



THE ALZHEIMER  
SOCIETY *of* IRELAND

**Submission to the Health Business Services on Pre Tender  
Market Sounding for The Provision of Enhanced Homecare  
Services**

***March 2016***



## Response to Proposed Approach

(Organisational Information included at the end of this document)

The Alzheimer Society of Ireland (ASI) welcomes the opportunity to address the proposed provision of enhanced home care services. The ASI is in a unique position as it works across the country in the heart of local communities providing dementia specific services and supports. In 2014 for example, we delivered home care to 1,357 clients; as well as providing approximately 100 additional community based services, supports and interventions. As a community and voluntary organisation, the ASI also brings with it a societal value and local community buy-in, identified through additional resources of funding, energy, endeavour, commitment and a volunteer base<sup>1</sup>.

### Section 1: Service Standards

#### Service and Dementia-Specific Standards

Since the existing service standards were first introduced, the ASI has demonstrated adherence to these, however there are a number of issues and these warrant consideration. Not least the lack of regulation; the current service standards are voluntary and not underpinned by regulation. The Department of Health has made commitments to this, most recently in the National Dementia Strategy (DoH, 2014) which states that 'the Department of Health [is] to formulate proposals and timelines for the regulation of home and community care services for older people'. It is incumbent therefore, from the outset, to align the provision of enhanced home care services with the development of home care regulation.

In addition, to ensure the optimum quality of care for people living with dementia, enhanced dementia standards are needed to reflect the complex care needs and additional resources required to meaningfully care for someone with this condition in their own home, from the point where home care is first needed through to end-of-life. These will meet the needs of the growing number of people living with dementia (currently 48,000 people living with dementia; 63% of these are living at home in the community).

Reflecting the distinct needs of people living with dementia, these enhanced dementia standards should focus on quality of care outcomes for the person, with continuity and a continuum of care as a cornerstone, alongside a person-centred and a human rights framework for the provision of services. In addition, these standard will provide guidance to service providers on evidence-based and quality home care services promoting the delivery of best practice.

The ASI, as the only dementia-specific home care provider in the country, incorporates a care model which offers quality care and value for money following identified best practice in this regard, including:

- Delivering person-centred care, respecting the person's right to dignity and autonomy where their needs and wishes are heard and respected.
- Providing a highly responsive and flexible approach to the person and their family carer – recognising that each person's experience of dementia will be different and their needs as a result will also vary, changing overtime as the illness progresses.
- A strong level of continuity of care, with appropriate staff training in dementia; ensuring that the person has the same homecare worker or workers i.e. currently 88% of the people who use ASI homecare services receive care from the same care worker(s).

The provision of homecare should not be considered in isolation and a whole systems approach and collaboration between providers is required to achieve a high level of personalised care for people with dementia, underpinned by an integrated care approach. This type of societal value needs to be heavily weighted. For the ASI this not only includes working alongside colleagues in other organisations/agencies/disciplines but also integrating homecare with other ASI community-based services and supports e.g. social clubs, day centres, dementia advisers, Alzheimer cafes; thus guaranteeing consistency of care.

---

<sup>1</sup> These are elements of societal value as identified by The Wheel (2016) in *Let's Commission for Communities*. Downloaded from <https://www.wheel.ie/sites/default/files/Commissioning%20for%20Communities%20Report%202016%20Web2.pdf>

## Training standards

The generic system of homecare does not ensure that those working with people with dementia have appropriate levels of dementia training. Dementia is a complex condition, with a wide range of symptom variance. Appropriate training is critical to ensure responsiveness to the changing needs and behaviours of the individual, to the subtle demands that can be made by a person with dementia which are frequently through non-verbal communication. This type of training enables care workers to respond appropriately, not only benefiting the client but also ensuring that they are fully supported to do their job. This can enable the person to live at home for longer, reducing unnecessary admittance to acute or long-term care services.

## **Section 2: Regional Coverage**

Any approach to the provision of homecare must also address the inequity of service provision that currently exists. A geographical lottery is in place where access to homecare is determined on non-standardised approaches to care needs assessment, to the allocation of local budgets and to the availability of care in a given area. Disparities can exist in the number of hours provided not only between CHO area, but also within them.

Ideally homecare provision within each of the CHO areas should be proportionally related to the growing dementia population within it, ensuring there is equity of dementia specific services regardless of what CHO area the person resides in.

In addition, and in order to ensure service providers don't cherry-pick or provide services in clusters, which is particularly connected to population density, economic grounds and cost efficiencies, there is a need to ensure that any successful homecare provider is obligated to provide services in lower populated areas, and to people with higher levels of care needs; undertaking this on an equal basis to less labour intensive homecare hours. The ASI has identified this as a common failing of the current tendering process.

## **Section 3: Cost**

### Additional Cost of Providing Dementia Specific Care

A concern for the ASI in relation to cost is the task versus needs-led approach. Evidence shows that people with dementia need an increased level of support and care to maintain their wellbeing, largely due to the progressive nature of the condition (Cahill et al, 2012), however there is no mechanism for taking this developing need into account in national resource decision, including Service Level Agreements. There is also no information routinely collected on the impact of the ageing process on resource usage to assist with resource allocation.

Research evidence also shows that there is a significant economic cost of dementia relative to other conditions (Cahill et al, 2012); a strong correlation between the level of engagement of care and the cost of that care. The enhanced needs-led dementia care approach which the ASI provides represents a 23% dementia premium on all hourly costs over and above what generic care provides.

Furthermore, in the coming years, additional demands are expected from state agencies including the Charity Regulator, HIQA, HAS and HSE, leading to increased demand for high levels of staff resources, compliance, governance, documentation management information etc. These will add to the cost-base of all dementia service providers.

### Client choice

The recently published Assisted Decision Making (Capacity) legislation should inform practice on involving clients in decision making around their care, this needs to be considered in relation to those who are viewed as 'unable or unwilling to choose individual home care packages'. This will then ensure that the person's rights to autonomy and involvement in decision-making are respected and adhered to.

The Consumer Directed Homecare proposal, we hope, will support integrated care across settings, enabled by money following the person to the most appropriate care setting.

Organisational Details						
<b>Organisation Name</b>		<b>Address</b>		<b>Website Address</b>		
The Alzheimer Society of Ireland		Temple Road, Blackrock, Co Dublin		<a href="http://www.alzheimer.ie">www.alzheimer.ie</a>		
<b>Contact Name</b>		<b>Telephone</b>		<b>Email</b>		
Emer Begley		01 2073800		emer.begley@alzheimer.ie		
Company Status						
<b>Sole trader</b>	<input type="checkbox"/>	<b>Partnership</b>	<input type="checkbox"/>	<b>Consortium</b>	<input type="checkbox"/>	If other specify
<b>Private company</b>	<input type="checkbox"/>	<b>Public Company</b>	<input type="checkbox"/>	<b>Other</b>	<input checked="" type="checkbox"/>	<b>Company limited by guarantee not having a share option.</b>

--Ends--