



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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21st October 2021

Deputy John Lahart,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
e-mail: john.lahart@oireachtas.ie

Dear Deputy Lahart,

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 49039/21

To ask the Minister for Health the number of additional residential places, respite nights and new emergency residential placements for people with a disability that have been made available since July 2020 by CHO; 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 €2.2 billion in 2021.

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 accordance with the National Service Plan, 2020, the HSE was allocated funding 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 the 2021 National Service Plan, the HSE has been allocated funding to develop an additional 102 new residential places, including 44 emergency places and 36 planned residential placements, 18 residential places for under 65's currently residing in Nursing Home settings, and 4 in year Transitions from Tusla to HSE adult residential services. In addition, €5.2 million was allocated to implement the joint HSE and Tusla interagency protocol, prioritising in 2021 co-funding the placement of 33 children and supporting the move of a number of young adults from Tusla to adult disability services.

In respect of high cost residential placements, as a dedicated improvement programme to respond to high cost residential placements, the HSE established the 'National Placements Oversight & Review Team'. Phase 1 of this programme involved an independent clinical review of existing high cost placements and which is now complete. HSE is now developing the next phase of the programme to coincide with reform of the sector more generally and forthcoming publication of the Capacity review report.

The table below shows the number of residential places available at end of September 2021, broken down by CHO Area. This is the latest data available.

CHO Area	Residential Places Available September 2021
CHO 1	697
CHO 2	857
CHO 3	826
CHO 4	1,059
CHO 5	908
CHO 6	540
CHO 7	1,113
CHO 8	888
CHO 9	1,210
Grand Total	8,098

Emergency Placements

The table below shows the number of new emergency residential placements provided to end of September 2021, broken down by CHO Area.

CHO Area	New Residential Placements	Covid Related	Total
1	1	1	2
2	4		4
3	6	3	9
4	7	2	9
5	10	1	11
6	4		4
7	4	4	8
8	8	2	10
9	5	2	7
Total	49	15	64

In accordance with NSP 2021, Disability Services committed to developing 44 new emergency residential placements in 2021. At end of September 2021 (latest data available), 64 new emergency residential places were developed.

Respite Services

The HSE and its funded Agencies provide respite care to children and adults with disabilities. Respite can occur in a variety of settings for various lengths of time, depending on the needs of the individual service user and their family or carer, and according to available resources. Respite is not always centre-based and can be provided in a number of ways, e.g. Centre based; In-Home; Home-to-Home; Family Support, etc. As a vital part of the continuum of services for families, respite potentially helps prevent out-of-home full-time residential placements, preserves the family unit, and supports family stability.

The HSE is very much aware of the importance of respite service provision for the families of both children and adults with disabilities and is acutely aware of the impact the absence of respite service provision can have on family life.

Unmet Need and growing demand

The provision of residential respite services has come under increasing pressure in the past couple of years due to a number of impacting factors such as,

- an increase in the number of children and adults who are seeking access to respite as a reflection of general population increase;
- increasing levels of complexity across the sector due to better and improved health care;
- an increase in the age of people with a disability resulting in people presenting with “changing needs”.

In addition, a significant number of respite beds have been utilised for long term residential placements due to the presenting complexity of the individual with a disability and also due to home circumstances, therefore, the numbers of people with disabilities in receipt of residential respite services and the corresponding number of respite nights has reduced when compared to previous activity.

A further impact to the delivery of respite has been in response to the regulation of service provision as set by the Health Information and Quality Authority regulatory and policy context. HIQA has established and set the way in which residential/respite services is provided requiring the Agencies comply with regulatory standards in order to meet regulation. Standards specify a requirement for personal and appropriate space impacting on the capacity and Statement of Purpose for a Designated Centre. This has had a direct impact on capacity where respite beds are no longer allowed within a residential setting e.g. vacated by residents who go home at weekends or for holidays, can no longer be used for respite. Implementation of the national policy on congregated settings (Time to Move on from Congregated Settings Policy) is also affecting capacity.

Prior to the public health emergency with regard to COVID-19 and in accordance with the National Service Plan 2020, the HSE was committed to provide 33,712 day only respite sessions and 166,183 nights (with or without day respite) to people with disabilities in 2020.

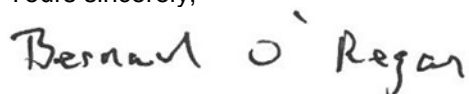
The delivery of Respite Services continued to operate during the pandemic, albeit at a reduced capacity; some centres remained open, while others were temporarily re-purposed as isolation facilities. The number of respite overnights operated at just over 50% of the NSP target for 2020; while the number of day only sessions operated at 62% of 2020 target. This was mainly due to necessary precautions to maintain physical distancing and to adhere to infection prevention and control requirements. Throughout the pandemic, staff and resources associated with closed or curtailed services were redeployed where possible to support residential provision and to provide for targeted in-home, community and tele-/online supports for service users and families based on prioritised needs.

Targeted actions to improve supply

In 2018, the Minister for Health announced an additional €10 million for the HSE, specifically to enhance respite care in the disability sector. The funding provided for the equivalent of 12 new houses, 1 in each CHO, and 3 in the Greater Dublin area together with the development of alternative models of respite such as summer camps, evening and Saturday clubs.

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.

Yours sincerely,



Bernard O'Regan
Head of Operations - Disability Services,
Community Operations