



Oifig an Cheannaire Oibríochtaí,
Na Seirbhísí Míchumais/An Rannán Cúram Sóisialta,
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1st March 2023

Deputy Denise Mitchell,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: denise.mitchell@oireachtas.ie

Dear Deputy Mitchell,

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 8774/23

To ask the Minister for Health the maximum capacity of residential beds for people with intellectual disabilities in Dublin; and the number of those bed currently occupied broken down by CHO, in tabular form.

PQ 8775/23

To ask the Minister for Health the number of respite hours available to adults with intellectual disabilities in Dublin; if there are any plans to increase the number of respite hours available; and if he will make a statement on the matter.

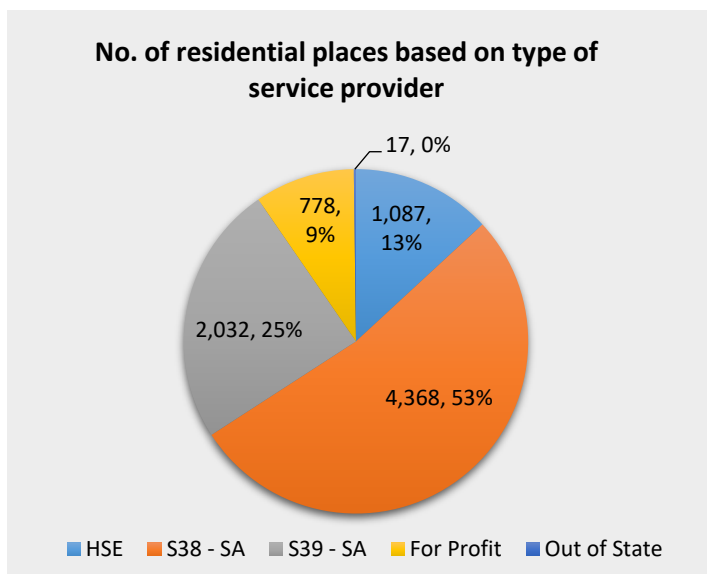
HSE Response

Disability Residential Services

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 6,399 places, or 78%. The HSE itself provides 1,087 or 13% of the places. While 778 places or 9% 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 December position indicates that there were 8,282 residential places for people with a disability in 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.

The table below shows the number of residential places available at end of December 2022, broken down by CHO Area. All of CHO 9 and parts of CHO 6 and CHO 7 are within the wider Dublin area. See relevant CHO areas highlighted below.

CHO Area	Residential Places Available December 2022
CHO 1	695
CHO 2	900
CHO 3	802
CHO 4	1,114
CHO 5	914
CHO 6	544.5
CHO 7	1,144
CHO 8	916
CHO 9	1,253
Grand Total	8,282

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. The HSE also engages with the Department of Health during the Estimates process to highlight the growing need for residential places for people with a disability and to emphasise the need for additional funding to meet this need.



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.

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.

In addition, there are ongoing challenges in relation to the recruitment of staff across a range of disciplines and grades; the procurement of appropriate housing in a buoyant housing market; and the undertaking of necessary works to ensure HIQA compliance.

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 December 2022 - National Aggregation, there were 1,205 Residential Placements applications, of which 315 are classified as emergencies.

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. At end of December 2018, a total of 86 new emergency places were developed across the 9 CHOs.
- NSP 2019 provided for a €15m investment (90 Emergency Residential places) in respect of the provision of planned responses under this category. At end December, a total of 80 new emergency places were developed across the 9 CHOs.
- 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 25 planned residential places also opened in 2021, while the 4 adult transfers to Tusla also took place. A further 19 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 was 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 NSP also allocated €5.5m in funding to support a further 63 people to move from nursing home settings to homes of their choosing in the community. This project is being delivered by the nine Community Healthcare Areas (CHOs) and each Area is working within this budget. The HSE also committed to providing 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. At end of December 2022, 103 new emergency residential places were developed together with 11 Planned Residential places and 18 new intensive support packages and 19 new supported living packages. The CHO Areas indicated that 22 people transitioned from Nursing Homes to homes of their choosing in the community to date and 32 packages to support adults ageing out of Tusla services were put in place.

Disability Capacity Review

The HSE welcomed the 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 HSE has worked collaboratively with the Government in undertaking the Capacity Review of the Disability Sector to provide the framework within which services could develop over the coming decade and provided demand data from the DSMAT system to inform projections of need. Accordingly, the



Disability Capacity Review has projected a need for a minimum of an additional 1,900 residential places by 2032 under a minimum projection and an extra 3,900 in order to return to levels of provision prior to the beginning of the 2008 recession. Moreover, the central projection of the Capacity Review suggests that adults with intellectual disabilities requiring specialist services will increase by a sixth between 2018 and 2032, with fastest growth for young adults (up a third by 2032) and over 55s (up a quarter). These projections include an average of approximately 90 new residential places that will be needed each year from 2020 to 2032 to accommodate changes in the size and age structure of the disability population.

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 welcomed 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.

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 Review accepts that significant investment across all health services over the period up to 2032 is required in tandem with a fundamental programme of reform. The HSE welcomes the work being done, lead by the Department of Health but involving other relevant Government Departments, to develop a comprehensive Action Plan to develop services on a “whole of Government” basis to meet current and future needs for disabled children and adults.

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 the impact the absence of respite service provision can have on other services being delivered.

Please see Table below which provides details of the respite services accessed by people with a disability in 2022. The delivery of Respite Services continued to operate during the pandemic, albeit at a reduced capacity due to infection prevention and control and physical distancing requirements. Nevertheless, the number of respite overnights (131,057) was 41.6% ahead of the target for the year of 92,555, which is reflective of the easing of restrictions in 2022. The number of day only sessions (28,369) was also significantly ahead of the target of 22,474 for 2022.

All of CHO 9 and parts of CHO 6 and CHO 7 are within the wider Dublin area. See relevant CHO areas highlighted below.

CHO	No. of overnights (with or without day respite) accessed by people with a disability	No of day only respite sessions accessed by people with a disability
	2022	2022



National Total	131,057	28,369
CHO 1	6,006	7,486
CHO 2	33,105	4,818
CHO 3	12,879	1,932
CHO 4	13,108	1,476
CHO 5	10,170	4,965
CHO 6	9,754	2,410
CHO 7	16,298	892
CHO 8	16,379	1,357
CHO 9	13,358	3,033

CHO Areas also put in place a range of alternative respite activities, including Summer Camps, after-school respite services, Saturday Clubs and other community based respite support activities that are designed to meet the needs of children and families, particularly over the Summer Months. This also includes in family support and in-home respite support.

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.

2022 Developments

In accordance with the NSP 2022, the key priority areas in relation to Respite Services for people with disabilities and their families are:

- 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 additional intensive respite support packages to children and young adults.

This is a key priority area for the HSE in relation to Respite Services for people with disabilities and their families and follows on from the significant investment in respite services in 2021.



Currently each CHO is working to implement these developments, including tendering where necessary, identifying appropriate facilities, recruiting staff and securing registration with HIQA. This work will influence the location and timeframe for the delivery of the ten additional centre-based respite services in all of the nine Community Healthcare Areas.

The HSE awaits the publication of the 2023 National Service Plan which will inform any further planned development of respite services.

Yours sincerely,

A handwritten signature in black ink that reads "Bernard O'Regan". The signature is written in a cursive style with a clear, legible font.

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