



HSE National Service Plan 2026

DFI Summary and Review

February 2026

Overview

The HSE's National Service Plan, NSP 2026 outlines Ireland's health and social care priorities, strategies, and goals for the year 2026. It is to align with the HSE's Corporate Plan 2025-2027, Sláintecare, the Programme for Government, the Action Plan for Disability Services 2024-2026, and the National Human Rights Strategy for Disabled People 2025-2030, with a proposed focus on improving access, quality, and efficiency in healthcare services.

In relation to disability, the NSP opens with a stated commitment by the HSE CEO, Bernard Gloster that their "ambition is clear, more access, better care and achievement of Government strategy."

In 2026, the HSE received an allocation of €3.88bn for Disability Services. This is a 20% increase on 2025 allocations - an additional €636m. Of this €468.2m is to maintain Existing Levels of Service, ELS and €149.7m is for new development(s). In addition, this funding is allocated for service expansions include additional community and acute beds, completion of milestones for national capital projects, and a focus on access and timeliness across Health Regions.

There is positive alignment of this year's NSP with specific measures raised in the DFI Pre-budget Submission, PBS 2026. The plan recognises DFI's call for a "step change" in capacity and access and for multiannual investment frameworks.

In addition, there is greater transparency of information and governance throughout this NSP 2026, including regard for comparative performance, regional operational plans. It is directionally consistent with ours and others call for clearer tracking and equality proofing measures.

Capacity building in specialist disability services and Health Regions appears to continue, with reform of access pathways and extended hours in some services. This broadly supports DFI's priority to resource services to meet real current and changing need, not only ELS.

The NSP 2026 also presents a stronger focus on outcomes and delivery, which is to be welcomed.

In the remainder of this document includes sections on:

1. Specialist Community-based Disability Services
2. Children's disability services
3. Workforce and sustainability
4. Capital investment
5. Mainstream disability health and social care measures

Specialist Community-based Disability Services, SCBDS

As noted above, 5.8% of funding (€468.2m) relates to supporting Existing Levels of Service (ELS) and €150m or 4.3% will support new developments including workforce growth. Specifically, this includes the following breakdown:

- **Respite services:** €25m allocated for 'equitable' access across all regions. With a mix of centre-based, in-home, overnight and alternative respite options. The stated outcome is that this will result in 500 more children and adults with a disability receiving respite sessions, both centre-based and alternative respite within their community – a 7% increase. Expansion of respite provision will be through 61 identified projects and new family support models.
- **Personal Assistance, PA:** 48,943 additional PA hours will be provided. This is an 8% increase.
- **Home Support:** 103,822 additional home support hours. This is stated as a 3% increase will be provided to disabled people. With 26.7 million home support hours for Older People – a 5% increase.
- **Day Services:** 1,400 new day service placements for school leavers and rehabilitative training graduates are outlined. In addition, 53 placements for adults who require a day service later in life.
- **Residential:** 80 priority 1 (formerly referred to as "emergency") residential placements. 72 new planned residential placements (new initiative for 2026) and delivery of approximately 199 residential placements.
- **Thalidomide survivors:** A commitment is outlined to implement the next phase of the Enhanced Pathway to Health and Social Care Supports. Including digital tools for referrals and health outcome monitoring, expansion

of case management capacity within the Thalidomide Liaison function and strengthened partnerships with acute hospitals and rehabilitation services to deliver proactive, preventative care.

- **De-congregation:** 58 people to move to new homes from congregated settings (100% increase), equating to a €3m allocation.
- **People aged under 65 in Nursing Homes:** 45 people aged under 65 years moving to new homes from nursing homes. This is 20 more than 2025. It equates to a €10m allocation. Moreover, invest €2m to improve quality of life for disabled people under 65 remaining in nursing homes during transition.
- **Personalised Budgets:** There is no additional funding named for personalised budgets. There is a stated commitment to (i) Continue support of Personalised Budgets to support independent living, and (ii) work with the National Disability Authority and DCDE to complete the evaluation of the pilot and agree next steps.
- **Under New Directions:** Increase capacity, implement the Rehabilitation Training, RT Review, and promote inclusive community supports. In addition, the HSE will engage with DCDE and relevant stakeholders on the development of a revised New Directions Implementation Plan
- **Community Neuro-Rehabilitation Teams, CNRTs:** Expand existing and establish new CNRTs (2 new CNRT teams in Dublin). Support the development of Local Implementation Groups, LIGs to drive neuro-rehabilitation service development and develop a Lived Experience Expert Policy Group.

While increased investment to disability services is a positive and progressive step, there are several key gaps that remain. These include:

- **Limited mainstream disability housing and transport actions.** Whilst the National Housing Strategy for Disabled People is referenced, the only other specific measure on housing is to launch and implement National Guidelines for Home Sharing to expand person-centred, community-based care and support. This has a potential risk of regression in relation to de-congregation, people aged under 65 in nursing homes, and independent living due to the interdependent nature of independent living, health and social care supports, housing, and transport.

- **Personal Assistance, PA and Respite Expansion:** In our pre-budget asks, we sought 270,000 additional PA hours. As well as expanded respite/alternative respite and door-to-door transport supports. NSP 2026 does not include explicit, numeric service increments in public summaries. Without these hard targets, there is a high delivery risk in 2026.
- **People aged under 65 in nursing homes:** DFI called for minimum 87 discharges from nursing homes for people aged under 65 in 2026. In addition, upstream rehabilitation/housing supports. The NSP 2026 does not set-out explicit exit targets. This exacerbates further the gap in meeting targets as set out in the Disability Action Plan.
- **Mainstream health equality actions:** Targeted actions on health inequalities and co-design with disabled people within the Health Regions is critically important and aligns with our commitments under the United Nations Convention on the rights of People with Disabilities. NSP 2026 contains strong reform framing but does not have concrete equality-proofed deliverables, including accessibility guideline updates promised in 2025.
- 6 Regional Leads on disability will be established, one within each Health Region.

Children’s Disability Services

Commitments to enhance children’s disability services is well-evidenced in the NSP. It includes greater strategic and tactical investment and development. There is a clear commitment to make more improvements for children and families, “aiming to ensure timely, integrated services that give children the best chance to realise their potential” (HSE Chair of the Board, Ciarán Devane). There is a change in the presentation of the investment for children’s disability services.

The NSP outlines the following:

- A single point of access to disability, mental health and primary care services for children. The aim is to improve timely access to the right care.
- Develop and implement a comprehensive Service Improvement Plan for Children and Young People’s Services. This is to cover Children’s Disability Network Teams, CDNTs, Single Point of Access, workforce development, respite, residential, AoN and innovation.

- Attention on Children’s Disability Network Teams (CDNTs) includes:
 - Reduce waiting lists by 25%, equating to 2,290 children; prioritising the longest waits, with a goal of no child waiting more than 12 months.
 - Recruit 202 additional staff.
 - Introduce a case co-ordinator role in each network.
 - Appoint a national lead for clinical pathways for children with physical support needs.
- AoN: Supported by a €20m fund and legislative changes. The HSE commits to implement a comprehensive reform of the AoN process to improve timeliness, quality, and compliance with statutory obligations, such as recruiting additional Assessment and Liaison Officers. 6,500 private assessments of need for children.
- Waiting list reduction: (i) Use a €20m AoN Waiting List Initiative fund to engage private providers for clinical assessments, particularly Autism Diagnostic Assessments. This is to be used where internal capacity cannot meet demand. In addition, apply a nationally standardised cost framework for commissioned assessments to ensure value for money and equity. (ii) Implement a national project plan to reduce AoN times, prioritising children waiting the longest and aiming for statutory compliance timelines.

Workforce and Sustainability

Workforce and sustainability received significant attention in the NSP, including:

- Pay and Numbers Strategy, PNS:
 - A PNS of €8m for 2026 has been agreed. This includes targeted growth of +976 whole time equivalent, WTE posts, and an additional 74 WTE in agency conversion providing for a total net growth of +1,050 WTE.
 - The HSE-Centre e.g. national services sitting outside Health Regions, will implement a mechanism for regular regional reporting against the WTE limit. This will be integrated with the monthly Health Service Personnel Census.
 - Workforce controls will be monitored and reviewed continuously to assess effectiveness and identify any unintended consequences, ensuring compliance with funded ceilings.
- Recruitment and retention: There is a commitment to develop and implement a Disability Workforce Strategy to address recruitment and retention challenges and deliver sustainable disability services. However, this was committed to in the National Service Plan 2025, and it was not delivered

last year. The commitment includes developing targeted retention actions and innovative recruitment campaigns to address persistent vacancies and optimise recruitment across all service providers, ensuring the workforce reaches its funded level.

- **Workforce diversification and pipeline development:** Expand entry pathways through multiple educational routes, safe task delegation, and development of new roles tailored to disability services. Strengthen collaboration with higher education institutions to increase health and social care student training places. In addition, invest in clinical placement infrastructure, dedicating resources within the 2026 WTE allocation to support sustainable practice education.
- **Talent engagement and cross-sector collaboration:** Under this commitment there is a drive for cross-sectoral initiatives to enhance talent engagement and create sustainable capacity at service level. Exploring development of specific roles to support employing people with disabilities, promoting inclusion and diversity within the workforce. This final action was also committed to in the National Service Plan 2025, however no actions on this have taken place to date.

Capital Investment Funding 2026

A total of €43m is outlined in NSP 2026 to improve and expand disability service infrastructure.

In 2026, the stated aim is to maximise available resources and minimise financial risk by strengthening oversight and governance. Doing this by:

- Improving financial controls particularly around staffing levels, including agency and overtime. It states that 2025/2026 HSE pay and numbers strategy for Disability Services, for the HSE and Section 38s exclusively will be agreed in Q4 2025, setting agency, overtime and WTE quantum for Disability Services. It is disappointing that this is not inclusive of Section 39 funded organisations.
- Maintain current service levels while growing these in areas where this has been specifically funded. The HSE has committed to work with DCDE to manage any related financial or service risk with a focus on ensuring funded organisations work within their funded levels.

- There is a specific focus on reducing agency staffing levels in the NSP. Reducing total pay and staffing costs by substantially reducing the amount of agency staff hours used.

Disability Inclusion in Mainstream Health Services

When we refer to disabled people's inclusion in and access to mainstream health services, we are referring all disabled people, including those who also require access to specialist disability services. However, many disabled people who only require access to mainstream healthcare services include people living with chronic conditions, many of whom identify as having a disability. Within the current system, this cohort of disabled people do not fall under the remit of DCDE but rather under DoH. However, many of the specific conditions, such as Multiple Sclerosis, often don't have their own established care pathways, leaving many such disabled people without adequate supports. In this way, they can fall between the gaps of the system, not fitting neatly into either department's remit.

Mental Health

- 2,205 additional children and young people will be seen by Child and Adolescent Mental Health Services. This is a 19% increase.
- 3,755 additional people will be seen by General Adult mental health services. This is a target of 15% increase.

Chronic Disease Management

- 78,779 additional Chronic Disease Management Programme reviews will take place in General Practice. An increase of 13%.
- Increase the productivity of existing service models such as Chronic Disease and Integrated Care of Older Persons programmes.

Clinical and Service Improvement Programmes

- Continue the national roll-out and implementation of clinical and service improvement programmes spanning all age groups. Including attention deficit hyperactivity disorder, ADHD for adults, early intervention in psychosis, eating disorders, dual diagnosis, self-harm and suicide-related ideation, specialist perinatal mental health services, mental health and intellectual disability, mental health and older persons and liaison psychiatry in line with the new Model of Care.

Genomics

- Establish a National Genomic Processing Service and expand the National Genomic Test Directory.

Public Sector Duty

- Implement the Public Sector Human Rights and Equality Duty in the HSE.

Endometriosis

- Regionally implement the National Endometriosis Framework to improve access to diagnostics, outpatient appointments and surgery, and to provide additional supports for women with endometriosis, including pain management and physiotherapy.

National Stroke Strategy

- Progress the implementation of the National Stroke Strategy 2022-2027.

Primary Care Integration

- In-Reach Teams: Strengthen integration across Primary Care Services, child and adolescent mental health services, CAMHS and Disability Services, with an initial focus on autism and neurodiversity-related assessment and intervention for children. In 2026 establish 11 In-Reach Teams across Integrated Healthcare Areas (IHAs).

Patient and Service User Involvement

- The NSP includes welcome and strong reference to patient and service user involvement. Including improving the patient experience through a national programme and fostering a culture of partnership. In addition, the HSE commits to developing a Lived Experience Expert Policy Group in collaboration with community and voluntary partners to ensure service design reflects user needs.

Safeguarding

- Of particular note is the commitment to develop a National Implementation Plan for the new Policy Framework for Adult Safeguarding in the Health and Social Care Sector.

A note on Service Arrangements

Section 39 organisations are funded by the HSE under the Health Act 2004 and are contractually governed either by a Service Arrangement or a Grant Aid Agreement. The HSE differentiates between larger and smaller Section 39 organisations using a €250,000 annual funding threshold: organisations above this level are required to operate under a full-Service Arrangement, while those below it operate under a Grant Aid Agreement. This distinction is not

new and reflects established HSE governance practice, although it has become more prominent with recent updates to contractual documentation and compliance requirements. The timing of annual service arrangements - often not signed until January or February - can present particular challenges for smaller Section 39 organisations, which typically have limited reserves and less financial flexibility, raising concerns about cashflow certainty and planning at the start of each year. The NSP 2026 commits to all Service and Grant arrangements to be reviewed and signed by both parties by the end of February 2026.