



## Public Provision of Home Care in Ireland

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# Outline of Paper

- Describe the current level of provision of publicly funded home care in Ireland.
- Revisit data presented in 2016 report – and status of recommendations.
- Drivers of demand for home care
- Revisit 2008/2011 Baselines to estimate deficit in provision
- Current national policy developments in home care provision.

# Outline of Paper (2)

- Freedom of Information Act 2014 –
  - Average waiting time for accessing home care
  - The gap between assessed need and actual home care delivered
- Potential of the Single Assessment Tool in delivering better home care
- Observations on data secured through the FOI request
- Recommendations

# Context-Home Care and Family Carers ?

- Home Help – Home Care Packages – Home Care Support - evolution
- 360,000 Family Carers – and increasing annually
- Sustaining the care – juggling work/caring and other responsibilities – economic pressures
- Stated health policy of delivering care at primary level – yet annual cost overruns are predominately from hospital care.
- Away from institutionalisation – yet this is slow and not cheaper.
- More ageing people living at home –but this puts more responsibility on families.

# 2016 Home Care Report

- **5 Key Findings**

- Data difficult to access
- Home Help to Home Care Packages
- More 30 min visits – more personal care
- Increase in overall provision over the past 15 years
- Lower accessibility since 2011/2012 reductions

## **Recommendations**

- 10 in all

# 2016 Recommendations

1	Short term: additional 1.55m home care hours to reach 2011 accessibility levels	Not met	Additional 1,540,000 hours delivered between 2016 and 2018. Ongoing demographic pressures however mean accessibility target is not met
2	Collection of data re number of home care hours delivered	Delivered	Reported in HSE Performance Data from Q1 2018
3	Medium term: additional 3.58m home care hours to reach 2008 accessibility levels	Not delivered	
4	HSE publications to use consistent terminology when describing home care provision	Progressing well	
5	Attempts to be made to assess the current volume of privately provided home care	No evidence of this being done	

# 2016 Recommendations (2)

6	Move towards the regulation of home care to be progressed during 2016	Progressing slowly	Minimum standards required to be approved provider. Home care review underway with a view towards regulation
7	Home care provision to be set up on a statutory basis	Progressing slowly	Home care review underway with a view towards statutory provision
8	Further analysis to be undertaken to explore the apparent material reduction in home help hours delivered per client	No evidence of this being done	
9	Department of Health to liaise with the HSE and other interested parties in developing more sophisticated models of assessing appropriate levels of home care provision based on international norms and agreed levels of dependency	No evidence of this being done	
10	Roll-out of the InterRAI Assessment Tool	Limited progress	Referenced again in 2018 <i>HSE Service Plan</i>

# Why a New Briefing Paper?

- Dept. of Health – Review
  - Statutory basis for Home Care?
  - Consultation – 2,700 responses
  - Sláintecare
  - Scoping exercise for 10 Country Review
  - NGO Collaboration (24)
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- Limitations/Exclusions – 65's and over - Does not include PA support or home care support for younger adults/families (Disability Budget)



# Drivers of Demand for Home Care

- 10% increase in provision 2016-2018
- V limited impact on accessibility – demographic pressures – 3-4% annually

(% of those aged 65 and over who access home care, also known As the utilisation ratio)

## **Other Variables**

- We are living well for longer ( reduced age related morbidity)
- Accessing private home care (tax relief €50,000 p/a @ 40%)
- Availability of family care
- Expectations of care levels
- Shift away from residential care? (Fair Deal less attractive?)

# Current Provision – Updating the Figures

- More detailed data available since 2016 in respect of Home Care Packages
  - 6 hours not 10 hours per week
  - We overestimated home care provision
    - By 1.6m hours in 2008 - 15.41m hours not 17.1m
    - By 3.2m hours in 2015 – 15.21 in 2015 not 18.42

# 2008 and 2011 Baseline Data

- 2011 – The squeeze on home care really began – 10% reduction in 2 years
- 2008 – Peak provision
- 2011 Baseline – 1.64m hours deficit in provision
- 2008 Baseline – 4m hours deficit in provision (18%)
- Deficit will continue or increase in 2018 and 2019 – unless....

Figure 1: Home care deficit – 2011 Baseline

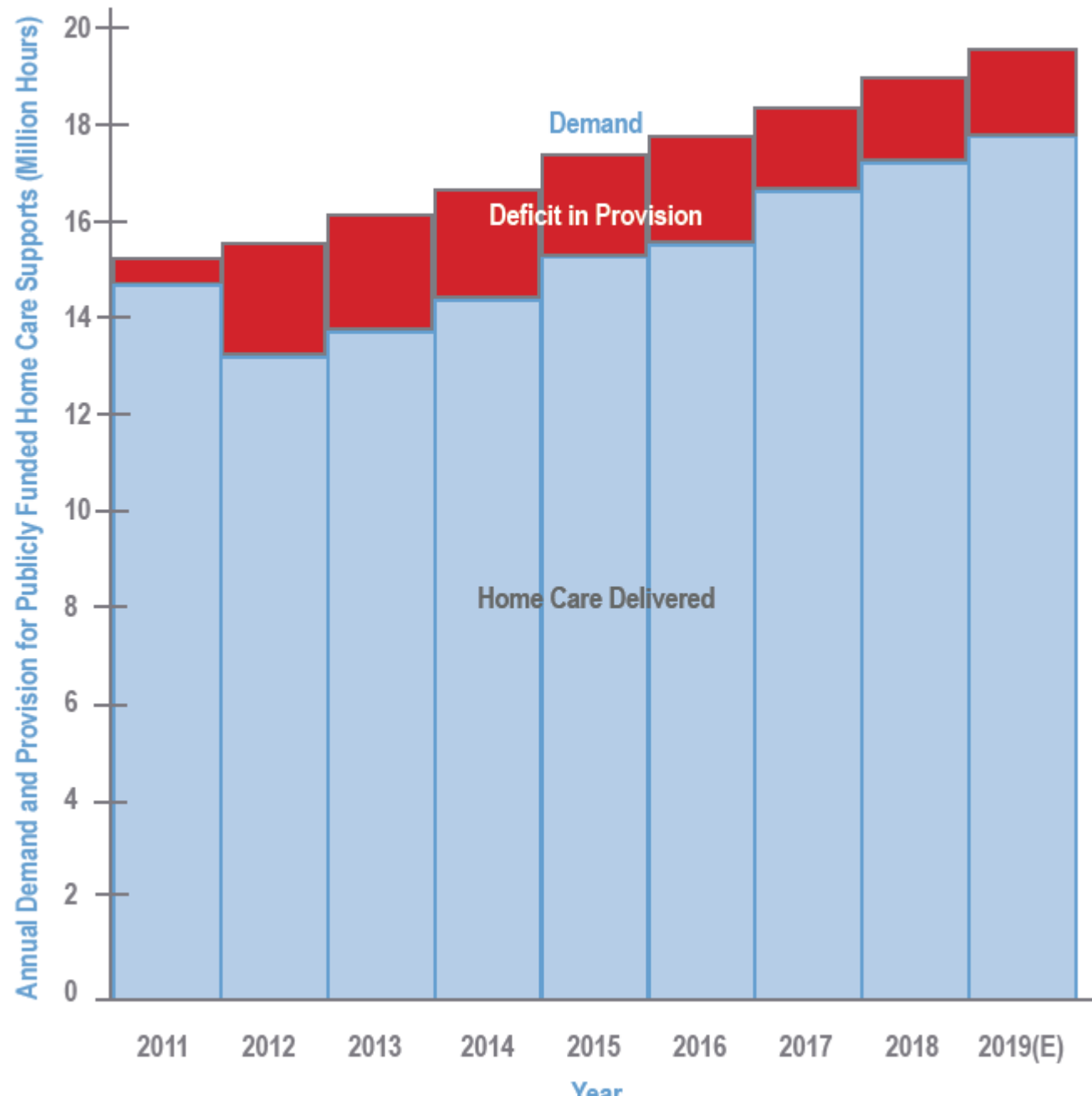
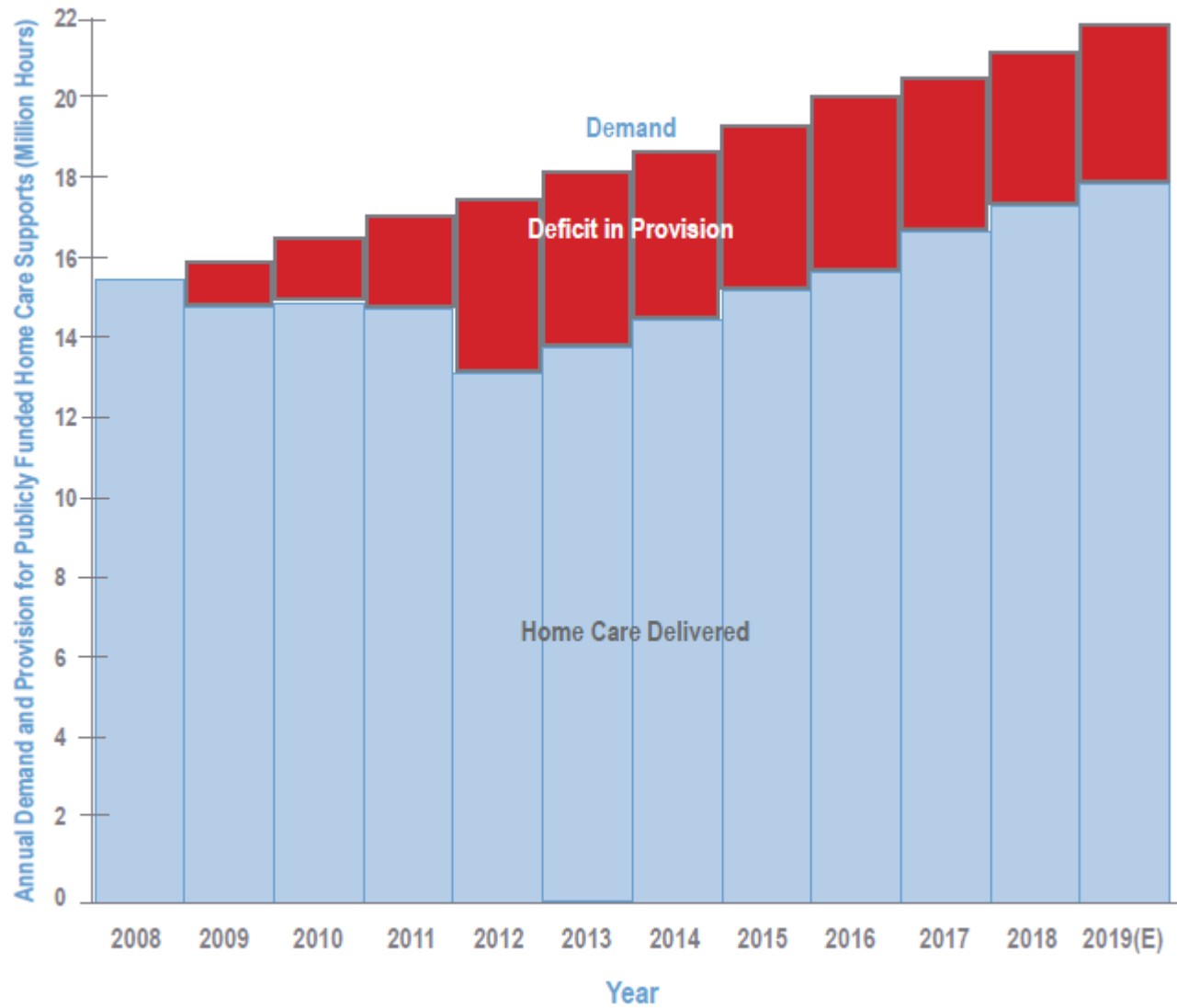


Figure 2: Home care deficit – 2008 baseline



# Accessing Data

- Freedom of Information Act 2014
  - Transparency - Accountability – Drive Quality?
  - July 2018- Modified Request

## Key Questions –

- **Not** No's on Waiting List – but
  - Duration on waiting list
  - Gap between assessed need and actual provision

# Accessing Data (2)

## **Modifications to Request Needed**

- Greater specificity – numbers, dates, parameters

## **Variable Levels of Engagement**

- 3/9 HSE Regions (CHO's) provided full information requested
- 8/9 provided some data (in 2 regions only part of region provided data)
- 2/9 refused some/all of request
- 2 areas - personal engagement – phone /email.
- 1/9 – no response.

## **Reflections**

- Administrative burden?
- Ignore - Refuse - Provide narrative (query relevance) but not answer

# Decisions to Refuse

- “Having considered your request, I have concluded that the HSE does not hold the records you seek in the form that could be collated to respond to your request without significant disruption to the work of the service in question.”
- “We cannot locate the records requested”



# Duration of Waiting Period

- Range – no waiting time to over 2 years (low priority)
- Average (6/9 regions, sampling) – 3.3 months.
- Prioritisation systems – palliative care

“It is not possible to calculate the time between when each application is received to when it is approved”

# Duration of Waiting Period (2)

HSE Region (Anonymised)	Response
A	6–9 months
B	Average of 24 days, immediate for end-of-life care (Note: Only one of four areas within the region responded)
C	FOI refused, modified request submitted, modified FOI refused. Appealed to internal reviewer, awaiting response
D	Priority cases 2–3 days, others circa 30 days
E	Request acknowledged but no response provided. FOI appealed to internal reviewer, awaiting response

# Duration of Waiting Period (3)

F	FOI refused, narrative provided
G	FOI initially refused, modified request submitted, data provided in full. Time spent is 53 days average (median 35 days, max 340 days)
H	No waiting list for high priority, 6 months for lower priority
I	Max 2 weeks for palliative care and high-risk/urgent situations. Average waiting list for others 3 months (Note: Only one of three areas within the region responded)

# Assessment of Need v's Actual Provision

- Only 4/9 regions provided data
- 15% estimated gap (excluding >6,000 on waiting list at the time)
- (Other estimates – >10% to 26%)
- International data collection?
- Does the 6,100 on waiting list include those getting some home care but approved for more?

## Assessment of Need v's Actual Provision (2)

HSE Region (Anonymised)	Response
A	85% of assessed need met
B	61% of hours requested met. (Note: Only one of four areas within the region responded)
C	FOI refused, modified request submitted, modified FOI refused. Appealed to internal reviewer, awaiting response
D	87–90% of assessed need met (hours not provided)
E	Request acknowledged but no response provided. Appealed to internal reviewer, awaiting response

## Assessment of Need v's Actual Provision (3)

F	Data not provided. Detailed narrative provided referring to prioritisation and move towards standardised assessment processes nationally
G	Original FOI refused, modified request submitted, data provided. 104% of assessed need reported to be provided
H	Data not provided. We were advised that the Public Health Nurse has discretion to increase to pre-approved maximum
I	Data not provided

# Single Assessment Tool

- 2009 beginning
- HSE Service Plans 2010 – 2018
- InterRAI
- Benefits
  - Capture quantitative data
  - Fairer allocation of resources
  - More objective assessment of needs
- Industrial relations ? (IT resourcing – not a priority?)

# Single Assessment Tool (2)

**Table 2: Selected references to the Single Assessment Tool in HSE Service Plans**

Year	Reference to SAT in <i>HSE Service Plan</i>
2010	Single Assessment Working Group ( <i>HSE Service Plan 2009</i> , p. 38)
2014	‘Service Priority – Implement a Single Assessment Tool (SAT). The first phase implementation will commence in 2014 with a minimum of 50% of all new entries to NHSS [Nursing Home Support Scheme], home care packages and home help schemes assessed by the SAT in the last quarter of 2014, with full implementation in 2015.’ ( <i>HSE Service Plan 2014</i> , p. 45)
2018	‘Continue to progress the implementation of the Single Assessment Tool (SAT) across all CHOs.’ ( <i>HSE Service Plan 2018</i> , p. 47)



# Observations on Data Secured from the FOI Request

- Data collection – somewhat successful
- Differences in approaches in regions – Assessment, Management and Provision.
  - Prioritisation categorisation
  - Focus on ‘something for everyone’ (no waiting lists) or ‘more focussed allocation’(high waiting lists)
  - Assessment based on resources not need?

## Observations (2)

- Failure to capture unmet need
- Move to a more flexible approach to allocation
- Accessing home care post 'allocation/approval'

# Summary of Data and Implications

- Increasing resourcing of 4%-5% annually needed to “stay still”;
  - Demographics – c3.25%
  - Wages, Regulation, Qualifications
- Resourcing and hours of home care delivered has been increasing substantially since 2013
- Access remains more difficult than it did in 2008

# Recommendations

- Roll out of the Single Assessment Tool (SAT – InterRAI)
- Increase in resourcing (€110m over 3-4 years)
- Family Carer Assessment (via InterRAI)
- Communicate with prospective clients
- Prioritise Review of Home Care
- Document level of private home care
- Assess reduction in home care provision per client
- Assess internationally optimum level of home care support

# Thank You

- Full slide set available to download at [www.carealliance.ie](http://www.carealliance.ie)

# Appendices

## Appendix 1

Table 3: Estimated home care deficit using 2011 HSE service plan targets

Year	Home Help (mhrs) Notional Demand	Home Care Package (equivalent hours, assuming 6 hrs per week, mhrs) Notional Demand	Increase for Demographic Pressures	Total Hours Needed Based on 2011 Target Service Delivery per HSE Service Plan (mhrs)	Total Hours Delivered (mhrs)	Estimated Deficit (mhrs)
2011	11.98	3.19	1.00%	15.17	14.62	0.55
2012	12.37	3.29	1.0325%	15.66	13.1	2.56
2013	12.77	3.40	1.07%	16.17	13.86	2.131
2014	13.19	3.51	1.10%	16.70	14.31	2.39
2015	13.61	3.62	1.14%	17.24	15.21	2.03
2016	14.06	3.74	1.17%	17.80	15.71	2.09
2017	14.51	3.86	1.21%	18.38	16.67	1.71
2018e	14.98	3.99	1.25%	18.98	17.25	1.73
2019e1	15.47	4.12	1.29%	19.59	17.85	1.75

### Notes

1. Assuming a 3.5% increase in hours provided in 2019.
2. mhrs = million hours.
3. Column 4 (Increase for Demographic Pressures) reflects the annual percentage increase in hours of home care needed to sustain the level of access (i.e. utilisation ratios). Demographic and other pressures are estimated at 3.25% annually.
4. e and e1 are estimates.

# Appendices

## Appendix 2

Table 4: Estimated home care deficit using 2008 HSE provision

Year	Home Help (mhrs) Notional Demand	Home Care Package (equivalent hours, assuming 6 hrs per week, mhrs) Notional Demand	Increase for Demographic Pressures	Total Hours Needed Based on 2008 Target Service Delivery per HSE Service Plan (mhrs)	Total Hours Delivered (mhrs)	Estimated Deficit (mhrs)
2008	12.60	2.81	1.00	15.41	15.41	0
2009	13.00	2.90	1.03	15.90	14.69	1.21
2010	13.43	2.99	1.07	16.42	14.78	1.74
2011	13.87	3.09	1.10	16.96	14.62	2.34
2012	14.32	3.19	1.14	17.51	13.1	4.41
2013	14.78	3.30	1.17	18.08	13.86	4.22
2014	15.27	3.40	1.21	18.67	14.31	4.36
2015	15.76	3.52	1.25	19.28	15.21	4.07
2016	16.27	3.63	1.29	19.99	15.71	4.28
2017	16.80	3.75	1.33	20.55	16.67	3.88
2018e	17.34	3.87	1.37	21.21	17.25	3.96
2019e1	17.91	3.99	1.42	21.90	17.85	4.05

### Notes

1. Assuming a 3.5% increase in hours provided in 2019.

2. mhrs = million hours.

3. Column 4 (Increase for Demographic Pressures) reflects the annual percentage increase in hours of home care needed to sustain the level of access (i.e. utilisation ratios). Demographic and other pressures are estimated at 3.25% annually.

4. e and e1 are estimates (2018 & 2019).