

CIB Submission to the Department of Health: Public Consultation on Health and Social Care Services and Supports for Older People¹

Information and communication

What do you think about how information on health care services and supports is communicated to older people? (e.g. GP visits, physiotherapy, occupational therapy, public health nurses, speech and language therapy, nutrition support)

The level of queries to Citizens Information Services (CISs) suggests that older persons and their carers are not well informed about health services/supports. In 2023, there were 58,529 queries under the health category with 13,698 queries from people aged 66 years and over.

Medical card was the most queried payment/scheme to CISs (35,927 queries), similar to previous years; 30% of these were from callers aged 66 years and over. During the first six months of 2024, medical card queries increased by 12% year-on-year. Queries on GP services increased by 19% to 3,910; and Fair Deal and Home Support Service (previously known as Home Care Package) queries increased by 13.2% to 3,728. Almost half of callers with these queries were aged 66 years and over.

Information gaps for medical card holders include audiology tests/hearing aids, long-term illness scheme and incontinence products. Callers felt that information has less meaning when it is indicated that a particular service is available but waiting periods or availability effectively mean that it is not.

What do you think about how information on social care services and supports is communicated to older people? (e.g. meals on wheels, respite care, home support, day care)

Distinguishing between health services and social care services, while having some merit, may have the unintended consequence of masking the intrinsic relationship between the two in relation to older people's overall health and wellbeing.

Older CIS clients or their carers/families are frequently under stress when trying to get information about care options and equipment for living at home. An approach is needed to consider how best to reach them.

Since long-term care is multi-faceted, all information should be available in integrated and accessible formats to support people to make choices about where they wish to receive care: at home, in community-based settings or in residential care facilities. CIS evidence indicates clearly that this is currently not always the case. Integrated information covering all aspects of health and social care is essential.

¹ This document contains the text that was inserted by CIB into an online submission form in response to set questions

Access

Can older people easily access health care services and supports (e.g. GP visits, physiotherapy, occupational therapy, public health nurses, speech and language therapy, nutrition support)?

Some of the health-related queries to CISs refer to the struggles older people encounter when seeking to access various services, particularly elective surgical procedures, medical cards, Fair Deal, the Home Support Service, a house adaptation or rehabilitation. Difficulties often arise when people are transitioning from hospital into nursing home care or back home again, including accessing adequate therapies.

In terms of service provision, the concerns highlighted include inadequate home support hours and packages, difficulties in accessing respite services, insufficient funding for housing adaptation grants, inconsistent access to community-based therapies, and underdeveloped linkages between hospitals and community care services.

With the move to ‘centres of excellence’, outpatients must regularly travel substantial distances for appointments affecting those living in rural areas with no access to any suitable public transport.

Can older people easily access social care services and supports (e.g. meals on wheels, home support, day care)?

The current long waiting lists for home supports and the failure to provide adequate home care are significant issues for CIS and National Advocacy Service (NAS) clients.

CISs regularly report gaps in service provision (as mentioned above). This results in people ‘falling through the gaps’ with some older persons and younger persons with disabilities ‘pushed’ unnecessarily into nursing homes.

Services have also reported on the difficulties that older clients and their carers have with the local-authority-provided housing grant schemes: inadequate funding available under the various schemes, too-low income thresholds, slow administration of grant applications, and a lack of information about the schemes.

A 2021 HIQA Report² called for an inclusive homecare scheme that protects everyone who receives care at home and states that service users should expect the same quality of service regardless of who is providing that service: statutory, private or NGO.

Quality of services

What do you think about the quality of health care services and supports for older people?

There have been many improvements in the quality of health care services in recent years: when people can access them, they are generally good. But there remain significant gaps, particularly in relation to timely access to an acute hospital for non-urgent treatments. Poor or inadequate community support services for older persons — resulting in unnecessary admissions to hospital or premature placements in nursing homes — continue to be a feature of the current system.

GP services are clearly a critical component of health care, and every older person (including nursing home residents) should have timely access to a GP. Feedback from CISs shows that this is not always the case

² HIQA (2021) Regulation of Homecare: A Position Paper. [Regulation of Homecare: A Position Paper | HIQA](#)

in every part of the country. This is an issue for people living in the community and for nursing home residents.

While multi-disciplinary working is embedded in the health care system, it appears to vary in practice across the country because of resource issues.

What do you think about the quality of social care services and supports for older people?

The overall quality of social care is impacted by a limited range of support options and unequal access to services, depending on where a person lives. Carers regularly contact CISs about inadequate home support hours and respite care which forces them into a nursing home option despite the fact that they wish to continue to provide care at home for their loved ones.

There is a clear need to rethink our approach to community-based social care and consider possible alternatives which focus on better outcomes for older people, families and care workers. One model that might be explored is the provision of care co-operatives located within empowered and resourced communities and driven by community development principles.³

Other options (e.g., social prescribing, technology supports) within local communities should be further developed.

Affordability

How affordable are health care services and supports for older people?

The availability of free GP Cards to people over 70 and the high number of older persons with medical cards addresses basic affordability issues. The public hospital provides for universal access. Clearly, however, there is a fundamental inequality of access between those who can afford private insurance and those who are fully reliant on the public system.

While the public health system provides both residential and community services, current funding arrangements clearly favour residential care. This runs contrary to the stated policy position of successive Governments over several decades. In the financing of long term care, there is an inbuilt bias towards nursing home care.

The challenge is to find a financing system for long-term care which achieves similar levels of service access and supply in both the community and in residential care facilities. Another core issue to be addressed is the distinction between the funding of acute medical services and the funding of long-term care and personal social services.

³ [Home Care Dublin | Home Help | The Great Care Co-op \(thegreatcarecoop.ie\)](#).

[Could care co-operatives be an answer to home care crisis?](#) (RTE.ie 25 March 2024)

How affordable are social care services and supports for older people?

There is a clear need to address the current incentivisation of Fair Deal, which results in nursing home care being more affordable than care in one's own home. A legally mandated eligibility system for all care settings that is fair and provides clarity in relation to costs would help deal with the current affordability issue for people who wish to remain in their own homes.

The current funding system — based on economies of scale as distinct from quality-of-life considerations — has impacted negatively on the continued provision of smaller locally based nursing homes.

A comprehensive review of the funding of social care is required to include residential long-term care, and the question of providing balanced local care delivery systems (e.g. community hubs providing services ranging from supported housing to 24-hour-care nursing homes) that offer potential for public, for-profit and not-for-profit organisations to work collaboratively.

Care needs assessment

What do you think about how older people's care and support needs are assessed? (Presently older adults care needs are assessed by a health care professional who considers their ability to look after themselves safely, for example, washing, dressing, preparing meals.)

Care needs assessment should include the following essential components:

- Assessment of the level of dependency and the wellbeing needs of individuals;
- Establishing the will and preference of individuals as to how care and support should be provided;
- Establishing the least restrictive means of providing care and support;
- Establishing in a realistic and transparent manner the respective potential contribution of family members, community/neighbourhood networks and NGOs;
- Provision for choice of provider, where the services required are being purchased from private providers, to enable people to choose those that best suit their preferences;
- Establishing how best to link into statutory entitlement to public services.

Critically, the HSE Single Assessment Tool (SAT) needs to be fully implemented across all care and support decisions and should include housing — with a particular emphasis on people's supported housing needs. Given that people's care needs evolve and change over time, the assessment should not be once-off.

Service provision

How suitable are the health care services and supports for older people?

Access to acute medical care for vulnerable older people is of particular concern. The inadequate levels of rehabilitation and what appears to be unequal access to palliative care — depending on one's geographic location — need to be addressed as part of a revised structure.

The lack of legislation and policy to support equal access to primary care services has resulted in an *ad hoc*, unequal approach and, arguably, discrimination against nursing home residents.

High support housing does not usually feature as a recommended or referral option in the continuum of care options offered by health services.

The cost of care, particularly community care, increases with the level of dependency. In this regard, it is important to note that home-based care is not always the cheaper option but that in many instances it is the *best* option for the individuals involved. This warrants clear emphasis.

How suitable are the social care services and supports for older people?

The dominance of the Fair Deal system has impacted on the provision of home-based social care. The creation of an individualised person-centred funding system aligned to the single assessment process would help rebalance this anomaly.

The current predominance of for-profit home support companies (alongside for-profit residential care) also needs to be rebalanced. This would involve explicit policy direction and incentives that offer alternative flexible and innovative solutions to supporting older people in local communities: by, for example, building on social enterprise and co-operative models of support and providing public stimulation funding.

Long-term care should be provided within a fluid, needs based system. It should not be rigid or one-directional but should provide individualised packages that meet the needs of each person at the given time, allowing for regular and ongoing transitions and step-down, as well as step-up, supported care.

Care options

What do you think about the range of available services to support older people who live at home (e.g. meals on wheels, home support services)?

It is critical that we move away from the current binary choices of home support or nursing home care. There are many examples both in Ireland and internationally which demonstrate innovative, inclusive models. However, in Ireland these tend to be reliant mainly on local initiatives and ‘care champions’ and remain largely underdeveloped for want of adequate secure funding.

While Meals on Wheels provides a useful service for some, there should also be a focus on services and interventions that combat social isolation and foster community engagement, both of which are significant factors in people’s health and wellbeing.

CIB contends that there should be a much stronger emphasis on mainstreaming all services for older persons in central locations used by all members of a community. This is hugely important in order to avoid a ‘ghettoisation’ of older persons with care needs.

What do you think about the range of available services to support older people who live in nursing homes/residential care?

The current institutional model of residential care with its drift towards larger, primarily outsourced provision is a cause for concern. Well documented closures of smaller rural care homes, replaced by larger ones (frequently owned by international companies), may not meet older people’s care and support needs.

Notwithstanding the urgent need to move quickly to an alternative community-based model of nursing home care, it is realistic to acknowledge that in the short to medium term, the current nursing home model will continue to operate, with the private sector continuing to play a central role.

There is, therefore, a need to implement the draft design guidelines for residential care settings for older people (2023)⁴ which propose a move towards small scale units with more active involvement from hospital and community-based medical professionals — GPs, Geriatricians and Advanced Practice Nurses — and better access to a range of therapies typically required by nursing home residents.

Workforce regulation and safeguarding

What do you think about the number of staff available who provide health care services and supports for older people?

The proposed provision of minimum mandated staffing levels in residential long term care is a welcome development as a means of ensuring that care needs are adequately provided for. All elements of care should be relationship based: these elements are as important as clinical care and should therefore be measured and monitored accordingly.

The *Safe Nurse Staffing and Skill Mix*⁵ and the *Draft Design Guide for Long-Term Residential Care Settings for Older People*⁶ aligned to a full programme of transformation and education that acknowledges the role of all stakeholders — older people, staff and families — provide a necessary context for quality staffing in all care settings. These ongoing and dynamic initiatives should be mandatory for all care settings.

Inadequate numbers of trained staff in any care setting risks vulnerable people not being well safeguarded or not having their basic or complex care needs met in an appropriate, holistic and person-centred manner.

What do you think about the number of staff available who provide social care services and supports for older people?

The experience of CISs and the NAS is that the number of staff available to support older people at home is fundamentally inadequate in respect of the growing number of older people in Ireland who need additional care because of dementia or stroke or similar conditions.

A future-orientated ringfenced workforce plan is required in the social care sector, with performance indicators explicitly defining key milestones for achievement.

In addition, a wider social care plan is required. This plan should incorporate the provision of protected funding for NGOs whose main remit involves supporting people to remain in their own homes, including providing end-of-life care.

While three-quarters of people would want to die at home, less than one quarter currently have home deaths due to insufficient support for families and carers, inadequate access to care, poor coordination of care and inadequate resources to provide care⁷. All of these issues relate to staffing levels and resources.

⁴ Department of Health, HSE, HIQA (2023) Design Guide for Long-Term Residential Care Settings for Older People. [gov.ie - Public Consultation on a Design Guide for Long-Term Residential Care Settings for Older People](https://www.gov.ie/en/publication/2edf9-safe-nurse-staffing-and-skill-mix-publications/)

⁵ <https://www.gov.ie/en/publication/2edf9-safe-nurse-staffing-and-skill-mix-publications/>

⁶ <https://assets.gov.ie/279349/32ed7bba-7f19-4c39-988a-39747263eca4.pdf>

⁷ Irish Hospice Foundation (2023) Dying Well at Home Focus Group Report. [Dying Well at Home Report](#)

What do you think about the rules in place to keep older adults safe from harm in health care services and supports?

The proposals in *Adult Safeguarding in the Health and Social Care Sector*⁸ are a significant step forward but it will require energy and commitment to embed a culture of safe services so that safeguarding becomes fully integrated into the fabric of health and social care.

The mantra ‘safeguarding is everyone’s business’ is an important and necessary underlying principle in that it recognises the role all staff and volunteers have in keeping people safe and in knowing how to respond when an issue arises — such as a quality of care matter — or where abuse is suspected or alleged. At each stage along the spectrum of safeguarding, people will require different responses provided by different people, organisations and professions. As the risk of harm increases, the safeguarding response required to mitigate it also increases.

CIB has some concerns that in practice the policy focus on adult safeguarding being ‘everyone’s business’ may unintentionally result in it being ‘nobody’s business’.

What do you think about the rules in place to keep older adults safe from harm in social care services and supports?

The long waiting lists for home supports and the inability to get adequate home care is a significant issue for CIS and NAS clients. The challenges in the recruitment and retention of home support workers and the related level of unmet need is impacting negatively on already vulnerable older people.⁹ This is a potentially serious safeguarding issue as essential home services are increasingly under threat. This arises because of the likelihood of poor quality care and lack of attention to the specific personal needs of individual care recipients in a situation where care staff have insufficient time to engage with people, some of whom would have reduced decision-making capacity and/or communication difficulties.

Technology

What do you think about using technology (e.g. access to health records, remote monitoring of older people, the use of assistive technologies) to help meet the needs of older people using health care services and supports?

Technology is a key enabler to improving integrated care and team working and has the potential to greatly enhance self-care and access to health care professionals. The potential benefits of tele-health — e.g. remote video and telephone consultations — are clear. It can reduce travel time and staff costs, support timely medical intervention, reduce hospital admissions and facilitate early discharge through empowering patients with wearable technologies that can be monitored remotely by health teams.

CIB is of the view, however, that caution is required to protect the human and legal rights of vulnerable older persons, especially people living with dementia. Ethical considerations regarding use of surveillance and data sharing must underpin developments. People’s privacy and autonomy must be respected. Clear

⁸ Department of Health Public Consultation: Policy Proposals on Adult Safeguarding in the Health and Social Care Sector. [gov.ie - Adult Safeguarding](https://www.gov.ie/en/public-consultation/2022-03-23-adult-safeguarding/)

⁹ See for example, Department of Health (2022) Report of the Strategic Workforce Advisory Group on Home Carers and Nursing Home Healthcare Assistants. <https://www.gov.ie/pdf/?file=https://assets.gov.ie/237210/448892b3-36b4-4b7a-a41e-90368ff2345c.pdf#page=null>

policies and oversight arrangements must be put in place. Every effort must be made to get people's valid consent to any surveillance technologies, however potentially beneficial.

What do you think about using technology (e.g. access to health records, remote monitoring of older people, the use of assistive technologies) to help meet the needs of older people using social care services and supports?

The current policy of digitalisation of public services can be difficult for many older persons. For example, the closure of post offices, the move to online applications for public services and the payment of benefits directly to bank accounts means that many older people have lost some previously regular face-to-face interactions with services in the community, with attendant negative impacts on mental and physical health and wellbeing.

Targeted actions are required to address the specific age-related needs of older citizens particularly as regards enabling them to retain vital social connections and avoid being 'left behind' in an increasingly digital age. In addition, clear parameters around the integration of technology into caregiving should acknowledge that this cannot replace human connection in the provision of compassionate, person-centred care. Ongoing training of staff and family carers in this regard will require further investment by the State.

Funding

What are your views on the funding of health care services and supports for older people? (e.g. is funding enough, is it used the right way?)

The provision of acute medical care for vulnerable older people is a concern (e.g. long waiting times in A&E and in relation to elective medical procedures). CIB is not in a position to comment on the extent to which these waiting times are due to funding shortfalls, but such a situation is deeply unsatisfactory for both patients and staff.

The direction of health care — e.g. Enhanced Community Care (including the Integrated Care Programme for Older People and Community intervention teams)¹⁰ and initiatives such as Pathfinder¹¹ — is positive. But CIS experience is that the system remains underdeveloped and lacking in capacity to meet the medical and social care needs of many older people.

A ring-fenced accelerated programme of development is therefore required, focused on a greatly enhanced workforce attuned to the complex needs of older people across all settings, including emergency departments. In particular, hospital avoidance programmes¹² require additional resources by way of community-based geriatrician-led teams, including GPs, advanced nurse practitioners and social workers.

¹⁰ [Enhanced Community Care - HSE.ie](https://www.hse.ie/eng/health/ehc/)

¹¹ [gov.ie - Pathfinder Service - A new way to care for elderly people making 999 calls](https://www.gov.ie/en/news/2020/07/pathfinder-service-a-new-way-to-care-for-elderly-people-making-999-calls/)

¹² [Galway University Hospitals pilot successful Emergency Department avoidance programme](https://www.galwayhospitals.ie/news/galway-university-hospitals-pilot-successful-emergency-department-avoidance-programme)

What are your views on the funding of social care services and supports for older people? (e.g. is funding enough, is it used the right way?)

Long-term care is mainly financed from general taxation and personal contributions. Current funding arrangements clearly favour residential care. The cost of care, particularly community care, increases with the level of dependency. Home-based social care should not be seen as the cheap option, despite the fact that in some cases it can yield substantial cost savings to the State.

Realistic levels of funding are required to ensure that those with higher levels of need can access supports and services over and above routinely available services.

The challenge is to find a financing system for long-term social care that achieves similar levels of service supply in the community as in residential care facilities. The distinction between the funding of acute medical services and the funding of long-term social care and personal social services can result in the splintering of organisational responsibilities and therefore fragmented long-term care provision for older people.

Family/unpaid carers

When care is provided by family/unpaid carers to older people, how can it best work alongside the care provided by social care professionals?

The Programme for Government included a commitment to implement a Carer Guarantee — a core basket of services to all carers across the country — which has not yet been put in place. Carers continue to experience difficulties in getting services from health and social care professionals commensurate with need.

It is noted that the HSE in conjunction with Family Carers Ireland piloted a Family Carer Needs Assessment in Community Healthcare West.¹³ It examined how caring affects the family carer, how much care they can realistically provide while still allowing for involvement in other activities, and how identified needs can be addressed. The learning from this pilot should be applied with some urgency, taking into account issues highlighted by FCI that almost three quarters of family carers had never received respite care and that the people that they care for do not get sufficient formal support. One-third stated that their accommodation is not suitable to meet the needs of the person they care for. And families have no statutory right to respite care.

Final comments

Ireland's long-term care structure has not kept pace with protecting older persons' right to choose. The following key points are made:

- The matter of sustainable funding for long-term care needs to be urgently addressed with regard to respective responsibilities of the State and individuals.
- There should be stronger linkages between health and social care and housing solutions.
- Nursing homes should be more fully integrated into the local community so that residents remain active members of that community.

¹³ [The Pilot Implementation and Evaluation of the interRAI Family Carer Needs Assessment](#)

- The current system should be replaced over time with a continuum of care and support: more supports in people's own homes, high-support sheltered housing and small locally-based nursing homes.
- A sustainable long-term care policy and ten-year roadmap must be put in place — and implemented — based on legislation similar to the UK Care Act 2014 which places a general duty on local authorities to promote an individual's wellbeing.