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27th January 2020

Deputy Louise O'Reilly,
Dáil Eireann,
Leinster House,
Kildare Street,
Dublin 2.

PQ 53115/19 - To ask the Minister for Health the number of children under 18 years of age waiting on a non-hospital based health waiting list by the speciality and or procedure they are on the list for by LHO at the end of November 2019 or the latest date available.

-Louise O'Reilly

Dear Deputy O'Reilly,

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

In answering this question, there are three areas which have been focused on. Children and Adolescent Mental Health Services (CAMHS), Assessment of Need (Disabilities) and Oral Health.

CAMHS

The CAMHS teams meet every week to review all referrals. As of end of 2019, 78.4% of referrals nationally were offered an appointment within 12 weeks. There are two types of referral; an urgent referral and a routine referral. Every effort is made to prioritise urgent referrals so that young people with high risk presentations are seen as soon as possible and this can often be with 24- 48 hours. This may impact on wait times for cases that are considered, by a clinician, to be less severe. Severity of the symptoms reported affects waiting times where waiting times for those with high risk presentations are shorter.

At the end of December 2019 there were 2,327 people waiting for an appointment with 49.7% (1,157) waiting less than 12 weeks. Please see Table 1 below which shows this number broken down by CHO.

Table 1: Number of persons on CAMHS waiting list as of December 2019

Total waiting	
National Total	2,327
CHO 1	329
CHO 2	35
CHO 3	188

CHO 4	619
CHO 5	144
CHO 6	412
CHO 7	144
CHO 8	268
CHO 9	188

Assessment of Need (Disabilities)

With regards to Assessment of Need, 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 2 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 and LHO Area. The information is based on data extracted from the Assessment Officers' System Database (AOS).

Table 2: Applications overdue for Completion

CHO	LHO	Total Overdue ¹	Overdue/ Exceptional Circumstances ²	Overdue/ No Exceptional Circumstances
AREA 1		58	2	56
	Cavan/Monaghan	43	0	43
	Donegal	13	1	12
	Sligo/Leitrim	2	1	1
AREA 2		66	4	62
	Galway	39	4	35
	Mayo	27	0	27
	Roscommon	0	0	0
AREA 3		433	43	390
	Clare	58	5	53
	Limerick	222	36	186
	Tipperary N.R	153	2	151
AREA 4		889	13	876
	Kerry	33	0	33
	Cork North	128	1	127
	Cork North Lee	376	1	375
	Cork South Lee	328	8	320
	Cork West	24	3	21
AREA 5		419	32	387
	Carlow/Kilkenny	59	0	59
	Tipperary S.R	50	0	50
	Waterford	105	4	101
	Wexford	205	28	177
AREA 6		166	7	159
	Dublin South East	10	0	10
	Dublin South	30	0	30
	Wicklow	126	7	119
AREA 7		559	7	552
	Dublin South City	18	0	18
	Dublin South West	207	6	201
	Dublin West	71	0	71
	Kildare/West Wicklow	263	1	262
AREA 8		535	51	484

	Laois/Offaly	358	37	321
	Longford/Westmeath	15	0	15
	Louth	78	3	75
	Meath	84	11	73
AREA 9		975	54	921
	North Dublin	509	4	505
	Dublin North Centre	91	12	79
	North West Dublin	375	38	337
Total		4100	213	3887

¹All 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.

²The number of Assessment Reports for which an extended time-frame was negotiated with the parent on the grounds of there being exceptional circumstances as provided for in paragraph 10 of the regulations. Consent to extension is only valid if agreed extension date has not already passed.

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.

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 Childrens 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, Physiotherapy, Social Work, Psychology, Dieticians 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. 99 of these posts are currently in place with a January start date agreed for the remaining post.

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.

Oral Health

With Regard to Oral Health, please see attached Appendix 1: Latest Dental Service KPI Data available as at end of November 2019, broken down by CHO and LHO. This is broken down further into;

- No. of new Oral Health patients in target groups attending for scheduled assessment
- No. of new Oral Health patients attending for unscheduled assessment
- No. of new Oral Health Patients who commenced treatment with three months of scheduled oral health assessment

Please note these figures cover children up to age 15. In 2019, activity for target groups attending for scheduled assessments is -4.6% behind target for these groups. This is at a time when recruitment and retention of dentists has been problematic, and restricts the capacity of the service.

Please also note latest available KPI Data for the Orthodontic Service as at September 2019 (Q3 2019) detailed in Table 3 below. Please also note, orthodontic data is collated as per the Orthodontic areas, which do not correspond with CHO boundaries, and requested waiting time bands.

Table 3: Orthodontic – Numbers In Active Treatment at Q3, 2019 and Numbers Waiting for Treatment at Q3, 2019

	In Active Treatment	Waiting < 2 years on the treatment waiting list	Waiting 2-4 years on the treatment waiting list	Waiting > 4 years on the treatment waiting list	Totals
Former East Coast (Loughlinstown)	1,110	536	395	30	961
Former South West (St James's)	2,521	1234	1081	79	2394
Midlands	845	737	513	862	2112
DNE	4,151	1719	999	534	3252
South	2,954	1633	536	1	2170
South East	1,153	1277	1399	442	3118
Mid Western	1,472	732	887	109	1728
North West	812	545	54	0	599
Western	2,452	1160	720	0	1880
Totals	17470	9573	6584	2057	18214

I trust this information is of assistance to you.

Yours sincerely,



David Walsh,
National Director,
Community Operations