

PQ 8586/18

To ask the Minister for Health the number of overnight respite hours that were provided in each of the years 2012 to 2017, by CHO area, in tabular form; and if he will make a statement on the matter.

HSE Response

The HSE and its funded Agencies provide respite care to children and adults with disabilities. Respite can occur in a variety of settings for various lengths of time, depending on the needs of the individual service user, the family and according to available resources. Respite is not always centre-based and can be provided in a number of ways, e.g. Centre based; In-Home; Home-to-Home; Family Support, etc. As a vital part of the continuum of services for families, respite helps prevent out-of-home full-time residential placements, preserves the family unit, and supports family stability with the service users at the centre.

The HSE is very much aware of the importance of respite service provision for the families of both children and adults with disabilities, including the impact the absence of respite service provision can have on other services.

Please see table below outlining the number of overnight respite hours accessed by children and adults with a disability from 2014 to 2017. Please note that Data definitions and HSE Administrative areas have been refined over the last number of years and therefore it is difficult to provide accurate comparisons in relation to the provision of respite services, particularly for 2012 & 2013.

No. of overnights (with or without day respite) accessed by people with a disability

	2014	2015	2016	2017
National Total	180,901	184,891	175,555	158,296
CHO 1	11,571	11,701	11,065	10,215
CHO 2	32,248	38,537	39,536	38,548
CHO 3	12,803	13,542	14,585	13,873
CHO 4	26,590	28,486	24,666	19,697
CHO 5	15,299	16,084	13,155	10,386
CHO 6	16,806	14,453	12,873	10,797
CHO 7	26,082	24,832	25,696	22,878
CHO 8	17,637	14,830	17,965	16,312
CHO 9	21,865	22,426	16,014	15,590

Unmet Need and growing demand

The provision of residential respite services has come under increased pressure in the past couple of years.

There is an increase in the number of children and adults that are seeking access to respite on the basis of general population increase. There is also increasing levels of complexity across the sector due to better health care. There are “changing needs” due to the increase in the age of the disability population.

As a result of a significant number of respite beds being utilised for long term residential placements, the numbers of people with disabilities in receipt of residential respite services and the corresponding number of respite nights are down against previous activity.

Further to the above, and within the regulatory and policy context, the way in which residential/respite services is provided has also changed as Agencies comply with regulatory standards as set by the Health Information and Quality Authority. Capacity has generally decreased with requirements within the standards specifying personal and appropriate space is required. In some situations beds are no longer available e.g. vacated by residents who go home at weekends or for holidays, can no longer be used for respite. Implementation of the national policy on congregated settings (Time to Move on from Congregated Settings Policy) is also affecting capacity.

Targeted actions to improve supply

The HSE is determined to further enhance respite services and will do so as early as possible in 2018 in accordance with our National Service Plan. We have defined by CHO how the additional investment of €10 million in respite to enhance the current levels of service to families will be delivered:

- An additional respite house in each of the nine CHO areas which will support 450 individuals in a full year and 251 in 2018 (€5m).
- 3 additional respite houses in the greater Dublin areas (CHOs 7, 8 and 9) to support a further 225 individuals in a full year and 143 in 2018 (€3m).
- Alternative models of respite to support 250 individuals with disability (€2m).

The HSE is fully committed to delivering much needed “new respite” services and supports by end 2018. Whilst some of the Respite services will require a procurement process which the HSE must abide by, we are confident that the new Respite programmes will be in place as soon as possible subject to having these centres fully compliant with HIQA standards. There is in place a National Task Group chaired by the Head of Disability Operations and each of the 9 Community Health Organisations are represented on this group and are actively putting in place these measures.

In addition, the HSE will continue to develop initiatives commenced in 2017:

- Better co-ordination of the existing residential base is undergoing improvements in terms of a) the establishment of Residential Executive Management Committees in each CHO and b) the development of an eHealth case management system that will facilitate more and better effective management and tracking of all residential and home support/ emergency respite services across all CHOs and for each funded service provider. This will provide a detailed inventory/ bed register/ map of current service capacity.
- The national social care division will have in place guidance and supports for the operation of the above committees based on clear operating principles, including effective resource management as well as collaborative and partnership working/ clear lines of accountability.