



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 5408/20

To ask the Minister for Health the number of residential places for persons with a disability being provided at the end of March 2020 or latest date available by CHO in tabular form.

PQ 5409/20

To ask the Minister for Health the number of new emergency places provided to persons with a disability at the end of March 2020 by LHO in tabular form.

HSE Response

Residential services make up the largest part of the Disability funding disbursed by the HSE – over 60% of the total budget of €1.9 billion in 2019.

Approximately 90 service providers provide residential services to over 8,000 individuals throughout the country. The bulk of these are provided by the 50 highest funded agencies (comprising both Section 38 & Section 39 organisations) – some 6,300 places, or 75%. The HSE itself provides 1,300 or 16% of the places.

In 2020, the following detail sets out, at a high level specific to Residential services, the service activity levels that were due to be delivered commensurate with this substantial state investment, prior to the onset of the COVID-19 public health emergency:

- Provide in excess of 8,000 residential places
- Provide an additional 56 new emergency residential placements
- Provide eight appropriate residential places for people currently living in respite care as an emergency response to their needs, while also freeing up the vacated respite accommodation for future use
- Provide 144 intensive transitional support packages for children and young people with complex / high support needs focusing on families experiencing substantial levels of support need, but who do not require a high cost long term placement. Specifically, this new

development initiative is the pre-crisis intervention stage and will include planned residential respite interventions as well as other interventions.

The table below shows the number of residential places available at end of Q1, 2020, broken down CHO Area.

CHO Area	Residential Places Available Quarter 1 2020
CHO 1	712
CHO 2	843
CHO 3	816
CHO 4	1,068
CHO 5	888
CHO 6	618
CHO 7	1,111
CHO 8	851
CHO 9	1,1244
Grand Total	8,151

Emergency Placements

The table below shows the number of new emergency residential placements provided to end of Q1 2020, broken down by CHO Area.

CHO Area	New Residential Placements	Covid Related	Total
1	0	0	0
2	0	0	0
3	2	2	4
4	2	0	2
5	0	0	0
6	0	0	0
7	3	0	3
8	2	2	4
9	1	8	9
Total	10	12	22

COVID-19 Public Health Emergency

In preparing for and responding to COVID-19 and to fully align with Public Health guidance as recommended via the NPHET, the HSE and its partner service providers put in place a range of measures, which included the prioritisation of vital residential (including new emergency residential placements) and home support services whilst curtailing or closing certain services such as day services, respite services, and 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**