



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

4<sup>th</sup> June 2019

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**Oifig an Cheannaire Oibríochtaí,**  
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Dear Deputy Martin,

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 21972/19**

*To ask the Minister for Health if funding from the National Lottery to organisations supporting polio survivors has been cut; if so, the reason therefore; and if he will make a statement on the matter.*

#### **HSE Response**

##### **National Lottery**

The HSE is allocated National Lottery Funding for distribution to community based groups and voluntary organisations under the Respite Care Grant Scheme and the National Lottery Grant Scheme. Groups and organisations involved in the provision of Health and Personal Social Services can apply for once off funding of between €500 and €10,000 for suitable projects. Completed applications can be obtained on the HSE Website (see link below) and can be returned to the local HSE Community Healthcare Organisation

<https://www2.hse.ie/services/national-lottery-grants/national-lottery-grants.html>

The website gives full details on how to apply for funding, what forms/information is required and where to send the completed application forms.

It is important to note the following information.

- The funding is once off funding.
- Applications must be submitted to the correct Community Healthcare Office ( CHO area)
- Organisations who are outside the area but provide services in the CHO area may also submit applications.
- Applications can't be considered that have major on-going revenue implications. These include the employment of staff, capital funding and running costs.
- Applications must be for once off projects that can be completed within the year of application (excluding respite)

- Applications can't be considered for projects which are already covered by HSE funding.
- Projects that already have service level agreements or grant aid agreements with the HSE cannot be considered

### **Funding Limits:**

There is an upper limit of funding awarded to an individual organisation. The HSE decides on the limit based on the number of valid applications received.

On receipt of more than one application from an individual organisation, the local CHO area applies the upper limit of funding. Organisations therefore may have to prioritise their intended projects.

### **Supports for Persons with Polio**

With regard to supports provided to polio survivors, the objective of the HSE is to provide a multi-disciplinary team approach, which includes the provision of health and personal supports required by people with polio, (PwP) and incorporates hospital and primary care and community services. The HSE funds and provides a range of organisations and services which provide supports for people with a disability including people with polio.

### **Polio Survivors Ireland**

Polio Survivors Ireland is the new name for the registered charity Post Polio Support Group CLG. This organisation is member led and was set up in 1993 as the Post Polio Support Group by polio survivors who were experiencing the late effects of Polio (Post Polio Syndrome). Polio Survivors Ireland works to maintain the independence and dignity of polio survivors, supporting them at work, in the home and otherwise. It aims to create awareness and provide information on the needs of polio survivors and on Post Polio Syndrome and to support and advocate on behalf of all polio survivors in Ireland.

Currently Polio Survivors Ireland have a membership of approximately 930 people, most of whom contracted polio in early life. Many now experience problems with the Late Effects of Polio or Post Polio Syndrome (PPS). There are thought to be 7,000 polio survivors in Ireland, all who will have increasing needs as they age.

### **Funding**

The HSE provides funding to Polio Survivors Ireland under Section 39 of the Health Act, which is amounting to €352,293 so far in 2019. The organisation fundraises and also received grants from other bodies for specific projects, expenses and services.

### **Therapy Services**

PwP can benefit from therapeutic assistance, including Physiotherapy and Occupational Therapy as well as a range of medical interventions.

In 2013, additional funding of €20m was provided to strengthen Primary Care services. This comprised over €18.5m for the recruitment of over 260 Primary Care Team posts and over €1.4m to support community intervention team development.

There was also a €4m allocation within the 2016 Service Plan to facilitate the recruitment of Speech and Language Therapists to address waiting lists as part of the overall Speech and Language Therapy waiting list initiative within Primary Care and Social Care. The allocation provides for an additional 83 posts.

In addition, the recruitment of a further 40 posts in Occupational Therapy (OT) is scheduled to commence in Quarter 4, 2018. Currently the OT Service Improvement Working Group is reviewing

options pertaining to the allocation of posts across CHO Areas. This is being done in conjunction with the findings of the OT Service Improvement report for Primary Care.

National Service Improvement Groups have been established to review Occupational Therapy/Physiotherapy waiting times and the Primary Care Division is working with the Chief Officers in each area to address waiting lists.

The level of increase underlines the commitment of the HSE and Government to ongoing therapy provision. These measures will have a positive impact on the provision of clinical services for all people requiring access to health related supports.

## **Aids and Appliances**

People with disabilities may be eligible for Medical/surgical aids and appliances that facilitate and/or maintain mobility and/or functional independence.

The HSE provides assistive devices to people with disabilities to enable them to maintain their health, optimise functional ability and to facilitate care in their primary care setting.

Assistive devices such as medical/surgical aids and appliances are provided to individuals to:

- Retain, restore and promote maximum independence
- Empower people to manage their own care to the best of their ability i.e. intervene no more than is absolutely necessary.
- Compensate for the absence of alternative support or complement existing supports.
- Take full account of the risk to the individual if a service is not provided.

Assessments are carried out by a range of multidisciplinary staff, for example aids for mobility would generally be carried out by an occupational therapist and or a physiotherapist.

Prioritisation is based on the results of the assessment and a prioritisation process approves items, which are essential to ensure safety, dignity and independence. All professionals providing community based services, including occupational therapists, physiotherapists, and public health nurses, will be aware of the prioritisation criteria for aids and appliances and will provide any necessary and urgent items of equipment following appropriate assessment as soon as possible.

## **Respite Services**

The HSE and its funded Agencies provide respite care to children and adults with disabilities. Respite can occur in a variety of settings for various lengths of time, depending on the needs of the individual service user, the family and according to available resources. Respite is not always centre-based and can be provided in a number of ways, e.g. Centre based; In-Home; Home-to-Home; Family Support, etc. As a vital part of the continuum of services for families, respite potentially helps prevent out-of-home full-time residential placements, preserves the family unit, and supports family stability with the service users at the centre.

The HSE is very much aware of the importance of respite service provision for the families of both children and adults with disabilities, including the impact the absence of respite service provision can have on other services.

The provision of residential respite services has come under increased pressure in the past couple of years. However, the HSE is determined to further enhance respite services in accordance with the National Service Plan. In 2018, the Minister for Health announced an additional €10 million for the HSE, specifically to enhance respite care in the disability sector. In accordance with the National Service Plan for 2018, the HSE committed to providing:

- An additional respite house in each of the nine CHO areas which will support 450 individuals in a full year and 251 in 2018 (€5m).

- Three additional respite houses in the greater Dublin areas (CHOs 7, 8 and 9) to support a further 225 individuals in a full year and 143 in 2018 (€3m).
- Alternative models of respite to support 250 individuals with disability (€2m).

The funding provided for the equivalent of 12 new houses, 1 in each CHO, and 3 in the Greater Dublin area.

All twelve new or additional centre-based respite centres have now opened, resulting in an additional 6,455 bed nights delivered to 763 people.

### **Assisted Living Services**

The HSE provides a range of assisted living services including Personal Assistant and Home Support services to support individuals to maximise their capacity to live full and independent lives.

### **Personal Assistant Services**

The role of a Personal Assistant (PA) is to assist a person with a disability to maximise their independence through supporting them to live in integrated settings and to access community facilities. The PA works on a one to one basis, in the home and /or in the community, with a person with a physical or sensory disability. A vital element of this personalised support is the full involvement of the individual (service user) in planning and agreeing the type and the times when support is provided to them, supporting independent living must enhance the person's control over their own life.

Services are accessed through an application process or through referrals from public health nurses or other community based staff. Individual's needs are evaluated against the criteria for prioritisation for the particular services and then decisions are made in relation to the allocation of resources. Resource allocation is determined by the needs of the individual, compliance with prioritisation criteria, and the level of resources available. As with every service there is not a limitless resource available for the provision of PA services and while the resources available are substantial they are finite. In this context, services are discretionary and the number of hours granted is determined by the available resources and other support services already provided to the person.

In the normal course of service delivery, there will be on-going reviews throughout the year to ensure that if needs change the service provided will address this change within available resources. An individual's PA hours may be adjusted following a service review where service demand can result in one individual's service being reduced in order to address priority needs of other people with disabilities within that community.

PA Services, in the main, are provided through a range of voluntary service providers. The majority of specialised disability provision (80%) is delivered through non-statutory sector service providers.

### **Home Support**

The Home Support service provides domestic and or personal care inputs at regular intervals on a weekly basis. It differs from the role of a PA in that it focuses more on the necessary domestic and personal care inputs of those based mainly in the home but can occasionally include community activities. Temporary relief is offered to the carer by providing a trained reliable care attendant to look after the needs of the person with the disability. Although it is primarily a respite services for the carer, it has been provided on occasion to people who live on their own.

Home supports can be provided through a dedicated home support service or through the generic home help service. Home supports can be an alternative to residential care, where support to individuals in daily living can avoid the need for full time residential services. Home support can be provided to children or adults and can be provided to people with physical, sensory or intellectual disabilities.

## **Current Level of Service**

The HSE is committed to protecting the level of Personal Assistant (PA) available to persons with disabilities. The HSE has consistently, year on year, increased the number of hours of PA Service delivered to people with a disability. In the 2019 National Service Plan, the HSE's priority is to provide 1.63 million hours of personal assistance to 2,535 people with a disability, representing an increase of 170,000 hours over the 2018 target of 1.46 million hours.

Yours sincerely,



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