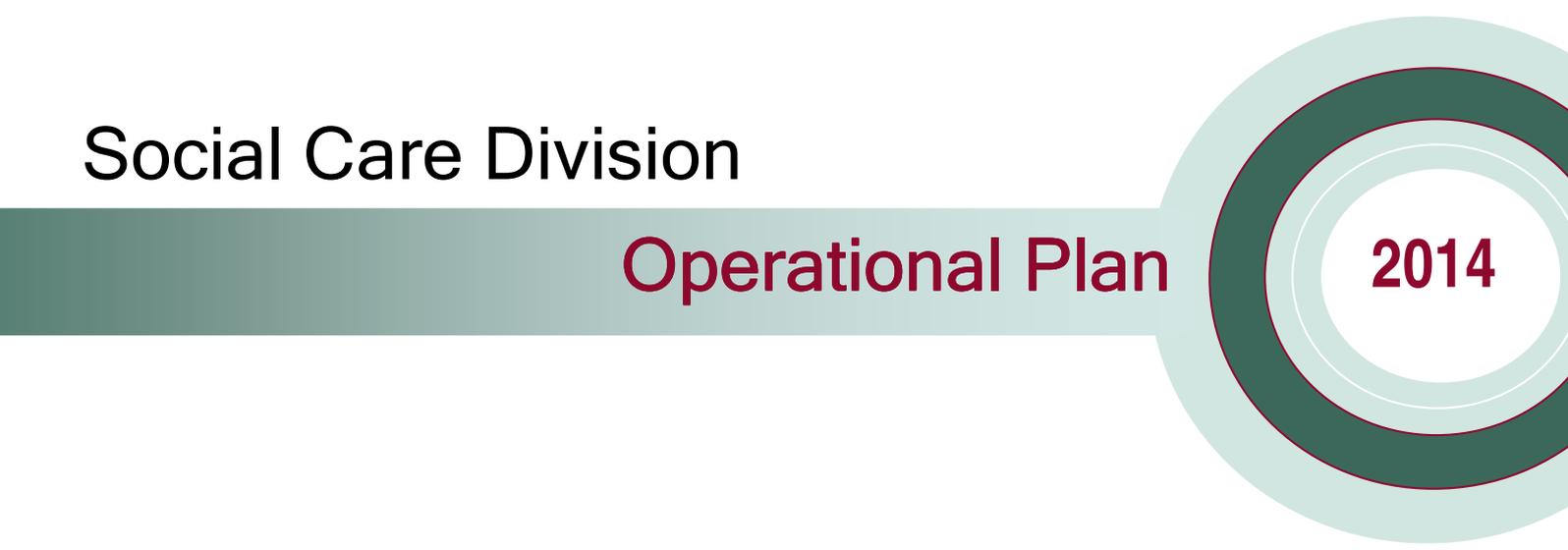


Social Care Division

Operational Plan

2014

A decorative graphic on the right side of the page. It features a horizontal bar that is light green on top and dark green on the bottom. To the right of the bar, there are several concentric circles. The outermost circle is light green, followed by a dark green ring, and then a white circle in the center. The year '2014' is printed in dark red inside the white circle.



# Contents

<b>INTRODUCTION</b> .....	<b>4</b>
<b>OPERATING FRAMEWORK</b> .....	<b>7</b>
<b>THE FUNDING POSITION</b> .....	<b>11</b>
<b>SOCIAL CARE GOVERNANCE AND ACCOUNTABILITY</b> .....	<b>16</b>
<b>QUALITY AND PATIENT SAFETY</b> .....	<b>17</b>
<b>IMPROVING PERFORMANCE MANAGEMENT</b> .....	<b>18</b>
<b>POTENTIAL RISKS TO IMPLEMENTATION</b> .....	<b>18</b>
<b>PERFORMANCE SCORECARD</b> .....	<b>19</b>
<b>THE WORKFORCE POSITION</b> .....	<b>21</b>
<b>ACTIONS 2014</b> .....	<b>25</b>
DISABILITY SERVICES .....	25
OLDER PEOPLE SERVICES .....	31
<b>APPENDIX 1: PERFORMANCE INDICATORS</b> .....	<b>36</b>
<b>APPENDIX 2: CAPITAL PROJECTS</b> .....	<b>41</b>
<b>APPENDIX 3: SERVICE ARRANGEMENT FUNDING *</b> .....	<b>42</b>
APPENDIX 3 (A) DISABILITY SERVICES .....	42
APPENDIX 3(B) DISABILITY AGENCIES RECEIVING > €100,000 .....	43
APPENDIX 3 (C) OLDER PEOPLE SERVICES.....	47
<b>APPENDIX 4: PUBLIC LONG STAY RESIDENTIAL CARE - OLDER PEOPLE</b> .....	<b>51</b>

# Introduction

The Health Service National Service Plan 2014 outlined the resource and accountability framework within which funding will be provided in 2014. This National Operational Plan for the Social Care Division has been prepared consistent with this national resource and accountability framework, and in line with the related national policies, frameworks, performance targets, standards and resources and sets out the type and volume of social care services which will be provided directly or through a range of agencies funded by us during 2014.

## *Social Care Division*

The establishment of the Social Care Division to support the ongoing service requirements of older people and people with disabilities is a fundamental step in moving forward with the design and implementation of models of care across both these Care Groups. These models of care will support and maintain people to live at home or in their own community and to promote their independence and lifestyle choice in as far as possible. Older people with care needs must be provided with a continuum of services such as home care, day care community support and / or intermediate care beds to avoid unnecessary acute hospital admissions and have their required treatments and supports delivered within their local community at primary care level in as far as possible. People with disabilities must have access to the supports they require to achieve optimal independence and control which will enable them to pursue activities and living arrangements of their choice. Supports for both groups must be responsive to service user needs and be provided flexibly at the least possible unit cost to build a sustainable system into the future.

A key function of the Social Care Division is to:

- Organise and deliver the required and appropriate services safely to approved standards.
- Reconfigure the available resource through a comprehensive reform process by increasing productivity, changing traditional cost structures and developing new service models of delivery in the process.
- Continue to reform staff level requirements, skill mix, staff attendance patterns and rosters within the context of the *Public Service Stability Agreement 2013-2016*.

To achieve these objectives, services need to be provided through a person-centred model of care and in a collaborative way, with shared responsibility between the person, their families and carers, health and social care professionals, a multiplicity of agencies and society as a whole. This requires further reorganisation of existing services within an environment of a higher level of demand and diminishing resource. There is also a need to address the opportunities and challenges of people living longer and healthier lives, developing models to suit individualised budgeting where people have increased control of their own resources and choices in relation to their care.

Social care services have traditionally been provided by two separate care group structures i.e. older people and disability services. The common objective of supporting and assisting people to live at home or in their own community and to promote lifestyle choice, along with the development of a commissioning framework, provides opportunities for joint working and learning, as we move away from the traditional and often institutional based service to a more person-centred model.

## *Quality and Safety*

Underpinning the delivery of all our services is the commitment to ensuring high quality and safety. This will remain an important focus in 2014. The Quality and Patient Safety Division provides strong patient safety and quality improvement support and assurance to each of the service Divisions and throughout the system.

The Social Care Division, working with the Quality and Patient Safety Division, will implement a comprehensive programme this year, with a particular focus on meeting the existing HIQA standards for older people services and implementing the new standards for services for people with a disability.

All Social Care staff, individually and collectively, have a responsibility for the quality of the services they deliver to the patients and service users in their care, and must integrate a commitment to quality and safety into their core work and practice.

## Funding

The social care budget for 2014, as outlined in the National Service Plan, is set at €3,055.3m which is a small increase of 0.5% on the 2013 position. This includes reductions of €31.3m, which are principally pay related reductions associated with Haddington Road, the employment control framework (moratorium) and incentivised career break scheme, etc. It also includes additional resource of €45m representing €14m developments in disability services and additional resource of €31m to cover deficits in disability and older people services. The appropriate arrangements for detailed application of this resource is outlined under each section of the plan.

## Services for People with a Disability – Key Initiatives

Disability services are embarking on a large scale reform programme to implement the VfM and Policy Review which will transform our model of service to a community based model of person-centred care. The Health Service will, through the National Implementation Framework Steering Group, develop an implementation plan to give effect to the recommendations of the VfM policy review of the disability services programme. The National Consultative Forum will provide an important mechanism to ensure effective communication and engagement with all stakeholders across the sector. 2014 will see a number of key steps in implementing the change programme:

- An additional investment of €14m and 130 additional staff will:
  - Provide places for an estimated 1,200 young people leaving school or Rehabilitative Training nationwide - 35 additional staff - €7m.
  - Provide “emergency” placements for people with disabilities whose care or family circumstances have changed and who now require an immediate and unplanned service response 15 additional staff - €3m.
  - Roll out a new model of assessment and intervention, the objective of which is to provide one clear referral pathway for all children (0 – 18s), irrespective of their disability, where they live or the school they attend - 80 additional therapy staff - €4m.
- Reconfiguring existing resources will:
  - Deliver a more person-centred model of care and support, with more than 150 people moving to more appropriate homes in the community.
  - Realisation of €5m efficiencies in line with the VfM and Policy Review.
  - Streamline governance arrangements.

## Services for Older People – Key Initiatives

- Services for Older People priorities in 2014 will emphasise providing comprehensive home care and community supports, to maintain older people in their own homes and communities for as long as possible.
- To support this priority, the health service will
  - Maintain existing home help services (10.3m hours nationally) and home care packages (for 10,870 people), at 2013 levels
  - Allocate €23m from nursing home support scheme (A Fair Deal) to increase home care & community supports
    - Using €10m to provide new intensive home care packages, to benefit approximately 250 people with complex care needs (190 people at any one time). An intensive home care package will provide a greater range and level of services to older people and their families, including a combination of nursing, therapy, respite, aids and appliances, home help as appropriate to their needs.
    - Targeting €3m to provide an additional 45 community support and intermediate beds to benefit 780 people approximately These will be targeted in key locations where there are particular service pressures in acute hospitals with delayed discharges. This will support patients early discharge from hospital to their own home.
    - Using €10m to maintain the current level of short stay public bed provision (1,860 beds nation wide) which provide respite, rehabilitation and step down services.
- Nursing Home Support Scheme
  - The Nursing Home Support Scheme will continue to support over 22,000 in long term residential care at a cost of €939m. In shifting the emphasis of the model of care to home and community supports, we will maintain an additional 1,000 older people to continue to live in their own homes. The overall number of people to be supported in long stay care in 2014 has consequently been reduced by 700.

- As in 2013, the Nursing Home Support Scheme (NHSS) will require careful management of applications as existing places become vacant to minimize waiting times for funding. There will be increased options available to support older people to remain at home including those with dementia who are at risk of admission to residential care.
- Single Assessment Tool
  - The roll out in 2014 of a standardised needs assessment process called “Single Assessment Tool (SAT)”, will underpin the phased implementation of a new integrated model of care for older people. It will identify people with similar needs and circumstances in a uniform way which will bring a more equitable approach to the level and range of services provided.

### *Integration*

A fundamental objective of the Irish Health Service is the delivery of integrated care, treating people and service users at the lowest level of complexity that is safe, timely, efficient and as close to home as possible. In this context, the Social Care Division will be working collaboratively across all Divisions to ensure that the service user experiences integrated care as they move through the care pathway across hospital and community services. The National Clinical Programmes provides a strong platform to develop and implement standardised models of care and processes. A National Clinical Group Lead is being appointed to the Social Care Division, which will support clinical and professional leadership within the Social Care management structure, providing the necessary support and advice at national and local level.

During 2013 the government published a major policy, Healthy Ireland, a Framework for Improved Health and Wellbeing 2013-2015. Healthy Ireland sets out a whole of government and cross sectoral approach to addressing the challenges of an ageing population, together with the demands being placed on health services resulting from the growth in the incidence of chronic illness. The Division will work with the Health and Wellbeing Division to develop a 3 year health service implementation plan for Healthy Ireland.

### *Supporting our Workforce*

The staff of the Health Service, nurses, clinicians, health and social care professionals, clerical, administrative and general support staff, continue to be its most valuable resource. Without them, it would not be possible to deliver the wide range of services delivered every day across the country. The Health Service is committed to ensuring a culture where the work of staff is valued and understood by the communities served. Fundamental therefore to the reform of the health services through the clinical programmes or the structural reforms, is the requirement to continue building the expertise and skills of staff at all levels in leadership, process change and management. This will remain a focus in 2014.

### *Conclusion*

The Social Care Division Operational Plan can only be delivered through the collective efforts of the Health & Social Care Professionals and staff from all of our care disciplines and services. Our services are now more than ever dependent on staff continuing to make the extra effort for all our service users. Social care services, whether relating to the elderly or people with a disability, have a strong tradition in delivering a comprehensive range of high quality services. This is a reflection of the high calibre and exceptional commitment of the individual staff and teams. I wish to thank all staff for their contribution to date and look forward to the continuation of this commitment in 2014.




---

**Pat Healy,**  
National Director  
Social Care

# Operating Framework

The Health Service National Service Plan 2014 outlined the resource and accountability framework within which funding will be provided in 2014. This National Operational Plan for the Social Care Division has been prepared consistent with this national resource and accountability framework, and in line with the related national policies, frameworks, performance targets, standards and resources and sets out the type and volume of social care services which will be provided directly or through a range of agencies funded by us during 2014.

## Health Service Funding and Operational Context 2014

The Health Service National Service Plan 2014 outlines the overall funding for health services in 2014 as follows:

The 2014 gross current Budget Day Estimate for the Health Service (including Children and Families) is €13.120bn. This reflects a reduction in the gross estimate of €272m or 2%. The reduction includes new spending of €304m and savings targets of €619m.

Following budgetary reductions of €3.3bn since 2008, the 2014 reductions of €619m bring the total to €3.92bn over six years. Reductions on this scale in a public health system with increasing demographic pressures obviously pose considerable challenges and risk for the delivery of this estimate.

In addition to the required savings targets of €619m, there are also underlying incoming deficits from service levels provided in 2013 which need to be addressed in 2014. The resultant situation is that the health system has to deal with underlying deficits of €419m prior to addressing any additional savings targets in 2014.

Significant cost reductions have been achieved in recent years through pay and staff numbers management, as well as negotiating price reductions with drug companies and other suppliers. In 2014 extensive further savings will be required in pay through the *Haddington Road Agreement*, further reductions in drug prices through Reference Pricing legislation, and other challenging savings throughout the year to deliver on the plan.

Payroll reductions totalling €268m are required. The additional reduction for 2014 (€268m) includes €140m facilitated by the *Haddington Road Agreement*, €108m in unspecified pay savings and €20m in respect of the Employment Control Framework (ECF). This is in addition to a 2013 budget reduction target of €150m from which delivery of €104m is expected in 2014. Delivering against these targets is a central component of our overall budget management plan for 2014. A national assurance process and support team have been established. This team will work with service managers to ensure that measures which will deliver savings are identified and implemented at the earliest possible time.

Unspecified pay savings of €108m will be held centrally and have not been allocated to individual services as provider budget reductions, pending a separate process. A further €80m related to the *Haddington Road Agreement* is being held centrally, in the first instance, and will be allocated to individual services following an assessment of the most appropriate allocation of the savings across each service location.

## Key Priorities

### Disability Services

- Implementation Framework – Value for Money and Policy Review
- People moving from institutional settings to homes in the community
- Reconfiguration of day services and young people leaving school / rehabilitation programmes
- Disability services for children and young people (0-18s)
- Service user involvement and quality in the development of services
- Management and information systems

### Services for Older People

- Service improvement programme and integrated models of care for older people
- Comprehensive home and community services to enable older persons to live independently at home
- Service user engagement programme
- Single assessment tool implementation
- Keep older people well

## Summary of Service Quantum

- Agree 898 separate funding arrangements with 396 Disability Service Providers with an approximate value of €1,084m.
- Provide Residential Support Services for almost 9,000 people with disabilities.
- Enable 150 people with disabilities to move from congregated settings into the community.
- Cater for the needs of an additional 1,200 young people leaving school or exiting Rehabilitative Training Programmes.
- Provide staffing in Children's Disability Services equivalent to 9 Children's Disability Network Teams.
- Commence assessments under the Disability Act 2005 on behalf of more than 4,500 children.
- Provide residential Respite Services for nearly 6,000 people with disabilities.
- Provide 1.3m hours of Personal Assistance to more than 1,800 people with disabilities.
- Provide 2.4m hours of Home Support to more than 8,000 people with disabilities.
- Deliver 10.3 million Home Help Hours, primarily to older people i.e. the same level of service as 2013 with 50,000 people in receipt of home help service at any time.
- Provide HCPs to 10,870 older people at any time.
- Provide 190 intensive HCPs (funded under the strategic re-alignment of the model of care initiative) with 250 older people approximately benefiting in a full year.
- Commission demonstration sites to develop the integrated model of care for older people working with approved providers who can deliver enhanced combinations of appropriate services including dementia specific options.
- Provide approximately 25 additional intermediate / transitional care beds with 650 older people benefiting, together with an additional 20 beds to provide for more complex cases benefiting 130 people.
- Fund quality long term residential care services for older people under the Nursing Homes Support Scheme – target 22,061 persons supported under the scheme at end of 2014.
- Assess the needs of 50% of all new entries to NHSS, Home Care Package and Home Help Schemes in the final quarter of 2014 using the Single Assessment Tool.

## Quality & Safety

Underpinning the delivery of all our services is the commitment to ensuring high quality and safety. This will remain an important focus in 2014. In particular the Social Care Division will:

- Ensure that the Social Care National Director and the managers and clinicians within the Social Care areas of service are responsible and accountable for ensuring the provision of safe, quality services.
- Support quality improvement initiatives across the Social Care Division that aim to enhance patient safety.
- Improve the experience of patients and service users within the Social Care Division health services.
- Ensure that standards, policies and guidelines are understood and appropriately implemented by Social Care Division staff.
- Put in place a comprehensive set of quality and safety indicators to measure the quality and safety of Social Care services.

All Social Care staff, individually and collectively, have a responsibility for the quality of the services they deliver to the patients and service users in their care, and must integrate a commitment to quality and safety into their core work and practice.

## Supporting our Workforce

The staff of the Health Service, nurses, clinicians, health and social care professionals, clerical, administrative and general support staff, continue to be its most valuable resource. Without them, it would not be possible to deliver the wide range of services delivered every day across the country. The Health Service is committed to ensuring a culture where the work of staff is valued and understood by the communities served. Fundamental therefore to the reform of the

health services through the clinical programmes or the structural reforms, is the requirement to continue building the expertise and skills of staff at all levels in leadership, process change and management. This will remain a focus in 2014.

The National Service Plan 2014 states that the development of the workforce will take place against the backdrop of the Health Service requirement to reduce its workforce to approximately 98,000 whole-time equivalents (WTEs) in 2014. This would mean a net reduction of 2,600 WTEs. Approximately 500 new service development posts will also be provided for under the National Service Plan (130 of these posts provided in Disability Services in the Social Care Division) and this, coupled with the ongoing recruitment process for key front line staff, means that the Health Service would be required to reduce overall staff numbers by approximately 3,600 WTEs in the course of the National Service Plan 2014.

The planned reduction in 2014 will be on top of a reduction of 12,505 WTEs or -11% from the peak of employment in the Health Service in 2007.

In relation to the range of pay and productivity measures under the *Haddington Road Agreement*, all health service managers will be expected to review their current service delivery models to maximise the provisions of the Agreement to ensure that services are delivered in the most cost effective and efficient manner. Area Managers, CEOs of voluntary agencies and service managers at all levels have responsibility to directly engage with their staff, and be accountable for the delivery of the *Haddington Road Agreement* within their own organisations and workforce.

## Reform

In 2012, the Minister for Health published *Future Health – A Strategic Framework for Reform of the Health Service 2012-2015*. This framework, based on commitments in the *Programme for Government*, outlines the main healthcare reforms that will be introduced in the coming years with a focus on the four pillars of reform: Structural, Financial, Service, and Health and Wellbeing.

The scope and scale of the reform programme cannot be underestimated. It represents one of the most significant programmes of reform in the history of the Irish health service, and will only succeed with the active and sustained support of all key stakeholders both within and outside the health service. Change of this scale and nature requires time, careful planning and execution and will require a detailed information and consultation process with our staff and staff representative organisations.

The reform process has led us to further develop close working relationships and partnerships with the voluntary sector. By building on this collaborative approach, our combined efforts have enabled us to progress and deliver on a number of key developments, particularly in the area of disability services that otherwise may not have been achieved.

In 2014, there will be a focus on the following key actions in order to progress the reform agenda, with the System Reform Unit and National Clinical Programmes providing input and support.

- Model of Care – strategic realignment of model of care for services for older people, with a focus on home care and other community supports, etc. to avoid hospital admission and support early discharge.
- Value for Money (VfM and Policy Review) – Disability Services – changes to governance, funding and focus of services provision, intending to positively impact on the way in which people with disabilities are supported to live the lives of their choice.
- Commissioning Framework – Services for Older People and Disability Services – phased implementation, initially between the Chief Operating Officer and the Social Care Division, along with the development of formal contractual arrangements to support the commissioning framework.

## Accountability and Performance Management

These reforms are being progressed on an administrative basis within the existing accountability provisions in the *Health Act 2004* and the *Health Service Executive (Governance) Act 2013*. Notwithstanding the establishment of Groups, Areas and other bodies on an administrative basis, it should be understood that until such time as pending legislation is enacted, the accountability arrangements set out in the aforementioned legislation pertain.

To ensure appropriate accountability governance and management arrangements for these changes, the System Reform Group (SRG) has been set up within the Office of the Director General of the Health Service. The National Lead for Transformation and Change leads the SRG and reports directly to the Director General. The SRG is currently working to establish the governance, scoping, management, benefits realisation, planning and reporting arrangements to be applied to all programmes within the remit of the Health Service.

Each individual programme or project within the overall reform portfolio will operate within the programme management approach established by the SRG. Responsibility for the delivery of individual programmes will rest with the 'business owner' of the programme.

A governance framework has been put in place for the Health Reform Programme to co-ordinate implementation in a planned, coherent manner so that all critical dependencies are managed effectively and benefits realised are carefully tracked along the way. The governance arrangements include a Programme Management Office (PMO) and a Health Reform Programme Board in the DoH and a Systems Reform Group in the Health Service.

A key priority as the health system continues to reform is to ensure that financial, workforce and service performance is actively managed and reported on in a timely manner. The 2014 governance framework will ensure that performance will be measured against agreed plans which must be managed in the context of cost reduction, absenteeism, achievement of service targets and productivity. Information will be required at all levels in the system, therefore these plans will be monitored through a range of processes, including scorecard metrics. Compstat will support performance management at local service delivery unit level as it continues to be embedded in the operational system. Service managers will be held to account and under performance will be addressed. A national process to identify and define a holistic performance framework and reporting requirements for 2014 is in process and is cognisant of the changing accountability environment.

It is essential to have clear and transparent performance expectations in place with those agencies funded by the HSE. Funded agencies will be managed through improved service arrangement schedules which will include greater linkages to national priorities and increased transparency in relation to corporate overheads and senior salaries.

To provide the organisation with the technology supports necessary to enhance our management of the governance framework, an on-line, real-time system is being introduced on a phased basis. It will support the creation of a national shared database with a Master file on each Agency containing verified information and high level controls assurance documentation. Its introduction will streamline and maximise efficiencies in the process and add value to the governance process allowing more comprehensive verification of information and controls assurance. The system builds in high level Governance Controls Assurances and the existing best practice guidelines (NFR 31) will become embedded in the system with assurances that they are then universally applied.

# The Funding Position

## Social Care Division Funding and Priorities

Within this overall national framework, the social care division has been allocated a budget in 2014 in vote terms of €3,055.3m which represents a 0.5% increase over 2013. When account is taken of certain technical adjustments relating to €141m income in respect of public long stay facilities, the net budget for the year allocated amounts to €2,914m. In addition an indicative ceiling of 24,569 WTE has been allocated.

### 2014 Final Resources

Table 1

Social Care Division	2013 Budget €m	2014 Budget Reduction €m	2014 Additional Funding				2014 Budget after new funds €m
			Demographics €m	Adjustments to Base €m	Internal Transfers €m	Sub Total €m	
Older People	642.2	-3.4					638.8
Disability	1,421.7	-15.3					1406.4
Corporate Social Care	10.9		14	31	23	68	78.9
NHSS (Vote)	974.3	-12.51			-23	-23	938.8
<b>Total Social Care</b>	<b>3,049.1</b>	<b>-31.2</b>	<b>14.0</b>	<b>31.0</b>	<b>0.0</b>	<b>45.0</b>	<b>3,062.9</b>
<b>Vote Adjustment</b>	<b>-7.6</b>						<b>-7.6</b>
<b>Operating Plan 2014</b>	<b>3,041.5</b>	<b>-31.2</b>	<b>14.0</b>	<b>31.0</b>	<b>0.0</b>	<b>45.0</b>	<b>3,055.3</b>

- The incoming budget is based on November figures which will require adjustment in respect of any December movements.
- The Vote Adjustment of €7.6m is a technical matter which has no material impact on the service. A sum of €23m is being allocated from the Nursing Homes Support Scheme (NHSS) – A Fair Deal, to enhance home care and community supports. This €23m resource is being held in the first instance in the Social Care Division corporately and will be fully transferred to Services for Older People as the new developments outlined in the Actions section of this plan are implemented.
- Demographic funding of €14m in Disability Services relates to School Leavers and RT Placements together with emergency placements (€10m) and the 0-18s programme (€4m).
- The resources provided include a reduction of €31.3m, which are principally pay related reductions associated with the Haddington Road Agreement (HRA), the Employment Control Framework (moratorium), and the incentivised career break scheme, etc. It also includes an additional resource of €45m representing €14m development funding in Disability Services and an additional resource of €31m to cover deficits in Disability and Older People services.

### 2014 Budget Reductions

Table 2

Area of Cost Adjustment	€m
Haddington Road Agreement (HRA)	20.112
New Entry Consultants	0.069
Incentivised Career Break	0.908
Reductions in Management / Admin Grades	0.094
Cost of Care efficiencies	3.000
NHSS - Full year effect of adjusting the asset-based contribution – Legislation in 2013	3.000
ECF	4.082
Legislation to charge private patients 2014	0.078
<b>Total Budget Reductions 2014</b>	<b>31.343</b>

Outlined in the table above is the detailed application of the €31.343m reduction specified in the National Service Plan.

In delivering the range of pay and productivity measures to enable the public health sector to contribute to the Government's Economic Strategy, it is important that all health service managers review their current service delivery models to maximise the provisions of the *Haddington Road Agreement* with a requirement that services are delivered in the most cost effective and efficient manner. It is essential that cost reductions are identified, implemented and are sustainable on an ongoing basis. Hospital CEOs, ISA managers, CEOs of voluntary agencies and service managers at all levels have responsibility to directly engage with their staff, and be accountable for the delivery of the *Haddington Road Agreement* within their own organisations and workforce.

The *Haddington Road Agreement* enablers available to support the required action include:

- Work practice changes for identified health disciplines.
- Systematic reviews of rosters, skill-mix and staffing levels.
- Increased use of redeployment.
- Further productivity increases.
- Introduction of the Nursing / Midwifery Graduate Programme.
- Introduction of the Support Staff Intern Scheme.
- Voluntary redundancy which is targeted, arising from restructuring and review of current service delivery methods and the Incentivised Career Break.
- It is expected that a focused approach to addressing staff absenteeism and implementing revised new sick leave arrangements will become effective from the March 2014.
- Greater use of shared services and combined services, coupled where necessary, in terms of costs and efficiency, to the use of external sourcing in order to deliver cost-effectiveness and best value for money, while protecting frontline service delivery.
- Greater integration of the human resources functions of the statutory and voluntary sectors to remove duplication, achieve better efficiencies and allow for greater use of shared services within and across emerging structures.

A national assurance and support process has been established to engage with service managers in order to monitor and support the delivery of sustainable cost reductions as required under the *Haddington Road Agreement*, against a back-drop of identified specific targeted savings to be delivered in 2014. The group will work with managers at all levels to maximise the provisions of the *Haddington Road Agreement* and to ensure that such measures are identified and implemented at the earliest possible time.

The Assurance Group will deliver a standardised methodology for the assessment, measurement and reporting on all of the enablers within the *Haddington Road Agreement*, and identify a suite of options for services to maximise the benefits to ensure an evidence based approach which will deliver the greatest efficiencies possible from the available resources.

Specific site visits will be an integral part of the modus operandi of the Assurance Group.

Within Social Care, dedicated working groups have been established in both Older People and Disability Services representative of senior managers, specialists and other key staff to support the Social Care Division in fully implementing the programme of work required to deliver the cost saving measures. The voluntary sector (both Section 38 and 39) will be involved at all stages of the process and representatives of the various representative bodies will be involved in working groups as required.

## Addressing the existing Deficits

The establishment of the new service Divisions in 2013 meant that, for the first time, as part of the service planning process for 2014, there was the opportunity to redistribute resources across each of the care groups and new service Divisions. In the past, because primary, community and social care services were managed on an integrated basis regionally, it was possible at the end of each year to off-set deficits in one care group from surplus funds in another, so that overall the regional budget was balanced. For example, a surplus in the area of mental health might be used to meet a year end deficit in services for older persons. The same approach was adopted nationally to balance the global budget for the health services. This rebalancing happened on a year to year basis.

One objective in establishing the new service Divisions was to give each care group more certainty about their overall resource base which would allow them plan more rationally for 2014 and future years. This means that the same flexibility to balance surplus funds and deficits on an annual basis will no longer exist. However, it was critical that in

redistributing the resources for 2014, an approach to balancing current surpluses and deficits be put in place. This is particularly true of mental health services which are expected to have a significant once off surplus at the end of 2013 and social care services which will have a deficit in the region of €53m. Accordingly, regional and local (ISA) level budgets for each Division have been set out at a high level by each service Division with support from the Finance Division and have been agreed by the relevant National Director.

In respect of Social Care, the Social Care Management Team have met with Regional Management Teams, ISA Managers and senior Finance staff and a process has been put in place through which the additional funding, which is currently being held centrally, will be re-distributed in a fair and equitable manner.

## Services for People with a Disability – Key Initiatives

Disability services are embarking on a large scale reform programme to implement the VfM and Policy Review which will transform our model of service to a community based model of person-centred care. The Health Service will, through the National Implementation Framework Steering Group, develop an implementation plan to give effect to the recommendations of the VfM policy review of the disability services programme. The National Consultative Forum will provide an important mechanism to ensure effective communication and engagement with all stakeholders across the sector. 2014 will see a number of key steps in implementing the change programme:

- An additional investment of €14m and 130 additional staff will:
  - Provide places for an estimated 1,200 young people leaving school or Rehabilitative Training nationwide - 35 additional staff - €7m.
  - Provide “emergency” placements for people with disabilities whose care or family circumstances have changed and who now require an immediate and unplanned service response 15 additional staff - €3m.
  - Roll out a new model of assessment and intervention, the objective of which is to provide one clear referral pathway for all children (0 – 18s), irrespective of their disability, where they live or the school they attend - 80 additional therapy staff - €4m.
- Reconfiguring existing resources will:
  - Deliver a more person-centred model of care and support, with more than 150 people moving to more appropriate homes in the community.
  - Realisation of €5m efficiencies in line with the VfM and Policy Review.
  - Streamline governance arrangements.

## Services for Older People – Key Initiatives

- Services for Older People priorities in 2014 will emphasise providing comprehensive home care and community supports, to maintain older people in their own homes and communities for as long as possible.
- To support this priority, the health service will
  - Maintain existing home help services (10.3m hours nationally) and home care packages (for 10,870 people), at 2013 levels
  - Allocate €23m from nursing home support scheme (A Fair Deal) to increase home care & community supports
    - Using €10m to provide new intensive home care packages, to benefit approximately 250 people with complex care needs (190 people at any one time). An intensive home care package will provide a greater range and level of services to older people and their families, including a combination of nursing, therapy, respite, aids and appliances, home help as appropriate to their needs.
    - Targeting €3m to provide an additional 45 community support and intermediate beds to benefit 780 people approximately These will be targeted in key locations where there are particular service pressures in acute hospitals with delayed discharges. This will support patients early discharge from hospital to their own home.
    - Using €10m to maintain the current level of short stay public bed provision (1,860 beds nation wide) which provide respite, rehabilitation and step down services.

## Nursing Homes Support Scheme

The Nursing Homes Support Scheme will continue to support over 22,000 in long term residential care at a cost of €939m. In shifting the emphasis of the model of care to home and community supports, we will maintain an additional 1,000 older people to continue to live in their own homes. The overall number of people to be supported in long stay care in 2014 has consequently been reduced by 700.

As in 2013, the Nursing Homes Support Scheme (NHSS) will require careful management of applications as existing places become vacant to minimize waiting times for funding. There will be increased options available to support older people to remain at home including those with dementia who are at risk of admission to residential care.

Table 3

Nursing Homes Support Scheme	€m
2013 REV	974.3
<b>Adjustments</b>	
Full year effect of adjusting the asset-based contribution – Legislation in 2013 *	-3.0
Cost of Care Reductions (Efficiency targets)	-3.0
Haddington Road Agreement	-6.1
Employment Control Framework	-0.4
Movement of funding to elderly community support services	-23.0
<b>Total</b>	<b>938.8</b>

Note: The NHSS increased asset contribution was included in the Abridged Estimates Volume at €10m and will be corrected in the Revised Estimates Volume to €3m

## Single Assessment Tool

The roll out in 2014 of a standardised needs assessment process called “Single Assessment Tool (SAT)”, will underpin the phased implementation of a new integrated model of care for older people. It will identify people with similar needs and circumstances in a uniform way which will bring a more equitable approach to the level and range of services provided.

## Using existing resources to drive reform

The Social Care Division in 2014 has available a resource in excess of €3bn through which a wide range of services will be provided to support older people and people with a disability. Our intention is to use this existing resource to drive our reform agenda. We will re-focus, and if necessary re-balance how these resources are utilised so that better value is derived while at the same time, a more integrated model of care can be delivered over a period of years to the benefit of older people.

In relation to services for older people, during 2014 a service improvement programme will be implemented to ensure standardised delivery of home help and home care packages across all ISAs. In this context, a national standardised approach will be developed around the allocation of resources to Integrated Service Areas (ISAs) for home care and community support services, building on a framework for “money follows the patient” commenced by the Nursing Homes Support Scheme – Fair Deal.

Through this process it is also intended that the Home Help Agreement will be implemented across each ISA in line with the recent Labour Court recommendation.

These revised arrangements will be implemented in a co-ordinated and safe manner to ensure continuity in the delivery of service. In this context funding will be provided to ISAs for the first quarter of 2014 based on the 2013 position. However, during the first quarter all aspects of the service will be reviewed to ensure that all areas are fully complying with the required standardised implementation of the service model and any re-balancing that is required will be implemented in quarter 2 and each quarter thereafter.

Similarly, arrangements are being put in place through which we will establish a funding and commissioning type payment model for ‘short stay beds’ based on the ‘money follows the patient’ approach already applied to NHSS – A Fair Deal.

This approach will also be rolled out in relation to our disability services as we develop an implementation plan to give effect to the recommendations of the VfM and Policy review of the disability services programme.

## Summary of Indicative Budget Allocation

Having regard to the Operating Framework outlined above, and funding which is being held centrally, outlined in the table below is the indicative budget for 2014 for the Social Care Division across each region and ISA.

Table 4

HSE West	Disability Services €m	Older People Services €m	Indicative Budget 2014 €m
Galway/Roscommon ISA	89.573	30.482	120.055
Mayo ISA	44.157	22.982	67.139
Donegal ISA	36.992	34.687	71.679
Sligo / Leitrim / West Cavan ISA	41.939	26.684	68.623
Mid-West ISA	123.008	58.838	181.846
<b>West Total</b>	<b>335.669</b>	<b>173.673</b>	<b>509.342</b>

HSE Dublin North East	Disability Services €m	Older People Services €m	Indicative Budget 2014 €m
Voluntaries ISA	135.813	6.786	142.599
Dublin North City ISA	45.390	42.682	88.072
Louth / Meath ISA	69.410	23.363	92.773
North Dublin ISA	48.883	17.816	66.699
Cavan / Monaghan ISA	26.035	12.976	39.011
RDO Central	-0.143	15.281	15.138
<b>DNE Total</b>	<b>325.388</b>	<b>118.904</b>	<b>444.292</b>

HSE South	Disability Services €	Older People Services €m	Indicative Budget 2014 €m
Cork ISA	178.169m	79.006	257.175
Kerry ISA	1.849	37.825	39.674
Waterford / Wexford ISA	67.191	27.139	94.330
Carlow Kilkenny & South Tipperary ISA	55.554	33.049	88.603
Regional PCCC	0.000	0.700	0.700
<b>South Total</b>	<b>302.763</b>	<b>177.719</b>	<b>480.482</b>

HSE Dublin Mid-Leinster	Disability Services €m	Older People Services €m	Indicative Budget 2014 €m
Dublin South Central ISA	62.379	20.164	82.543
Dublin South East / Wicklow ISA	209.998	48.947	258.945
Midlands ISA	85.226	25.906	111.132
Dublin South West / Kildare / West Wicklow ISA	78.404	31.511	109.915
RDO Central ISA	0.000	26.242	26.242
<b>DML Total</b>	<b>436.007</b>	<b>152.770</b>	<b>588.777</b>

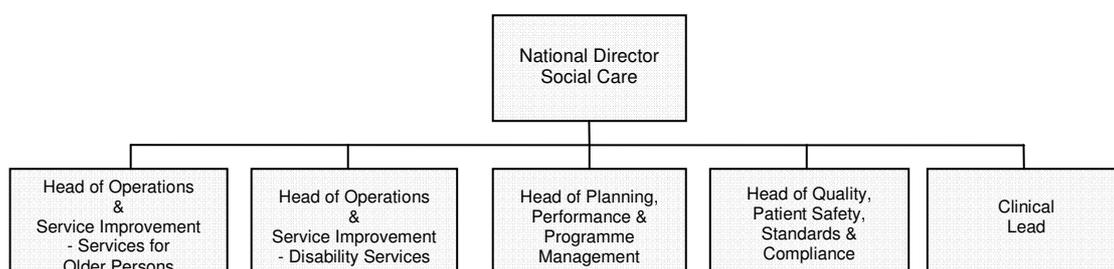
Corporate Social Care	Corp Social Care €m	Indicative Budget 2014 €m
NHSS	809.700*	809.700*
Corporate Social Care	78.975	78.975
<b>Corporate Total</b>	<b>888.675</b>	<b>888.675</b>

Social Care Division	Disability Services €m	Older People Services €m	Corp Social Care €m	Indicative Budget 2014 €m
<b>National Total</b>	<b>1,399.827</b>	<b>623.066</b>	<b>888.675</b>	<b>2,911.569</b>

\* Contract and subvention budget in this instance has been included within ISAs. This budget forms part of the total NHSS available resource of €938.8m.

# Social Care Governance and Accountability



The diagram above sets out the Social Care Management Team. Social Care services have traditionally been provided by two separate care group structures i.e. older people and disability services with each care group having its own distinct structure. The extensive reform programme which is underway in social care will require some changes in the governance and accountability arrangements as the reform programme evolves.

Currently the Regional Directors of Performance and Integration (RDPIs), in addition to their role in the performance and integration of services at regional level, are also on an interim basis responsible for the full range of operational management previously held by the Regional Directors for Operations (RDOs). The next phase of transition to the full Divisional structure is currently being planned which will see the transfer of responsibilities from RDPIs to ISA managers and National Directors. Following this transition phase, the reporting relationship for ISA managers will be to each National Director, working on a day to day basis with the Head of Operations & Service Improvement and other senior managers in the relevant Division. In line with all previous phases of transition and in accordance with the Public Service Stability Agreement, there will be close consultation with ISA managers, RDPIs and all other relevant stakeholders to ensure an effective and safe transition.

The sustainability of social and continuing care provision, particularly in light of the current budgetary climate and the changing demographic profile, means that increasingly scarce resources must be efficiently managed, targeted at areas of greatest need and delivered at the point of lowest complexity.

Work has commenced on the development of a commissioning framework, under the leadership of the COO, however, the detailed arrangements to apply will only be settled during 2014. At the same time, within social care, the Fair Deal scheme already encompasses many of the elements of the *Money follows the Patient* approach, and work will commence in expanding this model by developing a similar approach in respect of other services in 2014, including home care and short stay residential provision for older people.

While the significant role of voluntary agencies in delivering services is acknowledged, it is clear that their role will have to evolve in line with the change programme. In respect of the disability sector, 2014 will represent a step change in the pace of implementation of the recommendations of the VfM Report and Policy Review, which is intended to delivery transformational change in the model of service delivery, moving away from the traditional and often institutionally based service to a more person-centred model, with a community focus. Service arrangements will be reviewed and re-drawn to reflect a more rigorous emphasis on budgeting and monitoring in preparation for eventual changes to the procurement or commissioning of individual based services.

In this overall context it would be premature at this point to specify the detailed management arrangements required to support this evolving service model into the future. The Social Care Division nationally will, in 2014 review the existing arrangements, drawing on much of the work undertaken as part of the ISA review and elsewhere, to develop a blueprint for more appropriate management arrangements for social care. This analysis will be undertaken in consultation with all stakeholders in line with the Public Service Stability Agreement (Haddington Road Agreement).

# Quality and Patient Safety

Quality and patient safety is the responsibility of all staff and is core to service provision and will be embedded in service delivery across all Divisions. It is necessary for us, in Social Care, to ensure that the appropriate systems are in place for performance management, quality measurement, assurance, audit, risk management, and learning from user complaints and adverse events. To support this, a Head of Quality, Patient Safety, Standards and Compliance has been put in place and the following are a range of the initiatives that will be progressed in 2014.

- *HIQA Standards for Residential Services*
  - Disability Services - Registration under these standards commenced in November 2013. It is estimated that approximately 1,100 units will qualify under the definition of “Designated Centre for Residential Services”. The National Standards Reference Group, established in Q4 2013, will provide a standardised, national response to aspects of standards implementation and a mechanism to share best practice.
  - Services for Older People – Services will continue to work with HIQA and apply improvement measures through its monitoring and implementation of HIQA standards. A national capital group is in place to work closely on the challenge of revised standards and the capital finance requested to meet these standards.
- *Children First*

The National HSE Children First Oversight Group has developed policy, guidance and information to assist service providers in meeting their obligations. The Children First legislation is expected in 2014. Children and Family Services are currently developing a modular “Train-the-Trainers” training programme to assist HSE Divisions and organisations to develop their own competencies in training, child protection policy development and support.
- *Phase 2 of the Client Protection Audit*

The Social Care Division will work closely with the Quality and Patient Safety Division to complete phase 2 of the client protection audit and will commence the implementation of the National Policy for the Safeguarding of Adults with a Disability from Abuse.
- *Standards for Day Services – Disability Services*

The New Directions Report recommends the development and roll out of a national quality assurance system for day services. The HSE has developed National Standards based on the HIQA National Standards for Safer Better Healthcare and the models of support outlined in the New Directions Report. In 2014, organisations providing day services will be required to audit their service against agreed themes outlined in the Standards.
- *Quality Improvement Methodologies*

Our non-statutory partners will be encouraged to adopt internationally recognised quality improvement methodologies such as EFQM, CQL or CARF.

As part of our reform agenda in older persons, quality improvement teams will focus on ensuring a consistent approach in the roll out of best practice. A Quality improvement Team for Home Care will be established which will;

  - make recommendations on the implementation of the National Quality Guidelines on home help services,
  - review implementation of the HSE Home Help LC Recommendations (16th September 2013),
  - review and update as necessary the home care package national guidelines and oversee full implementation of the guidelines across the system,
  - review and make recommendations regarding the Draft National Procedural Guidelines for the Home Help Service,
  - arrange and oversee a service user involvement process for home help and home care packages scheme.
- *Clinical Governance*

Clinical governance will be strengthened, with particular reference to community based services.
- *Advocacy / Service User Engagement*

Service users, their families and local communities and the voluntary sector will be engaged with to develop a strong user engagement and participation process which will support the development of an integrated model of care.
- *Improve the Prevention, Control and Management of healthcare associated infections*

The prevention, control and management of healthcare associated infections will be improved through working closely with HCAI on the roll out of best practice standards in infection control.

# Improving Performance Management

As part of the overall accountability framework for the Health Service, a sub group of the Directorate has been established as the National Planning, Performance and Assurance Group (NPPAG). Over the course of 2014, this group will monitor the implementation of the NSP on a monthly basis, with a particular focus on quality, activity, financial performance and the management of our workforce.

Within this overall performance management framework, the Social Care Division will develop protocols during 2014 in order to ensure the appropriate performance management and assurance relationship between the Division and the Regional Directors of Performance and Integration (RDPIs) is in place, and to manage the transition from the current position in which the RDPIs are carrying some of the functions of the Regional Directors of Operations (RDOs). This will include working proactively with the RDPIs in the preparation of performance and exception reports on a monthly basis, which form the primary input to the monthly NPPAG meeting, and engaging and agreeing any course of corrective action required to bring underperformance back in line with the plan.

The Social Care Division will monitor activity to ensure that the population is receiving the high quality healthcare that it needs and services are delivered by achieving best value from all available resources. Services will be delivered through integrated models of care that will be highly responsive to service users, be strong on productivity and will clearly demonstrate excellent performance.

The accountability framework incorporating performance reporting will ensure that performance will be measured against agreed Operational Plans at ISA level which include financial, HR and service delivery commitments in terms of targets, achievements and variances. These plans will be monitored through regular engagement with the RDPIs/Area Managers through a range of scorecard metrics, operational plan metrics and monthly activity reporting. Service managers will be held to account and all under performance identified will be addressed.

## Potential Risks to Implementation

The National Service Plan on page 6 sets out the general risks at a high level for the wider health service in delivering on the plan for 2014. In addition to these risks Social Care Division acknowledges that the following will need close management as we seek to implement this operational plan:

- Meeting new HIQA standards within the Disability sector will pose a significant challenge.
- Meeting additional obligations under the Disability Act 2005 will pose a significant challenge, in light of ongoing pressures on HSE staffing, especially clinical staff. It will also put increased pressure on health sector resources in terms of being able to meet other assessment requirements, such as the Department of Education and Skills resource allocation model.
- The successful moving of people from congregated settings into accommodation within the community will require the careful management of existing resources in order to ensure that any necessary maintenance of existing services and accommodation units during the development of new arrangements can be achieved.
- If continuing growing demand for long term residential care services (NHSS), home care and community supports cannot be met, there will be an impact on attendances at acute hospitals with inappropriate and avoidable admissions and increased delayed discharges and increased ED waiting times.
- Inadequate capital funding to facilitate infrastructural requirements in Public Residential Care Services for older people to meet HIQA Standards.

While every effort will be made to mitigate these risks, it will not be possible to eliminate them in full.

# Performance Scorecard

Disability Services Scorecard			
Performance Indicator	Expected Activity / Target 2014	Performance Indicator	Expected Activity / Target 2014
<b>Day Services</b>			
No. of work / work-like activity WTE places provided for people with ID and / or autism	1,547	No. of Home Support hours delivered to people with a physical and / or sensory disability	1,467,017
No. of people with ID and / or autism benefiting from work / work-like activity services	3,114	No. of people with ID and / or autism benefiting from Home Support hours	4,610
No. of work / work-like activity WTE places provided for people with a physical and / or sensory disability	73	No. of Home Support hours delivered to people with ID and / or autism	925,295
No. of people with a physical and / or sensory disability benefiting from work / work-like activity services	168	<b>Disability Act Compliance</b>	4,542
No. of Rehabilitative Training places provided (all disabilities)	2,583	No. of requests for assessments received	
No. of people (all disabilities) benefiting from Rehabilitative Training	2,898	% of assessments commenced within the timelines as provided for in the regulations	100%
No. of people with ID and / or autism benefiting from Other Day Services (excl. RT and work / work-like activities)	12,607	% of assessments completed within the timelines as provided for in the regulations	100%
No. of people with a physical and / or sensory disability benefiting from Other Day Services (excl. RT and work / work-like activities)	3,377	% of service statements completed within the timelines as provided for in the regulations	100%
% of school leavers and RT graduates who have received a placement which fully meets their needs	100%	<b>0 – 18s Programme</b>	
		Proportion of Local Implementation Groups which have Local Implementation Plans for progressing disability services for children and young people	25 of 25
		Proportion of established Children's Disability Network Teams having current individualised plans for each child	33 of 87
		<b>Congregated Settings</b>	
<b>Residential Services</b>		Facilitate the movement of people from congregated to community settings under the auspices of the following:	150
No. of people with ID and / or autism benefiting from residential services	8,113	<ul style="list-style-type: none"> <li>- Genio-funded projects</li> <li>- Housing Strategy for People with a Disability</li> <li>- Other</li> </ul>	
		<b>Quality</b>	
No. of people with a physical and / or sensory disability benefiting from residential services	771	In respect of agencies in receipt of €5m or more of public funding, the % which employ an internationally recognised quality improvement methodology such as EFQM, CQL or CARF.	100%
		<b>Finance</b>	
<b>Respite Services</b>		Variance against Budget: Income and Expenditure	0%
No. of people with ID and / or autism benefiting from residential centre-based respite services	4,526	Variance against Budget: Income Collection	0%
No. of bed nights in residential centre-based respite services used by people with ID and / or autism	211,275	Variance against Budget: Pay	0%
No. of people with a physical and / or sensory disability benefiting from residential centre-based respite services	1,364	Variance against Budget: Non Pay	0%
No. of bed nights in residential centre-based respite services used by people with a physical and / or sensory disability	31,985	Variance against Budget: Revenue and Capital Vote	0%
<b>*Personal Assistant (PA) Service</b>			
No. of adults with a physical and / or sensory disability benefiting from PA hours	1,959	<b>Human Resources</b>	
No. of PA hours delivered to adults with a physical and / or sensory disability	1,279,445	Absenteeism rates	3.5%
<b>*Home Support Service</b>			
No. of people with a physical and / or sensory disability benefiting from Home Support hours	2,882		

\* PA / Home Support Hours: a review of the methodology for the collection of PA and Home Support Hours will be undertaken in 2014

Services for Older People Scorecard			
Performance Indicator	Expected Activity / Target 2014	Performance Indicator	Expected Activity / Target 2014
<b>Home Care Packages</b>		<b>Elder Abuse</b>	
Total no. of persons in receipt of a HCP	10,870	No. of new referrals by region	2,200
INTENSIVE HCP - number in receipt of an Intensive HCP	190	No. of new referrals broken down by abuse type:	
No. of new HCP clients, annually	4,800	i). Physical	320
<b>Home Help Hours</b>		ii). Psychological	760
No. of home help hours provided for all care groups (excluding provision of hours from HCPs)	10.3m	iii). Financial	585
No. of people in receipt of home help hours (excluding provision of hours from HCPs)	50,000	iv). Neglect	380
<b>NHSS</b>		No. of active cases	1,300
No. of people being funded under NHSS in long term residential care during reporting month	22,061 (target for Dec 2014)	No. of active cases reviewed within six months timeframe	80%
% of clients in NHSS who are in receipt of Ancillary State Support (Nursing Home Loan)	10% (demand led)	<b>Finance</b>	
% of clients who have CSARs processed within 6 weeks	Target 100%	Variance against Budget: Income and Expenditure	0%
<b>Subvention and Contract Beds</b>		Variance against Budget: Income Collection	0%
No. in receipt of subvention	400	Variance against Budget: Pay	0%
No. in receipt of enhanced subvention	250	Variance against Budget: Non Pay	0%
No. of people in long term residential care who are in contract beds	750	Variance against Budget: Revenue and Capital Vote	0%
No. of long stay residents in public and voluntary nursing homes admitted before 27 Oct 2009 (saver cases)*	1,500	<b>Human Resources</b>	
<b>Public Beds *</b>		Absenteeism rates	3.5%
No. of NHSS Beds in Public Long Stay Units	5,400	Variance from approved WTE ceiling	0%
No. of Short Stay Beds in Public Long Stay Units	1,860		
ALOS for NHSS clients in Public, Private and Saver Long Stay Units	New PI 2014		
% of population over 65 years in NHSS / Saver Beds (based on 2011 Census figures)	4.1%		

\*Public Bed register may vary on a monthly basis to reflect changes such as additional beds coming on stream, re-configuration programme, refurbishment plans and for compliance with standards.

# The Workforce Position

## Employment Control

In line with Government Policy, it will be necessary for a net reduction in the numbers employed in Social Care by the end of 2014, while ensuring that services are maintained to the maximum extent and new service priorities are put in place - specifically the 50 WTE associated with the provision of emergency placements and school leavers and the 80 WTE associated with the 0-18s programme.

It will be necessary to achieve this through focusing on implementation of the Haddington Road Agreement, any duplication of service, inefficiencies, consolidation and development of shared services. In disability services particularly this will be progressed through the implementation of the VfM and Policy Review.

## Staff Breakdown by Category

Region	ISA	Service Area	Medical/ Dental	Nursing	Health & Social Care Profession- als	Manage- ment / Admin	General Support Staff	Other Patient & Client Care	Total	Ceiling Dec 2013	Project- ed Dec 2013 Outturn
Dublin Mid-Leinster	Dublin South Central	Disabilities	2	129	38	49	72	413	704	705	706
		Older People	6	228	25	15	87	153	514	514	516
		<b>ISA Total</b>	<b>8</b>	<b>357</b>	<b>63</b>	<b>64</b>	<b>158</b>	<b>567</b>	<b>1,218</b>	<b>1,219</b>	<b>1,222</b>
	Dublin South East/ Wicklow	Disabilities	26	487	585	206	145	673	2,121	2,123	2,128
		Older People	5	273	53	45	108	254	738	739	741
		<b>ISA Total</b>	<b>31</b>	<b>760</b>	<b>638</b>	<b>251</b>	<b>252</b>	<b>926</b>	<b>2,859</b>	<b>2,862</b>	<b>2,869</b>
	Dublin South West/ Kildare	Disabilities	8	276	171	65	101	392	1,013	1,014	1,016
		Older People	5	175	8	33	45	307	574	574	576
		<b>ISA Total</b>	<b>13</b>	<b>450</b>	<b>180</b>	<b>98</b>	<b>146</b>	<b>699</b>	<b>1,586</b>	<b>1,588</b>	<b>1,592</b>
	Midlands	Disabilities	3	242	176	85	73	365	944	945	947
		Older People	10	258	16	34	41	460	819	820	822
		<b>ISA Total</b>	<b>13</b>	<b>500</b>	<b>192</b>	<b>119</b>	<b>114</b>	<b>825</b>	<b>1,763</b>	<b>1,764</b>	<b>1,768</b>
<b>Dublin Mid-Leinster TOTAL</b>			<b>64</b>	<b>2,067</b>	<b>1,074</b>	<b>533</b>	<b>671</b>	<b>3,017</b>	<b>7,426</b>	<b>7,433</b>	<b>7,451</b>
Dublin North-East	Cavan/ Monaghan	Disabilities	1	78	23	9	1	125	237	237	237
		Older People	3	89	6	12	9	143	262	262	262
		<b>ISA Total</b>	<b>4</b>	<b>167</b>	<b>29</b>	<b>21</b>	<b>10</b>	<b>267</b>	<b>498</b>	<b>498</b>	<b>500</b>
	Dublin City North	Disabilities	16	578	708	196	258	543	2,298	2,300	2,306
		Older People	15	272	57	47	130	197	719	719	721
		<b>ISA Total</b>	<b>32</b>	<b>850</b>	<b>765</b>	<b>243</b>	<b>387</b>	<b>740</b>	<b>3,017</b>	<b>3,020</b>	<b>3,027</b>
	Dublin North	Disabilities	4	263	11	1	4	179	462	462	463
		Older People		25	1	3	8	19	56	56	56
		<b>ISA Total</b>	<b>4</b>	<b>288</b>	<b>12</b>	<b>4</b>	<b>12</b>	<b>198</b>	<b>517</b>	<b>518</b>	<b>519</b>
	Louth/ Meath	Disabilities	1	247	122	52	51	261	734	735	737
		Older People	2	145	7	32	11	194	391	391	392
		<b>ISA Total</b>	<b>3</b>	<b>392</b>	<b>129</b>	<b>84</b>	<b>61</b>	<b>456</b>	<b>1,125</b>	<b>1,126</b>	<b>1,129</b>
<b>Dublin North-East TOTAL</b>			<b>43</b>	<b>1,697</b>	<b>934</b>	<b>352</b>	<b>470</b>	<b>1,661</b>	<b>5,157</b>	<b>5,162</b>	<b>5,174</b>

Region	ISA	Service Area	Medical/ Dental	Nursing	Health & Social Care Professionals	Management / Admin	General Support Staff	Other Patient & Client Care	Total	Ceiling Dec 2013	Project- ed Dec 2013 Outturn	
South	Carlow/ Kilkenny/ South Tipperary	Disabilities	0	73	37	22	29	138	299	300	300	
		Older People	8	193	22	15	90	158	487	487	488	
		<b>ISA Total</b>	<b>8</b>	<b>266</b>	<b>58</b>	<b>38</b>	<b>120</b>	<b>296</b>	<b>786</b>	<b>787</b>	<b>789</b>	
	Cork	Disabilities	10	521	358	121	188	842	2,040	2,042	2,046	
		Older People	21	479	25	66	100	465	1,157	1,159	1,161	
		<b>ISA Total</b>	<b>32</b>	<b>1,000</b>	<b>383</b>	<b>187</b>	<b>288</b>	<b>1,307</b>	<b>3,197</b>	<b>3,200</b>	<b>3,208</b>	
	Kerry	Disabilities			6	5			10	10	10	
		Older People	4	142	13	26	32	135	351	352	353	
		<b>ISA Total</b>	<b>4</b>	<b>142</b>	<b>18</b>	<b>31</b>	<b>32</b>	<b>135</b>	<b>362</b>	<b>362</b>	<b>363</b>	
	Waterford/ Wexford	Disabilities	3	155	120	57	51	347	733	734	736	
		Older People	3	195	22	25	84	167	495	495	496	
		<b>ISA Total</b>	<b>5</b>	<b>350</b>	<b>142</b>	<b>82</b>	<b>135</b>	<b>514</b>	<b>1,228</b>	<b>1,229</b>	<b>1,232</b>	
	<b>South TOTAL</b>			<b>49</b>	<b>1,758</b>	<b>602</b>	<b>338</b>	<b>575</b>	<b>2,252</b>	<b>5,573</b>	<b>5,578</b>	<b>5,591</b>
	West	Donegal	Disabilities	1	158	25	27	17	233	461	462	463
			Older People	10	200	5	24	43	241	524	524	525
<b>ISA Total</b>			<b>11</b>	<b>357</b>	<b>31</b>	<b>52</b>	<b>60</b>	<b>475</b>	<b>985</b>	<b>986</b>	<b>988</b>	
Galway/ Roscommon		Disabilities	4	226	240	73	52	506	1,100	1,101	1,104	
		Older People	3	158	11	30	64	230	495	496	497	
		<b>ISA Total</b>	<b>7</b>	<b>384</b>	<b>251</b>	<b>102</b>	<b>116</b>	<b>735</b>	<b>1,595</b>	<b>1,597</b>	<b>1,601</b>	
Mayo		Disabilities	3	98		9	6	37	153	153	154	
		Older People	4	165	17	30	22	206	443	444	445	
		<b>ISA Total</b>	<b>8</b>	<b>263</b>	<b>17</b>	<b>39</b>	<b>28</b>	<b>243</b>	<b>596</b>	<b>597</b>	<b>598</b>	
Mid West		Disabilities	5	373	254	83	79	528	1,322	1,323	1,326	
		Older People	11	301	20	38	102	291	763	764	766	
		<b>ISA Total</b>	<b>16</b>	<b>674</b>	<b>274</b>	<b>121</b>	<b>181</b>	<b>820</b>	<b>2,086</b>	<b>2,088</b>	<b>2,092</b>	
Sligo-Leitrim/ West Cavan		Disabilities	2	187	26	38	63	280	595	596	597	
		Older People	7	174	18	36	113	127	474	474	475	
		<b>ISA Total</b>	<b>9</b>	<b>361</b>	<b>43</b>	<b>74</b>	<b>175</b>	<b>407</b>	<b>1,069</b>	<b>1,070</b>	<b>1,073</b>	
<b>West TOTAL</b>			<b>50</b>	<b>2,039</b>	<b>616</b>	<b>387</b>	<b>560</b>	<b>2,679</b>	<b>6,332</b>	<b>6,338</b>	<b>6,353</b>	
<b>National Total</b>			<b>207</b>	<b>7,560</b>	<b>3,226</b>	<b>1,610</b>	<b>2,276</b>	<b>9,609</b>	<b>24,487</b>	<b>24,511</b>	<b>24,569</b>	

Note: the above indicative ceilings are subject to revision and are for guidance only.

## Employment Ceilings

The above figures are subject to revision and are for guidance only as Divisional ceilings will not be determined until year-end out-turns are available in January 2014.

## Recruitment

Recruitment cannot compromise adherence to budgets and financial sustainability in 2014, as well as the achievement of compliance with the end-of-year employment ceiling. Robust approval processes for all recruitment is a prerequisite. All recruitment will be delivered through the National Recruitment Services or under licence from them.

## Absence Management

The national absence management target remains at 3.5%. The Social Care Division will implement an Active Attendance Management Programme as part of organisational reform.

## Agency and Overtime Policy

The demand and complexity of services within the Social Care Division requires a flexible workforce that can respond to the changes required at short notice. All staff in social care, including permanent, temporary and agency staff demonstrated significant commitment and flexibility throughout the recent national change programme, and will continue to do so throughout 2014.

Agency staff are only utilised as necessary and where appropriate cost savings are achieved in line with the relevant business needs. It is policy to minimise the requirement and use of overtime and to only approve overtime as service requirements demand and where appropriate cost savings are achieved.

## Public Service Stability Agreement 2013-2016, The Haddington Road Agreement

The *Haddington Road Agreement* provides significant enablers and provisions to extract cost and reduce the overall cost base in health service delivery in the context of the reform and reorganisation of the health services as set out in *Future Health* and the Public Service Reform Plan of November 2011. The targeted additional savings under the *Haddington Road Agreement* for the 2014 National Service Plan is €140 million. There is a separate unspecified payroll reduction target of €108m together with an ECF savings target of €20m.

In delivering the range of pay and productivity measures to enable the public health sector to contribute to the Government's Economic Strategy it is important that all health service managers review their current service delivery models to maximise the provisions of the *Haddington Road Agreement* with a requirement that services are delivered in the most cost effective and efficient manner. It is essential that cost reductions are identified, implemented and are sustainable on an ongoing basis. Hospital CEOs, ISA managers, CEOs of voluntary agencies and service managers at all levels have responsibility to directly engage with their staff, and be accountable for the delivery of the *Haddington Road Agreement* within their own organisations and workforce.

The *Haddington Road Agreement* enablers available to support the required action include:

- Work practice changes for identified health disciplines
- Systematic reviews of rosters, skill-mix and staffing levels
- Increased use of redeployment
- Further productivity increases
- Introduction of the Nursing / Midwifery Graduate Programme
- Introduction of the Support Staff Intern Scheme
- Voluntary redundancy which is targeted, arising from restructuring and review of current service delivery methods and the Incentivised Career Break
- A focused approach to addressing staff absenteeism and implementing revised new sick leave arrangements which become effective from the 1<sup>st</sup> January 2014
- Greater use of shared services and combined services, coupled where necessary, in terms of costs and efficiency, to the use of external sourcing in order to deliver cost-effectiveness and best value for money, while protecting frontline service delivery
- Greater integration of the human resources functions of the statutory and voluntary sectors to remove duplication, achieve better efficiencies and allow for greater use of shared services within and across emerging structures

A national assurance and support process has been established to engage with service managers in order to monitor and support the delivery of sustainable cost reductions as required under the *Haddington Road Agreement*, against a back-drop of identified specific targeted savings to be delivered in 2014. The group will work with managers at all levels to maximise the provisions of the *Haddington Road Agreement* and to ensure that such measures are identified and implemented at the earliest possible time.

The Assurance Group will deliver a standardised methodology for the assessment, measurement and reporting on all of the enablers with the *Haddington Road Agreement*, and identify a suite of options for services to maximise the benefits to ensure an evidence based approach which will deliver the greatest efficiencies possible from the available resources.

Specific site visits will be an integral part of the modus operandi of the Assurance Group. The permanent members of the Group will be HR and Finance supported by the relevant Service Managers.

In conjunction with, and to support the national approach to the implementation of the *Haddington Road Agreement*, a process has been established in Social Care to maximise the provisions of the Agreement to ensure that services are delivered in the most cost effective manner. A Senior Group has been established led by the Heads of Operations and Service Improvement – Services for Older People and Disability Services, with senior ISA Managers from each region, together with other service and expert staff as required. The Social Care Division will be working closely with voluntary sector providers, The Federation of Voluntary Bodies, The Not for Profit Business Association and Disability Federation of Ireland to ensure appropriate involvement of all stakeholders in delivering on this important objective.

# Actions 2014

## Disability Services

Priority Area	Action 2014 – Disability Services	End Q
Value for Money and Policy Review of Disability Services	<ul style="list-style-type: none"> <li>• Streamline governance arrangements and maximise optimum efficiency by implementing a reconfigured governance and accountability framework for the disability service programme including revised Service Arrangements / Grant Agreements.                             <ul style="list-style-type: none"> <li>- Project Manager will be assigned to lead and strengthen capacity to manage the Service Arrangement process at national level and to give effect to the Value for Money and Policy Review of Disability Services.</li> <li>- Put in place the necessary systems and protocols to ensure full accountability and transparency for all funding allocated on the health vote for the Disability Services programme.</li> <li>- Introduction of a new IT based system to support the management and governance of service arrangements and agreements. This is a national shared database, which will allow for real time data entry &amp; reporting and will replace the current local and national registers. In addition, it will make possible more comprehensive verification of information and greater controls assurance and facilitate the development of co-ordinated approach to governance with corporate functions. This IT system will provide the organisation with the technology supports necessary to enhance management of the Governance Framework with this important sector.</li> <li>- Rationalise the geographical and administrative basis for service provision and develop options for shared service arrangements:                                     <ul style="list-style-type: none"> <li>▪ Streamline administration across geographical areas so as to minimise duplication of administrative effort by service providers, facilitate regional and local service delivery planning and management, and maximise service user choice.</li> <li>▪ Address the existing wide variation in management structures in non-statutory organisations by agreeing and implementing management structures which relate management posts to numbers of service units, staff, service users and their levels of disability / need.</li> <li>▪ Re-appraise the role and funding of agencies that are wholly or substantially engaged in representation rather than direct service provision.</li> <li>▪ Promoting merging &amp; partnering of service providers where appropriate, within agreed timeframes and in line with national guidelines, leading to reduced management needs and sharing of resources and functions such as HR, training, facilities, transport, finance, recruitment and procurement.</li> <li>▪ Engage with the National Federation of Voluntary Bodies, Not for Profit Business Association and Disability Federation of Ireland in relation to potential shared service models.</li> <li>▪ Outcomes and recommendations from feasibility exercise and assessment of options to be implemented.</li> </ul> </li> </ul> </li> </ul>	Q1
		Q1 – Q4
		Q1
		Q2- Q3
		Q1
		Q1
		Q1
	<ul style="list-style-type: none"> <li>▪ Develop high level audit guidelines to support an agency-level self-audit of rostering and skill practices, together with other flexibility arrangements available through the Haddington Road Agreement.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ Each ISA, working with the Social Care Division will, in conjunction with service providers (voluntary and statutory), develop targeted plans which identify and implement efficiency measures including the pursuit of non-pay efficiencies and pay-related efficiencies such as skill mix and rostering.</li> </ul>	Q1
	<ul style="list-style-type: none"> <li>▪ Service improvement groups, reporting to the Head of Operations and Service Improvement, will be established in consultation with National Federation of Voluntary Bodies, the Not for Profit Business Association and Disability</li> </ul>	Established Q1 - Q2

Priority Area	Action 2014 – Disability Services	End Q
	<p>Federation of Ireland. These will support and validate measures being identified in respect of skill mix and rostering efficiencies. Standard terms of reference and operating procedures will be put in place in respect of the service improvement groups. An appropriate monitoring process will be a component of the work of these groups.</p> <ul style="list-style-type: none"> <li>▪ Efficiencies will be targeted proportionately between the larger and smaller services with the service arrangement process being used as a key tool in supporting performance management in respect of the larger service organisations i.e. receiving in excess of €3m equating to nearly 75% of the Disability resource (approx. 50 agencies) Appendix 3.</li> <li>▪ These arrangements will be implemented in conjunction with changes being implemented as part of the Haddington Road Agreement.</li> </ul> <p>- Exercise to be carried out in conjunction with Procurement and the National Federation of Voluntary Bodies, Not for Profit Business Association and Disability Federation of Ireland, to identify and agree areas to be targeted to achieve savings in respect of procurement opportunities.</p> <ul style="list-style-type: none"> <li>• Commence process to reduce Average Unit Costs in line with the VfM and Policy review               <ul style="list-style-type: none"> <li>- Building on analysis undertaken to support the VfM exercise, an evaluation of average unit costs will be commenced in conjunction with agencies identified in Appendix 3(a).</li> </ul> </li> </ul>	<p></p> <p>Q2 – Q4</p> <p></p> <p>Q1</p> <p>Q2 – Q3</p>
<p><b>Person-centred model of services and supports</b></p>	<ul style="list-style-type: none"> <li>• Drive migration towards a person-centred model of services and supports through the Service Arrangement process by initiating and evaluating demonstration projects as proof of concept in line with <i>Time to move on from Congregated Settings (2012 – 2019)</i>.           <ul style="list-style-type: none"> <li>- The Health Service will, through the National Implementation Framework Steering Group, develop an implementation plan to give effect to the recommendations of the VfM and Policy review of the Disability Services Programme.</li> <li>- The Health Service, working with the DoH, NDA, Genio and in collaboration with voluntary sector providers and service user representative bodies, will develop the baseline data and comprehensive evaluation process to evaluate existing and new demonstration projects, and assess suitability for wider application. The output from this work will inform decisions on the annual service plan and operational plan for Social Care.</li> <li>- Develop national guidelines &amp; process to enable the following recommendations of the <i>Congregated Settings</i> report to be implemented in a sustainable way in 2015 &amp; future years.               <ul style="list-style-type: none"> <li>▪ No new congregated settings to be opened.</li> <li>▪ No new admissions to be made to existing congregated settings.</li> <li>▪ A new model of community based supports to be put in place for persons moving from congregating settings.</li> </ul> </li> <li>- In this context, each service provider, in conjunction with the Social Care Team, will develop a plan in respect of the transition of those in congregated settings to community living for the period 2015 – 2019. The plan to identify and set out the phased transition over the remaining timeframe for implementation of the policy.</li> <li>- These plans to be considered and reviewed by the National Implementation Project Team to ensure that they are consistent with the policy and to maximise potential for innovative practice and service delivery models.</li> <li>- Advance cross agency work with the local/housing authorities in the context of planning for the transitioning of people with a disability from institutions, including participating in local housing structures being set up under the Housing Strategy Framework Implementation Plan and contributing to the development of protocols on sharing information and other priorities, etc. as informed by the Housing Agency Sub Group on Housing.</li> </ul> </li> <li>• Implement the following immediate actions to progress the implementation of this policy approach in 2014:           <ul style="list-style-type: none"> <li>- <i>Time to move on from Congregated Settings (2012 – 2019)</i> - aimed at supporting people to move from institutional settings while continuing to provide for those requiring emergency residential placement.               <ul style="list-style-type: none"> <li>▪ The plan in respect of 2014 is that 150 people will move to community living in line with the above policy. In Q1, each individual who will be moving in 2014, will</li> </ul> </li> </ul> </li> </ul>	<p></p> <p>Q2 - Q4</p> <p>Q3- Q4</p> <p></p> <p>Q1</p>

Priority Area	Action 2014 – Disability Services	End Q
	<p>participate in drafting their person-centred plan for their transition to community living. The indicative numbers in respect of each region are set out below.</p> <ol style="list-style-type: none"> <li>HSE Dublin North East 25 people moving from the following agencies St John of Gods, Daughters of Charity, St Michaels House, and HSE Services.</li> <li>HSE Dublin Mid Leinster 55 people moving from the following agencies St John of Gods, Stewarts Care, Cheeverstown House, Peamount, Cheshire, St Margaret's and HSE Services.</li> <li>HSE West 30 people moving from the following agencies Brothers of Charity, Cheshire, Daughters of Charity and HSE Services.</li> <li>HSE South 40 people moving from the following agencies Brothers of Charity, St Patricks, St Vincent's, Cheshire and HSE Services.</li> </ol>	Q2 – Q4
	<ul style="list-style-type: none"> <li>- These plans will include specific details on the individual, their choices and their preferred living options and will incorporate the actions required by the person themselves and the service provider to give effect to the wishes of the individual within available resources. The timeline involved in the transition will incorporate any additional training needs identified for a successful outcome.</li> </ul>	
	<ul style="list-style-type: none"> <li>- Individuals will move to the community throughout the year in line with community living transition plans.</li> </ul>	
	<ul style="list-style-type: none"> <li>- Progress and performance in respect of the movement of 150 people to community living will be monitored on a monthly basis.</li> </ul>	
	<ul style="list-style-type: none"> <li>• Continue to explore methods of community respite care provision as an alternative to residential centre-based respite, including advancing the Host Family Support Model. Work with Genio and voluntary service providers to translate learning from existing demonstration projects to “scale up” capacity for implementation of this approach in a sustainable way across the sector.</li> </ul>	Q1 – Q4
	<ul style="list-style-type: none"> <li>• New Directions - Personal Support services for adults with disabilities - Reconfiguring Day Services. <ul style="list-style-type: none"> <li>- Health Service Standards: <ul style="list-style-type: none"> <li>▪ Consultation phase in respect of the Interim Standards relating to New Directions will be completed by the end of the first quarter. Q1</li> <li>▪ The standards, revised appropriately following the consultation, will be implemented through the disability providers with appropriate monitoring procedures in place. Q2 – Q3</li> </ul> </li> <li>- Policy Implementation: <ul style="list-style-type: none"> <li>▪ Each agency to review current provision and capacity against National Implementation Plan with specific reference to the 12 supports outlined in New Directions. Q2</li> <li>▪ Review existing demonstration sites / models of good practice across ISAs to translate learning and inform implementation. Q3</li> <li>▪ Participate with the DoH and the NDA in developing the health-related aspects of a Comprehensive Employment Strategy for people with disabilities and pursue options to address residual issues relating to sheltered work settings.</li> <li>▪ Agency action plans for the implementation of New Directions to be reviewed at the Regional Disability Consultative Fora. Q3</li> </ul> </li> </ul> </li> </ul>	
	<ul style="list-style-type: none"> <li>• <b>School Leavers / Rehabilitative Training</b> <ul style="list-style-type: none"> <li>- Providing for the emerging needs of the estimated 1,200 additional young people leaving school and rehabilitative training programmes using a newly developed streamlined approach (€7m and 35 WTE) and for emergency cases (€3m and 15 WTE). Implement a standardised process to: <ul style="list-style-type: none"> <li>- Identify, in conjunction with the Dept of Education and service providers the young people who will be leaving school or exiting a RT Programme who have a requirement for ongoing HSE-funded supports by <b>1<sup>st</sup> February, 2014</b>. Q1</li> <li>- In respect of those identified as having a requirement for ongoing support, identify and agree the supports required, with a specific focus on responses to those who have complex service needs. Q1</li> <li>- Identify the service providers with capacity to respond to the individuals who require support by <b>1<sup>st</sup> April, 2014</b> and agree the allocation of additional resources in respect of Q1</li> </ul> </li> </ul> </li> </ul>	

Priority Area	Action 2014 – Disability Services	End Q
	<p>individual placements as required.</p> <ul style="list-style-type: none"> <li>- Advise the school leaver and their families of the placement location and service they will be receiving in September, 2014. Notification of placement will commence in May and all families will be advised no later than the <b>30<sup>th</sup> of June</b>.</li> <li>- Implement a communications process with all stakeholders.</li> <li>- Building on the learning from 2014 review and refine the process for engagement and implementation in 2015.</li> </ul>	<p>Q2</p> <p>Q1</p> <p>Q3 -Q4</p>
	<ul style="list-style-type: none"> <li>• Emergencies <ul style="list-style-type: none"> <li>- Business Process in respect of the allocation of additional €3m to be developed.</li> </ul> </li> </ul>	<p>Q1</p>
	<ul style="list-style-type: none"> <li>• <i>Progressing Disability Services for Children and Young People (0 -18s) Programme.</i> (€4m and 80 WTEs) The roll out of a new model of assessment and intervention, the objective of which is to provide one clear referral pathway for all children (0-18s), irrespective of their disability, where they live or the school they attend. The transition to this service delivery model is governed by a consultation and engagement process with all stakeholders, including service users and their families, and is being implemented on a phased basis, with full implementation of the model scheduled for the end of 2015. <ul style="list-style-type: none"> <li>- Local Implementation Groups are at different stages in the consultation process and implementation of the model.</li> <li>- In 2014, <ul style="list-style-type: none"> <li>▪ The LIGs in the Mid West, Meath, West Cork, Cavan/Monaghan and the Midlands will consolidate implementation of the model and build on progress to date.</li> <li>▪ The LIGs in Kerry, Mayo, Galway, North Lee, Wexford and Kildare / West Wicklow will fully reconfigure their services in line with the model.</li> <li>▪ The LIGs in Dublin, (Dublin North and Dublin North City) and (Dublin South, South East, Dublin South West, and Dublin South Central) will finalise the consultation phase with all stakeholders, complete implementation plans and commence reconfiguration and delivery of the new model of service.</li> <li>▪ The LIGs in Donegal, Sligo/Leitrim, Roscommon, Louth, Carlow/Kilkenny, Waterford, Tipperary SR, Cork South Lee, Cork North and Wicklow will progress consultation phase, will establish health and education forum, will review and amend governance and management structures and will agree service policies and procedures and prepare for reconfiguration in 2015.</li> </ul> </li> <li>- Based on learning from the pilot sites in Midlands, Waterford, West Cork and Cavan/Monaghan, the National Access Criteria will be revised by the end of Q2 - for implementation in the 3<sup>rd</sup> and 4<sup>th</sup> quarter.</li> <li>- Ensure that the functions and processes under the Disability Act 2005 are integrated with the development of 0-18s networks.</li> <li>- To progress the implementation of the model, key engagements with stakeholders and a range of supports will be provided, with a specific focus on those in the second and third groups above.</li> <li>- Implement Outcome Focused Performance Management and Accountability Framework on a phased basis, with a demonstration site established in each region.</li> </ul> </li> </ul>	<p>Q2</p> <p>Q1 – Q4</p> <p>Q1 –Q4</p> <p>Q2 -Q4</p>
	<ul style="list-style-type: none"> <li>• Engage in the development of a service framework to support the provision of pre-school services for children with a disability informed by cross-sectoral discussion.</li> </ul>	<p>Q1 – Q4</p>
	<ul style="list-style-type: none"> <li>• Collaborate with DoH and voluntary partners in evaluating existing demonstration projects in order to establish a firm evidence base to inform future migration towards the new service model.</li> </ul>	<p>Q2</p>
	<ul style="list-style-type: none"> <li>• Ensure the wide dissemination of the learning gained from successful projects: <ul style="list-style-type: none"> <li>- Establish an appropriate communication and engagement framework.</li> </ul> </li> </ul>	<p>Q2</p>
<p><b>Service user involvement</b></p>	<ul style="list-style-type: none"> <li>• Build on the mechanisms employed in the National Consultative Forum structures to ensure enhanced service user involvement in the development of disability services: <ul style="list-style-type: none"> <li>- Produce plans to identify a range of methodologies to ensure service user involvement.</li> </ul> </li> </ul>	<p>Q2 –Q4</p>

Priority Area	Action 2014 – Disability Services	End Q
<b>Quality of services</b>	<ul style="list-style-type: none"> <li>● Enhance the quality of services used by people with disabilities. Improve the quality of disability services by implementing the National HIQA Standards for <i>Residential Services for Children and Adults with Disabilities</i>:                             <ul style="list-style-type: none"> <li>- Work with key stakeholders on implementation of standards during commencement of registration and inspection.</li> <li>- Establish Regional Standards Implementation Groups with standardised terms of reference to support Areas and inform national Standards Reference Group of issues arising.</li> </ul> </li> </ul>	<p>Q1 – Q4</p> <p>Q1</p>
	<ul style="list-style-type: none"> <li>● Following establishment of National HSE Children First Oversight Committee with responsibility for the oversight of the roll out of the Children First programme:                             <ul style="list-style-type: none"> <li>- Work with service providers to meet the requirements of Children First.</li> <li>- Develop HSE Child Protection Policy.</li> <li>- Adapt and implement the Child Protection Policy across all HSE Disability Services.</li> <li>- Children First Information Sessions to be rolled out for all Areas in collaboration with Children and Family Agency.</li> <li>- Collaborate with the Child and Family Agency on the roll-out of Train-the-Trainers programme for revised Children First.</li> <li>- Analyse progress and obstacles to compliance with Children First across disability organisations.</li> <li>- Review the monitoring and reporting framework for organisation compliance with Children First.</li> </ul> </li> </ul>	<p>Q1 – Q4</p>
	<ul style="list-style-type: none"> <li>● Develop a standardised assessment of need process in 2014 which will inform the development of a new resource allocation model in the future:                             <ul style="list-style-type: none"> <li>- Work with the DoH and the NDA to identify a standardised assessment tool and to develop an outline resource allocation model.</li> <li>- Building on the pilots which have been carried out in relation to the identification of a standardised assessment tool, establish demonstration sites and evaluate the sites to inform further implementation. This will support the process of refining and testing a new resource allocation model and aim to meet the requirement under the Disability Act 2005.</li> </ul> </li> </ul>	<p>Q2 – Q3</p>
	<ul style="list-style-type: none"> <li>● The Social Care Division will work closely with the Quality and Patient Safety Division to complete phase 2 of the Client Protection Audit:                             <ul style="list-style-type: none"> <li>- Sign-off the <i>National Policy for the Safeguarding of Adults with a Disability from Abuse</i>.</li> <li>- Commence the implementation of the <i>National Policy for the Safeguarding of Adults with a Disability from Abuse</i>.</li> </ul> </li> </ul>	<p>Q1</p> <p>Q2</p>
<b>Management and information systems</b>	<ul style="list-style-type: none"> <li>● Improve management and information systems for disability services:                             <ul style="list-style-type: none"> <li>- Continue to work with the DoH on the Strategic Information Framework.</li> </ul> </li> </ul>	<p>Q1- Q4</p>
	<ul style="list-style-type: none"> <li>● Review the methodology for setting targets. Develop the current output focused performance indicator (PI) set to incorporate more outcome based PIs.</li> </ul>	<p>Q3</p>
	<ul style="list-style-type: none"> <li>● Commence development of a web based system to support easier service user access to information and advice.</li> </ul>	<p>Q3</p>
	<ul style="list-style-type: none"> <li>● Liaise with the relevant HSE Divisions who are leading on the following:                             <ul style="list-style-type: none"> <li>- Introduction of a unique identifier to support the move towards person-centred service delivery.</li> <li>- Development for implementation of financial coding systems will commence so as to support the move to client-level costing and Money Follows the Person, together with greater accountability and transparency.</li> </ul> </li> </ul>	
<b>Haddington Road Implementation</b>	<ul style="list-style-type: none"> <li>● Implementation of Haddington Road Agreement - cost extraction and productivity gains:                             <ul style="list-style-type: none"> <li>- In conjunction with statutory and voluntary service providers and under the governance of an implementation and monitoring group, jointly led by the Head of Operations and Service Improvement and the Asst Nat Dir – Contracts, each service will comprehensively implement the HRA demonstrating achievement of deliverables on the targeted reductions.</li> <li>- Each area must ensure that verifiable, achievable and proportionate cost reduction and productivity measures are set for all agencies for 2014 and that robust and transparent</li> </ul> </li> </ul>	<p>Q1</p> <p>Q1</p>

Priority Area	Action 2014 – Disability Services	End Q
	<p>processes are in place to verify delivery of same.</p> <ul style="list-style-type: none"> <li>▪ Each submission from the agencies to be stress tested and details contained therein validated and quality assured by area managers, with full engagement and reporting to the nationally established assurance process.</li> <li>▪ Quality assurance and management of the process will involve:               <ul style="list-style-type: none"> <li>➢ Face to face meetings with the agencies throughout process.</li> <li>➢ Assessment of service categories (e.g. 7 day residential, 5 day residential, day service, existence of agency or overtime costs, numbers of staff being paid in excess of the €65,000 threshold under HRA, etc.) and related data to ensure that targets are achievable, verifiable and proportionate across the service categories.</li> <li>➢ Validation of submissions against the relevant Service arrangement schedules in particular schedules 3, 6, and 9 and IMRs as appropriate. In addition, validation should include, most recent Audited accounts, management accounts with reference to, inter alia, level of agency or overtime costs being incurred, and HR information.</li> <li>➢ Submissions must be signed off by the CEO (or equivalent) of each agency.</li> </ul> </li> <li>- Measures including site visits will take place throughout the year to closely monitor and audit both internally and externally implementation of the HRA.</li> </ul>	Q2 – Q4
<b>Neuro Rehabilitation Strategy</b>	<ul style="list-style-type: none"> <li>● Implementation plan in respect of the Neuro-rehabilitation Strategy to be finalised.</li> </ul>	Q1
	<ul style="list-style-type: none"> <li>● Mapping exercise, in respect of the adult services and resources available to provide rehabilitation networks, at ISA level to be undertaken.</li> </ul>	Q2
	<ul style="list-style-type: none"> <li>● Community Rehabilitation Teams will be developed through learning from the development experiences of the Mid West and Donegal ISAs and dissemination of policies and procedures in use in the Mid West.</li> </ul>	Q2 – Q3

## Older People Services

Priority Area	Action 2014 – Older People Services	End Q
Model of Care	<ul style="list-style-type: none"> <li>● <b>Development of Model of Care Guidance for Older People Services</b> <ul style="list-style-type: none"> <li>- Establish representative working group to:                             <ul style="list-style-type: none"> <li>▪ Consider existing best practice models.</li> <li>▪ Consult with key stakeholders in service delivery along the continuum of care for older people.</li> <li>▪ Develop guidance documentation and standard operating procedures to support the implementation of the agreed model which reflect the work already undertaken by the Clinical Programmes.</li> <li>▪ Establish evaluation process to monitor compliance with implementation of the model and overall effectiveness of the model.</li> <li>▪ Develop and implement an outcome measurement framework, including development of protocols for regular monitoring of PI's and outcomes.</li> </ul> </li> </ul> </li> </ul>	Q1
	<ul style="list-style-type: none"> <li>● <b>Strategic re-alignment of the Model of Care</b> towards home care and community support services.                             <ul style="list-style-type: none"> <li>- Allocate €23m from NHSS as a first step in aligning the model of care towards home and community support services.</li> </ul> </li> </ul>	Q3
	<ul style="list-style-type: none"> <li>- Stage 1 in 2014 will target €10m of the funding to support acute hospitals service pressures by commissioning priority ISAs as follows:                             <ul style="list-style-type: none"> <li>▪ Implement Intensive HCPs in priority areas                                     <ul style="list-style-type: none"> <li>DNE - Dublin North</li> <li>DNE - Dublin City North</li> <li>DML - Dublin South West area</li> <li>DML - Dublin South East</li> <li>South - Cork City</li> <li>South - Waterford</li> <li>West - Limerick</li> <li>West – Galway</li> </ul> </li> </ul> </li> <li>- This initiative will be provided on a 'money follows the patient' basis, and will deliver approximately 190 Intensive Home Care Packages (IHCPs) at any time, benefiting approximately 250 people in a full year.</li> </ul>	Q1 – Q4
	<ul style="list-style-type: none"> <li>- Stage 2 will target €3m of the funding to commission a number of the selected ISA sites outlined above to deliver additional intermediate care and community support beds to provide a greater range of options to avoid admission to acute hospitals, support early discharge, reduce delayed discharges and, where appropriate, provide rehabilitation services to support the older person in returning to their home.</li> <li>- 780 people will benefit from this initiative comprising approximately 25 intermediate / transitional care beds with 650 people benefiting, together with 20 beds to provide for more complex cases benefiting 130 people.</li> <li>- Demonstration sites will be identified to gain learning to the effective deployment of home care and community supports</li> </ul>	Q1 – Q4
	<ul style="list-style-type: none"> <li>- Stage 3 will involve the allocation of €10m to address funding shortfalls in the provision of public short stay beds, to secure this important service into the future.</li> <li>- In parallel, a funding and commissioning type payment model for public 'short stay beds' will be established based on the 'money follows the patient' approach already applied to NHSS – A Fair Deal.                             <ul style="list-style-type: none"> <li>▪ Confirm current budget allocated to 1,860 short stay beds (Appendix 4)</li> <li>▪ Establish money follows the patient process, including agreed cost of care, occupancy levels, utilisation of beds, establish ICT system, governance arrangements, etc.</li> <li>▪ Test agreed 'funding model' in a number of pilot locations prior to full implementation</li> </ul> </li> </ul>	Q2
		Q1
		Q2 – Q3
		Q3 – Q4

Priority Area	Action 2014 – Older People Services	End Q
<b>Home care and community support services</b>	<ul style="list-style-type: none"> <li>● Provide <b>comprehensive home care and community support services</b>, to enable older persons to live independently, in their own homes, for as long as possible and develop a more integrated model of care.                             <ul style="list-style-type: none"> <li>- Home support services in 2014 will continue to provide HCPs to 10,870 people in line with NSP targets and budget allocated to the Region for this Scheme                                     <ul style="list-style-type: none"> <li>▪ DML 2,662</li> <li>▪ DNE 3,545</li> <li>▪ South 2,425</li> <li>▪ West 2,238</li> </ul> </li> <li>- Home help services will be delivered in line with the national target of 10.3m hours and as set out for the regions as set out in the NSP as follows:                                     <ul style="list-style-type: none"> <li>▪ DML 1.91m</li> <li>▪ DNE 1.66m</li> <li>▪ South 3.62m</li> <li>▪ West 3.11m</li> </ul> </li> <li>- A review of home care and community support services will be undertaken in conjunction with key stakeholders. The review will be carried out under the following headings:                                     <ul style="list-style-type: none"> <li>▪ Activity and Resource Review.</li> <li>▪ Service Improvement Initiatives.</li> <li>▪ Models of Service Delivery Review including the National Guidelines on Home Care Packages and Home Support Quality Guidelines.</li> </ul> </li> <li>- A Home Care Service Improvement Team will be established to identify and validate effective measures in respect of home support delivery. Standard terms of reference and operating procedures will be put in place in respect of the service improvement team.</li> <li>- The Home Care Service Improvement Team will support the implementation of a range of actions to ensure optimal use of existing resources in each area, and the delivery of the service in line with the model of care guidance.</li> </ul> </li> </ul>	<p>Q1</p> <p>Q2</p> <p>Q3 – Q4</p> <p>Q1</p> <p>Q2 – Q4</p>
	<ul style="list-style-type: none"> <li>● A national standardised approach will be developed around the allocation of resources to integrated service areas (ISAs) for home care and community support services, building on the framework for ‘money follows the patient’, commenced by the Nursing Homes Support Scheme - A Fair Deal (NHSS).</li> </ul>	<p>Q2 – Q4</p>
	<ul style="list-style-type: none"> <li>● This process will commence with the allocation of the €23m that has been re-allocated from NHSS to support the re-alignment of the ‘model of care’ towards home care and community supports on a ‘money follow the patient’ basis.</li> </ul>	<p>Q1 – Q4</p>
	<ul style="list-style-type: none"> <li>● The Home Help agreement will be implemented across each ISA in line with the Labour Court recommendations.                             <ul style="list-style-type: none"> <li>- Implement in full the recommendations of Labour Court CD/12/527 (16th September 2013) relating to HSE Home Helps in line with national timelines and under the oversight of the Regional Implementation Group.</li> <li>- Issue new contracts</li> <li>- ensure that the annualised hours are managed effectively in each area by the 1st April, 2014</li> </ul> </li> </ul>	<p>Q1</p> <p>Q2</p> <p>Q3 – Q4</p>
	<ul style="list-style-type: none"> <li>● A tender process will be undertaken to                             <ul style="list-style-type: none"> <li>- Approve service providers of enhanced home care to complement existing home care service</li> <li>- Contract service providers of home care packages to support the implementation of the service delivery model</li> </ul> </li> </ul>	<p>Q1</p> <p>Q2 – Q4</p>
	<b>Nursing Homes Support Scheme – Long Term Residential Care</b>	<ul style="list-style-type: none"> <li>● Manage the <b>Nursing Homes Support Scheme – Long Term Residential Care</b>.                             <ul style="list-style-type: none"> <li>- Provide quality long term residential care services for older people who require it through the NHSS Scheme (Appendix 4):                                     <ul style="list-style-type: none"> <li>▪ Support an agreed level of clients under NHSS in 2014 within resources allocated (overall estimated year end target 22,061).</li> <li>▪ Monitor activity on an ongoing basis to ensure monthly profiles are adhered to and that there is no overspend on the budget at year end.</li> <li>▪ Participate in the substantive DoH review of the scheme. Focusing on current community/acute services that are in place to facilitate older persons remaining at</li> </ul> </li> </ul> </li> </ul>

Priority Area	Action 2014 – Older People Services	End Q																																																																																																		
	<p>home for as long as possible and the impact of these on referral rates to long stay care. Review will focus on profiling services in four identified areas: Dublin North, Dublin South City, Donegal and Kerry.</p> <ul style="list-style-type: none"> <li>▪ Review complimentary models of care for long stay residential services.</li> <li>▪ Amalgamate nurse management structures to strengthen governance arrangements in public residential care facilities.</li> </ul> <p>- Establish a “Public Residential Services Improvement Team” to</p> <ul style="list-style-type: none"> <li>▪ Review cost of care in a targeted number of Public Residential Units nationally and compare against exemplar public units with a view to identifying and extending best practice across the these units.</li> <li>▪ This Team will identify and support the local implementation of cost effective models of skill mix, rostering and other potential efficiencies with a view to reducing cost of care in public long stay facilities and achieve target savings of €3m as well as providing an analysis of the savings and productivity achieved through the Haddington Road Agreement.</li> </ul>	<p>Q3 – Q4 Q1 – Q4</p> <p>Q1 Q1 – Q2</p> <p>Q3 – Q4</p>																																																																																																		
	<ul style="list-style-type: none"> <li>• Continue the implementation of the Action Plan for the provision of public long stay residential care services in order to maximise compliance with HIQA standards within available capital funding.</li> </ul>	Q1 – Q4																																																																																																		
<b>Service User Engagement</b>	<ul style="list-style-type: none"> <li>• Develop a <b>Service User Engagement Programme</b>.                             <ul style="list-style-type: none"> <li>- Increase our engagement with key stakeholders, advocacy groups and the voluntary sector to develop a strong user engagement and participation process to support the development of an integrated model of care.</li> </ul> </li> </ul>	Q3																																																																																																		
<b>Single Assessment Tool</b>	<ul style="list-style-type: none"> <li>• Implement a <b>Single Assessment Tool (SAT)</b>. The first phase implementation will commence in 2014 with a minimum of 50% of all new entries to NHSS, home care packages and home help schemes assessed by the SAT in the last quarter of 2014, with full implementation in 2015.                             <ul style="list-style-type: none"> <li>- SAT will initially be implemented in 8 priority settings in 2014. These priority locations are detailed below.</li> </ul> </li> </ul> <p><i>2014 SAT Implementation – Priority settings for 2014 and associated staff (community and acute locations) to be Trained and Equipped</i></p> <table border="1"> <thead> <tr> <th>HSE Area &amp; 2 Priority LHOs</th> <th>ISA</th> <th>Priority LHO</th> <th>Staff per LHO to be trained &amp; equipped</th> <th>Priority Acute Hospital within the LHO</th> <th>Staff per Hospital to be trained &amp; equipped</th> <th>Totals</th> </tr> </thead> <tbody> <tr> <td>DML 1</td> <td>Dublin South West/ Kildare/West Wicklow</td> <td>Dublin South West</td> <td>68</td> <td>Tallaght</td> <td>17</td> <td></td> </tr> <tr> <td>DML 2</td> <td>Dublin South East</td> <td>Dublin South East</td> <td>55</td> <td>St Vincent's</td> <td>20</td> <td></td> </tr> <tr> <td colspan="3"><b>Sub-Total DML</b></td> <td><b>123</b></td> <td></td> <td><b>37</b></td> <td><b>160</b></td> </tr> <tr> <td>DNE 1</td> <td>Dublin North</td> <td>Dublin North</td> <td>73</td> <td>Beaumont</td> <td>26</td> <td></td> </tr> <tr> <td>DNE 2</td> <td>Dublin North City</td> <td>Dublin North West</td> <td>61</td> <td>Connolly</td> <td>11</td> <td></td> </tr> <tr> <td colspan="3"><b>Sub-Total DNE</b></td> <td><b>134</b></td> <td></td> <td><b>37</b></td> <td><b>171</b></td> </tr> <tr> <td>South 1</td> <td>Cork</td> <td>South Lee</td> <td>47</td> <td>CUH</td> <td>32</td> <td></td> </tr> <tr> <td>South 2</td> <td>Waterford</td> <td>Waterford</td> <td>50</td> <td>Waterford</td> <td>19</td> <td></td> </tr> <tr> <td colspan="3"><b>Sub-Total South</b></td> <td><b>97</b></td> <td></td> <td><b>51</b></td> <td><b>148</b></td> </tr> <tr> <td>West 1</td> <td>Galway/Roscommon</td> <td>Galway</td> <td>69</td> <td>UCH Galway</td> <td>29</td> <td></td> </tr> <tr> <td>West 2</td> <td>Mid-West</td> <td>Limerick</td> <td>69</td> <td>Limerick Regional</td> <td>24</td> <td></td> </tr> <tr> <td colspan="3"><b>Sub-Total West</b></td> <td><b>138</b></td> <td></td> <td><b>53</b></td> <td><b>191</b></td> </tr> <tr> <td><b>National Totals for 2014</b></td> <td colspan="2"><b>492 staff in 8 Priority Settings</b></td> <td></td> <td colspan="2"><b>178 Staff across 8 Acute Hospitals</b></td> <td><b>670 staff in Total for 2014</b></td> </tr> </tbody> </table>	HSE Area & 2 Priority LHOs	ISA	Priority LHO	Staff per LHO to be trained & equipped	Priority Acute Hospital within the LHO	Staff per Hospital to be trained & equipped	Totals	DML 1	Dublin South West/ Kildare/West Wicklow	Dublin South West	68	Tallaght	17		DML 2	Dublin South East	Dublin South East	55	St Vincent's	20		<b>Sub-Total DML</b>			<b>123</b>		<b>37</b>	<b>160</b>	DNE 1	Dublin North	Dublin North	73	Beaumont	26		DNE 2	Dublin North City	Dublin North West	61	Connolly	11		<b>Sub-Total DNE</b>			<b>134</b>		<b>37</b>	<b>171</b>	South 1	Cork	South Lee	47	CUH	32		South 2	Waterford	Waterford	50	Waterford	19		<b>Sub-Total South</b>			<b>97</b>		<b>51</b>	<b>148</b>	West 1	Galway/Roscommon	Galway	69	UCH Galway	29		West 2	Mid-West	Limerick	69	Limerick Regional	24		<b>Sub-Total West</b>			<b>138</b>		<b>53</b>	<b>191</b>	<b>National Totals for 2014</b>	<b>492 staff in 8 Priority Settings</b>			<b>178 Staff across 8 Acute Hospitals</b>		<b>670 staff in Total for 2014</b>	Q4
HSE Area & 2 Priority LHOs	ISA	Priority LHO	Staff per LHO to be trained & equipped	Priority Acute Hospital within the LHO	Staff per Hospital to be trained & equipped	Totals																																																																																														
DML 1	Dublin South West/ Kildare/West Wicklow	Dublin South West	68	Tallaght	17																																																																																															
DML 2	Dublin South East	Dublin South East	55	St Vincent's	20																																																																																															
<b>Sub-Total DML</b>			<b>123</b>		<b>37</b>	<b>160</b>																																																																																														
DNE 1	Dublin North	Dublin North	73	Beaumont	26																																																																																															
DNE 2	Dublin North City	Dublin North West	61	Connolly	11																																																																																															
<b>Sub-Total DNE</b>			<b>134</b>		<b>37</b>	<b>171</b>																																																																																														
South 1	Cork	South Lee	47	CUH	32																																																																																															
South 2	Waterford	Waterford	50	Waterford	19																																																																																															
<b>Sub-Total South</b>			<b>97</b>		<b>51</b>	<b>148</b>																																																																																														
West 1	Galway/Roscommon	Galway	69	UCH Galway	29																																																																																															
West 2	Mid-West	Limerick	69	Limerick Regional	24																																																																																															
<b>Sub-Total West</b>			<b>138</b>		<b>53</b>	<b>191</b>																																																																																														
<b>National Totals for 2014</b>	<b>492 staff in 8 Priority Settings</b>			<b>178 Staff across 8 Acute Hospitals</b>		<b>670 staff in Total for 2014</b>																																																																																														

Priority Area	Action 2014 – Older People Services	End Q
	<ul style="list-style-type: none"> <li>▪ Each ISA will implement SAT by establishing a local Implementation Team which will include an Implementation Lead, Clinical and Education lead role, ICT lead role and Schemes Management Lead role.</li> <li>▪ ICT networking to be in place in the targeted No1 priority 4 settings areas.</li> <li>▪ ICT networking to be in place in the targeted No2 priority 4 settings areas.</li> <li>▪ Targeted staff in these 8 priority settings will be equipped and trained to complete SAT assessments (replacing current CSAR assessments). Planning estimates is that approx 670 staff will be trained and equipped across these 8 priority settings in 2014.</li> <li>- Training – Education &amp; training will be provided to targeted staff in 8 settings. This will involve classroom based training and ongoing support as follows:               <ul style="list-style-type: none"> <li>▪ Admin staff to receive 2 days SAT Information System (SATIS) training.</li> <li>▪ Clinical staff to receive 4 days SAT Information System (SATIS) &amp; clinical assessment system training.</li> </ul> </li> </ul>	<p>Q1</p> <p>Q1 – Q2</p> <p>Q3 – Q4</p> <p>Q2 – Q4</p> <p>Q2 – Q4</p> <p>Q2 – Q4</p>
<b>Keeping Older People Well</b>	<ul style="list-style-type: none"> <li>● Implement approaches to <b>Keeping Older People Well</b>.           <ul style="list-style-type: none"> <li>- Work with DoH in implementing the National Positive Ageing Strategy.</li> <li>- Work with DoH on the finalisation and roll out of the Dementia Strategy.</li> <li>- Support the Health Service / Genio Dementia Project in the development of dementia community based services in selected sites.               <ul style="list-style-type: none"> <li>▪ Continue to work in partnership with Genio in developing individualised supports to individuals who present with more complex needs relating to the more advanced stage of their dementia and which result in positive outcomes. Individualised supports will target inappropriate delays in discharges from acute hospitals and also provide responses that support complex cases in the community so that admission to acute settings can be reduced or avoided. Initiatives are underway in settings in Blackrock/ Stillorgan, Lough, Leitrim, Roscommon, Mayo, Kilkenny, South Tipperary and Cork.</li> </ul> </li> <li>- As an enhancement of the SAT project, identify and agree pilot sites / early adapters for falls prevention and bone health within each region.</li> <li>- Proceed with pilot sites / early adapters and identify outcomes and learning for further expansion of the initiative.</li> <li>- Implementation of <i>Protecting our Future – Report of the Working group on Elder Abuse</i>.               <ul style="list-style-type: none"> <li>▪ Continued implementation of ‘Protecting our Future’ - Elder Abuse.</li> <li>▪ Participate in Dept. of Health Review of ‘Protecting our Future’.</li> <li>▪ Provide a timely / appropriate response to allegations of elder abuse in line with agreed performance measures.</li> <li>▪ Review all referrals of abuse on a six monthly basis.</li> <li>▪ Implement recommendations contained in the report on the “Financial Abuse of Older Persons”.</li> </ul> </li> </ul> </li> </ul>	<p>Q2 – Q3</p> <p>Q2 – Q3</p> <p>Q2 – Q3</p> <p>Q2 – Q3</p> <p>Q1 – Q2</p> <p>Q2 – Q4</p> <p>Q1 – Q4</p>
<b>Efficiency Measures</b>	<ul style="list-style-type: none"> <li>● An efficiency target of €1.7m is being allocated to section 38 and section 39 voluntary sector agencies in the services for older people domain (Appendix 3 (c)).           <ul style="list-style-type: none"> <li>- Process established to allocate the €1.7m across ISAs in an equitable manner.</li> </ul> </li> </ul>	<p>Q1</p>
<b>Haddington Road Agreement</b>	<ul style="list-style-type: none"> <li>● Implementation of Haddington Road Agreement - cost extraction and productivity gains           <ul style="list-style-type: none"> <li>- Under the governance of an implementation and monitoring group, led by the Head of Operations and Service Improvement, each area is determining the financial impact of implementing the HRA both statutory and voluntary and their capacity to deliver on the targeted reductions, by end of February.</li> <li>- Each area must ensure that verifiable, achievable and proportionate cost reduction and productivity measures are set for all agencies for 2014 and that robust and transparent processes are in place to verify delivery of same.               <ul style="list-style-type: none"> <li>▪ Each submission from the agencies to be stress tested and details contained therein validated and quality assured by area managers, with full engagement and</li> </ul> </li> </ul> </li> </ul>	<p>Q1</p> <p>Q1</p>

Priority Area	Action 2014 – Older People Services	End Q
	<p>reporting to the nationally established assurance process.</p> <ul style="list-style-type: none"> <li>▪ Quality assurance and management of the process will involve:               <ul style="list-style-type: none"> <li>➢ Assessment of service categories (e.g. 7 day residential, 5 day residential, day service, existence of agency or overtime costs, numbers of staff being paid in excess of the €65,000 threshold under HRA, etc.) and related data to ensure that targets are achievable, verifiable and proportionate across the service categories.</li> <li>➢ Validation of submissions against the relevant Service arrangement schedules in particular schedules 3, 6, and 9 and IMRs as appropriate. In addition, validation should include, most recent, accounts with reference to, inter alia, level of agency or overtime costs being incurred, and HR information.</li> </ul> </li> <li>- Measures including site visits will take place throughout the year to closely monitor and audit both internally and externally implementation of the HRA.</li> </ul>	<p>Q2 – Q4</p>

# Appendix 1: Performance Indicators

	DISABILITY SERVICES														
	Expected Activity / Target 2013					Projected Outturn 2013					Expected Activity / Target 2014				
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
<b>Day Services</b>															
No. of work / work-like activity WTE places provided for people with ID and / or autism	418	119	608	412	1,557	364	118	663	402	1,547	364	118	663	402	1,547
No. of people with ID and / or autism benefiting from work / work-like activity services	668	325	1,274	856	3,123	616	274	1,503	721	3,114	616	274	1,503	721	3,114
No. of work/work-like activity WTE places provided for people with a physical and / or sensory disability	12	5	19	36	72	14	6	14	39	73	14	6	14	39	73
No. of people with a physical and / or sensory disability benefiting from work / work-like activity services	42	8	35	59	144	68	7	32	61	168	68	7	32	61	168
No. of Rehabilitative Training places provided (all disabilities)	723	446	653	805	2,627	723	446	609	805	2,583	723	446	609	805	2,583
No. of people (all disabilities) benefiting from Rehabilitative Training	722	491	736	999	2,948	711	490	691	1,006	2,898	711	490	691	1,006	2,898
No. of people with ID and / or autism benefiting from Other Day Services (excl. RT and work / work-like activities)	4,513	2,113	3,153	3,603	13,382	3,779	2,604	3,590	2,634	12,607	3,779	2,604	3,590	2,634	12,607
No. of people with a physical and / or sensory disability benefiting from Other Day Services (excl. RT and work / work-like activities)	476	834	591	892	2,793	856	1,041	599	881	3,377	856	1,041	599	881	3,377
% of school leavers and RT graduates who have received a placement which fully meets their needs	--	--	--	--	New PI 2014	--	--	--	--	New PI 2014	100%	100%	100%	100%	100%
<b>Residential Services</b>															
No. of people with ID and / or autism benefiting from residential services	2,248	1,664	2,025	2,235	8,172	2,153	1,686	2,049	2,163	8,051	2,157	1,702	2,071	2,183	8,113
No. of people with a physical and / or sensory disability benefiting from residential services	288	261	120	178	847	267	275	115	172	829	215	269	116	171	771

	DISABILITY SERVICES														
	Expected Activity / Target 2013					Projected Outturn 2013					Expected Activity / Target 2014				
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
<b>Respite Services</b>															
No. of people with ID and / or autism benefiting from residential centre-based respite services	1,261	843	1,414	1,569	5,087	1,463	1,016	925	1,082	4,486	1,423	1,011	997	1,095	4,526
No. of bed nights in residential centre-based respite services used by people with ID and / or autism	77,279	32,420	46,207	57,440	213,346	84,171	33,683	40,333	53,088	211,275	84,171	33,683	40,333	53,088	211,275
*No. of people with a physical and / or sensory disability benefiting from residential centre-based respite services	359	238	232	1,742	2,571*	809	179	147	177	1,312	713	204	176	271	1,364
No. of bed nights in residential centre-based respite services used by people with a physical and / or sensory disability	11,387	5,781	7,866	7,883	32,917	13,864	5,308	6,496	6,317	31,985	13,864	5,308	6,496	6,317	31,985
<b>*Personal Assistant (PA) Service</b>															
No. of adults with a physical and / or sensory disability benefiting from PA hours	--	--	--	--	PI amended – not comparable	365	261	553	878	2,057	335	262	510	852	1,959
No. of PA hours delivered to adults with a physical and / or sensory disability	--	--	--	--	PI amended – not comparable	176,013	285,007	182,281	636,144	1,279,445	176,013	285,007	182,281	636,144	1,279,445
<b>*Home Support Service</b>															
No. of people with a physical and / or sensory disability benefiting from Home Support hours	--	--	--	--	PI amended – not comparable	733	894	597	682	2,906	732	862	648	640	2,882
No. of Home Support hours delivered to people with a physical and / or sensory disability	--	--	--	--	PI amended – not comparable	539,236	481,040	215,181	231,560	1,467,017	539,236	481,040	215,181	231,560	1,467,017
No. of people with ID and / or autism benefiting from Home Support hours	--	--	--	--	New PI 2013	1,701	1,072	733	1,480	4,986	1,403	1,055	776	1,376	4,610
No. of Home Support hours delivered to people with ID and / or autism	--	--	--	--	New PI 2013	266,845	235,489	161,632	261,329	925,295	266,845	235,489	161,632	261,329	925,295
<b>Disability Act Compliance</b>															
No. of requests for assessments received	1,128	580	1,254	539	3,501	1,301	693	1,483	652	4,129	1,431	763	1,631	717	4,542
% of assessments commenced within the timelines as provided for in the regulations	--	--	--	--	PI amended – not comparable	76%	87%	64%	96%	81%	100%	100%	100%	100%	100%

	DISABILITY SERVICES														
	Expected Activity / Target 2013					Projected Outturn 2013					Expected Activity / Target 2014				
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
% of assessments completed within the timelines as provided for in the regulations	--	--	--	--	PI amended – not comparable	12%	39%	16%	41%	27%	100%	100%	100%	100%	100%
% of service statements completed within the timelines as provided for in the regulations	--	--	--	--	PI amended – not comparable	38%	49%	72%	71%	56%	100%	100%	100%	100%	100%
<b>0 – 18s Programme</b>															
Proportion of Local Implementation Groups which have Local Implementation Plans for progressing disability services for children and young people					100%	1 of 6	2 of 4	2 of 9	1 of 6	6 of 25	6 of 6	4 of 4	9 of 9	6 of 6	25 of 25
Proportion of established Children's Disability Network Teams having current individualised plans for each child	--	--	--	--	New PI 2013	0 of 10	6 of 12	4 of 11	2 of 25	12 of 58	5 of 22	10 of 18	8 of 16	10 of 31	33 of 87
<b>Congregated Settings</b>															
Facilitate the movement of people from congregated to community settings under the auspices of the following:	--	--	--	--	New PI 2014	--	--	--	--	New PI 2014	55	25	40	30	150
<ul style="list-style-type: none"> <li>- Genio-funded projects</li> <li>- Housing Strategy for People with a Disability</li> <li>- Other</li> </ul>															
<b>Quality</b>															
In respect of agencies in receipt of €5m or more of public funding, the % which employ an internationally recognised quality improvement methodology such as EFQM, CQL or CARF.	--	--	--	--	New PI 2014	--	--	--	--	New PI 2014	100%	100%	100%	100%	100%

\* PA / Home Support Hours: a review of the methodology for the collection of PA and Home Support Hours will be undertaken in 2014

\* Number of people with a physical and / or sensory disability benefiting from residential centre-based respite services: validation exercise conducted in 2013 identified anomalies affecting the calculation of the expected activity for 2013 resulting in an inflated target for that year

	OLDER PEOPLE SERVICES														
	Expected Activity / Target 2013					Projected Outturn 2013					Expected Activity / Target 2014				
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
<b>Home Care Packages</b>															
Total no. of persons in receipt of a HCP (Monthly target)	2,662	3,545	2,425	2,238	10,870	2,699	3,594	2,458	2,269	11,020	2,662	3,545	2,425	2,238	10,870
No. of new HCP clients, annually	1,250	1,100	1,100	1,350	4,800						1,250	1,100	1,100	1,350	4,800
INTENSIVE HCP number in receipt of an Intensive HCP					New PI 2014					New PI 2014					190
<b>Home Help Hours</b>															
No. of home help hours provided for all care groups (excluding provision of hours from HCPs)	1.91m	1.66m	3.62m	3.11m	10.3m	1.91m	1.66m	3.62m	3.11m	10.3m	1.91m	1.66m	3.62m	3.11m	10.3m
No. of people in receipt of home help hours (excluding provision of hours from HCPs) (Monthly target)	12,003	9,486	15,053	13,460	50,002	12,002	9,485	15,053	13,460	50,000	12,002	9,485	15,053	13,460	50,000
<b>NHSS</b>															
No. of people funded under NHSS in long term residential care at end of reporting month					22,761					23,000	6,146	4,315	5,870	5,730	22,061
% of clients with NHSS who are in receipt of Ancillary State Support					New PI 2014					10%	National Figure				10%
% of clients who have CSARs processed within 6 weeks					New PI 2014					New PI 2014					Target 100%
<b>Subvention and Contract Beds</b>															
No. in receipt of subvention	150	140	150	260	700	125	120	125	200	570	100	90	90	120	400
No. in receipt of enhanced subvention	70	100	160	50	380	80	130	100	40	350	40	90	90	30	250
No. of people in long term residential care who are in contract beds	700	300	150	100	1,250	600	260	120	100	1,080	440	170	80	60	750
No. of long stay residents in public and voluntary nursing homes admitted before 27 Oct 2009 (saver cases)	-	-	-	-	2,200	680	400	520	600	2,200	470	250	360	420	1,500

OLDER PEOPLE SERVICES															
	Expected Activity / Target 2013					Projected Outturn 2013					Expected Activity / Target 2014				
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
<b>Public Beds *</b>															
No. of NHSS Beds in Public Long Stay Units					Subject to viability plan	1,483	959	1,600	1,348	5,390	1,490	960	1,600	1,350	5,400
No. of Short Stay Beds in Public Long Stay Units					Subject to viability plan	367	143	624	734	1,868	365	140	623	732	1,860
Average length of Stay for NHSS clients in Public, Private and Saver Long Stay Units	To be reported in 2014, not reported in 2013					New PI 2014					New PI 2014				
% of population over 65 years in NHSS funded Beds (based on 2011 Census figures)	To be reported in 2014, not reported in 2013					New PI 2014					New PI 2014				Target 4.1%
<b>Elder Abuse</b>															
No. of new referrals by region	389	548	1,079	624	2,640	400	450	750	600	2,200	400	450	750	600	2,200 Demand Led
No. of new referrals broken down by abuse type:															
i). Physical	-	-	-	-	-	65	75	80	100	320	65	75	80	100	320
ii). Psychological	-	-	-	-	-	180	160	200	220	760	180	160	200	220	760
iii). Financial	-	-	-	-	-	150	125	150	160	585	150	125	150	160	585
iv). Neglect	-	-	-	-	-	90	80	150	60	380	90	80	150	60	380
No. of active cases	-	-	-	-	-	300	250	400	350	1,300	300	250	400	350	1,300
No. of active cases reviewed within six month timeframe					New PI 2014					New PI 2014					Target 80%

\*Public Bed register may vary on a monthly basis to reflect changes such as additional beds coming on stream, re-configuration programme, refurbishment plans and for compliance with standards.

## Appendix 2: Capital Projects

Region	Facility	Project Details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2014 Implications	
							2014	Total	WTE	Rev Costs €m
<b>Social Care Division – Services for Older People</b>										
<b>Dublin Mid-Leinster</b>	Baltinglass Community Hospital, Co. Wicklow	Refurbishment and upgrade (to achieve HIQA compliance)	Q4 2013	Q1	0	62	0.27	2.30	0	0
<b>Dublin North East</b>	Cuan Ros Community Nursing Unit and House, Navan Road, Dublin	Refurbishment and upgrade (to achieve HIQA compliance)	Q1	Q2	0	46	0.50	1.85	0	0
	Virginia Healthcare Unit, Co. Cavan	Refurbishment and upgrade (to achieve HIQA compliance)	Q2	Q2	0	50	1.00	3.10	0	0
	St. Mary's Hospital, Castleblaney, Co. Monaghan	Refurbishment and upgrade (to achieve HIQA compliance)	Q4	Q4	0	75	2.50	3.50	0	0
	St. Oliver Plunkett Hospital, Dundalk, Co. Louth	Refurbishment and upgrade (to achieve HIQA compliance)	Q4	Q4	0	40	1.70	2.50	0	0
<b>South</b>	Schull Community Hospital, Co. Cork	Refurbishment and upgrade (to achieve HIQA compliance)	Q2	Q3	0	17	1.00	1.10	0	0
<b>West</b>	Keel, Achill Island, Co. Mayo	Provision of a day hospital / day centre	Q4	Q4	0	0	1.40	2.75	0	0
	Regina House, Kilrush, Ennis, Co. Clare	Refurbishment and upgrade (to achieve HIQA compliance)	Q4	Q4	0	20	0.65	0.95	0	0
	Ennistymon Community Hospital, Co. Clare	Refurbishment and upgrade (to achieve HIQA compliance)	Q4	Q4	0	20	0.45	0.85	0	0
<b>Social Care Division – Disability Services</b>										
<b>West</b>	Ballinasloe, Co. Galway	Provision of a high support hostel accommodation	Q4	Q4	0	8	0.40	0.50	0	0
<b>South</b>	Fethard, Co. Tipperary	Provision of a high support hostel accommodation	Q4	Q4	0	10	0.43	1.05	0	0

## Appendix 3: Service Arrangement Funding \*

### Appendix 3 (a) Disability Services

#### Disability Services (16 x Section 38 Agencies)

Parent Agency	Funding				
	DML €	DNE €	South €	West €	Total €
St. John of God Hospitaller Services	62,427,440	26,297,653	14,511,001		103,236,093
Daughters of Charity – Intellectual Disability Services	2,193,042	55,993,000		37,366,185	95,552,227
St. Michael's House	20,000	69,205,032			69,225,032
Brothers of Charity (Galway) *				44,081,741	44,081,741
COPE Foundation			42,451,458		42,451,458
Stewarts Hospital	41,104,994				41,104,994
Brothers of Charity Southern Services *			39,547,444		39,547,444
Muiriosa Foundation	38,877,119	226,886			39,104,005
Brothers of Charity Services South East *			25,841,091		25,841,091
National Rehabilitation Hospital	25,040,400				25,040,400
Brothers of Charity (Limerick) *				24,233,730	24,233,730
Peamount	23,000,000				23,000,000
Cheeverstown House	20,884,565				20,884,565
Sunbeam House Services	19,167,000				19,167,000
Central Remedial Clinic (CRC)	196,151	14,362,063	927,706	374,231	15,860,151
KARE	14,344,077	25,394	115,512		14,484,983
Brothers of Charity (Roscommon) *	227,908			13,685,804	13,913,712
Sisters of Charity – Kilkenny			9,816,256		9,816,256
Brothers of Charity (Clare) *				9,485,700	9,485,700
Carriglea Cairde Services			8,559,428		8,559,428
The Children's Sunshine Home	3,627,000				3,627,000
<b>Total</b>	<b>251,109,695</b>	<b>166,110,028</b>	<b>141,769,896</b>	<b>129,227,391</b>	<b>688,217,010</b>

\* Brothers of Charity counted as one Agency

#### Disability Services – (26 x Section 39 Agencies)

Parent Agency	Funding					
	Corp €	DML €	DNE €	South €	West €	Total €
Western Care Association					27,157,100	27,157,100
Ability West					21,674,903	21,674,903
St. Joseph's Foundation				7,371,920	4,839,927	12,211,847
Camphill Communities of Ireland		3,358,635	482,509	5,093,867	438,705	9,373,716
Peter Bradley Foundation Limited (ABI)		3,450,184	900,159	1,637,437	2,594,440	8,582,220
St. Christopher's Services Ltd		8,001,177	15,694		58,130	8,075,001
Kerry Parents & Friends Association				7,941,975		7,941,975
St. Catherine's Association Ltd		7,439,395	171,150			7,610,545
SOS Kilkenny Ltd		15,000		6,473,927		6,488,927
Prosper Fingal			6,456,264			6,456,264
CoAction West Cork				5,823,680		5,823,680
Gheel Autism Services		5,283,863	72,894		234,194	5,590,952

Parent Agency	Funding					
	Corp €	DML €	DNE €	South €	West €	Total €
Walkinstown Association		4,680,094				4,680,094
Catholic Institute for Deaf People (CIDP)		1,064,840	3,061,689		51,155	4,177,684
Childvision			4,097,325			4,097,325
Irish Society for Autism		2,345,749	931,104	656,518	112,856	4,046,227
St. Hilda's Service for the Mentally Handicapped		3,350,328			660,350	4,010,678
Autism Initiatives		3,915,414				3,915,414
St. Aidan's Day Care Centre				3,639,201		3,639,201
St. Mary's Centre (Telford) Ltd		3,227,720				3,227,720
Cork Association for Autism				3,206,703		3,206,703
Genio Ltd	3,000,000					3,000,000
County Wexford Community Workshop (Enniscorthy) Ltd (CWCW)				2,998,524		2,998,524
Delta Centre		287,379		2,430,865		2,718,244
Headway (Ireland) Ltd - The National Association for Acquired Brain Injury		274,652	1,135,863	959,359	206,810	2,576,684
MS Ireland (The Multiple Sclerosis Society of Ireland)		1,767,952	166,752	312,866	280,221	2,527,791
<b>Total</b>	<b>3,000,000</b>	<b>48,462,382</b>	<b>17,491,404</b>	<b>48,546,842</b>	<b>58,308,791</b>	<b>175,809,419</b>

### Disability Services - Not for Profit Group (7 Agencies)

Parent Agency	Funding				
	DML €	DNE €	South €	West €	Total €
Rehabcare	12,258,814	4,875,299	3,837,898	16,784,135	37,756,146
Enable Ireland	13,628,424	3,826,802	8,138,120	10,702,728	36,296,074
Irish Wheelchair Association (IWA)	5,412,733	10,455,151	7,944,658	11,690,770	35,503,312
The Cheshire Foundation in Ireland	9,148,019	2,672,884	6,036,962	5,782,694	23,640,559
National Learning Network Limited	1,578,346	2,331,445	2,543,052	3,340,238	9,793,081
National Council for the Blind of Ireland (NCBI)	627,428	3,373,799	1,542,292	1,218,775	6,762,294
DeafHear	759,097	1,529,598	581,316	936,717	3,806,728
<b>Total</b>	<b>43,412,861</b>	<b>29,064,978</b>	<b>30,624,298</b>	<b>50,456,057</b>	<b>153,558,194</b>

### Appendix 3(b) Disability Agencies receiving > €100,000 (142 x Agencies)

Parent Agency	Funding					
	Corp €	DML €	DNE €	South €	West €	Total €
<b>97 x VOLUNTARY AGENCIES</b>						
Ard Aoibhinn Centre				2,836,159		2,836,159
St. Paul's Hospital & Special School			2,795,193			2,795,193
L'Arche Ireland			373,592	2,018,632		2,392,224
St. Margaret's Centre		2,372,651				2,372,651
Midway (Meath Intellectual Disability Work Advocacy for You) Ltd			2,327,426			2,327,426
North West Parents & Friends			10,082		2,273,834	2,283,916
Waterford Intellectual Disability Association (WIDA)				2,084,504		2,084,504

Parent Agency	Funding					
	Corp €	DML €	DNE €	South €	West €	Total €
St. Gabriel's Centre					1,950,552	1,950,552
Carmichael Centre			1,899,904			1,899,904
Anne Sullivan Foundation for Deaf/Blind		1,175,694	384,588		198,647	1,758,929
Dara Residential Services		1,754,863				1,754,863
Disability Federation of Ireland	1,450,244		41,199			1,491,443
St. Vincent's Centre				1,488,238		1,488,238
St. Cronan's Association Limited		466,714			1,003,867	1,470,581
Moorehaven Centre				1,036,059	425,895	1,461,954
Centre for Independent Living (CIL) - Laois/Offaly		1,397,047				1,397,047
Centre for Independent Living (CIL) - West Limerick					1,319,886	1,319,886
Order of Malta Ireland			1,230,132			1,230,132
Centre for Independent Living (CIL) - Donegal					1,165,722	1,165,722
Centre for Independent Living (CIL) - Cork Ltd				1,121,850		1,121,850
Steadfast House Ltd.			1,116,468			1,116,468
KASMHA House				1,101,370		1,101,370
Muscular Dystrophy Ireland		135,199	840,372	101,990	12,888	1,090,449
Clann Mór			1,057,179			1,057,179
Doorway to Life Ltd (Abode Hostel and Day Centre)				1,003,844		1,003,844
Drumlin House Training Centre			933,901			933,901
County Wexford Community Workshop (New Ross) Ltd (CWCW)				879,777		879,777
Spina Bifida Hydrocephalus Ireland (SBHI)		549,811	159,377	56,880	4,370	770,437
Irish Guidedogs for the Blind			14,665	740,572	15,128	770,365
Brainwave - The Irish Epilepsy Association		506,283	20,509	157,415	59,622	743,830
County Roscommon Disability Support Group Ltd					702,582	702,582
North Tipperary Disability Support Services Ltd					672,320	672,320
Holy Angels Day Care Centre				671,342		671,342
Centre for Independent Living (CIL) – Tipperary					660,839	660,839
Peacehaven Trust Ltd		624,937			30,000	654,937
Cluain Training & Enterprise Centre				650,119		650,119
Centre for Independent Living (CIL) - Galway					619,076	619,076
Jack & Jill Children's Foundation		551,835	46,592	2,032		600,459
Persons with Disabilities in Ireland					523,030	523,030
Centre for Independent Living (CIL) - Westmeath		501,713				501,713
Centre for Independent Living (CIL) - Longford		479,304				479,304
Centre for Independent Living (CIL) - Wexford				473,730		473,730
Stewart's Care Ltd		470,703				470,703
National Association of Housing for Visually Impaired			440,395		6,667	447,062
Mayo North East Leader Partnership Co Ltd					436,680	436,680
Centre for Independent Living (CIL) - Mayo					435,989	435,989
Inclusion Ireland		427,820				427,820
Áiseanna Tacaíochta Ltd			355,124		27,787	382,911
Festina Lente Foundation		380,825				380,825
Open Door Day Care Centre		362,271				362,271
Windmill Therapeutic Training Unit Ltd				359,996		359,996
Post Polio Support Group Ireland		13,649	282,785	51,358	5,709	353,502

Parent Agency	Funding					Total €
	Corp €	DML €	DNE €	South €	West €	
CLR Home Help		350,068				350,068
Barrow Valley Enterprises for Adult Members with Special Needs (BEAM)				348,297		348,297
Centre for Independent Living (CIL) - Sligo					325,394	325,394
Centre for Independent Living (CIL) - South Tipperary				315,622		315,622
Autism Spectrum Disorder Initiatives		308,256				308,256
Arlington Novas Ireland					306,176	306,176
Spinal Injuries Ireland		264,410	35,066			299,476
National Federation of Voluntary Bodies	294,727					294,727
North West MS Therapy Centre					284,650	284,650
Ballyfermot Home Help Ltd		279,604				279,604
Lorrequer House Home for the Handicapped		277,568				277,568
RK Respite Services Ltd				274,000		274,000
Aspire (The Asperger Syndrome Association of Ireland)		264,000				264,000
Cairdeas Centre				260,105		260,105
Clones Branch of the Mentally Handicapped			247,559			247,559
Kingsriver Community		42,461		199,434		241,895
Irish Motor Neurone Disease Association (IMNDA)			209,668		6,185	215,853
The Carers Association		28,589		132,669	46,981	208,239
Centre for Independent Living (CIL) - Waterford				198,997		198,997
Ard Aoibhinn Community Initiative Ltd					182,676	182,676
Pilgrim House		180,374				180,374
Avalon Centre					179,850	179,850
Disabled People of Clare					179,606	179,606
Errigal Truagh Special Needs			176,257			176,257
Roscommon Home Services					173,791	173,791
CASA (Caring and Sharing Association)		54,125	114,612			168,737
Arthritis Ireland		164,192				164,192
St. Patrick's Special School				159,193		159,193
Link – Galway					155,581	155,581
New Horizons					145,024	145,024
Centre for Independent Living (CIL) - Kilkenny				140,210		140,210
Lakers Social & Recreational Club Limited		136,041				136,041
Barnardo's - Republic of Ireland Limited		134,542				134,542
Centre for Independent Living (CIL) - Carlow				134,512		134,512
Incare Ltd			131,364			131,364
Tipperary Association for Special Needs				118,168	13,189	131,357
Crumlin Home Help		130,800				130,800
Mid-West Spina Bifida & Hydrocephalus Association					128,152	128,152
Chez Nous / Club 91					125,000	125,000
Alpha One Foundation			119,565			119,565
Friedreichs Ataxia Society Ireland		101,854	10,638			112,492
Holy Family School			111,431			111,431
Migraine Association of Ireland			111,115			111,115
Tallaght Home Help		108,719				108,719

Parent Agency	Funding					
	Corp €	DML €	DNE €	South €	West €	Total €
Downs Syndrome Ireland		101,644				101,644
<b>Total Voluntary Agencies</b>	<b>1,744,971</b>	<b>15,098,566</b>	<b>15,596,758</b>	<b>19,117,074</b>	<b>14,803,345</b>	<b>66,360,715</b>
<b>45 x FOR PROFIT / COMMERCIAL AGENCIES</b>						
Talbot Group		1,267,496	7,531,431	816,000	2,429,132	12,044,059
Nua Healthcare Services		4,089,922	313,680	1,356,322	471,492	6,231,416
Praxis Care		689,328	3,808,509	71,529		4,569,366
Three Steps Ltd		1,883,832	1,507,917			3,391,749
Galro		1,775,711				1,775,711
Moorehall Lodge Healthcare Services Ltd			1,707,516			1,707,516
Talura House Ltd		298,480	1,197,630			1,496,110
Tara Winthrop Private Clinic			1,273,428			1,273,428
Guardian Healthcare Ltd		293,292	922,901			1,216,193
Simplicitas Ltd (UK)		785,740				785,740
All In Care			655,000			655,000
Hamilton Park Care Facility			564,422			564,422
The Beeches Residential Home		138,720	392,956			531,676
TM Homecare Services Ltd		531,596				531,596
Silver Stream Healthcare		481,558	44,670			526,228
Danshell Group			526,205			526,205
Nurse on Call		245,349	154,886	12,000		412,235
Comfort Keepers (Elder Homecare Ltd)		314,175	94,505			408,680
Camphill Communities (Northern Ireland)		319,887	17,663	70,502		408,052
St. Andrew's Healthcare					405,070	405,070
Royal National Institute for Deaf People			293,706	56,483		350,189
Caremark (Ireland)		322,302				322,302
Knightsbridge Nursing Home&Retirement Village			299,208			299,208
Resilience Healthcare Ltd			102,856	5,200	189,911	297,967
Advocates for Personal Potential (APP)					287,860	287,860
Contact Care Ireland		12,890	264,713			277,603
Kiltipper Woods Care Centre		259,617				259,617
Jama Homecare Ltd		21,722			214,515	236,237
Armagh Care Services				223,220		223,220
Vurzol Ltd			198,348			198,348
Progressive Senior Care Ltd					192,840	192,840
CPL Resources PLC		131,855	59,463			191,318
MK Expert Providers Ltd					188,290	188,290
Private Home Care Ltd		185,923				185,923
Communicare Agency Ltd		178,578				178,578
Cuala Senior Care Ltd		174,931				174,931
Bloomfield Care Centre Ltd				165,000		165,000
Consensus Support Services				150,000		150,000
Sunhill Nursing Home			132,406			132,406
Positive Care Ireland			130,052			130,052
FRS Homecare		129,307				129,307
Escombe Care Ltd		127,472				127,472
Lynmara Healthcare Ltd					114,088	114,088

Parent Agency	Funding					
	Corp €	DML €	DNE €	South €	West €	Total €
Kilbrew Recuperation & Nursing Care Ltd			106,741			106,741
Portiuncula Nursing Home		67,829	35,920			103,749
<b>Total for Profit / Commercial Agencies</b>	<b>0</b>	<b>14,727,512</b>	<b>22,336,732</b>	<b>2,926,256</b>	<b>4,493,198</b>	<b>44,483,698</b>
<b>TOTAL Disability Agencies receiving &gt; €100k</b>	<b>1,744,971</b>	<b>29,826,078</b>	<b>37,933,490</b>	<b>22,043,330</b>	<b>19,296,543</b>	<b>110,844,413</b>

## Appendix 3 (c) Older People Services

### Older Person Services Agencies receiving > €100,000 (168 x Agencies)

Parent Agency	Funding				
	DML €	DNE €	South €	West €	Total €
<b>110 X VOLUNTARY AGENCIES</b>					
Royal Hospital Donnybrook	17,673,242				17,673,242
Leopardstown Park Hospital	10,685,580				10,685,580
Alzheimer Society of Ireland	1,835,573	1,293,014	1,614,826	2,237,811	6,981,225
Clarecare				5,337,996	5,337,996
Dublin North Inner City Home Help		4,003,960			4,003,960
Fingal Home Help		3,937,319			3,937,319
FOLD Ireland		3,681,760			3,681,760
Blanchardstown & Inner City Home Care Association Ltd		3,530,953			3,530,953
St. Luke's Home			2,901,449		2,901,449
The Carers Association	572,205	99,112	460,865	1,419,798	2,551,980
Nazareth House Management Ltd				2,520,000	2,520,000
St. Patrick's Hospital (Cork) Ltd			2,324,711		2,324,711
Finglas Home Help/Care Organisation Ltd		2,258,966			2,258,966
Rehabcare	2,163,934				2,163,934
St. Mary's Rapid Access Clinic		2,046,870			2,046,870
Ballyfermot Home Help Ltd	2,008,895				2,008,895
Crumlin Home Help	1,961,440				1,961,440
Caritas Convalescent Centre Ltd	1,927,508				1,927,508
Nazareth House - Cork			1,868,822		1,868,822
Ballymun Home Help		1,478,967			1,478,967
Drumcondra Home Help & Care Services Ltd		1,375,490			1,375,490
CLR Home Help	1,150,050				1,150,050
Wicklow Community & Family Services	1,132,018				1,132,018
Cobh Hospital			1,098,931		1,098,931
Greystones Home Help Services Ltd	1,081,205				1,081,205
Inchicore Home Help	1,060,188				1,060,188
Home Care North East Bay		1,016,353			1,016,353
West of Ireland Alzheimer's Foundation				1,002,037	1,002,037
Arklow South Wicklow Home Help Service Ltd	1,000,363				1,000,363
Roscommon Home Services				980,056	980,056
Liberties & Rialto Home Help Services Ltd	934,343				934,343
Marino/Fairview Home Help/Care Service Ltd		872,577			872,577
Tallaght Home Help	852,040				852,040
Terenure Home Care Services	806,576				806,576

Parent Agency	Funding				
	DML €	DNE €	South €	West €	Total €
Dun Laoghaire Home Help Service Ltd	800,446				800,446
Donnycarney / Beaumont Home Help		725,611			725,611
Killester/Artane/Raheny/Edenmore (KARE) Home Help		684,512			684,512
Bray Home Help / Care Service Ltd	683,489				683,489
Caring for Carers Ireland				680,218	680,218
St. Laurence O'Toole Social Services Ltd		653,683			653,683
CareBright			18,302	585,261	603,563
Northside Homecare Services Ltd		601,409			601,409
Respond		461,005	138,258		599,263
Age & Opportunity - Dublin		532,323			532,323
Age Action Ireland	411,807	76,510		20,000	508,317
North Tipperary Community Services				477,302	477,302
Rathmines Home Help	456,651				456,651
Stillorgan Home Help	446,727				446,727
Clarecastle District Daycare Centre				412,171	412,171
Irish Wheelchair Association (IWA)	204,615	35,012		139,003	378,630
Baile Mhuire Ltd			376,286		376,286
New Ross Community Hospital			368,330		368,330
Sandymount Home Help	357,527				357,527
Rathmore Day Care Centre (St. Josephs Day Care Centre)			323,083		323,083
Dromcollogher & District Respite Care Centre Ltd				321,675	321,675
Thurles Community Services				318,354	318,354
Westgate Foundation			315,724		315,724
Sisters of Mercy - South Central Province	97,000		214,932		311,932
Killorglin Day Care Centre			299,710		299,710
Ardee Day Centre		277,000			277,000
Society of St. Vincent de Paul	46,313	98,167	11,614	118,469	274,563
St. Andrew's Resource Centre	268,777				268,777
Kilgarvan Day Care Centre			240,396		240,396
Newport Social Services				237,652	237,652
Dingle Day Care Centre (Gairdin Mhuire) / West Kerry Care of the Aged			229,028		229,028
Good Shepherd Sisters			228,942		228,942
St. Lazerian's House Ltd			226,338		226,338
St. Kevin's Home Help Services Ltd	220,937				220,937
Baile an Aoire - Good Shepherd Sisters			211,247		211,247
County Roscommon Disability Support Group Ltd				203,809	203,809
Bergerie Trust				199,110	199,110
Clonmany Mental Health Services				195,732	195,732
Ceart			194,716		194,716
SHARE (Students Harness Aid for the Relief of the Elderly)			192,425		192,425
Drumkeerin Care of the Elderly Ltd				185,979	185,979
Longford Social Services	182,341				182,341
Centre for Independent Living (CIL) - Tipperary				182,000	182,000
Beaufort Day Care Centre	173,974				173,974
St. Michael's Day Care Centre				173,823	173,823

Parent Agency	Funding				
	DML €	DNE €	South €	West €	Total €
O'Connell Court Ltd (Housing Association)			163,102		163,102
Templemore Community Services				160,613	160,613
Clareville Centre		157,372			157,372
COPE – Galway				154,000	154,000
Our Lady of Lourdes Day Care Centre		152,636			152,636
Holy Ghost Residential Home.			151,944		151,944
Tullow Day Care Centre			150,854		150,854
Kilmaley District Daycare Centre				149,770	149,770
Stella Maris Daycare Centre				149,770	149,770
Mother McAuley	145,400				145,400
Avalon Centre				133,840	133,840
Ballinasloe Social Services				131,000	131,000
Fr. Bidone Court Day Centre	130,377				130,377
Marion Court Welfare Home			128,334		128,334
Graiguenamanagh Elderly Association			127,388		127,388
CLASP (Community of Lough Allen Social Project)				126,062	126,062
St. Joseph's Welfare Home			125,231		125,231
West Cork Carers Support Group			125,000		125,000
Muintir na Tire Co Ltd			120,860		120,860
St. Carthage's House Ltd			119,290		119,290
St. Bridget's Day Care Centre			118,299		118,299
Prague House			117,764		117,764
Liscarne Court Day Centre	115,111				115,111
Drogheda Community Services		115,000			115,000
West Kerry Care of the Aged			109,500		109,500
Sonas APC	105,551				105,551
Walkinstown Social Services Centre	103,531				103,531
Centre for Independent Living (CIL) - Donegal				103,398	103,398
Henrietta Day Care Centre		101,051			101,051
St. Aidan's Day Care Centre			100,514		100,514
Carrigoran House				100,000	100,000
<b>Total Voluntary Agencies</b>	<b>51,795,734</b>	<b>30,266,632</b>	<b>15,517,015</b>	<b>19,156,709</b>	<b>116,736,091</b>
<b>58 X FOR PROFIT / COMMERCIAL AGENCIES</b>					
All In Care	90,000	2,761,769			2,851,769
Comfort Keepers (Elder Homecare Ltd)	1,021,776	525,616	830,538	357,200	2,735,130
Homecare & Health Services (Ireland) Ltd (Homecare Independent Living)	3,130	2,046,935	0	90,000	2,140,065
CareChoice Ltd			1,444,081		1,444,081
Talura House Ltd	1,153,182	75,960			1,229,142
Janara Senior Care Ltd			1,158,209		1,158,209
Bon Secours Health System Ltd			1,009,914		1,009,914
Clontarf Senior Care Ltd		833,142			833,142
Sandra Cooney Home Care		831,850			831,850
MK Expert Providers Ltd		194,708		558,529	753,237
Extra Care		684,034			684,034
B & D Healthcare Company Ltd			629,182		629,182
Creative Senior Care Ltd	554,372				554,372
CPL Resources PLC	162,639		356,324	0	518,963

Parent Agency	Funding				
	DML €	DNE €	South €	West €	Total €
Blackwell & Wright Senior Care Ltd			63,081	437,000	500,081
Communicare Agency Ltd		479,389			479,389
Nazareth House - Donegal				466,440	466,440
Brookfield Care Services Ltd			453,893		453,893
Servisource Healthcare	103,522	347,684			451,206
Cramers Court Retirement & Nursing Home			444,498		444,498
JRP Care Ltd			431,718		431,718
TM Homecare Services Ltd	33,755	397,000			430,755
Home Instead Senior Care Ireland Ltd	409,340				409,340
Sacred Heart Nursing Home		400,373			400,373
Homefield Care Ltd	397,844				397,844
Aras Gweedore Nursing Home				375,294	375,294
Lake House Private Nursing Home				332,530	332,530
Jama Homecare Ltd				310,000	310,000
IRE Communications Ltd			291,000		291,000
Bishopscourt Residential Care Ltd			280,867		280,867
Haven Bay Care Centre Ltd			252,538		252,538
Criticare Services		246,123			246,123
Ballincurragh Care Centre Ltd			236,428		236,428
Glendonagh Nursing Homes Ltd			220,035		220,035
Knightsbridge Nursing Home & Retirement Village		218,104			218,104
Harbour Lights Private Nursing Home				215,488	215,488
Homecare Solutions	199,008				199,008
Guardian Healthcare Ltd		196,529			196,529
Home Assist Healthcare				185,000	185,000
Beach Hill Private Manor Nursing Home				179,712	179,712
Limerick Senior Care Ltd				176,226	176,226
Waterford Senior Care Ltd			175,500		175,500
Norwood Grange Nursing Home			159,556		159,556
Kilmainhamwood Nursing Home		138,243			138,243
Moorehall Lodge Healthcare Services Ltd		132,955			132,955
Cooley Nursing Home Ltd		132,437			132,437
Alicia Comiskey Homesupport Ltd			131,000		131,000
Progressive Senior Care Ltd				130,141	130,141
Douglas Nursing & Retirement Home			124,401		124,401
Brindley Manor Private Nursing Home				124,384	124,384
Mowlam Healthcare Ltd		124,360			124,360
Youghal & District Nursing Home			123,232		123,232
IndeCare Ireland Ltd		122,419			122,419
Care-At-Home Services Ltd	122,387				122,387
Sheephaven Healthcare				118,144	118,144
WHL Trading Ltd				114,000	114,000
Kilbrew Recuperation & Nursing Care Ltd		109,052			109,052
Lawson House Nursing Home			103,610		103,610
<b>Total For Profit / Commercial Agencies</b>	<b>4,250,955</b>	<b>10,998,682</b>	<b>8,919,605</b>	<b>4,170,088</b>	<b>28,339,330</b>
<b>TOTAL Older People Agencies receiving &gt; €100k</b>	<b>56,046,689</b>	<b>41,265,314</b>	<b>24,436,620</b>	<b>23,326,797</b>	<b>145,075,421</b>

\* The source of the data in the tables above is the November 2013 local register returns.

## Appendix 4: Public Long Stay Residential Care - Older People

Region	ISA	Public Residential Care Unit	Designated NHSS Beds	Other Beds - Short Stay	Total Beds	
DUBLIN MID-LEINSTER	Dublin South Central	Belvilla Community Unit for Older Persons	37	9	46	
		Our Lady's Hospice	45	40	85	
		St. James' Hospital	45	5	50	
		Meath Community Hospital	46	5	51	
		Cherry Orchard Hospital	166	27	193	
	Dublin South East/Wicklow	Dalkey Community Unit	36	14	50	
		Dublin South East HSE Units - Clonskeagh Hospital	81	9	90	
		Leopardstown Park Hospital	118	23	141	
		The Royal Hospital	66	88	154	
		St. Colman's Hospital	90	20	110	
	Dublin South West/ Kildare West Wicklow	St. Brigid's Home, Crooksling	61	5	66	
		Peamount Hospital	48	27	75	
		Baltinglass District Hospital	54	6	60	
		Drogheda Memorial Hospital	2	0	2	
		Maynooth Community Unit	37	4	41	
		St. Vincent's Hospital Athy	106	10	116	
	Midlands	Birr Community Nursing Unit	69	14	83	
		Ofalia House Community Nursing Unit	32	4	36	
		Abbeyleix District Hospital	28	5	33	
		Riada House Community Unit	33	6	39	
		St Vincent's Hospital	104	10	114	
		St Vincent's Care Centre	40	6	46	
		St. Joseph's Care Centre	67	7	74	
		St. Mary's Hospital	0	16	16	
		St. Bridgets Hospital	28	2	30	
		ClanLir	48	0	48	
	<b>DUBLIN MID-LEINSTER TOTAL</b>			<b>1,487</b>	<b>362</b>	<b>1,849</b>
	DUBLIN NORTH EAST	Cavan/Monaghan	Ballyconnel Community Services	22	2	24
			Dr. Jack Sullivan Memorial Home	16	5	21
			Lisdaran Unit for the Elderly	24	14	38
			Oriel House	21	4	25
			St. Mary's Hospital	96	0	96
Virginia Community Services			31	6	37	
Dublin North		Raheny Community Nursing	100	0	100	
		Lusk Community Unit	45	5	50	
		James Connolly Memorial Hospital	42	2	44	
Dublin North City		Clarehaven Nursing Home	20	5	25	
		Seanchara Community Unit	34	6	40	
		St. Clare's Home	31	9	40	
		St. Mary's Hospital	214	65	279	
Louth/Meath		Boyne View House	21	5	26	
		Cottage Hospital	14	9	23	
		St. Joseph's Hospital	20	0	20	
		St. Mary's Hospital	38	0	38	
	St. Oliver Plunkett Hospital	67	3	70		
	Beaufort	44	0	44		
St. Joseph's Hospital, Trim	48	2	50			
<b>DUBLIN NORTH EAST TOTAL</b>			<b>948</b>	<b>142</b>	<b>1,090</b>	

Region	ISA	Public Residential Care Unit	Designated NHSS Beds	Other Beds - Short Stay	Total Beds	
SOUTH	Carlow/Kilkenny & South Tipperary	Castlecomer District Hospital	3	15	18	
		Sacred Heart Hospital	62	15	77	
		St. Columba's Hospital	74	19	93	
		St. Dymphna's Hospital/ Carlow District Hospital	0	18	18	
		Cluain Arainn Community Nursing Unit	0	10	10	
		St Patrick's Hospital, cahir rd	95	39	134	
		Carrick on Suir District Hospital (St. Brigid's)	0	21	21	
		Clogheen District Hospital (St. Theresa's)	0	22	22	
	Kerry	Caherciveen Community Hospital	28	5	33	
		Kenmare Community Hospital	5	19	24	
		Listowel Community Hospital	24	16	40	
		Killarney Community Hospital	92	43	135	
		Dingle Community Hospital (St. Elizabeths) West Kerry Community Hospital	34	12	46	
		Tralee Community Unit (New Unit)	43	0	43	
	Cork	Kanturk Community Hospital	30	10	40	
		St. Joseph's Community Hospital	19	7	26	
		St. Patrick's Community Hospital	54	18	72	
		Cois Abhainn	25	7	32	
		Youghal Community Hospital	30	8	38	
		Macroom Community Hospital	33	5	38	
		Midleton Community Hospital and Long Stay Unit	46	7	53	
		Heather House CNU	46	4	50	
		Bandon Community Hospital	16	7	23	
		Kinsale Community Hospital	28	12	40	
		St. Finbarr's Hospital	89	76	165	
		Bantry General Hospital	17	7	24	
		Clonakilty Community Hospital and Long Stay Unit (Mount Carmel)	122	15	137	
		Skibbereen Community Hospital (St. Anne's)	27	13	40	
		Dunamanway Community Hospital (St. Anthony's)	19	4	23	
		Schull Community Hospital (St. Gabriel's)	16	5	21	
		Castletownbere Community Hospital (St. Joseph's)	20	11	31	
		Ballincollig Community Unit Cork	80	20	100	
		Farranlee Rd CNU	90	10	100	
		Waterford/Wexford	Dunabbey House	33	0	33
	St Joseph's Hospital&Dungarvan District Hospital (St. Vincent's)		71	45	116	
	St Patrick's Hospital, Johns Hill		72	24	96	
	New Houghton Hospital		44	0	44	
	Abbeygale House		115	22	137	
	Gorey District Hospital		0	33	33	
	<b>SOUTH TOTAL</b>			<b>1,602</b>	<b>624</b>	<b>2,226</b>

Region	ISA	Public Residential Care Unit	Designated NHSS Beds	Other Beds - Short Stay	Total Beds	
WEST	Mid-West	Ennistymon Community Nursing Unit	11	16	27	
		Raheen Community Nursing Unit	15	10	25	
		Regina House Community Nursing Unit	20	10	30	
		St. Joseph's Community Hospital	84	58	142	
		St. Camillus' Community Hospital	74	26	100	
		St. Ita's Community Hospital	65	27	92	
		Hospital of the Assumption	31	29	60	
		St. Conlon's Community Nursing Unit	24	3	27	
		Dean Maxwell Community Nursing Unit	22	5	27	
	Donegal	Buncrana Community Nursing Unit	15	15	30	
		Ramelton Community Nursing Unit	14	16	30	
		Carndonagh Community Hospital	23	23	46	
		Donegal Town Community Hospital	5	24	29	
		Dungloe Community Hospital	16	9	25	
		Falcarragh Community Hospital	10	25	35	
		Killybegs Community Hospital	8	33	41	
		Lifford Community Hospital	5	15	20	
		Rock Community Nursing Unit	22	0	22	
		Shiel Community Hospital	17	16	33	
		St. Joseph's Community Hospital	27	51	78	
	Galway/ Roscommon	Aras Mac Dara	52	3	55	
		Aras Mhuire Community Nursing Unit	16	2	18	
		Aras Ronan	12	2	14	
		Clifden District Hospital	0	33	33	
		St Anne's Community Nursing Home	24	0	24	
		St Brendan's Home	98	2	100	
		Units 5 and 6 - Merlin Park Hospital	40	12	52	
		Aras Mathair Pol Community Nursing Unit	29	1	30	
		Plunkett Community Nursing Unit	39	2	41	
		Sacred Heart Hospital	80	15	95	
	Mayo	Dalton Community Nursing Unit	30	0	30	
		Belmullet District Hospital (including Aras Deirbhile)	37	20	57	
		Swinford District Hospital	0	40	40	
		McBride Community Unit	30	0	30	
		Sacred Heart Hospital, Castlebar	77	36	113	
		St. Augustine's Community Nursing Unit	34	0	34	
		St. Fionnan's Community Nursing Unit	30	2	32	
		St. Joseph's District Hospital	0	50	50	
	Sligo/Leitrim/ West Cavan	Arus Breffni	23	2	25	
		Arus Carolan	33	4	37	
		Our Lady's Hospital	0	35	35	
		St John's Community Hospital	100	39	139	
		St Patrick's Community Hospital	63	22	85	
	<b>WEST TOTAL</b>			<b>1,355</b>	<b>733</b>	<b>2,088</b>
	<b>NATIONAL TOTAL</b>			<b>5,392</b>	<b>1,861</b>	<b>7,253*</b>

\*Public Bed register may vary on a monthly basis to reflect changes such as additional beds coming on stream, re-configuration programme, refurbishment plans and for compliance with standards.