29th December 2016

Ms. Margaret Falsey,
Committee Secretariat,
Public Accounts Committee,
Leinster House,
Dublin 2.

Re: Nursing Homes Ireland

Dear Margaret,

I refer to your recent correspondence to Mr Tony O’Brien, Director General, HSE and the correspondence received by the Committee from Nursing Homes Ireland regarding the discrepancies in the Fair Deal fees paid to HSE nursing homes by comparison with voluntary and private counterparts.

I attach below a briefing paper that outlines the response to the issues raised and gives some background relevant to the Nursing Home Support Scheme (NHSS) and the reasons why there is a difference in costs across public and private provision. You should also be aware, as is outlined in the attachment, that the Department of Health is commencing a Value For Money (VFM) audit of public cost of care early next year as part of the implementation on the recommendations of the ‘Review of the NHSS 2015’.

If any further information is required please do not hesitate to contact me.

Yours sincerely,

Ray Mitchell
Assistant National Director
Parliamentary Affairs Division

Encl.
Response to PAC in relation to: - Issues raised by NHI on Public Residential Care costs for NHSS

1. Introduction
The Nursing Homes Support Scheme is a scheme of financial support for people who need long term residential care services. It replaced the various systems of support that existed prior to that i.e. Subvention for people in Private Nursing Homes or Long Stay charges for people in public nursing homes and contract beds. The scheme commenced on the 27th October 2009 and it aims to ensure that Long Term Nursing Home Care is both accessible and affordable for everyone and that people are cared for in the most appropriate settings. The systems of support that existed prior to the introduction of the scheme were acknowledged as being inequitable with different levels of funding support available to residents in the public and private systems. The Nursing Homes Support Scheme (NHSS) scheme was reviewed by the DOH in 2015, and the recommendations of the Review are currently being implemented. The funding available to the scheme is €940m net in 2016 and it is set to support over 23,100 residents at year end.

Under the NHSS, people who qualify following a care needs and means assessment, make a contribution towards the cost of their care and the State pays the balance. This applies whether the person is in a public, private or voluntary recognised residential care centre. **It is important to note that a person's assessed contribution will remain the same regardless of the choice of care provider and centre, and even if the costs of the service to the state in these centres vary.**

For the purposes of the scheme, long term residential care services are provided in approved private nursing homes and designated Public Community Hospitals/Community Nursing Units, as registered with HIQA.

2. Private & Voluntary Providers – Funding Arrangements
In regard to private and voluntary nursing homes, Section 41 of the Nursing Homes Support Scheme Act 2009 provides for the National Treatment Purchase Fund (NTPF) to make arrangements with the proprietors of private nursing homes in relation to the price at which long term residential care services will be provided to persons requiring such services under the Nursing Homes Support Scheme. Section 41 also provides for the NTPF to notify the Health Service Executive (HSE) of the prices agreed with the proprietors of private nursing homes and for the HSE to publish this information. Since the scheme commenced in 2009, it has been the practice of the HSE to publish the prices of care as notified each month by the NTPF. The NTPF rate for private nursing homes currently ranges from €685 to €1325 per week per bed.

3. Public Residential Provision & Cost of Care
There are 129 Public Community Hospitals/Community Nursing Units in operation around the country and 112 of these centres provide long stay residential care services, with an expected out turn provision in the HSE’s National Service Plan 2016 of 5,255 Long Stay Beds.
In regard to public nursing homes, Section 33 of the Nursing Homes Support Scheme Act 2009 provides for the making of charges in respect of care services provided by the HSE. Under Section 33(4)(a), the HSE can only include costs incurred by the HSE in relation to the provision of care services as defined in the Nursing Homes Support Scheme Act 2009. A weekly price for the cost of care in Public Homes is calculated based on the actual costs of operating the Public Community Hospitals/Community Nursing Units as opposed to a rate negotiated with the National Treatment Purchase Fund as HSE centres are not for profit services and are funded in line with their costs of operation.

The cost of care is determined on the following:
- Nursing and personal care appropriate to the level of care needs of the person.
- Bed and Board.
- Basic aids and appliances necessary to assist a person with activities of daily living
- Laundry Services

Services not funded under the NHSS Scheme:-
- All Therapies
- Social Programmes
- Incontinence Wear
- Chiropody
- Ophthalmic and dental services
- Dry Cleaning
- Transport
- Specialised equipment
- Hairdressing and other similar services

The range in the cost of running these beds on 1st January 2016 is from €884 to €2089. This is excluding two centres that are currently undergoing either bed closures or conversion from long stay to short stay beds and showing temporarily distorted cost of care figures – St Bridget Hospital Shaen and Abbeyleix District Hospital.

The majority of these centres also provide Short Stay Beds which are used for rehabilitation, respite, convalescent and palliative care. There are approximately 2,000 short stay beds available across public residential centres, many of them provided in conjunction with long stay beds in community hospitals etc.

4. Publication of Cost of Care

Section 33(2) of the Nursing Homes Support Scheme Act 2009 states as follows:

(2) Following consultation with the Executive, the Minister shall lay before the Houses of the Oireachtas details of the goods and services which constitute care services within the meaning of paragraph(a)(i) of the definition of “long-term residential care services”.

The Cost of Care for long Stay beds in Public Nursing Homes is monitored on a monthly basis. The publication of these rates is not legally required, but the Cost of Care for public nursing homes has been recently updated on the website, in the interest of transparency, and is attached in Appendix 1.
Prior to the commencement of the scheme in 2009, the scheme’s High Level Implementation Group established a Financial Monitoring Sub-Group comprising representatives from the Department of Health and the HSE for the purpose of ‘examining the cost components which should be encompassed within the overall price of a public long term residential care bed’.

Based on the recommendations of the Sub-Group, the then Minister for Health and Children, in accordance with the legislation, laid the details of the goods and services which constitute care services within the meaning of paragraph (a)(i) of the definition of long term residential care services, before the House of Oireachtas on the 29th October 2009. There has been no requirement to lay subsequent details of goods and services before the Houses of the Oireachtas as there have been no amendments to the details of goods and services since the commencement of the scheme.

Over the past number of years the cost of care for public nursing homes under the scheme as published on the HSE website was not updated as the HSE was undergoing a process to review all costs associated with both long stay and short stay care services provided in public facilities. This work was acknowledged in the ‘Review of the Nursing Homes Support Scheme, A Fair Deal 2015’ which stated as follows:

‘The HSE Social Care Directorate is trying to achieve greater consistency in quality and cost and to reduce inappropriate costs across its facilities, but in doing this it faces structural, operational and HR challenges. Significant progress has been made since the scheme was introduced to ensure that only those costs proper to the NHSS are funded from the NHSS budget.’

5. Difference in operating costs of Private NH and Public NH

It is acknowledged that there are variations in the costs of care provision in respect of public and private nursing homes, with public nursing homes generally having a higher cost of care. The main reasons for the difference in these costs are outlined below:

5.1 Service Provision Model- Significance of public residential care

The model of service provision for residential care for Older People in Ireland provides for a mix of public and private provision. As the service model has developed over the years the position is that Public Residential care is provided in a wide range of community hospital/ community nursing units, geographically spread across the country. These community hospitals provide long stay residential care in line with the Nursing Home Support Scheme (NHSS), however they also provide a wide range of other services including Short Stay beds for respite, convalesce and step down rehabilitation as well as day care services. Some of these community hospitals are also the base for the provision of other community based services including mental health, primary care, and ambulance services. It is also not uncommon that such residential services will provide other social services such as Meals on Wheels. While these are disregarded from the calculation of the cost of care and are not included in the costings referenced in this document it is important to recognise that the public community hospital /community nursing units provide this wider social service dimension to the provision of healthcare across our communities.
It is important that the HSE as statutory authority ensures the maintenance of an appropriate balance between public and private provision in the context of the points made above, to ensure that the state will always be in a position to provide for high dependent ill elderly in appropriate residential accommodation, irrespective of economic circumstances or market forces. Equally it is important in this context that an appropriate geographic spread of residential care is provided.

At present, under the NHSS scheme – almost 5,000 people reside in Public Community Hospitals/Community Nursing Units and over 18,000 people reside in private/voluntary centres i.e. Public community Hospitals centres provide 21% of longstay beds and this level of provision currently maintains an appropriate balance in the context of the points made above. The HSE wishes to maintain this important component of service provision to ensure that people residing in residential care have a true choice of care provider and regardless of their level of dependency that they can be assured that provision can be made for them appropriately and safely in a centre close to their own home and community.

It is also important to recognise that public community hospitals/community nursing units are a significant source of employment locally.

5.2 Variations in Public & Private cost base
In general basic pay rates are not substantially different between private & public provision. However, Public Community Hospitals/Community Nursing Units are obliged to apply public service rates of pay and conditions of employment for all staff which includes, statutory employer pension contributions, paid sick leave, maternity leave and increments etc. unlike the private nursing home sector, where employees will rely more on Department of Social Protection income, when on sick & maternity leave. These items alone can vary costs by up to 34% when comparing public and private pay elements of costing. Reduction in variation of this cost are outside the control of the HSE and must be taken into account in any comparative cost analysis.

5.3. Higher Dependent Residents
Public Community Hospitals/Community Nursing Units, in general, operate a no refusal policy for residential care placements unless specific, high level, one to one care is required and traditionally admit residents with higher care needs that are often refused by private nursing homes. The Acute Hospital system relies strongly on this process in order to place some of their more complex discharges to long stay care and this integrated approach across community hospitals and the acute service is essential in enabling effective acute care provision and reduction in delayed discharges in our acute system.

The ‘Review of the Nursing Homes Support Scheme, A Fair Deal’, May 2015, acknowledges that the ‘HSE long-term residential care facilities have the highest proportion of maximum dependent older people at just over 60% compared to that of private nursing homes with almost 35%. The most expensive of the HSE’s public nursing homes generally accommodate a cohort of young disabled adults. These patients are complex cases with high dependency requiring significant nursing care.’
As a result, Public nursing homes have higher nurse staffing levels in place in comparison to many private providers. Public nursing homes provide care to patients with high dependency levels and care needs, where their needs cannot be met in other care facilities. 
While recognizing that there can be higher levels of nursing care in public units when compared to private nursing homes, it is important to recognize that significant work has been undertaken in streaming the skill mix as well as the proportion of direct and indirect patient care and associated staff costs across our public facilities including conversion of agency staff to permanent staff where possible. This work is continuing building on the improvements achievable through Haddington Road and Lansdowne road agreements. In this regard the HSE are engaged with INMO and SIPTU under the auspices of the WRC service on three topics to reduce costs, improve efficiencies, and quality of service across public residential care centres:-

- Consistency in costs of Direct Care and Nurse to Health Care Assistant ratios across all Public Community Hospitals/Community Nursing Units - discussions on-going with unions rejecting all HSE options to date.
- Proposed new Nurse Management structures – proposals to be provided for consultation with unions by mid-January 2017.
- Task transfer process to improve quality of services – independent chairperson appointed on Dec 7th to progress discussions.

5.4 Reductions in Long Stay Public Beds Numbers
Many Public Community Hospitals/Community Nursing Units were required to reduce bed numbers since 2009/2010 to comply with Residential Care Standards but it has been more difficult to achieve a similar reduction in fixed costs. A total of 405 long stay public beds and 171 short stay beds have closed since 2011 primarily due to the requirements of health and safety related standards and HIQA compliance i.e. moving away from nightingale type wards particularly in second and third floors of centres and reduction in the bed numbers in multi-occupancy rooms.

5.5 Environmental Implication on Staffing Levels:
In recognition of the need to modernize/replace a significant number of Public Community Hospitals/Community Nursing Units and to improve their environments in line with HIQA standards, substantial capital funding has been committed in the period 2016-2021 through the Capital Plan to do so, Appendix 2. The current environment and layout of many centres brings challenges to staffing levels due to layout of rooms, independent rooms and wards in different buildings, inadequate space and aids and appliances, etc. The development over the coming years will support a best practice workforce model and take away individual centre staffing issues driven by a less than optimal environment, to provide the required services.

5.6 Reliance on Agency Staffing
Due to the public sector recruitment moratorium which has been in place for the last number of years, the public residential care sector has relied on the use of agency staff to maintain safe levels of service. Currently such reliance on agency staff is being reduced steadily with staffing requirements being met
through contract arrangements, a factor that will be intensified once agreement on staffing level norms and skill mix has been reached.

5.7. Geographical provision of residential placements

In rural areas, long stay beds are provided for geographical reasons which have not proved profitable for private provider to supply eg. Achill Island, Caherciveen, Castletownbere, Centres in Donegal and Mayo etc.

5.8. Value for Money – Policy Review

The ‘Review of the Nursing Homes Support Scheme, A Fair Deal’ recommends that ‘a Value for Money and Policy review will be carried out by the Department of Health which will focus on the extent to which the existing cost differential can be attributed to inherent differences between public and private sector cost structures (e.g. pay levels), and should identify and analyses the reasons for the existing differentials.’ The HSE understands that the Department of Health are currently considering this recommendation and set to commence same in early 2017.

6. DOH - Review of Nursing Home Support Scheme.

In 2015, the Department of Health published a review of the NHSS, with a number of key recommendations which are in the process of being implemented. An Interdepartmental Group has been established by the DOH to implement the recommendations of the report. The HSE is leading out the recommendations in relation to reviewing the administration process around the NHSS Scheme while the NTPF are involved in reviewing the pricing models. The DOH are arranging to carry out a Value for Money review of the NHSS Scheme which will take place in 2017. Some of the recommendations of the report will require legislation changes.
## Appendix 1:

**Nursing Home Supports Scheme**

**Cost of Care in Public Nursing Homes**

**Effective from 1st January 2016**

<table>
<thead>
<tr>
<th>Name of Public Centre</th>
<th>Address 1</th>
<th>Address 2</th>
<th>Address 3</th>
<th>Cost of Care€</th>
</tr>
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## Appendix 2:
Breakdown of Capital Programme by Community Healthcare Organisation (CHO)

### Appendix 2.A - CHO 1

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**TOTALS** | **€41.31m** | **€38.50m** | **11** | **2** | **4** |
## Appendix 2. B - CHO 2

### CHO 2 REQUIREMENT - RESIDENTIAL CARE CENTRES, CAPITAL PLAN 2016-2021

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