



8 April 2020

Dear [REDACTED]

Re: OIA request – Older persons' health services

Thank you for your Official Information Act request received as a partial transfer from the Ministry of Health (MoH) on 18 March 2020 seeking information from Waitematā District Health Board (DHB) about older persons' health services.

You requested the following information - parts 1 and 4 of your request were transferred to Waitematā DHB. The MoH will respond to parts 2 and 3.

1. *The NASC manual for older persons health.*
2. *The interRAI Assessment tool, including accompanying guidelines/documents.*
3. *The funding bands for Older Person's Health and the percentage of clients expected to be in each band (please itemise if variable between regions).*
4. *The number of over 65's receiving long-term Home & Community Support Services (HCSS) in each region (please record personal care and household management separately):*
 - a. *1-10 hour*
 - b. *11-20 hours*
 - c. *21-30 hours*
 - d. *31-40 hours*
 - e. *40+ hours.*

In response to your request, we can provide the following information:

1. **The Needs Assessment Service Co-ordination (NASC) manual for older persons' health.**

Please refer to the NASC guide *Home Based Support Services – Allocation Guideline - Attachment 1*.

4. **The number of over-65s receiving long-term Home & Community Support Services (HCSS) in each region (please record personal care and household management separately).**
 - a. *1-10 hour*
 - b. *11-20 hours*
 - c. *21-30 hours*
 - d. *31-40 hours*
 - e. *40+ hours.*

The number of over-65s receiving long-term HCSS in the Waitematā DHB region for the quarter ending 23 March 2020 was:

Number of clients	5,736
Number of hours delivered	282,676

We do not categorise clients into groups according to the number of hours of care they receive. Nor do we record personal care versus household management separately.

However, we do categorise support services delivered by the level of complexity:

Complexity	Number of Clients
Low	274
Medium	2,074
High	2,654
Very High	734
TOTAL	5,736

I trust that this information is helpful.

Waitematā DHB supports the open disclosure of information to assist community understanding of how we are delivering publicly funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider your views.

Yours sincerely



Tim Wood
Acting Director Funding
Waitematā District Health Board

Home Based Support Services – Allocation Guideline

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1. Overview

Purpose

- This document is a guideline to support Waitemata DHB Needs Assessment & Service Co-ordination (NASC) Service in the assessment, allocation, evaluation and funding of home based support services in an equitable way considering the patient and carer's essential identified needs.
- Includes a description of Home Based Support Services.

Scope

This guideline aims to provide clarity and consistency regarding the assessment in relation to provision and allocation of Home Based Support Services.

Considerations

- Service allocation need not be limited by this guide.
- Length of time:
 - For any funded service NASC must always look at providing a short term service with an end date.
- Carer's needs must be identified.
- Weight should be given to:
 - Patient's existing natural resources/informal support/contribution.
 - Non funded options.

Associated documents

Type	Description
Related Documents	<ul style="list-style-type: none"> • National NASC Guidelines, MoH 2001 • National NASC Service Specifications • WDH B NASC and HBSSP Operational Interface Guidelines • Alternative options to funded household management • Description of available funded service types, Nov 2010
Forms/ Tools	<ul style="list-style-type: none"> • Spa Tool • Support Needs Assessment Form • Soprano Support Plan • Soprano Contract Requisition to Provider • Soprano Internal Referral to HOAS • interRai assessment

Background

- The budget for home based support services is set by the Waitemata DHB Funding and Planning team each year. The responsibility for allocating funded home based support services, sits with the Waitemata DHB NASC Service.
- Following analysis of home based expenditure and allocated services there was a need to provide support for the NASC team to allocate funded services in an equitable way.

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Support Package Allocation (SPA Tool)

For older people and those under 65 with personal health needs

Scale	Description	Outcomes	Allocations
Low	<ul style="list-style-type: none"> Although coping, the disabled person's ability to participate in opportunities to maintain life skills and abilities are compromised. Independent with personal cares. No identified risk of abuse/harm to client. 	<ul style="list-style-type: none"> Areas requiring specialist assessment are addressed. The disabled person received good information/formal support to enable them to maintain/enhance their level of independence in the home. 	\$0 - \$30/Week.
Medium	<ul style="list-style-type: none"> The disabled person's wellbeing is declining and activities of daily living are compromised. There is no carer or the carer's capacity to provide support has changed/insufficient to meet the needs of the disabled person. A moderate level of dependency is present. Safety issues are identified. The disabled person needs support/supervision for personal cares and may need intermittent night care. 	<ul style="list-style-type: none"> The disabled person's support enables them to maximise their abilities and independence. Extra formal/informal daytime support is provided. The carer is supported. Specialised assessment and rehabilitation services have been accessed. Safety issues are addressed. 	\$0 - \$250/Week
High	<ul style="list-style-type: none"> The disabled person's ability to remain in their environment is compromised due to significant safety issues and complex support needs. High levels of daytime care and support are needed. Intermittent night care is needed. Behavioural problems may be present. There is no carer or the caregiver has moderate health/stress issues which compromise their ability to support the disabled person. 	<ul style="list-style-type: none"> The disabled person has access to a safe environment and effective support. Formal support services are beneficial. Specialist assessment and rehabilitation services have been accessed. The carer is valued and has access to meaningful and practical support, enabling them to maintain their life roles. 	\$0 - \$500 ¹ /Week
Very high	<ul style="list-style-type: none"> Due to deterioration, the disabled person's support needs have significantly increased. Support packages are no longer meeting client's needs. High risk of abuse/harm to the client and caregiver. High levels of health/stress issues will prevent the continuation of care. Heavy transfer. Frequent night care is needed. Double incontinence may be present. Severe behavioural issues may be present. 	<ul style="list-style-type: none"> Disabled person is sustained by an intensive support package. Formal support services are essential. Constant supervision is provided. Carer is sustained by a support package. Areas requiring specialist attention e.g. reversibility and rehabilitation are addressed. Longer term planning is underway. 	\$0 - \$978 /Week ²

- Note that price of residential care is **dependent on the level of disabled person needs** (e.g. dementia, hospital long term care etc) and contracted amount with the providers and therefore in some cases **may exceed this amount**.
- Note that price of residential care is **dependent on the level of the disabled person's needs** (e.g. dementia, hospital long term care etc) and contracted amount with the providers and therefore in some cases **may exceed this amount**.

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2. Process

Carer support and respite are options that can be explored over and above this guideline as set out in the table below:

Spa Band	NASC to Authorise	Team Leader/SNP sign off
Low	Household management up to 1 hour per fortnight	All services over these limits
Medium	<ul style="list-style-type: none"> – Personal cares up to 3 hours per week – Household management up to 1 hour per fortnight – Shopping up to 1 hour per fortnight 	All services over these limits
High	<ul style="list-style-type: none"> – Personal cares up to 7 hours per week – Household management up to 1 hour per week – Shopping up to 1 hour per fortnight 	All services over these limits
Very High	<ul style="list-style-type: none"> – Personal cares up to 14 hours per week – Household management up to 1 hour per week – Shopping up to 1 hour per week 	All services over these limits

NB: Any packages that are over the allocated Spa band are to be approved by NASC Team Leader.

3. Description of Home Based Support Services

- The Home Based Support Service “promotes and maintains the independence of people who require support to enable them to continue to live in the community”.
- It enables the over 65 population to remain in their own home or other private accommodation in the community, by providing a flexible and patient focused service that supports and sustains the activities necessary for daily living in a way that promotes the patient’s independence and quality of life.
- These services should, wherever possible, provide assistance to patients which recognises their independence and competence and enhances their ability to live within their own communities.
- Access to the Home Based Support Service is by referral from the NASC agency, for those patients identified with significant unmet support needs.

Additional Notes:

For those expected to regain function, including those leaving hospital following an acute episode or a personal health episode, at-home based support is mainly allocated on a short term basis.

A review should be done at 4 – 6 weeks post discharge from inpatient units, for new or increased home based supports.

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4. Personal Cares

Personal Hygiene

May include prompting, supervising or hands on assistance related to activities such as:

- Shower
- Bath
- Basin wash
- Dress
- Undress
- Grooming
- Toileting
- Bed sponge/ positioning.

Medications

Prompt and supervise medication intake.

Meals

Minimal preparation - except for that group of patients who we would work with in a rehabilitation model to support improved personal management:

- Reheat a meal.
- Make a simple meal such as sandwich.
- Food can be prepared in advance and left in fridge.

Considerations:

- Patient/ carer unable to heat a meal in the microwave.
- Cognition assessed as low and posing a risk.
- Patient unable to prepare meal but able to heat.

5. Household Management

Additional Notes:

All patients require a Community Services Card (CSC) to access funded household management.

Cleaning

May include activities such as:

- 1 bedroom
- Kitchen
- Bathroom
- Toilet
- Lounge
- Dining room
- Hall

Additional activities may also include:

- Bed linen change
- Food rotation in fridge
- Wipe kitchen surfaces.

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Considerations:

- No dusting unless patient’s health is at risk – severe asthma or allergy
- No cleaning that would be deemed “spring cleaning”.

Essential Grocery Shopping

- Shopping assistance to the closest supermarket can be alternated with cleaning.
- It is not intended that it provide a transport service.

Considerations:

- Cognitive impairment.
- Getting shopping in/out of the car/ trolley.
- Not able to take items from shelf.
- Patient is living alone unless live-in partner/ carer is in a similar situation as the patient.
- Delivery service available, on-line shopping.

Laundry

- Patient’s laundry only to be done on premises.
- No ironing.

Considerations:

- Use dryer if available
- Hanging out/ bringing in
- Use drying rack.

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