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Deputy David Cullinane,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: david.cullinane@oireachtas.ie

Dear Deputy Cullinane,

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 29902/22

To ask the Minister for Health the estimated revenue and capital cost of an additional respite centre in each CHO.

HSE Response

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 and their family or carer, 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 potentially helps prevent out-of-home full-time residential placements, preserves the family unit, and supports family stability.

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

Unmet Need and growing demand

The provision of residential respite services has come under increasing pressure in the past couple of years due to a number of impacting factors such as,

- an increase in the number of children and adults who are seeking access to respite as a reflection of general population increase;
- increasing levels of complexity across the sector due to better and improved health care;
- an increase in the age of people with a disability resulting in people presenting with “changing needs”.

In addition, a significant number of respite beds have been utilised for long term residential placements due to the presenting complexity of the individual with a disability and also due to home circumstances, therefore, the numbers of people with disabilities in receipt of residential respite services and the corresponding number of respite nights has reduced when compared to previous activity.



A further impact to the delivery of respite has been in response to the regulation of service provision as set by the Health Information and Quality Authority regulatory and policy context. HIQA has established and set the way in which residential/respite services is provided requiring the Agencies comply with regulatory standards in order to meet regulation. Standards specify a requirement for personal and appropriate space impacting on the capacity and Statement of Purpose for a Designated Centre. This has had a direct impact on capacity where respite beds are no longer allowed within a residential setting e.g. vacated by residents who go home at weekends or for holidays, 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.

Funding

The manner in which funding is allocated/distributed allows for a distinction between broad categories of funding such as services for Older People, Primary Care and Disabilities in general. Disability services are provided based on the needs of an individual rather than by the actual type of disability or service required.

In 2020, funding allocated to respite services amounted to approximately €70 million and represents about 3% of total funding. This would be similar for previous years.

Estimates Cost of Additional Respite Centre

Revenue Costs

The HSE estimates that it would cost approximately €609,000 in annual revenue funding to develop a planned Respite Service, which would support approximately 50 individuals and provide approximately 500-600 bed nights in a full year. This figure takes into account the difference between cost per week-night and weekend, where 24 hr cover and weekend premium payments applies. The week-night cost assumes that the service user attends a day-service/school. This figure also allows for the fact that day services will be closed for 4-weeks per calendar year and additional hours for respite over "holiday-time", which would be a peak time for respite usage is included.

Additional once-off capital funding would be necessary to purchase/construct/refurbish/equip a suitable premises.

Capital Costs

HSE Capital & Estates informs that the process of developing an 'estimated all-in capital cost' for any capital projects is dependent on having an understanding of a number of important factors all of which will influence the potential range of costs. Consideration as to the size, scale and scope, if the project is to be new build or refurbishment, the site specific requirements vis-à-vis enabling / decant works which may be required, site specific statutory obligations, the extent of infection prevention and control measures, and the scope of ancillary upgrade and refurbishment works necessary are all critical factors in being able to determine an appropriate order of magnitude cost.

In the absence of this 'site by site' specific information, we can assume that on a cost per bed basis, a cost range in the order of €400k to €550k may be considered reasonable.

Disability Capacity Review

The HSE welcomes the publication of the Department of Health's "*Disability Capacity Review to 2032 -A Review of Disability Social Care Demand and Capacity Requirements up to 2032*". The Capacity Review provides detailed evidence of the extent of demographic and unmet need and provides detailed estimates of service and expenditure requirements for:

- residential care
- adult day services
- personal assistance and home support



- multidisciplinary therapies
- respite, and other community services and supports.

The Capacity Review emphasises the importance of a planned approach to meeting current and future requirements **and** the critical need for a multi-annual current and capital funding programme to secure effective and timely delivery, at the most reasonable cost. The HSE strongly welcomes this recommendation and agrees that detailed forward planning underpinned by multi-annual investment is required to ensure that services become available where and when they are needed

Yours sincerely

Bernard O'Regan

Bernard O'Regan
Head of Operations - Disability Services,
Community Operations