Chapter 45

Health Service Executive

Disability Services

Provision of Disability Services

45.1 In 2009, the HSE provided in the order of €1.6 billion to fund disability services. It distributes 75%, or €1.2 billion, of this through non-profit organisations who deliver over 80% of all disability services. There are 281 such bodies providing disability services in a variety of community and residential settings.

45.2 The funding provided by the HSE helps to support at least 53,326 disabled persons who are registered on the national disability databases[303], 8,997 of whom are in adult residential care. There are 24,707 disabled people availing of adult day services.

45.3 A previous report[304] found that the approach to the funding of non-profit organisations delivering the services is based on incremental increases and the cost of new placements. It noted that the risk with this approach is that the core funding allocation would, over time, become weakly linked to levels of identified need and as a result funding might not always be targeted to areas of greatest need.

Chapter Focus

The chapter reports the result of an audit to review

- whether the HSE has sufficient information to determine the level of allocation for disability services and
- at the level of service provider bodies, to what extent they can account for the cost of care for categories and individuals with disabilities.

HSE Funding to Service Providers

45.4 The audit noted that there had been no substantial change in the HSE's approach to funding non-profit organisations since these matters were examined in 2005. Annual allocations continue to be made by reference to historic levels of funding, adjusted for new service developments. Funding is also generally adjusted for pay inflation and budgetary provisions.

45.5 The HSE has, however, in the course of 2009 begun introducing new service arrangements designed to get more information on inputs and activities at the level of providers. This will, when developed, supplement information in two existing disability databases.

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303 As these databases are based on voluntary reporting, they do not represent the full extent of specialised service provision to people with disabilities.

304 Comptroller and Auditor General Special Report No. 52 - Provision of Disability Services by Non profit Organisations, December 2005.

Disability Databases

45.6 There are two primary disability databases– the National Intellectual Disability Database (NIDD) and the National Physical and Sensory Disability Database (NPSDD). The databases were established by the Department of Health and Children (the Department) to assist with service planning.

45.7 In the collection of information for each database, it is a requirement that disabled individuals (or in the case of NIDD their family/guardians) are interviewed by designated keyworkers/data collectors in the non-statutory sector or by the HSE. The information provided is entered onto the relevant database.

45.8 The databases currently collate statistical information from individual registered service users to provide

- a profile of persons with disabilities in each HSE area covering gender, age group, level of disability and residential circumstances
- the levels of services currently provided to individuals expressed in general terms
- identified service requirements for future years, again expressed generally.

45.9 Although the databases record information for individual service users, they do not capture the level of service required by each individual, in terms of the number, type and grade of staff required. As such, they do little to assist the HSE in helping to set funding levels for service providers.

45.10 In 2009, the Department and the HSE decided to review all databases and information systems for disabilities, with a view to integrating data collection, management and reporting systems to meet their planning needs and the requirements of the Disability Act 2005 and the conduct of individual assessments. However, this initiative was not progressed beyond planning stage.

New Service Arrangements

45.11 As part of new arrangements currently being introduced, service providers submit a range of information to the HSE setting out, for each location, within their service

- the staff numbers and grades employed, (e.g. medical, nursing, support, health and social care professionals and administration/management staff)
- the number of service users in care
- a profile of disabilities at the location.

45.12 The new service arrangements seek to obtain information on the intensity of supports needed. However, examination of a sample of those documents found that the intensity of supports needed by each individual with a disability is not identified in the new service arrangements.

Quality Standards

45.13 The new service arrangements between the HSE and service providers require services to be linked to the Health Information and Quality Authority (HIQA) standards, with continuous self-monitoring and HSE review. Currently, there is no independent inspection of residential centres for people with disabilities. The Report of the Commission to Inquire into Child Abuse, 2009[305] recommends that the Health Act, 2007 be commenced in order to allow for the independent registration and inspection of all residential centres and respite services for children with a disability.

National Quality Standards

The Health Information and Quality Authority (HIQA) published the National Quality Standards: Residential Services for People with Disabilities in May 2009. Prior to May 2009, there were no standards in place for residential centres for people with disabilities. In broad terms, the standards act as a guide to individuals and families as to what they can reasonably expect of residential facilities for people with disabilities. The standards are grouped into seven sections to reflect the dimensions of a person-centred quality service. The seven sections are titled Quality of Life, Staffing, Protection, Development and Health, Rights, the Physical Environment and Governance and Management and have a number of standards and associated criteria.

45.14 The Department of Health and Children (the Department) has stated, that, given the current pressures on the public finances, it would not be possible to move to full statutory implementation of these standards, including those relating to registration and inspection.

45.15 The Department and the HSE have suggested that the standards could be implemented on a non-statutory (i.e. voluntary) basis focussing initially on achieving improved standards of care within the existing physical infrastructure of care homes and current overall revenue and staffing levels.

Service Costing

45.16 An objective of the HSE was to establish cost norms based on service user needs and to allow cost comparisons between service providers delivering similar services. A necessary first step in achieving this is to generate comprehensive data. By the end of 2009, some 76% of service providers, accounting for 80% of present HSE funding to the sector, had agreed to participate in the new arrangements.

45.17 A sample of the information returned under the new service arrangements was examined. Inconsistencies were noted in how the services delivered and the associated staffing numbers and grades were reported, for example

- One service provider identified staff at a specific location but did not allocate those staff to units at that location
- Another service provider did not generally include grades of staff in its returns – without this information, it would not be possible for the HSE to determine the average cost of providing the service.

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[305] Report of the Commission to Inquire into Child Abuse, 2009, Implementation Plan (Action 40).

45.18 The Department and the HSE have stated that the costs of services in delivery units within service providers are being established as part of a review of disability services. The submission of incomplete and inconsistent data has required HSE staff, at local level, to carry out extensive validation work and to obtain directly from service providers information on the numbers and grades of staff employed in service provider units so that the pay costs for each unit can be established. Information on non pay costs is being sourced directly from the service providers by way of a detailed questionnaire.

45.19 The disabilities review is expected to address the standardising of HSE information required to be provided byservice providers in order to support evidence-based decision making by the HSE on future funding allocations and the calculation of costs per service user. The Department has stated that this has the potential to be further developed into the production of cost bands for the major categories of service user and service type.

Conclusion – New Service Arrangements

The new arrangements have the potential to enhance the information available for decision-making. However, the HSE needs to resolve the inconsistency in the information supply in order to enable meaningful comparisons and help it to determine the cost of providing services to defined categories of service users.

Information within Non-profit Organisations

45.20 Reviews were carried out in five disability service providers to establish whether and to what extent funds could be traced to service users. The bodies visited were St Michael's House, Daughters of Charity of St Vincent de Paul, St. John of God Community Services, Rehab Group and Irish Wheelchair Association.

45.21 In general, services are provided to groups of individuals of varying degrees of disability and costs attributed to those groups are allocated on a group basis. The audit found that the service cost for persons with similar degrees of disability varied from one service provider to another. Service providers were able to provide an estimated cost for individuals at a current date in a number of cases.

45.22 It was possible to link this cost with historic allocations to a limited extent in approximately one quarter of the cases examined. In those cases, while the original HSE funding allocation could be identified, subsequent adjustments to the allocation whether for specific service user needs or for general pay-related increases were difficult to isolate. However, a number of cases were identified where the current cost was less than the original allocation before indexing.

45.23 Examination of a sample of persons that ceased to be service users found that, in most cases, the HSE did not adjust allocations. Only where exceptionally large funding had been provided did the HSE seek to reduce funding to provider bodies when service users left.

45.24 Where service users left the providers' care, the latter usually sought to demonstrate that replacement service users, not being funded by HSE, had subsequently been identified to fill the vacated places though there was often a significant time lag in doing so. Service providers stated that they were not obliged to inform the HSE formally when service users left their care and that the HSE did not seek to effect a financial reduction to their allocation for persons that left.

45.25 One service provider, St. John of God Community Services, has piloted a methodology for arriving at a more precise resource allocation model. This development creates the prospect of service providers more closely relating costs to individual needs. Figure 206 summarises the St. John of God model.

Figure 206 Resource Allocation and Support Intensity Scale[a] Pilot Study in St. John of God, Community Services

St. John of God Community Services, as with other service providers, generally delivers its services to groups of individuals in disparate locations. It initiated a pilot study within the residential services in its Menni Service in summer 2009 to directly associate its financial and human inputs to the needs of individuals with disabilities within its care.

Key objectives of the pilot study were

- to identify a model to allocate existing financial and human resources to individual services users
- to identify a methodology to agree funding for new services with the HSE.

Underpinning the model is an assessment process using an individual 'Interview and Profile Form' that captures the needs of the individual under eight distinct support needs criteria. Within each support need criterion, the frequency of support, daily support time and type of support that the individual needs is also catalogued and a 'rating' awarded according to intensity of support. An overall rating is computed by summation of the component parts for the individual. All of the individuals in the location being assessed are awarded scores in a similar manner. These scores determine the support intensity of the individual on a scale of I-IV. The model then apportions the cost of providing the service to each location across the individuals being cared for, thus arriving at an annual cost of providing services to each individual.

A feature of the model, in terms of its potential to assist the HSE in budget allocation is that the financial resource requirement of an individual, assessed at any level of support intensity in one service provider, would be directly comparable to a similarly assessed individual with the same or a different provider. This could simplify HSE budget allocation.

Note:

a Developed by the American Association for Intellectual and Developmental Disabilities (AAIDD) in 2004.

45.26 The Accounting Officer of the Department stated that officials in the Department's Office for Disability and Mental Health (ODMH) are generally aware of the resource allocation and Support Intensity Scale (SIS) model and are keeping it under consideration in the context of policy proposals currently being finalised. The use of this or an equivalent methodology was also referenced at a recent workshop. The National Disability Authority had hosted a roundtable seminar last year attended by ODMH officials on the SIS model.

45.27 The Department will take into consideration the contents of a report entitled "Assessment Instruments and Community Services Rate Determination: Review and Analysis" prepared for the Colorado Department of Human Services (2006) which reviews the strengths and weaknesses of ten assessment tools used to establish tiered funding rates for residential and day services for people with intellectual disabilities. He understood that this report recommended the use of the SIS. The progress of the pilot in the St. John of God Community Services would be kept under review by the project team examining disability services to see what it might offer in the way of informing their deliberations.

Conclusion – Information and Allocation

It may be possible to get better measurability of services by adopting an approach on the lines of that being piloted by St. John of Gods Community Services. While the pilot study is not yet completed and to date it has only been used by the service provider to develop a 'rate'[306] within one of its service units, it expects the report of the pilot project to provide a method for prospective budgeting of new services.

The project offers the potential to determine standard costs in the case of disability services. It may also allow the HSE to compare and contrast service providers' application of funds in dealing with similar intensities of support levels. The HSE should keep this opportunity under review and consider the feasibility and contribution of the approach when the pilot is completed.

Statement of Services – Progress to Date

45.28 The Disability Act, 2005 confers on persons with a disability an entitlement to a statement of the health and education services that they require after they have undergone clinical and non-clinical assessment. The service statement is a statutory entitlement but the Act does not confer an entitlement to the services, however. This provision has only been implemented for children under five.

45.29 3,603 assessments have been completed up to December 2009 of which 3,151 met the definition of disability. Figure 207 shows the number of assessments of children under five years completed in each year since this Part of the Act was implemented in June 2007, together with those overdue at the end of each year.

Figure 207 Number of Assessments of under 5's Completed and Overdue for Completion

Result of Assessment	2007	2008	2009
Applicant meets definition of disability	61	1,395	1,695
Applicant does not meet definition of disability	7	159	286
Assessments Completed	**68**	**1,554**	**1,981**
Assessments overdue for completion as at 31 December	**-**	**627**	**884**

Source: HSE

Conclusion – Statement of Services

To date assessments have been introduced for children under five only. Even in this category, there are a considerable number of children who have not yet received their entitlement to an assessment under the Act. Overdue assessments stood at 884 at the end of 2009 (2008 – 627).

306 'Rate' is defined as the cost of providing service to an individual that takes their support needs into account.

Recent Developments

45.30 A review of the efficiency and effectiveness of disability services is currently being undertaken by the HSE, the Department and the Department of Finance. The Department has stated that the review will assess how well current services for people with disabilities meet their objectives and that it will support future planning and development of disability services.

45.31 The Department stated that a significant element of the project is a policy review focussing on the creation of a cost-effective responsive and accountable system to support the full inclusion of all people with disabilities and that the review proposals will outline the governance framework to support this, addressing issues such as management structures, allocation of resources on an individual basis, assessment of need, procurement/commissioning of services, quality assurance systems, management of risk and processes for review and accountability. The Department expects one of the cornerstones of the policy proposals to be a more equitable, evidence-based and sustainable method of resource allocation based on an assessment of individual need. The review is expected to be finalised by September 2010.

Conclusion

While recognising the variability in the needs of the client base of voluntary bodies it would be desirable to move towards a situation where funding is informed by standard costing.

The information gathered under the new service arrangements has the potential to allow for ratios to be calculated and used as part of annual discussions on allocations. However, data quality standards need to be enforced to ensure that the information base is fully reliable.

The resource allocation and support intensity scale model being piloted by St. John of God Community Services may offer the possibility, when the results have been fully evaluated, of establishing standard funding rates across the disability sector and achieving greater measureability in the administration of disability funding.