Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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4th June 2019

Deputy Thomas Broughan
Dail Eireann,
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Dublin 2.
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Dear Deputy Broughan

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

PQ 22178/19

To ask the Minister for Health the waiting lists for assessments of needs under the Disability Act 2005 by county in tabular form; and if he will make a statement on the matter.

PQ 22179/19

To ask the Minister for Health if assessments of needs under the Disability Act 2005 are dealt with on a national chronological order or otherwise; and if he will make a statement on the matter.

HSE Response

Assessment of Need

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.

Waiting Lists

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. At end of 2016 there were 3,563 applications overdue for completion. At end of 2017 there were 4,067 applications overdue for completion.

The table below provides the number of applications for Assessment of Need under the Disability Act that were overdue for completion on the last day of the Quarter in 2018 and Quarter 1, 2019, broken down by CHO Area. The information is based on data extracted from the Assessment Officers' System Database (AOS). The number of reports overdue for completion has been decreasing steadily from early 2017.

CHO Area	Quarter 1 2018	Quarter 2 2018	Quarter 3 2018	Quarter 4 2018	Quarter 1 2019
AREA 1	**198**	**220**	**213**	**140**	**103**
AREA 2	**71**	**57**	**33**	**35**	**39**
AREA 3	**134**	**215**	**183**	**295**	**313**
AREA 4	**1771**	**1571**	**1192**	**1013**	**959**
AREA 5	**400**	**421**	**404**	**401**	**400**
AREA 6	**59**	**50**	**81**	**103**	**115**
AREA 7	**538**	**500**	**550**	**474**	**478**
AREA 8	**402**	**434**	**469**	**491**	**454**
AREA 9	**531**	**442**	**595**	**659**	**707**
Total	**4104**	**3910**	**3720**	**3611**	**3568**

The overdue dates are compared against the 'milestone complete Assessment Date' on the database.
The Assessment Officer can extend the 'milestone complete Assessment Date' beyond the statutory timelines as provided for in the regulations.
Applications that were put 'on hold' are NOT included in this table.

Chronological Order of Waiting Lists

The Disability (Assessment of Needs, Service Statements and Redress) Regulations 2007 requires applications for Assessment of Need to be processed in order of the date on which they are received. Within each Local Health Area the HSE processes applications in this manner. It would not be possible to facilitate a system whereby assessments from all areas were managed centrally and processed on a chronological basis. This could potentially result in a situation where a child from Dingle would be required to travel to Dublin or Donegal for an assessment. The optimum for all children is that their assessment is undertaken locally by the clinicians who will be involved in their on-going intervention as required.

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.

Revised Standard Operating Procedure for AON

The implementation of the Disability Act should be considered in the context of the wider reform of children and young people’s disability services. It is within this context that HSE is seeking to standardise its operational approach to the assessment of disability need under the 2005 Act. Significant work has taken place by way of consultation and there remains in place an engagement with Forsa around the introduction of a Standard Operating Procedure to ensure consistency and equity of approach amongst the various clinicians that play a role in providing assessments under the 2005 Act. HSE have secured legal advice and an independent clinical opinion regarding this procedure. It is hoped that this will provide the necessary reassurance to stakeholders to support implementation of the SOP in Q3 2019.

Additional funding for Therapeutic services across both Disability and Primary Care

NSP 2019 has provided for an additional 100 new therapy posts to be implemented by end 2019 (Note: 2.5m granted in 2019, therefore the posts have to be implemented in a gradual way) over 2019/ 2020 to the Children's Disability networks. This is additional to existing resources in this area as follows:

- The above should be considered in light of previous investment secured by the HSE for therapeutic services 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.

- 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) commenced 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.

However, additional resources are required. The *Report on the Future Needs of Disability Services* (April 2018) estimates an additional 400 posts are required to provide adequate staffing levels to meet the demand for children's disability services and the HSE is working to address this. Budget 2019 has provided for a funding commitment to provide an additional 100 therapy posts specific to the Disability Network Teams to be established.

Progressing Disability Services for Children & Young People (0-18 years)

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, HSE is well underway in terms of establishing a total of 96 Children's Disability Networks across each of the nine CHOs. A key enabler to establishment of the remaining Children's Disability Network Teams is the recruitment of the Children's Disability Network Managers. The recruitment process for these posts is well advanced and the HSE is awaiting the outcome of an Industrial Relations process before appointing the successful candidates.

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.

Yours sincerely,

Cathal J. Morgan

Dr. Cathal Morgan,
Head of Operations,
Disability Services, Social Care Division