



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Oifig an Cheannaire Oibríochtaí,
Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,
31-33 Sráid Chaitríona, Luimneach.

Office of the Head of Operations,
Disability Services/Community Operations,
31-33 Catherine Street, Limerick.

T: 00353 (0) 61 483369

Suíomh Gréasáin/Website: <http://www.hse.ie>

24th March 2021

Deputy Duncan Smith,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
e-mail: duncan.smith@oireachtas.ie

Dear Deputy Smith,

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 13737/21

To ask the Minister for Health his plans for a continuation of long-term residential care for those whose carer's pass away or are no longer able to provide this care; and if he will make a statement on the matter.

HSE Response

Residential services make up the largest part of the Disability funding disbursed by the HSE – over 60% of the total budget of €2.05 billion in 2020.

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.

Prior to the onset of the COVID-19 pandemic, in recognition of the service pressures and capacity issues in the sector, each CHO and all providers of residential services were required to implement measures to maximise to the greatest possible extent, the use of existing residential capacity and improve overall value for money in this sector. A range of control measures have been implemented at CHO level over the past two years to ensure that all service providers at local level prioritise the placement of the most urgent cases. In addition, in order to achieve this objective, the HSE has established an improvement programme involving the establishment of a dedicated team at national level with responsibility for co-ordination and oversight of all residential places.

However, the need for increased residential facilities 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. A significant underlying challenge relates to the latent unmet need for residential and respite care, which exists in our services as a result of the absence of multi-annual investment during the economic downturn. As a result of this we are now experiencing a high annual demand for emergency residential places to respond to the most urgent cases on our waiting list.

HSE Disability Services has introduced a system called the Disability Support Application Management Tool (DSMAT), which enables CHO Areas to record and manage requests for support and to ensure that the application process is equitable and transparent.

The DSMAT provides a consistent listing process for each CHO Area by presenting a detailed profile of the individuals (Adults & Children) who require funded supports outside of the current service quantum.

It captures detailed information on home and family circumstance and a detailed presentation profile of the individuals, including specialised profiles of behavioural intensity, key diagnoses, and complex support needs due to the extent and intensity of intellectual and/or physical & sensory disability. It is important to note that in the absence of a statutory, legislative framework providing entitlement to services, the DSMAT is not a chronological waiting list. Rather, it is a support to CHO area to feed into its decision making process around prioritisation of services subject to budgetary constraints. This necessarily means that services are allocated on the basis of greatest presenting need and associated risk factors.

The demand for full-time residential placements within designated centres is extremely high, and is reflective of the absence of multi-year development funding that has not been in place since 2007/2008. As of July 2020, there were 1,033 Residential Placements applications, of which 329 are classified as emergencies. In July 2019, there were 776 Residential Placements applications, of which 255 were classified as emergencies.

The DSMAT has only recently become established in each of the CHO Areas, so 2019 and 2020 are the first years that we have complete national dataset. However, we can say that in previous years, funding has been allocated in the National Service Plan to provide for additional new emergency residential placements, as follows:

- The HSE responded to 474 “emergency places/cases” between 2014 and 2016.
- NSP 2017 made provision for 185 new emergency residential placements and new home support and in-home respite for 210 additional people who required emergency supports.
- NSP 2018 allocated funding for a further 130 new emergency places together with 255 new home support/in home respite supports for emergency cases.
- NSP 2019 provided for a €15m investment (90 Emergency Residential places) in respect of the provision of planned responses under this category.
- NSP 2020 provided for an additional 56 new emergency residential placements and 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 – At end of December 2020, a total of 86 new emergency places were developed across the 9 CHOs.
- In accordance with the NSP 2021, the HSE has received funding to provide a total of 102 additional residential places comprising of 44 emergency places, 36 planned residential places, in response to current and demographic need, four adult transfers from Tusla and 18 places to support people with disability under the age of 65 to move from nursing homes to their own home in the community.

Each CHO continues to actively manage and mitigate high levels of clinical risk with regard to service users with high levels of acuity/ safeguarding risks, through lower-cost non-residential interventions such as in-home and Residential Respite, active case-management & inter-agency cooperation.

Residential Waiting Lists

The DSMAT is used in conjunction with the HSE Framework for the Management of Residential Supports (including Emergency Placements). It is important to note that the Disability Residential Budget is finite, particularly in the absence of multi-annual funding to increase capacity. Therefore, decisions in respect of allocation of residential placements is based on greatest presenting need and potential associated risk/safeguarding etc. and therefore not on the basis of a chronological waiting list.

This framework refers specifically to the management of residential supports and forms an essential structure to guide both resource allocation as well as streamlined decision making regarding the allocation of resources for residential intervention(s) in each CHO areas. The purpose of this framework is to ensure that:

- An equitable, transparent and consistent practice regarding the prioritisation of need of applicants for residential supports is implemented across and within each of the 9 CHO areas.
- Measures are put in place to ensure residential placements and supports are only considered when all other options such as respite and in home supports have been exhausted.
- A robust review and regular monitoring of the current configuration or delivery of services takes place.
- This document should assist in the strategic planning of residential resources

To meet the demographic challenges associated with the increase in the number of people living with a disability, the increase in age and life expectancy and the changing needs of people with a disability, collaborative working is required across the wider health and social care setting with the aim of improving access to services for all people with a disability.

In addressing this challenge, disability services have a significant programme of reform underway which is informing a new model of service provision. The key policy framework that guides the approach to this objective is 'Transforming Lives' (2016), which contains six priority strands of activity and associated key areas of reform.

As we move through our programme of reform and consolidation of the disability sector, an increasing challenge has been in striking the appropriate balance in relation to the competing need for resources across these national policy objectives and the presenting needs of the disability population.

All funded services are required to deliver safe and effective services within a defined budget allocation. The HSE must ensure that it prioritises available resources on the basis of meeting the health and social needs of people with a disability.

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.

Yours sincerely,



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