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RE Official Information Act request WCDHB 9336

I refer to your email dated 14 August 2019 requesting the following information under the Official Information Act from West Coast DHB. This request relates Funded Family Care (FFC). Specifically:

1. What is your DHBs policy on Funded Family Care (FFC)? Please provide a copy of it.

West Coast DHB's Paid Family Carer policy (attached as **Appendix 1**) allows for Paid Family Care in exceptional circumstances, and this is considered on a case-by-case basis. For clarity – it is considered where services are allocated by NASC, and cannot otherwise be provided.

- 2. How many people within your DHB catchment are currently claiming FFC in this financial year?
 - a. What is the cost of that?
- 3. How many individuals claimed FFC within your DHB catchment for the 2015/16 financial year?
 - a. What is the cost of that?
- 4. How many individuals claimed FFC within your DHB catchment for the 2016/17 financial year?
 - a. What is the cost of that?
- 5. How many individuals claimed FFC within your DHB catchment for the 2017/18 financial year?
 - a. What is the cost of that?
- 6. How many individuals claimed FFC within your DHB in the 2018/19 financial year?
 - a. What is the cost of that?

There have been no people funded as Funded Family Carers by the West Coast DHB over the time frame requested.

7. What is the annual budgeted and actual expenditure for the NASC in your DHB for the financial years 2015/16; 2016/17; 2017/18; 2018/19 and the current year's budget 2019/20.

Needs Assessment on the West Coast is provided through the Complex Clinical Care Network (CCCN), which is internal to the DHB.

As this is an integrated part of service delivery in terms of our internal clinical teams, the FTE costs of NASC cannot be separated out as a discrete service cost. Home and Community Support Services (HCSS) are provided by Coasters (part of West Coast DHB) and in some cases by Access Home Health.

West Coast District Health Board is unable to quantify in the way requested the budgeted and actual expenditure for NASC services over the requested financial years.

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the West Coast DHB website after your receipt of this response.

Yours sincerely

Carolyn Gullery

Executive Director

Planning, Funding & Decision Support

Funder	Funding coverage	Funding mechanism
Private	This is where a person may not be eligible for funded services through one of the above mentioned contracts, but wishes to pay the HBSS	This is a private negotiation between client and provider.
	provider to deliver the care directly.	The care to be delivered is agreed between the provider and the client, which then informs what is delivered and invoiced.

There are some other minor funding options available to clients that are not discussed in this manual such as Veterans Affairs.

2.13.2 Paid Family Carer funding

The West Coast DHB Paid Family Carer policy for Home Based Care was established in 2014. This policy replaces the former exceptions process for Paid Family Care but it should be noted that this new policy continues to apply only in exceptional cases.

DHB funded home based care services are based on an assessment of the person's identified needs and provided to people who need it most. They are generally delivered by paid carers who are not family members of the person receiving the care. However, Part A of the New Zealand Public Health and Disability Act 2000 requires there be a mechanism that allows payment of some family members for providing health and disability support services to an adult member of the same family with high and complex needs or where there are good reasons to do so.

The DHB's Paid family Carer Policy outlines the circumstances under which the DHB will pay an eligible family member for providing home based care services. The DHB requires as part of this arrangement that the family member providing the care is employed through a DHB contracted HBSS provider who will employ eligible paid family carers either solely or in combination with employees who are not family members.

A full copy of the policy can be requested through the CCCN and any requests to engage this service for a client can be initiated through the CCCN also.

DRAFT West Coast DHB Paid Family Carer Policy for Home-based Care

Name

1. This is the West Coast DHB Paid Family Carer Policy for Home-based Care 2014.

Commencement

2. This policy starts on 21 May 2014.

Introduction

- West Coast DHB recognises the important role of families and whānau in voluntarily providing care and support to their family/whānau members, including disabled family members.
- 4. DHB-funded home-based care services (Services) are based on an assessment of the person's identified health and/or disability needs and provided to people who need them most. They are generally delivered by paid carers who are not family members of the person receiving the care.
- 5. Part 4A of the New Zealand Public Health and Disability Act 2000 (the Act), however, requires the DHB to have a family care policy that allows payment of some family members for providing health and disability support services to an adult disabled member of the same family, in certain circumstances and where there are good reasons to do so.
- 6. Part 4A of the Act also affirms the principle that, in the context of the funding of health and support services, families generally have primary responsibility for the well-being of their family members. Any payments for such services delivered by the paid family members of disabled people must be within sustainable limits.
- 7. This Paid Family Carer policy details the circumstances in which the DHB will pay an eligible family member for providing home-based care services (Services) to an eligible service user.
- 8. This policy is consistent with respect to authority, eligibility and related matters with the Ministry of Health's Funded Family Care policy. This Paid Family Carer policy may change from to time to ensure consistency, so far as is practicable, with the Ministry's policy.

Principles

- 9. This policy is based on the following principles:
 - a. The family has the right to accept and manage their responsibilities in their own home
 - The family must be given adequate information to facilitate informed choice.
 - c. Choices in how people live their lives at home are respected
 - d. The unique dynamics of the home and family/whānau/aiga setting are respected
 - e. The contribution of family carers is valued whether they are paid or unpaid
 - f. Carer stress will be formally assessed and assessment results shared with the carer to facilitate an informed choice.

- 10. In regard to the employment of a DHB-funded paid family carer, the following principles are expected to apply:
 - a. This will enable the service user to be better cared for in their home and more able to take part in family and community life than if a non-family paid carer was employed for this role.
 - b. The relationship between the paid family carer providing services and the rest of the family is vital and must operate in a way that ensures that the interests of the service user being cared for are promoted.
 - c. The paid family care management arrangements will be implemented in a way that respects the specific needs of Māori, Pasifika and other ethnic groups.

West Coast DHB Paid Family Carer policy details

SERVICE COVERAGE AND MANAGEMENT ARRANGEMENTS

- 11. This Paid Family Carer Policy is a family care policy agreed within the meaning of Part 4A of the Act. It therefore allows DHB funding to some people 18 years and over (who are eligible to receive publicly funded health and disability services) to receive their allocated Services from a paid family member.
- 12. The payment for paid family care is for home-based care only. These Services are for people who need help in their home or community. They may include personal care such as assistance with showering and consuming of food or assistance with night support in some cases. It can also include household management such as cleaning and cooking as well as some supports for the person to access community activities in certain circumstances.
- 13. The West Coast DHB requires that the paid family care arrangement is managed by purchase of Services from a DHB contracted provider, who will employ eligible paid family carers to deliver Services to eligible adult family member either solely, or in addition to providing Services through employees who are not family members.

Key Roles and Relationships

- 14. The key roles and relationships that will make the preferred funding or purchasing mechanism for paid family care function efficiently in the West Coast DHBs catchment area are as follows:
 - a. Under the management arrangement outlined above, only eligible family member(s) of eligible adult disabled people will be *paid employees*.
 - b. Under the management arrangements outlined above, the employer(s) of the paid family carer will be:

A generalist DHB contracted provider with approval from the DHB to employ family paid family carers

This will include but may not be limited to:

- i) Home Based Support Service Providers
- ii) Mental Health Community Support Providers
- iii) Others as deemed relevant to service user needs

Criteria for the Paid Family Carer policy

15. A person is eligible to receive home-based care from a paid family member instead of from any other employee of the contracted provider by meeting all of the eligibility requirements and at least one of the exceptional circumstances (see below).

ELIGIBILITY REQUIREMENTS

Service User Eligibility

16. Service users eligibility

A person is eligible for paid family care if they are:

- a. 18 years and older (if the management arrangements involve the service user being the employer¹)
- b. eligible for publicly funded health and disability services and
- c. eligible for DHB-funded HCSS

17. Paid Family Carer Eligibility

A family member is eligible to be assessed for suitability for providing paid family care to an eligible disabled member of their family if they are:

- a. assessed as fit to work as their relative's paid family carer. Note: Carer stress and physical health will be two key considerations.
- b. has the relevant immigration status to be employed in New Zealand
- c. aged 18 or over
- d. not the service user's spouse, civil union or de facto partner.
- 18. The assessment criteria to be applied to determine whether those family members who are eligible for assessment are suitable to be paid family carers will be applied by the [existing NASC/or specially contracted paid family carer assessor delete whichever is not relevant].
- 19. The assessment criteria the approved assessors will take into account:
 - a. the nature of the Services to be provided and
 - b. the skills and experience needed to undertake it
 - the exceptional circumstances of the service user family member and their wider family/whanau (refer below).

¹ This limitation applies in the DSS Funded Family Care Policy because the contractual arrangements underpinning Section 88 notices require the service user to enter into a contract with the Crown for funding and with the paid family carer for service provision.

EXCEPTIONAL CIRCUMSTANCES CRITERIA

- 20. One or more of the following exceptional circumstances criteria must be fulfilled to permit a family member to be paid to provide home-based care. The DHB will consider each application on a case by case basis.
 - a. The level of the person's support needs is so high that without their able and willing parent or resident family/whānau carer(s) being paid to support these needs the person would be unable to remain living in their chosen living environment.²
 - b. There is significant risk to the safety or wellbeing of either the eligible service user or a non-family/whānau carer if the chosen family/whānau carer is not employed to provide the care (eg, evident distress to the person caused by alteration of routine and changes of carer).
 - c. No alternative non-family/whānau carer is available (eg, the person and their family/whānau live in an isolated rural locality).
 - d. Significant communication issues exist due to the person's condition or impairment, and the chosen family/whānau carer(s) and the person understand each other but no other available carer could adequately provide the person's supports because of this.
- 21. Note that specific cultural considerations on their own would not be grounds for an exception but the absence of culturally specific care may be a contributing factor when considering an exception on other grounds above.

EXCLUSIONS

- 22. People are not eligible for DHB paid family care if the person:
 - a. is not a New Zealand resident
 - b. requiring care is under 18 years of age
 - c. nominated to provide the care is under 18 years of age
 - d. will need supports for less than six months (i.e. has a temporary or short-term disability)
 - e. is assessed for home-based supports but does not have high or very high needs
 - f. has a personal health need requiring ongoing supervision by a health professional
 - g. is in residential care
 - h. is eligible for Ministry Funded Family Care
 - is primarily impaired by an injury whose cover has been accepted by ACC.

Accessing paid family carer home-based support

23. Service users can access paid family care through self-referral or a referral from a health practitioner to the Complex Clinical Care Network.

² Note that some people reach a point at which it is only clinically appropriate and financial sustainable

24. If the person is already receiving home-based care from a contracted provider and seeks access to paid family care, the provider may refer the person to the Complex Clinical Care Network to re-assess the change in supports needs.

Decision review process

- 25. If the service user seeking paid family care is not happy with decisions relating to their needs assessment, eligibility for paid family care or service allocation, or the person seeking to be approved as a paid family carer they may seek a review.
- 26. The process for the review is as follows:
 - a. The Complex Clinical Care Network will utilise their review process for clients which is detailed in their operations manual.
 - b. The DHB may review a decision to reject the application for paid family care, if the person requests a review of the assessment findings and decision on eligibility.

Agreements to provide paid family care

The following conditions must be met before paid family care Services can be implemented:

- 27. The eligible person must first agree that they want an approved family carer to provide the Service. The person may be supported to make this decision.
- 28. The approved family carer must agree to provide the Service instead of a non-family Service provider. More than one family carer may be approved to provide the paid family care the eligible person has been assessed as providing.
- 29. The family carer must be capable of providing the Service and will only be approved if they are so capable.
- 30. The parties agree to the type, range and quality of Service to be provided and delivered according to the individual service arrangement, and in a safe and acceptable manner to the person.
- 31. All the parties agree to provisions for replacement care for when the family carer is unable or unavailable to provide Services.
- 32. If all the parties agree, then an employment contract is signed between the employer and the employee (as per Section 5 above on contractual mechanisms and employee/employer relationships.)
- 33. Subject to the DHB's current paid family carer contractual requirements, the contract will be the standard terms and conditions of the employer but will also include matters relating to:
 - a. ensuring that the family carer does not carry out any other paid work, outside the agreed hours of the disability support services, if that work is likely to affect the provision, safety or quality of those services
 - b. complying with monitoring or auditing processes, and with any requirements following those processes.
 - c. any other conditions that apply to the care situation, including for replacement care.
 - d. Service allocation

PAYMENT RATE

34. The actual rate of pay to be agreed between the family carer and their employer must be in line with current Home Based Support Worker hourly rates which takes into account the provisions of other employment-related legislation.

LIMITS ON HOURS OF PAID FAMILY CARE

- 35. The provider may employ one or more family carers within the maximum allocation of 40 hours per week.
- 36. In the event that the allocation exceeds 40 hours per week the service user must be reviewed by the Complex Clinical Care Network and an exceptional circumstances request lodged with Planning and Funding.
- 37. West Coast DHB Planning and Funding will review applications for an allocation beyond 40 hours per week on a case by case basis.

Individual service plan

- 38. The Individual Service Plan will incorporate the same information consistent with that gathered for all the relevant services in West Coast DHB. This includes but not limited to Home Based Support Services and Mental Health.
- 39. The delivery of the Service by the family member to the eligible person will be recorded in the person's individual service plan progress notes.
- 40. The plan will determine which of the assessed needs can be met by the person's natural supports, which can be supported by the Paid Family Carer, and which can be supported by other agencies, which may or may not be funded by the West Coast DHB.
- 41. The plan will be reviewed not less than annually.
- 42. The parties also acknowledge that they must meet their obligations that:
 - a. services are delivered as planned and agreed
 - b. arrangements for replacement care are in place if the family carer is unavailable to provide paid family care
 - c. they comply with monitoring and auditing.
- 43. Information to be provided to the DHB
- 44. The West Coast DHB will collect reporting information on the paid family care arrangement which is in line with the current Home Based Support Service reporting requirements.

Monitoring, audit and review

MONITORING AND AUDITING

- 45. West Coast DHB may undertake monitoring and auditing to:
 - a. ensure the home-based services are being provided as agreed;
 - b. verify that payments are being used properly;
 - c. confirm that all other requirements have been complied with.

- 46. All the parties must co-operate with monitoring or auditing as per the West Coast DHB's current regulatory required for designated Audit Agency audits for Home Based Support Providers.
 - a. [DHB to complete the requirements, considering, for example, access to the home and any other location where PFC is being provided.].

REVIEW

- 47. West Coast DHB will use the same service review schedules as outline for their Home Based Support Services.
- 48. [DHB to specify how the adequacy of Services being delivered to the person in their home will be reviewed].

Certification

This policy was certified on [date]

[Name of DHB Chief Executive]

[Signature]

Definitions/Construction

DEFINITIONS

49. The following terms have the meanings given to them:

family carer – the family member who is approved by the DHB, and employed by the contracted provider, to provide the Services to an eligible disabled family member:

home – the person's usual place of residence, or any other place where the home-based care Services are regularly provided;

home-based care - Services

individual service plan – the arrangement of personal care or household tasks, or both, for the service user

Ministry - Ministry of Health (representing the Crown);

Monitoring – as set out in the DHB's family care policy

NASC - Needs Assessment and Service Co-ordination agencies

paid family carer policy (PFC) – this policy made under Part 4A of the New Zealand Public Health and Disability Act 2000; and

person (service user) – a person who is receiving the Services;

Support Services – disability support services under section 6(1) of the New Zealand Public Health and Disability Act 2000;

CONSTRUCTION (AIDS TO READING THIS POLICY)

- 50. Parts of this Policy are called clauses.
- 51. The Policy should be read as a whole, and in the context of Part4A of the Act, to help with the meaning of any clause.
- 52. The singular includes the plural, and vice versa.
- 53. Any term used in this Policy, but not defined, has its meaning as understood in the health and disability sector or meaning in the New Zealand Public Health and Disability Act 2000.

References

Funded Family Care Operational Policy 2013, Ministry of Health and The Funded Family Care Notice 2013, New Zealand Gazette, 26/9/2013, No. 131, p.3670

http://www.health.govt.nz/our-work/disability-services/disability-projects-and-programmes/funded-family-care-notice-and-operational-policy

Parliamentary Digest No. 2049 New Zealand Public Health and Disability Amendment Bill (No 2) 2013

Part 4A of the New Zealand Public Health and Disability Act 2000

United Nations Convention on the Rights of Persons with Disabilities 2006

http://www.legislation.govt.nz/

POLICY RESPONSE:

- Cabinet Minute Power to Act for Cabinet Social Policy Committee (CAB MIN (12) 44/5A)
- Cabinet Paper Proposed response (11 December 2012)
- Cabinet Social Policy Committee Minute Proposed response (SOC MIN (12) 28/2)
- Cabinet Paper Implementation of proposed response and consideration of broader issues (22 March 2013)
- Cabinet Minute Implementation of Proposed Response and Consideration of Broader issues (CAB MIN (13) 10/14)

http://www.health.govt.nz/our-work/disability-services/disability-projects-and-programmes/funded-family-care-notice-and-operational-policy/funded-family-carers-background-documents

COURT JUDGEMENTS

Ministry of Health v Atkinson and others [2012] NZCA 184 Spencer v Attorney-General [2013] NCHC 2580

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