

Joint Committee
on
Health

OPENING STATEMENT

Mr Bernard Gloster
Chief Executive Officer

3rd July 2024



Introduction

Good morning Chair and members. Thank you for the invitation to meet with the Joint Committee on Health to discuss the following topics:

- Child and Adolescent Mental Health Services.
- The challenges facing patients in need of neuro-rehabilitation healthcare services
- The Programme for Primary Care Centres and decisions on their locations.

I understand that the Committee are also interested in the current Covid-19 infection rates and the resulting visitor restrictions, and I attach a briefing note outlining the position. I understand that the Committee is also interested to discuss Pay and Numbers.

I am joined by my colleagues:

- Ms Anne Marie Hoey, Chief People Officer
- Mr Tony Canavan, Regional Executive Officer, West North West
- Mr Brian O'Connell, Interim National Director, Capital & Estates
- Dr Amanda Burke, Clinical Lead for Youth Mental Health

I am supported by Ms Sara Maxwell.

CAMHS

Child and Adolescent Mental Health Services (CAMHS) is a specialist mental health service for approximately 2% of children and young people who have a moderate to severe mental health disorder. For these children and young people, it is particularly important to have access to integrated and person-centred supports provided by a multidisciplinary team of skilled professionals.

However, CAMHS is challenged by a growth in demand for services, coupled with the impact of ongoing staff retention and recruitment difficulties. These challenges, alongside the Mental Health Commission review, the reports of the Maskey Review, prescribing review, audit of compliance with CAMHS Operational Guidelines and qualitative patient experience research has demonstrated the need to put national focus on improvements to CAMHS, bringing together multiple strands of activity. The National Child & Youth Mental Health Office (CYMHO) was established in September 2023, and the Child and Youth Mental Health Action Plan is due to be published in the next few months. We are not however waiting for this to make improvements in some critical issues which have been well established.

There were 23,874 referrals to CAMHs in 2023. Waiting lists for CAMHS services remain too long in some areas of the country and I want to acknowledge the huge pain and suffering this can cause for young people and their families. Between 2019 and 2022 our number of appointments delivered have increased by 10%, whilst demand grew by 16%. There are specific waiting list initiatives underway in 6 areas, targeting those who have been waiting the longest. At the end of May 2024 there were 3,842 children and young people waiting to be seen. This is 789 less than May 2023. 97.1% of urgent referrals are responded to within 3 days, 57% of non-urgent referrals were seen within 12 weeks (April data), while 87% are seen within 12 months.

Referral and access pathways can be complex and frustrating for families to navigate. Work has commenced to develop a single point of access (SPoA) system in addition to validation of CAMHs waiting lists which will allow for closer integration with Primary Care Psychology waiting lists. An assessment protocol for young people with suspected autism has also been developed.

Neuro-Rehabilitation Services

The HSE is leading the delivery of the National Strategy and Policy for the Provision of Neuro-Rehabilitation Services in Ireland – Implementation Framework. The success of stroke and trauma care has thankfully improved survival rates for conditions requiring neuro-rehabilitation, however this has widened the gap between the demand and availability of specialist neuro-rehabilitation services for patients.

We are reconfiguring our services to population based Managed Clinical Rehabilitation Networks (MCRNs), which is a multi-tiered system, comprising the following:

- Level 1: National Neuro-Rehabilitation In-patient facility. National Complex Specialist service
- Level 2: Regional Neuro-Rehabilitation In-patient facilities. 6 Regional units aiming for 60 beds per 1 million of population.
- Level 3: Local Community based Neuro-Rehabilitation Teams (CNRT's) providing multi-professional specialist Neuro-Rehabilitation offering a hybrid clinic based and domiciliary approach.

A national mapping process has been undertaken to establish the baseline from which to understand and plan the inpatient bed configuration. This will inform reorientation of existing neuro-rehabilitation beds, as well as submissions for 2025 estimates.

Regarding Community based teams, following Covid-19 related delays, demonstrator projects in CHO's 6 and 7 went live in April 2023. Funding to expand these existing teams and establish two additional teams (CHOs 2 & 4) has been made available in NSP 2024 and is currently progressing. It is intended to geographically align teams to the new Health Regions, and establish two final teams (6 in total).

Primary Care Centre Programme

A national review of proposed Primary Care Centre locations was carried out in 2012 whereby locations were prioritised on the basis of: service need; availability of appropriate existing facilities and the level of deprivation in each area considered. As part of this review and prioritisation exercise, the most suitable delivery model for developing each Primary Care Centre was also determined.

The three delivery mechanism were:

- i. Traditional route via HSE Capital Plan
- ii. Public Private Partnership (PPP) bundle
- iii. Operating Lease Model (OLM)

Local and regional reviews in the intervening years have validated and changed the locations. 294 identified locations are included in the Programme with 175 delivered to date through the three mechanisms. 14 have been delivered via PPP, between 2017 and 2019. Operating Lease Model has been the primary delivery mechanism, with priority and others delivered by HSE Capital Plan processes.

Early in 2023, a number of Landlords and Developers raised concerns about the financial viability of some Operating Lease Model priced offers due to inflation, interest rates and other economic factors. A review was undertaken, incorporating legal advice. Following the review of the overall Operational Lease Model in 2023, all future Primary Care Operational Lease locations will be advertised via the e-tenders platform with a two stage process.

6 PCCs are planned to open in 2024, with a further 7 to open before the end of 2026 and 8 more by early 2028, subject to planning approvals.

Pay and Numbers

At the end of May this year, employment levels show there were 148,159 WTE (equating to 167,034 personnel) directly employed in the provision of Health & Social Care Services by the HSE and Section 38 hospitals & agencies.

The overall increase since December 2019 now stands at +28,346 WTE (+23.7%) or +26,714 WTE (22.3%) when adjusted. The staff category reporting the greatest increase is Nursing & Midwifery at +9,504 WTE (+24.9 %) or +8,471 WTE (+22.2%) when adjusted. The staff category with the greatest percentage increase is Management & Administration at +34.4% (+6,489 WTE) or +34%, (6,339 WTE) adjusted. The majority of these posts are supporting frontline services. These continued excess numbers above funded levels result in a continuation of the pause on the recruitment of a number of grades and exemptions in others. This is a challenging environment for services to operate in.

I am currently engaged with the Departments of Health and Public Expenditure regarding the overall financial position and these discussions are positive for future planning and overall sustainable workforce numbers.

This concludes my Opening Statement.

Thank you.