**Mandate of the Special Rapporteur on the rights of persons with disabilities**

**Call for input: Re-Imagining Services in the 21st Century to give effect to the right to live independently and be included in the community for persons with disabilities.**

**Ireland’s response**

**A: Policy Goals and Principles**

**1. What are the primary principles and goals that govern the provision of services to people with disabilities in your State?**

The National Disability Inclusion Strategy sets out a set of principles and goals to underpin public services and supports to people with disabilities. In total, the NDIS contains 128 actions, many of which align with Article 19 of the UNCRPD. These include:

**Equality and choice**

* Persons with disabilities are recognised and treated equally before the law. They have the same rights and responsibilities as other citizens
* People with disabilities make their own choices and decisions
* People with disabilities are treated with dignity and respect and are free from all forms of abuse
* Public services are universally designed and accessible to all citizens

**Joined-up policies and public services**

* Different public services work together to ensure joined-up services for children with disabilities
* Public services actively engage with people with disabilities and their representatives in the planning, design, delivery, and evaluation of public services

**Education**

* People with disabilities are supported to reach their full potential

**Employment**

* People with disabilities are encouraged and motivated to develop to the maximum of their potential, with a view to participating in further education and employment
* People with disabilities have the opportunity to work and have a career
* People who become disabled are given the supports they need to remain in or return to work if they so choose

**Health and wellbeing**

* People with disabilities are supported to achieve and maintain the best possible physical, mental and emotional well-being
* Mainstream primary, specialist and hospital services provide accessible information, communication, and facilities for people with disabilities

**Person-Centred Disability Services**

* Disability services support individuals to live a fulfilled life of their choosing, achieve maximum independence, participate in the everyday life and activities of their communities, and be active citizens
* Disability services are delivered to high quality standards and in line with international best practice
* People with disabilities are involved in the planning, design and evaluation of disability services

**Living in the community**

* People with disabilities are supported to live an independent life in a home of their choosing in their community

**Transport and accessible places**

* Persons with disabilities can get to and from their chosen destination independently in transport that is accessible to them
* Public transport in both urban and rural areas is accessible
* Persons with disabilities are able to access buildings and their facilities on the same basis as everyone else

These principles and goals reflect the UN Convention on the Rights of Persons with Disabilities, and were developed through an extensive consultation process with people with disabilities and their organisations. Indeed, people with disabilities and their representative organisations are centrally involved in the design of all principles and goals governing the provision of services. Further information on the methods used to facilitate this is provided in the answer to Q28.

**2. Have these principles and goals been modified to take explicit account of Article 19 of the CRPD on the right to live independently and be included in the community (e.g., personalization of services, personal and human support, assistive technology, accessible transport, access to housing, expansion of community-based services, emphasis on personal empowerment and choice).**

The principles and goals are informed by the UNCRPD and specifically Article 19.

**3. Are these goals linked directly to broader policy imperatives to ensure people with disabilities can take meaningful advantage of being in the community – such as the opportunity for employment and education, access to health care, promotion of natural or unpaid supports or community assets available to citizens without disabilities? If so, how?**

These goals underpin a suite of cross-government actions to promote the inclusion of people with disabilities in Irish society as set out in the National Disability Inclusion Strategy, and are linked to a series of related national strategies such as the Comprehensive Employment Strategy for People with Disabilities, the Housing Strategy for Disabled People, the National Access Plan for Further and Higher Education, the Transforming Lives reform programme in specialist disability supports and services, and the Time to Move On programme for replacement of congregated disability residential care with ordinary housing in the community.

**B: Service Delivery**

**4. Who primarily delivers services to people with disabilities (State, local government, private providers commissioned by the State, religious organizations, other, or a mix?). How do you see this mix changing if at all as a result of the UN CRPD in your country?**

Specialist community-based disability support services are publicly funded through the Health Service Executive (HSE). Not-for-profit organisations are the main providers of these state-funded services, some of which were originally established by religious bodies, others by parent groups, with the HSE itself providing roughly a fifth of services directly. There is a small share of state-funded services delivered through for-profit private sector organisations.

It is not envisaged that the UNCRPD would drive any particular changes in the current mix of providers.

**5. Who primarily pays for services to people with disabilities (State, local government, private providers commissioned by the State, religious organizations, other, or a mix?). How do you see this mix changing if at all**

The state primarily pays for services for people with disabilities, delivered through a range of voluntary sector bodies, the state itself (Health Service Executive - HSE) or the private sector.

**6. Describe generally how community-based providers are paid for the services they deliver (e.g., through general grants, through per capita funding, on specific services rendered, other means?). What changes, if any, are anticipated regarding the present payment methodology?**

The state enters into formal Service Agreements with voluntary non-for-profit service providers for delivery of specialist community-based disability services. A number of smaller bodies, where the scale or range of services provided is very limited, are funded via Grant Agreements.

**7. In what ways are principles and service goals communicated to the service system (e.g., in laws, service standards, staff training, funding incentives, means for compensating/penalizing service providers, and/or for assessing the quality of services?). Please describe.**

* Through the conditions set out in the Service Agreements entered into with providers. These are overseen by the Assistant National Director for Disability Operations
* The HSE as funder of disability services, has a specific section, led by an Assistant National Director, that is charged with advancing change and innovation in disability and mental health services
* The Health Act 2007 requires all residential centres for people with a disability to be registered. Under this Act the Minister for Health has made Regulations governing the standards of residential care services for people with disabilities. The independent Regulator, the Health Information and Quality Authority (HIQA), is responsible for the regulation of these centre and has also developed a set of statutory standards, which have a strong emphasis on human rights. The National Standards are divided into the following themes
* Individualised Supports and Care
* Effective Services
* Safe Services
* Health and Development
* Leadership, Governance and Management
* Use of Resources
* Responsive Workforce
* Use of Information
* The Health Information & Quality Authority (HIQA) as Regulator registers and inspects some 1,453 residential disability centres (including those providing overnight respite). Discussions with residents/service users is an intrinsic part of the inspection process.
* Interim standards for person-centred Day Services (New Directions model) closely follow the equivalent standards for residential services, and are being embedded through a continuous improvement process termed EASI - Evaluation, Action and Service Improvement.
* The underpinning policies on person-centred services, along with detailed guidance on delivery, are promoted on dedicated sections of the HSE website, e.g. the policy on moving from institutions to the community is set out at [Time to move on from Congregated Settings - HSE.ie](https://www.hse.ie/eng/services/list/4/disability/congregatedsettings/); policy and guidance on Day Services is set out at [New Directions - HSE.ie](https://www.hse.ie/eng/services/list/4/disability/newdirections/). This includes e-learning
* The state-funded Service Improvement Fund contributes to staff training, and embedding of person-centred values
* There are good relationships with bodies representing the voluntary service providers, which have played an important role in developing good practice guidance and learning programmes for their members around person-centred models of service. The state has also channelled funding through a not-for-profit body, Genio, to develop innovative models of practice, and promulgate good practice to the disability provider sector

**8. What new services, including those to support families, have been added to the available service array to advance principles consistent with Article 19?**

* A demonstration project on Personalised Budgets is currently underway
* Funding for Personal Assistance has been increased in Budget 2022
* Work is underway to identify which individuals with disabilities are inappropriately placed in nursing homes, and funding was made available in 2021 and 2022 to provide alternative community-based personalised supports for a number of such individuals
* Intensive respite support packages have been put in place to enable people with disabilities remain living in their own communities
* A demonstrator project for two Managed Community Neuro-Rehabilitation Networks (MCRN) and two Community Neuro-Rehabilitation Teams (CNRTs) is currently underway to ensure faster, more responsive and neuro specific rehabilitation services for people in the East of Ireland, with an aim to support people who require neuro-rehab back into the community and independent living.

**9. What practices, if any, have been adopted/encouraged to promote greater use of technology to personalise support to persons with disabilities (e.g., telehealth, remote monitoring, adaptive communication, artificial intelligence, etc.)?**

* During Covid-19, significant use was made of technology to provide virtual supports to disability services users, particularly when day services were closed for public health reasons
* In 2020 significant funding was given to Enable Ireland to operate a library of assistive technology devices on long loan for people with disabilities
* Funding was awarded in 2021 for the CREATE 2021 (Cooperative Real Engagement for Assistive Technology Enhancement 2021) of grants for digital assistive technology projects in the voluntary disability sector
* The Irish Government and HSE are working to develop a digital assistive technology initiative, in co-operation with the World Health Organisation

**10. In what ways are caregivers (e.g., family members, other informal caregivers) recognized and supported?**

* The Irish social welfare system has a range of income support measures for carers. These include Carer’s Allowance; Carer’s Benefit; Domiciliary Care Allowance (for parents of disabled children aged under 16); and an annual Carer Support Grant of €1,850
* The HSE funds a range of respite options, including residential respite, day respite, in-home respite, and summer programmes, to support carers and give them breaks to recharge their batteries

**11. Do you have a policy of personalizing/tailoring services to individual needs? How is the policy implemented? (e.g., through individual planning requirements? etc.).**

* The reform programme in disability services, called Transforming Lives, is centred on individualised person-centred services. This approach is underpinned in core policy documents like Time to Move On (residential services) and New Directions (day services). A government Task Force on Personalised Budgets has reported, and this approach is now being piloted.
* Regulation 5 requires that each person has an individualised assessment and personal plan, this regulation sets the expectation that residents are full participants in its development. In addition, the national standards for residential services require (Standard 2.1) that each person has a personal plan which details their needs and outlines the supports required to maximise their personal development and quality of life, in accordance with their wishes. Standards 2.1.1 to 2.1.9 provides guidance to providers in how these requirements might be met. Such as the review of the plan at least once a year, and if circumstances change; and the involvement of the individual in preparing their plan.
* Equivalent provisions are set out in the Interim Standards for New Directions, that cover disability day services

**12. Describe how much control people with disabilities have regarding the services that they receive (e.g., choice of who provides support, choice of where they live and with whom they live, control over budgets).**

* Delivery of individual services is informed by the individual’s person-centred plan developed in partnership with the person
* The choice of who provides a person’s services may be influenced by the geographic distribution of service providers, and availability of vacancies
* Regulation 9 sets out the obligations on providers of services in relation to upholding and protecting residents’ rights, while regulation 10 sets out key requirements in relation to communication supports and access to assistive technology, aids and appliances to support their communication. HIQA overview report for 2021 gives some key insights into residents’ rights and can be found in section 2.3 and 2.4 [here](https://www.hiqa.ie/sites/default/files/2022-08/DCD-overview-report-2021.pdf).
* In addition Regulation 24 ‘Admissions and contracts of care’ outlines the provision that as far as reasonably practicable residents should visit the centre in advance of the admission and the admission should be based on transparent criteria.
* Historically, there was little choice about where or with whom to live. As congregated services are reconfigured to community-based services, this is a key part of the preparation to move – see guidance at [Time to move on from Congregated Settings - HSE.ie](https://www.hse.ie/eng/services/list/4/disability/congregatedsettings/);
* On personalised budgets, see the reply to Q13
* See also Addendum which deals with services for older people.

**13. In some disability support structures, service users or families have an allocated budget which is devolved so they have control over how the funds are used to purchase eligible disability supports. Do you have or anticipate a policy of devolving budgets to the service user? Describe.**

The report of the Task Force on Personalised Budgets was launched in July 2018. The report set out how Personalised Budgets could work as a funding mechanism for people with a disability. This report recommended that the Department of Health, with the HSE, should establish a pilot project to test the delivery of personalised budgets - the aim being to identify the best approach to roll-out Personalised Budgets following this pilot phase.

Personalised Budgets can help to provide people with disabilities with greater choice and control over the services and supports they receive. A Personalised Budget is an amount of funding for an eligible person with a disability, so that the individual can make their own arrangements to meet specified support needs, as opposed to having their needs met directly for them by a service provider contracted by the State.

Earlier in 2022, Minister of State with responsibility for Disability, Anne Rabbitte, announced an extension to the Personalised Budget pilot until Q3 2023, with the accompanying evaluation process to be completed in Q2, 2024. This extension will also allow time for a robust evaluation to be completed. It is hoped that the pilot will have up to 180 participants who access a wide range of HSE funded services including residential, rehabilitative training, personal assistance and day services.

The Department of Health is excited by this Pilot and how it may shape the future of disabilities in Ireland and how people with disabilities manage and access the supports they feel are most important to them and help them live the life they want to.

**14. If budgets are devolved to the user, what kinds of supports are available to assist them, how are the administrative tasks minimized and is the individual given wide discretion on how the funds are spent?**

The funding for a Personalised Budget is allocated by the HSE. Funding can be spent on specific personal supports funded by the HSE such as employing your own support worker or having support staff at a time you choose. These supports will be agreed and identified in a personal support plan for each participant.

Funding cannot be spent on informal care from a partner or close relative or to pay for supports that would normally be provided by another Government Department or Statutory Agency, e.g. housing.

Personalised budgets on the pilot will be run off three funding models:

* A person managed fund
* A co-managed fund with a service provider
* A broker managed fund

In order to take part in the pilot, participants submitted an expression of interest. The HSE hope to reopen a call for expressions of interest in Q4 of this year.

The HSE team evaluate if an applicant fits the following criteria:

* Is an adult
* In receipt of HSE disability funded services
* The applicant’s services can, in the main, be unbundled

The HSE team then liaise with the applicant, relevant Community Health Organisation (regional HSE body) and service provider. The applicant then has their care and support needs assessed. During the pilot, this will be done by using one of two standardised assessment tools. The two assessment tools that will be trialled are InterRai and Imosphere.

Following this, if the applicant’s funding can be unbundled, they are eligible to participate in the pilot.

**15. Have you adopted any positive “wealth accumulation strategies” (e.g., innovative trust funds) to complement social provision? Describe.**

No.

**C. Monitoring and Oversight**

**17. Describe the types of data you collect on people with disabilities receiving services (e.g., numbers of service users, types of disability, service utilization, costs per person, quality of life outcomes, health outcomes, incidence of abuse, neglect and exploitation). Are these data gathered and reported in aggregate only or may it be disaggregated per person?**

* The Health Research Board is contracted to maintain a database of individuals who use or require specialist disability support services. In late 2019, a revised integrated database began, known as the National Ability Supports System, covering individuals with physical, sensory or intellectual disabilities or autism, who receive or require specialist disability support services. Achievement of comprehensive coverage was disrupted by the pandemic. This details numbers of service users, types or disability, types of service being received or required. Anonymised statistical data on individuals may be processed to establish relationships between different variables, e.g. usage of respite services by age, level of impairment, region, or age of primary carer
* The HSE provides regular data to the Department of Health on service use under different service headings, as detailed in the annual National Service Plan, as well as statistical information in relation to reported incidents. Unit costs can be estimated by dividing service costs by the number of service users
* HIQA publishes reports on each disability centre it inspects and whether inspected services are compliant, substantially compliant, or non-compliant, under the range of different headings detailed in the Regulations. These reports contain important information on service quality, as determined by an independent body. The annual overview report on its inspections of disability services in 2021 is at [DCD-overview-report-2021.pdf (hiqa.ie)](https://www.hiqa.ie/sites/default/files/2022-08/DCD-overview-report-2021.pdf)
* HIQA has also published an Irish Database of Statutory Notifications from Social Care which is a national data collection of the statutory notifications received by HIQA. The database brings together notifications received from specified social care services, primarily residential centres for older persons and people with disabilities, since the introduction an electronic system for receipt of notifications in 2013. The Database of Statutory Notifications from Social Care in Ireland facilitates analysing data in notifications at a national level and over time. By publishing the database it is hoped that it will be used to inform evidence-based policy making and practice, and to stimulate innovation in the provision of quality and safe care in residential care services. [Database of Statutory Notification](https://www.hiqa.ie/areas-we-work/Database-of-Statutory-Notifications)

**18. How do you enforce standards as they apply to service delivery providers (law, standards, incentives)? What do these standards focus on in the main? How are they measured?**

The independent regulator, the Health Information and Quality Authority (HIQA) inspects services against the statutory Regulations and in the light of the National Standards. Inspectors check to see residents

* are safe
* have their human rights respected
* are included in decisions about their care and support
* are provided with care and support that matches their individual health and social needs
* are living in suitable, fit-for-purpose environments and
* have a good quality of life.

Following an inspection, a report is compiled and providers of services are required to agree a Compliance Plan which details measures they will take to achieve compliance in areas that fall below the standard required. In addition to regular routine inspections, HIQA also undertakes targeted inspections on those centres where difficulties have been identified, as well as thematic quality improvement programmes inspections around certain issues (e.g. around any restrictive practices; and during the Covid epidemic, around infection control procedures).

HIQA has also established a residents’ forum, where inspectors meet with residents outside of the inspection process to hear their view on life in the centres in which they live. See report of 2019 [here](https://www.hiqa.ie/sites/default/files/2020-12/Resident-Forum-Meetings-Report.pdf) the video of 2021 [here](https://www.youtube.com/watch?v=fK1jr1I56lk). The 2021 report will be published at the end of October.

For **Mental Health** services, the independent regulator is the Mental Health Commission. There is a range of enforcement actions open to it that include

* seeking a Corrective and Preventive Action Plan
* Immediate Action notices
* A regulatory compliance meeting
* Conditions attached to registration
* Removal from the register
* Prosecution where an offence is suspected

Further details are at [Regulation | Mental Health Commission (mhcirl.ie)](https://www.mhcirl.ie/what-we-do/regulation)

**19. Do your compliance rules make it possible to disqualify those providers in breach of the standards from competing for future State support?**

If a disability service fails to meet standards for registration, the registration of the centre can be cancelled – meaning that that that provider can no longer provide that service. Effectively what has happened is that where a service has failed to meet standards for continued registration, and is unlikely to be able to attain those standards, the Chief Inspector will cancel the registration, and either the HSE takes over the running of the service itself, or invites another established disability provider with a good track record to take over the relevant service.

The Mental Health Commission may choose to remove a centre from the Register for failure to comply.

**D. Re-Shaping the Market/Challenges and Opportunities**

**20. Describe the major challenges you face in endeavouring to reform your system of services and supports for people with disabilities. Barriers might include workforce shortages, inadequate resources, lack of knowledge and training, weak infrastructure, and/ history of institutionalisation.**

* Good leadership, staff training and attitudes, and a genuine partnership with service users are key to achieving person-centred service reforms
* Successive HIQA reports have identified the association between poorer standards of governance and poorer overall compliance; and have highlighted the poorer outcomes achieved in congregated settings. Overall, however, standards have improved over the decade since the introduction of regulation and inspection in 2013.
* The **Disability Capacity Review to 2032** published by the Department of Health in 2021 detailed the challenges for service capacity arising from changes in the size and age-structure of the disability population, and a backlog of unmet needs as documented by the disability services databases. Significant additional resources have been allocated in recent budgets towards addressing these deficits, and work is well advanced on preparation of the first multi-year implementation Action Plan to address service capacity
* During 2021-2, challenges in recruiting and retaining staff have emerged as a particular issue
* More person-centred and small-scale services can come at increased unit costs compared to traditional group-focused models. There are challenges in simultaneously trying to raise service standards and quality, while at the same time progressively addressing shortages in services
* An overall shortage of housing, and the cost of housing and its adaptation, can be a barrier to making faster progress on deinstitutionalisation

**21. How is the COVID-19 pandemic and its aftermath reshaping the service delivery market? Explain in terms of changes in service expectations among service recipients and regarding impacts on the services available.**

* A lesson from the Covid pandemic is that people living in small-scale housing units in the community fared better than those living in congregated accommodation. This emphasises the importance of timely completion of the programme to close institutions and offer residents alternative housing in domestic-scale homes in the community
* While day services were closed during lockdown, service users were offered more flexible supports, including through enhanced use of digital technologies, and some home-based supports. Services reopened initially offering individuals reduced numbers of days of service to facilitate social distancing at day service centres and hubs. Research and consultation by the National Disability Authority with disability service users following their experiences over the period national public health restrictions were in place found feedback from some service users was that they preferred a more flexible approach, and others that they would prefer to attend for fewer days a week. A national project is underway by the HSE to follow up with individual day service users to ascertain their will and preferences regarding service patterns and forms over the week.

**22. Do you pro-actively seek out new kinds of service providers with new business models that emphasize person-centred practices?**

The main focus has been on encouraging and supporting existing service providers to adopt new person-centred models of service.

**23. Do you encourage service providers to adopt a ‘business and human rights approach’ to their endeavours?**

Human rights are a key focus of service delivery, and of the regulatory regime. HIQA takes a rights- based approach to inspection and has provided training to all its inspectors on human rights. It now forms part of the induction programme for all inspectors. In addition, HIQA has developed guidance and an on-line learning programme on a Human Rights-based Approach in Health and Social Care Services for use by providers and staff of centres.

**24. How do you incentivize innovative person-centred new providers to enter the market? Describe.**

The main focus has been on encouraging and supporting existing service providers to adopt new person-centred models of service.

**25. Do minimum wage laws apply in this sector? Is there a career advancement structure for workers in the sector?**

Minimum wages do apply. Research has shown Ireland’s health and social care workforce is generally paid above what is paid in comparable jurisdictions.

Most disability organisations, and the HSE, have a grading structure that allows staff to advance to more senior positions.

**E: Process of Reform**

**26. What lessons have been learned to build momentum, while minimizing resistance, for systems change consistent with Article 19?**

Leadership, communication, sharing of good practice examples, peer learning, good practice guidance. See for example the guidance materials

**27. Did you have an initiative to re-imagine services that includes service users (e.g. have you commissioned a Task Force?)**

A number of Task Forces/Working Groups involving service users have informed the reform programme, e.g. the Working group on Congregated settings; the Task Force on Personal Budgets; in addition there has been widespread consultation conducted to inform reform programmes like New Directions (Day Services). Large-scale consultation exercises with people with disabilities have been conducted to inform the National Disability Inclusion Strategy, and work on its successor programme, and the work on the Disability Services Action Plan which is being finalised. In addition, there are standing arrangements for consultation with people with disabilities and their representative organisations through Disability Consultative Committees in individual Government Departments; the HSE’s Disability Consultative Forum; and the Disability Stakeholders Group which inputs to and monitors the national Disability Inclusion Strategy.

**28. In what ways do you solicit the input of people with disabilities and family members in policy making, program oversight, strategic planning, etc. (e.g., national advisory councils, regional/local forums, surveys, webinars, etc.).**

**National Disability Inclusion Strategy (NDIS) and the Disability Stakeholder Group (DSG)**

The National Disability Inclusion Strategy Steering Group (NDISSG) monitors implementation of the Strategy. This Group is chaired by the Minister of State with Responsibility for Disability and includes representatives of relevant Government Departments and Agencies and the Disability Stakeholder Group (DSG).

Departments have established their own Departmental Consultative Committees (DCC) which meet in advance of each NDISSG meeting. DCCs consist of the relevant Department officials and representatives of the National Disability Authority (NDA), the DSG and disability organisations. DCCs have a mandate to monitor implementation by Departments of NDIS actions.

**Disability Stakeholder Group**

The Disability Stakeholder Group (DSG) is appointed by the Minister of State. Membership includes both members of disability organisations and individuals with a lived experience of disability. Several disabled persons organisations are also represented on the DSG.

The DSG has an independent Chairperson and plays an important role in the review and implementation of the NDIS.

**Disability Participation and Consultation Network**

The UNCRPD requires State parties to actively involve people with disabilities in policy development. It is important that the experiences and perspectives of people with disabilities are integrated into the development of policies and programmes so that they meet their needs effectively, and DCEDIY has an action under the NDIS to enhance the participation of people with disabilities in law and policy making processes.

The Disability Participation and Consultation Network was established in 2020 with government funding for an organising member and four grant-funded members (two of whom are DPOs) to support the development and work of the Network. The Network has a wide membership which includes disability organisations, disabled people’s organisations, individuals with disabilities and family members and support groups.

**29. What are the two or three strategic objectives you have to enhance the quality, availability, and effectiveness of services to people with disabilities in your state**

* Embed person-centred values and practices in the delivery of specialist disability services through the Transforming Lives reform programme
* Progressively address the deficits in level of provision of specialist disability services, relative to need
* Pursue the goal of supporting people to live ‘ordinary lives in ordinary places’ by progressive closure of congregated residential disability settings and replacement with domestic scale housing in the heart of the community

**Addendum – Care for Older Persons programme**

**Strategic reform in the model of delivery of care for older people:**

* The Irish Government’s strategic policy goal is to deliver a new model of integrated, older persons health and social care services, across the care continuum, supporting older people to remain living independently in their own homes and communities for longer, in line with the Sláintecare vision for receiving the right care in the right place and the right time.
* COVID-19 has also highlighted the important need to move to new models of care for older people. This will involve short and long-term reform across Government in order to provide new housing models, new ‘home-first’ care models, and where long-term care is needed, ensure that it is provided with innovative designs that can meet infection prevention and control requirements and provide an appropriate home for those who need this type of care.

**Enhanced Community Care Programme/Integrated Care Programme for Older Persons (ICPOP):**

A key recommendation of the Health Service Capacity Review 2018 is the shift of care out of acute hospitals into the community and closer to a person’s home, where safely possible. In pursuit of this goal, the Health Service Executive (HSE) commenced the implementation of the Enhanced Community Care programme in 2021.

The **Enhanced Community Care (ECC) Programme** is a strategic reform programme in line with Sláintecare proposals and priorities which seeks to deliver new and enhanced services and support the move toward a more community-centric model of healthcare.

The ECC Programme aims to deliver increased levels of healthcare with service delivery reoriented towards general practice, primary care, and community-based services. The focus is on an end-to-end pathway that will prevent admissions to acute hospitals where it is safe and appropriate to do so. For patients who require admission, the emphasis is on minimising hospital stays and improving outcomes, with post-discharge support for people in the community and in their own homes.

An annual investment of €195 million was allocated in Budget 2022 to enable the continued delivery of the Enhanced Community Care (ECC) Programme. The ECC funding will support the ambitious, programmatic, and integrated approach to the development of the primary and community care sector which, amongst other initiatives, includes: the development of primary care teams within 96 Community Healthcare Networks across the country, alongside 30 Community Specialist Teams for Older People, 30 Community Specialist Teams for Chronic Disease and national coverage for community intervention teams.

As part of the ECC programme, the **Integrated Care Programme for Older Persons (ICPOP)** model aims to shift the delivery of care away from acute hospitals towards a community based, planned and co-ordinated care model which is closely aligned to Primary Care and Acute sector partners. The objective of the programme is to improve the quality of life for older people by providing access to integrated care and support that is planned around their needs and choices. This supports them to live well in their own homes and communities without the need to access acute care settings. As of September 2022, 21 ICPOP teams have been established across Ireland.

**HSE’s Support Co-ordination Service, with ALONE:**

The HSE, in conjunction with the NGO ALONE, is continuing the roll out of a Support Co-ordination Service across the country. This Service will support older people to live well at home as independently, and for as long as possible, through support coordination and access to services such as but not limited to; practical supports, befriending, social prescribing, assistive technology, and also coordinate linkages to local community groups in their area. This service is being led out under the Enhanced Community Care (ECC) Programme.

These services will support the Enhanced Community Care model and facilitate all Community Health Networks to deliver a coordinated system of care, integrated around older people’s needs, by collaborating with the Integrated Care Programme for Older Persons (ICPOP) teams, and further expand the ALONE Community and Partnerships to co-ordinate and deliver services in each Community Healthcare Organisations (CHO).

The end goal of the Support Co-ordination Service is to improve the quality of life for older people by improving the access to integrated care through working with provider partners, statutory bodies, volunteers, in providing the right level of care, in a timely manner, in an appropriate location, ideally in a setting of older people’s choice.

**Healthy Age Friendly Homes:**

The Healthy Age Friendly Homes Programme is an innovative partnership between the local government sector (through the Age Friendly Ireland shared service) and Sláintecare in the Department of Health that commenced at the beginning of 2021 which saw the introduction of a new person-centric, robust, support co-ordination service.

This project represents an innovative approach in operating between housing services in local government, the health service, and community and voluntary supports. The overall objectives of the programme are to prevent early or premature admission to long term residential care; enable older people to continue living in their homes or in a home more suited to their needs; help older people to live with a sense of independence and autonomy and support older people to be and feel part of their communities.

Managed by a National Programme Manager, within the Age Friendly Ireland shared service, the pilot phase saw nine local co-ordinators working in nine host local authority-based sites around the country carrying out assessments of older people in their homes and living conditions, and delivering person-centric, integrated support plans to enable the older person to remain living independently. It was announced in Budget 2023 that funding has been allocated to roll-out the initiative nationally.

**Housing with Support Model:**

Housing with Support is defined as purpose-built, non-institutional accommodation, where older people have their own front door and where support or care services are available. Housing with support aims to enable older people to age with dignity by providing independent and accessible housing and by connecting them with services that meet their social and healthcare needs.

The Housing with Support model intends to minimise the admissions to residential care within a balanced community by providing a safe and affordable alternative for those with lower care needs. This new model of housing will provide greater choice for older people, and it is hoped it will enable people to live independently for longer.

The Department of Health, alongside the Department of Housing, Local Government and Heritage is currently supporting a housing with supports ‘demonstrator project’ in Inchicore in Dublin. This is a collaborative, cross-sectoral, and cross-departmental project that recognises the need for a joined-up approach to addressing the critical issue of creating housing choice for our ageing population, one that requires housing, social, and care supports to be incorporated into a single model. It is the hope that this project will act as a pathfinder project for future mainstreaming of this form of housing.