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# **DFI Analysis of HSE Service Plan 2021**

# **Introduction**

The HSE Service Plan 2021 has now been published after a long delay. This Plan decides how the HSE’s money will be spent in 2021. There has been a welcome 8% increase in funding for Disability, with €100 million new investment.

The HSE Service Plan 2021 shows some signs of recognising the importance of community-based services that enable people to live independently at home. The HSE states that they will develop and implement a plan to reform services in line with the UN Convention on the Rights of Persons with Disabilities, UN CRPD. Structures will be developed for people with disabilities to become active participants in their care and support through co-design of services.

While this is all positive, there is not enough investment and resources put in place to meet the level of need and transform services for people with disabilities in line with the UN CRPD.

# **Nursing Homes and Congregated Settings**

After over a decade of DFI advocating on the issue of the over 1,400 under 65s in nursing homes, there is some funding to support people to move out and into their own homes. Unfortunately, this will support only 18 people. We will push for this to be quickly built on and expanded. 144 people will be supported to move out of congregated settings.

**Key Measures**

* 18 residential places to support people with disability under the age of 65 to move from nursing homes to their own homes in the community.
* Continue move from traditional institutional model to a person-centred model of support in the community- including supporting 144 people to move out of congregated settings.

# **Community Disability Services**

40,000 additional PA hours will be delivered in 2021- 739 extra hours a week over the course of the year. This falls far short of what is needed to meet the levels of unmet need among the 643,131 people with disabilities. On the positive side, it is the second year in a row that has seen any increase in PA hours, after a decade with no increases. We will lobby for the investment in PA services to be increased. The investment in 9 centre-based respite services is positive and welcome.

**Key Measures**

* 40,000 additional PA hours.
* 9 additional centre-based respite services which will provide 10,400 additional respite nights and a range of other respite services eg Saturday clubs, summer schemes, intensive support packages for children etc.
* Continuation of personalised budgets pilot with 180 adults.
* €17.4m to support school leavers to transition into day services.
* €3.5m for Progressing Disability Services (Children) and €1.7m for Progressing Disability Services (Adults).
* 27 residential placements.

# **Voluntary Organisations**

There are developments that are significant for voluntary organisations. However, the deficits of over €40million + are not addressed, which will continue to threaten the ability of organisations to continue to deliver services. Given that an internal HSE report recognised that many voluntary disability organisations are in danger of becoming unsustainable, more investment in this is clearly needed. The impact of COVID-19 on organisational funding has made this even more pressing.

**Key Measures**

* Work to develop operationally and financially sustainable disability services.
* Create structures to support dialogue and collaboration with disability services.
* Progress roll-out of revised HSE safeguarding policy, taking into account development of national adult safeguarding policy by the Department of Health.
* Fully implement phase 1 of the National Ability Support System, NASS and develop additional functionality required for NASS.
* A community and voluntary ALONE type model that enables co-ordination of voluntary and community supports will be rolled out across each community healthcare network linked to COVID-19 community call programme.

# **Assessments of Need**

The HSE will seek to address the many issues and delays with assessments of need through 100 additional therapy posts in children’s network teams and fully implementing the standard operating procedures. 27 staff will also be hired to establish a process of assessment of adults.

**Key Measures**

* Implement fully the revised standard operating procedure for assessments of need through the children’s disability network teams
* 100 additional therapy posts within children’s disability network teams
* 27 staff to prepare for establishing the process of assessment of need of adults

# **COVID-19 Response**

The plan outlines a number of measures in response to COVID-19, to support resumption of services. While these are welcome, €60m was the cost of responding to COVID-19 in disability services in the first six months of the pandemic. Given the level of community transmission, the question is will this be enough? They also do not address the massive loss of fundraising income for voluntary organisations.

**Key Measures**

* €20m investment in day services recovery.
* Work with public health guidance to resume day care centres as early as possible, and in the interim continue to support clients by phone and outreach services while developing innovative alternatives to traditional day care with the community and voluntary sector.
* €17 million investment in home care- including disability and older persons.
* €15m for mental health supports.
* Focus on safely addressing the waiting list backlog and waiting times across primary care services on resumption of services on a phased basis.
* Continue to develop and support the responses provided to long-term residential facilities experiencing outbreaks / preventing outbreaks through the current community COVID-19 response teams across the country.

# **HSE and Túsla Joint Working**

The impact of the failings of HSE and Túsla to work together effectively on children with disabilities in the care system has been highlighted in successive Ombudsman reports. The Service Plan commits to implementing the HSE-Túsla joint interagency protocol and the recommendations of the Children’s Ombudsman Report.

In addition, there is a commitment to work in partnership with other government departments and agencies including the Department of Children, Equality, Disability, Integration and Youth, the Department of Justice and Túsla to further enhance HSE responses to domestic, sexual and gender-based violence.

**Key Measures**

* Implement joint HSE and Túsla joint interagency protocol, which seeks to improve how these two agencies work together.
* Co-funding placement of 33 children.
* €1m to support the transition of adults from Túsla services to adult disability services.
* Fully implement with Túsla the recommendations from the Children’s Ombusman’s Report, including supporting children with disabilities in foster care.

# **Neuro-rehabilitation**

There are a couple of initiatives in relation to neuro-rehabilitation, including progressing implementation of the managed clinical network demonstrator project. However, more funding and resources are clearly needed to fully implement the Neuro-Rehabilitation Strategy.

**Key Measures**

* Progress the implementation of the managed clinical network demonstrator project funded through the Sláintecare 2020 care redesign fund through the development of community neuro-rehabilitation teams in Community Healthcare East and Dublin South, Kildare and West Wicklow Community Healthcare and the development of 10 specialist inpatient beds in Peamount Healthcare, Dublin.
* Profile models of effective service integration and collaboration- to support the wide range of statutory and voluntary services to implement delivery of integrated community supports.
* Review the *Neuro-Rehabilitation Services in Ireland from Theory to Action Implementation Framework 2019-2021* and develop the framework for 2022-2024.

# **Primary Care Services**

Only a small proportion of the 643, 131 people with disabilities are supported through disability specific services. The majority are supported in the community in other ways, including through primary care. This is where many people with disabilities receive the important therapy supports they need. The purpose of primary care is to ensure that people are supported close to home on an ongoing basis, reducing the need for hospitalisations.

**Key Measures**

* 2,000 additional frontline staff including nurses, occupational therapists, speech and language therapists, physiotherapists etc.
* 100 additional home care packages for children.
* Additional primary care services.
* Development of 57 networks and 18 community specialist teams for older persons and chronic disease by Winter 2021.
* Health and wellbeing teams expanded to each of the 96 community healthcare networks on phased basis

# **Mental Health**

Progressing implementation of the new Sharing the Vision policy is a key aspect of the mental health strategy. The Plan states that this will include improving the integration between physical and mental health. While this is positive, it is disappointing that there is not more specific reference to measures to enable people with disabilities to access mental health services. This is an important element of the Sharing the Vision policy that needs to be implemented.

**Key Measures**

* €23m to implement Sharing the Vision- including targeted recruitment 123 staff.
* Increase community mental health team staffing by 10%.
* Transition to new national forensic mental health service- increase to 130 beds in 2021 and 170 beds in 2022.
* 6,250 additional counselling hours and counselling supports for mother and baby home survivors.
* Improving the integration between physical and mental health.