



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,
31-33 Catherine Street, Limerick.

T: 00353 (0) 61 483369
Suíomh Gréasáin/Website: <http://www.hse.ie>

26th June 2023

Deputy Claire Kerrane,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: claire.kerrane@oireachtas.ie

Dear Deputy Hourigan,

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: 2827823

To ask the Minister for Children; Equality; Disability; Integration and Youth if he will provide a list of HSE-run residential care homes for persons with mental health difficulties and an acquired brain injury in the State; how many beds are there in the State for such residential places for these vulnerable persons to support them, especially when care at home can no longer be provided as parents get older; what plans are there to increase these places; and if he will make a statement on the matter.

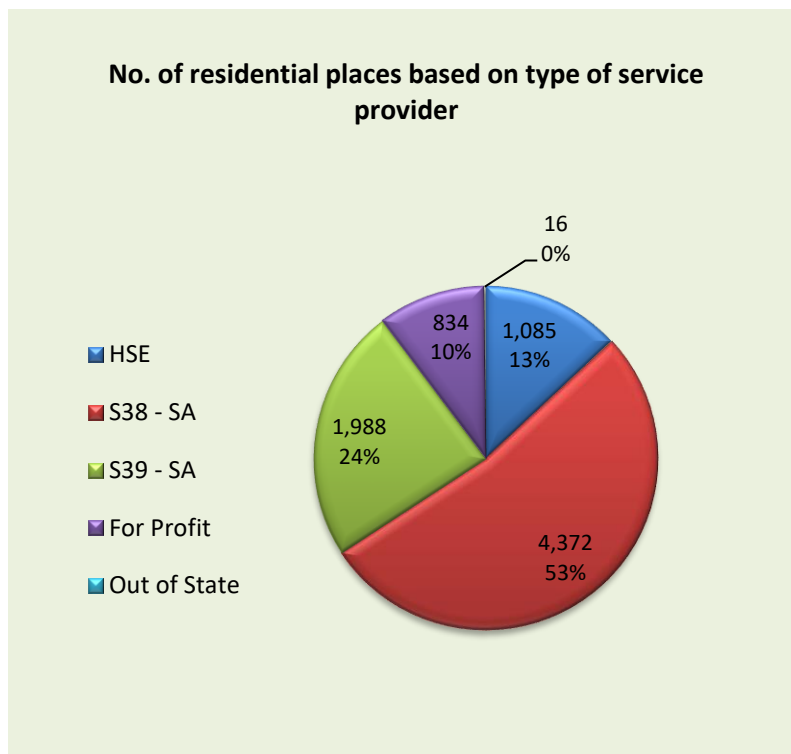
HSE Response

In 2023, Disability Services is allocated c. €2.6 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 and Rehabilitative Training, PA and Home Support Services, Therapeutic Supports, and Neuro-rehabilitation Services.

Residential Services

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.





There are approximately 1,504 registered residential centres for people with disabilities. The list of centres can be accessed at the link below.

<https://www.hiqa.ie/areas-we-work/disability-services>

Of the 1,504 centres, the Health Service Executive is the Registered Provider for 160 centres. I attach the excel sheet which has been filtered to give the list of HSE Centres.

Each centre must have a Statement of Purpose which describes the purpose and function of the designated centre. The document must describe the specific care and support needs the designated centre is intended to meet and how the designated centre will provide for the specific care and support needs of each resident. The Statement of Purpose must describe the age range and gender of residents to be accommodated, the provisions of care for persons with disabilities, the level of disabilities which the centre can provide for e.g. mild, moderate, severe and if the centre caters for residents with other conditions such as mental health issues, autism and physical/mobility issues.

It is not possible to give specific information on which services exactly can meet the needs of people with mental health difficulties and an acquired brain injury, however enquiries can be made to the centres regarding their Statement of Purpose and the supports that the centre aims to provide.

Acquired Brain Injury Ireland (ABII)

The HSE funds a variety of organisations who provide supports to people with disabilities. This includes Acquired Brain Injury Ireland (ABII) which is a Section 39 voluntary organisation set up in June 2000 in response to the need for services for people with an Acquired Brain Injury (ABI).

ABII aims to enable people with ABI to live an independent life in the community, by providing and maintaining a supportive living environment.

ABII works in partnership with the HSE to provide a range of flexible and tailor made services for people with acquired brain injury, in direct response to local identified needs. Services provided by ABII nationwide include:



- Fourteen Assisted Living Services;
- Home & Community Rehabilitation / Outreach Services;
- Day Resource Services;
- Family Support Services / Home Liaison / Social Work;
- Psychological Services; and
- Acquired Brain Injury Awareness Information, Training and Education Programmes.

In addition, ABII is also known as the Peter Bradley Foundation which is the registered Provider for 15 residential centres around the country.

There are many other organisations (including S38, S39 and For Profit) funded by the HSE who are providing services to people with disabilities who may have an acquired brain injury and or/ mental health difficulties.

A Vision for Change recommends that specialist Mental Health Intellectual Disability (MHID) services are required for those with moderate or greater degrees of intellectual disability and co-morbid mental illness/behavioural problems. These individuals need to be responded to based on age related mental health service i.e. Child and Adolescent Intellectual Disability Mental Health Services (CAMHS-ID) and Adult MHID services.

In addition, approximately a third of those with mild learning disability who develop a co-morbid mental illness may be better served by specialist age related MHID services.

St. Joseph's Intellectual Disability Service (IDS) is located in St. Ita's Campus (formerly St Ita's Hospital) in Portrane, Co. Dublin. St Joseph's IDS caters for the Dublin North, Dublin North Central and Dublin North West Community Healthcare Organisation and consists of a daycare unit, a challenging behaviour day care unit and several residential units. It is funded through Mental Health and is an Approved Centre under the Mental Health Act 2001, and is inspected and approved by the Mental Health Commission.

St Brigid's Mental Health Intellectual Disability Services in Ballinasloe similarly provides services for people with ID and is an Approved Centre under the Mental Health Commission.

National Model of Service

People with intellectual disability should be able to access support from mental health services in the same way as the general population, within a framework which is multi-disciplinary and catchment area- based. Team members should have appropriate training and expertise, and teams should be suitably resourced.

To support achieving this, the HSE has developed a National Model of Service, which proposes a framework for providing specialist mental health services for people with an intellectual disability. It recognises the strengths of existing services while acknowledging the challenges that must be faced. It was developed following extensive consultation with clinicians, service users, families and service providers, and innovation and international best practice reviews. The document was led on by the offices of the National Mental Health of Intellectual Disability (MHID) Clinical Developmental Lead and Service Improvement Lead.

The primary aim of the model is to improve the mental health service experience and outcomes for people with an intellectual disability and their supporters. The model's main recommendations are:

1. Mental health services for people with intellectual disability should be provided by a specialist mental health of intellectual disability (MHID) team that is catchment area-based. The multidisciplinary MHID teams should be provided on the basis of two per 300,000 population for adults with intellectual disability.



2. These services should be distinct and separate from, but closely linked to, the multidisciplinary teams in Intellectual Disability Services, who provide a health and social care service for people with intellectual disability.
3. The core multidisciplinary team to deliver mental health services to adults with intellectual disability and a mental health problem and or challenging behaviour (where there is some suspicion of mental illness) should comprise key individuals from the disciplines of psychiatry, psychology, nursing, social work, occupational therapy (OT) and speech and language therapy (SaLT), in addition to an administrator.
4. The transition of care between child and adult MHID services is vital.
5. Model of service should be reviewed and updated where appropriate, within a two-year timeframe.
6. Although this model provides national guidance, it is not a prescriptive approach but rather a flexible guide. Teams should decide how best to encompass national standards, but also how to adopt the model as necessary, based on local requirements and geography.

Mental Health Intellectual Disability Team

An MHID team is a specialist adult mental health service specifically for adults with an intellectual disability. It is a multi-disciplinary team, with clinicians who have the appropriate training and experience to better assess and treat this population, taking into account their specific needs.

An MHID service is a distinct and separate service but aims to complement and be closely linked to, the services provided by primary care, disability services and community mental health teams, who provide health and social care services for people with intellectual disability.

Individuals living with mental illness are usually supported by the MHID team for limited periods of time to provide specialist mental health assessment and intervention. As the person's mental health improves the MHID team will plan discharge back to primary care with a recovery plan for staying well and how to access the team again if needed.

Over the last several years the HSE, in partnership with voluntary disability services, are continuing to establish MHID teams across the country, evolving this service in line with A Vision for Change (2006) and the more recent, Sharing the Vision, A Mental Health Policy for Everyone (2020), both of which were published as blueprints for future mental health services.

Neuro-Rehabilitative Services

Neuro-rehabilitation services play a critical role in supporting recovery and/or maximising ability of those with neurological conditions.

The Neuro-Rehabilitation Strategy Implementation Framework (IF) was launched in February 2019. The overarching aim of the Strategy is the development of neuro-rehabilitation services to improve patient outcomes by providing safe, high quality, person-centred neuro-rehabilitation at the lowest appropriate level of complexity. This must be integrated across the care pathway and provided as close to home as possible or in specialist centres where necessary. These services are to be configured into population based Managed Clinical Rehabilitation Networks (MCRNs). The overarching aim is the development of population based MCRN's around the country.

There are two CNRTs in existence that predate the strategy, in CHO 1 and CHO 3. There is currently no Community Neuro-Rehabilitation Team operational within CHO 5, 8 and 9. Moving forward with the strategy, the plan will be to enhance the existing CNRTs in CHO 1 and 3 and to create a population-based Community Neuro-Rehabilitation Team within each CHO or RHA following the implementation of the new Regional Health Areas within Sláintecare.



Residential Capacity Database

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 April 2023, broken down by CHO Area. This is the latest data available.

CHO Area	Residential Places Available April 2023
CHO 1	698
CHO 2	860
CHO 3	808
CHO 4	1,113
CHO 5	913
CHO 6	546
CHO 7	1,175
CHO 8	926
CHO 9	1,257
Grand Total	8,296

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.

Future Planning

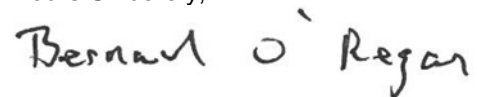
The demand for full-time residential placements within designated centres is extremely high and is reflective of the absence of multi-year development funding that has not been in place since 2007/2008.



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.

However, it is important to state that 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.

Yours Sincerely,

A handwritten signature in black ink that reads "Bernard O'Regan". The signature is written in a cursive, slightly slanted style.

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

