2nd January 2018

Deputy Thomas P. Broughan,
Dail Eireann,
Leinster House, Kildare Street,
Dublin 2.
e-mail: tommy.broughan@oireachtas.ie

Dear Deputy Broughan,

The Health Service Executive has been requested to reply directly to you in the context of the following parliamentary question, which was submitted to this department for response.

PQ 53576/17

To ask the Minister for Health the additional resources which are being provided in 2018 for homecare and respite services in view of deficiencies revealed by a recent RTÉ investigation; and if he will make a statement on the matter.

HSE Response

Respite Services

The HSE and its funded Agencies provide respite care to children and adults with disabilities. Respite can occur in a variety of settings for various lengths of time, depending on the needs of the individual service user, the family and according to available resources. Respite is not always centre-based and can be provided in a number of ways, e.g. Centre based; In-Home; Home-to-Home; Family Support, etc. As a vital part of the continuum of services for families, respite helps prevent out-of-home full-time residential placements, preserves the family unit, and supports family stability with the service users at the centre.

The HSE is very much aware of the importance of respite service provision for the families of both children and adults with disabilities, including the impact the absence of respite service provision can have on other services.

Unmet Need and growing demand

The provision of residential respite services has come under increased pressure in the past couple of years.

There is an increase in the number of children and adults that are seeking access to respite on the basis of general population increase. There is also increasing levels of complexity across the sector due to better health care interventions and supports. There are also “changing needs” due to the increase in the age of the presenting disability population.

As a result of a significant number of respite beds being utilised for long term residential placements, the numbers of people with disabilities in receipt of residential respite services and the corresponding number of respite nights have reduced in comparison to previous activity.
Further to the above, and within the Health Information and Quality Authority regulatory and Disability policy context, the way in which residential/respite services is provided has also changed as Service Providers are required to Agencies comply with standards. Capacity has generally decreased with a regulatory requirements for improved personal and appropriate space. In addition some situations beds are no longer available e.g. vacated by residents who go home at weekends or for holidays. This is due to regulation of these bed which, can no longer be used for respite. Implementation of the national policy on congregated settings (Time to Move on from Congregated Settings Policy) is also affecting capacity.

Targeted actions to improve supply

The need for increased respite and residential facilities is acknowledged and the HSE continues to work with agencies to explore various ways of responding to this need in line with the budget available.

The Minister for Health recently announced an additional €10 million for the HSE, specifically to enhance respite care in the disability sector. In accordance with the National Service Plan for 2018, the HSE commits to providing:

- Provide an additional respite house in each of the nine CHO areas which will support 450 individuals in a full year and 251 in 2018 (€5m).
- Provide 3 additional respite houses in the greater Dublin areas (CHOs 7, 8 and 9) to support a further 225 individuals in a full year and 143 in 2018 (€3m).
- Provide alternative models of respite to support 250 individuals with disability (€2m).

In addition, the HSE will continue to develop initiatives commenced in 2017:

- Better co-ordination of the existing residential base is undergoing improvements in terms of a) the establishment of Residential Executive Management Committees in each CHO and b) the development of an eHealth case management system that will facilitate more and better effective management and tracking of all residential and home support/emergency respite services across all CHOs and for each funded service provider. This will provide a detailed inventory/ bed register/ map of current service capacity.
- The national social care division will have in place guidance and supports for the operation of the above committees based on clear operating principles, including effective resource management as well as collaborative and partnership working/clear lines of accountability.
- The Social Care Division has also committed to further developing home sharing as a person centered and community inclusive type of support for people with disabilities involving the development of an Implementation Plan in 2017. This will address the priority recommendations of the National Expert Group Report on Home Sharing published in 2016. It will be led by the national designated disability lead in this area.

Home Support Service for Older People

The Home Support Service for Older People is highly valued by clients, their carers and by the HSE as they provide supports which predominantly assist older people to live independently in their own homes for longer and enables large numbers of people to return home following an acute hospital admission who otherwise would remain in hospital or would be admitted to long stay residential care.

The 2018 National Service Plan provides an additional investment of over €18m for home support services which will provide a further 754,000 hours and will support 1,170 people to leave hospitals.

With the approval of the Department of Health, the HSE has set about work on streamlining home care and home help services by moving towards a single funded home support service. This work will bring together the funding for home help and home care packages from 2018 so home care for older people will operate as a single funded service, called “home support services”. This new approach will provide significant benefits for the service users, the public and the health system, such as by making the services easier to understand, by streamlining application processes resulting in the requirement to make only one
application and decision for home support services for older people and will facilitate service users to move to changed levels of services as their assessed needs change without the need for an additional application process. The approach will also make activity data easier to understand.

Overall, in 2018, 17,094m home support hours are expected to be delivered to 50,500 people at any time.

In addition, Intensive Home Care Packages will be delivered to approximately 235 people at any time and will deliver approximately 360,000 hours in the full year.

The Department is currently engaged in a detailed process to determine what type of home care scheme is best for Ireland. This process will consider the future design of both the funding and regulation systems for these crucial services.

Given the importance of ensuring the robustness of comparative analysis, the 2017 national activity levels are also available in the new format so that direct comparisons can be easily made and verified between 2017 and 2018 activity. In 2018, some 17.094m home support hours are expected to be provided to 50,500 people, which compares with 16.34m hours projected to be delivered to 50,000 people (home help and home care package funded hours combined) in 2017, showing an increase of 754,000 hours and an increase of 500 people in receipt in 2018.

Home Support for People with Disabilities

The HSE provides a range of assisted living services including Personal Assistant and Home Support services to support individuals to maximise their capacity to live full and independent lives. While the resources for the provision of assisted living services available are substantial they are finite.

By end of September 2017, the number of adults with a physical and or sensory disability in receipt of a PA service was 2,387; while the number of children and adults with a disability (ID, autism and physical and sensory disability) in receipt of home support services was 7,270.

The HSE is committed to protecting the level of Personal Assistant (PA) services and Home Support services available to persons with disabilities. In the 2018 National Service Plan, the HSE’s priority is to provide 1.46 million hours of personal assistance to more than 2,000 people with a disability, representing an increase of 60,000 hours over the 2017 target of 1.4 million hours. The HSE will also provide 2.93 million hours of Home Support to adults and children with a disability, an increase of 180,000 hours over the 2017 target of 2.75 million hours.

Yours sincerely,

Dr. Cathal Morgan,
Head of Operations,
Disability Services, Social Care Division