



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

**Report to the Minister for Primary and Social Care at the  
Department of Health**

**As provided for under Section 13 of the Disability Act 2005  
in respect of data collected in 2015**

**Based on data extracted from the Assessment Officer System Database**

<b>SECTION</b>	<b>CONTENTS</b>	<b>PAGE</b>
<b>A</b>	<b>BACKGROUND</b>	
	Introduction	2
	Provisions of the Legislation and Regulations - Assessment Report	2
	Provisions of the Legislation and Regulations - Service Statement	2
	Provisions of the Legislation – Maintaining Records and Reporting	3
	Compliance with Reporting Obligations	3
<b>B</b>	<b>BUILDING CHILDREN’S DISABILITY TEAMS</b>	
	The Progressing Disability Services for Children and Young People Programme – (0-18s Programme)	4
	National Disability Authority Report on the Practice of Assessment of Need under Part 2 of the Disability Act 2005	5
<b>C</b>	<b>ACTIVITY DATA 2014</b>	
	Table 1 - Number of Applications Received - Summary Totals	6
	Figure 1 - Completed Applications	7
	Figure 2 – Age Profile of Applicants	7
	Number of Applications Acknowledged	7
	Table 2 - Number of Applications Commenced Stage 2	8
	Table 3 - Number of Assessment Reports Completed	8
	Figure 3 - Reports Completed by Disability	9
	Table 4 - Applications Overdue to Commence Stage 2	9
	Table 5 - Applications Overdue for Completion (1)	10
	Table 6 - Applications Overdue for Completion (2)	10
	Table 7 - Service Statements Completed	11
	Table 8 – Applicants 5 years and over	11
	Table 9 – Comparison of Activity 2013-2014	11
<b>D</b>	<b>IDENTIFYING THE RESOURCE REQUIREMENT</b>	
	Resource Availability	12
	WTEs Required for the Assessment of Need Process	12
	0-18s Programme.	13
	Table 10- Service Requirements in Completed Reports	14
	Table 11 –Additional Staff Required to meet the Identified Need	14
	Figure 4 –Ratio of Children with Disabilities to Staff (2014)	15
<b>E</b>	<b>CONCLUSION</b>	15
	<b>Appendix 1 (9 CHO Areas)</b>	

---

## SECTION A - BACKGROUND

### 1. Introduction

- 1.1.** The Disability Act provides that a person who has, or may have, a disability, or a person advocating on their behalf may apply for an assessment of the health and education needs occasioned by their disability. The Act requires the HSE to appoint Assessment Officers to carry out or arrange the carrying out of Assessments of Need. The purpose of the assessments is to identify health and education needs occasioned by the disability and the services required to address these needs, without regard to the cost or the capacity to deliver these services.
- 1.2.** The Act requires the Assessment Officer to issue an Assessment Report, which includes a determination as to whether or not the individual has a disability, the nature and extent of the disability, a statement of the health and education needs and the services required to address these needs.
- 1.3.** The HSE is also required to nominate Liaison Officers who are responsible for the preparation of Service Statements, following each assessment. In this regard, the HSE has appointed Liaison Officers under the Act in each area. The Service Statement outlines the services which will be delivered within available resources, when the service will be delivered and at what location.

### 2. Provisions of the Legislation and Regulations - Assessment Report

- 2.1.** Section 8(7)(b)(iii) states that an Assessment Report should include:  
*A statement of the services considered appropriate by the person or persons referred to in subsection (2) to meet the needs of the applicant and the period of time ideally required by the person or persons for the provision of those services and the order of such provision*

### 3. Provisions of the Legislation and Regulations - Service Statement

- 3.1** Section 11(2) of the Disability Act states that a Service Statement should specify *...the health services or education services or both which will be provided to the applicant by or on behalf of the Executive or an education service provider, as appropriate, and the period of time within which such services will be provided.*
- 3.2.** Section 11(6) states that:  
*A service statement shall not contain any provisions relating to education services where the subject of the statement is a child.*
- 3.3.** Section 11(12) states that:  
*A Liaison Officer shall arrange with the person or persons charged with delivering the services specified in the service statement for the delivery of the services at such times and in such manner as he or she may determine.*
- 3.4.** Paragraph 18 of the regulations state that:  
*The service statement shall be written in a clear and easily understood manner and it shall specify:*
- a) The health services which will be provided to the applicant;*
  - b) The location(s) where the health service will be provided;*
  - c) The timeframe for the provision of the health service;*
  - d) The date from which the statement will take effect;*
  - e) The date for review of the provision of services specified in the service statement;*
  - f) Any other information that the Liaison Officer considers to be appropriate, including the name of any other public body that the assessment report may have been sent to under section 12 of the Act.*

---

#### **4. Provisions of the Legislation - Maintaining Records and Reporting**

**4.1.** The Disability Act 2005 requires certain records to be kept concerning the assessment of need process under Part 2 of the Act. Section 13(1) of the Act states that:

*The Executive shall keep and maintain records for the purpose of:*

- (a) Identifying persons to whom assessments or services are being provided pursuant to this Part or the Act of 2004.*
  - (b) Identifying those services and the persons providing the services pursuant to this Part.*
  - (c) Specifying the aggregate needs identified in assessment reports which have not been included in the service statements.*
  - (d) Specifying the number of applications for assessments made under section 9 and the number of assessments completed under that section.*
  - (e) Specifying the number of persons to whom services identified in assessment reports have not been provided, including the ages and the categories of disabilities of such persons.*
  - (f) Planning the provision of those assessments and services to persons with disabilities.*
- 4.2.** Section 13(2) requires the Executive to submit a report in relation to *...the aggregate needs identified in assessment reports prepared including an indication of the periods of time ideally required for the provision of the services, the sequence of such provision and an estimate of the cost of such provision.*

#### **5. Compliance with Reporting Obligations**

- 5.1.** Since Part 2 of the Act was implemented in 2007, records have been kept in relation to 13(1) (a), (b), (d) and (f).
- 5.2.** Early in the process of implementation, a decision was taken in conjunction with the (then) Department of Health and Children that children's needs should be identified in terms of the desired outcomes and goals rather than in terms of a quantum of a particular service or discipline. This immediately presented difficulties in respect of fulfilling the obligations imposed by paragraph 13(1)(c).
- 5.3.** In respect of 13(1)(e), the developments to the IT system implemented in 2011, ensured that the processes around the production of the Service Statement by the Liaison Officer were recorded on the system. This ensures that each individual's file includes the details of the services that are identified in the Assessment Report as being required and those that they will actually receive. The age and category of disability (where known) of each applicant have been recorded since implementation in 2007.
- 5.4.** Converting need identified into a cost, as required under the Act, has proven problematic. Early reports to the Minister under section 13 of the Act have outlined suggested methodologies aimed at identifying the whole- time-equivalent (WTE) requirement indicated by a given shortfall identified in a particular service. However, this would require the identification of indicative case-loads for particular disciplines. There are no internationally accepted guidelines in this regard.
- 5.5.** A further issue arises from the fact that, increasingly, children are being referred to Early Intervention or School-Age Teams for team intervention, rather than being referred for intervention by individual disciplines. The practice of Assessment Officers identifying services in terms of individual disciplines is militating against this move towards more appropriate practice.

---

## **SECTION B – BUILDING CHILDREN’S DISABILITY TEAMS**

### **6. The Progressing Disability Services for Children and Young People Programme (0-18s Programme).**

- 6.1.** This programme aims to achieve a national unified approach to delivering disability health services in such a way that there is a clear pathway to services for all children regardless of where they live, what school they go to or the nature of their disability or delay.
- 6.2.** Children should receive the health services they need as close to their home and school as possible. Some children may have their needs met by their local Primary Care services. An early intervention or a school-age disability team will provide supports for all children with more complex needs in a defined geographic network area, regardless of the nature of their disability. These teams will be supported by specialist services when a high level of expertise is required.
- 6.3.** The programme involves the reconfiguration of existing services for children with disabilities, in the statutory and non-statutory sectors, to form integrated, geographically-based teams.
- 6.4.** While some areas in the country have been operating integrated children’s disability teams for some time, 2013 saw the first areas to reconfigure their services under the auspices of the 0-18s Programme. This continued in 2015.
- 6.5.** The 2013 mapping of resources has provided a clear picture of the staff available to the reconfiguration process.
- 6.6.** Further, the National Service Plan for 2016 includes an allocation of 75 WTEs to help build children’s disability teams.

---

## 7. National Disability Authority Report on the Practice of Assessment of Need under part 2 of the Disability Act 2005

7.1. The National Disability Authority (NDA) published its report in 2011. The conclusions included the following:

### **Section 10.3**

*Where the Department of Health and the Health Service Executive have configured disability services for children into geographically-integrated teams, **the National Disability Authority found that the statutory assessment of need process worked better and in a more streamlined way.** There was also less emphasis on using the assessment process to develop a diagnosis in order to meet the specific entry requirements of individual services.*

***Accelerating the reconfiguration into geographically integrated teams would be very important therefore in improving the efficiency and effectiveness of the statutory assessment of need process.***

7.2. Although the report also found that there was no one solution to address the issues around the AON process. It would appear that the continued reconfiguration of existing services for children and young people with disabilities, in the statutory and non-statutory sectors, to form integrated geographically based teams (under the progressing children's disabilities programme) should improve the Assessment of Need process.

---

## SECTION C – ACTIVITY DATA

### 8. Activity Data – 2015

**8.1** The Activity Data in this report is an amalgamation of the four Quarterly "Assessment of Need Management Reports" for 2015. These are based on the data extracted from the Assessment Officer System Database.

**Table 1. Number of Applications Received - Summary Totals**

This table outlines the number of completed applications based on the date the HSE accepted the application. The report is grouped by Community Healthcare Organisation (CHO) Area. \*

**5,818** completed applications were received by the HSE in 2015. This compares with 4,908 received in 2014, representing an increase of 19%.

From the 1st June 2007 to 31st December 2015 a total of 27,214\*\* completed applications have been received by the HSE.

CHO	Q1	Q2	Q3	Q4	Total for 2015
AREA 1	91	71	64	84	310
AREA 2	76	84	64	91	315
AREA 3	78	65	58	73	274
AREA 4	359	292	236	398	1285
AREA 5	118	87	100	127	432
AREA 6	71	38	42	38	189
AREA 7	402	339	275	412	1428
AREA 8	143	117	103	132	495
AREA 9	311	259	210	310	1090
Totals	1649	1352	1152	1665	5818

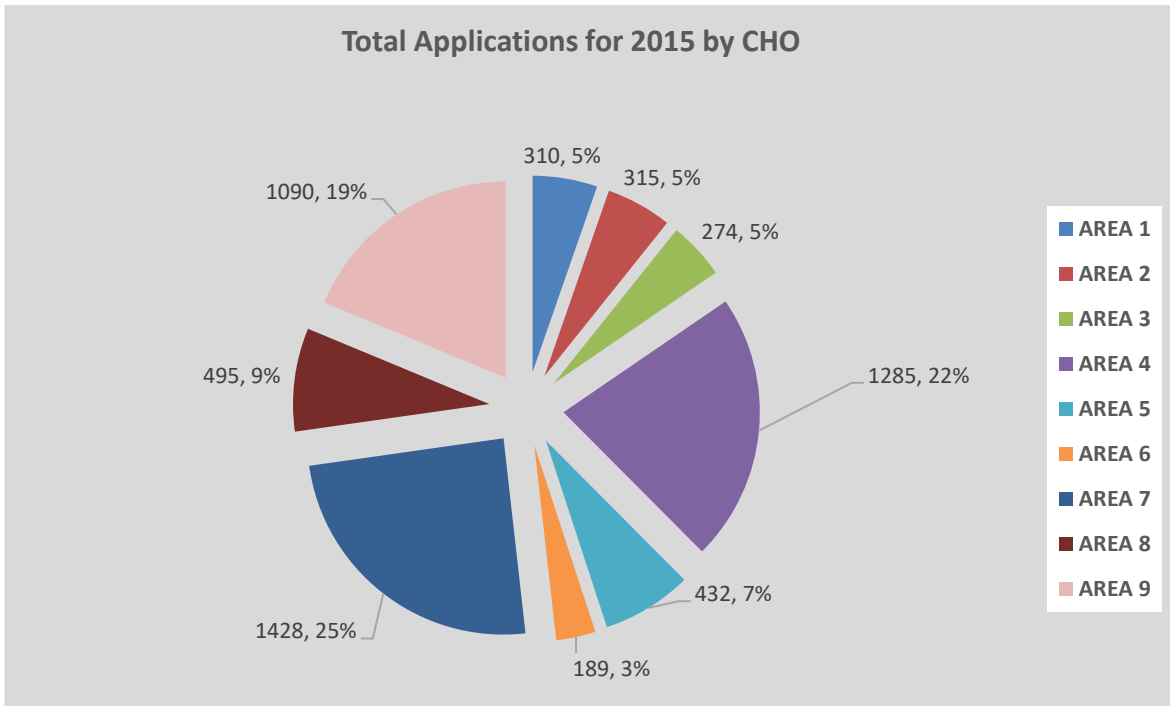
\* The HSE established nine Community Healthcare Organisations (CHOs) with the appropriate governance and management arrangements for the future delivery of Community Healthcare services at local level. These CHO Areas replaced the former HSE Regions. Activity Data relating to the Assessment of Need process, under the Disability Act, 2005 was reported by CHO Area in 2015. A detailed breakdown of the 9 CHO Areas can be found in Appendix 1.

\*\*Late data entry may result in slight discrepancies from previous year.

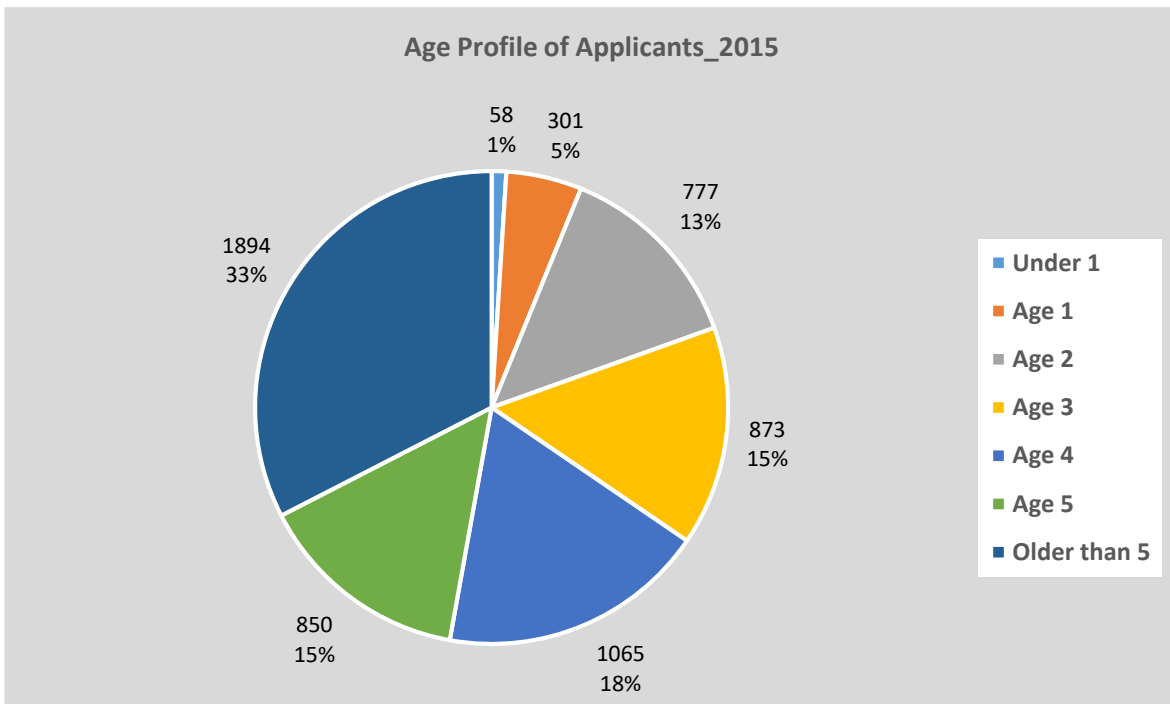
---

## Completed Application Data.

**Figure 1 – Applications by CHO Area**



**Figure 2 - Age Profile of Applicants**



### **Number of Applications acknowledged**

84% of applications received were acknowledged within the 2-week timeline.



---

**Table 2. Number of Applications Commenced Stage 2.**

According to defined statutory timelines all applications should commence stage 2 of the assessment process within 3 months of receipt of a completed application.

- 4,508 applications started stage 2 for the first time during 2015.
- 72% of those fell within the 3-month timeline.

CHO	Start Stage 2	*Within Timeline	% within timeline
AREA 1	229	214	93.4%
AREA 2	332	330	99.4%
AREA 3	341	340	99.7%
AREA 4	886	165	18.6%
AREA 5	280	158	56.4%
AREA 6	116	104	89.7%
AREA 7	1174	1056	89.9%
AREA 8	396	359	90.7%
AREA 9	754	521	69.1%
Totals	4508	3247	72.0%

**NOTE: Applicants that are re-entered into stage 2 are not included in the report**

**\* 'Within Timeline' refers to applications starting stage 2 strictly within the 3 month timeline. Some applications are late starting stage 2 due to mitigating circumstances e.g. 'Application on Hold', 'Parental Request'.**

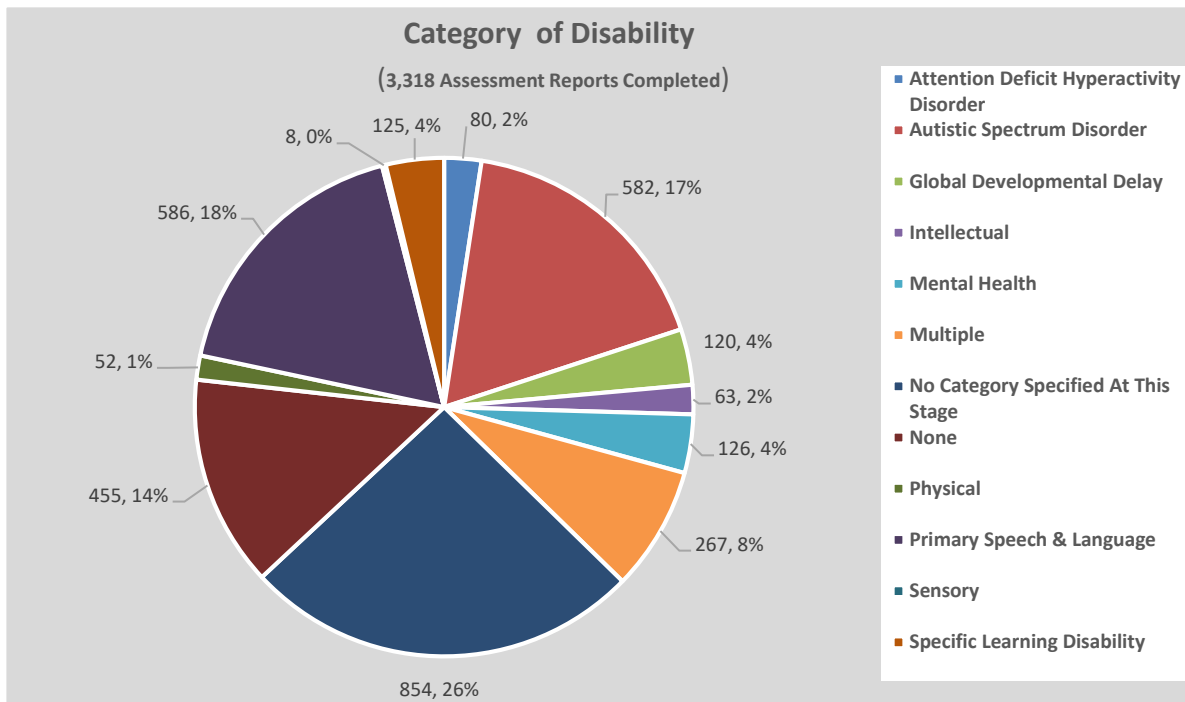
**Table 3 Number of Assessment Reports Completed**

'Within timeline' includes those assessments which have been completed within the timeframes set out in the Disability Act 2005 and accompanying Regulations. It also includes those assessments completed within a timeframe which has been extended due to 'exceptional circumstances' as provided for in Paragraph 10 of the Regulations. Reviewed reports are not included in this table.

The average duration of the assessment process per report completed in 2015 was 10.41 months.

CHO	No Disability	Disability	Total for 2015	Within Timeline	% Within Timeline
AREA 1	23	78	101	69	68.3%
AREA 2	57	224	281	245	87.2%
AREA 3	63	168	231	124	53.7%
AREA 4	97	321	418	79	18.9%
AREA 5	50	163	213	57	26.8%
AREA 6	9	87	96	55	57.3%
AREA 7	111	965	1076	203	18.9%
AREA 8	112	274	386	152	39.4%
AREA 9	60	456	516	51	9.9%
Totals	582	2736	3318	1035	31.2%

**Figure 3 - Reports Completed by Disability**



*N.B. Applicants with more than 1 recorded disability appear in the 'Multiple' category only.*

**Table 4 Applications Overdue to commence Stage 2 on 31<sup>st</sup> December 2015.**

605 Applications due to commence stage 2 by the end of 2015 had not done so.

CHO	Overdue	<1 month	1 - 3 Months	>3 Months
AREA 1	0	0	0	0
AREA 2	0	0	0	0
AREA 3	0	0	0	0
AREA 4	387	77	110	200
AREA 5	73	15	31	27
AREA 6	0	0	0	0
AREA 7	3	1	1	1
AREA 8	0	0	0	0
AREA 9	142	46	38	58
<b>Totals</b>	<b>605</b>	<b>139</b>	<b>180</b>	<b>286</b>

*Note: Applications that were placed on hold are not included in this report.*

---

**Table 5 Applications overdue for Completion on 31<sup>st</sup> December 2015 (1)**

Applications are deemed 'Overdue' if it is more than 6 months since the application was accepted by the HSE and there is no record of an Assessment Report being sent to the Liaison Officer or to the Applicant. This overdue figure does not include applications that have been put on hold, are closed or are ineligible for Assessment.

2,528 applications were overdue for completion at end 2015 with 286 of these on the grounds of there being exceptional circumstances as provided for in paragraph 10 of the regulations.

CHO	Total Overdue <sup>1</sup>	Overdue/ Exceptional Circumstances <sup>2</sup>	Overdue/ No Exceptional Circumstances
AREA 1	79	28	51
AREA 2	8	8	0
AREA 3	51	21	30
AREA 4	1047	175	872
AREA 5	161	8	153
AREA 6	22	1	21
AREA 7	379	1	378
AREA 8	283	11	272
AREA 9	498	33	465
Totals	2528	286	2242

<sup>1</sup>All assessment reports that were not completed within 6 months of application or within 3 months of Start Stage 2 and before the end of the quarter are included in this report.<sup>2</sup>The number of Assessment Reports for which an extended time-frame was negotiated with the parent on the grounds of there being exceptional circumstances as provided for in paragraph 10 of the regulations. Consent to extension is only valid if agreed extension date has not already passed.

**Table 6 Applications overdue for completion on 31<sup>st</sup> December 2015 (2)**

- Of the 2,528 applications that were overdue, 1,750 (69%) were overdue for longer than 3 months.
- Months overdue are calculated based on the statutory timelines of 3 months from start stage 2 and no more than 6 months from the application date. This overdue figure does not include applications that were put on hold, are closed or are ineligible for Assessment.

CHO	Overdue	<1 month	1 - 3 Months	>3 Months
AREA 1	79	19	19	41
AREA 2	8	4	3	1
AREA 3	51	5	12	34
AREA 4	1047	84	130	833
AREA 5	161	39	32	90
AREA 6	22	3	6	13
AREA 7	379	53	75	251
AREA 8	283	41	41	201
AREA 9	498	82	130	286
Totals	2528	330	448	1750

## Table 7 Service Statements Completed 2015

This table counts Service Statements dispatched to the applicant during 2015. It does not include reviewed or modified service statements. The timeline is calculated from the date the Assessment Report was sent to the Liaison Officer to the date the Service Statement is dispatched to the applicant. The Statutory Timeline for this process is 1 month.

2,234 Service Statements were dispatched to the applicant during 2015 with 54% dispatched within the 1-month timeline.

CHO	Total	Within Timeline	% within timeline
AREA 1	64	51	79.7%
AREA 2	238	219	92.0%
AREA 3	149	84	56.4%
AREA 4	256	144	56.3%
AREA 5	188	64	34.0%
AREA 6	24	3	12.5%
AREA 7	774	332	42.9%
AREA 8	225	126	56.0%
AREA 9	316	191	60.4%
<b>Total</b>	<b>2234</b>	<b>1214</b>	<b>54.3%</b>

**8.1.** Since a High Court ruling of December 2009, the effect of which was to open eligibility to children born after 1st June 2002 who are suspected of having a disability, the number of children over five years of age, and therefore of school-going age, has risen steadily as a percentage of all applications received. At the end of 2011, the figure stood at 26%, at the end of 2012, 31%, at the end of 2013, 39%, at the end of 2014, 44%. Table 8 shows the percentage to be 47% at the end of 2015.

Table 8 Applicants 5 years and over			
2015	Total	5 yrs & over	%
Q1	1,649	839	51
Q2	1,352	680	50
Q3	1,152	485	42
Q4	1,665	740	44
<b>TOTAL</b>	<b>5,818</b>	<b>2,744</b>	<b>47</b>

**8.2.** Table 9 provides some comparisons of activity between 2014 and 2015.

Table 9 Comparison of Activity 2014-2015						
	Applications Received		Variance	Assessment Reports Produced		Variance
HSE	2014	2015	%	2014	2015	%
<b>TOTAL</b>	<b>4,908</b>	<b>5,818</b>	<b>+19</b>	<b>3,251</b>	<b>3,318</b>	<b>+2</b>

---

## **SECTION D – IDENTIFYING THE RESOURCE REQUIREMENT**

Section 13 (2) requires the Executive to submit a report in relation to the aggregate needs identified in assessment reports prepared including an indication of the periods of time ideally required for the provision of the services, the sequence of such provision and an estimate of the cost of such provision.

### **9. Resource Availability**

**9.1.** It has been determined that work should continue on building the evidence-base necessary to inform the allocation of resources which may become available in the future. It is clear that this is a more complex process than originally envisaged by the drafters of legislation.

**9.2.** The following sections outline the potential components of that evidence base. It must be remembered that there continues to be a lack of international consensus on what constitutes an indicative case-load for each of the disciplines involved or, indeed, for a team of clinicians offering services to a particular population.

### **10. WTEs Required for the Assessment of Need Process**

**10.1.** At the time Part 2 of the Act was commenced it was understood that the Assessment of Need process was only open to children up to the age of 5 years and the WTE projections were based on that age-cohort and an estimated disability prevalence rate of 5%. Since a High Court ruling of December 2009, the effect of which was to open eligibility to children born after 1<sup>st</sup> June 2002, the number of children over five years of age, and therefore of school-going age, has risen steadily as a percentage of all applications received.

**10.2.** Eligibility for Assessment of Need now includes children aged 13 years. These children will have attended school for up to 9 years and it had originally been anticipated that these children would be assessed under the terms of the Education for Persons with Special Educational Needs Act 2004 (EPSEN). The relevant sections of this Act have not been commenced. No additional health resources have been identified to meet the resulting increase in demand for Assessment of Need.

---

## 11. 0-18s Programme

- 11.1** As previously mentioned in section 6, an exercise was completed in 2013 which mapped the resources in terms of therapy WTEs available in each HSE Area. This has provided the base-line information required to conduct the necessary discussions on the reconfiguration of resources into Children's Disability teams under the auspices of the 0-18s programme.
- 11.2** In 2015 approval and funding was provided for the reconfiguration of children's disability services, which supported the Progressing Disability Services for Children and Young People Programme through 120 new staff appointments. This included the addition of 35.5 Speech and Language Therapists; 29.5 Occupational Therapists; 19.5 Physiotherapists; 16 Social Workers; and 19.5 Psychologists, to support the establishment of multi-disciplinary, geographic-based teams, which, as the National Disability Authority Report on the Practice of Assessment of Need under Part 2 of the Disability Act 2005 outlined **"Accelerating the reconfiguration into geographically integrated Teams would be very important therefore in improving the efficiency and effectiveness of the statutory assessment of need process."** (Section 7)
- 11.3** As new teams are established in the coming years and they begin to collect data, the shortfalls in terms of disciplines required to populate the teams and information on the size of the population which can be catered for, will become clearer.
- 11.4** In the light of the fact that the 0-18s Programme has been demonstrated to have a significant effect on the efficiency and effectiveness of the operation of the assessment of need process the information contained in this report will serve as a useful base-line. As teams are established in the coming years, it will be possible to measure the effect they are having in particular areas.
- 11.5** In completing assessment reports clinicians identify the services required to meet the needs of the child. Table 10 shows the frequency (ranked nationally) with which requirements for certain services have been identified. These figures are based on Assessment of Need reports completed in 2015. During this period 3,020 children determined to have a disability under the Act had service requirements identified. It should also be noted that a significant proportion of children not determined to have a disability as defined by the Act, will also require access to health and social care services.

---

**Table 10 Service Requirements Identified in Completed Reports**

Service Requirements 2015	Service Totals 2015	Frequency of Services Indicated
Speech and Language Therapy	2090	69.21%
Occupational Therapy	1934	64.04%
Psychology	1590	52.65%
Physiotherapy	567	18.77%
Paediatric Services (Hospital/Community)	482	15.96%

In the main these figures represent new referrals to the identified services. In all cases, every effort is made to ensure that these services are provided in a timely way.

**11.6** Through the Progressing Disability Services for Children and Young People Programme (0-18) the HSE has identified resourcing deficits across a range of services required by children and young people with disabilities. For the purposes of this report estimated staffing ratios have been used to determine the staffing requirements to meet the identified need. It should be noted that there are no nationally or internationally accepted guidelines in this regard.

**Table 11 Additional staff required to meet the identified need**

Service	Suggested ratio Staff:Service User	Total	Cost*
Speech & Language Therapy	1:40	52	€2.03m
Occupational Therapy	1:40	48	€1.88m
Psychology	1:100	16	€1.04m
Physiotherapy	1:40	14	€0.55m

\* The cost is estimated based on the mid-point of the basic grade scale

The HSE's 2016 National Service Plan will provide additional funding of €4m to develop 75 therapy posts for the children's disability teams to progress the implementation of The Progressing Disability Services for Children and Young People Programme – (0-18s Programme).

These posts will be targeted at areas with higher children population to staffing ratios, with the aim of developing integrated teams, which, as the NDA report highlighted:

***“Accelerating the reconfiguration into geographically integrated teams would be very important therefore in improving the efficiency and effectiveness of the statutory assessment of need process.”***

---

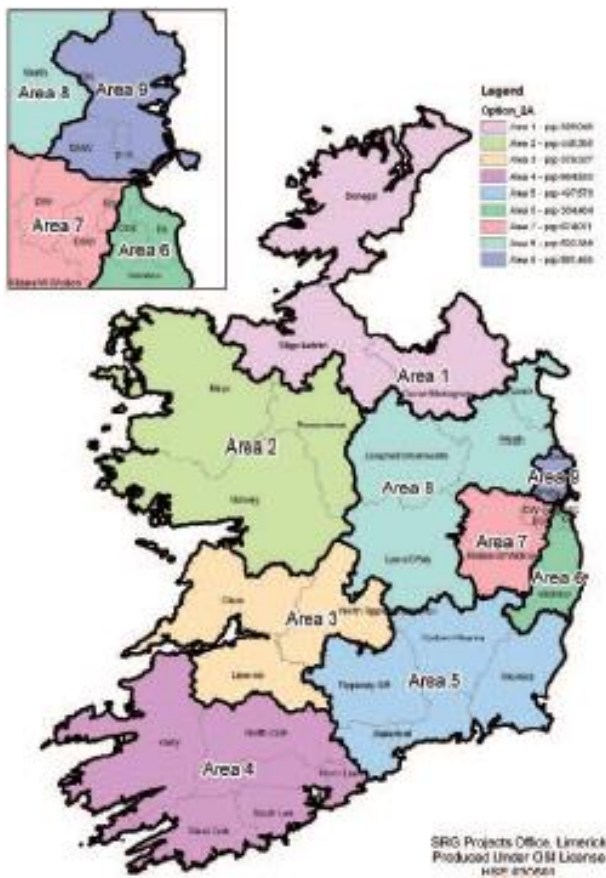
## 12. Conclusion

- 12.1** There are shortcomings in the Assessment of Need process with additional applications being received from an increasing age cohort of children.
- 12.2** There is a difference between the identified needs of children (as outlined in their Assessment Reports) and the services which are being provided to them.  
This can be due to a range of factors including:
- \*Staffing levels
  - \*Demand levels
  - \*Availability of specialist support etc.
- 12.3** Early intervention is a key component to supporting children presenting with challenges, and is supported by international research.
- 12.4** The HSE recognises that it faces significant challenges in respect of meeting the statutory time-frames which apply to the assessment of need process. While any delay in assessment or intervention for any child is not desirable, the assessment process under the Disability Act can take place in parallel with any intervention which is identified as necessary. The fact that a child is waiting for their statutory assessment to be completed should not be interpreted as meaning that the child is necessarily waiting for necessary, identified interventions. Direct referral to services is a consideration for referrers, and is in keeping with the reconfiguration of 0-18 Programme.
- 12.5** Figures represented in this report do not take account of those children who are accessing services outside of the AON process.
- 12.6** All services carry a significant clinical caseload as well as managing the requirement to provide Assessments of Need under the Disability Act 2005 and providing therapeutic interventions.
- 12.7** In the light of the fact that the **Progressing Disability Services (0-18s Programme)** has been demonstrated to have a significant effect on the efficiency and effectiveness of the operation of the assessment of need process, the information contained in this report will serve as a useful base-line. As teams are established in the coming years, it will be possible to measure the effect they are having in particular years.
- 12.8** In 2015, a number of HSE Areas had reconfigured into interdisciplinary Children's Disability Network Teams whilst others continued to develop their reconfiguration and implementation plans. There were 56 teams in place by end 2015, with the total number of teams expected to be 131. This number of teams may be subject to change as Local Implementation Groups progress their plans and make final decisions on whether to have separate Early Intervention Teams and School Age Teams or teams for all children from 0 to 18 years.
- 12.9** The HSE will focus on driving implementation of the **Progressing Disability Services** Programme as a means to improve access to services and consequently the Assessment of Need process in the longer term.



## Appendix 1

The nine Community Healthcare Organisations are outlined below:



**Area 1 - Population 389,048**

Donegal LHO, Sligo/Leitrim/West Cavan LHO and Cavan/Monaghan LHO.

**Area 2 - Population 445,356**

Galway, Roscommon and Mayo LHOs

**Area 3 - Population 379,327**

Clare LHO, Limerick LHO and North Tipperary/East Limerick LHO

**Area 4 - Population 664,533**

Kerry LHO, North Cork LHO, North Lee LHO, South Lee LHO and West Cork LHO

**Area 5 - Population 497,578**

South Tipperary LHO, Carlow/Kilkenny LHO, Waterford LHO and Wexford LHO

**Area 6 - Population 364,464**

Wicklow LHO, Dun Laoghaire LHO and Dublin South East LHO

**Area 7 - Population 674,071**

Kildare/West Wicklow LHO, Dublin West LHO, Dublin South City LHO and Dublin South West LHO

**Area 8 - Population 592,388**

Laos/Offaly LHO, Longford/Westmeath LHO, Louth LHO and Meath LHO

**Area 9 - Population 581,486**

Dublin North LHO, Dublin North Central LHO and Dublin North West LHO