

Feidhmeannacht na Seirbhíse Sláinte

Health Service Executive

Oifig an Cheannaire Oibríochtaí, Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta, 31-33 Sráid Chaitríona, Luimneach.

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22nd May 2019

Deputy Gerry Adams, Dail Eireann, Leinster House, Kildare Street, Dublin 2. e-mail: <u>gerry.adams@oireachtas.ie</u>

Dear Deputy Adams,

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 21557/19

To ask the Minister for Health the annual HSE budget for full-time residential care for persons with disabilities nationally.

PQ 20315/19

To ask the Minister for Health the number of persons with disabilities nationally that had business cases for residential care approved by the HSE but are still waiting for a residential placement

HSE Response

Residential services make up the largest part of the Disability funding disbursed by the HSE - €1.1b of the total budget of €1.8 billion in 2018, or 61%.

Approximately 90 service providers provide residential services to over 8,000 individuals throughout the country. The bulk of these are provided by the 50 highest funded agencies (comprising both Section 38 & Section 39 organisations) – some 6,300 places, or 75%. The HSE itself provides 1,300 or 16% of the places.

The emerging residential need in the absence of residential development funding over the past number of years is acknowledged by the HSE as a challenge for all services providing support to clients with a disability. It must also be acknowledged that given the introduction of the National Standards for Residential Services for Children and Adults with Disabilities, every new development must now be approved by the Health Information and Quality Authority (HIQA). All centres providing residential (including respite) services to children and adults with disabilities now need to be registered with HIQA by law and will be visited by HIQA inspectors to ensure they are providing an appropriate standard of care.

The HSE National Service Plan 2019 has provided for €15m investment (90 Emergency Residential places) in respect of the provision of planned responses under this category.



However, the need for increased residential facilities is acknowledged and the HSE continues to work with agencies to explore various ways of responding to this need in line with the budget available. A significant underlying challenge relates to the latent unmet need for residential and respite care, which exists in our services as a result of the absence of multi-annual investment during the economic downturn. At the same time, our national database figures indicate an annual requirement of 400 residential places per year to meet identified needs. As a result of this we are now experiencing a high annual demand for emergency residential places to respond to the most urgent cases on our waiting list.

In recognising the service pressures and capacity issues in the sector, for 2019, each CHO and all providers of residential services will be required to implement measures to maximise to the greatest possible extent, the use of existing residential capacity and improve overall value for money in this sector. A range of control measures have been implemented at CHO level over the past two years and these arrangements will be further enhanced in 2019 to ensure that all service providers at local level prioritise the placement of the most urgent cases. In addition, in order to achieve this objective, the HSE will establish an improvement programme involving the establishment of a dedicated team at national level with responsibility for co-ordination and oversight of all residential places including the most effective use of 90 placements provided for in NSP 2019.

A total of 8,568 places will be provided in 2019, representing an increase of 39 on the expected outturn for 2018. The service will seek to maximise current residential and respite capacity to ensure an appropriate response to emerging needs during the year. Emergency cases will continue to be addressed on an individual prioritised basis.

Currently, there are approximately 979 people with a disability that have been profiled as having a residential placement requirement. Each CHO continues to actively manage and mitigate high levels of clinical risk with regard to service users with high levels of acuity/ safeguarding risks, through lower-cost non-residential interventions such as in-home and Residential Respite, active case-management & inter-agency cooperation.

Yours sincerely,

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

