



An Fóram Náisiúnta Eacnamaíoch agus Sóisialta
National Economic & Social Forum

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summary

Implementation of the Home Care Package Scheme

NESF Report 38 · September 2009

Introduction

The National Economic and Social Forum (NESF) is a social partnership organisation¹ which advises the Government on policies to achieve greater equality and social inclusion. It also studies the most effective ways to implement policies. This leaflet summarises the findings and recommendations of its 38th report, *Implementation of the Home Care Package Scheme*.

Why focus on policy implementation?

There is quite often a gap between the policy that is planned, and what is put into action. To make sure that policies are effective, it is important to look not only at the results of a policy, but also at the processes put in place to lead to these results.

This Report investigated implementation of the Home Care Package (HCP) scheme as a case study of Irish policy implementation. The learning from this case study, and others, will be drawn together to inform best practice on Irish policy implementation overall.

Methods

The NESF set up a project team of social partners, chaired by Professor Tony Fahey of UCD, to look more closely at implementation of the HCP scheme. Material was gathered through interviews with those working on HCPs, focus groups, questionnaires sent to eight HSE Local Health Offices (LHOs), and 100 submissions from the general public and others.

1. The Forum is made up of 60 social partners, who represent employer, trade union and farming organisations; the community and voluntary sector; members of the Dáil and Seanad; and representatives of central Government, local Government, and independent experts.

What is the Home Care Package Scheme?

The Home Care Package scheme is a scheme operated by the HSE which provides care in the home, mainly for older people who are at risk of admission to long-term care. A HCP can include nursing care, home help and/or various therapies such as physiotherapy and occupational therapy. Each HCP is tailored to the needs of an individual, based on their medical condition and the level of care they need. So in some packages there might be more home care while other packages might include more therapy and nursing, depending on what is needed.

The scheme was set up in early 2006, and in 2008 was allocated €120m. This allowed approximately 8,000 people to benefit from a HCP at any one time.

Best practice in policy design and implementation

This NESF Report starts by looking at the approach to policy design and implementation recommended in the OECD review of the Irish public service². This approach is called the 'outcomes-oriented' approach. It means putting a greater focus on the outputs and outcomes (basically, the results)³ of policies.

This approach outlines that policies should be designed with strategy plans that have agreed outcomes. There should be regular measurement and evaluation of the outcomes which are being produced. Budgets should also be allocated on the basis of the outcomes aimed for. And there needs to be stronger incentives and accountability (i.e. responsibility) for ensuring outcomes are met.

As well as this, this Report argued that there is a need for more planning of how a policy will be delivered. This planning should include standards for delivering services, and monitoring of these; the involvement of clients in shaping services; equity in provision of services; and more innovation in how services are delivered.

2. OECD (2008) *Public Management Review – Ireland: Towards an Integrated Public Service*, Paris: OECD.

3. A policy usually provides a wide range of results, and different groups are usually interested in different aspects of these. For example, with a home care package policy, a policy-maker may be particularly interested in the outcomes which provide more care for older people to remain at home, within a set budget. Meanwhile an individual may be more interested in the outcome of greater quality of life for an older person who can remain at home.

The vital importance of organisational culture is also underlined. If organisational values, culture and reward systems are not taken into account when planning a new policy, this can lead to poor implementation.

These key issues which should be taken into account when designing and implementing a policy are summarised in Table 1.

The Report then looked at how HCP policy was designed and implemented, and to what extent this process included the six factors listed in Table 1.

Table 1 Six key issues for effective policy design and implementation

- i. Strategy plans for the policy, with agreed outcomes;
- ii. Measurement of
 - policy inputs (such as finance and staff),
 - outputs (such as the number of services provided), and
 - outcomes (such as long-term benefits for an individual)
 all of which are used to monitor and manage the policy;
- iii. Links between the outcomes produced and the budget allocated;
- iv. A good accountability and incentive structure;
- v. A focus on policy delivery, including delivery plans, equity in delivery, standards which are overseen and monitored, and innovative means of delivery; and
- vi. Understanding of organisational culture.

Report findings – design of the HCP policy

The need for HCPs, and a policy around them, was outlined in the comprehensive *Report of the Working Group on Long-Term Care* in 2005. National guidelines to put the HCP policy into effect were then written in 2006. Significant funding was made available and HCPs began to be provided in HSE Local Health Offices (LHOs) across the country.

Older people receiving HCPs, and their families, are very positive about them. They allow older people to remain in their homes for longer; and their families to continue caring for them. This reduces stress and increases quality of life. Good practice in the management and implementation of HCPs was also found. Many carers, managers and others involved in implementing HCPs were strongly committed to this scheme working well.

However, the exact outcomes of the HCP policy were not agreed, and the national guidelines drawn up on how the HCP scheme should operate were not put into action. The result is that different LHOs now implement the scheme in different ways around the country. These differences include:

- Different means tests for a HCP,
- Different medical assessments of the need for a HCP,
- Different amounts of funding per HCP,
- Variations in how HCPs are monitored, and
- A variety of organisations delivering HCPs.

While some of this flexibility is useful, it can also result in inequalities and inconsistencies between different areas.

Some other problems were identified in the management of HCPs. These include:

- Duplication of work – older people can undergo a number of means tests and assessments of need,
- Little collection and use of data on HCP implementation and management, and
- Little ‘coming together’ of all those working on HCPs, to learn from each others’ approaches.

This leads to ineffective use of time by staff at local level, who are duplicating work and ‘re-inventing the wheel’.

The Report also found:

- Poor links between the budget allocated and the outcomes aimed for, and
- Weak accountability structures – it was not always clear who was responsible for delivering what, or what would happen when actions were not completed within a set timeframe.

Reasons for variation in, and problems with, HCP implementation

Overall, the Report shows that HCP policy was well designed, but that implementation of the scheme does not follow all of the proposals made by the *Report of the Working Group on Long-Term Care*. This contributes to local variations in implementation. In fact, working practices do not provide strong motivation for those delivering the policy to implement the HCP scheme as planned in the Working Group’s national strategy. Current working practices are structured around local, annual budgets; local work practices; a lack of consequences when national targets are not met; a lack of connection between policy makers and policy implementers, and between different policy implementers; and unclear eligibility for HCPs.

What reasons are there for these problems in HCP policy implementation?

Some of these problems occur with HCP schemes in other countries too – for example, poor co-ordination in delivery, a variety of needs assessment and eligibility procedures, inadequate monitoring, and little data collection.

However a number of organisational culture issues were identified which underpin this situation in Ireland in particular. These are:

1. Decisions are not being taken at national level on how to target limited funding in a policy area with high costs. A result is that eligibility criteria for accessing a HCP are very unclear.
2. There is a lot of dialogue about decisions, but decision-making following on from this is slow.
3. This dialogue has too many layers of policy makers, with too few policy deliverers and service users involved.
4. There is more emphasis on spending annual local budgets than on meeting goals of long-term national strategies.
5. This emphasis on the local is a reason for little data collection, and little use of data to improve management of HCP implementation at national level.
6. This emphasis is also linked to the lack of consequences when national strategy targets are not met within set timelines.
7. And the emphasis on the local links to the poor delivery plans for reaching goals of national strategy.
8. A loyalty to local organisations, rather than to national strategy, is evident.

It seems that the connection between national strategy, decision-making and local working practices is poor.

Recommendations

The case study of HCP implementation underlined how important it is for policy design and implementation to take into account the six key issues identified in Table 1.

The recommendations for better HCP implementation are grouped around these six key issues, as outlined in Table 2.

Table 2 Recommendations to support more effective implementation of the HCP scheme

<p>Strategy with agreed outcomes</p> <ul style="list-style-type: none"> • Agree the number of HCPs to be supplied • Agree standard eligibility criteria 	<p>Links between outcomes and budget</p> <ul style="list-style-type: none"> • Link budget and staff for HCPs to the needs of older people
<p>Accountability</p> <ul style="list-style-type: none"> • Clarify the responsibility of different organisations and individuals, and incentivise it 	<p>Understanding of organisational culture</p> <ul style="list-style-type: none"> • Take organisational culture into account, so that there is a coherent link between policy design and policy implementation
<p>A focus on delivery</p> <ul style="list-style-type: none"> • Devise detailed delivery plans • Co-ordinate delivery more effectively • Set standards for delivery, and monitor them • Innovate in delivery – use IT, non-traditional providers, etc 	<p>Measurement</p> <ul style="list-style-type: none"> • Collect data on the likely need for HCPs • Collect data on the inputs, outputs and outcomes of the HCP scheme • Use this data to manage the scheme's performance

A Steering Committee should also be set up, chaired by the Minister of State at the Department of Health and Children with Responsibility for Older People. This Committee would be responsible for implementing the recommendations in Table 2.

Overall, the Report stresses that Irish policy needs to focus more on understanding organisational culture, so that organisational issues which might prevent good policy implementation are recognised and engaged with. It is also clear that more work is needed designing how policies will be delivered. These two issues in particular need attention to ensure more effective policy design and implementation in Ireland.

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