

BORD SLÁINTE
AN MHEÁN-IARTHAIR



/tf

22/12/03

To: **Chairman & Each Member
Mid-Western Health Board**

**MID-WESTERN
HEALTH BOARD**

A Chara,

Is mian liom a chur in iúl dhuit go dtionólfar an céad chruinniú eile den mBord, sa 31/33 CATHERINE STREET, LIMERICK, IRELAND. t'Seomra Comhairle, 31/33 Straid Caitriona, Luimneach ar **dé hAoine, 9ú, Eanáir, 2004 ag 11.00r.n.** Tá an clár thíosluaite. TEL 00353 (0) 61 316655 FAX 00353 (0) 61 483350 WEBSITE : <http://www.mwhb.ie>

I wish to inform you that the next meeting of the Board will be held in the Boardroom, 31/33 Catherine Street, on Friday, 9th January, 2004 at 11.00a.m. The Agenda is set out below.

Please arrange to attend.

Le dea mhéin,

**S. de Búrca
PRÍOMH OIFIGEACH FEIDHMEACHÁIN**

AGENDA

1. a. Urnaí Tosai
- b. Vote of Sympathy
- c. Confirmation of Minutes of Meeting held on the 12th December, 2003 (herewith)
2. Correspondence
3. Report of the Chief Executive Officer **[BUFF]**
4. Chief Executive Officer's Overview of Financial Results 2003. **[BLUE]**
(Report No. 01/04 report to follow)
5. Adoption of the Service Plan 2004
(Document circulated)
6. The Male Perspective – Young Men's Outlook on Life Study. **[PINK]**
(Report No. 02/04 herewith)

7. National Lifestyle Surveys, SLAN (Surveys of Lifestyles, Attitudes and Nutrition), and HBSC (Health Behaviours among School-Going Children)
(Report No. 03/04 herewith) [LILAC]
8. Purchase of Property, Eircom Building, Gortlandroe, Nenagh, Co. Tipperary
(Report No. 04/04 herewith) [SALMON]

For Circulation

- i) Executive Summary – An Evaluation of “Cancer Services in Ireland: A National Strategy 1996”

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MID-WESTERN
HEALTH BOARD

22/12/03

**To: Chairman & Each Member
Mid-Western Health Board**

Item No 3 on Agenda

Report for Meeting of the Board to be held on Friday, 9th January, 2004

Report of the Chief Executive Officer

Dear Member,

I propose to brief you on the following items at our forthcoming meeting:-

- Capital Projects 2004
- Acute Services
- Non- Acute Services

Yours sincerely,

S. deBúrca
Priomh Oifigeach Feidhmeacháin



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MID-WESTERN
HEALTH BOARD

Date 17th December'03

To: Cathaoirleach & Each Member
Mid-Western Health Board

Report No: 2/04
Item No/on Agenda

Report for Meeting of the Board to be held on Friday 9th January, 2004.

"The Male Perspective – Young Men's Outlook on Life Study"

Dear Member,

The Report "The Male Perspective – Young Men's Outlook on Life Study" published in November, 2003, was prepared by the Mid-Western Health Board in partnership with the National Suicide Review Group and the National Suicide Research Foundation.

Introduction

The study seeks attitudes among young men regarding life and living in the Mid-West. In particular, the study examines the young male perspective in relation to help-seeking behaviour, attitudes to suicide, coping and approaches to problem solving. The rationale for this study was the persistently high rate of suicide among young males, and the absence of any published study in Ireland that examined the young male's perspectives concerning mental health issues. A key objective of this project has been to develop recommendations for suicide prevention initiatives that are based on the perspective of males themselves.

The issue of age patterns in relation to suicide is of particular interest in an Irish context. Taking the international average, the rate of suicide increases with age, i.e. the highest rates are found among the older age groups. However, in the Irish context rates are highest amongst young people and particularly young males aged 20 – 30 years.

Survey Methodology

A door to door survey, targeting males aged between 18-34 years residing in Clare, Limerick and North Tipperary was undertaken. This yielded a response rate of 86% (n=363) with 79% residing in Clare, 83% in Limerick and 88% in North Tipperary. The survey questionnaire; comprised a total of 22 questions, sought the views of young males regarding their sense of belonging in society, their sense of control in their lives, thoughts about and experience about suicide, coping styles and problem solving behaviours.

A series of discussion 'focus' groups, involving 35 men, were held as part of the study enquiry. Participants were drawn from students of the University of Limerick, the Garda Training College, the GAA and the probation services. The discussion groups allowed for an expansion on the survey data and also the incorporation of the "lived experience" of young men into the study.

Results

Virtually all of the men surveyed were of the view that at least sometimes a person with suicidal thoughts can be helped and that suicide can be prevented. Almost half reported having experienced one form of suicidal ideation, with 4% actually having planned their own suicide death. Three quarters reported that they knew somebody who had died by suicide, while sixteen (4.6%), had previously attempted self harm. Of those who engaged in self-harm, just 6 had actually sought treatment in a hospital.

The majority of those surveyed (60%) indicated that they would turn to their mother for support (60%) with just under a third (37%) indicating that they would seek help from their fathers. Of those living with partners, less than half reported that they would seek help from their partner for mental health problems. Exposure to one person who died by suicide was associated with an increased likelihood that the men would say that they would turn to a health professional for support. However, if exposed to more than one suicide these men would not seek support. Only 5% of men who had not been directly exposed to a suicide would actually turn to a health professional for support for a mental health problem. The reasons most frequently offered would prevent them from seeking professional help for psychological problems were a dislike of talking to strangers about problems, the cost, the embarrassment and shame [concerns about confidentiality] and people finding out [stigma].

When asked about serious mental health problems, more than 80% of the men reported having few or no such problems in the past year. Of those that had problems, 70% did not seek help and only a small minority of just 4% who had problems, actually sought professional help. Those that had problems and did not seek help relied on themselves or their friends for support. Males in the discussion groups felt that professional help was seen as a last resort saying that "no matter what the problem is, you can always sort it out yourself". In general, these young males had a poor awareness of the health services available to them and were concerned about an emphasis on medication and a perceived lack of counselling services. They suggested that the health services could be improved by providing them with more information, by reducing red tape and making services more accessible. The internet, the Samaritans and AA were endorsed as acceptable voluntary support services.

The most common method of coping with problems for the majority of men was 'to talk to someone'. Almost 70% indicated that they also 'have a drink' when worried or upset, while the vast majority also get angry at least 'sometimes'. Those with a history of suicidal ideation were twice as likely to say that they 'often' avoid the problem by not thinking about it when worried or upset and these men were more likely to be unemployed.

The men surveyed reported that for them, life had changed dramatically and that there was great pressure upon them to be successful. Almost 60% of the men agreed that "the lot of the average man is getting worse" and that nowadays we must "live for today and let tomorrow take care of itself". Almost a third believe that they had little control over their lives, that their problems are insurmountable and that they are being pushed around in life. Those men who had experienced suicide ideation felt significantly much less in control over their lives.

Conclusion:

The random sample of males residing in the Mid-West region has identified that suicidal ideation, resistance to professional help seeking, and pessimism about the future exists in the male psyche. The over reliance on the self in the general population of males, the avoidance of problems by suicidal ideators, and a dependence on a small network of lay support, suggests that considerable attention needs to focus on marketing male orientated health services.

A continuum of suicidal ideation from thoughts without intent, to seriously considering suicide, and to actually making a detailed plan means that suicide prevention projects must take a broad public health approach, targeting males early on in the life cycle. Young males tend to cope with problems by talking, but they also avoid them, indulge in alcohol and get angry. The men in this study have limited knowledge about the health services that are available to them and give little consideration to their own mental health needs.

A significant minority of young males are particularly vulnerable and feel ill-equipped to cope with life. These vulnerable males do not generally seek hospital or professional support even if they engage in self-harm behaviours. Vulnerable males are also twice as likely to cope with problems by getting angry, and avoid rather than tackle problems.

Peer exposure to suicide has a traumatic impact on males. The need for peer support and education about loss and grief should form an essential component in any mental health promotion strategy targeting young men. Moreover, the cultural tendency of males to over rely on the 'self' particularly in the face of increasing peer suicides will require creative strategies that engage them in positive help-seeking.

Supporting the family emerges as a strong contender for male focused health strategies. Males prefer to get support from their family, particularly mothers and friends. This finding suggests that suicide prevention strategies should consider how friends and parents can be educated and supported in their caring roles. Parents whose sons have already engaged in self harm behaviours require specific support given the greater propensity of these young men towards negative coping patterns. At its core, this report highlights the need to demystify psychological problems by broadening the focus of both the educational, family and primary care services to include mental health promotion as part of its every day practice.

Yours sincerely,



James Conway,
Assistant CEO.



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MID-WESTERN
HEALTH BOARD

23rd December, 2003

To: Cathaoirleach & Each Member
Mid-Western Health Board

Report No: 3/04
Item No: 7 on Agenda

Report for Meeting of the Board to be held on Friday 9th January 2004

National Lifestyle Surveys, SLAN (Survey of Lifestyles, Attitudes and Nutrition) and HBSC (Health Behaviours among School-Going Children)

Dear Member,

I set out below a recent report "**National Lifestyle Surveys, SLAN (Survey of Lifestyles, Attitudes and Nutrition) and HBSC (Health Behaviours among School-Going Children)**" prepared by : Professor Cecily Kelleher on behalf of the Department of Health and Children.

This report examines key lifestyle variables according to age, sex and across the 10 Health Board regions in the National Lifestyle Surveys, SLAN (Survey of Lifestyles, Attitudes and Nutrition) and HBSC (Health Behaviours among School-Going Children). The information presented is from 2002, standardised in adults to the 2002 population census.

General Health

Fifty-five per cent of respondents reported excellent or very good health, with significant regional fluctuations. The Midlands reported the lowest response while the East Coast Area and Southern Health Boards reported the highest rates. There was a trend towards improved self-reported health since 1998 that was relatively consistent across the board areas, having improved in six of the eight areas since 1998. Less Stress was the top requirement for improving health in 8 out of 10 areas in 2002, except in the Midlands and South East where it ranked second. Since 1998 in every health board area, less men report having had a blood pressure check in the last year and more women do so. Also notably in every health board area since 1998 more men and women report having had a cholesterol check in the last year. These findings may reflect the rollout of the cardiovascular strategy since the first survey in 1998.

There were no statistically significant differences by region in excellent self reported health among school-going children in 2002. However in nine out of 10 board areas boys ranked their health better than girls did. Rates of reported happiness among school-going children did not vary significantly across board area either. In all board areas, with the notable exception of ERHA, where rates remain unchanged, boys and girls were more likely to think their family was very or quite well off since 1998. Similarly in all health board areas use of a seatbelt in a car had risen since 1998 for both boys and girls. Dental health practices had also improved universally as well.

Smoking

There were no statistically significant variations in overall smoking rates by health board region in 2002 though smoking rates were higher among general medical services card holders everywhere except the East Coast and South West Areas of ERHA. Among non-medical cardholders there were significant regional variations, with highest rates in Northern Area of ERHA (27.4%). The ratio of male to female smokers shows regional variation with higher smoking rates among females in Southern and Mid Western boards and Northern Area of ERHA. Current smoking rates show a relatively consistent pattern by region since 1998, with declines among women in every health board area and in six of the eight areas among men. Rates were unchanged in the Southern board area and tended upwards in North Western Board, a trend that may reflect sample size, rather than a true effect.

Exposure to passive smoke is generally downwards since 1998. However exposure in pubs and clubs was higher among men than women in every region in 2002 and highest (51.9%) in men in the ERHA area.

Among school-going children there were no statistically significant regional variations in ever smoking rates but there are significant variations in current smoking rates for boys and girls, explicable in part by age differences in the samples. Since 1998 reported non-smoking among boys has increased in three boards, particularly in ERHA region remained unchanged in two and dropped in three. Rates among girls were unchanged in ERHA region and have improved in four other board areas.

Alcohol and Other Substances

Over three-quarters of respondents nation-wide had consumed alcohol in the last month with highest rates of consumption in the ERHA areas. More men than women were regular drinkers but the ratio of male to female drinkers was much less marked in ERHA area. There were also significantly fewer non-drinkers in the ERHA area than in the rest of the country. There was a notable regional variation in reported cannabis/marijuana in the previous 12 months with highest rates (16%) in East Coast Area health authority. There were significant differences in reported never drinking across health boards for both boys and girls. Girls in North Western Health Board (50%) and boys in the North Eastern (46%) were least likely to report ever drinking alcohol. There were also significant differences across health boards in those drinking in the last month. Boys (39%) and girls (33%) in the South Eastern Health Board were most likely to report drinking alcohol in the last month. In all boards except the NEHB boys were more likely to report having been drunk 10 or more times than girls. Among boys since 1998 there was a relatively mixed pattern in relation to measures of alcohol or drug use with rates down or unchanged in five of the board areas and up in two. Among girls rates were up in five board areas, unchanged in one and down in two.

Food, Nutrition and Exercise

There was significant regional variation in the percentage of respondents who were obese with highest rates in Northern Area of ERHA (16%) and lowest in the East Coast area of ERHA (10%). In all boards more men than women were obese but this difference is significant only in North Eastern and Western Health Boards. More women than men were on a diet in all board areas and rates were highest in Northern area (17.9% overall), followed by South West area (overall 16.2%) of ERHA. Overall a slightly higher percentage of women than men consumed the recommended four or more servings a day of fruit and vegetables and this was seen in most boards, but particularly East Coast and Northern areas of ERHA. There was no regional variation in recommended consumption of three servings of dairy produce per day, though reported butter and full fat milk consumption were universally down in all Board areas since 1998 for both men and women.

There are statistically significant differences across health boards in fruit consumption more than once daily for girls, but not for boys. Girls in SWAHB are most likely and girls in MHB least likely to report eating fruit more than daily. There were no significant variations in vegetable consumption among boys and girls by region. Six per cent of boys in the North Eastern Health Board but (20%) of boys in Northern Area HB report not eating breakfast during the week.

There were no significant regional variations in exercise patterns among adults, though men in every area are more active than women, excluding housework where the converse universally applies, ranging from (68.6%) of women in ERHA region doing light housework most days to (82%) of women in the Midlands. Nor are there significant differences in activity levels by region among boys and girls.

DIETARY HABITS

The following are key findings from the survey.

Body Mass Index

42% of males and 27% of females were in the overweight category in the latest survey compared with 40% and 25% respectively in the 1998 survey. In addition 14% of males and 12% of females were in the obese category compared with 11% of males and 9% females in the previous survey. Respondents with none/primary/some secondary education reported being more overweight and obese than those with higher levels of education. The highest overall prevalence of obesity was observed among those with none/primary/some secondary education. The levels of obesity have increased in all social groupings since 1998 with respondents from the lower social classes continuing to show the highest level (17%). Respondents who are single or who have never married are less likely to be obese (11.0%) compared to those who are married/cohabiting (15%) or who are widowed, separated, divorced (14%).

FOOD PYRAMID

Cereals, Bread and Potatoes

34% of respondents reported eating the recommended 6 or more servings daily from the cereals, bread and potatoes shelf of the pyramid, while 66% reported consuming less. This years results show an overall decrease in compliance with food pyramid recommendations for cereals, breads and potatoes compared with the previous SLÁN survey which showed a compliance rate of 40% for cereals, breads and potatoes. The lowest consumption of the recommended servings of cereals, breads and potatoes was among those in social classes 5 and 6 (30 %) with the highest among social classes 1 and 2 (36%).

Fruit and Vegetables

Overall there was a 7% increase (from 62% to 69%) in respondents reporting consuming the recommended 4 or more servings of fruit and vegetables every day. Compliance levels among males have increased by almost 13% over the past four years. The lowest consumption of the recommended servings of fruit and vegetables was among those in social classes 3 and 4 (67 %) with the highest among females (70%).

Milk, Cheese and Yoghurt

29% of the respondents reported eating the recommended 3 servings from the milk cheese and yogurt shelf of the pyramid, 33% consumed less than the recommended and 39% reported consuming more. In comparison to the previous SLÁN survey there was a 7% overall increase (from 22-29%) in those consuming 3 servings, almost a 20% decrease (52-33%) consuming less than 3 servings and the amount of respondents that consumed more than 3 servings increased from 26-39%.

Meat, Fish, Poultry and Alternatives

39% reported eating the recommended 2 servings from the meat, fish and poultry shelf of the pyramid, while 23% consumed less and 38% consumed more. In the previous SLÁN survey the figure consuming the recommended 2 servings was 38%, while 22% consumed less than 2 servings and 40% consumed more than 2 servings.

Least Healthy Foods

Only 17 % of respondents ate foods from this group sparingly i.e. 3 or less per day, while 83% consumed more. These results are very similar to those in the previous study where only 14% complied with recommendations and 86% didn't.

OTHER DIETARY HABITS

The percentage of respondents consuming fried foods more than four times a week has decreased since the last report (11.8% in 1998 to 9.9% in 2002). The majority of respondents consumed full fat-fat milk but consumption of low-fat milk has increased from 23% to 29%. The majority of people cook their vegetables by boiling from cold water. Higher percentages of the younger age group grilled or fried their foods compared to other age groups. The number of people following vegetarian, vegan, diabetic and gluten free diets has not changed greatly since 1998. More than four times more women than men followed a weight reducing diet in both 1998 and 2002. The number of men following a low cholesterol diet has increased since 1998. Food labels were read by 66% of respondents that has increased by 10% in four years.

The reported numbers of overweight respondents has increased by 2% in the past four years. Obesity levels in the total population have increased by almost 3% and this increase was observed across all sociodemographic groupings. While the number of respondents consuming the recommended number of fruit and vegetables has increased there continues to be a large proportion of the population who are consuming large amounts of high fat and high salt foods. Although women reported consuming fried foods less frequently than in the last survey, men are consuming this type of food more frequently.

This picture represents a detailed picture of the lifestyle of the Irish people. The Mid-West has a not dissimilar picture to the national picture. This clearly sets the base line against which we need to plan our health promotion activities and to measure their effectiveness against.

I have been in discussion with Professor Cecily Kelleher who led the study. She and I are to work during 2004 on a further analysis of the data for the Mid-West, along with other data, to see if we can identify why the mortality data for North Tipperary are high.

Yours sincerely,



Dr. Kevin Kelleher
Director of Public Health



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MID-WESTERN
HEALTH BOARD

**To: Cathaoirleach & Each Member
of the Mid-Western Health Board**

**Report No: 07/04
Item No 3 on Agenda**

For Meeting of the Board to be held on Friday 9th January 2004

Purchase of Property, Eircom Building, Gortlandroe, Nenagh, Co. Tipperary

Dear Member,

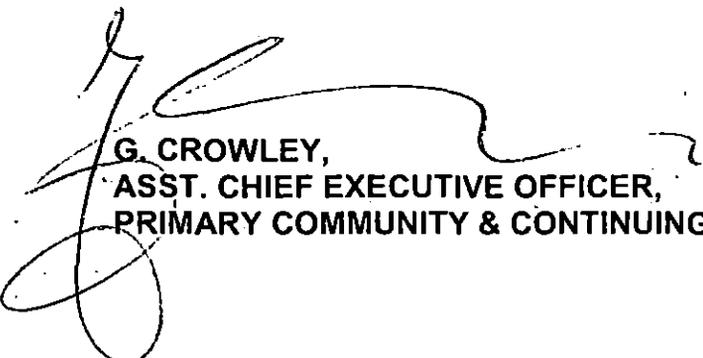
It is proposed to purchase property at Gortlandroe, Nenagh, Co. Tipperary, from Eircom.

The purpose of purchase is to enable the Board to develop a resource centre for staff assigned to Community and Continuing Care services.

The property comprises of office and storage facilities of 2,433 sq metres within an overall site area of 2.25 acres.

The consideration for the property is €715,000.

Yours sincerely,


**G. CROWLEY,
ASST. CHIEF EXECUTIVE OFFICER,
PRIMARY COMMUNITY & CONTINUING CARE .**



MID-WESTERN
HEALTH BOARD

7th January 2004

To: C athaoirleach & Each Member
Mid-Western Health Board

Report No:
Item No on the Agenda

Report of the Meeting of the Board to be held on Friday, 9th January 2004

Chief Executive Officer's Overview of Financial Results

Dear Member,

1. Introduction

The Board recorded a positive variance against budget for November 2003 of €4.137k mainly due to changes in non pay budget weightings and receipt of additional funding for inflation. Year to date the Board is underspent by €3,372k.

2. Outturn to end November 03

The outturn to the end of November is summarised as follows:

	Current Month	Year to Date
	Variance	Variance
	€'000	€'000
Pay	399	1,132
Superann	140	274
Non-Pay	2,571	-3,126
Income	1,026	5,092
Surplus/(Deficit)	4,137	3,372

3. General Commentary

Pay is underspent in the current month by €399k and year to date by €1,132k. The underspend in the month is mainly due the receipt of additional funding for Increments and Superannuation. The year to date underspend is due to the number of vacant posts in Community Care and Mental Health.

	Pay		Superannuation	
	Current Month	Year to Date	Current Month	Year to Date
	Variance	Variance	Variance	Variance
	€'000	€'000	€'000	€'000
Acutes	-18	-1,958	66	126
Elderly Care	184	721	22	40
Mental Health	150	632	11	-73
Community Care	230	1,872	31	120
Central Services	-148	-135	8	59

3 (ii) Non Pay Expenditure

Non-Pay expenditure is underspent in the current month by €2,571k and overspent by (€3.126m) year to date. The main negative variances recorded were:

	Current Month	Year to Date
Non Pay by Caregroup	Variance	Variance
	€'000	€'000
Acutes	2,656	437
Elderly Care	-152	-1,353
Mental Health	-307	-671
Community Care	334	-3,528
Central Services	39	1,988

	Current Month	Year to Date	
	Variance	Variance	
Non Pay by Category	€'000	€'000	Comments
Demand Led Schemes	448	-2,572	No Supplementary Estimate
Clinical Costs	186	-3,073	Historic core underfunding and increased drug costs
Legal Fees	341	-954	A specific High Court Case and no of cases in Childcare.
Cleaning	-20	-727	Budget deficit exists and closure of Our Lady's Ennis.
Maintenance	-172	-1,208	Refurbishment contracts in a number of areas.
Energy	35	-57	Core underfunding, no additional funding received
Education & Training	57	-281	Specialist Nursing courses.

The trends in non pay expenditure are as anticipated and are associated with the main demand led cost drivers. Working groups have been established in respect of each of the Demand Led Schemes, however considerable difficulty is expected to keep within the allocation

Travel & Subsistence.

Arrears due in respect of DOHC circular 8/2003 & 07/2002 to end of November 2003 amount to € 1.55m but are not included in the figures above. Funding has been now been received to meet these arrears.

Valuation Act (2001)

Demands for rates amounting to €280k in respect of certain health board properties previously exempted from rates have been received from Limerick City Council. Appeals have been lodged where appropriate

Income

Income is positive year to date by €5.092m.

	Current Month	Year to Date
Income	Variance	Variance
	€'000	€'000
Acutes	166	1,601
Elderly Care	83	723
Mental Health	19	413
Community Care	614	1,874
Central Services	42	479

4. Programme Analysis

4(i) Acute Hospitals

Caregroup: Acute Hospital Services

	Current Month	Year to Date
	Variance	Variance
	€'000	€'000
Pay	-18	-1,958
Superann	66	126
Non-Pay	2,656	437
Income	166	1,601
Surplus/(Deficit)	2,870	207

Financial Commentary

Pay

- Negative pay variance for November 2003 due to locum costs in respect of annual, sick & maternity leave for all grades.
- Ongoing cost of additional nursing staff due to intensive care of young chronic sick patient at Ennis GH.
- Payment to medical recruitment agency for A&E NCHD at Nenagh General Hospital.

Non-Pay

- Positive non-pay variance in November due to receipt of additional budget to contribute towards the impact of inflation.
- Favourable variance is also due to adjustments in respect of minor capital works & delays in the commencement of some elements in the Service Plan.
- Waste disposal costs continue to exceed budget as do energy costs which is related to high fuel costs

Superannuation

- Superannuation variance is positive this month & YTD due to receipt of additional budget in November

Income

- Year to date the positive trend in income continues due to payment in respect of blood products

Activity

ACTIVITY	TARGET	ACTUAL	VARIANCE
Inpatients	39,160	39,342	+182 (+0.5%)
Daycases	21,607	22,632	+1025 (+5%)
Outpatients (new)	30,827	30,966	+139 (+0.5%)
Outpatients(review)	100,263	100,097	-166 (-0.2%)
A&E (new & review)	76,799	77,806	+1007 (+1%)

Total activity is slightly ahead of target (1%) and is likely to remain so for the remainder of the year. The following is a breakdown;

- Inpatient activity is slightly above target this month. Individual specialities, which continue to exceed their target activity, are Paediatrics & GI Surgery.
- Day Case activity has risen by 5% this month, particularly in Medicine.
- New & review outpatient attendances were on target this month & year to date.
- A&E attendances are in line with activity targets. Overall new A&E attendances are below target activity levels with increased activity in review attendance.

4 (ii) Special Hospitals (Mental Health & Elderly)

	Current Month	Year to Date
	Variance	Variance
	€'000	€'000
Pay	334	1,353
Superann	33	-33
Non-Pay	-459	-2,024
Income	102	1,136
Surplus/(Deficit)	12	432

Financial Commentary

Pay

Pay has continued favourable overall in Special Hospitals due to unfilled posts in both Mental Health and Older Persons Services.

Within pay, specific areas are showing negative variances. These areas have been targeted for corrective action.

Non-Pay

Overall Non Pay continues to be unfavourable. Certain areas continue to show a negative variance and this is due to the increased costs of clinical waste, drugs & medicines and waste disposal. These core under funding issues have been identified on an on-going basis. Maintenance issues in the long stay facilities continue to impact significantly.

Income

Income continues positive year to date but requirements within the service may reduce the favourable position by year end and into the future.

Activity

Mental Health

New admissions and re-admissions to the Acute Unit in Limerick are below targeted levels due to major refurbishments work in the Unit at the Mid West Regional Hospital. In Clare acute admissions are generally in line with service plan targets.

Day Hospital new referrals are in line with targets but Limerick is under target due to refurbishment work and Clare is over target due to increased demand.

Clinic attendances are over target and this is again due to increased demand in Clare from Asylum Seekers and increased G.P. referrals and in Tipperary over target due to increased manpower to meet demand.

Older Persons

Overall admissions and discharges are in line with targets but some variations exist within the different categories of admissions and discharges.

Day Hospital attendances remain high due to demand in Limerick.

Attendances at Day Centres continue to exceed target levels reflecting the increased demand.

Respite care admissions continue to exceed targeted levels, which reflects the focus on community services and their availability.

4 (iii) Community Care (Primary Care, Disabilities, Child Care, Child Health, Child Pyschiatry & Community Services)

Overall Financial Position

	Current Month	Year to Date
	Variance	Variance
	€'000	€'000
Pay	230	872
Superannuation	31	120
Non-Pay	334	-3,528
Income	614	1,874
Surplus/(Deficit)	1,211	338

Analysis by Caregroup

Caregroup: Primary/Community Services

	Current Month	Year to Date
	Variance	Variance
	€'000	€'000
Pay	77	280
Superann	12	0
Non-Pay	350	-3589
Income	92	718
Surplus/(Deficit)	531	-2,591

Financial Commentary

Pay

The pay-surplus to the end of November should continue to increase pro-rata for December.

Non-Pay

The emerging trends in non-pay expenditure are as anticipated and are associated with demand led cost drivers, principally the Demand Led Schemes. Most of the issues are of a national nature. The Board will not keep the DLS expenditure within budget - there will be large over runs due to core under-funding for schemes. However the excess expenditure on DLS increased by €.5m in November and extrapolating this to year end we anticipate an over-expenditure in the region of €3.2m as distinct from a projection of €2.4m in October.

Income

YTD trend will be maintained

Activity

Activity across the services is broadly in line to keep within the allocation as a core underfunding issue exists across a number of schemes

Caregroup:Childcare

	Current Month	Year to Date
	Variance	Variance
	€'000	€'000
Pay	50	746
Superann	4	7
Non-Pay	176	250
Income	409	729
Surplus/(Deficit)	634	1,734

Financial Commentary

Pay

The positive variance in pay reflects both vacancies and delays in filling posts

Non-Pay

In non pay savings there are significant overspend (€306k) in legal fees and in Foster Care payments (€564k).

Income

Income is ahead of target.

Activity

Activity in this care group in November was broadly in accordance with targets.

Caregroup :Disabilities

	Current Month	Year to Date
	Variance	Variance
	€'000	€'000
Pay	92	727
Superann	10	101
Non-Pay	-786	-458
Income	1	56
Surplus/(Deficit)	-682	427

Financial Commentary

Pay

The positive variance in pay reflects delays in recruiting staff approved for the C.D. C. Service.

Non-Pay

Expenditure on Cash Allowances is running significantly over budget.

Income

Income is ahead of target.

Activity

In Limerick, there has been a significant increase in the number of interventions carried out during the period. This arises because of increased opportunity for school based interventions where much of the child based physical & sensory intervention (i.e. groups in language classes) takes place - Limerick now has three language classes in receipt of service compared to two last year. The waiting lists for assessment and therapy have increased in November due to clients being taken off the Active Caseload and going back on the waiting lists.

In Clare, overall there were fewer referrals than expected during the period. The waiting list for therapy is lower than expected, while the waiting list for further therapy is significantly lower than expected, as a result of the higher number of interventions carried out during the period.

In North Tipperary, waiting lists are lower than projected. The significant decrease in the numbers on the waiting lists in October is due to a validation exercise carried out in relation to older children presenting with Specific Language Impairment.

Central Services

	Current Month	Year to Date
	Variance	Variance
	€'000	€'000
Pay	-149	-135
Superann	8	59
Non-Pay	39	1,988
Income	142	479
Surplus/(Deficit)	42	2,392

Financial Commentary

Pay

Pay is over budget this month.

Non-Pay

The favourable variance in non pay is due to short term savings in Cervical Screening, Public Health and Drugs Project.

Income

Income is ahead of target for the year.

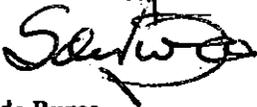
Employment Levels

The November WTE return is 6,404.49 and the ceiling is 6,591.

This return excludes the WTE count for homehelps.

A number of issues regarding the board's employment ceiling have been raised with the DOHC.

Yours sincerely,



S. de Burca.

Priomh Oifigeach Féidhmeacháin

MID-WESTERN HEALTH BOARD

Summary of Financial Results

November 2003

	Acute Hospitals Euro '000's	Mental Health Euro '000's	Elderly Care Euro '000's	Disabilities Care Group Euro '000's	Child Care Care Group Euro '000's	Community Services Euro '000's	Central Services Euro '000's	Ambulance Services Euro '000's	Total Euro '000's
PAY									
Budget	129,820	42,614	38,471	6,000	11,196	33,175	10,763	5,922	277,960
Actual	131,651	42,055	37,709	5,171	10,441	32,888	10,838	5,800	276,554
Variance	(1,831)	559	762	829	754	287	(76)	122	1,407
Variance -% to Budget	(1.41)	1.31	1.98	13.81	6.74	0.86	(0.70)	2.06	0.51

Annual Budget	145,942	47,929	43,520	6,746	12,590	38,194	11,733	6,471	313,126
% Annual budget consumed	90.21	87.74	86.65	76.65	82.93	86.11	92.37	409.00	88.32

NON-PAY

Budget	50,801	7,196	7,153	75,842	20,168	62,475	12,870	1,542	238,046
Actual	50,364	7,867	8,506	76,300	19,917	65,798	10,881	1,541	241,174
Variance	437	(671)	(1,353)	(458)	250	(3,322)	1,989	1	(3,128)
Variance -% to Budget	0.86	(9.33)	(18.92)	(0.60)	1.24	(5.32)	15.45	0.07	(1.31)

Annual Budget	61,004	8,637	8,463	84,438	23,334	77,148	17,508	1,802	282,335
% Annual budget consumed	82.56	91.09	100.51	90.36	85.36	85.29	62.15	85.48	85.42

GROSS EXPENDITURE

Budget	180,621	49,809	45,625	81,842	31,363	95,650	23,632	7,464	516,006
Actual	182,015	49,922	46,215	81,471	30,359	98,686	21,719	7,340	517,728
Variance	(1,394)	(112)	(591)	371	1,005	(3,036)	1,913	123	(1,721)
Variance -% to Budget	(0.77)	(0.23)	(1.30)	0.45	3.20	(3.17)	8.10	1.65	(0.33)

Annual Budget	206,946	56,566	51,983	91,185	35,924	115,342	29,242	8,273	595,461
% Annual budget consumed	87.95	88.25	88.91	89.35	84.51	85.56	74.27	88.72	86.95

INCOME

Budget	22,048	2,954	6,524	916	287	1,509	868	192	35,297
Actual	23,650	3,367	7,247	973	1,016	2,471	1,347	318	40,389
Variance	1,602	413	724	57	730	962	480	125	5,092
Variance -% to Budget	7.27	13.99	11.09	6.18	254.62	63.78	55.27	65.23	14.43

Annual Budget	24,054	3,228	7,123	998	311	1,639	946	-210	38,508
% Annual budget consumed	98.32	104.33	101.75	97.46	326.55	150.82	142.44	151.21	104.89

NET EXPENDITURE

Budget	158,573	46,855	39,101	80,926	31,077	94,142	22,764	7,271	480,709
Actual	158,365	46,554	38,968	80,499	29,342	96,215	20,372	7,023	477,338
Variance	208	301	133	427	1,734	(2,073)	2,393	249	3,371
Variance -% to Budget	0.13	0.64	0.34	0.53	5.58	(2.20)	10.51	3.42	0.70

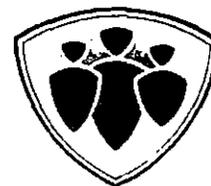
Annual Budget	182,892	53,338	44,860	90,187	35,613	113,704	28,296	8,063	556,953
% Annual budget consumed	86.59	87.28	86.87	89.26	82.39	84.62	72.00	87.09	85.71

Superannuation Variance

(incl in Pay above)	127	(73)	41	101	8	5	60	6	274
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Note 11 months is 92%

**MINUTES OF THE MONTHLY MEETING OF THE
MID-WESTERN HEALTH BOARD HELD IN
THE BOARD ROOM, CATHERINE STREET, LIMERICK
ON FRIDAY, 12TH DECEMBER, 2003 AT 11A.M.**



**MID-WESTERN
HEALTH BOARD**

Presiding/ Cllr. S. Marsh, Cathaoirleach

Present/

Dr. Y. Begley	Cllr. J. Bourke
Cllr. T. Berkery	Cllr. P. Bugler
Mr. P. Burke	Cllr. J. Casey
Cllr. B. Chambers	Cllr. J. Clifford
Dr. D. Clinch	Cllr. J. Egan
Cllr./Dr. J. Hennessy	Cllr. S. Hillery
Ms. M. Hogan	Ms. A. Kenny-Ryan
Mr. D. McAvinchey	Cllr. J. Meagher
Ms. M. O'Donnell	Dr. J. O'Riordan

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FAX 00353 (0) 61 483350
WEBSITE : <http://www.mwhb.ie>

Apologies/

Cllr. R. Butler	Cllr. P. Daly
Ms. N. Fitzpatrick	Cllr. M. Hourigan
Mr. L. MacNamara	Dr. P. McKenna
Dr. J. Mullane	Cllr. K. Sheahan
Cllr. K. Walsh	

In Attendance/

Mr. S. deBurca, Chief Executive Officer
Mr. G. Crowley, Assistant Chief Executive Officer
Mr. J. O' Brien, Assistant Chief Executive Officer
Mr. Kevin Kelleher, Director of Public Health
Mr. J. Conway, Assistant Chief Executive Officer
Mr. S. Woods, Regional Manager
Mr. J. O'Grady, Regional Manager
Mr. P. McDonald, Director of Finance
Mr. J. Bulfin, Director of Human Resources
Ms. T. Fitzgerald, Staff Officer
Ms. M. Woods, Senior Executive Officer

1(a) Urnaí Tosáí

1(b) Vote of Sympathy A vote of sympathy was extended to staff who had suffered recent bereavements.

1(c) Minutes Minutes of the Meeting of the Board held on the 14th November, 2003, were adopted on the proposal Cllr. B. Chambers, seconded by Cllr. Jim Casey.
Dr. Clinch asked that the Minute Under Item No. 12, be amended. He indicated that he had not withdrawn the Notice of Motion and that the

minute did not reflect this position regarding the appointment of a Consultant Geriatrician. He asked that the last sentence of the minute be withdrawn as he had not agreed to this.

The CEO acknowledged the implications for the provision of Services for Older People. He stated that this was not a Notice of Motion in the conventional sense. That in the absence of additional funding, reconfiguring existing services was the only way to resolve the appointment of an additional consultant.

The matter has been before the Department of Health and Children for the last couple of years, but the additional funding has not been forthcoming.

2. Correspondence

The appointment of Cllr. Tom Berkery to the Mid-Western Health Board.

Notification has been received from North Tipperary County Council appointing Cllr. T. Berkery to the Mid-Western Health Board. The Cathaoirleach Cllr. Jim Casey and the CEO welcomed Cllr. Berkery on behalf of the Board and the Executive.

Notice of Motion regarding Housing Aid for the Elderly

The Board's October Notice of Motion has been acknowledged by the Private Secretary of the Minister for Health and Children and Minister for State Mr. T. O' Malley. The Minister for State has stated that the matter is being investigated and a response will be issued as soon as possible.

3. CEO's Report

The Chief Executive Officer briefed the Members on the following:

Private Hospital

The tendering process for the disposal of land for the Private Hospital has commenced, and the Board will be kept updated of progress.

Service Plan Meeting In-Committee, 19th December, 2003

This meeting will take place on the 19th December at 11 a.m. in the Boardroom, Catherine Street, this will be followed by lunch in the Clarion Hotel, Limerick at 1 p.m.

4. **Chief Executive Officer's Overview of Financial Results. Report No. 59/03** Report No 51/03 was noted.
The CEO gave a brief overview of the Financial Performance in the year to date. In response to Ms. A. Kenny- Ryan the CEO stated that no additional funding had been received in the Letter of Determination to address the ongoing problem of Clinically driven costs.
5. **C & AG Report on the Waiting List Initiative Report No. 60/03** The Executive Summary of this report was circulated with a press release, which sets out the Mid-Western Health Board's position.
6. **Mid-Western Health Board Acute Hospital Annual Report 2002.** The Mid-Western Health Board Acute Hospital Annual Report 2002, was noted.
7. **Review of the Nursing Home Subvention Scheme carried out by Professor Eamonn O'Shea of the National University of Ireland, Galway Report No. 56/03** A lengthy discussion ensued to which a number of members contributed, the issues raised included Value for Money, backlogs in Housing Aid for the Elderly and community based facilities.
Ms. M. Hogan asked that a cost comparison per bed in a private nursing home vs. a health board bed could be brought forward.
Cllr. Paul Bugler mentioned that the Care and Case Management project in East Clare is an innovative and original model which incorporates most of Dr. O'Shea's recommendations re: client centeredness, utilisation of various interventions and social economic models.
In response to Cllr. P. Bugler the Cathaoirleach agreed that the February Board Meeting could be held in East Clare, if the facilities to hold the Board Meeting are available. A presentation will be given to the Board at the February Board Meeting on Care and Case Management.
8. **Healthy Ageing in Ireland: Policy, Practice and Evaluation Report No. 61/03** Report No. 61/03 was noted, and discussed in conjunction with Item No. 7.

9. **Traveller Health Strategy Statement and Action Plan for Mid-Western Health Board 2003 -2005**
Report No. 62/03

Mr. S. Woods stated that a significant amount of work has been completed since 1998. The Strategy Statement and Action Plan sets out new targets and objectives to meet the health needs of Travellers.

The Traveller Health Strategy Statement and Action Plan for Mid-Western Health Board 2003-2005, was adopted on the proposal of Cllr. S. Hillery, seconded by Cllr. P. Bugler.

A lengthy discussion ensued to which a number of members contributed, which included improving access, personal health records and raising awareness.

10. **Review of Child Care and Family Support Services 2002**
Report No. 63/03

Report No. 63/03 was noted.

11. a.

Question submitted by L. McNamara:

“That the Mid-Western Health Board would publish the report and recommendations on the review of later life psychiatric services in Limerick. In the context of the 10 year strategy for older persons now being developed I will ask that our most vulnerable elderly –i.e. those with a functional or organic mental illness be given priority.”

Mr. L. McNamara sent his apologies for the meeting. A report is to be brought before the Board in February.

A response has been circulated, and is appended as an integral part of the minute.

Signed/

Cllr. S. Marsh, Cathaoirleach

S. deBurca, Chief Executive Officer

Date

Orthodontics

It was agreed at the October Board Meeting that an Independent review of the Orthodontic Service would be undertaken. This review is to commence in January 2004 and will be completed mid-year.

Letter of Determination

A preliminary summary of the Letter of Determination was circulated. This reflected key aspects of 2004 Revenue Allocation.

Minor Capital Allocation, Pre-Hospital Emergency Care

Notification has been received of an additional Minor Capital Allocation of €250,000 in respect of fleet replacement/equipment for the ambulance service in the Mid-West.

Minor Capital Allocation, Services for Older People

Notification has been received of an additional Minor Capital Allocation of €684,454 for Services for Older People.

Psychiatric Services

The CEO stated that there has been no additional funding allocated for Psychiatric Services for 2004. In response to Cllr. J. Casey the CEO indicated that he was correct in stating that funding for a 25 bedded unit in Nenagh was mentioned in the Budget address, but the Board has received no formal notification of this.

The following motion was proposed by Cllr. J. Casey and seconded Cllr. J. Hennessey.

"That the provision of the 25 Bed Acute Psychiatric Unit at Nenagh General Hospital would be prioritised by the Minister for Health and Children and that approval to proceed to tender would be given as a matter of urgency."

Recruitment in the Child & Adolescent Psychiatry Service

In response to Dr. Y. Begley the CEO outlined that numerous reports have been commissioned on the recruitment and retention of scarce grades.

Health Service Reforms

The CEO advised the Members that the Action Project Groups are currently completing draft documents. The Minister has announced the Interim Board of the Health Service Executive, Mr. Kevin Kelly been appointed as the Executive Chairman.

A lengthy discussion ensued to which a number of members contributed.

The Cathaoirleach reminded the Board Members that they were invited to make written submissions to the CEO in relation to the Hanly Report. The CEO stated that to date none have been received.

In response to Cllr. J. Meagher the CEO advised that a Board Meeting had been called at short notice, and regretted that some Members could not attend.

Accident and Emergency Services

Cllr. J. Bourke advised the Board that he met the Minister for Health and Children on Wednesday, and that the A&E's in Ennis, Nenagh and St. John's would remain open. When asked if this was on a 24 hour basis, Cllr. J. Bourke indicated that he did not know. The CEO stated that he had received no communication in this regard.

Mr. J. O' Brien advised the Board Members that the Department of Health and Children had not replied to the Boards proposal submitted for the A&E's at Ennis and Nenagh. The Medical Council have indicated that they will permit an extension of current arrangements until the 1st July 2004.



MID-WESTERN
HEALTH BOARD

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