



Oifig an Cheannaire Oibríochtaí,
Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,
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25th July 2022

Deputy David Cullinane,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: david.cullinane@oireachtas.ie

Dear Deputy Cullinane,

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 37057/22

To ask the Minister for Health the number of new disability residential places which were funded and provided in 2022; and if he will make a statement on the matter.

PQ 37059/22

To ask the Minister for Health the number of persons on the HSE emergency, urgent and non-urgent disability residential care waiting lists; and if he will make a statement on the matter.

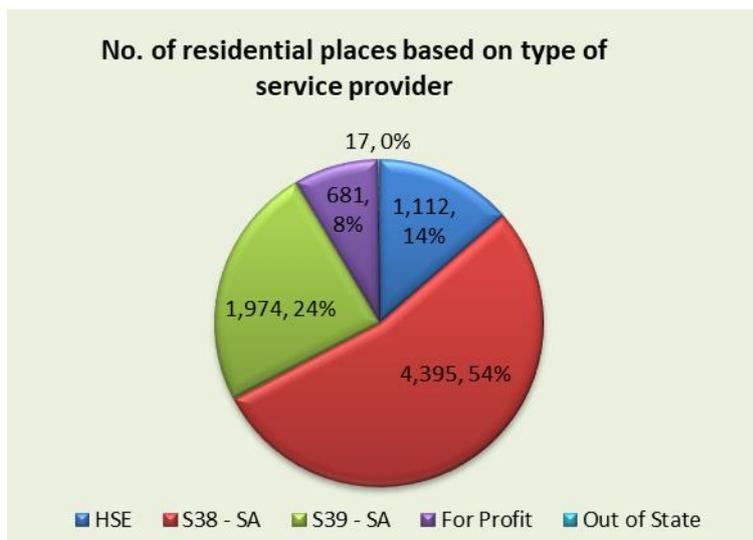
HSE Response

Residential services make up the largest part of the Disability funding disbursed by the HSE – over 60% of the total budget of €2.3 billion in 2022.

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 6,389 places, or 78%. The HSE itself provides 1,112 or 14% of the places. While 681 places or 8% are provided by Private-for-Profit agencies.

The HSE developed a Residential Capacity Database to capture the number of residential placements / contract capacity per the service arrangement between the nine CHO area and the service provider agencies. The end of May position indicates that there were 8,178 residential places for people with a disability in May 2022. A number of new emergency residential places have been added to the residential base, which results in a capacity increase. However, it should also be noted that Residential Capacity will also reduce during the year as a result of the loss of places in congregated settings due to deaths, which cannot be re-utilised. This is in keeping with Government policy, which is to move away from institutionalised settings (i.e. Time to Move On from Congregate Settings) where the State is actively implementing a policy that will have a bed reduction impact. In addition, “in-year” capacity (bed) levels will also be impacted negatively as a result of regulatory requirements; that is, where an inspection outcome leads to capacity being reduced.





In accordance with the NSP 2022, the HSE has been allocated funding to 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. The HSE will also provide 12 residential packages to support young adults ageing out of Tusla services; and commence a demonstration project in Community Healthcare West to develop planned access to residential services.

In addition, the HSE has committed to provide 143 people with a disability living in congregated settings with more person-centred homes in the community and support 63 people with disabilities (<65yrs) inappropriately placed in nursing homes to transition to more appropriate placements in the community.

The table below shows the number of residential places available at end of May 2022, broken down by CHO Area. This is the latest data available.

CHO Area	Residential Places Available May 2022
CHO 1	693
CHO 2	874
CHO 3	837
CHO 4	1,069
CHO 5	908
CHO 6	537
CHO 7	1,132
CHO 8	914
CHO 9	1,214
Grand Total	8,178

The HSE acknowledges that 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 have all led to the need for increased residential facilities. In this regard, 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.

Disability Support Application Management Tool (DSMAT)

HSE Disability Services has introduced a system called the Disability Support Application Management Tool (DSMAT), which enables Community Healthcare Organisation (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 circumstances 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 the CHO area to feed into its decision making process around prioritisation of services subject to budgetary constraints. This 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 2022 - National Aggregation: there are 1,243 Residential Placements required, of which 368 are classified by CHOs as emergency residential.

It should be noted that DSMAT is not a chronological waiting list. The allocation of service is made on the basis of presenting need and/or associated risk factors. Each CHO continues to actively manage applications for support from 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 and inter-agency cooperation.

The DSMAT is used in conjunction with the HSE Framework for the Management of Residential Supports (including Emergency Placements). 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

Emergency Residential Placements

In previous years, funding has been allocated in the National Service Plan to provide for additional new emergency residential placements, as follows:

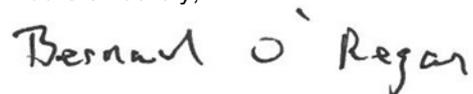


- The HSE responded to 474 “emergency places/cases” between 2014 and 2016.
- NSP 2017 made provision for 185 new emergency residential placements and new home support and in-home respite for 210 additional people who required emergency supports.
- NSP 2018 allocated funding for a further 130 new emergency 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 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. At end of December 2021, 91 new emergency residential places were developed; a further 16 planned residential places also opened in 2021, while the 4 adult transfers to Tusla also took place. A further 14 people aged under 65 living in nursing homes were supported to move to homes of their choosing in the community, during the year.
- In accordance with the NSP 2022, the HSE has been allocated funding to 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. The HSE will also provide 12 residential packages to support young adults ageing out of Tusla services; and commence a demonstration project in Community Healthcare West to develop planned access to residential services.

In accordance with NSP 2022, Disability Services committed to developing 50 new emergency residential placements and 422 in home respite supports for emergency cases; this includes 402 packages put in place in 2021 which have been maintained in 2022, plus 10 new supported living packages and 10 new intensive support packages outlined in NSP 2022. At end of May 2022, 37 new emergency residential places were developed together with 8 new intensive support packages and 5 new supported living packages.

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

