce hospitalisations and facilitate earlier hospital discharge. This plan suggested that 400-600 primary care centres would be required nationally. To date there are 57 functioning Primary Care Centres across the country, with an additional 12 being planned through Ireland’s first health-related Public Private Partnership. While the target set by the Primary Care Strategy may appear optimistic, the creation of an adequate number of fully functioning Primary Care Centres, with the full complement of multidisciplinary staff is an essential component in the creation of an effective home care scheme.

- **Abolish health budget silos:** Patient journeys cannot be considered in the silos of acute, primary or social care, but rather as an integrated, interdependent system. In this way, parochialism and the myopia of focusing on individual budgets will be removed, and replaced with a more holistic view of patients' care. An activity-based funding model, rather than one based on historical budgets, should be deployed across the health service and not only confined to acute hospitals.
- **Adopt a whole-of-government approach:** Departments not traditionally associated with healthcare must play their part. The reorientation of healthcare towards community-based care will involve the Department of Housing as it requires investment in accessible environments, and schemes to support the adaptation of homes for the elderly and disabled; it will involve the Department of Employment and Social Protection as more carers will require financial assistance; and it will be necessary to have a skilled workforce to support a growing home care market; and it will involve the Department of Transport to support the mobility of people being cared for within their local communities who need reliable access to supports and services.
- **Promote employment in the home care sector:** In 2009 the Irish home care market was worth €340million, with projections suggesting it could be worth as much as €568million by 2021. Preparing for the elder boom and the projected increase in the prevalence of disability and chronic conditions, and promoting quality employment within the sector is a significant challenge for Ireland over the coming years. Failing to do so will have implications for labour supply and the delivery of a statutory home care scheme.

Other Practical Considerations

- Legislation giving an entitlement to home care will stand or fall on the funding model chosen. The considerations in relation to the criteria underpinning the chosen funding model will be critical.
- GPs, PHNs and other social care staff are already overworked and under-resourced. It will be critical to secure their support and provide the resources they need to operationalise a statutory home care scheme.
- Being able to identify a patient uniquely is essential in the provision of high quality, integrated healthcare. The Health Identifiers Bill 2013 and the impending introduction of a health identifiers will be a critical building block in the health reform programme.
- Examine the role assistive technology, telecare and reablement supports can play in helping people remain at home.

In Conclusion

FCI welcomes the Departments recognition of the need for a statutory home care scheme, and we offer our continued support. There can be little doubt that whatever scheme is proposed, family carers will be the cornerstone of its implementation and success. To this end, we ask the Department to continue to engage with us to ensure the needs of carers are considered in your deliberations and reflected in the final legislation. Finally, on behalf of FCI I wish the Department every success in this ambitious and important project and look forward to an improved healthcare system as a result of your efforts.