



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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23rd December 2019

Deputy Eamon Scanlon
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
e-mail: eamon.scanlon@oireachtas.ie

Dear Deputy Scanlon,

The Health Service Executive has been requested to reply directly to you in the context of the following parliamentary question, which was submitted to this department for response.

PQ 52595/19

To ask the Minister for Health the number of children waiting for assessment by early intervention teams in each CHO at the latest date available; and the number waiting 0 to 3, 3 to 6, 6 to 9, 9 to 12, 12 to 18, 18 to 24 and more than 24 months, respectively.

HSE Response

The HSE is aware of the numbers of children and adults waiting for therapy services and is fully cognisant of the stress this can cause to families. While waiting lists are collated nationally for individual therapy services such as Speech and Language, Physiotherapy and Occupational Therapy, the numbers of children waiting for therapeutic intervention are not combined into one National Early Intervention waiting list. One of the key priorities for the HSE is to improve waiting times for therapy services by implementing a revised model of care for children's Speech and Language Therapy services and Psychology services and develop new models for Physiotherapy and Occupational Therapy services.

In addition to the significant numbers of additional posts allocated to Primary Care and to Social Care under the Progressing Children's Disabilities Programme in recent years (see further details below), the HSE is committed to using innovative approaches, involving public, voluntary and private providers, to achieving a targeted reduction in therapy waiting lists.

The HSE is fully committed to working in partnership with service providers to achieve maximum benefits for children with complex needs, and aims to ensure that resources available are used in the most effective manner possible.

Reform of Children's Disability Services - Progressing Disability Services Policy

In terms of the structure of network teams providing services to children with complex disability needs, HSE is rolling out the Progressing Disability Services for Children and Young People (PDS) Programme, which requires a reconfiguration of all current HSE and HSE funded children's disability services into geographically-based Children's Disability Network Teams (Early-Intervention and School-aged or 0-18 Teams). This Programme aims to achieve a national equitable approach in service provision for all children based on their individual need and regardless of their disability, where

they live or where they go to school. Based on the recommendations of the Report of the National Reference Group on Multidisciplinary Services for Children aged 5-18 Years (2009), its objectives are:

- ✓ One clear pathway to services providing equity of access for all children with disabilities, according to their need.
- ✓ Effective teams working with partnership with parents and Education to support children in achieving their potential.
- ✓ Available resources used to the optimum benefit for children and their families.

PDS is doing this by forming partnerships between all the disability organisations in an area and pooling their staff with expertise in the different types of disabilities to form local Children's Disability Network Teams (CDNTs) who will provide for all children with significant disability, regardless of what their disability is.

In tandem with Health service reform which seeks to have Health and Social Care "Networks" in place, the HSE is establishing a total of 96 Children's Disability Networks across each of the nine CHOs and comprised of Specialist Multi- Disciplinary Teams to work with complex disability needs. Each Network will have a Children's Disability Network Manager with specialist expertise in providing Children's disability clinical services. The appointment of these Network Managers can now proceed following the recent Labour Court ruling with regard to same.

Additional Therapy Resources for Children's Disability Services

NSP 2019 has provided for an additional 100 new therapy posts to be implemented by end 2019 with new development funding of €2.5m granted via NSP 2019 and with a full year investment cost rising to €6m in 2020.

This welcome new resource will result in additional new therapy posts ranging from Speech and Language Therapy, OT, Physio, Social Work, Psychology, Dietitians and Allied Health Professional Assistants. This new resource will impact on both assessment of need as well as support interventions for children with complex disability concerns.

The 100 new therapy grade posts have been allocated with discipline, grade and location now assigned in each case. Formal approval was received from Strategy and Planning on 17/5/2019 and confirmation to proceed with recruitment was sent from Community Operations to NRS on 15/07/2019. This was required to generate permissions for each CHO to progress recruitment. CHO areas are currently progressing recruitment in partnership with HBS Recruit and non-statutory employers. 63 of these posts are already in place with the remaining expected to be in post before year end.

The above should be considered in light of previous investment secured by the HSE for therapeutic services which has been invested in the Progressing Disability Services for Children and Young People (0-18s) Programme (PDS). Since 2014, the roll out of the PDS has entailed targeted investment of €14m and the provision of 275 additional therapy staff, to increase services for children with all disabilities.

National Policy on Access to Services for Children with a Disability or Developmental Delay

National HSE Disability and Primary Care are working together collaboratively with Community Health Organisations via their Chief Officers to support implementation of the HSE's National Policy on Access to Services for Children with a Disability or Developmental Delay. This policy will provide a single point of entry, signposting parents and referrers to the most appropriate service (Primary Care for non-complex functional difficulties and Children's Disability Network Teams for complex functional difficulties).

It is expected that the re-configuration of services under Progressing Disability Services for Children and Young People (0-18s) Programme will have a significant impact on our ability to meet the needs of children and young people in a more efficient, effective and equitable manner and, in particular, on our ability to comply with the statutory time-frames set out in the Disability Act.

Applications for Assessment of Need under the Disability Act overdue for completion

It is acknowledged that the numbers of assessments overdue for completion remain high, although there has been some improvement in these figures in 2018 and 2019.

Table 1 below provides the number of applications for Assessment of Need under the Disability Act that were overdue for completion on the last day of Quarter 3, 2019 broken down by CHO Area. The information is based on data extracted from the Assessment Officers' System Database (AOS).

Table 1: Applications overdue for Completion

CHO	LHO	Overdue	<1 month	1 - 3 Months	>3 Months
AREA 1		58	5	11	42
AREA 2		66	34	20	12
AREA 3		433	90	108	235
AREA 4		889	123	133	633
AREA 5		419	23	44	352
AREA 6		166	28	51	87
AREA 7		559	62	102	395
AREA 8		535	81	105	349
AREA 9		975	78	169	728
Total		4100	524	743	2833

All assessment reports that were not completed within 6 months of application or within 3 months of Start Stage 2 and before the end of the quarter are included in this report.

Important contextual information regarding Assessment of Need under Disability Act

Since the commencement of Part 2 of the Disability Act in June 2007, (The Act), the HSE has endeavored to meet its legislative requirements as set out in the Act. However, as a consequence of a High Court ruling of December 2009, the effect of which was to open eligibility to all children born after 1st June 2002, the number of children aged five and over, and in addition of school-going age, has risen steadily as a percentage of all applications received. At the end of 2011, the figure stood at 26%, while at end of 2018, this figure was 52%. This is a reflection that the AON process is an accumulative process in terms of numbers of children seeking access. It should be noted that the clinical teams who complete the assessments are also the teams who deliver intervention.

CHO Improvement Plans

Each CO is required to have in place plans to ensure compliance with AON. The National Disability Operations Team both supports and monitors the effectiveness of these plans on a routine basis. Having regard to the evidence as set out above, there is reason to believe that these plans are showing some positive effect in terms of dealing with non-compliance. However it is critically important to note that there are “structural” and “resource” challenges that impact on CHOs capacity to deal effectively with AON compliance. Therefore, additional to the aforementioned, important attention is paid to the following actions being implemented as part of an overall plan to improve the effectiveness and delivery of family centred interventions with children and young people with a disability.

New Standard Operating Procedure (SOP) for Assessment of Need (AoN)

The Disability Act (2005) provides for an Assessment of Need (AoN) for people with disabilities. Any child suspected of having a disability, born on or after June 1st 2002 is eligible to apply for an Assessment of Need that will detail his / her health needs arising from the disability. The Act does not define this assessment and the process is not standardised across the country. This lack of standardisation and clarity has contributed to significant delays in the Assessment of Need process. In addition, the Assessment of Need, being an accumulative process, has resulted in resources being targeted almost exclusively towards assessment with some children receiving very limited intervention.

As required by the standards for Assessment of Need there should be a consistent approach to assessments across the country. To improve this process and ensure that children receive an intervention as soon as is possible, the HSE has developed a Standard Operating Procedure for the Assessment of Need process. The purpose of this procedure is to ensure children with disabilities and their families, access appropriate assessment and intervention as quickly as possible. In addition, this procedure will ensure that the approach to Assessment of Need is consistent across all areas.

The HSE is currently concluding a lengthy consultation and IR engagement regarding the implementation of this procedure. An independent clinical advisor and legal advisors have provided the necessary assurances regarding the appropriateness of the Standard Operating Procedure. It is intended that the procedure will be implemented from Q1 2020.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Cathal J. Morgan', with a stylized flourish at the end.

**Dr. Cathal Morgan,
Head of Operations - Disability Services,
Community Operations**