



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,
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4th August 2023

Deputy Éamon Ó Cuív,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: eamon.ocuiv@oireachtas.ie

Dear Deputy Ó Cuív,

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.

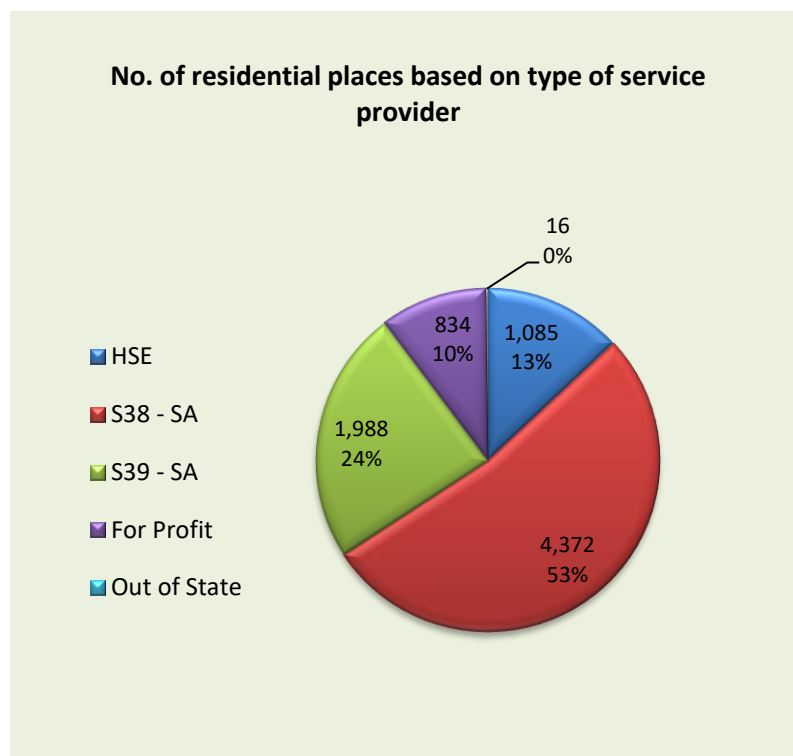
PQ: 36867/23

To ask the Minister for Children; Equality; Disability; Integration and Youth whether it is intended to provide significant extra funding for full-time residential places for people with high dependency needs in view of the waiting lists for such services and the waiting lists for same; 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 – and 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 6,360 places, or 77%. The HSE itself provides 1,085 or 13% of the places. While 834 places or 10% are provided by Private-for-Profit agencies. Please see the Pie Chart on the next page depicting this information.





The HSE developed a Residential Capacity Database to capture the number of residential placements / contract capacity per the service arrangement between the nine CHO areas and the service provider agencies. The end of April 2023 position indicates that there were 8,296 residential places for people with a disability. 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 2020, 2021, 2022 and end of April 2023 broken down by CHO Area.

CHO	Residential Places Available December 2020	Residential Places Available December 2021	Residential Places Available December 2022	Residential Places Available April 2023
CHO 1	709	694	695	698
CHO 2	847	864	900	860
CHO 3	819	827	802	808
CHO 4	1,072	1,071	1,114	1,113
CHO 5	886	903	914	913
CHO 6	568	541	545	546
CHO 7	1,106	1,126	1,144	1,175
CHO 8	879	904	916	926
CHO 9	1,253	1,216	1,253	1,257
Total	8,139	8,146	8,283	8,296



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.

Disability Support Application Management Tool (DSMAT)

The 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.

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Applications for services entered into the DSMAT tool by CHO areas are primarily categorised as Residential or Non-Residential. In this regard, the breakdown of requests for Residential Placements for the past number of years is as follows:

National Aggregation for 2019 to 2023. (DSMAT was not in operation in 2018)

The figures below represent a "point in time" analysis and may not include applications received in to the CHO but not yet processed onto the DSMAT tool.

Residential Services

Total Applicants New Residential Service	2019	2020	2021	2022	Mid. Yr. 2023
	776	1033	1158	1205	1296

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 Mid Year 2023, there are 1,296 Residential Placements applications.

Finally, 211 applications are linked to applications on behalf of existing persons in residential services in which there is significant changing need due to ageing, mental health, behavioural presentation etc, and there is a required need for additional funded supports on a recurring basis within the designated centres. Such requirement for additional resource is also frequently an outcome of regulatory escalation by the HIQA Disability Inspectorate.

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.



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.

In accordance with the NSP 2023, the HSE has been allocated funding to provide a range of residential supports including as follows:

- Provide 43 additional residential places in response to current need (*At end of April 2023, 43 new emergency residential places were developed*).
- Support 18 delayed transfers of care in line with the Winter Plan (*27 people received new residential places with 3 further receiving home care packages*).



- Provide 23 residential care packages to young people ageing out of Tusla services in line with the Joint Protocol.
- Consider a sustainable funding model for residential services, incorporating the early learning from the pilot project commenced in Community Healthcare West in 2022, the work of the National Placement Improvement Programme and the Disability Supports Management Application Tool.

Estimates Process

Prior to the publication of the Annual Service Plan and the allocation of funding commensurate with that plan, based on government direction and the economic environment, the HSE establishes a process and accountability route to identify financial and human resource requirements for the following year for the totality of the organisation. This typically includes: Existing Levels of Service, Service Priorities, Government Policy, Strategic Direction of HSE and service efficiencies / initiatives.

Each year the HSE participates in the Estimates Process with the Department of Health and makes a submission for additional monies to meet the health and social care needs of the population it services.

The Disability Service makes submissions for additional funding for all services including Residential Services as a key element of its submission. Any new funding secured is allocated to the CHOs to provide services to those with the greatest need (priority basis).

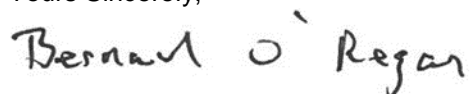
The HSE makes every effort to secure multi-annual investment for all services, including residential services via the Estimates process and is very conscious of the need to deliver disability policy on a more sustainable footing given the significant levels of need for increased and more effective services and supports to enable people with a disability to live independent lives in their own community.

Future Planning

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.

The Department of Health's 2021 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.

Yours Sincerely,



**Mr Bernard O'Regan,
Head of Operations
Disability Services, Community Operations**

