



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/Social Care Division,
31-33 Catherine Street, Limerick.

T: 00353 (0) 61 483369

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

11th October 2021

Deputy Pdraig O'Sullivan,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: padraig.osullivan@oireachtas.ie

Dear Deputy O'Sullivan,

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 46185/21

To ask the Minister for Health the allocation to each service provider in respect of each person with an intellectual disability; the scale of payments; and if he will make a statement on the matter.

PQ 46186/21

To ask the Minister for Health the criteria as to the way in which the money is spent by each service provider in regard to each person with an intellectual disability; and if he will make a statement on the matter.

HSE Response

A wide range of disability services are provided to those with physical, sensory, intellectual disability and autism. Disability services focus on supporting and enabling people with disabilities to maximise their full potential, living ordinary lives in ordinary places, as independently as possible. Disability services strive to ensure the voices of service users and their families are heard, and are fully involved in planning and improving services to meet their needs.

In 2021, Disability Services was allocated c. €2.2 billion to provide a range of services throughout the country across all CHO Areas and in line with nationally agreed policy for disability services, whilst at the same time endeavouring to maximise value. Services include Residential and Respite Services, Day Services, PA and Home Support Services, and Therapeutic Supports. The table below provides a breakdown of the total spend over the last three years by service area.

Service area	2018 Funding €000	2019 Funding €000	2020 Funding €000	2020 funding %
Residential Places	1,111,110	1,185,355	1,254,923	61%
Day Services	389,441	433,254	477,382	23%
Respite	53,595	56,212	70,677	3%
PA & Home Support	80,957	84,909	94,885	5%
Multidisciplinary Support (WTEs)	84,435	88,557	98,704	5%

Other Community Services & Supports	52,762	55,338	57,929	3%
	1,772,300	1,903,625	2,054,500	100%

Disability services are delivered through a mix of HSE direct provision but largely through voluntary service providers, and private providers funded under Section 38 and Section 39 of the Health Act 2004 and governed by way of a Service Arrangement (SA) or Grant Aid Agreement (GA) via 9 X Community Health Organisations.

The HSE works in partnership with organisations including Section 38, Section 39, Out of State and For Profit organisations to ensure the best level of service possible is provided to people with a disability, and their families, within the available resources. The majority of specialised disability provision (80%) is delivered through non-statutory sector service providers.

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 HSE works in partnership with agencies to ensure the best level of service possible is provided to people with a disability and their families, within the resources available.

There is continuous engagement between the HSE, the Community Healthcare Organisations (CHOs) and these agencies to ensure resources are prioritised on the basis of meeting the needs of people with a disability and those caring for them.

Disability services are provided based on the needs of an individual rather than by the actual type of disability or service required and many organisations provide services to both children and adults with intellectual disabilities or with other forms of disability. Many agencies provide ID services and supports to people and families without distinguishing these supports from their general support services being provided.

The HSE acknowledges the role and contribution of non-statutory agencies in the development and provision of health and personal social services and is committed to the development of effective working relationships as enacted by the Health Act 2004.

In 2020, the HSE disability services had approximately 1,060 funded Service Arrangements or Grant Aid Agreements with approximately 419 organisations across all CHO areas providing a wide variety of disability services on behalf of the HSE. These Service Arrangements and Grant Aid Agreements are negotiated by each CHO area and are covered by this Governance Framework.

HSE Governance Framework

The HSE has established a Governance Framework to cover funding relationships with all Non Statutory Agencies. The framework was introduced in order to implement the legislative provisions of the Health Act, 2004 and to reflect the requirements for public accountability whereby the HSE is legally obliged to account for all public expenditure on health and personal social services. There is also a requirement to ensure that value for money is being achieved. In this regard, the framework takes account of the 2005 VFM report of the Comptroller and Auditor General on disability funding. It is the policy of the HSE, that all funding arrangements with non-statutory agencies are formalised by complying with this Governance Framework which has 2 different components:

Part 1 A Service Arrangement that is signed every 3 years by both parties and sets out the legal requirements that the agency must comply with to receive funding for the provision of services.

Part 2 – A Set of 10 Schedules which must be completed and signed by the Agency and the HSE which sets out the detail of the service and the exact funding that the HSE is providing for the delivery of this service. This Set of Schedules also identifies the quality standards and best practice guidelines to be adhered to in the provision of all services, along with the process for managing complaints in relation to service provision. The service arrangement between the HSE and a provider is an important contractual document that sets

out the funding provided by the state to deliver services, and is underpinned by governance and quality policy frameworks. The part 2 service level agreement is completed on an annual basis between the agency and the local Community Healthcare Organisation. As part of the governance process, the HSE receives signed audited accounts from organisations i on an annual basis.

Schedules are renewed annually by local Service Managers with each Provider to reflect the funding for the year in question and the quantum of services to be provided for same.

As Service Providers are obliged to deliver services in line with a Service Arrangement, the HSE is required to monitor the delivery of the services on an ongoing basis. Expected performance levels must be clearly set out in the relevant Schedules. In particular, Schedule 3 - Service Delivery Specification will contain the functional details of the services to be provided under the arrangement; Schedule 4 - Performance Monitoring will contain the agreed performance management requirements and Schedule 5 – Information Requirements will provide business critical information to the Executive i.e. Annual Reports, Audited Accounts and other evaluation reports.

In order to meet these requirements, a clearly defined review process under the SA will be implemented in line with the relevant Clauses and Schedules of the Arrangement. This review will include both submission of documentation and a schedule of review meetings and may entail inspections of the services by the HSE if deemed appropriate.

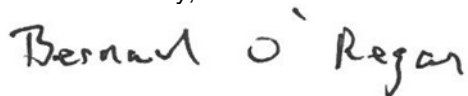
The Control Assurance Process requires the HSE to review a whole range of issues including activity and funding throughout the year and at year end. In this context, any unspent HSE allocation is managed through the governance framework. Any surpluses identified may be recalled or treated as an advance on the following year's allocation and recorded in the schedule 10, which allows changes to service activity and payment by an agreed approval process

The HSE welcomes the recent publication of the Department of Health's "*Disability Capacity Review to 2032 -A Review of Disability Social Care Demand and Capacity Requirements up to 2032*". The Capacity Review provides detailed evidence of the extent of demographic and unmet need and provides detailed estimates of service and expenditure requirements for:

- residential care
- adult day services
- personal assistance and home support
- multidisciplinary therapies
- respite, and other community services and supports.

The Capacity Review emphasises the importance of a planned approach to meeting current and future requirements and the critical need for a multi-annual current and capital funding programme to secure effective and timely delivery, at the most reasonable cost. The HSE strongly welcomes this recommendation and agrees that detailed forward planning underpinned by multi-annual investment is required to ensure that services become available where and when they are needed.

Yours sincerely,



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