Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Oifig an Cheannaire Oibríochtaí,
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25th March 2019

Deputy Kate O Connell,
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Leinster House,
Kildare Street,
Dublin 2.
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Dear Deputy O' Connell,

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

PQ 12179/19

To ask the Minister for Health if an audit of children or adults in long-term residential care has been carried out; the costs associated with the care and stay of such persons during their lives from entry to when they leave; and if he will make a statement on the matter.

PQ 12180/19

To ask the Minister for Health the cost of long-term residential care for a person with special needs under the care of the State and or privately in tabular form; the person or body provides such long-term residential care in terms of governance, ethos and management; if a list of the organisations will be provided; the details in relation to inheritance of assets by the organisations should a service user die while in care; and if same will be provided.

HSE Response

1. **Audit**

Whilst there is no centralised audit process in place, HIQA regulation and individual service reviews play an important role in the auditing of any residential service which a child or adult may access. In addition, service providers are monitored and managed through the governance framework of service arrangements as outlined below.

An audit carried out in 2009 of the National Intellectual Disabilty Database. (NIID) by Dr Phillip Dodd on behalf of the Department of Health and Health Research Board, was to validate residential places, assess the overall accuracy of information and collation of qualitative data contained within the database. Both the NIID and Physical and Sensory Database were subsequently decommissioned in 2018 and now are replaced by the National Ability Supports System, (NASS).

The NASS aims to compile data into one central location, deliver a variety of reports, assist in service planning and reflect the changes in how health services are being delivered. Of greatest benefit is the ability for service providers to upload information centrally and draw down a variety of relevant reports specific to their service. This will enable real time audits to occur across more than 2,000 service providers.

2. **Residential Services**

Residential services make up the largest part of the Disability funding disbursed by the HSE accounting for approximately 61% of the total budget of €1.9 billion in 2019.

Approximately 90 service providers provide residential services to approximately 8,000 people in residential services in Ireland throughout the country. The bulk of these are provided by the 50 highest funded agencies (comprising both Section 38 & Section 39 organisations)

3. **Cost of Care**

The manner in which funding is allocated/distributed by the HSE allows for a distinction between broad categories of funding such as services for older people, primary care and disabilities in general. It is important to note that Disability services are provided based on the needs of an individual rather than by the diagnosis of the individual or the actual type of disability or service required. However, the delivery of disability services are resource dependent.

Older People with special needs may be in the care of a Nursing Home. The average cost in 2018 of a nursing home bed (including public, private and voluntary) in Ireland (to include all items specified for inclusion in NHSS legislation) was €1048.86 per week.

4. **Residential Support Services Maintenance and Accomodation**

In Disability Services a long stay contribution known as the Residential Support Services Maintenance and Accommodation Contribution (RSSMACS) is paid by residents if he/she lives in a service run by HSE and section 38 agencies. This long-stay contribution came into effect in January 2017.Residents do not have to pay if they are covered by the Fair Deal scheme. It is a contribution towards the resident's living costs. Resident's do not pay if away on holidays or when in receipt of acute in-patient services (up to the point where the in-patient is certified to be medically fit for discharge from the acute hospital or unit, after which point, if the person remains in the hospital or unit, the services received there are RSSs). The amount paid depends on variabilities including the resident's income and outgoings and the type of accommodation being provided. (i.e Category A, B or C which are determined by the type and extend of nursing and / or medical care that the resident requires to meet his/ her needs)

It is important to note that each resident's requirements to meet their needs may change during their lifetime and the length of stay varies. However, it is possible that once an individual takes up a residential place they may require this for an extended duration.

5. **Inheritance of assets.**

There are over 8,000 people approximately in residential services in Ireland. The HSE is not aware of the exact number of these people who are Wards of Court. These are the only people whose assets may remain with the State. All others will have families who inherit any assets left by the person. There are several instances where families leave the family home to the organisations providing support to the son or daughter on the basis that they continue to look after their offspring. There are many bequests where significant assets are left to organisations for the care of people with disabilities.

6. **Governance.**

HSE Governance Framework

The HSE acknowledges the role and contribution of non-statutory agencies in the development and provision of health and personal social services and is committed to the development of effective working relationships as enacted by the Health Act 2004. That Act provides that the HSE may, subject to available resources, and on such terms and conditions as it considers appropriate, fund the services provided by non-statutory providers.

The HSE has established a Governance Framework to cover funding relationships with all Non Statutory Agencies. The framework was introduced in order to implement the legislative provisions of the Health Act, 2004 and to reflect the requirements for public accountability whereby the HSE is legally obliged to account for all public expenditure on health and personal social services thus developing improved governance, accountability structures and value for money. In this regard, the framework takes account of the 2005 VFM report of the Comptroller and Auditor General on disability funding. It is the policy of the HSE, that all funding arrangements with non-statutory agencies are formalised by complying with this Governance Framework which has 2 components:

Part 1 A Service Arrangement that is signed every 3 years by both parties and sets out the legal requirements that the agency must comply with to receive funding for the provision of services.

Part 2 – A Set of 10 Schedules which must be completed and signed by the Agency and the HSE which sets out the detail of the service and the exact funding that the HSE is providing for the delivery of this service. This Set of Schedules also identifies the quality standards and best practice guidelines to be adhered to in the provision all services, along with process for managing complaints in relation to service provision.

The service arrangement between the HSE and a provider is an important contractual document that sets out the quantum of service delivery and activity which is funded by the state and underpinned by governance and quality policy frameworks.

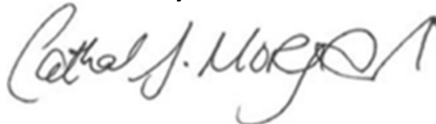
7. Residential Care going forward

The HSE acknowledges the need for increased residential facilities and continues to work with agencies to explore various ways of responding to this need in line with the budget availablility. A significant underlying challenge relates to the latent unmet need for residential and respite care, which exists in our services as a result of the absence of multi-annual investment during the economic downturn. At the same time, our national database figures indicate an annual requirement of 400 residential places per year to meet identified needs. As a result of this we are now experiencing a high annual demand for emergency residential places to respond to the most urgent cases on our waiting list.

In this context, a particular challenge in 2019 will be to maximise the capacity of the service to respond to residential care needs. A total of 8,568 places will be provided in 2019, representing an increase of 39 on the expected outturn for 2018. The service will seek to maximise current residential and respite capacity to ensure an appropriate response to emerging needs during the year. Emergency cases will continue to be addressed on an individual prioritised basis.

In recognising the service pressures and capacity issues in the sector, funding has been allocated in the 2019 National Service Plan to provide an additional 90 new emergency residential placements. Each CHO Area and all providers of residential services will be required to implement measures to maximise to the greatest possible extent, the use of existing residential capacity and improve overall value for money in this sector. A range of control measures have been implemented at CHO level over the past two years and these arrangements will be further enhanced in 2019 to ensure that all service providers at local level prioritise the placement of the most urgent cases including the most effective use of the 90 placements provided for in 2019.

Yours sincerely,



Dr. Cathal Morgan,
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Community Operations