

#### Oifig an Cheannaire Oibríochtaí,

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19<sup>th</sup> July 2022

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: 36239/22

To ask the Minister for Health if he will outline the main improvements in the provision of health services for people with a disability since 27 June 2020; and if he will make a statement on the matter.

#### **HSE** Response

The HSE funds specialist disability services for approximately 56,000 people. This includes services provided to around 29,000 adults and children with intellectual disabilities, as well as to service users with physical, sensory or neurological disabilities, or autism.

The allocation of funding to disability services has increased year on year with €2 billion provided in 2020 and €2.2 billion in 2021.

In 2022, Disability Services has been allocated c. €2.3 billion to provide a range of services throughout the country and is spent 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.

It is important to note at this juncture, that by 27<sup>th</sup> June 2020, the country was approximately 3 months into a global pandemic and the provision of services including health services was challenging. However in 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, which included the prioritisation of vital residential and home support services whilst curtailing or closing certain services such as day services, respite services, and 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.

HSE Community Healthcare Organisations (CHOs) proactively engaged with disability service providers to ensure that the appropriate contingency arrangements were made so that the necessary supports were put in place for persons with disabilities during that time.



In addition to additional funding provided to support the provision of services during the pandemic, a significant range of guidance material was developed by Disability Operations in conjunction with other stakeholders to support people with disabilities, families and staff. This has been and continues to be a vital aspect of the provision of safe services to people with disabilities since the beginning of the pandemic in 2020.

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.

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.

The needs of people with a disability extend well beyond health service provision, and the health service participates fully with other Government departments and services in the development of cross-sectoral strategies to maximise access to services and supports for people with disabilities.

In this context, there is a collective effort being made nationally and regionally to fundamentally reform how we deliver services for people with a disability and our commitment to uphold the UN Convention on the Rights of People with a Disability. Under the Transforming Lives policy, this has been a driving force of strong collaborative efforts over many years and where real progress has and continues to be made.

## Disability Services 2021.

The continued collaborative working by the HSE, the voluntary sector and the private sector ensured services were resumed and delivered, including the delivery of new developments, throughout the challenges of COVID-19 and the cyber-attack with the result that in many of the KPI metrics the delivery exceeded the targets set in the NSP 2021.

Since the onset of COVID-19, the HSE has put in place a robust structure and resource allocation to support the 19,000 adults with a disability that access day services. This included planning for the reopening of day service locations and overseeing the gradual restoration of full day services in October 2021.

A significant milestone in the reform of Children's Services in line with Progressing Children's Disability Services was achieved in 2021 with the reconfiguring of all 91 Children's Disability Network Teams (CDNT), thus ensuring that children with complex needs as a result of their disability, and their families, have access to a CDNT close to their home, regardless of their diagnosis, where they live or go to school, and in line with Sláintecare.

An additional 185 development posts have been allocated to children's disability services across the country. The range of posts recruited or in recruitment in 2021 include; dietitians, occupational therapists, physiotherapists, psychologists, speech & language therapists, nurses and some administrative support.

Activity for 2021 indicates that there was significant progress in the number of Assessment of Need reports completed during the year, 8,353 by year end. This led to a significant reduction in the total number of applications 'overdue for completion'. The increase in activity in 2021 can be attributed to the additional funding allocated to the AON process via Slaintecare. This has been utilised to provide additional assessments through a range of options including overtime for existing staff and private procurement. Time to Move On from Congregated Settings is progressing and continues to demonstrate very positive results for service users who have transitioned to living in homes in community settings. Overall, the population in congregated settings was 50% lower than the number identified in the original report; 16 Centres had been fully de-congregated and there were less than 1,600 people remaining in the tracked congregated settings identified in the original report. In 2021, the HSE was allocated an additional €4.1 million to facilitate 144 further moves from congregated to community based settings.



The Personalised Budget Project, which aims to give people with disabilities more control in accessing health funded personal social services, is currently in its demonstration phase and in 2021 up to 180 persons participated in the project by establishing a person managed fund where they are managing the service themselves, or entering into a co-managed arrangement with a current service provider, or utilising the services of a broker to purchase services. The demonstrator projects will be evaluated and the findings assessed, alongside the outcomes achieved by the person and the financial sustainability of the system as a whole.

In 2021, the restoration and continuity of Respite Services was underway in a safe way and the HSE exceeded the target for respite provision in the community, with the number of respite overnights operating at 4.5% ahead of the NSP target. The HSE also developed nine new centre-based respite services, providing some 10,400 additional respite nights along with a range of alternative respite projects including Saturday clubs, breakaway schemes, and summer schemes. Funding of €8 million was allocated for the upgrade/replacement of transport vehicles for residential and respite services across the country.

In 2021, Disability Services developed 91 new emergency residential places together with a further 437 new intensive transitional home support packages for children and young people with complex/high support needs.

A project commenced in 2021 to support 18 people aged under 65 living in nursing homes to move to homes of their choosing in the community. A Project Lead was appointed to undertake a mapping exercise of the current population of people under 65 in nursing homes to determine the level of need and funding, both for supports and housing, and to develop the pathway to appropriate support arrangements.

## Disability Services 2022.

The key priority areas for action in disability services provision as per the 2022 Service Plan is to support mainstream person-centred community-based supports for people with disabilities and their families. Work is ongoing in these areas which are as follows:

#### **Residential supports**

- Provide a range of residential supports creating 106 additional places in response to current and demographic need through investment in 50 places responding to priority needs, 36 planned residential places, 10 supported living places and 10 intensive home support packages to support transitions and discharges from acute services and the National Rehabilitation Hospital
- Provide 12 residential packages to support young adults ageing out of Tusla services
- Commence a demonstration project in Community Healthcare West to develop planned access to residential services.

# Respite services

- Establish three additional specialist centre-based services to provide 4,032 nights to 90 children, one
  to be Prader-Willi appropriate and the other two to provide high-support respite for children and
  young adults with complex support needs, in addition to seven further respite services which will
  provide 9,408 nights to 245 children and adults in a full year
- Provide 53 additional intensive respite support packages to children and young adults.

# Personalised assistant supports and services

- Deliver 120,000 additional hours of personal assistant supports and 30,000 additional hours of home supports to expand and enhance supports for people to live self-directed lives in their own communities
- Develop a protocol for the eligibility and allocation of personal assistant services based on a universally agreed definition, in collaboration with DCEDIY, people with disabilities and providers.



#### Day services

- Provide an additional 1,700 day service places for school leavers and graduates of rehabilitative training
- Develop and implement a process for identifying and managing day service vacancies
- The HSE, DoH, Department of Education and Department of Higher Education to engage regarding post-secondary school pathways for young people to provide the fullest array of options including day services, access to further and higher education and apprenticeships.

#### Multi-disciplinary services and assessment of need for children

- Continue to implement the National Access Policy within CHOs through the Children's Disability Network Teams (CDNTs) and progress the delivery of the assessment of need process in line with legal requirements.
- Provide 190 additional multi-disciplinary, administration and specialised posts for CDNTs to improve assessment of need and intervention, and to develop specialised services and supports in line with the recommendations of the Report of National Advisory Group on Specialist Supports for Deaf Children to National PDS 0-18s Working Group
- Review the development and delivery of specialised services and supports to support CDNTs in line with the Guidance on Specialist Supports 2016.
- Implement a two-year demonstration project in two CHOs in support of CDNTs to manage children who have behaviours that challenge, and their families
- Implement capacity-building initiatives, including in the area of digital and assistive technology, in CDNTs which will enhance their ability to deliver quality services and supports in line with UNCRPD principles
- Review the delivery of integrated services and supports for children with disabilities, in particular at
  the interfaces between disability, mental health, primary and community care, acute hospitals and
  other specialised services.

# Time to Move On from Congregated Settings – A Strategy for Community Inclusion

- Provide 143 people with a disability living in congregated settings with more person-centred homes in the community
- Continue capacity-building work in services to support the change from an institutional model of service to a person-centred model of support in the community
- Support 63 people with disabilities (<65yrs) inappropriately placed in nursing homes to transition to more appropriate placements in the community and progress implementation of the recommendations of the Ombudsman Report in line with the HSE Action Plan, including working with acute services to plan with people to prevent inappropriate discharges to nursing homes.

# Progress the full implementation of agreed joint protocols underpinning interagency arrangements between HSE community and acute hospital services in partnership with Tusla

Work towards the full implementation of the recommendations arising from the Children's Ombudsman Report, in partnership with Tusla, including the need to identify, within existing budgets, supports to respond to the needs of children and young people in foster care arrangements that have been assessed as having a moderate to profound disability.



#### Sector development

Stand-up the National Placement Assessment and Oversight Team to work with CHOs to review and analyse high cost residential placements and support people to move to their home community with appropriate supports.

#### Personalised budgets

Advance the personalised budget demonstration projects for 180 adults with disabilities who have expressed an interest in participating in the project, which will inform Government consideration of a viable funding model for those who wish to avail of it.

#### Consultation and engagement structures

Ensure the effective participation of people with a disability in decision making and planning for ordinary lives in ordinary places through the implementation of the recommendations of the report: Effective Participation in Decision-making through engagement with the Disabled Persons Organisations and other relevant stakeholders

Progress a range of actions to support dialogue and collaborative working with voluntary organisations, including those representing section 38 and section 39 providers, and people with disabilities and their families.

# **Neuro-Rehabilitation Strategy**

Progress the implementation of the managed clinical network demonstrator project in two CHOs.

#### **Autism Report**

Continue to implement the recommendations of the 2018 Autism Report, led by the Autism Programme Board, prioritising the implementation of a tiered model of assessment and improved access to information and resources.

Progress implementation of an ICT / eHealth Case Management Programme across the disability sector

- Develop an integrated case management system for all 91 Children's Disability Network teams
- Develop a new integrated assessment of need tracking system for children and adults and a new integrated national day services database whilst working with the Community Digital Oversight Group to develop disability information requirements within the Integrated Community Case Management System. Implementation of the National Ability Supports System (NASS) will remain a priority throughout 2022.

Yours Sincerely,

Mr Bernard O'Regan,

Head of Operations - Disability Services,

Bernard O Regar

**Community Operations** 

