

Home Support Services: Preparedness and impact of COVID-19 on services

DOH and HSE Joint Paper

13th January 2021

Action required:

- For noting
- For discussion
- For decision

Approved for future publication: **YES**

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1 Introduction

There are characteristics particular to home care services and to those in receipt of home care that may put them at risk in relation to COVID-19 and which increases the risk of contagion across both clients and Home Support Services care staff. These characteristics include:

- Clients by their nature of age or other underlying conditions are at high risk of contracting COVID-19;
- High contact services i.e. significant levels of physical contact and close proximity between care staff and clients, particularly in relation to personal care;
- High level of physical interaction between care staff with multiple clients, and consequent risk of transmission from house to house;
- More intensive users of home support may require multiple care staff which may increase the impact of transmission (i.e. two or more carers as well as the client are at risk);
- Confirmed outbreaks among care staff may result in high levels of staff absenteeism due to sick leave and self-isolation requirements;
- To provide continuity of service, absenteeism may result in the need for higher deployment of staff, who may not be fully trained in care provision or in infection prevention and control (IPC);

Given these risks, a series of specific measures and guidance, both operational and in terms of public health measures, in relation to home support services have been identified and put in place throughout the course of the pandemic. Although there is no evidence to date of widespread outbreaks of COVID-19 within home care services, the HSE is currently assessing the impact of the current level of community transmission on these services with a view to ensuring the continuation of safe services to those most at need, whilst managing associated risk, and ensuring all required public health measures and operational supports are in place.

1.1 Home support Services (Background)

The HSE has operational responsibility for planning, managing and delivering home support services for older people and people with a disability at national, regional and local levels. Services are delivered either directly by HSE employed staff, or on its behalf by a combination of private and 'Section 39' organisations (i.e. voluntary/not-for-profit) providers who operate under service agreements with the HSE. Currently approximately 50% of home support is provided directly by the HSE, with the other 50% provided through private or voluntary providers. There are also many

home support users who self-fund entirely or self-fund additional support above the support provided via the HSE.

There has been sustained investment in home-support services in recent years, with approximately €630 million allocated in the draft National Service Plan 2021 to provide 24 million hours of home support.

NSP	Budget €	Home Support Hours Target	% Increase Budget	% Increase Hours
2017	€380.4m	16.70m		
2018	€416.9m	17.45m	+9.6%	+4.5%
2019	€445.7m	18.26m	+6.9%	+4.6%
2020	€487.0m	19.26m	+9.3%	+5.1%
2021 (draft)	€632.0m	24.26m	+29.8%	+26%
Increase 2017-2021	+€251.6m	+7.56m	+66.1%	+45%

In 2020 efforts have been made by the HSE to reduce the number of people on the homecare waiting list. Latest preliminary figures report that there were 2,385 people assessed and waiting on funding for a home support service (7,888 people were on the list in January 2020). The targeted reduction in the waiting list aims to mitigate the risk that individuals' circumstances will deteriorate while awaiting home care, or an increase to their homecare hours, which may in turn also increase the risk of that individual presenting at hospital.

1.2 Home Support Services (Reform Agenda)

A high-quality, consistent home-support service, focused on keeping people well in their homes and communities for as long as possible, is a key enabler to ensuring that people across a continuum of care get the right care, in the right place, at the right time. In this regard, it is intended that the new statutory scheme for the financing and regulation of home-support will provide equitable and transparent access to high-quality services based on a person's assessed care-needs. It will also provide transparency about service-allocation while ensuring that the scheme operates consistently and fairly across the country.

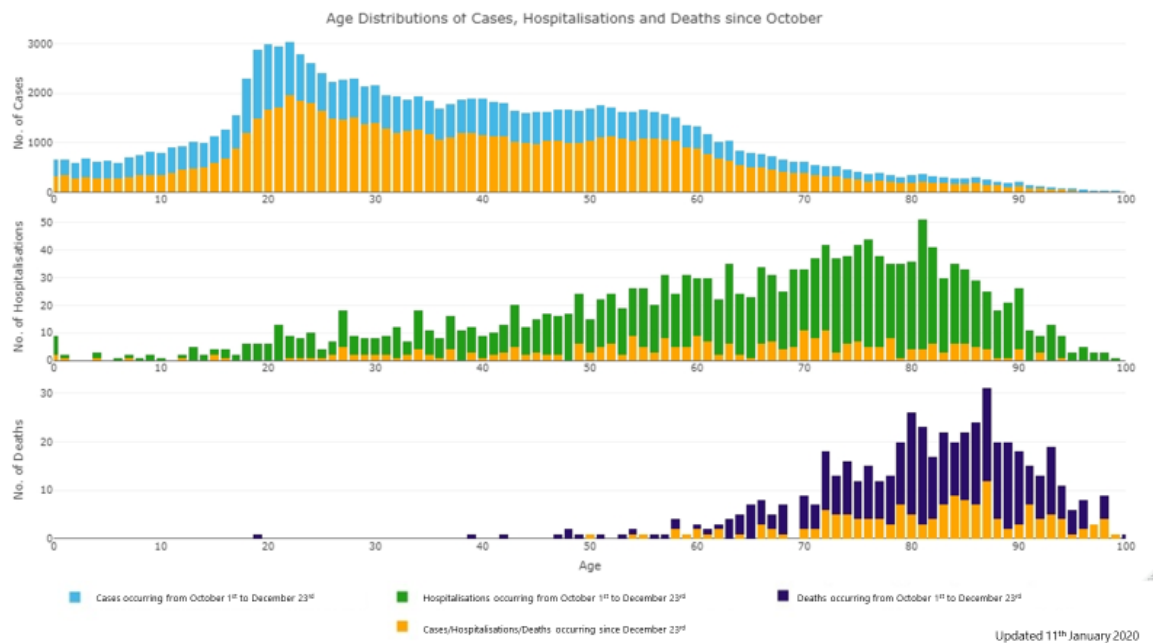
The system of regulation will ensure public confidence in the services provided as well as safeguarding service-users. Subject to Government approval, it is proposed to develop primary

legislation to provide for the regulation of home-support services through the licensing of publicly funded, for-profit, and not-for-profit providers of these services

Progress on the development of the scheme has been impacted by the diversion of resources as part of the response to COVID-19, delaying the pilot of a reformed model of service-delivery which was to take place in 2020. However, the Department remains committed to advancing this work as a priority, taking on board the learning from the response to COVID-19, in order to support people to age well and continue to live independently in their homes for as long as possible. The Statutory Home Care Scheme will be a key component in shifting care out of congregated settings and providing more care, for longer, at home.

2 Current Epidemiological Position – Home Support Service

The most recent CSO figures (2016) indicate that there are 637,567 people aged 65 years and over living in Ireland and COVID-19 has had a significant impact on them. The graphs below show the age distribution in relation to cases, hospitalisation and mortality since October 2020 (updated as of 11th January 2021) and the impact this is having on the population over 65 in terms of increased risk of hospitalisation and mortality.



HSS COVID-19 outbreaks linked to home care services

Outbreaks in the community are reported on an ongoing basis to the Public health Departments and through them to the HPSC. The HPSC publishes a detailed outbreak report on a weekly basis which details outbreaks in general and in specific settings.

These settings are grouped and categorised in the reports published for example, nursing homes, hospitals etc. Outbreaks in health care providers such as in-home care services are recorded in a category under 'other health care providers'. This reflects the small number of outbreaks over the course of the pandemic in these settings. Reporting on the detail of these specific setting types is on a request basis.

However, through the Departments of Public Health and the various community teams, more detailed characteristics and surveillance information of outbreaks is collected. The number of home care services associated with community outbreaks has been identified following detailed additional analysis of surveillance data by the HSE and the table below sets out the relevant CIDR data.

Year/Week		Number of Outbreaks	Number of confirmed cases associated with these outbreaks
2020	45	3	12
	46	1	2
	47	3	17
	48	2	5
	50	2	5
	51	3	18
2021	1	4	18
	2	1	3
Total		19	80

To note for surveillance purposes, the following COVID-19 outbreak definition is used for notifying COVID-19 outbreaks/clusters:

- There is a cluster/outbreak, with two or more cases of laboratory confirmed COVID-19 infection regardless of symptom status. This includes cases with symptoms and cases who are asymptomatic.

OR

- There is a cluster/outbreak, with two or more cases of illness with symptoms consistent with COVID-19 infection (as per the COVID-19 case definition), and at least one person is a confirmed case of COVID-19.

Assignment of the setting in which an outbreak occurred is carried out by the relevant public health department following assessment of all of the data available in relation to confirmed cases, their close contacts within a specified period and other relevant details.

3 Home Support Service and the response to COVID-19

3.1 Guidance

The HSE has produced the guidance “COVID-19 Outbreak Guidance for Home Help Staff and Personal Assistants (CD19-009 / 31.03.20)” which provides guidance to support home care workers (and personal assistants) to take the best possible infection prevention and control measures to protect the vulnerable people they care for and themselves from acquiring COVID- 19.

The following additional guidance is also relevant to the sector:

Organisation	Title of guidance	Website
ECDC	Infection prevention and control in the household management of people with suspected or confirmed coronavirus disease (COVID-19)	https://www.ecdc.europa.eu/sites/default/files/documents/Home-care-of-COVID-19-patients-2020-03-31.pdf
HPSC	IPC guidance for home support workers	https://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/guidelines/File,13739,en.pdf
HPSC	Guidance for health and social care workers	https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/healthandsocialcareworkers/
HPSC	IPC COVID-19 Guidance for family and friends (informal carers) who support people in their own homes	https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/vulnerablegroupsguidance/COVID-19%20Guidance%20for%20Family%20and%20Friends%20who%20are%20carers.pdf
HPSC	COVID-19 Guidance for Older People and others at risk of severe disease on reducing risk of COVID-19 infection	https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/vulnerablegroupsguidance/Guidance%20For%20Older%20People%20and%20Others-Reducing%20COVID-19%20Exposure%20Risk.pdf
HIQA	Standards on Safer Better	https://www.higa.ie/reports-and-

	Healthcare	publications/standard/national-standards-safer-better-healthcare .
HIQA	HIQA National Standards for IPC in Community Service	https://www.hiqa.ie/sites/default/files/2018-09/National-Standards-for-IPC-in-Community-services.pdf .

The HSE also provides the following training which is available to all approved providers of home care under the HSE tender framework:

- **Induction Guidelines and Checklists Revised for COVID-19 Pandemic** which sets out the responsibilities of line managers and employees with regard the induction process during this period was made available.
- Access to training materials developed by the HSE's Office of the Nursing and Midwifery Services Director (ONMSD) are available on HseLanD
 - Resource Pack Healthcare Assistants and Healthcare Assistants entering the Health Service in response to COVID-19 Outbreak 2020
- Access to training modules that are mandatory for provider staff, available on HseLanD to include
 - Mandatory training for Health Care Support Assistants – online
 - Manual Handling & People Handling e-learning theory module
 - Safeguarding Adults at risk of Abuse
 - Children First – online

The HSE has expanded access to HseLanD to also include temporary health service contract staff and volunteers.

3.2 Operational Supports in place

At the NPHE meeting of 31st March 2020 a series of public health measures to be implemented across the community including in Long Term Residential Care (LTRC) and home care were agreed.

They are set out in the table below:

<p>No. 1 Strengthened HSE National and Regional Governance Structures</p> <ul style="list-style-type: none"> Establish a national and regional (CHO) LTRC COVID-19 Infection Prevention and Control (IPC) Teams with an allocated IPC Advisor to liaise with each LTRC and homecare provider A local public health led Outbreak Control Team for each outbreak who will be responsible for data capture with support of LTRC via CRM system Provision of updated guidance including LTRC specific admission and transfer guidance Establish teams (per CHO), building on existing capacity where possible, to provide medical and nursing support to LTRCs Establish capacity and provide for teams of last resort (crisis support team to go into individual LTRC facilities as required) to provide staffing for a short period of time to ensure service continuity HIQA/MHC to risk rate all LTRC settings based on disease progression, environment and staff and liaise with national and regional governance structures and LTRCs as necessary in light of mitigating actions
<p>No. 2 Transmission Risk Mitigation in suspected or COVID-19 positive settings LTRC and homecare staff</p> <ul style="list-style-type: none"> HSE to provide support for appropriate alternative residence and transport for staff living in congregated domestic living arrangements involving other LTRC settings/homecare staff Minimise staff movement working across LTRCs Agencies and LTRC/home support providers agree protocols to minimise staff movement across COVID-19 and non-COVID-19 LTRC settings/home support clients
<p>No. 3 Staff Screening and Prioritisation for COVID-19 Testing</p> <ul style="list-style-type: none"> Prioritise LTRC staff/homecare staff for COVID-19 testing Each LTRC should undertake active screening of all staff (Temperature checking twice a day)
<p>No. 4 HSE Provision of PPE and Oxygen</p> <ul style="list-style-type: none"> Ensure PPE supply to LTRC settings and home support providers Access to oxygen for LTRC settings
<p>No. 5 Training</p> <ul style="list-style-type: none"> The HSE and LTRC settings support access to the provision of training for sufficient staff in IPC, use of PPE, use of oxygen, palliative care and end of life care, pronouncement of death The HSE and home support providers support access to the provision of training for staff in IPC
<p>No. 6 Facilities and Homecare Providers – Preparedness planning</p> <ul style="list-style-type: none"> Depending on size of LTCF or homecare provider designate a team or at least one full-time staff member as lead for COVID-19 preparedness and response LTRC settings have COVID-19 preparedness plans in place to include planning for cohorting of patients (COVID-19 and non-COVID-19), enhanced IPC, staff training, establishing surge capacity, promoting resident and family communication, promoting advanced healthcare directives

Since this time at an operational level the following operational measure are in place:

- (i) Every effort is made to ensure appropriate PPE is available to ensure continued provision of home support services, especially to those clients with higher priority needs. Delivery of PPE for home support services is made centrally to multiple drop points in CHOs who then distribute PPE to staff and providers. Current guidance on the use of PPE is available on the HPSC website and should be followed at all times. The HSE continues to supply face masks and enhanced PPE where required through the PPE supply chain established at local level. This process is working well and supply chain has been consistent. On average, the HSE is providing 1.75m items of PPE on a weekly basis to Home Support providers.
- (ii) In the event that home support staff become aware of a suspect or positive case of COVID-19 in a client in receipt of home support services or a family member resident in the same house, they are advised to contact their line manager for guidance and support.
- (iii) The HSE COVID-19 Response Teams and public health officials will provide any required assistance during a confirmed outbreak associated with a home support service.

3.3 Temporary suspension of services in Wave 1

Throughout the pandemic the HSE has maintained delivery of home support in line with public health guidance and in the interests of maintaining safety. As part of preparedness planning in early

March 2020 the HSE undertook a prioritisation exercise to examine the level of needs of home care service users. This exercise was undertaken in light of the then unprecedented challenges experienced, along with the Government's guidance on social distancing and on 'Cocooning' for those aged over 70 at the time. This process was focused on balancing the risk associated with providing a service versus the potential risk associated with the high rate of community transmission and a high contact service. Services users were categorised into four categories and this priority listing was determined by local public health nurses (PHNs) utilising the Barthel scale¹.

On 31st March 2020, the HSE directed each CHO to temporarily suspend home support services to clients assessed as Priority 3 and 4, where appropriate, in order to ensure that available support capacity was targeted at those with the most need, Priority 1 and 2 clients. Alternative community/voluntary supports were instead offered and provided as an alternative to Priority 3 and 4 clients. In addition, many home care clients voluntarily contacted their service provider to request them to suspend their service for this period of time.

Maintaining wider staff capacity was essential and home care workers, where possible, were also redirected on a temporary basis to support residential services. However, there was a relatively low level of redeployment, with reported data at end May 2020, indicating that 166 home support staff were deployed to residential care services, 61 directly employed and 105 employed by external voluntary and private home support providers.

3.4 Community Call

In line with the work of the NPHE Vulnerable Person's subgroup and taking a whole of government approach, the community support framework including the "Community Call" initiative in local authorities was set up to support people in the community to access basic essentials such as shopping or medication during this period. It links local and national Government with the community and voluntary sectors as part of this response.

Each Local authority (council) has established a COVID-19 Community Call Forum which works with State agencies and community and voluntary groups to provide supports or services to any vulnerable person who needs assistance. This can include collection and delivery of essential items like food, 'meals-on-wheels', household items, fuel or medicine (in line with guidance) and can also provide support if you are experiencing social isolation or are medically vulnerable.

¹ An ordinal scale used to measure performance in activities of daily living (ADL)

During the initial phase of its commencement it focused on older people and the most vulnerable, mobilising rapid response in every county to support those who require it. Over the course of 2020 the focus expanded to have a broader wellbeing and resilience focus. It remains in place currently and is there to support people during the current restrictions.

At national level, Community Call is overseen by a group with officials from the Department of The Taoiseach, the Department of Housing, Planning and Local Government, the Department of Rural and Community Development, the Department of Health, and the County and City Management Association.

4 Current impact on services and reprioritisation exercise

The spread of COVID-19 throughout our communities has posed significant challenges for many areas of our Older Person's Services, including Home Support Services. The current rates of community transmission of COVID-19 are putting increased pressure and risk on the delivery of safe services particularly in older people services (nursing homes, home support).

For many people, Home Support is an essential service and must continue to its fullest capacity, while taking into consideration current Government advice, social distancing and infection prevention and control (IPC) measures and the availability of staff within the context of the high levels of transmission in the community. A key challenge over the next number of weeks will be maintaining Home Support service delivery to those clients who require it most.

Each Community Healthcare Organisation (CHO), is presently conducting a prioritisation process, similar to that which was undertaken in the period March to May 2020, where service users are identified based on their level of need and placed into prioritisation categories ranging from Priority 1 (highest level of need) to Priority 4 (lowest level of need). This is to ensure insofar as possible, that Home Support services can continue to be delivered where required, while balancing the potential risk associated with delivery of a service of this nature to clients who may be at higher-risk of negative outcomes from COVID-19. Following engagement with the Office of the Chief Nurse in Department of Health, the prioritisation classification document has been updated as below:

Prioritisation Criteria for Homes Support Services v.2 Updated 8 January 2021			
Priority 1	Priority 2	Priority 3	Priority 4
Clients receiving 7-day service with low Barthel score, Hoist required and/or 2 carers several calls a day, palliative care clients. Clients with suspected or confirmed safeguarding issues Clients with cognitive impairment impacting on ADLs and presents risks within the environment	Not an existing 7-day service, 5 days. Receive assistance with toileting and personal care.	Clients who don't have a service daily.	Clients who have a 1-2 calls weekly service and have family and supports.
Family situation may determine support, e.g. may have elderly carer with no other family.	Minimal supports, Living alone.	Personal care clients who have support from family/friends.	Clients who have family and friends.
In some cases, client is isolated, living alone with no family.	If day centre and other groups are closed thus isolating client		
	Client may be living in isolated area		

During this period, should any services need to be reduced or suspended, remote contact is to be maintained, if necessary, to support clients/carers e.g. telephone consultations in order to ensure that any issues/risks are identified, and appropriate follow-up initiated. Following the NPHE meeting on 7th January 2021, the Chief Medical Officer noted in post-NPHE letter to the Minister that the enhanced mobilisation of community and support coordination services, through the COVID-19 Community Call Forum initiative, is vital for the coming weeks and months in order to provide community supports and safe wellbeing check-ins.

5 Current and emerging risk to the service

Key risks for the provision of home support services during this period are set out below. To note the roll out of the vaccination programme and the prioritisation of health care workers (including home support workers) and those over 70s as part of this, will mitigate some of the risks as outlined below.

5.1 Staffing availability

Staffing availability, within the current context, remains a key challenge for the system. The HSE is currently undertaking an assessment of current staffing levels with a view to understanding the scale of the challenge and identifying mitigating actions. The most recent data collected through CHOs indicated that approximately 500 (out of 15,000) or approximately 3% of home care staff are not available due to COVID-19.

(i) Derogation for the return to work of health care workers

The HSE provides guidance on '*Derogation for the Return to Work of Healthcare Workers (HCW) who are Essential for Critical Services*' which remains under review.

(ii) Flexibility within tender arrangement

Within the context of current staffing challenges arising from COVID-19 the HSE have introduced some flexibility around Quality and Qualifications Ireland (QQI) requirements for home support workers for a period up to 31st March in response to those staffing issues during the pandemic. The flexibility has been temporarily introduced with a view to supporting the continuity of essential and safe services and support those who need it, with appropriate safeguards in place. This flexibility can only be considered when providers have met the following criteria:

- The provider having taken and recorded all reasonable steps to provide the service with staff who have the required qualifications/training;
- Such staff have appropriate Garda Vetting completed;
- Such staff have demonstrated the required competencies to deliver the services required;
- Such staff are appropriately supervised to ensure services are delivered to the required HSE standards with particular emphasis on Infection Prevention and Control specifically Hand Hygiene and the use of Personal Protective Equipment;
- Any such staff retained after the current crisis must achieve the required qualifications within 18 months or leave the service;
- Records are maintained by Providers of any such arrangements, and are available to HSE as required.

5.2 Insurance issues

An issue has arisen for some private and voluntary home support providers whereby upon renewal of their insurance a liability arising from a COVID-19 or a communicable disease is excluded from their renewal cover.

This risk may intensify over the coming weeks and months as more insurance cover renewals fall due for providers. The Department is engaging with the Department of Finance in this regard and in relation to any interactions with insurance providers.

At an operational level, as a result, some providers are not able to deliver home support to clients with suspected or confirmed cases of Covid-19 to avoid the risk of liability in the event that their employees/clients contracting Covid-19 while delivering/receiving home support. In response to this the HSE is either (i) providing their home support service to clients directly or (ii) requesting alternative providers under their tender framework to provide these services to clients.