

Social Care South East Community Healthcare c/o Community Care Headquarters James' Green

Kilkenny

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30th April 2019

Mr. Mike Wallace T.D. Dail Eireann Leinster House Dublin

PO 17894/19

To ask the Minister for Health the number of adults with intellectual disabilities in residential care in County Wexford.

PO 17895/19

To ask the Minister for Health the number of adults with an intellectual disability in County Wexford that will be placed in appropriate needs based residential care settings by the end of 2019 and 2020, respectively; and if he will make a statement on the matter.

PO 17891/19

To ask the Minister for Health further to Parliamentary Question No. 152 of 7 February 2019, his plans to fulfil the identified assessed needs of the 64 adults with an intellectual disability in County Wexford on the waiting list for residential care; and if he will make a statement on the matter.

PO 17892/19

To ask the Minister for Health further to Parliamentary Question No. 152 of 7 February 2019, the number of the 19 adults with an intellectual disability in County Wexford on the waiting list for residential care in 2010 that were also on the waiting list for residential care in 2018 and therefore were included in the number of 64 on the waiting list for 2018

PQ 17893/19

To ask the Minister for Health further to Parliamentary Question No. 152 of 7 February 2019, the number of the 19 adults with an intellectual disability in County Wexford on the waiting list for residential care in 2010 that have since accessed residential care; and the number no longer on the waiting list for other reasons of those that have not accessed residential care.

Dear Deputy Wallace

The Health Service Executive (HSE) has been requested to reply directly to you in the context of the above Parliamentary Questions, which were submitted to the Minister for Health for response.

I have reviewed the matter and the following composite reply is the current position.

There are currently 185 adults with an intellectual disability residing in a residential facility in Co Wexford. As you are aware the disability service is not a demand lead service and must operate within the finite annual resource allocation. At all times, service providers and the HSE are balancing the needs of multiple service users and aiming to meet the needs of the maximum number of service users, within the available resources.

The HSE National Policy on managing residential placement came into effect in 2016 with implementation across south east Community Healthcare (SECH) towards the end of 2017 and early 2018.

To manage this process the SECH area has established a committee in line with the National Framework for Management of Residential Supports. The purpose of this committee is to oversee the coordination and management of matters relating to existing/ future/ emergency placements for residential services through a SECH centralised process. The committee will ensure equity, transparency in allocating residential placements for people with an Intellectual Disability and / or Autism and / or Physical and Sensory Disability within the SECH area.

Under the policy an Emergency is defined as follow:

Emergency needs for residential supports may be defined as urgent situations, where current care and /or support arrangement cannot meet the assessed needs of the service user and an alternative residential support or placement must be made available.

Criteria that is applied in this cases is:

- Sudden unavailability of primary carer due to sudden illness or death
- Where clinical assessment determines that there is a high or likely risk of serious harm or fatality associated with a case
- A vulnerable person who is at risk of being abused
- A vulnerable person who is at risk of abusing others

In line with present procedures all residential care requests (South East) and associated information is included on the South East Disability Supports Application Management Tool (DSAMT). The DSAMT advises the current needs as well as future needs of the disability client. While clients may be waitlisted for a residential placement these are in three categories

- Future needs
- Current needs
- Emergency placement

In order to ensure that the needs of these people are met in the first instance – the HSE refer to the bed register to ascertain is there an appropriate suitable vacancy to match and met the needs of the person

- If the vacancy is a suitable funded vacancy and the person is agreeable the placement proceeds
- If the vacancy is suitable and unfunded within the existing approved allocated resources for emergencies funding may need to be redirected to facilitated a placement as soon as possible depending on the risks presenting
- If no suitable vacancy providers are requested with consent of service user family to develop a particular service for the person within the existing approved allocated resources for emergencies. funding may need to be redirected to facilitated a placement as soon as possible depending on the risks presenting
- If nobody on the emergency list needs are suitable to the vacancy. The vacancy is then profiled against those who are on the contingency waiting list
- The same procedure applies in relation to whether the vacancy is funded, partially funded or unfunded to meet the needs of the person
- If the vacancy does not meet the needs of those on the contingency or is unfunded, community services are increased such as respite / home support within the resource allocation available until such time as funding for residential care is made available within the existing agreed allocation.

The HSE policy is to provide supports to clients to enable them to remain in informal care as long as possible. However the South East Community Healthcare (SECH) would welcome an opportunity to develop residential facilities if funding was made available.

Our recent residential waiting lists are based on the HSE National Criteria for residential placements as discussed above. Since 2010 the residential waiting list has been validated and incorporated into the DSAMT, however I can advise that 6 of the 19 clients who were on the HSE waiting list for residential placement in 2010 have accessed a suitable residential placement. I wish to advise that people are prioritised based on the criteria as outlined above which includes assessed need, clients and families wishes and subject to funding being available.

I trust this information is of assistance to you. Should you have any further queries please do not hesitate to contact me.

Yours sincerely,

Patricia McEvoy

General Manager, Disability Service- South East Community Healthcare