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21st June 2022

Deputy Thomas Gould,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: thomas.gould@oireachtas.ie

Dear Deputy Gould,

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: 29499/22

To ask the Minister for Health the average waiting time from submission of business case to approval by the HSE for an adult residential placement.

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 6,368 places, or 78%. The HSE itself provides 1,120 or 14% of the places. While 642 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 year position indicates that there were 8,146 residential places for people with a disability in December 2021, which is 0.2% (16) more than the 8,130 profiled target in NSP 2021. 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 RIPs, which could not 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.

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.

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 the DSMAT is not a chronological waiting list, an average waiting time from application to placement in a residential service cannot be given. 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

The cost of procuring Emergency Placements has increased significantly over the last few years. This is mainly due to the absence of multi-annual funding, which is forcing CHO's to procure new residential services on a single placement basis only at substantially higher cost than could be achieved through an appropriately commissioned multi-annual investment programme.

The pent-up demand for residential placements means that only the most extreme risk cases can be prioritised. With that comes added levels of complexity at greater cost, which is further exacerbated through procurement on a single placement basis.

The rationale behind the development of Planned Residential Services and the significant investment that this would entail is to commence a process that would stabilise residential requirements. This investment would see the development of additional services in each Community Healthcare Organisation. A tendering process, linked to multi-annual funding and the planned availability of housing in conjunction with relevant Government departments, will see the HSE move from being price takers to achieving a more responsive market with the best value being achieved. This approach will also facilitate a move away from individual bespoke arrangements which today can cost up to €600k per individual per annum to a community setting where 3 to 4 people with similar needs can be supported at a cost of €800,000 /€1,200,000 per annum.

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 the publication of the Capacity Review report.

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.

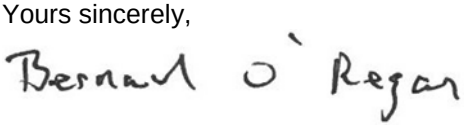
- NSP 2020 provided for an additional 56 new emergency residential placements and eight appropriate residential places for people currently living in respite care as an emergency response to their needs, while also freeing up the vacated respite accommodation for future use – At end of December 2020, 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.

Yours sincerely,



Bernard O'Regan
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Community Operations