



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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25th September 2020

Deputy Kathleen Funchion,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
e-mail: kathleen.funchion@oireachtas.ie

Dear Deputy Funchion,

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 23494/20

To ask the Minister for Health the impact on assessment of needs process due to the redeployment of HSE staff.

PQ 23495/20

To ask the Minister for Health the number of children waiting for an autism assessment from initial referral to acceptance by the early years intervention team, from acceptance by the early intervention team to start of assessment, from the start to end of assessment and from the end of assessment or diagnosis to start of actual intervention, respectively by county in tabular form.

HSE Response

Staff Redeployment

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. Many grades and categories of staff including clinicians were redeployed to other services such as the helplines, contact tracing, testing, public health, service support and other areas.

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

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

The HSE acknowledges that during the current COVID-19 pandemic situation, it has not been possible to maintain full services including services provided by community teams. 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 fully committed to working in partnership with service providers to achieve maximum benefits for people with disabilities and their families, and aims to ensure that resources available are used in the most effective manner possible.

Resumption of Disability Services

In the context of the Governments 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-19 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 NPHE, so that we can do so in a safe manner. This means that services, whilst being delivered in new ways, will gradually be re-introduced to people with disabilities. Therefore clinicians 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-19.

www.hspc.ie

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

The HSE and Service Providers recognise the critical need and importance of disability supports for people and their families. The impact of COVID-19 on people's lives has and continues to be very significant. Our collective aim is to restore services in a safe way and in line with the very significant investment made by the State and funded agencies and we will continue to work with service users and their families/carers to ensure that we achieve this aim.

Assessment of Need under Disability Act

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. Since the commencement of Part 2 of the Disability Act in June 2007 the Health Service Executive has endeavoured to meet its legislative requirements as set out in the Act. 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 2 2020. Table 1 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 2, 2020 broken down by CHO Area. The information is based on data extracted from the Assessment Officers' System Database (AOS). 5,533 applications are overdue for completion with 136 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	133	0	133
AREA 2	100	4	96
AREA 3	589	7	582
AREA 4	943	5	938
AREA 5	555	8	547
AREA 6	236	7	229
AREA 7	942	1	941
AREA 8	721	49	672
AREA 9	1314	55	1259
Total	5533	136	5397

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.

The length of time to complete the assessment of need under the Disability Act will vary depending on the person's complexity of need; however, the average duration of the assessment process per report completed in the years from 2010 to 2019 are included in the table below. Please note that this table is based on data extracted from the Assessment Officers' System Database (AOS) and provides the national average for each year.

Year	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
No. of Months	9.5	9.4	8.9	8.9	9.1	10.4	11.5	12.9	18.48	19.8

Overall Reform of Children's Disability Services - Progressing Disability Services Programme

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. The HSE is also 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 by implementing a revised model of care for children's Speech and Language Therapy services and Psychology services and develop new models for Physiotherapy and Occupational 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.

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 Children's Disability Network Teams (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 disability, where they live or where they go to school.

The HSE is establishing 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 2020.

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.

Important contextual information regarding Assessment of Need under Disability Act

In June 2007 Part 2 of the Disability Act (The Act) was commenced for children aged less than 5 years. Since then, 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 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. It should be noted that the clinical teams who complete the assessments are also the teams who deliver intervention.

Prior to the COVID-19 Public Health Emergency there were various measures in place to address the Assessment of Need Waiting list. These are outlined in the following paragraphs.

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. Prior to the public health emergency there was reason to believe that these plans were 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 requires the HSE to provide a consistent approach to Assessments of Need across the country. The HSE acknowledges that this has not always been the case and that approaches to assessment and waiting times varied hugely.

To help address this situation, the HSE developed a Standard Operating Procedure 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.

As required by 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.

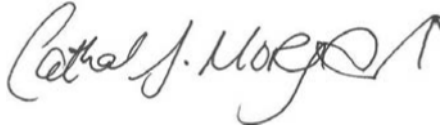
These changes are intended to alleviate the current situation where children in some parts of the country may wait a number of years before they can access an assessment. During this waiting period, they often have little or no access to intervention or support. It is intended that the changes in the SOP, particularly

the new preliminary assessment, will facilitate children with disabilities to access assessment in a timelier fashion.

Implementation of this Standard Operating Procedure was previously deferred to allow further consultation with stakeholders and to facilitate an industrial relations process with staff representative organisations. A lengthy industrial relations process concluded in early January. The outcome of this process has facilitated the HSE to implement this Standard Operating Procedure for all new Assessment of Need applications from 15th January 2020. Some services will have a cohort of outstanding “legacy” AONs that will require a range of diagnostic assessments. AON applications received on or after 15th January will receive a Preliminary Team Assessment (PTA) in line with the SOP.

The HSE believes that the implementation of this SOP, along with the appointment of 100 additional therapy posts and the planned reorganisation to Children’s Disability Network Teams, will have a positive impact on the lives of the children and young people who require our services.

Yours sincerely,



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