



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

Oifig an Cheannaire Oibríochtaí,  
Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,  
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23<sup>rd</sup> September 2020

Deputy Holly Cairns,  
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Dublin 2.  
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Dear Deputy Cairns,

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

**PQ 23157/20**

*To ask the Minister for Health the estimated impact of the redeployment of HSE therapists to work as Covid-19 testers and contact tracers on waiting lists and the opening of clinics.*

**HSE Response**

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. These 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.

Effective redeployment of health service employees was a core element of the response in the HSE to COVID-19. Hospital groups and Community Health Organisations (CHOs) temporarily redeployed staff to support their business continuity plans, emerging services developing in direct response to COVID 19 and in response to the health and availability of staff in their own organisations.

Having said that, some services continued with therapists working with service users and their families remotely and using technology in new and effective ways.

In the same way corporate and national services, together with Tusla, also made staff available to support the overall HSE effort during this time.

The HSE's National HR-Strategic Workforce Planning and Intelligence Unit collects information regarding the redeployment of some staff. Many grades and categories of staff including therapists were redeployed and some continue to be redeployed to other services such as the helplines, contact tracing, testing, public health, service support and other areas.

The presence and threat of COVID-19 in Ireland is ongoing and has resulted in significant challenges for service users, their carers and families and for service providers. During these challenging times disability



services and supports such as residential services, day services, home supports, Personal Assistant supports, respite services and children's services were either suspended or delivered in alternative ways in line with Public Health guidance. The HSE is aware that the changes in service delivery have resulted in significant stressors being placed on families and individuals with disabilities across Ireland.

In the absence of regular, scheduled day services, respite supports and multidisciplinary 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. The HSE was also mindful of the will and preference of people in terms of receiving services and in certain instances where personal choice was made to put these services on hold.

The HSE acknowledges that during the current COVID-19 pandemic situation, it has not been possible to maintain full services. It has therefore, been difficult to complete clinical assessments or provide interventions while maintaining social distancing and meeting health and safety requirements.

The HSE is aware of the numbers of children and adults waiting for therapy services and is fully cognisant of the stress this can cause to families. One of the key priorities for the HSE is to improve waiting times for therapy services.

In addition to the significant numbers of additional posts allocated to Primary Care and to Social Care under the Progressing Children's Disabilities Programme in recent years, the HSE is committed to using innovative approaches, involving public, voluntary and private providers, to achieving a targeted reduction in therapy waiting lists.

The HSE is fully committed to working in partnership with service providers to achieve maximum benefits for children with complex needs, and aims to ensure that resources available are used in the most effective manner possible.

NSP 2019 provided for an additional 100 new therapy posts to be implemented over 2019/ 2020. This is additional to existing resources in this area as follows:

- 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.

### **Progressing Disability Services for Children and Young People (PDS)**

Following the publication of the Report of the Reference group on Multidisciplinary Services for Children aged 5 – 18 years (2009), a programme entitled Progressing Disability Services for Children and Young

People (PDS) was established. The programme aims to achieve a national unified approach to delivering disability clinical services so that there is a clear pathway to the services needed for all children with disabilities irrespective of where they live, the school they attend and the nature of their disability.

The PDS programme seeks to reconfigure the existing children's disability services to form geographically based Children's Disability Network Services that are aligned to Community Healthcare Networks.

The HSE is establishing a total of 96 Children's Disability Networks across each of the nine CHOs comprised of Specialist Multi-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 in Quarter 4 2020.

Each Community Healthcare Organisation has well established Local Implementation Group(s) to progress the implementation of this project in their local area. These groups have developed Project Initiation Documents and Implementation Plans specific to their area. The National Community Operations – Disability Team through the National Children's Programme Oversight Group provides support to the Community Healthcare Organisations in this regard.

### **Resumption of Disability Services**

In respect of the provision of Disability Services and in the context of the Government's Resilience & Recovery Framework (2020 – 2021), the HSE regards the provision of disability services as essential to maintaining a response to people with a disability. All disability services must follow public health guidance in this area, including the prevention and management of covid related infection. The HSE and its funded disability partners will continue to provide disability services in line with public health guidance and direction and having regard to the availability of staffing resources.

This must be supported by way of assurance and oversight from the HSE's Chief Clinical Officer along with the NPHET, so that we can do so in a safe manner. This means that therapies, whilst being delivered in new ways, will gradually be re-introduced to children with disabilities. Therefore therapists will be required to revert to their substantive assignment as part of a planned and co-ordinated approach in each CHO.

Reference is drawn to the following HSE weblink which provides updates and guidance for disability service providers, including 'service resumption planning guidance'.

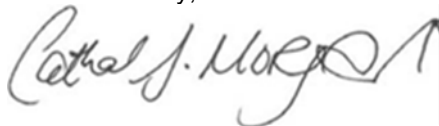
<https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/>

Attention is also drawn to the following important web links which provides up to date information resources in respect of covid.

[www.hspc.ie](http://www.hspc.ie)

<https://www.gov.ie/en/campaigns/c36c85-covid-19-coronavirus/>

Yours sincerely,



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