

## Executive Summary

The [Health Sectoral Plan](#), published in 2006, was the first step in a complex process to establish a baseline for access to health services and for service delivery for people with disabilities in Ireland. The Plan was developed through an extensive consultation process with all relevant stakeholders.

The Sectoral Plan set out the actions which the Department of Health and Children, the Health Service Executive and the statutory bodies in the health sector would take to meet their obligations under the [Disability Act 2005](#). It represented a commitment at all levels of the health service to access and equity of service for people with disabilities.

The development of the Sectoral Plan provided an important opportunity to ensure that the needs of people with disabilities are considered in all health policy planning and service delivery processes.

The Disability Act 2005 provides under Section 31(4)(d) that a review of the Sectoral Plan would occur within three years of publication. A [Year 1 Review](#) was published in 2007. It reported on progress up to the end of 2007 and also identified new actions to be achieved in 2008 and 2009.

This document is the second review of the Health Sectoral Plan and constitutes the Year 3 Review. It should be read in conjunction with both the Health Sectoral Plan and the Year 1 Review. A copy of the Year 1 Review is attached as an *Annex* to this review. The Year 3 Review reports on progress since 2007 by reference to the new and reviewed actions set out in the Year 1 Review. This Year 3 Review was prepared taking account of consultation with stakeholders and significant developments since 2007, including relevant commitments contained in:

- the [Agreed Programme for Government 2007](#);
- the [Renewed Programme for Government \(October 2009\)](#); and
- the [Social Partnership Agreement Towards 2016](#).

This Review also contains updated information on:

- relevant codes of practice and/or regulations;
- relevant complaints procedures;
- Sectoral Plan monitoring and review procedures;
- relevant health-related services provided to persons with disabilities;
- criteria governing eligibility for health services for persons with disabilities;
- arrangements for the implementation of Part 2 of the Disability Act 2005;
- arrangements for co-operation by the HSE in relation to the development and co-ordination of services provided by housing authorities for persons with disabilities; and
- other relevant matters.

While the current economic situation poses challenges to the ongoing achievement of Sectoral Plan commitments, it also presents opportunities for creative thinking and exploring new ways of how to deliver supports for people with disabilities. This Review comes ahead of the publication of a number of very significant strategy and policy

reviews currently under way in the health sector, including:

- Value for Money and Policy Review of Disability Services in the Health Sector;
- Adult Day Services Report;
- Congregated Settings Working Group Report;
- Rehabilitation Strategy.

In addition, the [Renewed Programme for Government \(October 2009\)](#) includes a commitment to publish a National Disability Strategy Recession Implementation Plan on accessible public and social services for people with disabilities to facilitate their full participation within the State. Specifically within the health sector, the forthcoming *Value for Money and Policy Review of Disability Services in the Health Sector* will address how existing resources could be deployed to greater effect.

**The conclusions of these reviews and reports are likely to have significant implications for the [Health Sectoral Plan](#), which will be further reviewed following publication of the Value for Money and Policy Review.**

Progress up to 2007 was set out in the [Year 1 Review](#) published in 2007 (see *Annex*). The summary table below outlines progress since 2007 by reference to the new and reviewed actions in the Year 1 Review. The main body of the report sets out progress in further detail.

Actions (2007 Review)	Progress since 2007
<p><b>1. DOHC to monitor the Implementation of Part 2 of the Disability Act 2005 for children under 5</b></p>	<p>Since the commencement of Part 2 of the <a href="#">Disability Act 2005</a> for children under 5 on 1 June 2007, the DoHC and the HSE have established a monitoring group which meets formally on a regular basis to consider significant issues as they arise. The Department has also participated in a number of review workshops with the HSE, clinical personnel and other relevant officials to address particular issues. The Department and the HSE agreed a set of performance indicators relating to assessments which have been included in the <a href="#">HSE Service Plan</a> and which are reported on a quarterly basis.</p>
<p><b>2. DOHC to monitor the filling of the development posts for which the recruitment timeframes have been extended into 2008 by the HSE</b></p>	<p>€9.8m was allocated as part of the MAIP for 2008 to create 140 additional multidisciplinary team posts in 2008 to provide assessment and ongoing intervention services to children with a disability and in particular with reference to the implementation of the Disability Act.</p> <p>The HSE informed the Department that the commencement of planned developments in disability services in 2008 had been delayed due to a financial review in the HSE. The process of recruiting the 140 posts approved during 2008 extended into 2009. By the end of June 2009, 131 of these posts had been filled and the process of filling the remaining posts is nearing completion.</p>

Actions (2007 Review)	Progress since 2007
	<p>An additional sum of €7.2m was allocated in <a href="#">Budget 2009</a> for 90 new therapy posts for disability services. These posts have now been allocated to priority areas of need identified by the HSE, in particular to address gaps in existing services for children with disabilities. A recruitment process is well under way.</p> <p>The Department is continuing to monitor the situation and working with the HSE to ensure that the development posts will be in place as early as possible.</p>
<p><b>3. DOHC to agree protocols with the DES and the NCSE for the referral of children under 5 for education assessment</b></p>	<p>A Protocols Sub-Group of the Cross Sectoral Team was established in early 2008 and has held regular meetings since then. Interim working arrangements between the health and education sectors for the referral of children aged under 5 are in the process of being finalised and should be available to practitioners shortly. An interim protocol has been agreed between HSE, NCSE and NEPS for desktop assessment of education needs, based on reports of health related professionals. Procedures for localised referral to SENOs under Section 8(3) have been developed with NCSE and NEPS. A monitoring system has been developed to address locally identified issues. In addition the HSE is developing a guidance document to assist Assessment Officers in liaison arrangements between the health and education sectors.</p>
<p><b>4. DES, DOHC, NCSE and the HSE to prepare for the commencement of Part 2 in respect of children aged 5-18</b></p>	<p>The Cross-Sectoral Team, comprising senior officials from the ODMH, DoHC, HSE, DES and NCSE continues to meet regularly to plan for the further commencement of Part 2 of the Act in tandem with the commencement of the EPSEN Act. In the light of the current financial circumstances, the Government has decided to defer further implementation of Part 2 of the Disability Act and the EPSEN Act.</p> <p>The <a href="#">Renewed Programme for Government (Oct 2009)</a> includes commitments which will entail significant collaboration between the education and health sectors in the context of continuing to prepare for the commencement of the EPSEN Act and of Part 2 of the Disability Act in respect of children aged 5-18.</p>
<p><b>5. DES, DOHC, NCSE and the HSE to prepare for the statutory requirements of Part 2 to be extended to adults</b></p>	<p>The Cross-Sectoral Team continues to meet regularly to plan for the extension of the statutory requirements of Part 2 of the Act to adults. In the light of the current financial circumstances, the Government has decided to defer further implementation of Part 2 of the Disability Act and the EPSEN Act.</p>
<p><b>6. HSE to put in place</b></p>	<p>Temporary Complaints Officers were appointed in January</p>

<b>Actions (2007 Review)</b>	<b>Progress since 2007</b>
<b>the administrative structures necessary for the processing of complaints under Part 2 within the new statutory complaints framework.</b>	<p>2008, and permanent Complaints Officers were appointed in October 2008. The HSE has established a complaints procedure for complaints received under Part 2 of the Act. Complaints Officers deal with all complaints under Part 2, either through informal resolution or through formal investigation. Complaints Officers then make a determination on the complaint and prepare a report.</p> <p>In the first year of implementation, from 1 June 2007, 64 complaints were received. 203 were received in the second year.</p>
<b>7. HSE to develop guidelines for improving the accessibility of health services for people with disabilities in Ireland.</b>	<p>Progress to date in achieving this objective has been slower than anticipated. It is envisaged that the HSE will by mid-2010 appoint a National Specialist in Accessibility, whose role will include all accessibility issues across the HSE. This will include developing guidelines for ensuring the accessibility of mainstream health services for people with disabilities in Ireland, and ensuring that Access Officers are in place and disability awareness training programmes are developed and available for employees as necessary.</p>
<b>8. HSE to collect information regarding numbers of employees with a disability as required under section 48(2) of the <a href="#">Disability Act 2005</a>.</b>	<p>A Census of Employees was conducted during 2007 and the HSE submitted its report to the Monitoring Committee established under section 48 of the Disability Act.</p>
<b>9. DOHC to arrange for the appointment of a permanent Appeals Officer</b>	<p>Following a competition held by the Public Appointments Service a permanent Disability Appeals Officer (DAO) was appointed and took up office (Aug 2008). An independent appeals process is in place for a complainant to appeal to the DAO against a recommendation of a complaints officer and/or non-implementation of the recommendation of a complaints officer by the HSE or education provider.</p>
<b>10. DOHC and HSE to make arrangements for a review of the existing information management systems within the disability and mental health services</b>	<p>The DOHC and the HSE have initiated a review, in partnership with other stakeholders, of the information requirements for health and personal social services for people with a disability in the context of the requirements of the Disability Act, the 4 existing standalone databases and the outcome of the VFM and Policy Review of Disability Services in the Health Sector.</p> <p>A series of planning discussions and meetings with relevant parties to advance this objective has taken place since the beginning of 2009. The major issues identified in relation to advancing this project include the effect of/link with the major VFM and Policy Review being undertaken</p>

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	<p>in 2009/2010.</p> <p>An interim IT system has been developed in order to collect the data required to allow the HSE to meet its obligations under the Act. These records are being collected for the purpose of planning the provision of assessments and services and identify:</p> <ul style="list-style-type: none"> <li>• persons for whom assessments or services are being provided;</li> <li>• the services provided and by whom;</li> <li>• the needs identified and not included in Service Statements;</li> <li>• the number of applications for assessment made and completed;</li> <li>• the number of persons (including age and category of disability) not receiving services identified in Assessment Reports.</li> </ul>
<p><b>11. HSE to submit annual reports to the Minister of Health &amp; Children under S.13 of the Disability Act 2005</b></p>	<p>The <a href="#">first annual report</a>, covering information on 72 assessments completed in 2007, was submitted in February 2009. The second annual report is currently being finalised by the HSE and it will then be submitted to the Minister.</p>
<p><b>12. DOHC and the HSE to agree protocols with the Housing Authorities to deal with the following:</b></p> <p><b>(i) ensure that housing strategies and housing action plans reflect specific strategies for dealing with the housing needs of people with disabilities;</b></p> <p><b>(ii) assessment of housing needs;</b></p> <p><b>(iii) support costs for social housing projects provided for people with disabilities.</b></p>	<p>(i) A group chaired by the DOEHLG, and including representatives of the DOHC, the HSE and the Local Authorities, drew up a protocol to govern arrangements between the HSE and Local Authorities in relation to likely housing needs identified under the assessment of need process (for under 5s as Part 2 of the Disability Act has commenced for this age cohort). The protocol, agreed by the Group in July 2007, is being implemented. <a href="#">Information relating to the protocol</a> is available on both the DOHC and the DOEHLG's websites. Further protocols in relation to assessment of need for people with a disability will be developed and implemented, for all age groups, in line with the phased implementation of the statutory requirements of Part 2 of the Act. In the light of the current financial circumstances, the Government has decided to defer further implementation of Part 2 of the Disability Act and the EPSN Act 2004.</p> <p>(ii) A protocol governing the strategic assessment of the nature and extent of local housing needs of people with a disability will be developed and implemented by early 2010.</p> <p>(iii) Work is continuing between the DOHC, the DOEHLG and the HSE and Local Authorities on the development of a protocol to facilitate better coordination in relation to the</p>

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	<p>provision of funding for social housing projects provided for people with disabilities. This protocol will develop liaison arrangements between the HSE and Housing Authorities in relation to the provision of ongoing revenue funding for operational / support costs, by the HSE, where necessary, for social housing projects provided by approved housing bodies. The protocol is expected to be implemented by the end of 2009.</p>
<p><b>13. DOHC to agree protocol with the Dept. of Social and Family Affairs to deal with the following:</b>  <b>(i) develop income and related supports for people with disabilities in order to ensure that they have adequate, secure and sustainable income;</b>  <b>(ii) ensure that income supports and associated benefits do not create financial barriers to people with disabilities participating in the labour force or availing of training/ educational opportunities;</b>  <b>(iii) ensure that supports to Carers are efficient and effective and are adaptable to their needs in a changing care environment.</b></p>	<p>The Government decided to transfer the following allowances currently administered by the HSE to the DSFA:</p> <ul style="list-style-type: none"> <li>• Domiciliary Care Allowance, including Respite Care Grant;</li> <li>• Blind Welfare Allowance;</li> <li>• Mobility Allowance and</li> <li>• Infectious Diseases Maintenance Allowance (IDMA).</li> </ul> <p>Detailed proposals are contained in the <a href="#">2008 Social Welfare and Pensions Act</a>.</p> <p>Responsibility for new applications for Domiciliary Care Allowance (including the Respite Care Grant) was transferred to the DSFA from 1 April 2009. The stock of existing claims was transferred in Aug 2009 and the first payments to those recipients by DSFA issued in Sept 2009.</p> <p>The small number of people who were on the IDMA were transferred to an appropriate DSFA allowance. Accordingly the IDMA is to be abolished. The DoHC will be repealing the legislation in 2010.</p> <p>The next phase will initially include a review of the policy and operation of the Mobility Allowance.</p> <p>The health sector will continue to collaborate as appropriate with the DSFA in relation to the Government decision to transfer the Blind Welfare and Mobility Allowances to the DSFA.</p>
<p><b>14. DOHC and HSE to agree protocols with the Dept of Enterprise, Trade &amp; Employment to deal with the following:</b>  <b>(i) to achieve an agreed understanding of the implications for both departments (and their</b></p>	<p>To provide a mechanism for a cross-sectoral approach between Departments and agencies with responsibility for the delivery of the mainstreaming agenda in respect of the employment of people with disabilities, a Cross Sectoral Group has now been established to progress a targeted Action Plan. This will include the formulation of a comprehensive employment strategy and the development of a strategic framework to facilitate and promote access to employment for persons with a</p>

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<p>respective agencies) of the government decision to transfer responsibility for sheltered and supported employment from the Dept of Health &amp; Children to the Dept of Enterprise &amp; Employment;</p> <p>(ii) to agree an action plan for the phased transfer of funding and responsibilities from the health sector to the Dept of Enterprise &amp; Employment;</p> <p>(iii) to plan and develop Joint Bridging Programmes between health- funded day services and DETE/ FÁS training and employment services to ensure a more effective progression of service users from HSE services to DETE/FÁS services;</p> <p>(iv) To promote the development of crosscutting information and monitoring systems in relation to supported and sheltered services for the purposes of future service development.</p>	<p>disability based on the commitments in the Sectoral Plans.</p> <p>The National Co-ordinating Committee, comprising DOHC, DETE, the HSE and FÁS, has worked to improve current services and to expand support services for people with disabilities in the areas of training, sheltered and supported employment.</p> <p>Part of this work has been the establishment of a joint FÁS/ HSE approach to the development of 'bridging initiatives', which focus on supporting the effective transition from rehabilitative training to vocational training. A Joint Bridging Programme has been developed by HSE, FÁS and DSFA and plans are in place to implement the programme on a pilot basis. The evaluation of these pilots will inform the format, content and delivery of future bridging programmes.</p> <p>The HSE established a National Review Group (including representation from statutory and non-statutory stakeholders) to carry out a Strategic Review of HSE funded Adult Day Services with a view to reconfiguring adult day provision, to ensure compliance with the <a href="#">Disability Act 2005</a> and Equality Legislation. The National Review Group adopted a final draft report in May 2009 and submitted the completed report to the HSE National Disability Steering Group in June. It is currently being considered by the HSE Management Team.</p> <p>Among the key tasks of the Review were to advise on the reconfiguration and modernization of existing Adult Day Services to reflect the core principles of the <a href="#">Health Strategy</a> – Access, Quality, Accountability and Person Centredness – that incorporates the following approach:</p> <ul style="list-style-type: none"> <li>• best practice;</li> <li>• good value for money;</li> <li>• better outcomes for services users;</li> <li>• in line with relevant legislation and national standards.</li> </ul> <p>This process aimed to produce a clear outline of a recommended service model/s that is reflective of the above principles.</p> <p>A comprehensive consultation process, a national census of HSE funded adult day services for people with disabilities and a significant piece of research, including an examination of national and international best practice, was undertaken by the Group. Interim findings indicated a</p>

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	<p>need for a more integrated systems wide approach to service delivery.</p> <p>Arising from initial discussion between HSE and DOHC regarding the outcome of the Review, some priority issues have been identified for immediate action and a work plan has been agreed and commenced.</p>
<p><b>15. HSE to put Access Officers to in place and an appropriate training programme for Access Officers will be developed and delivered to ensure consistency across the health system</b></p>	<p>Progress to date in achieving this objective has been slower than anticipated. It is envisaged that the HSE will by mid-2010 appoint the National Specialist in Accessibility, who will be responsible for developing an appropriate training course for Access Officers.</p>
<p><b>16. HSE to build on current work in relation to Disability Awareness Training, with a view to putting in place a planned and co-ordinated approach across the health system</b></p>	<p>It is envisaged that the HSE will by mid-2010 appoint the National Specialist in Accessibility, who will be responsible for co-ordinating disability awareness training across the health system. This action is dependent on the National Specialist being in place.</p>
<p><b>17. HSE to complete a review of its existing procurement policies, practices and procedures with a view to ensuring that they are in compliance with the provisions of the Act</b></p>	<p><a href="#">HSE procurement policies</a>, procedures and practices including standard terms and conditions have been reviewed and updated. No issues of non-compliance with the Act were detected. All procurement policies and procedures are subject to continuing audit and review.</p>
<p><b>18. The HSE will provide guidance and protocols to service areas on ensuring that all client communications are accessible. HSE to request that all services review their communications at local, regional and national level with a view to ensuring that, as far as practicable,</b></p>	<p>See <i>Action 7</i>. Currently, to facilitate complainants' understanding of the process, each complainant is telephoned as the complaint is received. Complainants are talked through the process giving them contact details and listening to their concerns regarding the assessment of need. The complainants are contacted, if required, during the complaints process and called when the report has been completed and before it is posted to talk them through the findings and recommendations. HSE Consumer Affairs hope to put together a multilingual complaints form/pack. The layout of this form is to be similar to that of the Disability Appeals form. This process has not yet commenced.</p>



Actions (2007 Review)	Progress since 2007
<p>the contents are accessible to persons with visual or hearing impairments and those with intellectual disabilities.</p>	
<p>19. HSE will complete an audit of existing public buildings with regard to their accessibility to persons with disabilities in 2006, which will lead to an agreed and planned programme of remedial works, to be implemented over the period covered by the <a href="#">National Development Plan 2007 to 2013</a>.</p>	<p>The HSE has compiled a register of health infrastructure which comprises almost 3,000 buildings. To date, a comprehensive audit on accessibility has not been completed. While there remains scope for improvement, the majority of acute hospitals in the country, by virtue of their function and the range of people using them, comply with the basic requirements of <a href="#">Part M</a> (e.g. level access thresholds, wide corridors and door openings in public parts, accessible sanitary accommodation, etc.) A programme of investment in Community Nursing Units, Primary Care Centres and Mental Health facilities is systematically replacing many older buildings with new, accessible buildings.</p>
<p>20. DOHC to designate Access Officers in Statutory bodies which come under the aegis of the DOHC</p>	<p>The Department is currently considering monitoring arrangements to evaluate progress on this and other matters in bodies under the aegis of the Department.</p>
<p>21. DOHC to commence audit of services to establish how integrated service provision is, and take appropriate measures to ensure that the services to the general public are accessible to people with disabilities where practicable and appropriate.</p>	<p>In January 2008, the Government announced the <a href="#">establishment of the Office for Disability and Mental Health</a> (ODMH) to support the Minister for Disability &amp; Mental Health in exercising his responsibilities across four Government Departments: Health &amp; Children, Education &amp; Science, Enterprise, Trade &amp; Employment and Justice, Equality &amp; Law Reform.</p> <p>The new Office brings together responsibility for a range of different policy areas and State services which directly impact on the lives of people with a disability and people with mental health issues. The Office aims to bring about improvements in the manner in which services respond to the needs of people with disabilities and mental health issues, by working to develop person-centred services, focussing on the holistic needs of clients and service users and actively involving them in their own care.</p> <p>The Government's decision to establish the ODMH reflects its commitment to developing a more coherent and integrated response to the needs of people with disabilities and mental health issues. It recognises that</p>

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	<p>clients and service users need to be at the centre of service delivery and that to effectively achieve this requires a cross-Departmental, cross-agency response. The designation of a Minister of State with responsibility for Disabilities and Mental Health and the establishment of an Office for Disability and Mental Health will facilitate cross-agency and cross-departmental working.</p> <p>Consistent with the <a href="#">HSE's transformation programme</a>, work is continuing on redesigning primary care and specialist disability services in order to better integrate services and support the agenda of mainstreaming.</p> <p>The <a href="#">HSE's Corporate Plan 2008-2011</a> sets out a clear vision for the implementation of an integrated health and social care model that delivers a more integrated service for its patients and clients. The HSE has now adopted an initial set of changes to enable it to manage and deliver services in line with the integrated model. The main changes now taking place are:</p> <ul style="list-style-type: none"> <li>• An Integrated Services Directorate replaces the National Hospitals Office (NHO) and the Primary Care and Continuing Care (PCCC) Directorates. Four Regional Directors of Operations (RDOs) will be responsible for managing all services within the regions of Dublin North East, Dublin Mid Leinster, West and South.</li> <li>• Four Assistant National Directors (ANDs) will work within the Integrated Services Directorate and play a strong leadership and representative role for the Children and Families, Older People, Disabilities and Mental Health Care Groups.</li> <li>• A Quality and Clinical Care Directorate is driving improvements in patient care and reducing cost through the development and implementation of care pathways, protocols and standards.</li> </ul> <p>While regional operating units are being established they will work within national frameworks. The AND Disabilities, when appointed, will have responsibility for ensuring that the delivery of services is in line with legislation, the National Disability Strategy and policies agreed by Government. He/she will work closely with the 4 RDOs in that regard. Operating responsibility for delivering all health and social care services will reside with the Regional Director. In addition the Quality and Care Directorate will work to improve the quality and safety of services through the implementation of national standards and protocols for services.</p>

Actions (2007 Review)	Progress since 2007
<p><b>22. DOHC to ensure that the goods or services that are supplied to them are accessible to people with disabilities unless it would not be practicable or justifiable on cost grounds to do so or would result in an unreasonable delay</b></p>	<p>The Department’s procurement policy has highlighted the Department’s obligations under the Act.</p>
<p><b>23. DOHC and HSE to undertake second annual review of Sectoral Plan</b></p>	<p>In light of the decisions taken by Government in <a href="#">Budget 2009</a>, it was decided that the Department would postpone conducting a formal second review on the basis that the review was expected to have identified specific targets in relation to the commencement of <a href="#">the Act</a> in tandem with the <a href="#">EPSEN Act</a>. The Department has commenced the statutory review of the Sectoral Plan (this Review) as provided for in section 31 of the Act with a view to completion in the last quarter of 2009.</p> <p>It is expected that the a further review of the Sectoral Plan will be undertaken as soon as possible following the publication of the VFM and Policy Review of Disability Services in the health sector.</p>