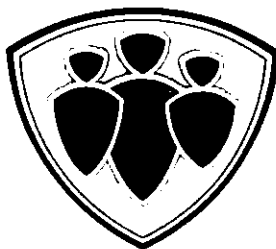
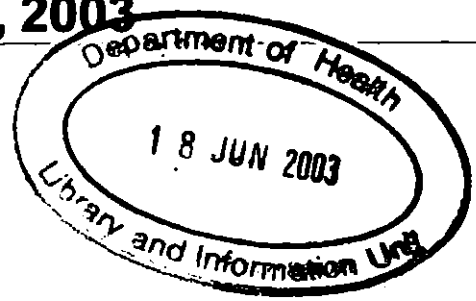
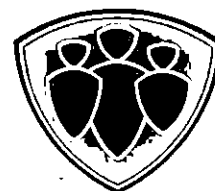


FRIDAY 13TH JUNE, 2003



BORD SLÁINTE
AN MHEÁN-IARTHAIR



MID-WESTERN
HEALTH BOARD

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

A Chara,

Is mian liom a chur in iúl dhuit go dtionólfar an céad chruinniú eile den mBord, ar De hAoine, 13ú, Bealtaine, 2003 ag 11.00r.n. in Ospidéal Naomh Íosef, Inis, Co. an Chláir Tá an clár thíosluaite.

I wish to inform you that the next meeting of the Board will be held in **St. Joseph's Hospital, Ennis, Co. Clare, on Friday, 13th June, 2003 at 11.00a.m.** The Agenda is set out below.

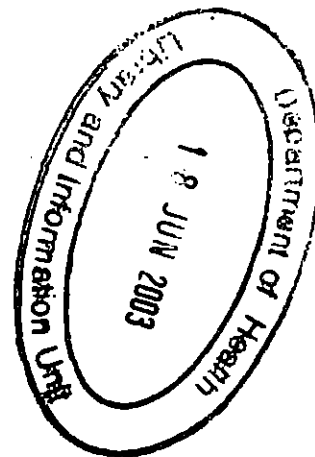
Please arrange to attend.

Le dea mhéin,

S. de Búrca
PRÍOMH OIFIGEACH FEIDHMEACHÁIN

AGENDA

1.
 - a. Urnaí Tosáí
 - b. Vote of Sympathy
 - c. Confirmation of Minutes of Meeting held on the 9th May, 2003 (herewith)
2. Correspondence
3. Report of the Chief Executive Officer [BUFF]
4. Chief Executive Officer's Overview of Financial Results. [BLUE]
(Report No. 25/03 herewith)
5. Presentation on Services in Clare [WHITE]
6. Annual Report 2002
7. Comhairle na n Ospidéal Report of the Committee to review Neurology and Neurophysiology Services [LILAC]
(Report No 26/03 herewith)



8. Back to School Clothing and Footwear Scheme 2003 [YELLOW]
(Report No 27/03 herewith)
9. Social Services Inspectorate 2nd Annual Report 2002 [GREEN]
(Report No 28/03 herewith)
10. **Questions:**
(a) **Question submitted by Ms. N. Fitzpatrick:**

“The need for appropriate in-patient facilities for the young chronic physically disabled has been accepted as one of the most urgent requirements in our region. It is not acceptable that such chronic patients are forced to occupy beds in our Acute Hospitals because there is no suitable bed available in the Board to which they can be discharged safely.

Could the Board please be updated on the current situation regarding progress since 2000 with special emphasis on plans for patients occupying Acute Hospital beds .”

For circulation

- i) Annual Report 2002
- ii) Annual Report Social Services Inspectorate 2002



MID-WESTERN
HEALTH BOARD

**MINUTES OF THE MONTHLY MEETING OF THE
MID-WESTERN HEALTH BOARD HELD IN THE SOCIAL
CENTRE, ST. JOSEPH'S HOSPITAL, MULGRAVE STREET,
LIMERICK ON FRIDAY, 9TH MAY, 2003 AT 11A.M.**

Presiding/ Cllr. S. Hillery, Chairman

Present/

| | |
|--------------------|--------------------|
| Dr. Y. Begley | Cllr. J. Bourke |
| Cllr. P. Bugler | Mr. P. Burke |
| Cllr. R. Butler | Cllr. J. Casey |
| Cllr. B. Chambers | Cllr. J. Clifford |
| Dr. D. Clinch | Sen. N. Coonan |
| Cllr. P. Daly | Cllr. J. Egan |
| Ms. N. Fitzpatrick | Ms. M. Hogan |
| Cllr. M. Hourigan | Ms. A. Kenny-Ryan |
| Mr. D. McAvinchey | Dr. P. McKenna |
| Mr. L. MacNamara | Dep. J. O'Sullivan |
| Dr. J. O'Riordan | |

CENTRAL OFFICES,
31/33 CATHERINE STREET,
LIMERICK, IRELAND.
TEL 00353 (0) 61 316655
FAX 00353 (0) 61 483350
WEBSITE : <http://www.mwhb.ie>

Apologies/

| | |
|-----------------------|------------------|
| Cllr./Dr. J. Hennessy | Ms. S. Marsh |
| Cllr. J. Meagher | Dr. J. Mullane |
| Ms. M. O'Donnell | Cllr. K. Sheahan |

In Attendance/

Mr. G. Crowley, Deputy Chief Executive Officer
Mr. J.O' Brien, Assistant Chief Executive Officer
Mr. J. O'Grady, Regional Manager
Mr. S. Woods, Regional Manager
Mr. G. O'Mahony, Financial Controller
Mr. P. Brosnan, A/ Regional Co-Coordinator Mental Health.
Mr. B. Gloster, General Manager
Mr. P. Gilligan, Director of Nursing
Mr. P. Kirwan, Clinical Director
Mr. B. Meagher, Child Care Manager
Ms. T. Fitzgerald, Staff Officer
Ms. O. Hartigan, Assistant Staff Officer
Ms. M. Hogan, Staff Officer

**Tour of Coovagh
House**

The meeting was preceded by a tour of Coovagh House, Special Child Care Centre. Mr. B. Meagher, Child Care Manager, Tipperary made a presentation on the background to the establishment of Coovagh House and outlined the range of services that will be provided. A question and answer

session followed, to which a number of members contributed. Dr. Y. Begley stressed the importance of early intervention.

Sen. N. Coonan asked that a report be brought forward on Cré House, Roscrea and the provision of Child Care Services generally.

1(a) Urnaí Tosai

1(b) Vote of Sympathy

A vote of sympathy was extended to staff who had suffered recent bereavements.

The Executive and Members extended an expression of sympathy to the family of Dr. Maureen Carmody who had been a member of the Board from 1977-1992. The Board acknowledged Dr. Carmody's dedication as a representative of the public interest of the people of the Mid-West, particularly those of North Tipperary.

1(c) Minutes

Minutes of the Meeting of the Board held on the 11th April, 2003, were adopted on the proposal of Cllr. B. Chambers, seconded by Cllr. J. Casey.

2. Correspondence

The Executive and the Board Members extended their congratulations to Mr. L. MacNamara on his election as chairperson of the Psychiatric Nurses Association (PNA) and wished him every success.

An acknowledgement was received from the Minister for Health and Children regarding the recent motion on Ennis General Hospital.

3. CEO's Report

The Chief Executive Officer briefed the Members on the following:

Private Hospital

Mr. J. O'Brien advised the Board that Bons/BUPA had withdrawn from the proposed private hospital development in Limerick. Other options are now being considered. Members expressed their disappointment at the news and also the length of time that it has taken for Bons/BUPA to make a decision and

inform the Board.

In response to Cllr. P. Bugler, Mr. J. O'Brien confirmed that this announcement would have no impact on the Radiotherapy proposal.

InisGile (formerly known as "Villa Maria")

Ms. M. Hogan queried if any progress had been made for the relocation of patients to InisGile. In response Mr. G. Crowley indicated that there is a process in place for the resolution of this issue and that progress has been made. A date has been set for returning to the Labour Relations Committee.

Public Health Doctors – Industrial Dispute

Mr. J. O'Grady outlined the status of the current arrangements in place while the industrial dispute is taking place.

Members expressed their disappointment that the strike was ongoing and expressed their concerns regarding the impact of this dispute.

Dr. P. McKenna outlined the position of the public health doctors, the current status of the public health system in Ireland, and public health incidents that had taken place since the beginning of the strike. Mr. G. Crowley acknowledged that concerns were arising and being dealt with as effectively as possible.

Ms. A. Kenny-Ryan asked that the Board would be briefed on the full list of services that were affected by the Industrial Dispute.

The following motion was proposed by Cllr. R. Butler and seconded by Ms. M. Hogan and adopted by this Health Board. *"This Health Board's voices its serious concern regarding the impact of the ongoing Industrial Dispute with the Public Health Doctors. The Members requested that every effort would be made by all sides to resolve this as a matter of urgency"*.

Deputation to the Minister for Health and Children

The deputation to the Minister for Health and Children has been postponed and it is hoped that a new date will be received from the

Minister's office shortly.

Replying to Sen N. Coonan's query, Cllr. S. Hillery indicated that the Minister had limited the numbers to five and therefore the Oireachtas Members were not included in the Deputation, however they may be able to use their own influence to attend.

Employment Ceiling

Ms. N. Fitzpatrick queried if the employment ceiling ring fenced the new posts in the Service Plan at the expense of existing services. In response, Mr. G. Crowley indicated that the ceiling was imposed prior to the Service Plan 2003, and confirmed that existing services would not be impeded at the expense of those outlined in the Service Plan 2003.

4. Chief Executive Officer's Overview of Financial Results. Report No. 21/03

Report No. 21/03 was noted.

Mr. G. O' Mahony gave a brief summary of the Report.

In response to Cllr. P. Bugler, Mr. G. Crowley indicated that the estimated overspend in Demand Led Schemes would be a major item for discussion at the Service Planning Meeting at the Department of Health and Children on Wednesday.

5. Presentation on Mental Health Services

The Executive and Board Members thanked the staff of St. Joseph's for accommodating the meeting.

Mr. P. Brosnan, A/Regional Co-Ordinator for Planning and Development for Mental Health gave a presentation on Mental Health Services. A discussion ensued to which a number of members contributed.

An estimated €18m is needed to relocate the patients from St. Joseph's Hospital. Cllr. J. Bourke acknowledged the work that has taken place in relocating patients. Dr. J. O'Riordan outlined that the Mid-West has the lowest rate per population of Adult Psychiatric Patients in Ireland.

Sen. N. Coonan asked if there had been any progress on the Acute Psychiatric Unit at Nenagh. Mr. G. Crowley indicated that this is

on the agenda for the forthcoming meeting with the Department of Health and Children.

6. **Waiting List
Initiative Report
Report No. 22/03**

Mr. J. O' Brien gave a brief summary of the report. He outlined that the Day Care figures were being validated and that this would be re-reported at the end of the 2nd Quarter. He referred to the Board's good performance. Concerns were raised in relation to the out-patient waiting list by Sen. N. Coonan and also Orthodontic treatment, by Sen. N. Coonan and Cllr. J. Bourke.

7. **Report on Legal
Fees
Report No. 23/03**

Report No 23/03 was noted.
Mr. G. Crowley outlined the tendering procedure undertaken by the Board
Mr. J. O'Brien advised the Members that Cerebral Palsy cases have a limited Insurance Cover and that if awards are paid out in excess of this the Board will have to fund the additional costs.

8. **Primary Care/ GP
Co-operatives
Report No. 24/03**

Report No 24/03 was noted.
Mr. S. Woods gave a brief outline of the Report, and undertook to revert to the Board at a later date with a comprehensive regional report.

Signed/

Cllr. S. Hillery, Chairman

S. deBurca, Chief Executive Officer

Date



MID-WESTERN
HEALTH BOARD

3/6/03

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

Item No 3 on Agenda

Report for Meeting of the Board to be held on Friday, 13th June, 2003

Report of the Chief Executive Officer

Dear Member,

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

- Public Health Doctors - Industrial Dispute
- Deputation to the Minister for Health and Children
- Inis Gile
- SARS
- Special Olympics
- Hospital Watch
- Any Other Business

Yours sincerely,

S. deBúrca
Priomh Oifigeach Feidhmeacháin



**MID-WESTERN
HEALTH BOARD**

3rd June 2003

To: Chairman & Each Member
Mid-Western Health Board

Report No: 25/03
Item No 4 on Agenda

Report of the Meeting of the Board to be held on 13th June 2003

Chief Executive Officer's Overview of Financial Results

Dear Member,

1. Introduction

The Board recorded an adverse variance against budget for April 2003 of (€1.302k). Year to date the Board is overspent by (€1.695k).

2. Outturn to end April 03

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

| | Current Month | Year to Date |
|--------------------------|--------------------------|-------------------------|
| | Variance | Variance |
| | €'000 | €'000 |
| Pay | 204 | 718. |
| Superann | -499 | -351 |
| Non-Pay | -1,145 | -3,283 |
| Income | 138 | 1,221 |
| Surplus/(Deficit) | -1,302 | -1,695 |

3. General Commentary

3(i) Pay Expenditure

Pay is underspent in the current month by €204k and €718k year to date. The main positive variances occurred in the following care groups, while a negative variance was recorded in the Acutes.

| Pay | Current Month | Year to Date | Super annuation | Current Month | Year to Date |
|------------------|---------------|--------------|------------------|---------------|--------------|
| | Variance | Variance | | Variance | Variance |
| | €'000 | €'000 | | €'000 | €'000 |
| Acutes | -123 | -448 | Acutes | -238 | -162 |
| Elderly Care | 75 | 345 | Elderly Care | -78 | -61 |
| Mental Health | 56 | 221 | Mental Health | -89 | -94 |
| Community Care | 128 | 451 | Community Care | -86 | -43 |
| Central Services | 68 | 149 | Central Services | -8 | 9 |

Superannuation recorded a major negative variance in the month of April of (€499k), giving a year to date variance of (€351k). This was due to mainly to the payment of a large number of lump sums to retirees, of which only a small % were forecast and budgeted for, the others approx 75% on the grounds on ill health or early take-up which cannot be forecast.

Further details are set out in the program analysis.

3 (ii) Non Pay Expenditure

Non Pay expenditure is overspent in the current month by (€1,145k) and (€3.283m) year to date. The main negative variances recorded were:

| | Current Month | Year to Date |
|----------------------|---------------|--------------|
| Non Pay by Caregroup | Variance | Variance |
| | €'000 | €'000 |
| Acutes | -937 | -1,501 |
| Elderly Care | -136 | -538 |
| Mental Health | -199 | -271 |
| Community Care | -224 | -2,262 |
| Central Services | 351 | 1,289 |

| | Current Month | Year to Date |
|----------------------|---------------|--------------|
| Non Pay by Category | Variance | Variance |
| | €'000 | €'000 |
| Demand Led Schemes | -138 | -797 |
| Clinical Costs | -314 | -1,041 |
| Legal Fees | -596 | -909 |
| Capitation Fees | -175 | -659 |
| Maintenance | 173 | -273 |
| Energy | -58 | -233 |
| Education & Training | -95 | -341 |

The emerging 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 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 March amount to € 1.2m but are not included in the figures above.

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 €1.220m.

| | Current Month | Year to Date |
|------------------|---------------|--------------|
| Income | Variance | Variance |
| | €'000 | €'000 |
| Acutes | -16 | 271 |
| Elderly Care | 42 | 290 |
| Mental Health | -32 | 114 |
| Community Care | 125 | 495 |
| Central Services | 19 | 50 |

4. Programme Analysis

4(i) Acute Hospitals

| | Current Month | Year to Date |
|--------------------------|---------------|---------------|
| | Variance | Variance |
| | €'000 | €'000 |
| Pay | -122 | -447 |
| Superannuation | -238 | -162 |
| Non-Pay | -937 | -1,501 |
| Income | -16 | 271 |
| Surplus/(Deficit) | -1,313 | -1,838 |

Commentary

Activity

Total activity is under target by 2%. The following is a breakdown;

- Inpatient activity is 1% below target.
- Day Case activity is ahead of target by 3% with increases in General Medicine and Haematology/Oncology.

- Outpatient activity is 3% below target. Review patients are the significant contributors to this pattern.
- A&E activity is below target by 2%. Review patients are the significant contributors to this pattern.

Expenditure

The expenditure shows a negative variance of €1,313. Pay shows a negative position of €129k for April. This includes an arrears payment of €100k at the Mid-Western Regional Hospital.

Superannuation is negative for the month by €238k which in turns contributes to an over all negative of €162k year to date. There were a number of retirements during April at the Mid-Western Regional Hospital.

Non pay is negative by €937k. Clinically driven costs, Energy, and Education and Training and legal fees are the main contributors.

Income showed a negative variance of 16k but is positive year to date by €271k

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

| | Current Month | Year to Date |
|--------------------------|----------------------|---------------------|
| | Variance | Variance |
| | €'000 | €'000 |
| Pay | 131 | 567 |
| Superannuation | -168 | -155 |
| Non-Pay | -335 | -808 |
| Income | 10 | 403 |
| Surplus/(Deficit) | 362 | 7 |

General Commentary

The favourable variance in pay is due to vacant posts and the Dementia Unit yet to be commissioned.

The negative variance for superannuation is due to payments in respect of retirements in April.

Non Pay is overspent €808k year to date due predominantly to clinical costs.

Income €403k is positive year to date.

Activity

Mental Health

Activity levels are generally consistent with service plan targets. In-patient activity is below that projected for the year to date; this is due to patients in Clare awaiting discharge to suitable community accommodation. Bed availability in the Limerick admission unit is reduced due to the current refurbishments. Community activity is above projected targets, reflecting an increased reliance on alternative community treatment options.

Older Persons

Activity levels are generally consistent with service plan targets. Some therapies have decreased activity in April due to the level of unfilled posts.

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

| | Current Month | Year to Date |
|--------------------------|---------------|---------------|
| | Variance | Variance |
| | €'000 | €'000 |
| Pay | 128 | 451 |
| Superannuation | -86 | -43 |
| Non-Pay | -224 | -2,262 |
| Income | 125 | 495 |
| Surplus/(Deficit) | -57 | -1,359 |

General Commentary

The negative variance in primary care non pay is due to the ongoing increasing costs of the drugs schemes.

Childcare & Disabilities Care Groups are both showing positive pay variances due predominantly to vacant therapy and childcare posts. The overspend in non pay in childcare is due to increased costs of legal services and capitation payments.

Activity

Activity is broadly in line with Service Plan targets allowing for seasonal adjustments, however, child health activity has been negatively impacted by the Public Health Doctors dispute.

Central Services

Pay and Superannuation are underspent by €158k year to date.

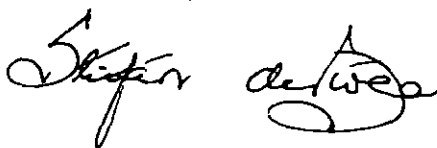
Non Pay is underspent €1.289k year to date.

Income is positive by €50k year to date.

Employment Levels

The April WTE return is 6,486.05 and the ceiling is 6,591. A number of issues regarding the board's employment ceiling has been raised with the DOHC.

Yours sincerely,



Mr. S. deBurca
Chief Executive Officer.

MID-WESTERN HEALTH BOARD

Summary of Financial Results

April 2003

Acute Hospitals Euro '000's Mental Health Euro '000's Elderly Care Euro '000's Disabilities Care Group Euro '000's Child Care Euro '000's Community Services Euro '000's Central Services Euro '000's Ambulance Services Euro '000's Total Euro '000's

PAY

| | | | | | | | | | |
|-----------------------|--------|--------|--------|-------|-------|--------|-------|-------|--------|
| Budget | 44,390 | 14,496 | 13,145 | 1,920 | 3,733 | 10,955 | 3,678 | 1,914 | 94,233 |
| Actual | 44,999 | 14,369 | 12,861 | 1,702 | 3,485 | 11,045 | 3,519 | 1,882 | 93,863 |
| Variance | (609) | 127 | 284 | 218 | 248 | (90) | 160 | 32 | 370 |
| Variance -% to Budget | (1.37) | 0.88 | 2.16 | 11.34 | 6.64 | (0.82) | 4.34 | 1.66 | 0.39 |

| | | | | | | | | | |
|--------------------------|---------|--------|--------|-------|--------|--------|--------|-------|---------|
| Annual Budget | 138,016 | 46,070 | 40,847 | 6,137 | 11,835 | 33,736 | 10,955 | 5,838 | 293,432 |
| % Annual budget consumed | 32.60 | 31.19 | 31.49 | 27.74 | 29.45 | 32.74 | 32.12 | 32.25 | 31.99 |

NON-PAY

| | | | | | | | | | |
|-----------------------|---------|---------|---------|--------|---------|---------|-------|--------|---------|
| Budget | 16,836 | 2,071 | 2,237 | 22,372 | 5,784 | 21,156 | 4,435 | 521 | 75,412 |
| Actual | 18,337 | 2,343 | 2,775 | 22,162 | 6,854 | 22,508 | 3,134 | 571 | 78,685 |
| Variance | (1,501) | (271) | (538) | 210 | (1,070) | (1,352) | 1,301 | (51) | (3,272) |
| Variance -% to Budget | (8.91) | (13.10) | (24.02) | 0.94 | (18.51) | (6.39) | 29.33 | (9.75) | (4.34) |

| | | | | | | | | | |
|--------------------------|--------|-------|-------|--------|--------|--------|--------|-------|---------|
| Annual Budget | 58,786 | 7,619 | 7,740 | 73,302 | 21,530 | 72,847 | 18,160 | 1,604 | 261,589 |
| % Annual budget consumed | 31.19 | 30.75 | 35.85 | 30.23 | 31.83 | 30.90 | 17.26 | 35.62 | 30.08 |

GROSS EXPENDITURE

| | | | | | | | | | |
|-----------------------|---------|--------|--------|--------|--------|---------|-------|--------|---------|
| Budget | 61,226 | 16,568 | 15,383 | 24,292 | 9,517 | 32,111 | 8,114 | 2,435 | 169,645 |
| Actual | 63,336 | 16,712 | 15,636 | 23,864 | 10,339 | 33,553 | 6,653 | 2,454 | 172,547 |
| Variance | (2,110) | (144) | (253) | 427 | (822) | (1,442) | 1,461 | (19) | (2,903) |
| Variance -% to Budget | (3.45) | (0.87) | (1.65) | 1.76 | (8.64) | (4.49) | 18.00 | (0.78) | (1.71) |

| | | | | | | | | | |
|--------------------------|---------|--------|--------|--------|--------|---------|--------|-------|---------|
| Annual Budget | 196,801 | 53,689 | 48,587 | 79,440 | 33,365 | 106,583 | 29,115 | 7,442 | 555,021 |
| % Annual budget consumed | 32.18 | 31.13 | 32.18 | 30.04 | 30.99 | 31.48 | 22.85 | 32.97 | 31.09 |

INCOME

| | | | | | | | | | |
|-----------------------|-------|-------|-------|------|--------|-------|-------|--------|--------|
| Budget | 7,940 | 1,063 | 2,324 | 313 | 95 | 540 | 320 | 69 | 12,666 |
| Actual | 8,211 | 1,177 | 2,615 | 324 | 342 | 782 | 371 | 64 | 13,886 |
| Variance | 271 | 114 | 290 | 11 | 247 | 242 | 50 | (5) | 1,220 |
| Variance -% to Budget | 3.41 | 10.71 | 12.49 | 3.40 | 258.26 | 44.86 | 15.66 | (6.99) | 9.63 |

| | | | | | | | | | |
|--------------------------|--------|-------|-------|-------|--------|-------|-------|-------|--------|
| Annual Budget | 23,870 | 3,228 | 7,048 | 1,346 | 290 | 1,639 | 946 | 210 | 38,576 |
| % Annual budget consumed | 34.40 | 36.47 | 37.10 | 24.04 | 117.84 | 47.73 | 39.18 | 30.60 | 36.00 |

NET EXPENDITURE

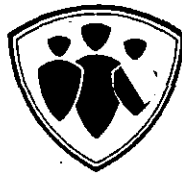
| | | | | | | | | | |
|-----------------------|---------|--------|--------|--------|--------|---------|-------|--------|---------|
| Budget | 53,286 | 15,504 | 13,058 | 23,979 | 9,421 | 31,571 | 7,793 | 2,366 | 156,979 |
| Actual | 55,125 | 15,534 | 13,022 | 23,541 | 9,997 | 32,771 | 6,282 | 2,390 | 158,661 |
| Variance | (1,839) | (30) | 37 | 438 | (576) | (1,200) | 1,511 | (24) | (1,683) |
| Variance -% to Budget | (3.45) | (0.19) | 0.28 | 1.83 | (6.11) | (3.80) | 19.39 | (1.01) | (1.07) |

| | | | | | | | | | |
|--------------------------|---------|--------|--------|--------|--------|---------|--------|-------|---------|
| Annual Budget | 172,932 | 50,461 | 41,539 | 78,093 | 33,075 | 104,944 | 28,169 | 7,232 | 516,445 |
| % Annual budget consumed | 31.88 | 30.79 | 31.35 | 30.14 | 30.23 | 31.23 | 22.30 | 33.04 | 30.72 |

Superannuation Variance

| | | | | | | | | | |
|---------------------|-------|------|------|----|-----|------|---|-----|-------|
| (incl in Pay above) | (162) | (95) | (61) | 30 | (9) | (58) | 9 | (6) | (351) |
|---------------------|-------|------|------|----|-----|------|---|-----|-------|

Note 4 months is 33%



MID-WESTERN
HEALTH BOARD

26 May 2003

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

Report No: 26/03
Item No 7 on Agenda

For Meeting of the Board to be held on Friday 13th June 2003

**Comhairle na nOspidéal Report of the Committee to Review Neurology &
Neurophysiology Services**

Dear Member,

The Board adopted a Report on Neurology Services in December 1999, which was subsequently forwarded to the Department of Health & Children. The Department informed this Board that a national review of the service was in progress and that no financial clearance for additional consultant appointments would be given until the report was issued.

At its meeting in February 2001, Comhairle na nOspidéal established a committee with the following terms of reference:

"To examine the existing arrangements for the provision of consultant level neurology and neurophysiology services nationally and following consultation with the interests concerned, to make recommendations to Comhairle na nOspidéal on the future organisation and development of neurology and neurophysiology services.

The review will focus on updating the 1991 Comhairle Report taking into account recent advances in and increasing demand for neurological and neuropsychological services."

The Committee carried out its review under the following headings:

- Scope of Neurology & Neurophysiology
- Previous Comhairle na nOspidéal Report on Neurology Services (1991)
- Existing Neurology & Neurophysiology Services
- Considerations for Future Developments

This Board made a detailed submission to the Committee detailing current staffing, facilities, workload and the additional consultant staffing required. Submissions were also received from a range of professional bodies, patient advisory groups and individual consultants. Consideration was also given to documents outlining standards of care with neurological conditions published by the Neurological Alliance of Ireland.

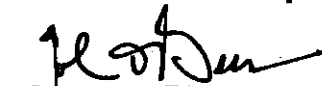
The Committee also considered a number of national and international documents on various aspects of neurology and neurophysiology and related medical disciplines.

I attach herewith, the Committee's Recommendations which considers that there is a need to complement existing services by the development of consultant staffed Neurology Units at the Mid-Western Regional Hospital (2 posts) which will provide sessions for out-patient clinics and in-patient consultations in other hospitals in their respective health board and be linked to the Neuroscience Centre in Cork University Hospital. This is in line with the report adopted by the Board in 1999.

These recommendations are made in the context of the existing medical staffing system, hospital network and health board configuration. The Committee is also aware that the Report of the National Taskforce on Medical Staffing is due to be published and may have an additional impact on hospital medical staffing requirements.

I estimate that the cost of providing this service will be in the region of between €1.5m and €2m. This will be included in the submission for the Service Plan 2004.

Signed:



JOHN O'BRIEN
ASSISTANT CHIEF EXECUTIVE OFFICER

RECOMMENDATIONS

6.1 INTRODUCTION

6.1.1 In accordance with the considerations described earlier in this report, the committee recommends that neurology services should be developed around groups of neurologists based at or linked to major neuroscience centres. In formulating recommendations, the committee has taken into account the following,

- geographical and demographic considerations;
- the recommendations of the Irish Consultant Neurologists Association representing consultant neurologists and consultant clinical neurophysiologists;
- submissions from a range of bodies representing various medical and surgical specialties and patient groups;
- equity of access to specialist neurology services;
- the proposals of various health boards and hospital authorities;
- the range of views expressed by consultant neurologists to the committee;
- health strategy statements regarding regional self-sufficiency;
- the existing network of hospitals;
- the current deployment of neurologists;
- the number and location of neuroscience / neurosurgical centres;
- the limited implementation of the 1991 recommendations.

6.1.2 Based on these considerations, the committee is of the view that a compelling case has been made for a significant enhancement of neurology and neurophysiology services and that a substantial expansion in related consultant staffing is warranted.

6.1.3 This report sets out a strategy for the planning and implementation of additional consultant staffing and services. The committee proposes to provide a wider geographical distribution of neurology and clinical neurophysiology services, consistent with good medical practice and appropriate standards of care and the continued development and expansion of existing services. Notwithstanding the competing priorities at national, regional and individual hospital levels, the committee suggests the early implementation of its recommendations in order to address the unmet needs of patients with neurological problems identified by the ICNA, health boards, hospitals and the Neurological Alliance. The committee acknowledges that the achievement of these targets depends on a number of other important factors such as the availability of financial resources, provision of associated infrastructural requirements and the recruitment of skilled personnel.

6.2 STRUCTURE OF SERVICES

6.2.1 NEUROSCIENCE CENTRES

The committee recommends that the two neuroscience centres (i.e. Beaumont Hospital and Cork University Hospital) and also the existing neurological unit at University College Hospital, Galway, should continue to be the focal points for the organisation and development of neurology and neurophysiology services in Ireland.* The detailed recommendations in relation to service delivery and consultant staffing are set out in later paragraphs.

* For the purpose of this exercise, the committee comprehends a neuroscience centre to include the following disciplines: neurosurgery, neurology, paediatric neurology, neurorehabilitation, neuropathology, neurophysiology, neuroradiology, neuro-ophthalmology, neuro-otology, neuropsychology.

The committee noted that a separate Comhairle committee has been established at the request of the Minister for Health and Children to review the current distribution of neurosurgical units in Ireland.

6.2.2 NEUROLOGY UNITS

6.2.2.1 Waterford & Limerick

The committee considers that there is a need to complement existing neurology services by the development of consultant staffed neurology units at the regional hospitals in Waterford and Limerick, which will provide sessions for out-patient clinics and inpatient consultations in other hospitals in their respective health board areas and be linked to the neuroscience centre in Cork University Hospital.

6.2.2.2 Sligo

Given its distance from the nearest neurology centres in Galway and Dublin and the population of the health board, the committee recommends the establishment of a neurology unit in Sligo Regional Hospital to serve the North Western Health Board area. Regular sessions for outpatient clinics and inpatient consultations should be provided in Letterkenny General Hospital. In the absence of a specialised neuroscience centre with the full range of disciplines in Galway, the committee recommends that the consultant neurologists in Galway and Sligo have formal links with the neuroscience centre in Beaumont Hospital.

6.2.2.3 Dublin

The existing neurology units in the Mater, St. Vincent's, St. James's and Tallaght hospitals should continue to develop. Each consultant neurologist should have a formal attachment to the neuroscience centre in Beaumont Hospital.

6.2.2.4 Midlands and North East

The committee recommends that Beaumont Hospital should provide neurology services to the Midland and the North Eastern Health Boards, including regular formal sessions for outpatient clinics and inpatient consultations and be staffed accordingly. The situation should be kept under review.

6.2.3 PAEDIATRIC NEUROLOGY

In addition to the existing paediatric neurology services in Dublin, the committee recommends that services in Cork should be developed by way of an additional paediatric neurology post.

6.2.4 CLINICAL NEUROPHYSIOLOGY

The committee recommends that clinical neurophysiology services, in particular laboratory infrastructure and consultant posts should be based at the two existing neuroscience centres of Beaumont Hospital, Dublin and Cork University Hospital and be established in University College Hospital, Galway. In the absence of a specialised neuroscience centre with the full range of disciplines in Galway, the committee recommends that the consultant neurophysiologists based in Galway should have formal links with the neuroscience centre in Beaumont Hospital. The other major teaching hospitals in Dublin should each share a consultant post with the neuroscience centre, with the majority sessional commitment of each post at Beaumont Hospital.

6.3 CONSULTANT STAFFING

In the following paragraphs, the committee recommends how it envisages posts of consultant neurologist, paediatric neurologist and clinical neurophysiologist being configured and structured. The recommendations set out hereunder regarding consultant staffing are based on both the requirements of the immediate catchment area and the relationship with, and the level of service to be provided to, other regions. The appropriate service agreements should be entered into by the relevant hospital authorities as recommended in paragraph 5.5.4.

6.3.1 NEUROLOGY

6.3.1.1 Based on advice received, the committee believes that a ratio of one consultant neurologist per 100,000 population would be appropriate in Ireland and should be adopted as the target for this country to be implemented on a phased basis. The implementation of this target would mean that the existing number of consultant neurologist posts would be almost trebled, from 14 to 39. This is an ambitious target which will take some time to achieve. A more realistic short to medium term target of doubling the number of consultant neurologists is proposed. In the implementation of this report, the committee envisages that its priority recommendations will take precedence over its longer term proposals. Table 12 sets out, in summary form, the committee's priority recommendations and longer term proposals for the development of consultant neurology services in Ireland. Recommendations are set out in detail in the paragraphs which follow.

Table 12 Committee's recommendations re consultant neurologist posts

| BASE HOSPITAL | CURRENT CONSULTANT ESTABLISHMENT | PRIORITY RECOMMENDATIONS | INTERIM TOTAL | LONG TERM TOTAL |
|---|-------------------------------------|-----------------------------|------------------|--------------------|
| DUBLIN CENTRE (including MHB and NEHB) | | | | |
| BEAUMONT | 3 | 4 | 7 | 8 |
| MATER | 2 | - | 2 | 3 |
| ST. JAMES'S | 1 | 1 | 2 | 3 |
| TALLAGHT | 1 | 1 | 2 | 3 |
| ST. VINCENT'S | 2 | - | 2 | 3 |
| TOTAL (pop. c.2.2 million) | 9 | 6 | 15 | 20 |
| CORK CENTRE | | | | |
| CUH | 2 | 2 | 5 | 6 |
| MERCY | 1 | - | - | - |
| LIMERICK | - | 2 | 2 | 3 |
| WATERFORD | - | 2 | 2 | 4 |
| TOTAL (pop. c.1.1 million) | 3 | 6 | 9 | 13 |
| GALWAY CENTRE | | | | |
| UCH, GALWAY | 2 | 1 | 3 | 4 |
| SLIGO | - | 2 | 2 | 2 |
| TOTAL (pop. c.600,000) | 2 | 3 | 5 | 6 |
| TOTAL (Pop 3,917,336) | 14 | 15 | 29 | 39 |

6.3.1.2 DUBLIN CENTRE

Beaumont Hospital

Beaumont Hospital is the major neuroscience centre in Ireland. The consultant staffing includes 6 neurosurgeons, 3 neurologists, 1 neurophysiologist, 2 neuro-radiologists, 2 neuropathologists and a sessional commitment from a consultant in rehabilitation medicine with an interest in neurorehabilitation based at the National Rehabilitation Hospital. In addition to its local catchment area, Beaumont Hospital should provide a neurology service to the Midland Health Board and to the North Eastern Health Board and also provide a national service for rare and complex disorders and be staffed accordingly. The committee recommends the appointment of 4 additional

consultant neurologists to be based at Beaumont Hospital, to provide a complement of 7 posts in total. Consequently, one post should have a commitment of three sessions per week to Our Lady of Lourdes Hospital, Drogheda, for out-patient clinics and inpatient consultations. It is envisaged that another post will have a commitment of three sessions per week to provide a weekly outpatient clinic and ward consultation at Cavan. One post should have a formal commitment of four sessions per week to the Midland Health Board for the provision of weekly outpatient clinics and in-patient consultations at the Midland Regional Hospital, Tullamore. If services and consultant staffing develop as recommended above, the committee would envisage an eighth post based at Beaumont Hospital in due course.

A neuroscience centre of excellence based in Beaumont Hospital providing a supraregional and some national services can be realised provided certain safeguards are formally structured into the system. The consultants based in other hospitals must have guaranteed access to the neuroscience centre. A formal two session commitment to Beaumont Hospital is recommended for each consultant neurologist post based elsewhere. Secondly, formal joint consultant appointments between Beaumont and the relevant health authorities in relation to Tullamore, Drogheda and Cavan must be established and services delivered in accordance with formal arrangements between the relevant authorities. Thirdly, the committee recommends the formal establishment by Beaumont Hospital of a neuroscience users committee which would serve as a forum for examining the delivery of neurology, neurophysiology and neurosurgery services from the perspective of those hospitals and health boards which depend on neuroscience services from Beaumont Hospital. Management and consultants from the relevant agencies should be represented on the proposed users committee

This committee is aware that a similar proposal in the 1991 report was not implemented. The committee strongly recommends that Beaumont prioritise the establishment of such a users committee. If the significantly enhanced role, responsibilities and consultant staff at Beaumont Hospital envisaged in this report is not implemented or does not lead to the substantially improved level of neurology and neurophysiology services for the designated catchment population within the next five years then the envisaged role should be reviewed.

In view of the importance it attaches to the organisation and development of the neurology service to be delivered by Beaumont Hospital, the committee recommends that one of the consultant neurologists act as Director of the neurology service. It is envisaged that the appointee would play a lead role in conjunction with management and clinical colleagues in achieving the organisational change and service developments envisaged. A fixed term model of appointment which could be renewed or rotated among the consultant neurologists is suggested.

North Eastern Health Board Area

The committee recommends that residents in the NEHB area would have access to neurology services available at Beaumont Hospital and that two of the consultant neurologists based at Beaumont Hospital should have joint appointments involving formal commitments (3 sessions each) to the North Eastern Health Board for the provision of out-patient clinics and inpatient consultations at Our Lady of Lourdes Hospital, Drogheda and Cavan General Hospital respectively.

Midland Health Board Area

The committee recommends that residents in the MHB area would have access to neurology services available at Beaumont Hospital and that a consultant neurologist based at Beaumont Hospital should have a joint appointment involving a formal commitment of four sessions per week to the Midland Health Board for the provision of out-patient clinics and in-patient consultations at the Midland Regional Hospital, Tullamore.

Mater Hospital

The committee notes the appointment of two consultant neurologists based at the Mater Hospital each with minor sessional commitments to Beaumont Hospital. The second post was approved by Comhairle na nOspidéal during the lifetime of and following advice from this committee. The committee envisages a complement of three consultant neurologists sharing responsibility for the provision of neurology services to the people and hospitals in the catchment area in the longer term.

St. Vincent's Hospital

The committee notes the appointment of two consultant neurologists based at St. Vincent's Hospital each with minor sessional commitments to Beaumont Hospital. The committee envisages a complement of three consultant neurologists sharing responsibility for the provision of neurology services to the people and hospitals in the catchment area in the longer term.

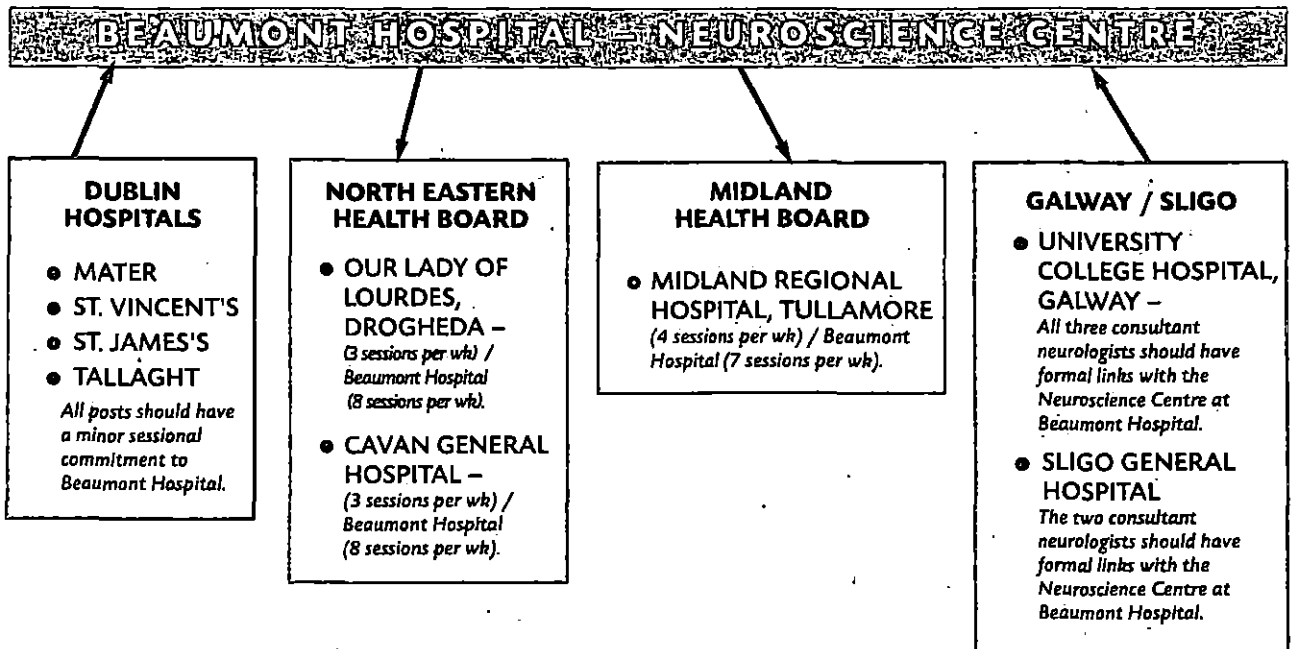
St. James's Hospital

The committee recommends the appointment of a second consultant neurologist to be based at St. James's Hospital, with a minor sessional commitment to Beaumont Hospital. The committee envisages a complement of three consultant neurologists sharing responsibility for the provision of neurology services to the people and hospitals in the catchment area in the longer term.

Tallaght Hospital

The committee recommends the appointment of a second consultant neurologist to be based at Tallaght Hospital to serve the combined Tallaght / Naas catchment area, with a minor sessional commitment to Beaumont Hospital. The committee envisages a complement of three consultant neurologists sharing responsibility for the provision of neurology services to the people and hospitals in the catchment area in the longer term.

The following diagram demonstrates the proposed linkages to the neuroscience centre in Beaumont Hospital.



6.3.1.3 CORK CENTRE

Southern Health Board Area

The committee recommends the appointment of 2 additional consultant neurologists to be based at Cork University Hospital, to serve the Southern Health Board population providing a total complement of 5 posts. It is envisaged that one of the new posts will have a commitment of three sessions per week to the South Infirmary – Victoria Hospital and one will have a commitment of three sessions per week to Tralee General Hospital for regular out-patient clinics and in-patient consultations. When the post based at the Mercy Hospital becomes vacant, it should be replaced by a post based at the neuroscience centre at CUH with formal sessional commitments to the Mercy Hospital. The ICNA are opposed to single handed consultant neurologist appointments and recommended additional posts for Cork University Hospital. The committee envisages a complement of six consultant neurologists sharing responsibility for the provision of neurology services to the people and hospitals in the catchment area in the longer term.

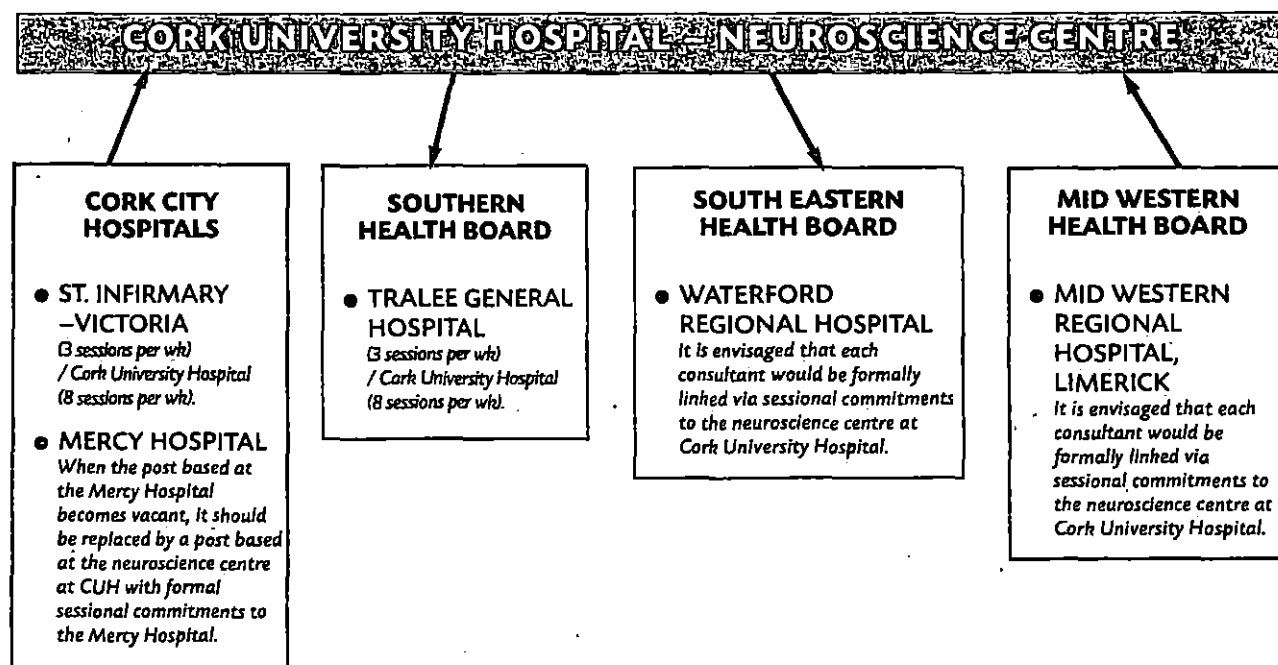
South Eastern Health Board Area

The committee recommends the appointment of two consultant neurologists to be based at Waterford Regional Hospital. It is envisaged that each consultant would be formally linked via sessional commitments to the neuroscience centre at Cork University Hospital. The appointees should also have sessional commitments to provide regular outpatient clinics and in-patient consultations at other hospitals within the region. The committee envisages a complement of four consultant neurologists sharing responsibility for the provision of neurology services to the people and hospitals in the catchment area in the longer term.

Mid Western Health Board Area

The committee recommends a complement of two consultant neurologist posts to be based at the Mid Western Regional Hospital, Limerick. It is envisaged that each consultant would be formally linked via sessional commitments to the neuroscience centre at Cork University Hospital. The appointee should also have sessional commitments to provide regular out-patients clinics and inpatient consultations at other hospitals in the region. The committee envisages a complement of three consultant neurologists sharing responsibility for the provision of neurology services to the people and hospitals in the catchment area in the longer term.

The following diagram demonstrates the proposed linkages to the neuroscience centre in Cork University Hospital.



6.3.3.4 GALWAY CENTRE

Western Health Board Area

The committee recommends the appointment of a third consultant neurologist to be based at University College Hospital, Galway. It is envisaged that the complement of three consultant neurologists to serve the Western Health Board area, will have sessions designated for the provision of outpatient clinics and inpatient consultations at other hospitals in the region. The three consultants should have formal links with the neuroscience unit at Beaumont Hospital. The committee envisages a complement of four consultant neurologists sharing responsibility for the provision of neurology services to the people and hospitals in the catchment area in the longer term.

North Western Health Board Area

The committee recommends the establishment of a neurology unit staffed by two consultant neurologists based in Sligo Regional Hospital to serve the entire North Western Health Board area. Sessional commitments to provide regular outpatient clinics and ward consultations should be assigned to Letterkenny General Hospital. The two consultants should have formal links with the neuroscience unit at Beaumont Hospital. The ICNA are opposed to single handed consultant neurologist appointments.

6.3.2 PAEDIATRIC NEUROLOGY

The recommendations of the 1991 report in respect of paediatric neurology have been exceeded in Dublin and achieved in Cork. The committee recommends the appointment of a second consultant paediatric neurologist in Cork to be based at Cork University Hospital with a sessional commitment to the Mercy Hospital.

6.3.3 CLINICAL NEUROPHYSIOLOGY

6.3.3.1 The committee recommends that clinical neurophysiology services, in particular laboratory infrastructure and consultant posts should be based at the two existing neuroscience centres of Beaumont Hospital, Dublin and Cork University Hospital and be established in University College Hospital, Galway. The other major teaching hospitals in Dublin should each share a consultant post with the neuroscience centre, with the majority sessional commitment of each post at Beaumont Hospital. The recommendations in terms of increased consultant manpower in neurophysiology are summarised in Table 13 and are set out in detail in the paragraphs which follow.

Table 13 Committee's recommendations re consultant neurophysiologist posts

| HOSPITAL | CONSULTANT POSTS 2003 | RECOMMENDATIONS TOTAL NUMBER OF POSTS (WTE) |
|--------------------------------------|-----------------------|--|
| DUBLIN CENTRE | | |
| *BEAUMONT NEUROSCIENCE CENTRE | | |
| INC NEHB, MHB and JCM | 9 sessions | 3½ |
| MATER | 4 sessions | ½ |
| ST. VINCENT'S HOSPITAL | 4 sessions | ½ |
| ST. JAMES'S HOSPITAL | 2 sessions | ½ |
| TALLAGHT HOSPITAL | 3 sessions | ½ |
| CRUMLIN / TEMPLE ST | - | ½ |
| TOTAL DUBLIN | 2 posts | 6 posts |
| CORK CENTRE | | |
| **CUH NEUROSCIENCE CENTRE | 1 post | 2 |
| GALWAY CENTRE | | |
| UCH, GALWAY | - | 1 |
| TOTAL (P=3917/336) | 3 posts | 9 posts |

* Beaumont Neuroscience Centre to provide services to people and hospitals in Leinster and part of Ulster.

** CUH Neuroscience Centre to provide services to people and hospitals in Munster.

6.3.3.2 DUBLIN CENTRE

The committee recommends a complement of six posts of consultant clinical neurophysiologist to be based at Beaumont Hospital. One post should be based predominantly at Beaumont Hospital with a sessional commitment to James Connolly Memorial Hospital, Blanchardstown. In order to provide a comprehensive neurophysiology service, the committee is of the view that each of the other posts based at Beaumont Hospital would have a significant sessional commitment (a maximum of 5 sessions per week) to another major general teaching hospital in the Dublin area where a neurology unit has been developed (i.e. St. Vincent's Hospital, St. James's Hospital, Tallaght Hospital, the Mater Hospital and Crumlin Hospital / Temple St hospitals.) The committee envisages that the neurophysiology department and the increased complement of consultants based at Beaumont Hospital would provide services for patients predominantly from Leinster and parts of Ulster.

It is suggested that one of the post holders would also act as Director of the neurophysiology service. A fixed term model of appointment which would be renewed or rotated is suggested.

The holder of the post with sessions in the three south Dublin hospitals and Beaumont Hospital has applied to have his post restructured. The committee recommends, subject to the agreement of the incumbent, that it be restructured in line with the recommendations in this report. The committee also recommends that the vacant post shared between Beaumont and the Mater hospitals be restructured in line with this report also.

6.3.3.3 CORK CENTRE

The committee recommends the appointment of a second consultant clinical neurophysiologist to be based at Cork University Hospital. The existing post based at CUH has a commitment of 3 sessions to the Mercy Hospital. It is envisaged that the neurophysiology department and the consultant neurophysiologists based at CUH would provide services for patients predominantly from the Munster area.

6.3.3.4 GALWAY CENTRE

The committee is of the view that a neurophysiology service should be established at University College Hospital, Galway. The committee envisages the initial appointment of one consultant clinical neurophysiologist to be based at University College Hospital, Galway with a sessional link to the neuroscience centre at Beaumont Hospital. It is envisaged that the neurophysiology department and the consultant neurophysiologist would provide services for patients from the Western Health Board and the North Western Health Board areas. A second post is envisaged as the service develops.



MID-WESTERN
HEALTH BOARD

26th May, 2003

To: Chairman & Each Member
Mid-Western Health Board

Report No: 27/03
Item No 8 on Agenda

Report for Meeting of the Board to be held on Friday, 13th June, 2003

Back to School Clothing & Footwear Scheme 2003

Dear Member,

The Minister for Social & Family Affairs has announced details of the above scheme to be operated by the Board through the Community Welfare Service from 1st June to 30th September 2003 as in previous years. The main changes from last years scheme are **highlighted** and in *italics*.

The rates of the allowance to be paid under this year's scheme have changed from last years rates only in respect of 12 to 22 year olds only. The amount payable in respect of 12 to 22 year old students has increased from €120.00 to €150.00 per qualified child. The amount in respect of primary school children remains at €80.00.

Eligibility

The benefits of the scheme will generally apply to school going dependant children, including pre-school children whose parents or guardians are recipients of:-

- a) Supplementary Welfare Allowance.
- b) Social Insurance Payments.
- c) Social Assistance Payments.
- d) Disability Allowance.
- e) Infectious Diseases Maintenance Allowance.
- f) Disabled Persons Rehabilitation Maintenance Allowance.
- g) Family Income Supplement (FIS payment not assessable).
- h) Community Employment Projects and Back to Work Schemes, FAS, etc (subject to an income limit of **€317.43** per week excluding the BTW Payment and FIS Payment).
- i) Recognised Education and Training Courses e.g. VTOS, TLA (Note **€317.43** Income Limit does not apply to the BTEA scheme and **assessment is under standard SWA Rules**).
- j) Pensions paid by DSS.
- k) Non-craft, full-time, FAS training schemes – Cert, LES training schemes.

The allowance will only be paid to applicants who satisfy all the conditions of entitlement.

Special conditions apply to approved Employment Scheme participants, Back to Education participants, Youthreach and Jobs Initiative Scheme participants and people involved in trade disputes –

The BTSCFS should not be paid in respect of foster children. The financial support available to foster parents from the Departments of Health & Children and Education & Science includes assistance with the cost of clothing and footwear for the foster child.

The Orphan's Pension, which is a basic social welfare payment, is payable to the guardian and is intended to cover the child's cost of living, including food and clothing. Accordingly, BTSCFS should not be paid where Orphan's Pension is in payment. See attached Circular 01/03.

The Scheme is targeted at the school going population including Pre-School. The allowance is to be paid in respect of eligible children between ages 2 and 17 in respect of whom a child dependant allowance is payable and those between 18 and 22 who are attending full time education and in respect of whom a child dependant allowance is payable.

Income Limits 2003

In order to qualify, an applicant's income must not exceed the specified limits as set out below. The income limits for the Scheme for 2003 are based on the maximum rate of Contributory Old Age Pension (Under 80), plus €50.00 in the case of married and cohabitation couples and the maximum rate of survivors contributory pension (under 80), plus €50.00 for lone parents plus child dependant allowance in each case.

Disregard of Income for:

- *Employment of a rehabilitative nature €120.00*
 - *Family Income Supplement is not assessable*
 - *Higher level education is not assessable*
- (see circular 01/03 attached)*

| Couples | Income Limit | | Lone Parent | Income Limit |
|----------------|---------------------|--|--------------------|---------------------|
| 1 Child | €331.40 | | 1 Child | €227.40 |
| 2 Children | €350.70 | | 2 Children | €249.00 |
| 3 Children | €370.00 | | 3 Children | €270.60 |
| 4 Children | €389.30 | | 4 Children | €292.20 |
| 5 Children | €408.60 | | 5 Children | €313.80 |
| 6 Children | €427.90 | | 6 Children | €335.40 |
| 7 Children | €447.20 | | 7 Children | €357.00 |
| 8 Children | €466.50 | | 8 Children | €378.60 |
| 9 Children | €485.80 | | 9 Children | €400.20 |
| 10 Children | €505.10 | | 10 Children | €421.80 |
| 11 Children | €524.40 | | 11 Children | €443.40 |
| 12 Children | €543.70 | | 12 Children | €465.00 |

Asylum Seekers in direct provision who receive **€9.60** CDA are qualified under the Scheme and will receive Back to School Clothing and Footwear allowance in respect of qualified children.

Rates of Payment

The rates of payment are:

€80.00 in respect of children aged 2 to 4

€80.00 in respect of children aged 5 to 11

€150.00 in respect of children aged 12 to 17

€150.00 in respect of children aged 18 to 22

Children aged 11 who will be attending 2nd level in the coming year will be paid an ENP of

€70.00 to allow them the higher rate.

Reduced payments cannot be made under any circumstances.

Retention of Secondary Benefits

Participants on Community Employment (CE), Job Initiative Schemes, Back to Work, Jobstart, Workplace, Back to Work Enterprise and Revenue Job Assist Schemes are eligible to receive payments under the Back to School Clothing & Footwear Scheme provided:-

- (a) Their gross household income does not exceed €317.43 per week
- (b) They satisfy the conditions set out in SWA Circular 01/03.

With effect from 6/4/2000 Back to Work Allowance and Family Income Supplement will be disregarded for the purposes of the €317.43 p.w. income limit in the case of applicants who are participants of Employment Schemes as outlined in Circular 06/00.

Entitlement to retain Secondary Benefits including Back to School Allowance is extended to Job Initiative participants with effect from 6/4/00 and refers to those already on Job Initiative prior to 6/4/00 and new participants.

Participants on Jobstart may retain entitlement to Secondary benefits which includes Back to School Clothing & Footwear for a maximum of 12 months (see circular 03/01).

Applications and Payment

It is intended to implement payment during June/July/August 2003. Late applications will be dealt with, up to 30th September 2003.

Applications for the scheme may be made to the **Community Welfare Officers** at any of the Health Centres and locations attended by them.

Arrangements have been put in place to send an application form to anyone who received a payment under the 2002 Scheme.

Claimants who are refused will be notified in writing as to the reason for refusal. Persons unhappy with refusal can appeal to the Appeals Officer, Mid-Western Health Board, St. Joseph's Hospital, Mulgrave Street, Limerick.

In order to facilitate the initial rush of applications Special Clinics have been arranged by Community Welfare Service management for the weeks up to week ended 12th July 2003 to deal with Back to School applications exclusively.

These are as follows:

| VENUE/LOCATION | DAY/TIME | DATES |
|---|-------------------------|-----------------------------|
| O' Malley Park Health Centre | Monday 10:30 – 11:30 | 9/6, 16/6, 23/6, 30/6 & 7/7 |
| St. Brendan's Health Centre | Monday 2:30 – 3:30 | 9/6, 16/6, 23/6, 30/6 & 7/7 |
| Community Welfare Section St. Camillus' Hospital | Monday 11:00 – 12:00 | 9/6, 16/6, 23/6, 30/6 & 7/7 |
| Moyross Health Centre | Wednesday 11:00 – 12:00 | 18/6, 25/6, 2/7 & 9/7 |
| Roxtown Health Centre | Monday 10:30 – 11:30 | 9/6, 16/6, 23/6, 30/6 & 7/7 |
| Newcastle West Health Centre | Monday 11:00 – 12:00 | 9/6, 16/6, 23/6, 30/6 & 7/7 |
| Nenagh Health Centre | Monday 10:00 – 12:00 | 9/6, 16/6, 23/6, 30/6 & 7/7 |
| Thurles Health Centre | Monday 10:00 – 12:00 | 9/6, 16/6, 23/6, 30/6 & 7/7 |
| Templemore Health Centre | Tuesdays 2:00 – 3:00 | 10/6, 17/6 & 24/6 |
| Roscrea Health Centre | Monday 10:00 – 12:00 | 9/6, 16/6, 23/6, 30/6 & 7/7 |
| Shannon | Monday 11.00 - 12:00 | 9/6, 16/6, 23/6, 30/6 |
| Kilrush | Monday 11.00 - 12:00 | 9/6, 16/6, 23/6, 30/6 |
| Ennis | Monday 11.00 - 12:00 | 9/6, 16/6, 23/6, 30/6 |
| Ennistymon. | Monday 11.00 – 12.00 | 9/6, 16/6, 23/6, 30/6 |

Applicants should complete and return forms as soon as possible to facilitate the early payment of their allowances.

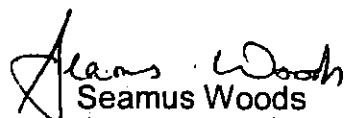
Applications outside the scope of the Scheme

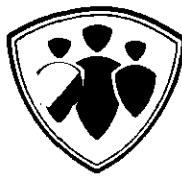
Applications for assistance which are outside the terms of the Scheme may be considered under Section 181 Exceptional Needs Payments of the Supplementary Welfare Allowance Scheme.

Statistics of the Scheme

| Year | No of Families | No. of children | Expenditure on Allowances |
|-------------|-----------------------|------------------------|----------------------------------|
| 1995 | 8453 | 20,046 | £ 950,765 |
| 1996 | 8695 | 20,884 | £1,048,794 |
| 1997 | 8141 | 19,067 | £ 958,330 |
| 1998 | 7330 | 16,900 | £ 851,592 |
| 1999 | 6811 | 15,386 | £ 770,702 |
| 2000 | 6140 | 13,641 | £ 955,266 |
| 2001 | 5,551 | 12,320 | £ 851,910 |
| 2002 | 5,787 | 12,516 | € 1,203,920 |

Yours sincerely


Seamus Woods
A/Regional Manager



Tel:
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MID-WESTERN
HEALTH BOARD

29th May 2003

To: Chairman & Each Member of
Mid Western Health Board

Report No: 28/03
Item No 9 on Agenda

Report for Meeting of the Board to be held on Friday 13th June, 2003

SOCIAL SERVICES INSPECTORATE 2ND ANNUAL REPORT 2002

Dear Member,

Background

The Inspectorate was set up on an administrative basis under the aegis of the Department of Health and Children. It derives its authority from the Child Care Act 1991. The Children's Act 2001 provides for the broadening the remit of the Inspectorate to include Residential Centres for children with a disability. It is intended that the Inspectorate will be set-up on a statutory basis under the Health Corporate Bodies Act 1961, later this year.

The Report Findings

This is the 2nd Annual Report of the Inspectorate. The report focuses on inspections carried out from August 2001 - July 2002. 22 Centres were inspected during that period.

The report shows that 176 children's centres were in operation in October 2002, (an increase of 21 centres from previous report). 102 of these centres are managed directly by Health Boards. There has also been an increase from 17 to 36 in the number of centres caring for one child only.

The most recent census shows that there are 4,424 children in care of the state, 14% of whom are in residential settings. The average number of children living in a centre is 4/5. Less than half of children were placed in voluntary care, with the balance being placed under varying types of care orders.

The Report Highlights the following issues:-

- Concern at the increase from 26% to 42% in the number of children under 12 years of age in Residential care.
- Concern at the number of centres which had no fire and safety confirmation.
- Need for improved planning in Residential provision.
- The positive impact of formal monitoring of centres by Health Boards
- High degree of satisfaction by children of their experiences in Residential Care.
- Ongoing concerns in relation to recruitment and retention of staff.
- The lack of provision of adolescent psychiatry for the 16– 18 years old.

The Report Recommends that

- **Placements in residential care.** Health Boards should continue to review the age, number and length of placements of children in residential centres.
- **Growth in the number of centres.** Health Boards should review the increase in centres being developed and in particular special arrangements for "one child only".
- **Planning for children.** All children should have quality care plans that are reviewed in accordance with regulations.
- **Management and staffing.** Managers and staff should have permanent posts. Staff should be appropriately vetted before taking up employment.
- **Safety.** The accommodation, where children live, should meet all safety and fire standards. Bullying in centres should be better managed.
- **Care and management of troubled children.** Troubled children need ongoing suitable care arrangements. A range of flexible appropriate placements should be developed. Helping staff teams undertake reflective practice and putting in place resources to support placements during periods of crisis benefits troubled children.

Signed:


J. O'Grady,
Regional Manager,
Child Care & Disabilities



MID-WESTERN
HEALTH BOARD

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