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**17th December 2020**

**Deputy Sean Sherlock,**
**Dáil Eireann,**
**Leinster House,**
**Kildare Street,**
**Dublin 2.**

**PQ 40599/20 - To ask the Minister for Health the overall delay on all interventions for children under the age of 18 years**

**-Sean Sherlock**

Dear Deputy Sherlock,

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.

The COVID-19 pandemic has led to unprecedented interruption to normal healthcare activity in all settings including Primary Care, Mental Health and Disability Services, with disruption to service delivery and infrastructural development. Each of which has been broken down below for the purposes of this question.

## Primary Care

Responding to the Covid pandemic in March 2020, the HSE developed Business Continuity Plans as a framework for its organisational response. The result was a prioritisation of service delivery with services identified into four levels ranging from "must do/critical" to "lower priority/desirable". This response framework has meant that essential services for the most vulnerable were maintained, albeit sometimes at a reduced level of service. The focus on priority services for the most vulnerable was critical, but it should not distract from the fact that Covid has had and continues to have a significant impact on the delivery of more routine HSE primary care services and has exacerbated the challenges associated with historical underdevelopment of the sector in Ireland.

The challenge facing primary care is two-fold:

- ***Business Capacity*** - the need for infection prevention and control measures and social distancing has impacted on the capacity of the system to deliver services, particularly in terms of limiting the scope for group work.
- ***Staffing Capacity*** - service delivery is being impacted by staffing limitations, both in terms of staff absence and redeployment to the Covid response.
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Taken together, these twin challenges have resulted in reduced core services across a range of disciplines, including OT, SLT, physiotherapy, psychology and other therapy services.

The impact of Covid and the twin business and staffing capacity challenges identified above have undoubtedly affected service delivery in 2020. The impact on targets is not available by age category, however the table below compares the number of children waiting for an appointment in October 2019 Vs October 2020 in the primary care setting:

| Service | Oct 2020 | Oct 2019 | Oct 2020 v Oct 2019 % change |
|---|---|---|---|
| Physiotherapy | 9,852 | 9,217 | 7% |
| Occupational Therapy | 21,047 | 19,246 | 9% |
| Audiology | 10,404 | 7,173 | 45% |
| Dietetics | 3,990 | 3,626 | 10% |
| Ophthalmology | 12,259 | 13,442 | -9% |
| Podiatry | 147 | 161 | -9% |
| Psychology | 8,893 | 7,441 | 20% |
| Speech and Language Therapy (Initial Assessment) | 14,288 | 11,362 | 26% |

## Mental Health

Specialist Mental Health Services have continued since March 2020 when Covid 19 became a major public health risk in Ireland. Service continuity was achieved through various different methods including face to face appointments, telephone and video enabled consultations etc. Some non-urgent routine appointments were cancelled by HSE staff and also by service users due to the effects of the pandemic. Inpatient services and community residential services continued and significant efforts were made to continue community based services in order to prevent increased acuity and an increased need for inpatient services. All service provision was delivered with reference to public health guidance.

Community mental health teams are still available. In many cases, face to face clinical work continues with appropriate physical distancing and PPE in place, along with phone and video appointments

### Community CAMHS

Waiting times for young people to be seen by Child and Adolescent Mental Health Services continue to be an issue in a number of CHO's. A renewed focus on improving capacity and throughput is in place in this area and some improvement is being shown.

Waiting lists vary according to Community Healthcare Organisation where although some areas have relatively short waiting lists, waiting times are longer in other counties.

Factors such as availability of specialist CAMHS clinicians, current vacancies and difficulties in recruiting in an international context can impact on waiting times in various areas.

CAMHS wait lists are also impacted by capacities in other parts of the system - where young people may not receive early intervention and thus their needs escalate necessitating referrals to CAMHS.

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 is often within 24 to 48 hours. Severity of presenting symptoms affects waiting times - where waiting times for those with high risk presentations are shorter. This may impact on wait times for cases that are considered, by a clinician, to be less severe. CAMHS referral teams meet weekly to review all referrals and to assess the risk to the young person.

Nationally there was an increase of 92 children on the waiting list for community mental health services from 2,137 in September to 2,229 in October 2020. There is an increase of 130 children on the waiting list for community mental health services for the same period last year .

There are 247 children waiting longer than 12 months in October, however, there are regional variances. CHO 2 and CHO 9 have no children waiting longer than 12 months to be seen. CHO1 have 59, CHO3 (35), CHO4 (78), CHO5 (3), CHO6 (16), CHO 7 (8) and CHO8 have 48 children waiting longer than 12 months to be seen by CAMHS.

As of the end of October, 77.5% of referrals accepted by child and adolescent community teams nationally were offered an appointment within 12 weeks against a target of 78% . However, 95.5% of young people new or re-referred cases were seen within 12 months in community CAMHS services YTD October 2020.

Nationally 87.5% of urgent referrals to CAMHS were responded to within three working days, above the 80% target. One area (CHO2) is below target and this is due to the inputting of data as opposed to not responding to urgent referrals. This situation is being currently rectified by CHO2 - local area report this has been resolved and should be visible in the data going forward.

**CAMHS Inpatient Units**

Nationally there were 250 children admitted to CAMHS in-patient units at the end of October 2020. Close weekly monitoring at the national level of the activity and waitlist for in-patient services takes place with on-going engagement with the in-patient units and CHO areas as appropriate.
Admissions of children to the child and adolescent acute inpatient units as a % of the total number of admissions of children to mental health acute inpatient unit's activity YTD continues at 91.9% - above target (75%)
Activity YTD at end of October 2020 is at 98.6% of Bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of Bed days used by children in mental health acute inpatient units above 95% target .

**CAMHS Admission to Adult Units**

The number of children admitted to adult mental health units has reduced during 2020. Latest available data to the end of October 2020 indicates a running total of 22 child admissions to adult units.
This is compared to a total of 50 child admissions to adult units in 2019.

Local protocols around ensuring that children are only placed in adult inpatient units when all alternative options have been exhausted are currently in place in all CHOs and are monitored and discussed weekly with national management where any instances are targeted to minimise the length of stay.

## Disability Operations

Since the Disability Act commenced in June 2007, the HSE has endeavoured to meet its legislative obligations under 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 2019, this figure was 55%. This is a reflection that the AON process is an

accumulative process in terms of numbers of children seeking access. However, it is acknowledged that the numbers of assessments overdue for completion remain high, although there had been some improvement in these figures in 2018 and 2019 prior to the COVID-19 public health emergency.

Assessment of Need is reported on a quarterly basis, so the latest information available is end of Quarter 3 2020. 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 Quarter 3, 2020 broken down by CHO Area. The information is based on data extracted from the Assessment Officers' System Database (AOS). 6,058 applications are overdue for completion with 185 of these on the grounds of there being exceptional circumstances as provided for in paragraph 10 of the regulations.

**Applications overdue for Completion**

| CHO | Total Overdue[1] | Overdue/ Exceptional Circumstances[2] | Overdue/ No Exceptional Circumstances |
|---|---|---|---|
| AREA 1 | 138 | 0 | 138 |
| AREA 2 | 91 | 3 | 88 |
| AREA 3 | 587 | 3 | 584 |
| AREA 4 | 1031 | 32 | 999 |
| AREA 5 | 625 | 24 | 601 |
| AREA 6 | 262 | 19 | 243 |
| AREA 7 | 1095 | 1 | 1094 |
| AREA 8 | 714 | 45 | 669 |
| AREA 9 | 1515 | 58 | 1457 |
| Total | 6058 | 185 | 5873 |

*[1]All 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.*
*[2]The 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.*

**Overall Reform of Children's Disability Services**

The Disability Act requires the HSE to provide a consistent approach to Assessments of Need across the country. The HSE acknowledges that this has not been the case and that approaches to assessment and waiting times have varied.

To help address this situation, the HSE has implemented a Standard Operating Procedure (SOP) for the Assessment of Need process to ensure that;

- children with disabilities and their families access appropriate assessment and intervention as quickly as possible
- the approach to Assessment of Need is consistent across all areas.

In line with this procedure, an Assessment of Need will include a Preliminary Team Assessment that will identify initial interventions and any further assessments that may be required. This preliminary assessment will usually be undertaken by a children's disability service that are also tasked with delivering intervention. While not required by the Act, diagnostic assessments will continue to be provided, as appropriate, and these will be captured in the child's Service Statement as part of the Assessment of Need process.

These changes are intended to alleviate the current situation where children in some parts of the country may wait a number of years before they can access an assessment. During this waiting period, they often have little

or no access to intervention or support. It is intended that the changes in the SOP, particularly the new preliminary assessment, will facilitate children with disabilities to access assessment in a timelier fashion.

The HSE believes that the implementation of this SOP and the planned reorganisation to Children's Disability Network Teams (CDNTs), will have a positive impact on the lives of the children and young people who require our services.

The recent allocation of €7.8 million through Slaintecare to address overdue Assessments of Need will further support the HSE and its funded service providers to meet the legislative timelines for Assessment of Need.

This funding has been allocated to CHO areas based on the numbers of overdue AONs at 30th June 2020. Each CHO area has developed a plan to address this backlog through a combination of:

- Restoration of relevant clinicians to children's disability services
- Waitlist initiative utilising existing clinicians working overtime at weekends or evenings
- Procurement of private assessments
- Commitment to filling maternity leaves
- Recruitment of Additional Clinical Staff for fixed term contracts of 6 months from 1/9/20

The HSE acknowledges the challenges in meeting the demand for children's disability services and is acutely conscious of how this impacts on children and their families.

A number of service improvements are being introduced that, when implemented, will help improve access to services for children with disabilities and developmental delays. The overall programme of improvement is the ongoing roll out of Progressing Disability Services for Children and Young People (PDS). This requires the reorganisation of all current HSE and HSE funded children's disability services into geographically-based CDNTs.

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 the CDNTs. These teams will provide for all children with significant disability, regardless of their diagnosis, where they live or where they go to school.

The HSE is establishing a total of 91 Children's Disability Networks across each of the nine CHOs comprised of Specialist Inter-Disciplinary Teams to work with children with complex disability needs. Each Network will have a Children's Disability Network Manager with specialist expertise in providing children's disability clinical services. The appointment of these managers will facilitate the establishment of the Children's Disability Network Teams later this year.

I trust this information is of assistance to you.

Yours sincerely,

Yvonne O'Neill,
Interim National Director,
Community Operations