



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Oifig an Cheannaire Oibríochtaí,
Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,
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25th May 2020

Deputy James Browne,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: james.browne@oireachtas.ie

Dear Deputy Browne,

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 5406/20

To ask the Minister for Health the number of persons with disabilities in receipt of home support hours in each LHO area at the end of March 2020 or latest date available; the number of persons on the waiting list for same in each LHO area; and the number waiting 0 to 3, 3 to 6, 6 to 12 and more than 12 months, respectively in tabular form.

PQ 5407/20

To ask the Minister for Health the number of persons with disabilities in receipt of personal assistance hours in each LHO area at the end of March 2020 or latest date available; the number of persons on the waiting list for same in each LHO area; and the number waiting 0 to 3, 3 to 6, 6 to 12 and more than 12 months, respectively in tabular form.

HSE Response

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.

PA and Home Support Services are provided either directly by the HSE or through a range of voluntary service providers. The majority of specialised disability provision (80%) is delivered through non-statutory sector service providers.

Services are accessed through an application process or through referrals from public health nurses or other community based staff. Individuals' 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 home support 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 other support services already provided to the person/family.

The following tables provide details of the number of hours of service delivered and the number of people with a disability in receipt of services in 2019. The data for PA and Home Support Services is collated on a quarterly basis, one month in arrears. Therefore, the final figures for Q1 2020 are currently being validated.

Table 1 - PA Services for Persons with a Disability, 2019

	Number of Adults with a Physical and Sensory Disability in Receipt of PA Services	Number of Hours PA Services Delivered
CHO	2019	2019
National Total	2548	1,652,030
CHO Area 1	253	140,537
CHO Area 2	460	306,516
CHO Area 3	427	334,386
CHO Area 4	439	128,786
CHO Area 5	422	162,204
CHO Area 6	9	21,145
CHO Area 7	48	58,126
CHO Area 8	271	189,545
CHO Area 9	219	310,784

Table 2 – Home Support Services for Persons with a Disability, 2019

	Number of Adults with a disability in Receipt of Home Support Services	Number of Hours Home Support Services Delivered
CHO	2019	2019
National Total	7,533	3,035,882
CHO Area 1	793	311,523
CHO Area 2	751	178,936
CHO Area 3	525	198,655
CHO Area 4	632	242,329
CHO Area 5	1,003	352,733
CHO Area 6	604	380,047
CHO Area 7	1,035	427,908
CHO Area 8	1,150	523,334
CHO Area 9	1,040	420,417

Waiting Lists

No additional funding had been provided for these services to the HSE since 2008 and as a result waiting lists are not maintained as a matter of course. Whilst there is currently no centrally maintained list of people awaiting these services, each Community Health Organisation Area would be aware of the presenting needs within each of the geographic areas. Following referral and assessment, available resources are allocated to clients with highest level of need.

The need for increased services 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.

To provide further support to understanding the future service need for Personal Assistance and Home Support, the Health Research Board provide planning analysis through databases for people with a disability. This is a key planning tool in respect of current service provision and future service needs which are used by the DOH and the HSE. In line with the information available from the National Disability Databases reports and local waiting lists, in excess of 376 people will require Home Support services in the

future and 291 people are listed as awaiting PA services. Please note that as the National Disability Databases are not mandatory it is quite possible there is an under reporting of the need.

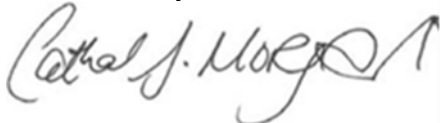
COVID-19 Public Health Emergency

Prior to the public health emergency with regard to COVID-19, the HSE was committed to protecting the level of Personal Assistant (PA) and Home Support Services available to persons with disabilities. In the 2020 National Service Plan, the HSE's priority was continue to deliver high quality PA and Home Support to approximately 10,000 people with disabilities including 1.67 million PA hours and 3.08 million Home Support hours.

In preparing for and responding to COVID-19 and to fully align with Public Health guidance as recommended via the NPHE, the HSE and its partner service providers put in place a range of measures, which included the prioritisation of vital residential and home support services whilst curtailing or closing certain services such as day services, as well as certain clinical supports in order to; a) prioritise essential public health services at CHO level and b) ensure continued delivery of the referenced residential and home supports provision. I should note that in the absence of regular access to some service and supports, CHOs and service providers have tried to maintain services that can be delivered safely; providing outreach and telecare solutions, using technology where possible; and using creative and innovative models of care to support service users, both adults and children.

Since the publication of the Governments 'Roadmap for reopening Society & Business' as well as the 'Return to work safely' protocol, the HSE is finalising plans to re-establish vital non-covid supports and services. This includes very careful and detailed work on the part of the Disability Sector with national guidance and will result in directing how all funded agencies can deliver services on a medium to long-term basis. In effect this means that the HSE will soon set out its plans in terms of how we can safely begin to commence services, which will have to comply with guidance as set out by the National Public Health Emergency Team as well as Public Health specialists in the HSE.

Yours sincerely,



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