



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

NATIONAL SERVICE PLAN

HSE SOUTH 2009

Background information
15th January 2009

National Service Plan 2009 - Introduction

The Health Service Executive's National Service Plan (NSP) 2009 outlines how the HSE will invest the €14.791bn allocation received for the coming year. It has been framed within the context of health service reform, a rapidly changing economic environment and a climate of reducing resources. However, despite this the HSE is seeking to deliver the same quantity and quality of services as delivered in 2008. As part of a value for money program the HSE is delivering savings of at least €520m. The Service Plan 2009 is based upon maintaining and slightly increasing hospital and community services. Key areas for investment will include disabilities, an additional 715 public nursing home beds and targeted investment in hospitals.

Among our many targets outlined in NSP 09, we are proposing to increase acute hospital activity nationally by 3% overall (both inpatient and day case combined), see more new patients in outpatient clinics, develop 100 additional primary care teams across the country, open a significant number of additional public beds for older people and employ many new therapists to provide services for people with disability.

We critically need continued leadership and buy in for our change programme from many stakeholders: clinicians, managers, administration staff, indeed all staff funded directly and indirectly by the HSE, union representatives, public representatives and the general public, which in the current climate, we hope will be generous and forthcoming.

Main objective – improve health and wellbeing

Improving the overall health and wellbeing of our population is a major objective for the Health Service Executive. Each year we review what we need to focus on in order to achieve maximum health and social gain, within finite resources.

While we as a health service can significantly impact on the health status of the population, many factors outside of our control also impact and must be taken into account.

Our population – Health, Social and Economic Issues

Drivers that affect our provision and delivery of services in 2009 include:

- Growing population – Compared to CSO population projections, the current population is at the high end of their projections and can be expected to grow to 4.53 million in 2009 – this is an increase of 13.5% since 2003. This growth invariably means an increase in people being treated at every level of the system.
- More importantly, there have been above average increases in key age groups which place additional demands on the HSE:
 - The unexpected increase in the number of births. The most optimistic projections from the CSO suggested that the current level of births would not be reached until 2011 at the earliest. This will place significant demands on our maternity services.
 - Children in the 0-4 age group increased by 15%. This impacts on the demand for infant and childcare services like immunizations, for example.
 - People aged 85+ have increased by 27% in the last six years. This means an ever increasing demand for services related to chronic illnesses like diabetes, heart failure and kidney disease.
 - The death rate for Ireland continues to fall steadily, with corresponding increases in treatable lifespan.

- It is anticipated that 2009 will be a period of economic challenge for the people of Ireland, with unemployment levels under pressure. The number of persons unemployed rose by almost 40% in the 3 months from March to May last year alone according to CSO data. These socio-economic issues will affect health and personal social services in areas such as increase in demand-led schemes and community welfare supports.
- It is well recognised that the last decade has brought about significant health related technological changes which include new and highly effective health care interventions like stents and statin drugs for heart disease, diagnostic imaging technology such as PET/CT scanning, for example. The literature suggests that health technology is a greater driver of cost than demography. Changes in health technology and changes in clinical practice will continue to put pressure on funding and on our ability to provide such services.

Reconfiguration

There is no acceptable reason why people in Ireland should have to spend longer in an acute hospital than those in comparable countries for the same conditions and procedures. To address this issue and improve on our ability to deliver consistently high quality patient experiences, we will continue to modernise many front line services in keeping with our overall strategic direction as set out in our Corporate Plan 2008-2011.

Our objective is to ensure that the quality of care improves, service levels are maintained, efficiencies realised and processes simplified. These initiatives will involve:

- Continuing to provide more hospital care on a day case basis and reducing the dependence on inpatient facilities
- Continuing to reduce the length of time patients need to stay in acute hospitals
- Strengthening community based mental health services and, in line with Vision for Change, reducing the numbers of clients being cared for on an inpatient basis
- More efficient implementation of the Special Arrangement programmes for children, and
- Further reducing the use of agency staff and staff overtime.

While these initiatives will clearly involve change for staff, suppliers and HSE funded organisations that receive funding from the HSE, they are essential to ensure that front line services and programmes designed to improve the quality and safety of care are maintained and expanded within resources available.

Our focus on making services more easily available through enhanced community services is now widely accepted and, as a result of the continued commitment to community based care from Government, more new developments will be rolled out during 2009.

We will also continue to integrate hospital and community based services so we can provide more seamless and streamlined services, support more direct clinical involvement in management and at the same time devolve more responsibility and authority locally within defined national parameters.

Despite the challenges ahead, our direction and focus is strong - we are relentlessly making progress in developing a health service that, in the 21st century, provides improved quality care for the people of Ireland.

PRIMARY COMMUNITY & CONTINUING CARE SERVICES

Primary Care Services & Demand Led Schemes (DLS)

Primary care services aim to support and promote the health and wellbeing of the population by providing locally based accessible services. The development of primary care services is informed by the Primary Care Strategy and is a key priority and a cornerstone of our Transformation Programme. The Primary Care Strategy outlines the framework for the future delivery of primary care services through Primary Care Teams (PCTs) and Health and Social Care Networks. This is a key priority for us in 2009, where the aim is to facilitate access into, through and out of the system and ensure quality care is provided in a way that maximises convenience for patients / clients. Between 80% and 90% of health services will be provided through these PCTs and Networks.

A Primary Care Team includes General Practitioners, Public Health Nurses/ Registered General Nurses, Home Helps, Physiotherapists, Occupational Therapists, administrative personnel and other professionals as may be determined through needs assessment. A team should be based in a single location where possible and cover a defined population. The team should be holding regular clinical team meetings, devising care plans and holding care plan meetings.

Current Service Level / Deliverables

- Maintain the existing level of General Practice and other primary care contractor services
 - HSE South Contracts with professional providers:
 - 605 GP General Medical Service contracts
 - 417 Drugs Treatment Subsidy Scheme contracts
 - 421 Community Pharmacy Contracts
 - 167 Optometrists contracts
 - DLS
 - Medical Card / GP Visit Cards (as at 1st Nov 2008, HSE South)
 - 365,503 eligible persons in receipt of medical cards
 - 29,452 eligible persons in receipt of a GP Visit Card
 - Representing 36.5% of the total population – Nearly 1 in every 3 people
 - Drug Payment Scheme cards (DPS)
 - 427,747 clients with DPS cards
 - Representing 39% of the total population

Service Expansion

- 63 Primary Care Teams will be operational in 2009 with 16 additional in development by the end of 2009
 - 29 Phase 1 Primary Care Teams fully operational in: North Lee 3, South Lee 3, North Cork 3, West Cork 3, Kerry 4, Carlow/Kilkenny 3, Waterford 3, Wexford 3, South Tipperary 4.
 - 34 Phase 2 Primary Care Teams operational by end of 2009 (holding clinical Team meetings) as follows: North Lee 6, South Lee 4, North Cork 6, West Cork 2, Kerry 2, Carlow/Kilkenny 3, Waterford 6, Wexford 3, South Tipperary 2.
 - 16 Phase 3 Primary Care Teams in development by end of 2009 – locations will be identified in Quarter 1:
- Recruitment of 75 WTEs across HSE South, representing investment of €4m, to support the development of PCTs.

- Infrastructure development of 5 of primary care centres through Public Private Partnership in Kinsale, Cobh, Clonakilty, Thomastown, and Kilkenny (Phase 1). Phase 2 currently in progress following national advertisement in 2008.
- Orthodontics
 - Fully implement the expansion of the orthodontic services in Cork & Kerry

Service Reconfiguration, Operational Improvements and Cost Management

- Reconfigure all community services towards primary care teams and managed care networks as a core building block for integrated service delivery
- Implement the code of practice for integrated discharge planning across hospital & community
- Review potential rationalisation of the two Primary Care Units in the HSE South to meet efficiency targets.
- Support national direction in regards to new national contract framework and associated documentation for the following:
 - GMS and other publicly funded services involving GPs
 - Dental Treatment Services Scheme
 - Pharmacy contract
 - Implementation National 9 point Action Plan to reorganise the delivery of DLS which will involve a centralisation of schemes under PCRS

Services for Older People

Services for Older People aim to support older people to remain at home in independence for as long as is possible or, where this is not possible, in an alternative appropriate residential setting. A range of services are provided in partnership with older people themselves, their families, carers, statutory, non-statutory, voluntary and community groups. The principles of person-centredness and empowerment of service users underpin service delivery.

During 2009, almost 12 million home help hours will be delivered to approximately 54,500 people across the country, of which 85% will be allocated to older people.

Where home / community supports are not viable for an individual, HSE and Government policy aims to provide high quality residential care.

Current Service Level / Deliverables

- Home Help
 - Budget €70m
 - Hours 3,914,000 hours
 - Average number of people benefiting from Home Help per month in excess of 14,800
- Home Care Packages
 - Budget €19m
 - Total number in place 1,900
 - Total number of people benefiting from a home care package in 2008 2,450
- Day Care Places
 - 6,400
- Residential Care
 - Over 2,500 public continuing care beds
 - 700 community support beds including respite, convalescent, palliative care etc
 - Over 2,600 people benefiting from nursing home subvention in private nursing homes

- Implementation of A Fair Deal nursing home support scheme in 2009
- HIQA will take responsibility for Nursing home inspections both public & private
- Full year roll out of elder abuse programme

Service Expansion

502 new long stay beds - 295 Additional public plus 207 public replacement Beds
Significant revenue investment of over €17.5m with substantial additional employment opportunities in these locations

- St. Mary's, Gurrabraher, Cork City: 50 additional
- Ballincollig, Co. Cork: 100 additional
- Farranlee Rd, Cork City: 100 beds (50 new & 50 replacement)
- Fermoy Community Hospital, Co. Cork: 30 bed replacement
- Tralee, Co. Kerry: 50 additional
- An Daingean Dingle Co. Kerry: 68 beds - 43 replacements & 25 additional
- St. John's Enniscorthy, Co. Wexford, 72 beds - 60 replacement phase 2 & 12 additional
- St. Vincent's Dungarvan, Co. Waterford: 32 beds - 24 replacement, 8 additional & 15 Place Day Hospital

Other Planned Developments

- Provision of 60 interim contracted private nursing home beds (North & South Lee 40 beds, Waterford 10 & Wexford 10) While additional public beds are in construction / commissioning phase.
- South Lee, Cork City, Additional consultant Geriatrician team to be recruited
- Provision of Day Care Centre for Older People as part of development of Mayfield Day Care & Family Resource Centre, Cork City.

Service Reconfiguration, Operational Improvements and Cost Management

Phased programme of reorganisation of a number of older persons facilities with regard to current and emerging standards of care, health and safety issues, fire safety requirements.

St Finbarr's Hospital Campus, Cork City

- There has been increasing concerns regarding fire & safety requirements and non compliance with infrastructure standards in respect of St. Philomena's and St. James' ward. The operation of these wards can no longer be sustained given these risks and a plan is being implemented for the relocation of 32 patients from St. Philomena's & St. James' wards to other more suitable locations.
 - The new CNU in Farranlea Road, which will open in 2010, will provide dedicated new accommodation for 25 beds to replace the existing 17 bedded unit at St. Philomena's
 - As an interim measure in 2009 there will be a redesignation of total bed numbers in rehabilitation ward (St Clare's & St. Oliver's) to accommodate some patients who will be transferred from St. Philomena's & St. James' wards (25 in total).
 - Refocus Rehab Services to reduce average length of stay to national norms with St Clare's becoming a single dedicated rehab mixed male/female ward
- Relocation of Day Hospital (SOP) to vacant St Philomena's ward will allow for significant enhancement of services and integration with successful community initiatives including CReST and CIT.
- Within the 50 remaining rehabilitation beds, 10 beds will be utilized to create a Specialist Stroke Unit
- Temporary reduction in availability of rehabilitation and respite beds will be facilitated by contracting additional 20 nursing home beds and new process for tight management of admission to and discharge from rehab beds in conjunction with enhanced day hospital facilities and services

St Columbanus, Killarney, Kerry

The provision of new community based residential facilities in Tralee (Tralee Community Nursing Unit -50 beds) and Dingle (New Community Hospital -25 additional Beds) provides an opportunity to re-configure the provision of public residential care services for Older People in Kerry. The impending regulations to underpin the implementation of the Residential Care Standards (HIQA) and the current infection control standards place an onus on the HSE to review the provision and quality of public residential accommodation in Co Kerry.

Currently there are 150 continuing care beds in St Columbanus Home, Killarney. The environment, design and layout of the 18 bed Male Unit is particularly unsuited to meet the proposed standards. The proposal therefore is to reduce the bed complement in St Columbanus Home to 132 beds by closing the 18 bed male unit over an appropriate period of time. The proposal will be effected as beds become vacant in St Columbanus Home. Also patients in the hospital who wish to transfer to appropriate accommodation in facilities closer to their own homes will be facilitated in so far as possible.

Centralisation of Catering Function – Killarney Residential Services

This proposal relates to the centralisation of catering function in Killarney to serve Killarney Community Hospital, Kerry Mental Health Services including St Finans Hospital and St Columbanus Home, Killarney. It is proposed that the centralised catering function will be provided by an enhancement of the catering function in St Columbanus Home particularly in view of the impending closure of St Finans Hospital.

There are three main sites in close proximity to each other in the Killarney area which have their own catering facilities providing services to Mental Health and Older Persons residential units on a seven-day week basis. These units are:

- St Columbanus Home (Older Persons)
- St Finans Hospital (Mental Health)
- Killarney Community Hospital (Older Persons)

This initiative will provide an opportunity to enhance existing catering services by ensuring the provision of a single cost effective state of the art catering facility to cater for the current 300 patients/clients being provided with meals in the Killarney area. The rationalisation of catering services will be of benefit in facilitating the compliance with standards (infection control, HACCP), enhance quality of service provision, provide economies on requirement for renewal and servicing of equipment.

St Patrick's, Waterford

There has been ongoing concern regarding health and fire safety issues associated with the 19 bed St. Bridget's Ward at St. Patrick's Hospital. This ward is the last remaining ward on an upper floor of the hospital. Bed reconfiguration and adaptations to other parts of the hospital to accommodate re-locations from this ward have been undertaken over recent years. A reduction in total numbers on the upper floor has been an ongoing programme to address these ongoing concerns.

Due to these fire and safety issues it is not viable to continue to accommodate patients in this area of St. Patrick's Hospital nor is it viable to refurbish the ward to the required standards. This ward will no longer take admissions, with patients being transferred to other vacancies as they arise in the hospital with a projected closing date achieved by July 2009.

Bethany House & Sacred Heart Hospital, Carlow / Kilkenny

- The 30 bed Bethany House Welfare Home can no longer provide appropriate services due to the increasing levels of dependencies of its patients.
- The design of the home and the lack of facilities to provide appropriate care has been highlighted following a recent review of welfare homes in the Carlow/Kilkenny LHO. The particular difficulty is the homes inability to support high dependency patients, which increases demands in terms of maintenance of standards and health and safety issues including infection control.
- It is necessary to discontinue to admit patients to the home and to arrange for the current residents to be accommodated in more appropriate facilities and settings.

- Bethany house will be maintained within the services for older people and discussions have commenced with the Alzheimer's society to provide day care services from the facility.
- The proposal is that the requirements for the reduction in the 30 beds being currently provided will be replaced with the reopening of 12 long stay inpatient beds at Sacred Heart Hospital Carlow and through the utilization of beds in other welfares homes and in private nursing home facilities

Disability Services

Services for people with disabilities seek to enable each individual to achieve his / her full potential and maximise independence, including living as independently as possible.

The development of these services is informed by the National Disability Strategy (2004), key elements of which have been implemented to date. These include the commencement of the Disability Act for children under 5 and the delivery of a Multi-Annual Investment Programme between 2005 and 2008, which significantly increased capacity in the areas of residential, respite, day care and home support / PA services, along with increased levels of multi-disciplinary supports.

Current Service Level / Deliverables

The majority of specialist services for people with disabilities are provided by non-statutory agencies funded by the HSE. The total budget for disability services in the HSE South is €291m including the allocation to the voluntary agencies.

- Residential
 - Provide full-time residential places to support over 2,000 people with Intellectual & or autism or Physical & Sensory disabilities.
- Respite
 - Provide in excess of 144 places, which provide planned and emergency respite for people with Intellectual & or autism or Physical & Sensory disabilities.
- Home Support
 - In excess of 10,000 hours per week of home support and assisted living services to people with physical or sensory disabilities
- Day Services
 - Provide adult day services to over 4,700 people with Intellectual or Physical & Sensory disabilities
- Implement actions to ensure coordinated Early Intervention Services in each LHO to support the ongoing implementation of Part II of the Disability Act for children aged less than 5 years old and to review and update existing assessments and service statements as required.
- Enhance the provision of assessment and intervention services to children with disabilities of school going age with the recruitment of additional therapists.
- Support residential centres to prepare for the implementation of national standards being developed by HIQA.
- To complete the report on the review of congregated settings. (Report due Q2, 2009)
- Plan the implementation of the recommendations of the review of HSE funded day services. (Report due Q1, 2009)

Service Expansion

- Therapy Supports – HSE South allocation of €1.8m and 23 WTE. This will enhance the provision of assessment and intervention services to children with disabilities of school going age with the recruitment of additional therapists.

- A further €2.2m is being provided in the HSE South for the provision of approximately 13 emergency residential places & 50 day places in 2009
- Cope Foundation, Cork: The construction of an regionally 8 bedded challenging behaviour facility
- St. Raphaels, Youghal C. Cork: Provision of a 30 bed replacement unit

Service Reconfiguration, Operational Improvements and Cost Management

As part of an overall value for money programme identified by the DOH&C a 1% reduction in expenditure in the disability voluntary sector is to be achieved from cost management in the following activities:

- Travel and subsistence
- Attendance at conferences
- National media advertising
- The use of external consultants

Voluntary organisations will also need to achieve a 3% reduction in management and administration costs, as part of the 1% efficiency saving.

Social Inclusion Services

- Social inclusion services improve access to mainstream services, target services to marginalized groups, address inequalities in access to health services and enhance the participation and involvement of socially excluded groups and local communities in the planning, design, delivery, monitoring and evaluation of health services.

Current Service Level / Deliverables

The majority of services in this Care Group are provided by non-statutory agencies funded by the HSE. The total budget for the service in HSE South is €17.3m.

- Providing the existing level of services in relation to
 - Drug and alcohol services
 - Homeless Services
 - Travellers Health Services
 - Ethnic Minority/Asylum Seekers Services
 - HSE RAPID and CLÁR programmes

Service Expansion

The HSE South will maintain the existing level of services for Social Inclusion and will further develop drug and alcohol services with specific focus on:

- Rolling out the rehabilitation strategy, developing their 3 services with specialist multi disciplinary teams
- Development of national addiction training programme
- Development of a national clinical governance framework for the HSE funded treatment and rehabilitation services
- Drug & Alcohol Services - HSE will lead the implementation of the rehab strategy and proceed with the further development of treatment services for under 18 year olds

- Employment of a National Liaison Pharmacist and further development of the National Addiction Training Programme
- New service facility in Killarney for homeless
- In-house care to homeless in family units West Cork
- Implementation of the Traveller Primary Health Care Projects through additional funding and redeployment in North Lee, North Cork, Kerry, Carlow/Kilkenny, Waterford, Wexford and South Tipperary

Children & Families

Our services aim to promote and protect the health and well being of children and families, particularly those who are at risk of abuse and neglect. In this regard, we are responsible under the Child Care Act, 1991 and other legislation to promote the welfare of children who are not receiving adequate care and protection. Child protection and welfare services are also provided in accordance with the Children Act 2001 and the UN Convention on the Rights of the Child, ratified in 1992.

A wide range of services are provided, including early years services, family support services, child protection services, alternative care, services for homeless youth, search and reunion (post adoption) services, psychological services, child and adolescent psychiatric services, staff training and development, registration and inspection of children's residential centres in the voluntary sector and monitoring of children's residential centres in the voluntary and statutory sectors.

Current Service Levels - Deliverables

The majority of specialist services for Children & Families are provided directly by the HSE. The total budget for Children & Families services is €113m. The funding allocation to the voluntary agencies is included in this budget.

- 848 Children in Foster Care
- 385 Children in Foster Care with Relative
- 84 Children in Residential Care
- 47 Children in other care settings
- Development of standardised care planning for children in care
- In collaboration with the Office of the Minister for Children and Youth Affairs (OMCYA) and Pobal, establish a national census of pre-school places.

Service Reconfiguration, Operational Improvements and Cost Management

- Rationalisation of Special Arrangements with Private for Profit Providers maximizing occupancy rates of existing HSE residential units – reduction of 5 children in special arrangements through the provision of alternative placements.
- To meet best practice standards including health & safety practice standards Children's Residential services will be rationalised in the greater Cork city area. This requires the closure of 2 existing inappropriate accommodation units in Passage and Cobh as required by HIQA and the provision of a new facility in Monkstown and a targeted Family Support initiative aimed at reducing demand on residential places.

- Residential childcare in Carlow/Kilkenny is going to be reorganised in conjunction with voluntary providers with the objective of enabling the HSE South to maximise placements in a more responsive and cost effective manner
- 1% reduction of voluntary sector organisations' budgets with particular emphasis on reduction in a management and administration and travel and subsistence costs.

Mental Health

Mental health services span all life stages and include a broad range of primary and community based services as well as specialised services for children and adolescents, adults and older persons. In recent years we have seen increasing specialisation including rehabilitation, liaison, forensic psychiatric services and mental health and intellectual disability. Services are delivered across a continuum, from home and community based services to inpatient acute care and, when required, residential care services.

Services are provided in a number of different settings including inpatient facilities, outpatient clinics / departments, day hospitals and day centres, low support and high support community accommodation. Mental health services foster positive mental health promotion and services which are provided in partnership with service users, their families, carers, statutory, non-statutory, voluntary and locally based community groups, with the aim of achieving the best quality of life for each individual through the provision of seamless, high quality person-centred services. Active service user participation in ongoing service developments is also promoted.

Current Service Level / Deliverables

- 352 Acute in patient beds
- 713 Long Stay Beds
- 638 Community Residential Places (431 High dependency, 63 medium, 144 low)
- 205 Day Hospital Places
- 639 Day Centre Places

Service Expansion

- Appointment of 3 Child & Adolescent Mental Health Teams, Wexford, Carlow / Kilkenny, South Lee / West Cork
- St Stephens Hospital, Cork: Regional Child & Adolescent Inpatient Unit - a new interim 8 bed unit will open in March 2009, construction of permanent 20 bed inpatient unit will be completed in 2009 and opened in 2010
- Gorey, Co. Wexford: New mental Health day hospital & base for multi-disciplinary sector team. The services provided will include outpatient Psychiatrist, Psychology, Social Work, Occupational Therapy, Counselling and Nursing Services

Service Reconfiguration, Operational Improvements and Cost Management

Mental Health Nursing Overtime

There is a need to address current levels of overtime in nursing in mental health services and the HSE South has a requirement to achieve an efficiency measure of €3m in this respect. This figure represents a 45% reduction in overtime on 2008 levels, which were at €6.5m.

The drivers in relation to the requirement to incur overtime are mainly related to insufficient nursing staff to fill rosters & the need to provide nursing cover for 1 to1 nurse to patient specialising requirements. Proposals as to how to address this overtime level include

- Formation & utilization of temporary nursing panels, to fill rosters & specialising requirements as required

In some areas, the redeployment of nursing staff from locations where beds are reconfigured to fill gaps in the rosters as required

Service Reconfiguration in line with “A Vision for Change”

- In line with the modernisation and reconfiguration of services envisaged in ‘A Vision for Change’ the HSE South is escalating the closure of old long stay institutions and reconfiguring mental health services to community based settings.

South Tipperary Mental Health Services – St. Luke’s Campus

- Prioritise the reconfiguration of mental health services in South Tipperary with the closure of St. Lukes long stay facility by the end of 2010 and relocation of all residents to more appropriate community based settings
- Dedicated project manager appointed working with the clinical director and senior management team in South Tipperary Mental Health Services to oversee full implementation
- The project Manager, Clinical Director and Senior team working with staff and all stakeholders will implement the type of multi disciplinary teams outlined in ‘A Vision for Change’ ensuring an appropriate balance of professional staff and skill mix across all relevant disciplines

Phase 1, 2009 – underway

- St. Clare’s Ward closed
 - 18 elderly patients formerly resident in St. Clare’s Ward have been appropriately cared for in the Community Nursing Homes, with support of community based Specialist Mental Health Team.
 - Staff have been redeployed to Community Mental Health Teams, Acute Unit
 - Psychiatry of Later Life & Rehab Unit.
- De-designation of ID Unit – St. Bridget’s Ward
 - As an initial step to provide more appropriate accommodation for 19 ID patients currently resident in Mental Health Long Stay Facility, St. Bridget’s Ward will be de-designated and will transfer from Mental Health to ID services.
 - The resources within St. Bridget’s Ward will transfer to ID Services. Any Mental Health Staff not wishing to transfer to ID services will be redeployed within the Mental Health Services and thus contribute to the further reduction of overtime.
- Reduction in Inpatient Beds
 - A further 8 beds will be closed, following the re-accommodation of existing patients to more appropriate community-based services
- Extension and Renovation of Morton Street Day Centre
 - The extension and Renovation of Morton Street Day Centre will be completed in 2009. This will provide additional 20 day places in a more user friendly environment, in line with a ‘Vision for Change’
- Mental Health Community Day Hospital & Day Centre
 - The construction of this new facility will commence in Clonmel in 2009 and it will be completed in early 2010.
- Clonmel East Community Mental Health Team
 - Pending the development of the above accommodation the Clonmel East Mental Health Team will be provided with new accommodation in Queen Street

Phase 2, 2010 – Completion of Community based Infrastructure

- The existing 3 Mental Health Sectors will be reconfigured into the Cashel and Clonmel Primary & Social networks so that mental health is fully integrated with primary care teams
- Provide 2 New Crisis Houses, each with 6 places – 1 in each primary care network
- Provide 2 High Support Residential Units, each 12-bedded to support the rehabilitation programme - 1 in each primary care network. This initiative will in turn will enable the closure of St. Paul’s Ward(22 beds)

- Provision of 3 residencies to accommodate the existing 19 long stay ID residents
- Provision of Community Nursing Unit Clonmel to initially accommodate 40 adults with the enduring mental illness and facilitate the closure of St. Luke Hospital by the end of 2010

Continue with the reconfiguration programme across other Local Health Offices

- St Senan's, Wexford: Reduction of 16 long stay beds and transfer of clients to more appropriate private long stay facilities in line with the hospitals 5 year plan
- St Dymphna's Hospital, Carlow & St. Canice's Hospital Kilkenny: Relocation of 32 clients following assessment of their needs, to more appropriate continuing care public or private facilities from specialist inpatient mental health services
- St Otteran's Hospital, Waterford: Relocation of 17 older people with enduring mental illness following assessment of their needs, to more appropriate continuing care public or private facilities from specialist inpatient mental health services
- Elm Wood Hostel, Skibbereen: Relocation of elm wood hostel facilities to more appropriate setting catering for 8 clients.
- St. Stephens Hospital, Sarsfields Court, Cork: Reduction of 6 long stay beds will be achieved in line with appropriate level of residential care provision.

Reduction in Acute Inpatient Beds as Community Services Develop

- Reconfiguration of mental health services to community based settings has commenced across all LHO's with a reduction in reliance on inpatient beds as the programme is inbeded. This reconfiguration consists of a range of measures aimed at improving service users health and independence, while continuing to focus on the delivery of treatment of patients in community settings. These measures will also facilitate a reduction in the reliance on overtime and agency and the transfer of older persons to more appropriate care settings.

In line with the development of community based mental health services which has taken place over the past number of years and the recommendations of 'A Vision for Change' acute inpatient beds will be reorganised in the following mental health facilities where community services are well developed

- St Stephens, North Cork: Reduction of 9 acute inpatient beds (from 35 to 26) to cater for the catchment area in line with best practice (Vision for Change)
- Acute Mental Health Unit, Kerry General Hospital: In line with proposals being developed within mental health services locally, the provision of detoxification services will be provided in the community and in line with best practice a reduction of 6 inpatient beds (from 50 to 44) can be achieved.

Heatherside, North Cork

Heatherside is a facility for older adults with enduring mental health issues located remotely in Doneraile, North Cork but serving the needs of the South Lee population. Only 2 of the existing 42 residents are actually from the North Cork area with the remaining 40 residents from South Lee. Staffed by general trained nurses with support from the South Lee Mental Health team, the current facility falls short of the requirements to meet residential care standards and would require significant and ongoing capital investment to meet fire and safety standards which cannot be justified based on any value for money assessment.

- It is intended in 2009 to relocate this service (40 South Lee residents) to more appropriate modern accommodation at Blocks 10/11 in St. Stephens Hospital Campus, Sarsfields Court.

- The relocation will provide a higher quality of service to the patients and can delivered at less cost through the implementation of new rosters which can be implemented in the new location.
- Cost saving arising from the new roster system will allow for the redeployment of approximately 20 WTE's on a permanent basis to the South Lee Mental Health Services to replace the requirement for overtime and to facilitate the development of additional community teams.
- We will maximise employment opportunities for staff in North Cork , however, some redeployment will be required and a process of consultation with staff, residents and their families has commenced
- The St. Stephens Hospital campus, Sarsfield Court, will continue to provide residential care services to a variety of care groups for the greater cork area. The demand for the provision of residential accommodation to the current specific cohort of patients will reduce over a period of time and the role and function of this unit in Sarsfields Court will change to provide for a more generic service for residential care for older people.

SOUTH EAST HOSPITAL GROUP

Total Deliverable - South East Hospital Group

Inpatient Discharges	Day Cases	Outpatient Attendances	Emergency Presentations	Emergency Admissions	Births
66,580	40,660	281,020	177,250	49,390	8,660

Hospital Group 2009 Service Plan Deficit €15.0m

WATERFORD REGIONAL HOSPITAL

Deliverable

Inpatient Discharges	Day Cases	Outpatient Attendances	Emergency Presentations	Emergency Admissions	Births
22,550	19,190	121,700	67,860	16,360	2,840

In Addition:

- Radiotherapy Treatments (Contracted)

Whitfield	1,000 (25% increase)
CUH	8
St Luke Dublin	60 (20% increase)
Total	1,068
- Dialysis (In House & Contracted)

WRH	18,960 (11% increase)
Private Provider Kilkenny	8,558 (11% increase)
Private Provide Dublin	1,063
	28,581

Service Expansion

- Cath Lab opened May 2008. Full year provision in 2009
- Additional Day Cases 2784 (Total 2009 19,190)
- Additional Outpatients 1590 (Total 2009 121,700)
- New A&E Development at tender stage

Reconfiguration

- 7 day Surgical Ward to 5 Day Ward
- 30 bedded 7 day Surgical Ward to 31 bed Surgical Day Ward
- Former ENT Ward to 7 day Surgical Ward
- Development of Acute Medical Unit

Above results in nett reduction of 30 beds

Cost Containment/Reduction

- WRH 2009 Deficit €6.747m
- Service reconfiguration above will yield €1.320m. Other non pay efficiencies and cost avoidance – including reduction overtime, absenteeism, locum will yield €2.7m. Income generation (including car-park increase from €3 to €4) will yield another €1.9m. Balance will be achieved through non recurring once off costs in 2008

WEXFORD GENERAL HOSPITAL

Deliverable

Inpatient Discharges	Day Cases	Outpatient Attendances	Emergency Presentations	Emergency Admissions	Births
15,400	6,650	56,730	39,760	12,720	2,450

Service Expansion

- Additional Day Cases 2420 (Total 2009 = 6650)
- Opening Oncology Day Unit March 2009. Estimated Oncology Day Unit Treatments in 2009 = 2,029 (25% increase). (2008 = 1,623)

Reconfiguration

- Closure of 14 bed Gynae Ward and reconfiguration of existing 26 bed Female Surgical Ward to accommodate Gynae and to increase Day Care (extra 12 day beds)

Cost Containment & Reduction

- Wexford General Hospital 2009 Deficit €2.7m
- Service reconfiguration above will yield €700k. Reduction in absenteeism, overtime, locum and savings in office costs will yield €1.0m. Increased income generation (including car park increase from €3 to €4) will yield €400k. The balance of €600k will be derived from other non pay reductions including medical equipment, training and travel
- Design Team appointed for new A&E and Delivery Suite Development

ST LUKE'S HOSPITAL KILKENNY

Deliverable

Inpatient Discharges	Day Cases	Outpatient Attendances	Emergency Presentations	Emergency Admissions	Births
15,200	9,970	52,160	36,730	11,160	2,120

Service Expansion

- Additional day cases 1900 (Total 2009 9970)
- New OPD opening mid February 2009
- Stroke Unit fully opened end 2008 and fully opened 2009 (5 treatment beds)
- Design Team appointed for new A&E, Medical Assessment Unit, Day Services Unit, Laboratory and Pharmacy Development

Reconfiguration

- Surgical ward from 7 day to 5 day will increase capacity for day cases

Cost Containment and Reduction

- St Luke's/Kilcreene Orthopaedic Hospital 2009 deficit €3.0m
- Closure of 26 beds on a rolling basis in St Luke's will yield €1.5m. Moving 2 surgical wards from 7 day to 5 day (one St Luke's and one Kilcreene) will yield €370k. Reduction in on-call, absenteeism, overtime, locum, agency will yield €330k. Increased income including car park €3 to €4 will yield €200k. The balance will be derived from other non pay savings and seasonal closures

SOUTH TIPPERARY GENERAL HOSPITAL

Deliverable

Inpatient Discharges	Day Cases	Outpatient Attendances	Emergency Presentations	Emergency Admissions	Births
12,440	4,570	45,370	32,900	9,150	1,250

Service Expansion

- Additional Day Cases 400 (Total 2009 4570)
- Additional Outpatients 7163 (Total 2009 45,370)
- Medical Assessment Unit Opened 12th January 2009
- Medical Education Unit – planning commenced

Reconfiguration

- Part of Surgical Ward from 7 day to 5 day and increase day ward throughput

Cost Containment & Reduction

- South Tipperary General Hospital 2009 Deficit €2.6m
- Closure of 16 beds and relocation of gynae ward will yield €1.3m. Reduction in absenteeism, overtime, locum and agency will yield a further €1m. The balance of €300k will be delivered from income generation (including car park increase from €3 to €4)