



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Oifig an Cheannaire Oibríochtaí,
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7th October 2019

Deputy Richard Boyd Barrett
Dail Eireann,
Leinster House, Kildare Street,
Dublin 2.
e-mail: richard.boydbarrett@oireachtas.ie

Dear Deputy Boyd Barrett,

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 38760/19

To ask the Minister for Health the number of children by CHO awaiting an assessment of needs to be completed; the length of time they have been waiting since they were first referred; and if he will make a statement on the matter.

PQ 38761/19

To ask the Minister for Health the number of children by CHO awaiting an assessment of needs to be commenced; the length of time they have been waiting since they were first referred; and if he will make a statement on the matter.

HSE Response

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. While the number of applications reduced in 2018, this figure has increased during the first half of 2019. It should be noted that the clinical teams who complete the assessments are also the teams who deliver intervention.

The Disability Act 2005 outlines the statutory timelines under which Assessments of Need under the Act must be completed. National service plans have set targets of 100% compliance with these statutory timelines. It has not been possible for the HSE to achieve these targets

Table 1 on the next page provides information on the number of children by CHO awaiting an assessment of needs to be completed and the length of time they have been waiting since they were first referred;

Table 2 on the next page provides information on the number of children by CHO awaiting an assessment of needs to be commenced; the length of time they have been waiting since they were first referred; and if he will make a statement on the matter.

Table1:**Applications overdue for Completion on 30th June 2019.**

Applications are deemed 'Overdue' if it is over 6 months since the application was accepted by the HSE and there is no record of an Assessment Report being sent to the Liaison Officer or to the Applicant. This overdue figure does not include applications that have been put on hold, are closed or are ineligible for Assessment.

- 3,768 applications are overdue for completion with 123 of these on the grounds of there being exceptional circumstances as provided for in paragraph 10 of the regulations.

CHO	Total Overdue ¹	Overdue/ Exceptional Circumstances ²	Overdue/ No Exceptional Circumstances	<1 month	1 - 3 Months	>3 Months
AREA 1	72	2	70	5	13	54
AREA 2	46	5	41	19	13	14
AREA 3	372	7	365	49	97	226
AREA 4	905	17	888	85	126	694
AREA 5	401	12	389	9	23	369
AREA 6	157	2	155	33	39	85
AREA 7	500	0	500	46	96	358
AREA 8	454	34	420	50	82	322
AREA 9	861	44	817	85	170	606
Total	3768	123	3645	381	659	2728

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.

Table 2:**Applications Overdue to commence Stage 2 on 30th June 2019.**

- 1,076 applications due to commence stage 2 by the end of the 2nd Quarter 2019 had not done so.

CHO	Overdue	<1 month	1 - 3 Months	>3 Months
AREA 1	2	1	1	0
AREA 2	0	0	0	0
AREA 3	0	0	0	0
AREA 4	0	0	0	0
AREA 5	124	11	15	98
AREA 6	0	0	0	0
AREA 7	443	54	87	302
AREA 8	53	38	14	1
AREA 9	454	50	98	306
Total	1076	154	215	707

Note: Applications that were placed on hold are not included in this report.

Actions to improve waiting lists**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 as soon as the on-going industrial relations engagement with Forsa is completed (Quarter 1 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 is now underway given that the interview and selection process is complete.

Additional Therapy Resources for Children's Disability Services

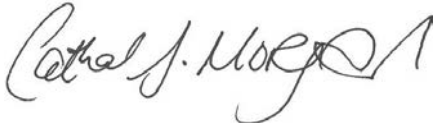
NSP 2019 has provided for an additional 100 new therapy posts to be implemented by end 2019 with new development funding of €2.5m granted via NSP 2019 and with a full year investment cost rising to €6m in 2020.

This welcome new resource will result in additional new therapy posts ranging from Speech and Language Therapy, OT, Physio, Social Work and Psychology. 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.

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.

Yours sincerely,



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