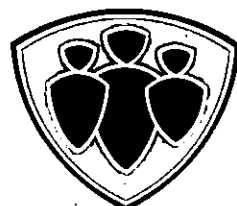


Mid-Western Health Board

2001

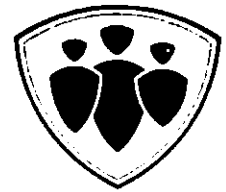
SERVICE PLAN



BÓRD SLÁINTE
AN MHEÁN-IARTHAIR

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MID-WESTERN
HEALTH BOARD

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

SERVICE PLANS 2001

CENTRAL OFFICES,
31/33 CATHERINE STREET,
LIMERICK, IRELAND.
TEL. 00353 (0) 61 316655
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Dear Member,

I received notification of the Board's 2001 determination of health expenditure on 11th December 2000. The level of non-capital expenditure (gross expenditure less minor income) for the Board is £309.119m. The Board's revised level of non-capital expenditure for 2000 is £266.597m. On the basis of our performance management during the year to date and the additional funding provided by the Department, I anticipate that we will achieve a better than break-even position. Any credit on expenditure will be assigned to the service from which it arises during 2001.

A summary of the distribution of funding for core services and new developments by programme and central services is set out in the tables which follow this overview.

1. Statutory Requirement

The adoption of the Service Plans and management of the Board's services during 2001 consistent with these plans is undertaken in accordance with the requirements of the Health (Amendment) [No. 3] Act, 1996. The Board must adopt and submit the Service Plans to the Minister not later than 42 days after receipt of notification of the Board's non-capital expenditure. The plans provide benchmarks against which performance will be assessed during the year. In preparing the plans, we are obliged to take account of the policies and objectives of the Minister and of the Government under Section 9 of the Act. I have the responsibility to ensure that the amount of net expenditure of the Board does not exceed the amount of the determination. I am also obliged to keep the Minister and the Board advised as to decisions, or proposed decisions, which, in my opinion, might negatively impact on the financial situation.

2. Corporate and Service Strategies

Our mission is to effect the health and social gain for the people in this region. In the spirit of the National Strategic Management Initiative and the Board's commitment to stakeholder alliances, collaborative action, both internal and external, is deemed

essential. Service strategies and their successful implementation are informed by multiple perspectives and by the evidence of best practice. To date, revised and updated strategic statements and action plans have been adopted by the Board for the Care Groups. During early 2001, the Board will publish current strategies on Acute and Primary Care.

3. Structure Process and Plans

Organisational change to meet strategic aims is being undertaken by restructuring and process improvement. A care group approach which is designed to facilitate ownership, accountability and responsiveness is being established progressively. The major groups are children and families, the disabled (learning and physical/sensory), the mentally ill and the elderly. Child health is being developed as a care group. Acute care is managed as a single portfolio of services with 'co-ownership' where cross-over occurs with particular care groups. Care group needs and responses have a strategic focus at corporate level and are operationally managed at area level. General Managers (Area) are responsible for area systems integration and performance management.

The service planning process is managed through the structure and provides opportunity for input at all levels. Local management have responsibility for operational plans development from which Care Group Service plans are formed at corporate level. The involvement of providers and agencies is vital to the successful formation, implementation, monitoring and alignment of the Board's approved service plans during 2001.

The structure of the plans is based on Programmes and Care Groups. The format includes:-

- Statement of Purpose and Strategy
- Review of 2000 Performance
- Aims and Service Objectives 2001
- Performance Management 2001

Particular attention is directed to significant issues, developments, targeted activity and performance indicators.

4. Performance Management

Service activity, financial and employment performance is subject to continuous review at service, area and corporate levels. Local accountability in service delivery, within parameters, is a key principle in achieving good quality, equity and outcomes. There is increasing evidence of research, evaluation, quality and VFM

initiatives. They are essential in improving service effectiveness and efficiency.

The Board's role in performance management, as well as policy review and development, is enacted through its public and in-committee meetings and its standing committees. Monthly financial reviews and quarterly service plan reviews are standard activities.

5. Financial Overview

The final allocation for 2000 is £266.597m which represents an increase of £26.908m or 11.2% on the original allocation of £239.689m.

The major elements making up the additional funding are as follows:

| | £m |
|--|-------|
| General Pay Awards | 3.013 |
| Waiting List Initiative | 0.850 |
| Nurses Pay Award (ongoing costs) | 3.216 |
| Exceptional Millennium Bonus | 1.079 |
| Meningococcal C Immunisation Programme | 2.222 |
| Cardiovascular Health Strategy | 1.000 |
| Demand Led Schemes | 1.022 |
| Superannuation | 1.490 |
| Medical Indemnity | 0.302 |
| PRSI | 0.793 |
| NCHD Pay Agreement | 3.402 |

The allocation for 2001 is £309.119m - an increase of 15.9%. The most significant items of additional funding are detailed in the Financial Schedules - Table 2.

Some of the larger items of additional funding which are of particular note are - Acute Hospitals £3.550m, Cancer Services £1.195m, Services for Older People £1.698m, Mental Health Services £2.180m, Intellectual Disability and Autism £3.440m, Services for People with Physical and Sensory Disabilities £3.295m, Cardiovascular Health £1.1m and Child Care and Family Support Services £3.734m.

A further item of note is funding of £1.5m in respect of funding pressures being experienced in core services. This, though most welcome, will, however, not fully address the core funding issues being experienced, particularly in Acute Hospitals.

6. European Monetary Union – The Euro

The Board has continued its preparations for the final stage of the Euro conversion on 1st January 2002. The Steering Committee established in late 1999 has worked to ensure that satisfactory progress has been made during the course of 2000. Contact has been made with all major software suppliers and the Board's approach to the Euro conversion and the changes to software that will be necessitated have been specified - and are in progress.

Progress has also been made on the appointment of Euro Co-ordinators whose role is to provide practical help in relation to the preparations required in respect of both IT and non-IT Systems.

The Board is responsible for ensuring that all agencies it funds are making adequate preparations in respect of their own Euro compliance. Questionnaires have been sent out to ascertain the degree of progress made by these agencies and appropriate steps will be taken during 2001 to ensure their ability to convert at year end. The Euro Co-ordinators will be included in this process.

Additional funding has been provided in the Letter of Determination, which will allow strengthening of this function. The Board is confident that all arrangements will be in place in time for the final phase of European Monetary Union.

7. Value for Money

The importance of Value for Money is recognised in the national evaluation project commissioned by the Department of Health & Children and the establishment of a Value for Money Committee under the chairmanship of the Director of Finance. Each Care Group, as part of its performance management, is obliged to assess its performance with reference to research, evaluation, quality and value for money. The Regional Materials Management function has negotiated new board wide contracts which is estimated should save nearly £1m p.a. when fully completed.

8. Demographic Issues

As with the rest of Ireland, the Mid-West is experiencing population growth. This is due to three factors. Firstly the number of births is increasing and will, within a few years, exceed five thousand deliveries a year. In the Mid-West in 1999, 29% of births were registered to single parents. The death rate is declining and men and women are living to an older age and an increasing proportion live alone. The largest growth in the region has taken place in those aged over 70 years and is most marked for those over 85 years. Finally, we are witnessing migration of young people (individually and families) into the region as a result

of the economic boom and job availability. Additionally, there has been an increasing number of non-EU refugees/asylum seekers settling in the region who require additional health and social care.

The other feature is the urbanisation of the population with a decreasing population density in rural areas. This increases the logistical difficulties of providing health and social care to such remote population groups.

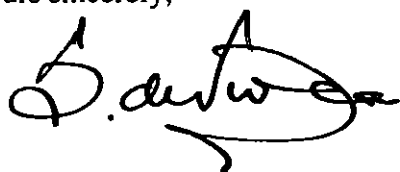
Conclusion and Recommendation

The 2001 allocation represents a 15.9% increase on the adjusted non-capital expenditure 2000. This includes pay award increases amounting to £13.792m and non-pay inflation provision of £2.587m. The overall net value of additional funding is £26.143m. This investment in the health and personal social services system will contribute to the service expansion and improvement as referred to in the summary and in the Care Group Service Plans which follows. The activity and resource targets in these Service Plans represent the considered need of the various services and the inputs at policy and provider levels.

I recommend the adoption of these Service Plans for 2001 and that they be formally submitted to the Minister, in accordance with Section 6 of the Health (Amendment) [No. 3] Act, 1996

I wish to thank the Board Members, staff and partner-agencies for their input and co-operation during 2000. I look forward to reporting on progress in improving the range and quality of our region's services during 2001.

Yours sincerely,



S. deBúrca
Príomh Oifigeach Feidhmeacháin

SERVICE PLANS SUMMARY

The following overview reflects on current trends, issues and service changes in Care Groups during 2001. While progress is indicated in many areas there are nevertheless development issues which require attention.

1. Acute Hospital Service

Increasing in-patient, out-patient, A&E and day case activity is indicative of demand, the Waiting List Initiative and service expansion. Current trends and influences point to further increases in day case surgery and in-patient activity, particularly in the area of cancer and cardiovascular services. It is anticipated that there will be further reductions in waiting lists, particularly out-patient lists and a decrease in the numbers attending A&E Departments as a result of planned alternative arrangements.

Developments occurred in Cancer, Cardiac, Renal Dialysis, General Medicine, Surgery, Orthopaedics, Obstetrics/Gynaecology, Paediatrics, A&E, Anaesthetics, Theatre and ICU services during 2000. Further developments will focus on Cancer, Cardiac, Renal Dialysis, Dermatology, Surgery, Orthopaedics, Obstetrics/Gynaecology, Paediatrics, A&E, Anaesthetics, Theatre, ICU and diagnostic services during 2001. Initiatives will also include the establishment of a full-time Dermatology Service, commencement of home dialysis, expansion of Oral and Orthodontic Services and increased consultant numbers in A&E and Anaesthetics under the Winter Initiative. Current deficits such as staffing levels at Ennis and Nenagh General Hospitals and the Regional Maternity Hospital will be addressed.

The opening of the High Observation Unit in A&E and additional bed capacity are subject to the National Bed Capacity Review.

Developments in Cancer Services will continue in line with the national strategy. The main priorities in cancer are the expansion of in-patient and out-patient oncology services, the establishment of a symptomatic breast disease service in line with policy; the provision of support services for cancer patients, stem-cell transplantation and the treatment of leukaemia.

Improving structures, service integration and performance management are organisational priorities which will support the quality and outcome of care.

2. Ambulance Service

Two person crewing is operational only in Limerick City and in Ennis (at night). A comprehensive and effective service will not be realised until two-person crewing is implemented region-wide. However, additional funding provided in 2001 will progress implementation of two person crewing. There are recruitment, station accommodation and relocation issues. Activity exceeded targets for patient transport and emergencies during 2000.

3. Primary Care and Community Services

i. General Practitioners

Practice profiles are improving. Their role in immunisation programmes is becoming more evident. Pilot GP co-operatives will be initiated during 2001.

ii. Dental Services

Children's dental treatments are below target because of delays in recruiting dental surgeons. The uptake on screening in national schools is 90%. Adult dental treatments were 42% over target for 2000. This is attributed to the final phase of the DTSS and improved access for medical card holders. An increase in uptake under the DTSS will be funded and services to the 14-16 age group implemented, as soon as the necessary staff are recruited.

Currently, 67% of the Board's population have a fluoridated domestic water supply. The new organisational structure needs to be implemented and significant capital investment in accommodation is required.

iii. Ophthalmic

Once-off funding for increase in uptake levels.

iv. Environmental Health

A service contract between the Board and the Food Safety Authority prescribes the audit/inspection frequency. Activity for 2000 will exceed targets for food control and water sampling. There was a significant increase in the work undertaken for the local Limerick authorities.

This service was awarded the ISO in May, 2000. The low percentage of food premises which meet H.A.C.C.P. requirements is of concern. This requires attention. There are staff recruitment issues in meeting the Board's various obligations. During 2001, food safety services will be improved and tobacco free policy initiatives implemented subject to recruitment and accommodation issues.

To encourage compliance with recent legislation an H.A.C.C.P. manual will be prepared and circulated for use by food premises.

v. Community Welfare

While unemployment rates have decreased in the past 4 years there is no reduction in the demand on the Community Welfare Service. There was a 16% increase in the number of payments made and a 21% increase in the number of attendances as against targets, during 2000.

This service has achieved distinction in respect of ISO accreditation of its services, the MABS service and inter-agency co-operation on a variety of matters including housing issues.

vi. Palliative care

The ongoing development of home/day care and hospice facilities at Milford Care Centre.

vii. Traveller Health

The expansion of public health nursing services.

viii. Homelessness

The initiation of a project for adult homelessness.

ix. Asylum Seekers

Health screening services and procedures regarding unaccompanied minors.

x. Information Technology

- I.T. and administrative support for PHNs.
- Phased introduction of GMS Payments Board projects

xi. Structure

Appointment of a Director of Primary Health Care Services and review of the Primary Care Unit.

4. Child Health Services

The percentage change in the annual number of births (1989 – 1997) was 3.07%. The increase in teenage pregnancy, lone parenting, multiple births and other factors such as family mobility, present challenges in planning and resourcing services.

Urgent improvement is required in uptake rates for the primary immunisation programme and the implementation schedule of school immunisations. Many new initiatives are putting pressure on public health nursing resources. The absence of Community Consultant Paediatricians with special interests is a seriously limiting factor in the development of comprehensive child health services.

Activity is projected to increase in mother and child visits and school medical services.

During 2001, measures to improve the delivery of the Primary Childhood Immunisation Programme will be enhanced. Phase 3 of the Parent Held Child Health Record will be launched. Child health surveillance protocols will be reviewed by a regional sub-committee appointed to implement the recommendations of "Best Health for Children" and the Board's Child Health Strategy.

5. Services for Older People

The relative growth in over 65's, particularly the over 80's, the numbers living alone, the availability of carers, the increasing admissions to Acute Hospital care, the need for additional acute assessment and rehabilitation beds, public health and general nursing and home help/carer support and housing issues, the capacity of public and private residential care and the affordability of the latter – represent some of the key concerns to be addressed. Activity is projected to increase across all elderly service elements.

Developments in 2001 will focus on community and residential services. They include;

- i. home help & carer support, professional community services, grants to voluntary organisations, the housing agenda and
- ii. an increase of 25% in nursing home subvention rates from 1st April, 2001.
- iii. old age psychiatry in Ennis and Newcastle West, improved staff ratios in the Board's long-stay institutions to reflect increasing dependencies and some expansion of respite, convalescent and palliative care in the Board's services.

Demographic changes are recognised and will be reflected in funding across the care continuum.

6. Child Care & Family Support Services

Several issues continue to cause concern, they include the complexity of child protection cases and demand for treatment services for persons with special needs. The management of children in residential child care and arrangements for children with challenging behaviour poses considerable difficulties. A recurring concern is the increased cost of legal action.

Child protection referrals have decreased but there has been a slight increase in the number of children in care. The complexity of all cases has increased.

Developments arising from the implementation of Children First Guidelines include structural and liaison development, training activities and notification systems. Services to counter domestic violence will be enhanced. Support for unaccompanied minor asylum seekers will be provided. A significant increase in rates for foster care will be implemented. Funding for the "Looked After Children" project in Clare will enable an early initiation. Community development and family welfare services will be enhanced. Issues arising from the anticipated legislation (Children's Bill, 1999) will begin to be addressed.

7. Mental Health

The needs of young persons with mental health problems arising from addiction placed considerable demands on the service. The absence of dedicated child and adolescent in-patient facilities limited service provision during 2000. The need to strengthen rehabilitation and support services in Adult services is evident.

Activity data indicate a reduction in acute in-patient admissions while the number of attendances at day hospitals and day centres increased.

A number of service areas will be strengthened including child psychiatry, rehabilitation and the Limerick Acute facility.

Additional supports will be provided for community based facilities across the region. Voluntary agencies will be resourced and a parasuicide intervention project will commence.

8. Physical & Sensory Disability Services

The demand to increase assessment capacity for and provision of home support services and to ensure the provision of aids and appliances is evident. The absence of appropriate residential facilities for adults with acquired brain injury is a cause for concern. There is an urgent need to develop both residential respite and outreach support for adults with significant physical disability. The absence of a database has limited the Board's capacity in planning and developing services.

During 2000 there was a substantial increase in the number of persons accessing Home Support, Therapy Services and Day Services. Arising from the removal of means testing for aids and appliances over 800 persons benefited. There was a very high uptake in Personal Assistant and Residential Services.

In 2001 the Board will significantly increase its capacity to carry out comprehensive needs assessment for Home Support Services. A 6-place residential respite facility for adults with significant physical disability will be opened during 2001. The Board, in collaboration with the Cheshire Foundation will develop a rehabilitative residential facility for persons with acquired brain injury.

Significant progress will be made in developing early intervention services, and in supporting children and adults through the provision of outreach and home support services

9. Intellectual Disability Services

Current data indicate a number of service gaps such as (persons identified on the database) persons within the mild range of intellectual disability who present with challenging behaviour and are without appropriate services. The absence of a comprehensive region-wide early intervention service has significant negative impact for children with disabilities and their families. The mainstreaming of vocational training services has put significant pressure on the Board.

In 2000 the Board in partnership with service providers, made significant progress in extending respite and day services to persons identified on the database as being in need of services. Further progress was made developing residential facilities for those persons inappropriately placed in mental health institutional services. Early intervention services were developed in the West Limerick Sector. Residential respite facilities were developed in the Limerick area for children on the autistic spectrum.

The Board, in partnership with the provider agencies, will provide additional residential, respite and day places. A respite and outreach service will be piloted in the Clare area for those persons within the mild range who present with challenging behaviour.

A catchment area intervention service will be developed for children on the autistic spectrum. 36 persons with an intellectual disability currently placed in St. Joseph's psychiatric hospital will be accommodated in community residences at St. Vincent's, Lisnagry.

It is planned to complete service agreements with all direct funded agencies.

The Board will provide a comprehensive planning, management, monitoring and evaluation function in respect of rehabilitative training.

10. Health Promotion

Activities during 2000 focused on joint actions with other Board departments, schools and communities. The 'Sláinte' services for drug and alcohol related problems had a significant increase in contacts. The Regional Drugs Committee formulated a collaborative and integrated approach to drugs misuse in the region. Improved arrangements were introduced for Level 2 Methadone treatment.

Developments during 2001 will focus on drug and alcohol services, community nutrition services and actions related to workplace health, men's health, schools, programmes providing parent and family support. Specific initiatives will relate to smoking cessation, healthier hearts and homelessness.

11. Cervical Screening

The pilot programme was launched in October, 2000 in this region. The target group is women aged 25 – 60. 15,000 invitations were issued. The number of smears taken up to the end of 2000 is projected to be well over 1000. A further 8000 invitations will issue, commencing in May 2001. A minimum of 320 women will require colposcopy in the first year.

12. Cardiovascular Service

The Board's plan based upon the Government Strategy "Building Healthier Hearts" was adopted in March 2000. An angioplasty service and rehabilitation services were initiated. During 2001, priority will be given to cardiac

rehabilitation and resuscitation skills. Teams will be assigned to each catchment area with the key task of reducing the incidence of heart disease. Three region-wide health promotion campaigns will be initiated.

Service Plans 2001

FINANCIAL SCHEDULES
TABLE 1

Summary of 2000 and 2001 Letter of Determination

| | Acutes | Mental Health | Elderly Care | Disability | Childcare | Community Services | Central Services | Total |
|--|---------------|---------------|--------------|--------------|--------------|--------------------|------------------|---------------|
| Original 2000 Allocation | 81185 | 25816 | 20196 | 33470 | 14370 | 49443 | 15209 | 239689 |
| Final 2000 Allocation | 89100 | 28709 | 22376 | 36222 | 14988 | 59672 | 15530 | 266597 |
| Less One- Off Items | -3033 | -373 | -430 | -1134 | -412 | -3122 | -2589 | -11093 |
| Approved Additions- 2001 (see attached table) | 16626 | 4322 | 2715 | 12022 | 4505 | 8264 | 5161 | 53615 |
| 2001 Allocation | 102693 | 32658 | 24661 | 47110 | 19081 | 64814 | 18102 | 309119 |

Note:

Funding as per original Letter of Determination has been adjusted upwards by £400k re additional funding subsequently notified in relation to Pre Hospital and Ambulance Services

Central Services includes Preserved Funding in relation to the Board as a whole

Community Services now includes Ambulances- in 1999 this was included in Acute Services

Service Plans 2001

Approved Additional Funding 2001

(page 1)

FINANCIAL SCHEDULES

TABLE 2

| | Acutes | Mental Health | Elderly Care | Disability | Childcare | Community Services | Central Services | Total |
|--|--------|---------------|--------------|------------|-----------|--------------------|------------------|-------|
| General Pay Awards | 5697 | 1574 | 1334 | 1690 | 507 | 1489 | 1501 | 13792 |
| Commission on Nursing/ Continuing Nurse Education | 240 | | | | | 221 | 538 | 999 |
| Cash Allowances | | 17 | | 211 | | | | 228 |
| Increments | 347 | 123 | 110 | 142 | 43 | 121 | 23 | 909 |
| Non Pay Inflation | 752 | 173 | 118 | 178 | 202 | 656 | 250 | 2329 |
| Technical Inflation | 190 | 6 | 11 | | | 51 | | 258 |
| Demand Led Schemes | | | | 1 | | 257 | | 258 |
| Home Help Pay | | | | | | 1855 | | 1855 |
| Renal Services | 250 | | | | | | | 250 |
| Cardiovascular Health | 482 | | | | | 82 | 536 | 1100 |
| Cancer Services | 1195 | | | | | | | 1195 |
| Waiting List Initiative | 1150 | | | | | | | 1150 |
| Pre Hospital and Ambulance Services | | | | | | 1600 | | 1600 |
| Acute Hospitals | 3550 | | | | | | | 3550 |
| Core Services | 1500 | | | | | | | 1500 |
| Blood and Blood Products | 178 | | | | | | | 178 |
| Services for Persons with Hepatitis C | | | | | | 395 | | 395 |
| Winter Initiative | 370 | | | | | | | 370 |
| Palliative Care | | | | | | 500 | | 500 |
| Services for Older People | | | 897 | | | 801 | | 1698 |
| Nursing Home Subventions | | | | | | 748 | | 748 |
| Mental Health Services | | 2180 | | | | | | 2180 |
| Services for People with Physical and Sensory Disabilities | | | | 2576 | | | | 2576 |
| Training Opportunities Programme | | | | 719 | | | | 719 |
| Adult Homeless | | | | | | 200 | | 200 |
| Health Services for the Travelling Community | | | | | | 120 | | 120 |
| Childcare Services | | | | | 3372 | | | 3372 |
| Intellectual Disability Services | | | | 3335 | | | | 3335 |
| Ophthalmic Services | | | | | | 117 | | 117 |

Service Plans 2001

Approved Additional Funding 2001

(page 2)

FINANCIAL SCHEDULES

TABLE 2

| | Acutes | Mental Health | Elderly Care | Disability | Childcare | Community Services | Central Services | Total |
|---|--------------|---------------|--------------|--------------|-------------|--------------------|------------------|--------------|
| Violence Against Women | | | | | 200 | | | 200 |
| Cervical Screening | | | | | | | 422 | 422 |
| Dental Services | 529 | | | | | 447 | | 976 |
| Family Planning and Pregnancy Counselling | | | | | 51 | 51 | | 102 |
| Health Screening for Asylum Seekers | | | | | | | 123 | 123 |
| Food Safety | | | | | | 235 | | 235 |
| Tobacco Control | | | | | | 105 | | 105 |
| Influenza/Pneumococcal Vaccinations | | | | | | 545 | | 545 |
| Pilot GP Co-operatives | | | | | | 140 | | 140 |
| GP Development Fund | | | | | | 280 | | 280 |
| Drugs Services | | | | | | | 303 | 303 |
| Development of the HR Function | | | | | | | 175 | 175 |
| Development of the Finance Function | | | | | | | 100 | 100 |
| Development of IT | | | | | | | 103 | 103 |
| Nurse Training | 208 | 182 | | 105 | | | | 495 |
| Nursing Development Funding | | | | | | | 440 | 440 |
| Health and Safety | | | | 50 | | | 400 | 450 |
| Demographic Factors | 240 | | 300 | | | | | 540 |
| General Cost Pressures | | | | | | | | 0 |
| Increased Hospital Charges | -239 | | | | | | | -239 |
| Casemix Adjustment | -148 | | | | | | | -148 |
| Community Drugs Scheme | | | | | | | | 0 |
| Other Adjustments/ Transfers | 135 | 67 | -55 | 3015 | 130 | -2752 | 247 | 787 |
| Approved Additions 2001 | 16626 | 4322 | 2715 | 12022 | 4505 | 8264 | 5161 | 53615 |

TABLE 3

Budget 2001 - by Programme/Care Group

| | PAY | SUPER- ANNUATION | NON-PAY | GROSS EXPENDITURE | INCOME | NET | STAFF WTE |
|------------------------------------|----------------|---------------------|----------------|----------------------|---------------|----------------|-----------------|
| Acute Hospitals | 77,053 | 5,553 | 33,865 | 116,471 | 13,778 | 102,693 | 2,571.48 |
| Mental Health | 25,164 | 2,009 | 7,382 | 34,555 | 1,897 | 32,658 | 870.98 |
| Elderly Care | 22,917 | 1,840 | 4,424 | 29,181 | 4,520 | 24,661 | 899.29 |
| Special Hospitals | 48,081 | 3,849 | 11,806 | 63,736 | 6,417 | 57,319 | 1,770.27 |
| Disabilities | 3,168 | 139 | 45,175 | 48,482 | 1,372 | 47,110 | 143.82 |
| Child Care | 4,956 | 234 | 14,036 | 19,226 | 145 | 19,081 | 290.00 |
| Community Services | 20,381 | 1,595 | 44,071 | 66,047 | 1,233 | 64,814 | 929.50 |
| Community Care | 28,505 | 1,968 | 103,282 | 133,755 | 2,750 | 131,005 | 1,363.32 |
| Central Services / Preserved Funds | 11,077 | 331 | 7,200 | 18,608 | 506 | 18,102 | 410.75 |
| Board Total | 164,716 | 11,701 | 156,153 | 332,570 | 23,451 | 309,119 | 6,115.82 |

Budget Weightings and Cash Flows from Department of Health and Children

| | £M | £M | No. |
|-------------------------|---------------|---------------|---------------|
| Total Allocation | 309119 | | |
| Total Pay Budget | | 164716 | |
| Cash | | | 308501 |
| January | 23957 | 12219 | 23880 |
| February | 22411 | 11364 | 22341 |
| March | 23957 | 12830 | 23880 |
| April | 23957 | 12708 | 23880 |
| May | 23957 | 13441 | 23880 |
| June | 23957 | 13319 | 23880 |
| July | 23957 | 14052 | 23880 |
| August | 23957 | 14419 | 23880 |
| September | 23957 | 14297 | 23880 |
| October | 25502 | 15518 | 25421 |
| November | 30912 | 15030 | 30814 |
| December | 38640 | 15518 | 38885 |
| TOTAL | 309119 | 164716 | 308501 |

Note: Budget Weightings are approximate indications only.

Cash Flow from Department of Health and Children is based on a total of £24.112m due at the end of 2000 plus 92% of the 2001 Allocation

Service Plans 2001

**FINANCIAL SCHEDULES
TABLE 5**

WTE Analysis and Weightings

| | Manage/ Admin | Medical/ Dental | Nursing | Para- medical | Support | Technical/ Maint. | TOTAL |
|------------------|--------------------------|----------------------------|----------------|--------------------------|----------------|------------------------------|----------------|
| End 2000 | 879.61 | 392.97 | 1971.95 | 529.04 | 1144.38 | 157.66 | 5075.61 |
| January | 902 | 398 | 1997 | 546 | 1188 | 158 | 5189 |
| February | 924 | 404 | 2023 | 563 | 1232 | 159 | 5305 |
| March | 946 | 410 | 2049 | 580 | 1276 | 160 | 5421 |
| April | 968 | 416 | 2075 | 597 | 1320 | 161 | 5537 |
| May | 989 | 422 | 2101 | 614 | 1364 | 162 | 5652 |
| June | 1012 | 428 | 2127 | 631 | 1408 | 163 | 5769 |
| July | 1036 | 434 | 2152 | 648 | 1452 | 163 | 5885 |
| August | 1058 | 440 | 2178 | 665 | 1479 | 163 | 6000 |
| September | 1083 | 448 | 2206 | 679 | 1537 | 163 | 6116 |
| October | 1083 | 448 | 2206 | 679 | 1537 | 163 | 6116 |
| November | 1083 | 448 | 2206 | 679 | 1537 | 163 | 6116 |
| December | 1083 | 448 | 2206 | 679 | 1537 | 163 | 6116 |
| End 2001 | 1083.36 | 447.44 | 2206.22 | 679.04 | 1536.79 | 162.97 | 6115.82 |

EMPLOYMENT LEVELS

| Acute Hospital Service | Management/ Admin | Medical/ Dental | Nursing | Paramedical | Support | Technical/ Maintenance | Total |
|------------------------------|----------------------|--------------------|---------|-------------|---------|---------------------------|---------|
| 01/01/2001 | 269.93 | 258.92 | 985.20 | 236.76 | 431.33 | 54.39 | 2236.53 |
| Changes/Developments 2001 | 26 | 38.97 | 168.37 | 52 | 48.50 | 1.11 | 334.95* |
| 31/12/2001 | 295.93 | 297.89 | 1153.57 | 288.76 | 479.83 | 55.50 | 2571.48 |

*154.16 WTE's is included subject to funding during 2001

| Ambulance Service | Management/ Admin | Medical/ Dental | Nursing | Paramedical | Support | Technical/ Maintenance | Total |
|------------------------------|----------------------|--------------------|---------|-------------|---------|---------------------------|-------|
| 01/01/2001 | 14.7 | 0 | 0 | 0 | 93.8 | 0 | 108.5 |
| Changes/Developments 2001 | 2 | | | | 11 | | 13 |
| 31/12/2001 | 16.7 | 0 | 0 | 0 | 104.8 | 0 | 121.5 |

| Primary Care and Community Services | Management/ Admin | Medical/ Dental | Nursing | Paramedical | Support | Technical/ Maintenance | Total |
|--|----------------------|--------------------|---------|-------------|---------|---------------------------|--------|
| 01/01/2001 | 234.05 | 83.85 | 148.5 | 39.1 | 22.90 | 2.19 | 530.59 |
| Changes/Developments 2001 | 24 | 2 | 7 | 1 | 243.41 | 0 | 277.41 |
| 31/12/2001 | 258.05 | 85.85 | 155.5 | 40.1 | 266.31 | 2.19 | 808 |

| Services for Older People | Management/ Admin | Medical/ Dental | Nursing | Paramedical | Support | Technical/ Maintenance | Total |
|--------------------------------------|------------------------------|----------------------------|----------------|--------------------|----------------|-----------------------------------|--------------|
| 01/01/2001 | 37.18 | 15.1 | 348.39 | 21.28 | 397.55 | 36.79 | 856.29 |
| Changes/Developments 2001 | 2 | 0 | 25 | 6 | 10 | 0 | 43 |
| 31/12/2001 | 39.18 | 15.1 | 373.39 | 27.28 | 407.55 | 36.79 | 899.29 |

| Child Care & Family Support Services | Management/ Admin | Medical/ Dental | Nursing | Paramedical | Support | Technical/ Maintenance | Total |
|---|------------------------------|----------------------------|----------------|--------------------|----------------|-----------------------------------|--------------|
| 01/01/2001 | 51.5 | 0 | 3.0 | 111.0 | 17.5 | 1.0 | 184.0 |
| Changes/Developments 2001 | 15.0 | 1.0 | 0 | 41.0 | 48.0 | 1.0 | 106.0 |
| 31/12/2001 | 66.5 | 1.0 | 3.0 | 152.0 | 65.5 | 2.0 | 290.0 |

| Mental Health | Management/ Admin | Medical/ Dental | Nursing | Paramedical | Support | Technical/ Maintenance | Total |
|--------------------------------------|------------------------------|----------------------------|----------------|--------------------|----------------|-----------------------------------|--------------|
| 01/01/2001 | 47.75 | 29.0 | 471.86 | 49.5 | 139.38 | 52.49 | 789.98 |
| Changes/Developments 2001 | 4.0 | 11.0 | 22.5 | 12.0 | 31.5 | 0 | 81.0 |
| 31/12/2001 | 51.75 | 40.0 | 494.36 | 61.5 | 170.88 | 52.49 | 870.98 |

| Disabilities | Management/ Admin | Medical/ Dental | Nursing | Paramedical | Support | Technical/ Maintenance | Total |
|--------------------------------------|------------------------------|----------------------------|----------------|--------------------|----------------|-----------------------------------|--------------|
| 01/01/2001 | 37.5 | 0 | 0 | 58.4 | 32.42 | 0 | 128.32 |
| Changes/Developments 2001 | 3.5 | 0 | 0 | 12.0 | 0 | 0 | 15.5 |
| 31/12/2001 | 41.0 | 0 | 0 | 70.4 | 32.42 | 0 | 143.82 |

| Corporate Services | Management/ Admin | Medical/ Dental | Nursing | Paramedical | Support | Technical/ Maintenance | Total |
|--------------------------------------|------------------------------|----------------------------|----------------|--------------------|----------------|-----------------------------------|--------------|
| 01/01/2001 | 187 | 6.10 | 15 | 13 | 9.50 | 10.80 | 241.40 |
| Changes/Developments 2001 | 127.25 | 1.50 | 11.40 | 26 | 0 | 3.20 | 169.35 |
| 31/12/2001 | 314.25 | 7.60 | 26.40 | 39 | 9.50 | 14 | 410.75 |

| Mid-Western Health Board - Overall | Management/ Admin | Medical/ Dental | Nursing | Paramedical | Support | Technical/ Maintenance | Total |
|---|------------------------------|----------------------------|----------------|--------------------|----------------|-----------------------------------|--------------|
| 01/01/2001 | 879.61 | 392.97 | 1971.95 | 529.04 | 1144.38 | 157.66 | 5075.61 |
| Changes/Developments 2001 | 203.75 | 54.47 | 234.27 | 150 | 392.41 | 5.31 | 1040.21 |
| 31/12/2001 | 1083.36 | 447.44 | 2206.22 | 679.04 | 1536.79 | 162.97 | 6115.82* |

* Does not reflect WTE employment levels of agencies contracted by this Board to provide services

HEALTH STATUS OF THE MID-WEST

The population of the Mid-Western Health Board region was 317,069 at the time of the 1996 census. This represented a 2% increase on the 1991 figure. The number of females in the region is similar to the number of males through early and middle age. As the population gets older, however, the number of females exceeds the number of males, reflecting the greater life expectancy of females. In Ireland, life expectancy remains lower than in many other European countries (WHO, 1999).

Much of the increase in the population of the Mid-West Region has been in Limerick County and to a lesser extent in County Clare. The largest growth can be seen to have taken place in those aged over 70 and is most marked for those aged over 85. The greatest growth has taken place in counties Limerick and Clare. Between 1981 and 1996 Limerick County has grown at the fastest rate with a 12% increase in population in that 15-year period. There was a 3% growth in population between 1991 and 1996. In Clare there was a 7% increase in population between 1981 and 1996. The population of Tipperary (N.R.) remained virtually static with a 1.5% drop in the last 15 years but Limerick City has shown a 15% fall in population during the same period. Limerick City is the only area to show a predominance of females.

In the Mid-Western Health Board region, the proportion of the population aged over 65 who live alone is approximately 26%. More women live alone than men reflecting, in part, the greater numbers of women alive in this age category. It is worthy of note that Limerick City has the highest population of elderly women living alone (34%) and the lowest proportion of elderly men (18%). The dependency ratio in two county areas, Clare and Tipperary (N.R.) is considerably higher than both the regional and national average.

The number of births in the Mid-Western Health Board region, which fell in the early 1990s, has been increasing again since 1995. In 1998 there were 4,611 births to residents of the Mid-Western Health Board region, which gives a crude birth rate of 14.5 live births per 1000 population. 88% of these births occurred in the Regional Maternity Hospital. The Mid-Western Health Board region is the only region outside the Eastern and North-Eastern Health Boards where there were more births in 1997 than in 1989. Children aged less than four years now represent almost 7% of the population in the Mid-West.

The population of the Mid-Western region in common with the rest of the country is rising. Current indications suggest that, given our increasing birth rate, the numbers of children aged 0-14 in the immediate future is likely to rise. Our elderly population is continuing to grow with the fastest growth rate taking place in eighty plus age category. Projections suggest this upward trend will continue. This will have significant implications for the provision of services for the elderly, particularly the very elderly.

An increasingly important demographic factor which will have a strong influence on health care needs is the number of asylum seekers/immigrants from non-EU countries. Close to 1,000 individuals will be in the Board's area in 2001.

Mortality

There were 3,048 deaths in the Mid-Western Health Board region in 1998. Of these 1,291 (42.4%) were due to circulatory disease, 670 (22.0%) were due to cancer and 41 (1.3%) were

due to road traffic accidents. There were 44 (1.4%) deaths by suicide in the region during the same year. The age-standardised death rate for deaths from all causes in the region has decreased steadily over the past decade.

In the Mid-Western Health Board region in 1998 there were 35 deaths in infants aged one and under giving an infant death rate of 7.5 per 1000 live births. During that time there were also 45 perinatal deaths, giving a perinatal death rate of 10.7 per 1000 live and still births.

The mortality experience varies within the region. Clare has generally the best experience at all ages and gender groups. Limerick City has the worst experience across the age/gender groups and Tipperary (N.R.) has an experience which is nearer to that of Limerick City than either Clare or Limerick County. This would suggest that service provision and particularly health promotion activities should focus on these two geographic areas.

Morbidity

Although the number of new patients seen in the hospitals in the region has remained fairly constant over the past decade, the number of review patients has been increasing. The number of visits to accident and emergency departments has also been increasing in recent years although a slight decline in numbers was seen in 1999. This increase in attendances, which has occurred without any obvious changes in the epidemiology of accidents in the area, might be explained by a number of factors such as the increase in the population in cities in the area and the need to educate the population about services which are provided by GPs. With the hospitals in the region operating at high bed occupancy rates, there has been little change in the number of inpatient admissions over the last decade. However the number of day cases has increased considerably over that time period. In 1989 day cases represented one eighth of all admissions in the region whereas this proportion has now risen to over one third. This mirrors a national increase in the number and types of procedures which are now carried out as day cases.

Care Group Strategies

Strategies have been drawn up by the Mid-Western Health Board, which express the visions for the future development and delivery of services for the population of the region. The strategy for the Acute Services is near completion, those for Mental Health, Primary Care, Child Health, Child Care, Elderly Care, Intellectual Disability and Physical and Sensory Disability have been completed. The strategies have been informed by an extensive consultation process in order to develop future services which are 'consumer-oriented' and of the highest quality. Effective implementation of these strategies will require managed change at three functional levels, strategic, tactical and operational, together with planned periodic review of the effectiveness of their implementation.

ACUTE HOSPITAL SERVICE

1.0 STATEMENT OF PURPOSE & STRATEGY

Purpose

The purpose of Acute Hospital Services is to diagnose, treat and care for people with acute illness or injury in an appropriate, timely, and effective manner and to provide maternity services.

Strategy

A Strategic Plan based on principles of regionalism and integration is currently under preparation and will address a number of key issues including the future role and function of each of the acute service providers in the region. The strategy will take account of epidemiology, disease and illness patterns, demographic changes, range and level of services, technological developments, resources, customer expectations and service linkages.

1.1 PLANNING AND STATUTORY FRAMEWORK

The Health Act, 1970 and subsequent Amendments provide the statutory framework for the provision of Acute Hospital Services. The National Health Strategy, Shaping a Healthier Future, 1994 outlines the strategic direction based on the principles of health and social gain and underlying principles of equity, quality and accountability. The accompanying Action Plan highlighted the need to define the role of each acute hospital as part of a co-ordinated network of services delivering high quality care in an appropriate setting in an equitable and cost effective manner.

The strategic plan will provide the policy framework for service provision in the future and will take account of the Comhairle na n-Ospideal report on Acute Hospital Services in the Mid-West Region (1991) and local service development plans published in the interim period.

Major strategic plans at national level which impact on local service developments include the Cancer Strategy and Cardiovascular Health Strategy.

1.2 SOCIO/DEMOGRAPHIC PROFILE

The population of 317,069 increased by 17.5% since the early 1970's. Immigration and the return of prior emigrants are the causal factors. The demographic changes and the growing awareness of health matters by the public have created a significant increase in demand on the health services.

The number of births in the region has increased steadily from a low of 3,301 in 1995 to a total of 4,024 in 1999. Current indications suggest that the number of children aged 0 – 14 years is likely to rise in the immediate future.

The population between the ages of 14 and 65 is predicted to increase slightly between 1996 and 2001 peaking in the year 2001 at approximately 204,000. A number of younger single persons who reside in urban areas are more likely to use A & E Departments in lieu of Primary Care.

The population of the older age group continues to increase. In 1996, 11.8% of the population were aged 65 years and over. Approximately 26% of those aged 65 years live alone. The elderly population is continuing to grow at a faster rate in the 80+ category. Projections suggest that this upward trend will continue and will have significant implications for the provision of the health services.

The dependency ratio for the Mid-West region is 0.56 with 75,880 in the 0 – 14 age group and 37,480 in the over 65 age group. The national rate is lower at 0.54.

2.0 REVIEW OF 2000

2.1 SERVICE TARGETS

2.1.1. Activity

Activity details including targets and projected outturns for the current year and targets for 2001 are set out in **Appendix 1**.

The following is a summary for 2000:-

In-Patient

Activity is ahead of the Service Plan target by 4% overall and this is projected to continue to year-end. Surgical in-patient activity is ahead by 5.2%. The Waiting List Initiative has contributed significantly to the increase. Medical admissions are 4.19% ahead of target due mainly to emergency admissions.

Day Case

Activity is in excess of targets by 12.43%. The Waiting List Initiative and service expansion in haematology and oral surgery are the main contributory factors.

Out-patients

Attendances overall are ahead of target for both new and review patients (11% and 8% respectively). Service developments in gynaecology, oncology and haematology and increased review activity in cardiology, ENT, and GU are the main contributory factors.

Neurology activity is below planned targets for both new and review patients due to new screening procedures pending the appointment of a Consultant Neurologist.

Accident and Emergency

A & E activity is ahead of target by 4%. New patients are 7% ahead of target, but reviews are significantly below target by 15%.

Births

The estimated number of births in 2000 will be approximately 4,027. This is similar to the birth rate in 1999.

Waiting List Initiative

A management group was assigned to this project. A reduction of approximately 52% will occur in 2000. Additional resources, a system wide approach to validation, assessment and prioritisation and a proactive approach to managing the lists are the key factors in achieving this level of reduction. Efforts are now focused on specialties with the longest waiting lists. The appointment of a sixth Orthopaedic Consultant and a Registrar in Ophthalmology will lead to further reductions over the coming months

2.1.2. Finance

The outturn at year-end will show a breakeven position. This will reflect overspends in clinical costs, recruitment costs, information technology, medical equipment and legal fees which are offset by savings in pay, maintenance and grounds costs, buoyant income, and delays in the implementation of some developments.

2.1.3. Staffing

The W.T.E. control for acute services is 2,236.53

2.2 CORE & DEVELOPMENT PERFORMANCE

2.2.1. Core performance

Core services were generally in line with or above service plan targets as set out in Appendix 1.

2.2.2 Developments

Medicine

General Medicine

- A Consultant Physician with a special interest in Gastroenterology and an S.H.O. were appointed to Nenagh General Hospital.

Renal Dialysis

- The unit increased to 9 stations.

- A Registrar with a specialist interest in dialysis was appointed and has developed home dialysis linked to the hospital.
- The appointment of an Anaemia Co-ordinator in Haemodialysis has reduced the need for blood transfusions.

Diabetic Unit

- An additional nurse was assigned to this service.

Endoscopy

- A new unit was set up in May.

GU/STD

- Computerisation was introduced.

Surgery

Additional funding under the Waiting List Initiative allowed for increased surgical procedures. A Registrar in Ophthalmology was employed as part of this new initiative

Orthopaedics

- A Bone Bank Nurse Specialist was appointed and the service commenced in late 2000.
- An additional Consultant Orthopaedic Surgeon commenced under the Waiting List Initiative.

Obstetrics/Gynaecology & Paediatrics

- The new Colposcopy Unit opened in May 2000 at the Regional Maternity Hospital.
- The new dedicated Paediatric Unit opened in April 2000. All paediatric ENT post-operative patients are nursed in the unit since September 2000.

A & E, Anaesthetics, Theatre & ICU

- The commissioning of the new A & E Department was completed with the exception of the Observation Unit and the minor operating room.
- A review of A & E services commenced.
- Commissioning of the ICU was completed with the opening of the 7th ICU bed.
- An additional Consultant Anaesthetist commenced.
- A Casualty Officer was appointed to Ennis General Hospital.
- Security measures put in place in the current year will continue. This includes the installation of security equipment and the employment of dedicated security personnel.

Winter Initiative

This project commenced in 2000 with funding to contract 35 additional beds in the nursing home sector. Aids and appliances for those in the acute hospital sector were provided.

This has enabled the freeing up of beds in the acute sector. A Management Group is in place to ensure that bed blocking does not occur where contractual arrangements are in place. Revised admission and discharge policies for those benefiting under this arrangement have been agreed and circulated. This scheme will continue to the end of March 2001 and will recommence in October 2001. A weekly review is part of the management process to ensure maximum effectiveness.

Clinical and Diagnostic Service

- Blood Transfusion Committees were established and a Haemovigilance Officer was recruited for Nenagh General Hospital.
- Additional staff were employed in Physiotherapy at the Mid Western Regional Hospital and Nenagh General Hospital.

2.3 PERFORMANCE REVIEW

2.3.1. Research

- Research in urology includes repair techniques in hypospadiology, ongoing outcomes following certain surgical interventions, and incontinence.
- Management of leg ulcers in vascular surgery.
- In orthopaedics the use of alternatives in total hip replacement, limb injuries in older persons and conservative treatments in paediatrics
- The Medical Admissions Predictor Study in conjunction with the Department of Public Health continued at Nenagh General Hospital with 4,500 patients now recorded.
- An audit of cardiac arrests within each ward in the Mid-Western Regional Hospital.
- Research projects in nursing include:
 - The use of pethedine in hospitals
 - Prevalence of latex allergies amongst health care staff
 - Pre-operative fasting
 - Appropriateness and safety of wound management.
- A joint project with Community Care and Public Health to evaluate the benefit of opportunistic immunisation of children who interface with the health services.
- A joint project with the University of Limerick on hip replacement and use of x-ray facilities to produce diagnostic pictures for comparison.
- Evaluating, improving and optimising laboratory assessment of diabetes control in Irish hospitals.
- A study on colorectal cancer in conjunction with the Department of Surgery, Biochemistry and Histology. This project is ongoing and results are presented on regular basis at national and international conferences, as well as in the Scientific Journals.

2.3.2 Quality

Risk Management

- A Pilot Project on Clinical Risk Management commenced in August 2000 at the Regional Maternity Hospital.

Patient Services

- Patient satisfaction surveys were completed at the Mid Western Regional Hospital in conjunction with the Irish Society for Quality in Healthcare and at Ennis General Hospital.
- Patient Information leaflets were introduced to improve patient information prior to hospitalisation.

Clinical Services

- Clinical pathways were introduced in the Otorhinolaryngology Department and are being extended to Oral and Maxillofacial Surgery and Orthopaedics.
- The Nurse Practice Development Unit commenced initiatives in clinical pathways, wound management and management of pressure sores.
- A Medical Quality Circle provides a forum to identify and solve problems and address quality issues.
- A 'Biomed' type project on medical records commenced at Ennis General Hospital.
- Personalised Care Plans for diabetic patients were introduced.
- The Clinical Information System (Pilot Project) commenced at Nenagh General Hospital.
- Quality assurance testing commenced in the Department of Radiology to improve image quality of mammography examinations for the Breast Clinic.
- The Blood Transfusion Committees undertake continuous audit of the quality of blood and blood products.
- Drugs & Therapeutic Committees are now in place in all the hospitals.

Accreditation

- The process of accreditation of Laboratory Services commenced with an external audit at the Pathology Department, Mid-Western Regional Hospital. Quality improvement measures identified in the course of this audit are currently being implemented.
- The Cardiac Catheterisation Laboratory and the Catering Department are in the final stages of preparation for ISO 9002 accreditation.
- The HACCP training programme commenced for Catering Staff at the Regional Maternity, Regional Orthopaedic and Nenagh General Hospitals.

General

- A Quality Improvement Advisor was appointed.
- The three Regional Hospitals continue to participate in the National Health Promoting Hospitals Initiative and a local Steering Group is in place.

- Hospital Newsletters are published on a by-monthly basis at the Mid-Western Regional Hospital and Nenagh General Hospital.

2.3.3 Evaluation

- An evaluation of A & E, Pathology and Out-patient services commenced.
- The Drugs and Therapeutic Committee and the Infection Control Committee are actively involved in evaluating current arrangements.
- Validation of in-patient waiting lists continued throughout the year and the validation of out-patient waiting lists commenced.

2.3.4 Value for Money

- A feasibility study on the rationalisation of catering services at the Mid-Western Regional Hospitals commenced.
- Policies and protocols on drug purchase and usage continue to be developed by the Drugs and Therapeutic Committees. The "preferred list" will be published in early 2001.
- The Radiology System (PACS) was extended at the Mid-Western Regional Hospital and continues to generate savings in the use of x-ray film.
- Ongoing audit and standardisation of emergency resuscitation trolleys is preventing over stocking and duplication.
- A Theatre Utilisation Committee was formed at Ennis General.

2.3.5 Performance Indicators

- The numbers awaiting out-patient appointments were monitored for each specialty to establish a benchmark for performance monitoring in 2001. The details are set out in Appendix 3.
- The out-patient recall ratio was reduced from 1:3.7 to 1:3.5.
- The percentages of reattendances at the A & E Department was 11% in 2000 compared with 12.8% in 1999.
- The average median waiting times for in-patient elective admissions were monitored on a quarterly basis. See Appendix 3.
- The percentage of complaints relative to patient throughput was also monitored on a monthly basis. See appendix 3.
- The average length of stay for the top thirty DRG's reduced from 4.091 in 1998/99 to 3.62 in 1999/2000.

2.4 SIGNIFICANT ISSUES

Medicine

- The implementation of a recent report on adult Cystic Fibrosis services to enhance services for this group.
- The appointment of a Microbiologist with support staff in line with recent reports on Pathology and Infection Control. A submission on infection control will issue to the Dept. of Health and Children in January 2001.
- The appointment of a Consultant Neurologist to significantly expand current services.

- Consultant appointments in Rheumatology, and Rehabilitation are required to commence services in the region.
- Additional staffing to enhance services for older people.

Surgery

- The restoration of surgical bed capacity at the Mid-Western Regional Hospital.
- The appointment of an additional Vascular Surgeon and team as recommended by Comhairle na n-Ospideal.
- The expansion of the ophthalmic services to provide increased capacity including the appointment of an Orthopist and Community Ophthalmic Physician.

Obstetrics/Gynaecology and Paediatrics

A detailed report on Maternity Services in the Mid-West region was submitted to the Department of Health & Children in January 1999. Key issues are:

- Increases in midwifery staffing levels due increased dependency levels associated with the rising birth rate, pre-term babies, multiple births and the number of young first time mothers.
- Staffing and a second theatre and two additional delivery suites are also required.
- Dedicated nurse specialists are needed in the areas of paediatric diabetes and asthma to cope with the increasing numbers presenting.

Orthopaedics

- A dedicated trauma service and a fully staffed unit are urgent priorities.
- Elective services at the Regional Orthopaedic Hospital require expansion.
- An additional Consultant Orthopaedic Surgeon and support team.

A & E, Theatre, ICU & Anaesthetics

- An alternative minor injuries clinic in Limerick City.
- The opening of the Observation Unit and minor operating theatre area.
- The appointment of an A & E Nurse Practitioner.
- A proper transport system for inter hospital patient transfers.

Clinical & Diagnostic Supports**Radiology**

- Provision of MRI scanning services for the Mid-West region.
- Additional staffing including a Consultant with expertise in musculoskeletal disease and injury, Registrars in radiology, a Physicist and support staff.

Laboratory

- Increased workload associated with extra testing, new services including cytology, serology and stem cell transplanting, extension of phlebotomy services and

additional costs associated with the introduction of new IT systems, accreditation, on-call services and maintenance of new high-tech equipment.

- Adequate resources for persons with bleeding disorders who were previously treated at the national centre.
- The increased referrals of Haemophiliac patients to the MWRH is expected to result in an additional resource requirement of £0.850m in 2001. The allocation provided amounts to £0.5m.

Dietetics, Diabetes & Asthma

- The expansion of services across the region.

Physiotherapy

- Additional resources are required for adult cystic fibrosis, cardiac rehabilitation, amputee and spinal rehabilitation, dermatology, postnatal care and research.

General Cost Pressures

- Increases in the number of older persons admitted to hospital, the rising birth rate, increased diagnostic procedures, medical inflation and changes in medical practice and procedures continue to pressurise clinical costs. General inflation including the cost of energy and exchange rates are other contributory factors to increased non-pay costs. Some additional funding has been provided in the past 2 years to address these issues.

Organisational Supports

- Multi disciplinary input to service management at operation level in all areas is required.
- Other issues include the lack of available personnel in certain grades, increased costs of recruitment and deficits in Human Resource, and Finance staffing levels.

Equipment Maintenance

- Adequate funding for the maintenance of high tech equipment.

3.0 AIMS AND SERVICE OBJECTIVES 2001

3.1 REFLECTION ON OBJECTIVES & TARGETS

The aim is to provide a comprehensive range of services in response to the acute health care needs of the community and to address current gaps in services subject to resources.

The Objectives are:

- To provide services to the highest standard and quality in line with the strategic plan and national and local policy.

- To implement appropriate organisational structures based on patient centeredness, staff empowerment and devolution.
- To maintain core services at the same level as the previous year and develop new services within available resources and policy framework.
- To implement a systemic approach to process management using a "self assessment" model.

3.1.1 Activity

Target activity for 2001 is set out in Appendix 2.

3.1.2 Finance

The budget for 2001 amounts to £102,693m.

3.1.3 Staffing

The WTE complement for 2001 is 2,571.48

3.2 CORE AND DEVELOPMENT 2001

3.2.1 Core Services 2001

Activity will be broadly in line with activity in 2000. Some increase in activity is likely to arise as new developments are implemented, e.g. Cancer Services, Cardiovascular, Medical Day Unit and Renal Services.

3.2.2 Developments 2001

Patient Services

Medicine

- A Consultant Dermatologist and 4 support staff will be appointed.
- Renal Services will expand with the commencement of home dialysis (CAPD) and an additional 7.5 WTEs will be employed.
- A total of 17 support staff will be appointed to Nenagh General Hospital to address core service deficits and to support the Medical Department.
- A total of 16 additional staff will be appointed to Ennis General Hospital to address core service deficits in medical, surgical, paramedical services and clerical support.
- The Medical Day Unit will open during 2001. The appointment of a Consultant Physician for this service is in process.

Surgery

- Additional capacity will be available during the second half of the year subject to funding under the National Review of Bed Capacity.
- An additional Consultant Oral/Maxillofacial Surgeon will be appointed.

Orthopaedics

- Additional capacity will be available for electives and trauma in the latter part of the year subject to funding under the national review of bed capacity.

Obstetrics/Gynaecology & Paediatrics

- Some of the staffing deficits in Obstetrics will be addressed with the appointment of 6 additional nursing WTEs.
- Additional support staff (4.5 WTEs) will be employed to support the new Consultant Obstetrician/Gynaecologist.
- Additional support staff (4 WTEs) will be employed to support the second Consultant Neonatologist.

A & E, Theatre & ICU

- Three additional A & E Consultants and two additional Consultant Anaesthetists will be appointed subject to funding from the Department of Health & Children and approval from Comhairle na n-Ospideal.
- The High Observation Unit will open subject to funding under the national review of bed capacity.
- A review of anaesthetic services will commence early in the New Year. The opening of an additional theatre will be considered in the context of the review.

Orthodontics

A sum of £404,000 is available for developments in Orthodontic Services. Two additional Specialists with M. Orth. qualification, a consultant in restorative dentistry, 3 dental surgery assistants and 2 clerical personnel will be employed. The balance of this allocation will fund increased non-pay costs. Assessment, validation and prioritisation of waiting lists will commence.

Clinical & Diagnostic Services**Radiology**

- The expansion of the PACS System will be progressed further. The feasibility of introducing x-ray digitising to reduce storage requirements will be assessed.

Laboratory

- To complete commissioning, 29 additional staff are required. A significant number will be recruited.
- The process of laboratory accreditation will continue with the assignment of dedicated staff and ongoing training.
- Additional support staff (5 WTEs) will be employed with the appointment of the second Consultant Haematologist.
- Additional support staff (6 WTEs) will be employed with the appointment of the Consultant Cytohistopathologist.

Blood & Blood Products

An additional allocation of £0.178m is provided due to increased charges for blood components, blood products and related services. A reduction of 2% in the use of blood components is suggested in 2001, based on current trends. The employment of an Anaemia Co-ordinator in Haemodialysis in 2000 and the Haemovigilance programme will contribute to reductions in the use of blood products. However the reductions are likely to be offset by the full year impact of medical oncology and the appointment of an additional Consultant Haematologist.

Cancer Services

Review of 2000 performance

Cancer services are provided within the framework of the National Cancer Strategy. The key service developments in the current year include:

- Commencement of consultant led in-patient and out-patient services in medical oncology and palliative care (see details of page 4 of Primary Care and Community Services Service Plan) which is provided in conjunction with Milford Hospice.
- Expansion of the breast cancer clinic and additional appointments in haematology.
- Preventative measures include health promotion, smoking cessation and a pilot cervical screening programme which commenced in October 2000.

Aims and Objectives 2001

The aim is to continue service developments in oncology, palliative care and haematology. A detailed submission on the establishment of radiotherapy services was forwarded to the Department of Health and Children to commence services in this region. The establishment of a service for symptomatic breast disease in line with the national report is a priority.

Performance Management 2001

Activity levels will increase significantly due to the full year impact of the Medical Oncologist and the appointment of a second Consultant Haematologist later in the year.

Oncology – additional staff will be appointed to in-patient and out-patient services including 8 nursing staff, 2 non-nursing, a pharmacist in cytotoxic chemotherapy and secretarial support.

Haematology – an additional Consultant Haematologist and support staff will be appointed in 2001. This will enable the commencement of treatment of acute leukaemia and stem cell transplantation.

Additional laboratory technicians will be appointed and there will be a significant increase in non-pay costs, excluding drugs.

Other Cancer Services

Symptomatic Breast Disease – a separate submission will be forwarded to the Department of Health & Children following the National Review of Symptomatic Breast Disease.

The dedicated breast clinic established in 1998 at the Mid-Western Regional Hospital continues to expand and an additional nurse will be appointed to this service.

Oncology Drugs - An additional £500,000 is available bringing the total drug budget to £750,000. Expenditure will be monitored closely as costs will increase significantly, particularly with the expansion of oncology services and the appointment of a second Haematologist.

Prosthetic Services – A sum of £15,000 is available and the Board will await further notice from the Department of Health & Children regarding expenditure.

Palliative Care –Details of the Palliative Care service are outlined on page 10 of the service plan for Primary Care and Community services.

Cancer Services Management

- A Clinical Nurse Manager and secretarial support will be appointed.
- Additional recruitment costs will be incurred and staff training and development will be accelerated as the numbers employed increase.

Waiting List Initiative

The in-patient waiting list is projected to reduce by 52% from December 1999 to December 2000. The contributory factors are validation and additional procedures. The engagement of additional medical and support staff in Obstetrics/Gynaecology, Ophthalmology and Orthopaedics contributed to the performance. The retention of current capacity is vital to maintain the gains made in the current year.

The projection for 2001 based on available resources is to reduce the waiting lists by a further 30% approximately. Specialties with the longest waiting lists will be targeted (Ophthalmology and Orthopaedics).

There will be a significant focus in 2001 on reducing out-patient waiting lists, which is likely to add to current in-patient waiting lists. This increase is factored into the activity levels and targeted reductions. Additional out-patient clinics will be held and the possibility of significant nursing input to this process will be considered.

A Management Group including representation from St. John's Hospital is in place and validation, assessment and prioritisation underpin the approach. Updating of all waiting lists is now carried out on a continuous basis. Close working arrangements are in existence with GPs. The inclusion of a GP representative on the Management Group will be considered.

The provision of additional theatre sessions, the establishment of pre assessment clinics and contracting with other hospitals (St. John's) will be considered in the context of ongoing performance review and available resources.

Details regarding activity and targets are set out in Tables 1 & 7.

Organisation Developments

- The development of integrated service units with multidisciplinary self managed teams will continue. Additional funding will be used to provide training, locum cover and additional supports including business management and clerical inputs.
- Training and development programmes will be implemented.
- Support mechanism to ensure a systemic approach to audit will be available.
- Additional supports to HIPE coding (2 WTEs) will be provided.

Adjustments

Casemix

There is a negative adjustment of £0.147m in orthopaedic services.

Charges – Patient Services

There is a 3% increase in charges for private and semi-private accommodation. The budget will be adjusted to allow for this.

3.3 SERVICE INTEGRATION

3.3.1 Internal & External

Acute in patient care is part of the network of health services in the region and is a key component of care continuums for discreet care groups. The interface with care groups is a vital element in ensuring seamless and continuous care.

Strategic links at corporate level supported by an integrated approach to strategic planning and geographic management at operational level ensure that patient centredness and population focus underpin service delivery.

Multidisciplinary organisation structures are designed to accommodate care programmes and discreet units of service management. The structures provide the necessary links both internal and external to ensure efficient clinical management and care pathways. The inclusion of all key providers in service planning and delivery where appropriate e.g. General Practitioners, is necessary in ensuring a holistic approach to care provision.

A key task is a systematic approach to process review underpinned by continuous quality improvement.

Regular review of literature and consultation with all stakeholders including other statutory and voluntary organisations will ensure that services are provided in line with best practice.

3.4 PERFORMANCE MANAGEMENT

3.4.1 Research

- The Medical Admissions Predictor Study at Nenagh General Hospital will continue.
- Clinical research in urology, vascular surgery and orthopaedics will continue in a number of areas and will be fully supported. Some of the research will be conducted jointly with the University of Limerick.

3.4.2 Quality

- Further patient satisfaction surveys will be undertaken.
- Blood Transfusion Committees will continue in each hospital.
- Participation in the National Health Promoting Hospitals network will continue.
- The achievement of ISO recognition for the Catheterisation Laboratory and Catering Department at the Mid-Western Regional Hospital is a priority.
- Implementation of a model of continuous quality improvement in the acute in-patient sector will commence.
- The risk management programme in maternity services will continue.
- The process of Laboratory accreditation will continue.
- Patient information leaflets prior to hospitalisation will be introduced to other areas.

3.4.3 Evaluation

- An evaluation of the impact of the non closure of bed during the summer period in 2000 will be conducted and will impact on the position for the coming year.
- The reviews of Pathology, A & E and Out-patients will continue.
- Clinical Costs will continue to be evaluated particularly the purchase of new products, consumables and random checking of stock levels.
- An evaluation study on theatre usage will commence.

3.4.4 Value for Money

- Laundry Service for acute hospitals will be reviewed.
- The installation of a new telephone system will allow for closer monitoring of costs.
- Centralisation of catering services will be considered further.
- Drugs and Therapeutic Committees will develop policies and protocols on drug purchase and usage.
- The expansion of the PACS system will further reduce the use of x-ray film.

3.4.5 Performance indicators

Ongoing performance review at strategic and operational level based on key performance indicators will be an integral part of the service plan implementation process .The performance indicators are:-

- Review of actual activity against targets.
- Average length of stay for the top 30 DRGs.
- Percentage readmission within 14 days.
- Waiting times for out-patient clinics, recalls as a percentage of total A & E numbers seen.
- Ratio of new to review patients for out-patient clinics.

Appendix 1

Table 1. The table below outlines the activity for 2000 (including the Waiting List Initiative).

| | Target 2000 | Projected Out-turn 2000 | Variance | Target 2001 |
|---------------------------------|-------------|-------------------------|----------|-------------|
| Total In-Patient | 36,400 | 38,323 | 1,923 | 38,500 |
| Total Day Cases | 14,069 | 17,165 | 3,096 | 18,500 |
| Total Out-Patient | 106,590 | 116,634 | 10,044 | 118,500 |
| Total A&E Attendance | 85,439 | 89,605 | 4,166 | 84,500 |
| Total Number of Births | 4,000 | 4,027 | 27 | 4,150 |

Table 2. Regional Hospital Complex Reductions in Waiting Lists in 2000

| | Actual W/L Nos December 1999 | Projected W/L Nos December 2000 | Variance | Target 2001 |
|--------------|------------------------------|---------------------------------|----------|-------------|
| Total | 1,609 | 720 | 889 | 900 |

Table 3. WTE's 2000

| | Regional Hospitals | Ennis General | Nenagh General | Prog. Admin. | Total |
|-----------------|--------------------|---------------|----------------|--------------|---------|
| WTE 2000 | 1,807.82 | 232.22 | 192.49 | 4.00 | 2236.53 |

| | Management /Admin | Medical/ Dental | Nursing | Paramedical | Support | Technical/ Maintenance | Total |
|---------------------------|-------------------|-----------------|---------|-------------|---------|------------------------|----------|
| Regional Hospitals | 223.63 | 212.22 | 798.75 | 198.76 | 340.46 | 34 | 1,807.82 |
| Ennis General | 22.80 | 23.10 | 99.95 | 20.50 | 53.37 | 12.50 | 232.22 |
| Nenagh General | 19.5 | 23.6 | 86.5 | 17.5 | 37.5 | 7.89 | 192.49 |
| Prog Admin | 4.0 | - | - | - | - | - | 4.0 |

Appendix 2

Table 4. Target Activity for 2001

| | Regional Complex | Ennis General | Nenagh General | Total |
|-------------------------|------------------|---------------|----------------|--------|
| Total In-Patient | 29,550 | 4,800 | 4,150 | 38,500 |
| Day Cases | 14,800 | 1,750 | 1,950 | 18,500 |
| Out Patients | | | | |
| - New | 21,129 | 4,005 | 2,832 | 27,966 |
| - Review | 73,138 | 9,717 | 7,679 | 90,534 |
| Total A&E Attendance | 56,947 | 21,772 | 11,336 | 89,605 |
| Total No. of Births | 4,150 | - | - | 4,150 |
| Waiting List Initiative | 900 | - | - | 900 |

Table 5. Funding 2001

| | Acute Care Group |
|-----|------------------|
| Net | 102,693,000 |

Table 6. WTE

Regional Hospitals

| | Management /Admin | Medical/ Dental | Nursing | Paramedical | Support | Technical/ Maintenance | Total |
|----------------------------|-------------------|-----------------|---------|-------------|---------|------------------------|----------|
| 01 01 2001 | 223.63 | 212.22 | 798.75 | 198.76 | 340.46 | 34.00 | 1,807.82 |
| Changes/ Developments 2001 | 21.5 | 35.2 | 150.96 | 49.5 | 43.00 | 0 | 300.16 |
| 31 12 2001 | 245.13 | 247.42 | 949.71 | 248.26 | 383.46 | 34 | 2107.98 |

Nenagh General Hospital

| | Management /Admin | Medical/ Dental | Nursing | Paramedical | Support | Technical/ Maintenance | Total |
|----------------------------|-------------------|-----------------|---------|-------------|---------|------------------------|--------|
| 01 01 2001 | 19.5 | 23.6 | 86.5 | 17.5 | 37.5 | 7.89 | 192.49 |
| Changes/ Developments 2001 | 0 | 1 | 11 | 1 | 3 | 1.11 | 17.11 |
| 31 12 2001 | 19.5 | 24.6 | 97.5 | 18.5 | 40.5 | 9.0 | 209.6 |

Ennis General Hospital

| | Management /Admin | Medical/ Dental | Nursing | Paramedical | Support | Technical/ Maintenance | Total |
|----------------------------|-------------------|-----------------|---------|-------------|---------|------------------------|--------|
| 01 01 2001 | 22.80 | 23.10 | 99.95 | 20.50 | 53.37 | 12.50 | 232.22 |
| Changes/ Developments 2001 | 4.50 | 2.77 | 6.41 | 1.50 | 2.50 | - | 17.68 |
| 31 12 2001 | 27.30 | 25.87 | 106.36 | 22.00 | 55.87 | 12.50 | 249.90 |

| | Regional Hospitals | Ennis General | Nenagh General | Programme Admin. | Total |
|-----------------------------------|---------------------------|----------------------|-----------------------|-------------------------|--------------|
| 01 01 2001 | 1,807.82 | 232.22 | 192.49 | 4 | 2,236.53 |
| Changes/ Developments 2001 | 300.16 | 17.68 | 17.11 | - | 334.95* |
| 31 12 2001 | 2,107.98 | 249.90 | 209.60 | 4 | 2,571.48 |

*154.16 WTE's is included subject to funding during 2001

Table 7. Waiting List Initiative

| Speciality | Waiting List Initiative 2001 (Number of Procedures) | Targeted Net Reduction in Waiting Lists |
|------------------------|--|--|
| ENT | 50 | 20 |
| Gynaecology | 130 | Current Position |
| Ophthalmology | 300 | 100 |
| Orthopaedics | 350 | 100 |
| General Surgery | 70 | Current Position |
| TOTAL | 900 | 220 |

Appendix 3

Table 8. Average (median) Waiting Times in Target Specialties on In-patient Waiting List at 1st January 2000 and 30th September 2000.

| Target Specialty | 1 st January 2000 | | 30 th September 2000 | |
|-------------------------------------|------------------------------|--|---------------------------------|--|
| | Waiting List | Average (Median) Waiting Time (in weeks) | Waiting List | Average (Median) Waiting Time (in weeks) |
| ENT | 212 | 16 | 128 | 17 |
| General Surgery (including Urology) | 100 | 73.2 | 11 | 6.6 |
| GI | 3 | 12 | 0 | 0 |
| Gynaecology | 343 | 43.25 | 17 | 23 |
| Ophthalmology | 647 | 40.6 | 436 | 32.33 |
| Orthopaedics | 269 | 76.8 | 205 | 78.8 |
| Vascular Surgery | 27 | 75 | 6 | 18 |
| Total | 1,601 | | 803 | |

Table 9. Numbers on Out-patient Waiting List at Mid-West Regional Hospitals

| Category | January 2000 | December 2000 |
|-------------------|--------------|---------------|
| General Surgery | 850 | 489 |
| Urology | 418 | 556 |
| Cardiology | 198 | 36 |
| ENT | 332 | 107 |
| Gastro Intestinal | 0 | 0 |
| Gynaecology | 477 | 377 |
| Ophthalmology | 412 | 290 |
| Vascular | 25 | 41 |
| Orthopaedics | 1,790 | 2,093 |
| Medicine | 1,037 | 1,811* |
| Total | 5,539 | 5,800 |

* Includes Neurology and Oral/Maxillofacial

Table 10. Complaints Received

| Period : January - December 2000 | Number of Complaints |
|--|----------------------|
| 1 st Quarter | 54 |
| 2 nd Quarter | 51 |
| 3 rd Quarter | 52 |
| 4 th Quarter (to November only) | 36 |
| Total | 193 |

AMBULANCE SERVICE

1.0 STATEMENT OF PURPOSE & STRATEGY

The purpose of the Ambulance Service is to provide pre-hospital emergency care and its secondary role is to provide a patient transport service within specified parameters and budgets. The main objectives of the service are:-

- The care and transportation of the seriously ill and injured to hospital and between hospitals.
- The provision of health service primary response in emergencies.

1.1 PLANNING AND STATUTORY FRAMEWORK

The Ambulance Service is provided in accordance with Section 57 of the Health Act, 1970. The Review Group Report on the Ambulance Service, published in 1993, made proposals for its development and modernisation over following years. The policy of the Mid Western Health Board, in the development of services, has been in accordance with the recommendations of the Review Group.

Work on development of a Strategy and Action Plan for the Board's service was at an advanced stage at year-end.

1.2 SOCIO/DEMOGRAPHIC PROFILE

The population of the Board's region is in excess of 317,000 in an area of 3,038 square miles. There is a population concentration in urban and sub-urban areas of Limerick City, Ennis, Nenagh and Thurles. The Ambulance service is deployed through nine Ambulance Stations throughout the region.

2.0 REVIEW OF 2000

2.1 SERVICE TARGETS

2.1.1 Activity

Activity details for 2000 are set out in Appendix 1. The total number of patients transported exceeded target by 12%. Emergency activity exceeded target by 33%. Routine and planned activities were under target by 10%, due to more cost-effective use of taxis and minibuses.

2.1.2 Finance

A breakeven budgetary position for the year was predicted.

2.1.3 Staffing

Employment levels were within approved WTEs.

2.2 CORE AND DEVELOPMENT PERFORMANCE

Core Services were delivered broadly in line with the Service Plan, 2000. The following are noteworthy:-

Organisation

- Additional recruitment of EMTs to implement two person crewing was undertaken but it was not possible to recruit sufficient suitable personnel for

planned developments - there is currently difficulty in recruiting this grade of staff.

- A staff-training programme was undertaken.

Vehicles/Equipment

- 6 New Ambulances were purchased.
- A four-wheel drive ambulance was developed and is in service.
- A computerised fuel management system was implemented.
- Cardiac defibrillators with three lead ECG and pulse oximetry (SpO2 monitoring) capability were purchased.

Communications

- Significant works in upgrading communications masts were undertaken.
- The equipment carrying function for major emergency response was separated from the command and communications function.

Ambulance Stations

- The ambulance station in Newcastle West was completely refurbished.
- Planning for an ambulance station at Scarriff was commenced.

Major Emergency Planning

During 2000, the Board continued to co-ordinate its Major Emergency preparedness activities with other statutory emergency services in the region through the Mid West Major Emergency Planning Group. Activities included a seminar on the proposed new Seveso Directive, which was held in Limerick. The Board commenced reviews of the Health Board Major Emergency Plans including the Plans of the Ambulance Service, the Mid West Regional Hospital, Ennis and Nenagh General Hospitals. This work will be completed by year-end.

2.3 PERFORMANCE REVIEW

2.3.1 Research

- Research on the development of the organisation to improve service delivery commenced in 2000.
- A component of the GP research conducted in 1999 and 2000 was presented at the International Society for Quality in Healthcare conference in Dublin.

2.3.2 Quality

- The developments with the computerised patient report form will improve the recording of patient information and make its handover and recording at A&E more effective.

2.3.3 Evaluation

- Research on the chain of survival with general practitioners in Co. Clare has been completed. The results indicated a significant percentage of the GP population equipped to provide emergency response and interested in further training in immediate care skills.
- External consultants were retained to carry out a technical and systems survey of the ambulance service's communications infrastructure. This will provide technical direction and standards for the recommended and necessary introduction of a computerised command and control system.
- The current patient report form was reviewed in the context of a more comprehensive pre-hospital emergency care data set and a new layout was

designed. This layout is being incorporated into an electronic format for field trial.

- Research on the usage of fuel by non-ambulance service vehicles indicated that fuel was being purchased through normal commercial channels thus not availing of the national public service purchase rates. This will be addressed.

2.3.4 Value for Money

- Vehicles and equipment were purchased in accordance with national contracts and/or RMMs recommendations.
- The new fuel management system installed is providing information for monitoring fuel consumption and costs.
- The use of more appropriate means of transporting non-acute patients was achieved by extending the use of private contractors, which has proven to be cost effective.

2.3.5 Performance Indicators

- Service targets were achieved.
- Planned in-service training programme was achieved.
- The development of target response times to emergency calls is necessary in order to monitor service responsiveness/quality. This is receiving attention.

2.4 SIGNIFICANT ISSUES

Organisation

- Development funding to date has not been sufficient to permit the implementation of two person crewing throughout the region. Two person crewing is operational only in Limerick City and in Ennis (at night). A comprehensive and effective service will not be realised until two person crewing is implemented region-wide.
- There is increasing difficulty in recruiting appropriate personnel to train as EMTs.
- The effective extension of two person crewing cannot be completed without appropriate capital infrastructural development to support the increased numbers of personnel. Capital (NDP) funding for the service needs to be secured over the life of the NDP programme.
- It is increasingly difficult to engage EMTs for locum cover and this presents problems for continuity of service.
- The required standards for in-service training which have been set by the Pre Hospital Emergency Care Council (formerly the National Ambulance Advisory Council) will reduce the flexibility in assigning trainees during this period, with consequent cost implications for service provision.

Vehicles

- Introduction of a preventative maintenance programme for ambulance equipment is considered necessary and is under investigation.

Communications

- A computerised command and control system must be introduced in order for the service to be developed to the required standard.

Ambulance Stations

- Relocation of stations to more appropriate sites away from hospital campuses is under investigation. This is particularly pertinent in Limerick City where currently, all ambulances are based on the south side of the city. The development of new road/highway systems has implications for planning in this regard.

3.0 AIMS AND SERVICE OBJECTIVES 2001

3.1 REFLECTION ON OBJECTIVES & TARGETS

The allocation for 2001 does not make any provision for service development beyond approved 2000 levels and, therefore, it will not be possible to significantly advance the implementation of the recommendations of the Review Group on the Ambulance Service, especially extension of two person crewing. Further delays in the introduction of full two person crewing throughout the region are now inevitable and this has significant consequences for the service. Adoption of a Strategy and Action Plan for the service will be a critical objective to be attained in early 2001. Investment in infrastructure, particularly buildings/accommodation will be another important objective in 2001, subject to availability of NDP capital funding. Continuing improvement in industrial relations throughout the service will also be targeted.

3.1.1 Activity

Targets for activity in 2001 are contained in Appendix 1.

3.1.2 Finance

The Budget Allocation for 2001 is outlined in the Financial Schedules. Development funding of £0.250m has been provided.

3.1.3 Staffing

The WTE allocation for 2001 is 121.5.

3.2 CORE AND DEVELOPMENT 2001

3.2.1 Core Services 2001

Core services will be broadly in line with those provided in 2000.

3.2.2 Developments 2001

Two Person Crewing

- Funding provision has been made for the employment of 13 additional EMTs which will facilitate the further implementation of two person crewing

Organisation

- Recruitment in Ireland and abroad will be intensified in order to fill vacant EMT posts.
- A service training programme will be pursued.

Vehicles

- Two new vehicles will be purchased.

Ambulance Stations

- Ambulance stations will be prioritised for development/refurbishment, predominantly through NDP funding, but with revenue funding assistance. Revenue funding for minor works will be available in 2001 on a once-off basis as fewer vehicles than normal will be purchased.

Major Emergency Planning

The Board will launch a new version of the Health Board Major Emergency Plan including new versions of Plans of the Ambulance Service; the Mid West Regional

Hospital; Ennis and Nenagh General Hospitals. A new system of ongoing awareness and training for all key staff will be introduced. The Mid West Emergency Planning Group will organise a Major Emergency exercise in which the Board will play an active part.

3.3 SERVICE INTEGRATION

3.3.1 Internal

Integration with Hospital and Community services and especially with General Practice is vital in the delivery of a pre-hospital emergency service.

3.3.2 External

Close liaison with external partners to the Major Emergency Plan/Services is critical. Close consultation with the National Training School is also necessary. It is proposed to improve integration during 2001 through implementing closer liaison with all of these stakeholders.

3.4 PERFORMANCE MANAGEMENT

3.4.1 Research

- Research on the role of General Practitioners in the community providing emergency care services will continue.

3.4.2 Quality

- The EFQM Excellence Model will be considered in the context of the ongoing organisational development research project and as an appropriate tool to improve services.
- The purchase of vehicles for transport of non-acute patients, both stretcher and seated will free-up emergency vehicles for emergency calls.

3.4.3 Evaluation

- The monitoring of response times will continue in conjunction with a drive to reduce response times in Limerick City.
- The Fuel Management System, which was installed in 2000, will be used to monitor fuel usage and outcomes will be assessed to evaluate the effectiveness of the system. The system will be extended throughout the Board's region.
- The computerised Patient Report Form will continue to be piloted and the evaluation will determine the next developmental steps, leading eventually to the introduction of a clinical audit system.

3.4.4 Value for Money

- The purchase of vehicles, equipment and supplies will continue in accordance with the National Ambulance Purchasing Contract and equipment/supplies under the Regional Materials Management purchasing policies.
- Fuel will continue to be purchased through the national contract.
- The appropriate use of private contractors for transport of patients will continue.

3.4.5 Performance Indicators

The following performance indicators will be used during 2001:

- Achievement of the targets set out in Appendix 1 and the Core and Development Service Plans (Section 3.2).
- A reduction in response times for calls in Limerick City where two person crewing is now fully in operation.
- Percentage of calls for which a patient report form has been completed.
- Percentage of calls for which the hospital concerned has received a patient report form as completed by ambulance personnel.
- Extension of defibrillation capacity to additional stations.
- The achievement of training standards as laid down by the National Ambulance Advisory Council (now the Pre-Hospital Emergency Care Council).

Appendix 1

Projected Activity for 2000 and Targeted Activity for 2001

| Projected Activity | Target 2000 | Projected 2000 | Variance | Target 2001 |
|----------------------------|-------------|----------------|----------|-------------|
| Emergency and Urgent Calls | 9,000 | 12,000 | +3,000 | 13,500 |
| Routine and Planned Calls | 26,000 | 23,300 | -2,700 | 24,000 |
| Contracted/ Taxi | - | 4,000 | +4,000 | 6,000 |
| Number of Patients | 35,000 | 39,300 | +4,300 | 43,500 |
| Mileage | 747,000 | 744,000 | -3,000 | 748,000 |

PRIMARY /COMMUNITY CARE SERVICES

1.0 STATEMENT OF PURPOSE & STRATEGY

The purpose of the Primary/Community Care Service is to maintain and improve the health, welfare and quality of life of the community through the provision of appropriate and timely prevention, treatment and support services. The Community Care Service encompasses all of those services provided directly by the Health Board as well as those services provided on its behalf by partner organisations, contractors and individuals.

The main strategic objectives are defined as follows:

- To ensure that the primary health care needs of the eligible population are met,
- To ensure that appropriate processes, structures and services are in place to improve the health of the community.

Those objectives are given effect by;

- Raising standards and improving the organisation of primary care services,
- Extending the range and quality of services being provided by General Medical, General Dental and Ophthalmic Practitioners and other community focused health care professionals and service providers.

The World Health Organisation (WHO, 1978) in defining Primary Health Care said "...It is the first level of contact of individuals, the family and the community with the national health system, bringing health care as close as possible to where people live and work and constitutes the first element of a continuing health care process."

Primary Health Care is distinguishable from secondary and tertiary care by providing first contact care and a longitudinal care responsibility whereby the relationship with a patient may continue for a lifetime.

The Primary/Community Health Care Services are multi-faceted and include the following:-

General Medical Services

The Board's Primary Health Care Strategy will be published in early 2001 and will inform service developments into the future. See specific section on the General Medical Services for review of 2000 and Service Plan for 2001. This section includes:-

- General Practitioner Services.
- Community Pharmacy.
- Community Drugs Schemes.
- Community Ophthalmic Scheme.
- Women's Health.
- Traveller Health.
- Services to Persons with Hepatitis C.
- Palliative Care/Cancer Services.

- Services for the Homeless
- Services for Asylum Seekers
- Drug Treatment Services.

Dental

The Dental Health Action Plan (DoH, 1994) informs developments in the Board's Dental Services. See specific section on Dental Services for review of 2000 and Service Plan for 2001.

Environmental Health Service

The Environmental Health Service provides food monitoring and control in accordance with the E.C. (Hygiene of Foodstuffs) Regulations 1998 and the Food Hygiene Regulations 1950-1989 and under service contract agreement with the Food Safety Authority (FSA). See specific section on the Environmental Health Service for review of 2000 and Service Plan for 2001.

Community Welfare Service

The organisational arrangements for the delivery of the Supplementary Welfare Allowance (SWA) Scheme are set out in the Social Welfare (Consolidation) Act, 1993. The Department of Social, Community and Family Affairs (DSCFA) has overall responsibility for the SWA Scheme but the scheme is administered by the Health Boards as part of the Community Care Services. See specific section on the Community Welfare Service for review of 2000 and Service Plan for 2001.

PRIMARY CARE – GENERAL MEDICAL SERVICES

1.0 STATEMENT OF PURPOSE & STRATEGY

General Medical Services are provided by General Medical Practitioners, General Dental Practitioners, Community Optometrists and other health professionals providing comprehensive, locally based and accessible services to the population on the basis of defined criteria of eligibility. The General Medical Services are a component of the overall Primary Health Care system.

The Board's Primary Health Care Strategy development was at an advanced stage at the end of 2000 and will be finalised in early 2001. This Strategy will inform future developments in Primary Health Care services.

1.1 PLANNING AND STATUTORY FRAMEWORK

The development of the Board's Primary Health Care Services has been informed by the following:

- The Health Act 1970, as amended and regulations,
- The National Health Strategy "Shaping a Healthier Future" (DoH 1994),
- "The Future of General Practice in Ireland" (1993),
- The Dental Treatment Services Scheme and the Re-Structuring of the Dental Services
- Community Optometric Services agreement with the Association of Optometrists.

The National Health Strategy (1994) recognised the development of General Practitioner Services as the key ingredient of primary health care and identified the development of the General Medical Services as of major importance. The Health Strategy also recognised that General Practitioner Services should be better organised and supported in fulfilling a wider and more integrated role in the health care system.

1.2 SOCIO/DEMOGRAPHIC PROFILE

The population of the Board's Region at the 1996 census was in excess of 317,000 and has grown in the meantime. In recent years the birth rate in the region has increased and there are more elderly people in the community as well. Predictions are that the percentage of those over 65 years of age will grow significantly over the coming years.

The 'Dependency Ratio' which is a method of determining what proportion of the population will have the greatest need for health care services indicates that the Board's Region (based on the 1996 census) has a higher Dependency Ratio (0.56) than the national average (0.54). Within the region, Clare and North Tipperary have considerably higher Dependency Ratios (both at 0.60) than Limerick City (0.49) and Limerick County (0.54). (The Dependency Ratio is the ratio of the population aged under 15 years added to the population over 64 years and expressed as a proportion of the remainder of the population).

These demographic trends and factors will have significant implications for the planning, organisation and provision of Primary Health Care services into the future.

2.0 REVIEW OF 2000

2.1 SERVICE TARGETS

A number of targets were set for 2000 and the following were achieved:-

- The uptake of the Drugs Payments Scheme (DPS) continued with over 84,000 registrations at the end of November, 2000. The DPS was computerised.
- Additional funding allocated for development of the Optometric Service for adults reduced the waiting lists/waiting times.
- Work on improving the interface with acute care services continued.

2.1.1 Activity

Activity as per Appendix 1 was generally in line with targets.

2.1.2 Finance

The budget of the Primary Care unit was managed closely over the year and will break-even at year end. GP Development funding in the amount of £285,000 was provided in 2000 and used for the GP Unit, GP Services and GP I.T. Training.

2.1.3 Staffing

Employment levels were within approved WTEs.

2.2 CORE AND DEVELOPMENT PERFORMANCE

2.2.1 Core Performance

There is general satisfaction with achievements during the year but it is accepted that more pro-active monitoring/evaluation and follow-up of GMS activity/schemes by the Primary Care Unit is necessary. In relation to prescribing and pharmaceutical costs, the appointment of a Community Pharmacist during 2000 brings opportunities, which will be pursued in 2001.

1. General Practitioner

- The routine Primary Childhood Immunisations continued to be administered by General Practitioners under the Scheme, which commenced in December, 1995. Significant efforts were made during 2000 to increase uptake levels and in this regard a Senior Public Health Nurse was appointed in each of the three Community Care Areas.
- A major new immunisation programme, Meningococcal Group C commenced in October, 2000 and General Practitioners are immunising the under 5 year olds.
- The Influenza Immunisation Campaign for the Winter 2000/2001 was in the main administered by GPs. Nationally, an uptake of at least 65% was targeted for persons aged 65 years or over (50% achieved in 1998/99). Indications are that the targeted uptake will be exceeded.
- In relation to the Indicative Drug Target Scheme, savings in the region of £0.500M were expected to be realised.

2. Community Pharmacy

The Community Pharmacist post attached to the Board's Primary Care Unit, which was vacant since 1996, was filled in September 2000. The Pharmacist has since been active in regard to applications for Community Pharmacy Contractor Agreements;

liaison with Community Pharmacies in regard to the provision of up to date pharmaceutical information and continuing education; disposal of unwanted medicines and monitoring of prescribing by GMS Doctors.

3. Community Drugs Schemes

The Drugs Payments Scheme (DPS) introduced from 1st July, 1999 to replace the Drug Cost Subsidisation Scheme and the Drugs Refund Scheme continues to be implemented. The Board is actively promoting the Scheme and co-operating with Community Pharmacies in order to maximise the Scheme uptake. It is considered that registration has yet to reach full potential and it is expected that additional registration will continue into 2001.

4. Community Ophthalmic Scheme

A new scheme was introduced from July, 1999 and the Board has entered into agreement with Contractors for service provision to eligible persons. The objectives of the Scheme are: to provide eye examinations for eligible persons; to achieve significant benefits for eligible persons in terms of health and social gain; to eliminate waiting lists for services; and to apply the scheme consistently on a national basis.

The Board's waiting time has been on average longer than the targeted norm of four weeks. In Clare, the waiting time has been up to 11 weeks and steps were taken during 2000 to redress this difficulty. It is expected that performance statistics at year-end will indicate a dramatic improvement in the Clare Area, which will also have the impact of improving the Board's overall average waiting list/waiting time statistics.

5. Women's Health

A Board plan for Women's Health was developed in 1999 in response to the national document "A Plan for Women's Health 1997-1999". The Chief Executive Officer established an Implementation Committee to facilitate introduction of the recommendations. The plan which includes provision of community bases services, research study, development of information and staff training was progressed during 2000. The Board's Breast Feeding strategy/action plan was launched.

Further investment was made in Family Planning & Pregnancy Counselling services.

6. Traveller Health

Travellers have been identified as a specific health and social gain target population in many recent government policy/strategy documents such as the National Health Strategy (1994); the Task Force Report on the Travelling Community (1995); the Women's Health Document (1997) and the National Health Promotion Strategy 2000-2005. Developments by the Board are guided by these documents. The impending National Traveller Health Strategy (currently in draft form) and the Equal Status Act 2000 will further guide development of services within the Board.

During 2000, development of pre-development training with Traveller women in targeted areas continued as did growth in positive dialogue between Travellers and Health Service providers. A Traveller Awareness Training Day was arranged in each Community Care Area. An introductory Training for Trainers Course on Adult learning/facilitation skills was organised. Multi-disciplinary groups of Professionals and Travellers in Rathkeale and Thurles were initiated. Travellers participated in

various focus groups on health issues such as the Parent Held Child Health Record and the Cervical Screening project. Other services and networks for Traveller health were progressed.

7. Services to Persons with Hepatitis C

The Primary Care Unit continued to provide responsive and appropriate Primary Health Care Services to persons who have contracted Hepatitis C. Services provided include GP services; prescribed medication; medical & surgical appliances; dental services; home support; oral, ophthalmic and nursing home services. There are currently 101 persons registered with this Board under the Health (Amendment) Act 1996; 76 with Anti D related Hepatitis C, 9 with haemophilia and 16 with post transfusion.

8. Palliative Care/Cancer Services

Palliative Care/Cancer services were supported through the Primary Care Unit by:

- Supporting education of Doctors in Palliative Care methodology and best practice,
- Payment of fees to GPs who undertake work with patients,
- Provision of information to the Cancer Register through GPs,
- Co-operation by GPs with the Cancer Hotline to the Mid West Regional Hospital.

Funding continued to be provided to the Milford Care Centre for operation of Specialist Hospice services, Day Care and a Palliative Care Support service throughout the region including beds in the Board's Community Hospitals/Nursing Units/Cahercalla Community Hospital and home nursing care also.

A National Review Group on Palliative Care, set up by the Minister for Health & Children was due to report to the Minister by the end of 2000.

9. Services for Homeless Persons

The purpose of the Board's Homeless Services is to develop and provide, in partnership with local authorities in the region, an integrated response to the many issues which impact homeless people including emergency, transitional and long-term accommodation responses as well as issues relating to health, education, employment and home-making. The Board's partnership contribution is primarily focused on health and social gain.

The profile of homelessness has changed in recent years and is now characterised by a combination of young persons leaving care/custody, elderly persons who are inappropriately placed in institutions, women and children fleeing domestic violence and persons with addictions, amongst others.

The Government published "Homelessness – An Integrated Strategy" in 2000. The strategy sets out the respective key responsibilities of the local authorities and the health boards: local authorities are responsible for the provision and management of emergency and other accommodation; health boards are responsible for in-house care needs and outreach health services. Health boards and local authorities were required to conjointly develop 3-year action plans at a county level before the end of 2000 – the Mid Western Health Board draft plans were submitted to the Department of Health & Children in November, 2000.

10. Asylum Seekers

The purpose of the Board's services for asylum seekers is to provide an appropriate range of services and supports for persons who are re-located to the Board's region through the asylum seeker dispersal arrangements which are made through the Directorate of Asylum Seeker Support Services, established by Government in 1989.

At the end of October 2000, there were 683 asylum seekers in the Mid west region, comprising of 323 in Direct Provision (accommodation organised by the State) and 360 in private accommodation.

The essential service targets for 2000 were to introduce a 'fast-track' system for access to general medical services, set-up a medical screening service, provide supplementary welfare payments and establish a range of liaison arrangements with other health services and with voluntary support groups. These targets were achieved.

11. Drug Treatment Services

Details are contained in the Health Promotion Service Plan.

2.2.2 Developments

Strategy

- Development of a Primary Health Care Strategy is significantly advanced and this will be published in early 2001.

General Practitioner

- A proposal to introduce a G.P. Co-operative arrangement throughout the region was submitted to the Department of Health and Children. Funding was received from the Department in late 2000 to assist with the development of structured out of hours GP arrangements, i.e. GP Co-operative, geared towards improving services to the general public and working arrangements for General Practitioners. The funding will, inter alia, facilitate the employment of a Project Manager to develop the venture.
- Five General Practitioners constructed new practice premises and nine carried out major refurbishment of existing practice premises.
- A major new immunisation programme, Meningococcal C commenced in October, 2000. This national campaign aims to immunise all persons aged up to 22 years against disease caused by N.Meningitidis Group C, which causes 30-40% of cases of Meningococcal Meningitis/Septicaemia in Ireland. Phase 1 of the campaign will run until February 2001 and focuses on immunising the highest risk groups: Children under 5 years old and 15-18 year olds. GPs are immunising the under 5 year olds and Community Care Teams are immunising the 15-18 year old group.

Community Pharmacy

- Six applications for Community Pharmacy Contractor Agreements were received and two were granted. This brings the total number of Contractor Agreements throughout the Board to 117.

Traveller Health

- A Community Worker for Travellers in North Tipperary was appointed as was a Co-ordinator of Primary Health Care Programme in West Limerick.

Health Centres

- Essential refurbishments and renovations were carried out to Toomevara, Fedamore, Castletown and Murroe Health Centres.

Homeless

- Housing fora (with local authorities) were set up in Limerick County, Clare and North Tipperary. Arrangements were already in place in Limerick City.
- A G.P. protocol was introduced to ensure access to primary care services for homeless persons.

Asylum Seekers

- A Medical Screening Unit was set up and provided screening and referral services. The screening team co-ordinates all referrals from the reception centres in Dublin for care provision.
- A detailed policy document for the region in relation to financial supports for asylum seekers was developed.

2.3 PERFORMANCE REVIEW

2.3.1 Research

A study of suicide was undertaken by a General Practitioner in Clare, which involved a retrospective analysis over the period 1996-1999. This study is somewhat different from the National Study as it focuses on data obtained from General Practitioners rather from the Gardai and Coroners. The results of the study will be published in late 2000/early 2001.

Research on Traveller Womens' perceptions and experiences of maternal and early child health services was carried out by the National University of Ireland, Galway and the results will be know by the end of 2000.

2.3.2 Quality

The GP Unit participated in a review of Accident & Emergency services/arrangements at the Mid West Regional Hospital which led to improved services and liaison between General Practice and Accident & Emergency. In addition, a system of informing General Practitioners of the outcome of referrals or self-referrals to the Accident & Emergency Department was introduced. This initiative is important in terms of improving the quality of service and continuum of care for patients.

General Practice funds were applied for the purpose of meeting the objectives contained in the Blueprint Document for the development of General Practice. There was on-going monitoring and evaluation of all schemes and adjustments were made/corrective action taken as necessary.

2.3.3 Evaluation

2.3.4 Value for Money

The six General Practitioners attached to the Primary Care Unit share the monitoring of the budgets/expenditure of General Practitioners having regard to the Indicative Drug Target Scheme. There is now GP representation on all of the Drugs and Therapeutic Committees in the Board's region including those for the Acute Services.

2.3.5 Performance Indicators

- The percentage of GPs employing practice nurses increased from 36% at the end of 1999 to 39%.
- The percentage of GP Practices with female doctors increased from 28% at the end of 1999 to 30%.
- The percentage of GP Practices with two or more doctors increased from 18% at the end of 1999 to 20%.
- Thirty practices throughout the region installed a computerised practice management system, bringing the total number of computerised practices to 121, i.e. 81% of all practices in the region.
- There was an increase in numbers registered for the Drugs Payments Scheme.

2.4 SIGNIFICANT ISSUES

Strategy

- Development of comprehensive and appropriate services in response to the changing demography of the region is required.

Integration

- Improvement in the liaison and interfaces between primary and secondary care and within primary/community care is required.

General Practice

- An increase in the number of GP Practices with practice nurses, female doctors and support staff is required.
- Improvement in 'out-of-hours' General Practitioner arrangements for both the general public and participating doctors is required. It is intended that the Board's proposal for the establishment of a GP Co-operative initiative will address this matter substantially.

Immunisation

- Improvement in the uptake of the Primary Childhood Immunisation Scheme to reach the national targets is required.

Forensic Examinations

- Development of suitable arrangements for carrying out forensic examinations such as those following sexual assault is required. This is under consideration.

Homeless

- Very significant revenue funding is required over the 3-year period 2001-2003 in order to deliver on the Board's action plan. In excess of £2M was requested for 2001.

Asylum Seekers

- Some asylum seekers avoid health screening, which is availed of on a voluntary basis – this poses a potential risk to public health.
- There are concerns around the suitability of hostels for medium to long term accommodation for asylum seekers. The longer-term status of individual asylum seekers needs to be determined as early as possible.

Substance mis-use

- A Strategy and Action Plan to combat drugs mis-use is required.

3.0 AIMS AND SERVICE OBJECTIVES 2001

3.1 REFLECTION ON OBJECTIVES & TARGETS

The National Health Strategy (1994) recognises that the General Practitioner Services should be organised and supported in fulfilling a wider and more integrated role in the health care system. In recent years, the role of the Primary Care Unit has been expanded in recognition of the need to develop an inclusive interactive process with all providers of care, including General Medical Practitioners, General Dental Practitioners, Community Pharmacists, Community Opticians and other health care professionals and service providers. It is intended to maintain and intensify this activity during 2001.

A major development in early 2001 will be the launch of the Board's Primary Health Care Strategy following which a 5-year action plan will be developed. It is intended to undertake significant work in order to commence implementation of GP Co-operative arrangements.

Other important activity in 2001 will relate to improving up-take for the Primary Childhood Immunisation Scheme, completing Phase 1 of the Meningococcal Group C programme and progressing the next phase. Every effort will be made as well to minimise the waiting list and waiting times for the Community Ophthalmic Scheme. Pro-active monitoring of the GMS schemes will also receive particular attention by the Primary Care Unit.

3.1.1 Activity

Activity as set out in Appendix 1 will be targeted.

3.1.2 Finance

The budget allocation for 2001 is outlined in the Financial Schedules.

3.1.3 Staffing

Staffing is outlined in the Financial Schedules.

3.2 CORE AND DEVELOPMENT 2001

3.2.1 Core Services 2001

Core Services/Schemes as follows will continue to be provided and enhanced during 2001: General Practitioner Services including Vocational Training; Community Pharmacy Services; the Community Ophthalmic Scheme; Women's Health; Traveller Health; Palliative Care Services; Services to persons with Hepatitis C and Schemes including Long Term Illness, Hightech Medicines, Hardship Medicines and Drugs Payment (DPS).

Improvements in the position at the end of 2000 will be sought as follows:-

More intensive monitoring, analysis and follow-up relative to practice and cost trends for individual Contractors providing the range of GMS services. Close liaison with the GMS (P) Board will be maintained and intensified in this regard.

(1) General Practitioner

Initiatives will continue in order to raise the standards of General Practice and the Primary Care Unit will make this a high priority. In regard to the Vocational Training Scheme, recommendations made following an accreditation visit by the Irish College of General Practitioners in 1999 will continue to be implemented and the training programme will be enhanced. Improvements will be sought in the number of General Practices employing practice nurses, with female doctors, with two or more doctors and with approved computerised practice systems. Development of the General Practice interface with the acute services and with Community services will be strengthened.

(2) Community Pharmacy

The Primary Care Unit and its Pharmacist will continue to develop contractual agreements with Community Pharmacists; dispose of unwanted medicines; support continuing education of Pharmacists; provide up to date pharmaceutical information to Medical Practitioners.

(3) Community Drugs Schemes

Further take-up of the scheme is anticipated.

(4) Community Ophthalmic Scheme

A reduction in waiting time will be targeted in order to achieve an average of four weeks waiting time.

(5) Women's Health

The Action Plan developed by the Women's Health Implementation Committee will continue to be pursued. Implementation of the Board's Breast Feeding strategy/action plan will continue.

Initiatives on Family Planning and Pregnancy Counselling will be based on the following principles:

- Clients should have access to a choice of provider of family planning and counselling services.
- Services should be accessible and user-friendly.
- Post-abortion medical check-up and counselling should be available, in appropriate settings and advice on appropriate contraception should be available.

(6) Traveller Health

The provision of awareness training for front-line staff and training for Travellers will continue. The resourcing of membership of the Traveller Health Unit to participate effectively at meetings will be pursued. The Primary Health Care Programme will continue. Initiatives seeking to engage with Traveller men will be pursued. Additional Community Development Workers will be employed and a local Traveller Health Strategy will be developed following publication of the National Strategy.

(7) Services to Persons with Hepatitis C

Services will continue to be provided as in the previous year.

(8) Palliative Care Services

The Board's policy/strategy and services profile will be reviewed having regard to the Report of the National Advisory Committee on Palliative Care which will become available towards the end of 2000.

(9) Homeless

The Board's 3-year draft action plan, which was submitted to the Department of Health & Children, required development funding in the region of £2M in 2001.

(10) Asylum Seekers

Core services will be maintained with emphasis on maximising take-up on health screening.

(11) Drug Treatment Services

Details are contained in the Health Promotion Service Plan.

3.2.2 Developments 2001

Developments during 2001 will include the following:-

General Practice

- An additional £0.100M (£0.140M in total) has been provided to develop pilot GP Co-operatives. Two administrative posts have been approved. The Department of Health & Children is to issue further details relative to this allocation.
- An additional £0.185M (£0.545M in total) has been provided in respect of fees payable to general practitioners for administration of influenza and pneumococcal vaccines to medical card holders in the designated at-risk categories.

Meningococcal Group C Immunisation programme

- Phase 1 will be completed in 2001 and the subsequent phase will commence. Funding at the 2000 level, i.e. £2.222M is included in the 2001 allocation. The project plan for phase 2 was under development at the end of 2000. The developed plan may identify an additional staff requirement, in order to implement the programme.

Adult Ophthalmic Scheme

- An additional allocation of £0.117M has been provided on a once-off basis to cater for the increase in uptake levels in adult ophthalmic services.

Family Planning & Pregnancy Counselling

- An additional £0.102M has been provided in 2001. £0.051M will be used for services for teenage pregnancy – refer to the Child Care Service Plan. The balance of £0.051M will be used to enhance family planning & counselling services, having regard to the Government's wish to address the issue of crisis pregnancy and the principles which have been identified in this regard.

Traveller Health

- An additional £0.120M has been provided in 2001 to fund initiatives in relation to Traveller health. The application of this funding will require prior agreement with the Department of Health & Children, but it is likely that the Board will seek to appoint three additional Public Health Nurses.

Palliative Care

- An additional allocation of £0.500M was provided for (a) the ongoing development of palliative home care/day care services - £0.050M, and (b) revenue costs for new hospice facilities at the Milford Care Centre - £0.450M. In respect of Home Care services, the total number of referrals in 2001 will reflect an

increase of 6% over the previous year. The provision of physiotherapy and aromatherapy services at the Milford Day Care Centre will enhance services for attendees. The 25 hospice beds at Milford at present will progressively increase to 28 beds in operation by September, 2001. There will be a marginal increase in the number of palliative care support beds in operation throughout the region.

Adult Homelessness

- Development funding of £0.200M was provided for adult homelessness, which will not permit any serious take-up on the plans for 2001. The detailed application of this funding will require prior discussion with the Department of Health & Children. It is likely that this level of funding will be required to improve financial support for the voluntary service providers and to fund the Board's developing management and support structures for the services. In this regard, three posts are proposed: one Project Co-ordinator (administration), one administrative support and one Psychiatric Social Worker.

Asylum Seekers

- An allocation of £0.123M has been provided for health screening services, which were established in 2000. Three posts are required: one Project Co-ordinator (Community Welfare Officer), one administrative support and one nurse. Medical input is provided through general practitioner contractual arrangements. It will be necessary to develop childcare policies/procedures relative to unaccompanied minors – this will be done in conjunction with the Board's childcare services.

Public Health Nursing

- Additional funding of £0.148M will provide administrative support (3 posts) and information technology services for Public Health Nurses.

Information Technology

- Close co-operation with the GMS (P) Board in the phased introduction of new Information Technology systems in accordance with the I.T. Strategy adopted by the GMS (P) Board. This includes the Central Client Eligibility Index (CCEI) project, the Electronic Data Transfer project (Community Pharmacies) and other initiatives.

Structure

- Arising from the Primary Health Care Strategy, which will be launched in 2001, it is intended to strengthen the management structure for the Primary Care services through the appointment of a Director of Primary Health Care Services and a review of the staffing structure/level of the Primary Care Unit.

3.3 SERVICE INTEGRATION

3.3.1 Internal

There is a need for continuous improvement in integration between primary and secondary care. The role of the Primary Care unit is to provide organisation and support to providers of care in the healthcare system. One of the principal objectives of the Unit is to improve the interface between General Practice and other health services. Initiatives include regular meetings with consultants in the acute care services and the inclusion of GPs on Committees including Hospital Advisory Committee, Laboratory User Group, Accident & Emergency Monitoring Group and Drugs & Therapeutics Committees. The Primary Care Unit must also play an integrated role relative to the development of new services focusing on Travellers, Asylum Seekers and the Homeless.

3.3.2 External

Pursuit of opportunities to forge external links will continue, particularly with Universities and education establishments. The Primary Care Unit will maintain close liaison with the GMS (Payments) Board.

3.4 PERFORMANCE MANAGEMENT

3.4.1 Research

3.4.2 Quality

- The Primary Care Unit will continue to participate in service review at the Mid West Regional Hospital which will lead to improved liaison at service level between General Practice and the various Hospital Departments.
- Implementation of the proposed G.P. Co-operative arrangements will positively impact service quality.

3.4.3 Evaluation

- The research on Traveller Women's perceptions and experiences of Maternal and Early Child Health Services will be evaluated and published.

3.4.4 Value for Money

- The Primary Care Unit will continue to provide advice and information to General Practitioners on general prescribing, cost comparisons and the options available relative to the effectiveness of various treatment regimes. The Unit has specialist software installed, which is designed to assist in maximising cost effective prescribing and in the development of formularies.
- The Community Pharmacist will carry out a review of all Drugs Schemes during 2001.

3.4.5 Performance Indicators

The following performance indicators will be used in 2001:-

Performance for 2001 will be reviewed on the basis of the achievement of the service targets set out in Appendix 1 and having regard to the Performance Indicators outlined below.

- Improved uptake of the Primary Childhood Immunisation Programme and the Influenza Immunisation Programme.
- Successful conclusion to Phase 1 of the Meningococcal Group C Campaign.
- Increasing number of GP Practices with practice nurses, female doctors, two or more doctors and approved computer systems.
- Reduction of waiting time for community ophthalmic services to within the national target.
- Increased numbers registered for the Drugs Payments Scheme.
- Improved performance for the Indicative Drugs Scheme.
- Preparation of quarterly reports for the Assistant Chief Executive Officer on Contractor practice and cost trends for the range of GMS activities.
- Achievement of specific goals for Women's and Traveller health.
- Achievement of specific goals of services for the homeless and for asylum seekers.

Appendix 1

Primary Care - Projected Activity for 2000 and target Activity for 2001

| Activity | 2000 Target | 2000 Projected | Variance | 2001 Target |
|-------------------------------------|--------------------|-----------------------|-----------------|--------------------|
| No. GMS G.P.s | 158 | 151 | -7 | 153 |
| Community Pharmacy Contracts | 115 | 117 | +2 | 119 |
| Palliative Care Grants | 280 | 290 | +10 | 305 |

PRIMARY CARE – DENTAL SERVICES

1.0 STATEMENT OF PURPOSE & STRATEGY

The aim of the Dental Services is to reduce the level of dental disease in children, promote the oral health of the whole population and provide preventive and treatment services for children, special needs groups and adult medical card holders.

The Dental Services are provided by Health Board Dental Surgeons and by contracted Dental General Practitioners who provide comprehensive, locally based and accessible services to the population on the basis of defined criteria of eligibility.

Health Board Dental Surgeons provide dental services mainly for children, special needs groups, and hospital/institutionalised patients. Private Dental General Practitioners provide services to adults under the Department of Health & Children Dental Treatment Services Scheme (DTSS).

1.1 PLANNING AND STATUTORY FRAMEWORK

The Dental Health Action Plan (DOH 1994) informs developments in the Dental Services. The re-structuring of Health Board Dental Services, agreed in 1997, provides the framework for organisation of services provided by Health Board dental surgeons. The Dental Treatment Services Scheme (DTSS) provides services to adults.

1.2 SOCIO/DEMOGRAPHIC PROFILE

The overall population of the region is in excess of 317,000 of which, approximately 81,000 are under 16 years of age. 30.51% of the region's population are medical card holders.

2.0 REVIEW OF 2000

2.1 SERVICE TARGETS

2.1.1 Activity

Children

Children's dental treatments for 2000 are projected at 6 % below target due to an insufficient number of dental surgeons in post during the year. The number of attendances was marginally higher than for 1999. Approvals by the Department of Health & Children for additional posts required following the national re-structuring of the dental services were not received until well into the year and delays in recruitment, both through the Local Appointments Commission and locally were experienced.

Adults

Adult dental treatments were 42 % over target for 2000 due to an increasing number of participating contractor dentists and improved access to the scheme for medical cardholders. The final phase of the DTSS providing routine dental services for the 35-64 year old cohort was introduced in 2000 and this increased both demand and activity. It is projected that 72 Dental General Practitioners will be contracted by year end representing an increase of 7 over the service plan target for 2000.

2.1.2 Finance

A budgetary surplus is projected for 2000 reflecting surpluses in both the Board provided service and the DTSS. Vacant Dental Surgeon posts contributed significantly to the overall surplus. The Board is in discussion with the Department of Health & Children around proposals to apply this once-off surplus to infrastructural improvements within the service.

2.1.3 Staffing

The approved WTE for the service at year-end was 90.8 including 12 development posts. However, 15 posts remained vacant at year end due to the difficulties outlined at 2.1.1.

2.2 CORE AND DEVELOPMENT PERFORMANCE

2.2.1 Core Performance

Children

- Core performance in 2000 was broadly provided in accordance with the service plan and target activity as outlined in Appendix 1.
- Children in three classes in national school are seen in all areas and this increased to four classes in some areas. The uptake on screening is 90%.
- The school based oral health education programme continued during 2000 whereby children in some schools received group oral health education.
- All children in targeted classes were offered fissure sealant treatment. 36,004 teeth were fissure sealed during 2000, which is similar to 1999. In the period 1984-1997, the DMFT of twelve year olds in the Mid West fell from 3.1 to 1.4 in flouridated areas, and from 3.7 to 2.1 in non flouridated areas (MWHB Survey of Oral Health Children & Adolescents 1997).
- All health board dentists and the majority of dental surgery assistants participated in the structured continuing dental education programme during 2000.

Adults

- Routine dental treatment for eligible adults was provided by 72 general dental practitioners who are contracted with the Health Board under the DTSS to provide dental treatment for all medical card holders over 16 years of age.
- Treatment was also provided by Health Board dental surgeons in respect of some items of treatment, not covered by the DTSS and for patients who failed to access treatment under the DTSS.
- Health Board dental surgeons also provided dental treatment for patients with complex medical problems, for mentally handicapped patients and for patients in Health Board hospitals and institutions.

Fluoridation

- The Board continues to extend the fluoridation of public water supplies in cooperation with Local Authorities. Currently 67% of the Board's population have a fluoridated domestic water supply. 20,000 primary school children are not covered by water fluoridation. However 10,000 children are covered by the school fluoride mouth-rinsing scheme.
- Minor local extensions to the fluoridated public piped water supplies continued during 2000.

2.2.2 Developments

- Some aspects of the development plans for year 2000 were not accomplished. While funding was allocated for the Health Board Services to provide for the extension of eligibility to the 14-16 year old age group, so far it was not possible to recruit the necessary teams. This is partly due to delays encountered with competitions conducted by the Local Appointments Commission. In the meantime, emergency treatment was provided for this age group.
- Further development of services for special needs groups awaited finalisation of restructuring and Departmental approval to appoint eight Senior Dental Surgeons.
- Funding allocated for the Dental Treatment Services Scheme (DTSS) provided for an increase in uptake generally and extension of services to the 35-64 age group.
- The review of dental services relative to the Dental Health Action Plan continued in preparation for development of the Board's Dental Strategy.

2.3 PERFORMANCE REVIEW

2.3.1 Research

The Department of Health & Children commissioned a survey in Adult Dental Health during 2000 through University College Cork. The Board also decided to obtain a survey specific to the Mid West region as part of the overall survey and dental staff were seconded to UCC for training. The fieldwork commenced in October 2000 and was ongoing at year-end.

2.3.2 Quality

The Board's three Principal Dental Surgeons were assigned specific regional roles in respect of Planning & Evaluation, Resources, Services and Dental Public Health, and pursued an agenda with the objective of bringing about improved quality and equity in the Board's dental services. All dental staff were encouraged and supported in partaking in appropriate continuing dental education with a view to improving their knowledge and skills.

2.3.3 Evaluation

As part of the restructuring of Health Board Dental Services, one Principal Dental Surgeon was assigned responsibility for co-ordinating the Planning and Evaluation of Dental Services.

2.3.4 Value For Money

Tendering for equipment on a regional basis and ongoing monitoring of the DTSS Scheme are practical examples of securing value for money.

2.3.5 Performance Indicators

- Increase the uptake of dental screening in national schools – *90% achieved.*
- Increase the percentage of water fluoridation schemes within statutory limits – *currently 67% of the Board's population have a fluoridated water supply.*

2.4 SIGNIFICANT ISSUES

- The new fee structure and protocols for the DTSS have made the scheme demand led rather than a scheme where expenditure can be controlled/limited on an ongoing basis.
- The Local Monitoring Group for the DTSS continued to meet during 2000, however issues relating to the appointment of the Examining Dentists need to be resolved without delay, at national level. These appointments are essential for the full monitoring of the scheme to enable compliance with the DTSS Agreement.
- The new organisational structure for the dental services needs to be finalised and new/vacant posts need to be filled urgently so that the full profile of services can be provided .
- Significant capital investment in accommodation, particularly dental surgeries and dental equipment is required in order to efficiently and effectively deliver the restructured dental services.

3.0 AIMS AND SERVICE OBJECTIVES 2001

The aim of the dental services for 2001 is to continue to provide high quality and comprehensive services to children and eligible adults and to address the difficulties and 'Significant Issues' encountered in 2000.

3.1 REFLECTION ON OBJECTIVES & TARGETS

Key objectives include realisation of service targets as set out in Appendix 1, related to which urgent recruitment to all new/vacant posts will be critical. The appointment of Examining Dentists will be critical in relation to proper and adequate monitoring of the DTSS.

3.1.1 Activity

Targeted activity for 2001 is outlined in Appendix 1.

3.1.2 Finance

Finance is outlined in the Financial Schedule. Development funding of £0.447M has been provided for the DTSS.

3.1.3 Staffing

Staffing is outlined in the Financial Schedule.

3.2 CORE AND DEVELOPMENT 2001

3.2.1 Core Services 2001

- Core services for 2001 will be provided as per the targeted activity outlined in Appendix 1.
- An increase in uptake under the DTSS is anticipated and additional funding of £0.447M has been provided to meet additional costs including the appointment of Examining Dentists and to meet the 30-day quality assurance target for turnaround of treatment plans submitted for approval.
- A full range of services (currently emergency only) will be provided to the 14-16 age group as soon as the necessary staff are recruited.

3.2.2 Developments 2001

- The review of the dental services and the Board's Dental Strategy will be completed in 2001. This will include Oral Health Goals.

3.3 SERVICE INTEGRATION

3.3.1 Internal

Links with the Primary Care Unit, Acute Services and Disabilities Services will continue to be strengthened during 2001 with the appointment of Senior Dental Surgeons to special needs, paediatrics and administration. Liaison with Oral and Maxillofacial surgery and Orthodontic departments will be maintained and developed during 2001.

3.3.2 External

Close links with the Department of Health and Children will continue relative to policy matters and implementation of the restructured dental services and the DTSS. Similarly, links with academic establishments, particularly universities relative to postgraduate education/training and research projects will be important.

3.4 PERFORMANCE MANAGEMENT

3.4.1 Research

Field work for both the National Survey of Adult Oral Health and the MWHB survey will continue in 2001 and national results will be available in 2002. The survey will provide a baseline of the oral health status of the adult population in the MWHB.

3.4.2 Quality

The appointment of Senior Dental Surgeons in the areas of 'special needs' and with other specific duties, and the recruitment of the approved dental teams will enable an expanded and improved quality of service to be provided.

3.4.3 Evaluation

The Programme of Planning and Evaluation will be further developed during 2001. The User Group, which was set up at the end of 2000, and includes the three Principal Dental Surgeons as well as the Consultant Orthodontist and the Consultant Oral and Maxillofacial Surgeon, will liaise with the Department of Health & Children's Contractors in Epidemiology, Health Services and Research.

3.4.4 Value for Money

The awaited appointment of Examining Dentists and Practice Unit Dentists will enable closer monitoring of the DTSS Scheme to take place.

3.4.5 Performance Indicators

Performance will be reviewed on an ongoing basis having regard to core and development service plans and targets as set out in Appendix 1. The following performance indicators will be used during 2001:-

- The uptake of dental screening in national schools.
- Provision of a full range of services to the 14-16 year old group.

- Development of the regional roles assigned to Principal Dental Surgeons.
- Development of specific services associated with the appointment of Senior Dental Surgeons with specialist interests.
- Improved monitoring of the DTSS.
- The percentage of water fluoridation schemes within the statutory limits.

Appendix 1

Dental Services - Projected Activity for 2000 and Target Activity for 2001

| Activity | 2000 Target | 2000 Projected | Variance | 2001 Target |
|-----------------------------|-------------|----------------|----------|-------------|
| Adult Dental Service | | | | |
| No. Contracted Dentists | 65 | 72 | +7 | 75 |
| No. of Treatments | 45,000 | 64,000 | +19,000 | 70,000 |
| Children's Dental | | | | |
| No. of Attendances | 52,600 | 53,000 | +400 | 54,000 |
| No. of Treatments | 38,000 | 36,000 | -2,000 | 37,000 |

ENVIRONMENTAL HEALTH

1.0 STATEMENT OF PURPOSE & STRATEGY

The purpose of the Environmental Health Service is to protect and enhance public health through the promotion of a healthy environment and by enforcement of Environmental Health legislation, ensuring the safety of food, water, air, housing, sanitation and places of work and leisure.

1.1 PLANNING AND STATUTORY FRAMEWORK

The Environmental Health Service carries out its food control and food monitoring functions in accordance with a variety of food safety legislation, both National and European, primarily:-

- The European Communities (Official Control of Foodstuffs) Regulations, 1998.
- The European Communities (Hygiene of Foodstuffs) Regulations, 2000.
- The Food Safety of Ireland Act, 1998.

The Food Safety of Ireland Act, which established the Food Safety Authority (FSA), transferred all responsibility for food safety to the FSA. The Board's Environmental Health Service now operates under a contract agreement with the Food Safety Authority for the provision of services for food control and monitoring functions.

The Environmental Health Service also implements labelling, tobacco, poison, port health and nursing home legislation.

An agency service is provided to the Local Authorities, mainly in relation to planning and water sampling, atmospheric pollution monitoring and environmental pollution control. Planning and Development legislation, Housing legislation, the E.U. (Quality of Water Intended for Human Consumption) Regulations, 1988 and the Public Health (Ireland) Act, 1878 are relevant.

1.2 SOCIO/DEMOGRAPHIC PROFILE

The Environmental Health Service provides services for the population of the Mid-Western Health Board region, in excess of 317,000 at the 1996 census. Food control services are provided under contract with the FSA to a total of 3,628 establishments.

2.0 REVIEW OF 2000

2.1 SERVICE TARGETS

A Service Contract between the Board and the Food Safety Authority operated which indicated the audit/inspection frequency to be achieved, i.e. high risk businesses – once a year; medium risk businesses – twice in three years; and low risk businesses – once in three years. The work programme for the year successfully reflected these requirements.

A Code of Practice on Inspection of Food Businesses was introduced by the Food Safety Authority – the Code set out the type of audit/inspection required by the FSA.

including more detailed risk assessment. It also clarified the classification of inspections to include programmed full inspection, programmed surveillance inspection, follow-up inspection, complaint inspection and registration inspection. The work programme for the year took due account of these requirements as well.

2.1.1 Activity

Appendix 1 outlines targets set for 2000, projected activity 2000 and targets for 2001. Activity for 2000 in respect of both Food Control and Water Sampling will exceed target by 9%. There was a 43% increase in the work undertaken for Local Authorities in the Limerick area in comparison with 1999 as a result of the significant increase in planning applications. Based on projected activity levels, the Board's contractual obligations under the FSAI agreement for 2000 will be met.

2.1.2 Finance

- A breakeven budgetary position for 2000 is projected. Difficulties in recruiting Environmental Health personnel were experienced and some of the allocated developmental funds for such staffing were invested on a once-off basis on equipment and information technology with the approval of the Department of Health and Children.
- Income generation arises in respect of registration of food premises, issuing of food permits, licensing of food stalls, charges for private water analysis, charges for food hygiene courses and charges for issuing of food sample certificates to private individuals. These charges are regularly reviewed to ensure uniformity and appropriateness of fees. In addition, levies on local authorities for agency services are reviewed.

2.1.3 Staffing

The WTE control for Environmental Health Services was 41.55. This included 9 extra posts that were approved for Food Control purposes during 2000. The actual WTE in employment at year-end was 34.75. This resulted from recruitment difficulties.

2.2 CORE AND DEVELOPMENT PERFORMANCE

2.2.1 Core Performance

Service

- Core Services in 2000 were provided broadly in accordance with the Service Plan and activity exceeded the service targets as outlined in Appendix 1. Audits and inspections for food establishments were carried out in accordance with our contractual obligations with the FSA. Target activity set for 2000 was significantly less than for previous years, this was due to the changing nature of inspections under the FSA contract, which is now more audit focused.
- Services relative to the inspection of private nursing homes continued to be provided.
- The programme to increase awareness of hygiene and obligations in relation to food safety continued for proprietors of food premises.
- Implementation of the Tobacco regulations continued concentrating mainly on retail outlets in order to control the sale of cigarettes to children. Catering premises were also targeted to establish compliance with the provision of "no smoking" areas.

2.2.2 Developments

Organisation

- Staff training was provided through the Food Control Auditing Course run by the National Food Centre. Accreditation for this course has been approved by University College, Dublin.
- Food hygiene educational material was developed for use in the new Primary Course in Food Hygiene which was developed by the Environmental Health Officer Association.
- Additional funding was made available for staffing, but due to recruitment difficulties many of these posts remained vacant at the end of the year.

Information Technology

- A computerised Environmental Health Food Quality Information System was developed and is operational on a pilot basis in the Clare area. This system will be implemented for the North Tipperary and Limerick services during 2001.

Accommodation

- Capital funding was invested in the construction/ renovation of premises to provide much needed office accommodation.

2.3 PERFORMANCE REVIEW

Overall performance for the year was very satisfactory relative to achievement of service plans, targets and developments. This was especially so, having regard to the significant amount of additional work and effort which was required to obtain ISO accreditation for the Quality Management System and also in view of the recruitment difficulties encountered.

2.3.1 Research

- The Environmental Health Service took part in the inter-agency investigation into the presence and influence of lead in the Silvermines area. Investigations were carried out on drinking water and locally produced fruit and vegetables.

2.3.2 Quality

- In May 2000, the Environmental Health Food Control Service was awarded ISO 9002 accreditation by the National Standards Authority of Ireland.
- The Environmental Health Service participated with the FSA in developing a "Code of Practice for Domestic Kitchens" and also with the FSA and the Department of Health & Children on a Working Group to review the Rapid Alert System for Foodstuffs (RASFF) in Ireland.
- A survey to assist in agreeing standards in B&B's was undertaken in the Clare area.

2.3.3 Evaluation

- Meetings were held with the local authorities to ascertain the level of satisfaction with the agency service being provided.

2.3.4 Value For Money

2.3.5 Performance Indicators

- Compliance with the Food Safety Contract for inspections and food sampling – *achieved*.

- Compliance with compulsory annual inspection of private nursing homes – *achieved*.
- Increase in the number of premises which have an acceptable HACCP system in place – *the numbers have increased*.

2.4 SIGNIFICANT ISSUES

Service

- Despite an increase in the number of high risk premises having a documented H.A.C.C.P. system in place, the overall situation continues to be unsatisfactory. Environmental Health Officers continue to advise proprietors of food premises of their obligations. However, the percentage of premises that satisfactorily meet requirements remains small and this matter will require on-going focused attention in order to attain a satisfactory state.

Awareness

- The method of communicating information to the public needs to be re-assessed and the Environmental Health service needs to mount a comprehensive and orchestrated campaign in this regard. There are resource implications.

Organisation

- The prolonged recruitment process for permanent Environmental Health Officers (LAC) and the lack of available personnel/applicants for vacant temporary posts is a matter for concern.
- With the approval of 9 new posts for the Food Control Service in 2000 the lack of adequate office space has become a serious issue. Minor capital funding made available in August, 2000 has been invested in the upgrading/expansion of office accommodation but further investment will be required in the three counties and particularly in the Limerick area.
- Further staffing will be required to fulfill obligations in the areas of smoking, food safety awareness, hygiene education, nursing home and pre-school inspections and increasing demands from Local Authorities
- Though research within the service is essential, it is seriously limited by the increasing workload and understaffing. The creation of a specialist research post at Senior E.H.O. level will be considered.

3.0 AIMS AND SERVICE OBJECTIVES 2001

3.1 REFLECTION ON OBJECTIVES & TARGETS

The aim of the Environmental Health Service in 2001 will be to continue to provide high quality and focused services in the context of contractual arrangements with the Food Safety Authority, Agency services for Local Authorities and requirements of the Health Board and also to address the 'Significant Issues' as identified.

3.1.1 Activity

Target activity for 2001 is set out in Appendix 1.

3.1.2 Finance

The budget allocation for 2001 is outlined in the Financial Schedules. Development funding of £0.350M has been provided. Charges for services will continue to be reviewed and maximised.

3.1.3 Staffing

The WTE control for 2001 is 54.55

3.2 CORE AND DEVELOPMENT 2001

3.2.1 Core Services 2001

Core services will be provided in accordance with the targets in Appendix 1 and the enhanced requirements of the FSA contract. Additional staff provided in 2000 will facilitate compliance with both the inspection frequency and the type of inspection that is now required as per the FSA Guidance on Inspection of Food Premises. The Quality Management System will be widely used and improved.

3.2.2 Developments 2001

Service

- Funding of £0.235M has been provided in order to develop/improve services for food safety. This is intended to fund seven Environmental Health Officer posts and two associated administrative posts as well as information technology support for these new posts.
- Funding of £0.105M has been provided for three Environmental Health Officer posts and one administrative support staff to implement tobacco free policy initiatives and improve compliance with the law.
- There will be accommodation implications for the thirteen new posts above which will have to be resolved prior to recruitment. There will be associated capital funding implications.
- Recent legislation requires food premises to use a HACCP system or the Guides to Good Hygiene Practice. To encourage compliance with this legislation, a Hazard Analysis Critical Control Points (HACCP) Manual will be prepared. This manual will be circulated for use by food premises.
- The Food Hygiene Regulations 1950-1989 are being reviewed and new regulations are due to be published in 2001. The implications of these regulations will be assessed on publication.
- The Primary Course in Food Hygiene will be targeted at high risk food premises.

Awareness

- The need for a comprehensive and focused public awareness campaign will be considered and followed-up in so far as available resources will permit.

Organisation

- A recruitment drive will be launched in order to fill vacant posts.

Information Technology

- The Food Quality Information System will be extended to the Limerick and Clare areas.

Accommodation

- Commensurate with NDP capital funding available, staff accommodation will be extended and improved.

3.3 SERVICE INTEGRATION

3.3.1 Internal

The Environmental Health Service works in partnership with a range of services involved in the protection of public health. The devolved management structure and

the development of cross service integration mechanisms (i.e. Quality Management in Health Board Catering Committee) has maintained and strengthened these linkages. The Environmental Health Service will continue to work closely with other disciplines within the Board, particularly the Department of Public Health, Hospital Laboratories, Area Medical Officers and the Public Health Nursing service.

3.3.2 External

The Environmental Health Service forms part of a network of agencies involved in the promotion of public health. The partnership approach is reflected in the participation of Board staff on Local Authority Committees, inter-agency group investigations and the inter-departmental Zoonosis Committees. Links with the FSA have been consolidated through quarterly liaison meetings. The Service, plans to become more pro-active in the development and delivery of public awareness campaigns.

3.4 PERFORMANCE MANAGEMENT

3.4.1 Research

- A survey on the use of the HACCP system will be undertaken in Clare.

3.4.2 Quality

- The Quality Management System will continue to be developed and will be subject to external monitoring by the National Standards Authority of Ireland.

3.4.3 Evaluation

- The Environmental Health Service will be evaluated on an on-going basis through internal and external audit for compliance with the Quality Management System. Evaluation will also take place through the quarterly returns to the FSAI and monitoring of contractual obligations.
- The Butcher Shop Survey already completed in Clare will be reviewed and updated to include HACCP compliance and presence of ecoli etc.
- A survey of Delicatessens and Sandwich Bars carried out in 1999/2000 will be reviewed following the distribution of an educational package to participating premises.
- The method of assessing time spent on local authority work will be evaluated and charges will be revised as appropriate in consultation with the Local Authorities.

3.4.4 Value For Money

3.4.5 Performance Indicators

Performance will be measured through compliance with the Food Safety Contract for food sampling and inspections, and through compliance with the Quality Management System. This will be measured through the programme of internal and external audits. Activity levels will be monitored against targets. Specific Indicators will include:-

- Increase in the number of 'high risk' premises with HACCP systems in place.
- Implementation of the new information system throughout the Board.
- Progress with information dissemination and public awareness campaigns.
- Compliance with compulsory annual inspection of Private Nursing Homes.

Appendix 1

Environmental Health Service- Projected Activity for 2000 and Target Activity for 2001

| | 2000 Target | 2000 Projected | Variance | 2001 Target |
|-----------------------|----------------|-------------------|----------|----------------|
| Food Control | 3,300 | 3,365 | +65 | 4,622 |
| Water Sampling | 2,032 | 2,448 | +416 | 2,232 |

COMMUNITY WELFARE SERVICE

1.0 STATEMENT OF PURPOSE & STRATEGY

The purpose of the Community Welfare Service is to promote sustainable social inclusion and alleviate poverty by assisting individuals and families, primarily those experiencing social disadvantage through a range of income maintenance schemes and a comprehensive information and referral service.

The Board's Community Welfare Strategy is based on principles espoused in the National Health Strategy "Shaping a Healthier Future" (1994) and the National Antipoverty Strategy (1997). Emphasis is placed on payment, referral and information strategies to support customer needs and to enable people to resolve their difficulties and live their lives in a dignified manner. The strategy supports a multifaceted social service approach to help the marginalised and ensure a high quality, comprehensive and caring customer centred service.

The objectives are:-

- To provide a quality advice, referral and income maintenance service.
- To develop and implement service policies in support of interventions by other Health Professionals.
- To have in place links with relevant statutory, community and voluntary agencies to ensure comprehensive and continuous service to the public.
- To promote the concept of 'self-help' towards ensuring that people can live with dignity in the community.

The service model is designed to support relevant Care Group strategies, improve health and social gain and to work across internal and external care lines in order to ensure a seamless service.

1.1 PLANNING AND STATUTORY FRAMEWORK

The organisational arrangements for delivery of the Supplementary Welfare Allowance (SWA) Scheme are set out in the Social Welfare (Consolidation) Act, 1993. The Department of Social, Community and Family Affairs (DSCFA) has overall responsibility for the SWA scheme but the scheme itself is administered by the Health Boards as part of the Community Welfare service. The DSCFA sets the policy for the scheme and informs Health Boards accordingly.

1.2 SOCIO/DEMOGRAPHIC PROFILE

The population is in excess of 317,000, and this figure continues to rise due to greater life expectancy, increase in the birth rate, returning emigrants, migrant workers and the influx of Asylum Seekers.

National Census results showed unemployment rates of 13.2% (1996) for the Mid West Region compared to 11.9% (1996) nationally. Unemployment and consequently low income can lead to poverty. While these unemployment rates have decreased substantially in the past 4 years due to the improved economic situation in the country, this has not resulted in a lessening of the demands on the Community Welfare Service. The improved economic situation has resulted in an understandable raising of expectations, amongst persons who have not benefited directly.

2.0 REVIEW OF 2000

2.1 SERVICE TARGETS

2.1.1 Activity

Activity as per Appendix 1 exceeded targets. There was a 16% increase in the number of payments made and a 21% increase in the number of attendances during 2000 as against targets. Much of the increase is attributable to increased awareness of entitlements and increasing numbers of Asylum Seekers residing in the region.

2.1.2 Finance

The Regional Unit is responsible for negotiating and managing the Supplementary Welfare Administration budget. This budget will break even in 2000. SWA expenditure for 2000 is projected to exceed the previous year by 19% and this is reflected in a significant increase of 11% in the numbers who attended Community Welfare Service Clinics. This increase in expenditure is attributable as follows:-

- The 2000 Budget increase for the Basic Supplementary Welfare Allowance Rate (5.5%).
- The dispersal of Asylum Seekers to the Mid West region. In addition the numbers of non-nationals residing in private rented accommodation and hostels has increased substantially.
- Exceptional Needs Payments in respect of Travel Costs have increased by 42 % over 1999.
- There was a 30 % increase over 1999 in Supplement Payments in respect of heating, diet and creche. This was as a result of entitlement awareness campaigns.

2.1.3 Staffing

Employment was contained within approved WTEs.

2.2 CORE AND DEVELOPMENT PERFORMANCE

2.2.1 Core Performance

Information

- In regard to homeless services, an information guide on homeless services was developed in Limerick.
- A comprehensive entitlements booklet was developed and published in conjunction with the Citizen Information Centre.

Organisation

- Guidelines for application of SWA to support the Money Advice and Budgeting Service (MABS) is in place in the Board and are likely to be implemented nationally. A national sub-committee, led by the Mid Western Health Board has been formed to address training and policy issues in this area.
- The Board's Regional Unit has an on-going involvement in the development of training materials at national and local level. A long term training strategy is in place and the training plan for 2000, which includes stress management and presentation skills training was implemented.
- Control strategies and procedures have been implemented in each Superintendent Community Welfare Officer area.

- Computers were placed in key sites throughout the region to facilitate access to NSSB Information Files in the main Health Centres.

ISO Accreditation

- Ten further districts received ISO 9002 accreditation in June, 2000.
- Preparation of further districts for ISO accreditation commenced and accreditation will be achieved in 2001.
- Management review processes were dealt with in conformity with ISO 9002 requirements.
- 24 staff have successfully completed the Internal Audit Training Course organised by external Consultants.

Inter Agency

- In regard to Partnership/Interagency Co-operation, liaison arrangements continued to operate effectively. Senior management meetings with the DSCFA took place, as did local meetings with statutory and voluntary organisations.
- Housing Fora were set up in Limerick county, Clare and North Tipperary to complement the Forum already set-up in Limerick City. Medical Card protocols were developed for homeless persons.

2.2.2 Developments

- A Medical Protocol for Homeless persons was developed with the GP Unit.
- A Disabilities Community Welfare Officer post was created in Limerick.
- Existing Policies were reviewed in order to support improving health and social gain concepts for relevant Care Groups.

2.3 PERFORMANCE REVIEW

The level and quality of services provided during the year was in accordance with the service plan. Activity levels exceeded targets as per Appendix 1.

2.3.1 Research

- A comprehensive feedback instrument was developed for implementation by end of 2000.

2.3.2 Quality

- A number of quality initiatives were undertaken during 2000 and these have already been mentioned above. There is a Code of Practice in place with Local Authorities in respect of Rent arrears and ESB (electricity) arrears which prevents evictions and loss of electricity supply and arrangements were improved during the year.
- The Community Welfare Service continues to work in an integrated way with other services (MABS, Child Care, DSCFA, Public Health Nursing, Nursing Home Unit etc.) in order to provide customer focused responses to identified needs in an efficient and effective manner.

2.3.3 Evaluation

- The service had continued representation on the DSCFA Customer Tribunals and Community/Voluntary Boards of Management and the Paul Partnership. These involvements provided continuous feedback/evaluation on service.

- The performance of the ISTS information system, both software and networks was monitored on an on-going basis and comprehensive training was provided for new staff.

2.3.4 Value For Money

2.3.5 Performance Indicators

- Reduction in the number of evicted cases from local authority housing – *achieved*.
- Reduction in waiting time for SWA appeals – *maximum wait of 5 weeks achieved*.

2.4 SIGNIFICANT ISSUES

- A submission was made to the National Review Group on the SWA Scheme outlining a view of the future role of the CWO Service as envisaged by the MWHB. The outcome of the review will determine the future profile of the Community Welfare service in Health Boards.
- A submission was also made to the National Review Group set up to consider the transfer of Rent Supplements to the Local Authorities. There are issues, which are of concern to the Board.

3.0 AIMS AND SERVICE OBJECTIVES 2001

3.1 REFLECTION ON OBJECTIVES & TARGETS

The primary objective will be to maintain and enhance a high quality Community Welfare Service.

3.1.1 Activity

Activity targets are as per Appendix 1.

3.1.2 Finance

Finance is outlined in the Financial Schedule. There was no development funding provided.

3.1.3 Staffing

Staffing is outlined in the Financial Schedule.

3.2 CORE AND DEVELOPMENT 2001

3.2.1 Core Services 2001

Core services as provided in 2000 will be continued.

3.2.2 Developments 2001

The Elderly

- Develop guidelines in relation to financial supports for the Elderly.
- Provide training for staff in dealing with the elderly.
- Improve access to Community Welfare Services for the elderly.

Children and Families

- Develop guidelines in relation to financial supports for children and families.
- Provide training for staff in dealing with persons experiencing personal difficulties such as separation, bereavement etc.,

- Provide information sessions on entitlements to support groups in the community.

Disabilities

- Provide training for staff in dealing with persons with disabilities.

Mental Health /Addiction Care Groups

- Develop guidelines in relation to financial supports for persons with addictions.
- Improve interagency and interdisciplinary relationship.
- Provide information sessions on the role of the CWO to relevant Day Hospital Staff.
- Improve access to Community Welfare Officer Services for Mental Health / Addiction Programmes.

Homeless

- Develop responses to meet needs of the National Strategy Document, 'Homelessness - An Integrated Strategy'.
- Provide training for staff to deal with Homeless persons.

Human Resources

- Carry out structural changes within the Community Welfare Service: Specialisation etc.
- Review CWO manpower profile.

Training

- Provide adequate training venues.
- Provide on-going training and retraining as planned.

Customer Service

- Continue to provide a high quality customer focused service in a cost-effective manner.
- Assess suitability of clinic times from the client perspective.
- Reduce queuing time for customers.
- Carry out customer feedback surveys.

Service Control

- Set up a Special Investigation Unit during 'off peak' locum periods.
- Undertake and report on control work within agreed policy.

Accommodation.

- Carry out an audit of Health Centre accommodation.

Code of Practice

- Develop a code of practice on rent arrears with each Local Authority similar to the arrangement with Limerick Corporation.

3.3 SERVICE INTEGRATION

3.3.1 Internal

All Health Board SWA policies will be reviewed in order to make them Care Group 'friendly'. The Key Worker concept will be developed for discrete services such as services for homeless and drugs mis-use. Information sessions will be provided to other health services in order to improve liaison and integration.

3.3.2 External

The Community Welfare Service has significant and important relationships with statutory, community and voluntary agencies and partnership groups. These will be maintained and developed further in 2001.

3.4 PERFORMANCE MANAGEMENT

3.4.1 Research

Customer feedback will be sought and analysed with a view to improving services.

3.4.2 Quality

- Further Districts will be accredited for the ISO 9002 management system.
- Provide "Directory of Services" booklet to each voluntary agency.
- Improve waiting areas at Community Welfare Officer clinics.

3.4.3 Evaluation

The Community Welfare Service has an in-built evaluation process in the installed ISO 9002 management system.

3.4.4 Value for Money

Reduce the number of cheque payments (SWA) by increasing the number of postal drafts, thus reducing administrative costs. Also undertake a joint initiative with the DSCFA in order to reduce the number of Substitute Payments, thereby increasing efficiency.

3.4.5 Performance Indicators

The following performance indicators will be used during 2001:-

- Reduction in the number of fraudulent claims within the SWA scheme.
- Reduction in the number of cases referred for appeal.
- Increase in the number of contact points at local level with statutory/community agencies.
- Increase in joint casework with the local MABS services.
- Increase in the uptake on diet/crèche/heating supplements to improve health and social gain in the community.
- Increase in the number of financial supports for individual care packages within the Care Groups.
- Reduction in the number of evicted cases from local authority housing.
- Increased number of awareness sessions provided for community groups on health and welfare entitlements.

Appendix 1

Community Welfare Service - Projected Activity for 2000 and Target Activity for 2001

| Activity | 2000 Target | 2000 Projected | Variance | 2001 Target |
|--------------------|-------------|----------------|----------|-------------|
| No. Payments Made | 211,000 | 244,000 | +33,000 | 245,000 |
| No. of Attendances | 66,000 | 80,000 | +14,000 | 80,000 |

CHILD HEALTH SERVICE

1.0 STATEMENT OF PURPOSE & STRATEGY

The purpose of the Child Health Service is to ensure that all children have the opportunity to realise their full potential in terms of health, well being and development, and that remediable disorders are identified and acted upon as early as possible in life in order to maximise health and welfare, and that the health status of children in the Mid-West region is maximised by recognising and reducing inequalities in child health.

1.1 PLANNING AND STATUTORY FRAMEWORK

The national report, "Best Health for Children" and the Health Board's "Strategic Statement on Child Health" were both published during 1999 as well as the National Children's Strategy in November, 2000. The Board's strategy focuses on the enhancement of child health, the inclusion of child health monitoring in the wider circle of health promotion and the emphasis that preventive health care involves more than the detection of defects. The strategy reflects current thinking on screening and surveillance services in the light of national and international studies. A multi-annual Child Health Action Plan will be developed in early 2001.

The framework is also shaped and informed by:-

- "The Health Act, 1970"
- "The National Health Strategy – Shaping a Healthier Future" (1994)
- "Review Group on Primary Childhood Immunisation Report" (1994)

1.2 SOCIO/DEMOGRAPHIC PROFILE

Birth rates fell steeply in the Mid-West Region, as in the rest of Ireland since the beginning of the 1980s. In recent years, this trend has reversed, particularly in the Greater Dublin Area and in the Mid-West Region. The percentage change in the annual number of births in the Mid West Region, 1989-1997 was an increase of 3.07%. The 1996 census shows that children living in Limerick City are more likely to live within a household headed by a lone parent, than in other areas of the region.

2.0 REVIEW OF 2000

2.1 SERVICE TARGETS

2.1.1 Activity

Activity for 2000 is set out in Appendix 1. The following variances in activities over targets are significant:-

- Home visits to children (mother & child and nursing pre-school services) exceeded target by 6%.
- The number of children seen by Area Medical Officers (school medical services) increased by 96%. In the early phase of implementation of "Best Health for Children", selective examinations for school children were introduced, and it was difficult to predict referral levels accurately.
- The developmental/welfare clinic target was under achieved by 15%. This was largely due to recruitment difficulties.

- The immunisation target was under achieved by 12%. This was also due to recruitment difficulties.
- The targets for pupils audiometry and vision were under achieved by 38% and 20% respectively. This was due to a combination of change in practice and manpower deficits.

2.1.2 Finance

A breakeven budgetary position for the year was predicted.

2.1.3 Staffing

Employment levels were within approved complement.

2.2 CORE AND DEVELOPMENT PERFORMANCE

2.2.1 Core Performance

"Best Health for Children"

Implementation of the recommendations of the Denyer Report continued. A training programme for Public Health Nurses in successful implementation of the Denyer Report ("Best Health for Children") was introduced.

Child Welfare Service

This service is offered by Public Health Nurses to all infants, and includes a core schedule of visits, with additional visits offered where necessary. The majority of infants received the first visit within 24 hours of discharge from hospital.

Developmental Screening Examination

Each Child between the ages of 6 and 9 months was offered an appointment for developmental screening examination. Examination uptake rates for 6 – 9 months olds who were born and resident in the region were monitored early in the year 2000. The uptake rate was found to be 90% of births. There was some variation in up-take between the sub-areas throughout the three Community Care areas in the region, due to recruitment difficulties.

School Medical Protocol

The revised School Medical Protocol was implemented. Medical examinations were performed by the Area Medical Officers on selected children following review of the Child Health questionnaire and the pre-school developmental record of each child in Senior Infants class. Where necessary, children were referred to specialists.

Immunisations

(a) Primary Immunisation Programme:

The routine Primary Childhood Immunisations are administered by General Practitioners under the Primary Childhood Immunisation Scheme, which commenced in December, 1995. The immunisations included in the scheme are:-

- Diphtheria, Tetanus, Pertussis, Haemophilus Influenzae B and Oral Polio vaccines at 2, 4, and 6 months of age.
- Measles, Mumps, and Rubella vaccinations at 15 months of age.

The uptake target is set by the Department of Health & Children at the age of 2 years. Therefore, the uptake for 1998 births was measured during 2000. A major validation of the 1998 uptake rates is ongoing since the Senior Public Health Nurses for the immunisation programme took up duty in September, 2000. The uptake rates are continuing to rise as a result.

(b) Diphtheria/Tetanus/Polio Vaccination:

Booster Diphtheria/Tetanus (2 in 1) and Polio vaccines were administered to junior infants in school. The average uptake of this vaccination programme is 95%.

(c) Measles/Mumps/Rubella Vaccination:

Measles/Mumps/Rubella vaccine was administered to 6th Class pupils. Many of these children had already received MMR vaccine and the second dose acted as a booster dose. Uptake of this vaccination was on average 97-98% across schools although variations in uptake have been noted and are under investigation.

(d) B.C.G. Vaccination:

B.C.G. Vaccination is usually administered to infants under 3 months old. Uptake is in the region of 97-98%.

Children's Dental Service

Routine Dental treatment was offered to all children in designated classes in Primary Schools. All pupils in Special Schools were offered treatment. Emergency treatment was available to all children under 16 years of age and children, as from August, 2000.

Speech & Language Therapy

The Speech & Language Therapy service provided an assessment and intervention service to pre-school and school-age children.

Children's' Ophthalmic Service

Pre-school and school-going children were referred by Area Medical Officers and Public Health Nurses to clinics staffed by Community Ophthalmic Physicians.

Audiology Clinics

Area Medical Officers referred children for hearing assessment by a Clinical Audiologist. This service was provided by the NRB until 2000, when responsibility transferred to the NAHB of the ERHA. Responsibility will transfer directly to the Mid Western Health Board in 2002.

Psychological Assessment

Area Medical Officers referred children suspected of developmental delay to Clinical Psychologists for assessment.

2.2.2 Developments

Meningococcal C Campaign

A major new immunisation programme, Meningococcal Group C commenced in October, 2000. This national campaign aims to immunise all persons aged up to 22 years against disease caused by N.Meningitidis Group C, which causes 30-40% of cases of Meningococcal Meningitis/Septicaemia in Ireland.

Phase 1 of the campaign will run until February, 2001 and focuses on immunising the highest risk groups: children under 5 years old and 15-18 year olds. GPs are immunising the under 5 year group and Community Care Teams are immunising the 15-18 year old group. Despite serious recruitment difficulties, the Board organised Community Care Teams to administer the vaccination programme, by re-deploying staff in some cases. Area Medical Officers attended training on resuscitation and administration of the Group C Meningococcal vaccine. Further phases of the campaign will follow.

Personal Child Health Record (PCHR)

Funding (£0.290M) was allocated to the Board in 2000 for the pilot development of a Parent held Child Health Record scheme, which is intended for national use eventually. The objective is to develop a comprehensive and friendly record which will be retained by parents and be updated on a continuous basis. The pilot scheme when fully implemented will:

- Provide parents with a comprehensive record of their child's health, development, immunisation status and other relevant information.
- Increase partnership between parents and service providers.
- Improve communication between professionals caring for children.
- Generate information for the management and development of child health services.
- Provide the basis for the possible implementation of a national scheme.

The project has four phases including targets to be achieved in 2000. Progress during 2000 was substantial. However, some tasks which were targeted during 2000 were deferred to 2001 due to delays which were attributable to other work necessary during 2000, mainly in connection with the Primary Childhood Immunisation and Meningococcal C programmes which required inputs of scarce resources including information Technology and Public Health Nursing. These deficits are addressed in the 2001 work programme for the project.

Other Developments

- A Breast Feeding Strategy and Action Plan was developed and launched.
- The booklet "Guidelines to Feeding and Development of Young Children" was revised and implemented.
- Public Health Nurses were involved in the start-up and implementation of the Community Mothers – Parents Support Group.
- Training on the implementation of recommendations concerning childcare and protection contained in "Children First" was provided to each Area Medical Officer.
- In conjunction with the Nursing Division of the Department of Health and Children, Public Health Nurses were trained in the content and delivery of Ante Natal Classes.
- Capital funding in 2000 provided for improvements in Health Centres/Community accommodation and the purchase of new/replacement equipment. A new Health Centre at Toomevara was completed and construction of a new Health Centre in Ballynanty commenced and the planning for a new Health Centre at Nenagh was completed. The new Health Centre at Southill was opened. Two new Dental Surgeries at Ennis were constructed/equipped.

2.3 PERFORMANCE REVIEW

Review of Performance is set out in Section 2.0 above and in Appendix 1.

2.3.1 Research

A regional review of professional standards in the Speech and Therapy service is in progress, with the intention of developing standards of practice and most appropriate care pathways for clients. The use of Speech & Language Assistants is being researched at national level. Training, supervision, roles and remuneration are under consideration.

2.3.2 Quality

- Client satisfaction levels with Developmental Screening examination clinics were surveyed during 2000. The data will be analysed to determine quality of the service and reported in early 2001.
- A survey to determine the level of satisfaction among parents/guardians with developmental clinics, for 9 month olds, was undertaken in the Limerick Community Care area. The results showed a very high satisfaction rate with the developmental examination itself, but pointed to deficits in appropriate accommodation and facilities in the health centres involved. Deficits will be addressed as soon as possible.
- Information Technology development to enable on-line update at the Regional Maternity hospital, of births to the Board's database is advancing and will be operational in late 2000/early 2001. This will assist in timely visitations by Public Health Nurses to mothers of new-born infants.
- The development of the Parent Held Child Health Record project during 2000 has provided the basis for standardising pre-school child health surveillance according to the core schedule outlined in "Best Health for Children", and for the development of appropriate recording systems.
- The Public Health Nurses' Regional Standards Committee continues to write and update standards to ensure evidence-based practice and a quality driven service.

2.3.3 Evaluation

In Clare, the percentage of newborn babies visited by Public Health Nurses within 24 hours of discharge from hospital is 56%. This has been researched and evaluated in order to identify the reasons for delays in post discharge visits with the view to improving the position.

2.3.4 Value For Money

2.3.5 Performance Indicators

- Increase the primary childhood immunisation uptake rates – *achieved*.
- Record BCG and school immunisation rates with a view to computerisation – *work underway*.
- Record Development Clinic uptake rates. Areas of low uptake will be reviewed – *work underway*.
- Examine the percentage of new-born children visited by public health nurses within 24 hours of hospital discharge and develop measures to increase the percentage of children who receive a visit within 24 hours – *work is ongoing to improve the position*.

- Maintain a very low waiting list for Community Ophthalmic Services for children – *position was improved during the year.*
- Reduce the number on waiting lists for Speech & language Therapy – *position was improved during the year.*

2.4 SIGNIFICANT ISSUES

Socio/Demographic

- The increasing birth rate in the region has significant resource implications for service planning and delivery.
- The increase in teenage pregnancy, lone parenting and multiple births and asylum seekers/refugees has implications for the planning and resourcing of services.
- The increasing mobility of families, predominantly in urban areas, poses serious difficulty for Public Health Nurses in terms of tracking children for continuity of care.

Service

- The Board's uptake rates for the Primary Immunisation programme require improvement.
- The revised schedule of Immunisations for schoolchildren has not been implemented. There are difficulties pertaining to funding and recruitment/retention of key grades of staff.
- There is a rapidly increasing need for educational psychological assessment for children and the services available are insufficient for needs.

Organisation

- The absence of an appropriate Care Group structure is a limiting factor in terms of the development and management of services. Initiatives were commenced to redress the situation.
- The absence of Community Consultant Paediatricians with special interests is a seriously limiting factor to the development/delivery of comprehensive inclusive child health services.
- The dissolution of the NRB which resulted in the phased transfer of audiology services to Health Boards, revealed a serious shortage of trained audiology professionals, accommodation and equipment, particularly in the area of pre-school assessment of suspected hearing deficit. Resources are being sought through the Department of Health & Children to remedy the situation.
- Staffing levels are under pressure from increasing activity, and require review. Recruitment and retention of many staff grades has become a major difficulty.
- Many new initiatives are placing pressure on Public Health Nursing resources such as Pre-Schools, Alcohol Projects, increased activity in child health visiting arising from the Quality Initiative in Child Health Policy, the Breast Feeding Strategy, Metabolic Screening at Home, School Health Policy and the Immunisation Programmes. In addition recruitment of Public Health Nurses has become difficult. The maintenance of core services is, therefore, more difficult to sustain.

Accommodation

- Many community premises are sub-standard for both service delivery and for staff and require upgrade/replacement.

Information Technology

- Information Technology facilities/support/training are insufficient/inappropriate and require review and investment.

3.0 AIMS AND SERVICE OBJECTIVES 2001

The aims of the Child Health Service for 2001 will be to pursue the objective whereby all children will increasingly have the opportunity to realise their full potential in terms of health, well being and development.

3.1 REFLECTION ON OBJECTIVES & TARGETS

The key objectives and targets in 2001 will relate to the following in particular:-

- Implementation of a strengthened Care Group structure and process.
- Development of services in accordance with the "Best Health for Children" principles and the Board's Child Health strategy. To this end, develop a 5-year Action Plan.
- Improvement in the Primary Childhood Immunisation uptake, reaching national target levels.
- Completion of Phase 1 of the Meningococcal C vaccination programme.
- Assessment of the need for childhood audiology services and development of a strategic approach towards provision of an integrated service.
- Pursuit of solutions to the difficulties set out under "Significant Issues".

3.1.1 Activity

Target activity for 2001 is set out in Appendix 1.

3.1.2 Finance

Finance is outlined in the Financial Schedule. Development funding of £0.074M has been provided.

3.1.3 Staffing

Staffing is outlined in the Financial Schedule.

3.2 CORE AND DEVELOPMENT 2001

3.2.1 Core Services 2001

The core services will be provided in accordance with the targets in Appendix 1.

3.2.2 Developments 2001

- A regional sub-committee will be appointed to implement the recommendations of "Best Health for Children" and the Board's Child Health Strategy. This committee will arrange to review the current child health surveillance protocols against the recommended core programmes, and following this will develop an action plan which will include protocols for new programmes, training programmes, evaluation-audit plans, delineation of a clear referral pathway and identification of information technology needs.
- A sum of £0.074M has been provided for the development of immunisation services. This funding is to be directed towards measures to enhance the management and delivery arrangements for the Primary Childhood Immunisation Programme, with a view to achieving the uptake target of 95%, and the implementation of the revised booster immunisation schedule contained in the 1999 Immunisation Guidelines for Ireland. The Board proposes to create three

- posts, i.e. one Regional Co-ordinator of Immunisation Programmes, one Public Health Nurse and one administrative staff.
- Advance the Parent Held Child Health Record (PCHR) pilot project by launching Phase 3 in March 2001.
 - Commence the process of computerising all immunisation programmes. A specification of requirements for a Child health information system will be prepared.
 - In Clare, a timely intervention service for Speech and Language Therapy will be developed involving assessment and programme planning to be implemented by parents and, where possible, teachers.
 - A regional Strategy and Action Plan for Audiology Services (including children) will be developed.

3.3 SERVICE INTEGRATION

3.3.1 Internal

The established Corporate Policy Council for Children and Young Persons will continue to play a critical role in facilitating cross system linkages to overview the totality of needs and responses for both health and social gain for children.

The development/enhancement of structure and process for the Care Group will facilitate enhancement of service integration – roles and responsibilities will become more sharply defined. The targeted appointment of one or more Consultant Community Paediatricians and a Regional Child Health Development Officer (when funding becomes available) together with improving Information Technology facilities will further serve to promote service integration and necessary links with the Acute, Disability, General Practitioner and other services.

3.3.2 External

The establishment and fostering of close links with Schools and Voluntary Organisations will continue.

3.4 PERFORMANCE MANAGEMENT

3.4.1 Research

- A study will be undertaken by mid-2001 of paediatric surveillance at 3/12 for children born in 2000.

3.4.2 Quality

- In Clare, work will commence on the development of a protocol for hearing screening.
- Existing computerised information systems will be improved and new systems will be developed.

3.4.3 Evaluation

- In Tipperary/East Limerick, the uptake rate of 7-9 month developmental examinations for babies born in 1999 and resident in the area will be evaluated.
- In Tipperary/East Limerick, waiting time for medical decisions concerning disabled persons grant and allowance applications will be evaluated.

- Public Health Nurses will examine the impact of the Breast Feeding Strategy by monitoring the duration of Breast Feeding and promoting improvement.
- The introduction of the Parent Held Child Health Record will be evaluated by an external academic department during 2001/2002; this will include comparative service uptake and parent and professional satisfaction measures.

3.4.4 Value for Money

- In the Limerick area, the cost effectiveness of the School Vaccination programme will be examined.

3.4.5 Performance Indicators

The following Performance Indicators will be used throughout the year:-

- Achievement of targets set in Appendix 1.
- The percentage of newborn children visited by Public Health Nurses within 24 hours of hospital discharge, and development of measures to increase the percentage of children who receive a visit within 24 hours.
- The percentage of mothers breastfeeding at the first public health nurse visit and at four months.
- The percentage of uptake of each stage of paediatric surveillance.
- Primary Childhood Immunisation uptake rates.
- Record Developmental Clinic uptake rates and timing and review low uptake with view to making improvements.
- Record BCG and School immunisation uptake rates with view to computerisation.
- Achievement of the Meningococcal Group C programme targets.
- Maintenance of low waiting lists and waiting times for Community Ophthalmic services for children.
- Reduction of numbers on waiting lists for Speech & Language Therapy.
- Achievement of the Parent held Child Health Record pilot project objectives/targets.
- Development of a requirements specification for a Child Health information system.

Appendix 1**Projected Activity for 2000 and Targeted Activity for 2001**

| CHILD HEALTH | | | | |
|---|------------------------|---------------------------|-----------------|--------------------|
| | 2000 Target | 2000 Projected | Variance | 2001 Target |
| Mother & Child Visits to children (incl. under 5 yrs.) Nursing Pre-School Services | 38,150 | 40,480 | 2,330 | 41,275 |
| Developmental / Welfare Clinics - Nursing | 3,392 | 2,869 | -523 | 2,888 |
| School Medical Services – Nos Seen by Area Medical Officer | 3,770 | 7,382 | +3,612 | 7,090 |
| Pupils Audiometry | 14,462 | 8,988 | -5,474 | 9,008 |
| Vision | 20,760 | 16,576 | -4,184 | 16,676 |
| Immunisation | 14,950 | 13,030 | -1,920 | 14,150 |

SERVICES FOR OLDER PEOPLE

1.0 STATEMENT OF PURPOSE & STRATEGY

PURPOSE:

The purpose of Services for Older People is to maintain the dignity and independence of older persons and to maximise their life potential by providing a high quality comprehensive and caring patient centred service.

STRATEGY:

The Board's Elderly Care Strategy (1998) is based upon the care continuum model outlined in the 'Review of the Years Ahead' (1997). The key elements in the care continuum are:-

Preventative Care; Anticipatory Care; Care at Home/Community; Acute Care; Continuing Care.

The totality of care is viewed in the context of a comprehensive model of these linked elements of care. Gaps in provision or intervention affect the proper functioning of a continuous/integrated system of care and therefore, attainment of the proper balance of services throughout the continuum model is a fundamental objective.

1.1 PLANNING AND STATUTORY FRAMEWORK

The National Planning Document entitled 'The Years Ahead' (DoH 1988) and the 'Review of The Years Ahead' (The National Council on Ageing and Older People, 1997) are the guiding influences on the development of Services for Older People. The key objectives are:-

To maintain older people in dignity and independence at home; to restore to independence at home, those older people who become ill or dependent; to encourage and support the care of older people in their own community by family, neighbours and voluntary bodies; and to provide high quality hospital and residential care for older people when they can no longer be maintained in dignity and independence at home.

The development of Services for Older People in the Mid Western Health Board is also informed by other national and local strategies and legislation/regulations including:-

- "Shaping a Healthier Future" (Department of Health, 1994).
- "An Action Plan for Dementia" (National Council on Ageing and Older People, 1999).
- Nursing Home legislation/regulations.

More recent strategies and publications will influence the enhancement of the Board's Elderly Care Strategy (1998) and Action Planning:-

- "The National Health Promotion Strategy, 2000-2005" (DoH&C, 2000).

- "Recommendations for a National Food and Nutrition Policy for Older People". (Food Safety Authority of Ireland, 2000).
- "The Report of the Cardiovascular Health Strategy Group - Building Healthier Hearts" (DoH&C, 1999).
- "Homelessness - An Integrated Strategy" (Government, 2000).
- "Health and Wellbeing in the Mid West" (Director of Public Health, 2000).
- "Review of Therapy Services" (MWHB, 1999).

The Board adopted a 5-year Action Plan in 1999.

1.2 SOCIO/DEMOGRAPHIC PROFILE

In the 1996 Census, the population of the Mid-West region aged over 65 years was 11.8% compared to 11.4% nationally. Tipperary N.R. had the highest proportion of elderly population in the Board's region, at 13.25%. As per the 1996 Census, over a quarter (26%) of this age group live alone, ranging from 21% of men to almost 30% of women.

The percentage of the region's population over 65 years is projected to rise to over 15% by 2011. This will represent a growth of 23% in this age group at 2011, since 1996. This upward trend in elderly population has significant implications for service planning and provision.

A further concern is the rising proportion of the very old, those over 80 years in our population. In the 1996 Census, the population of the Mid-West Region aged over 80 years was 2.5%. This is projected to rise to 3.7% by 2011, representing a growth of 42% in this age group at 2011, since 1996. The greatest need for health and support services is concentrated in the age group over 80 years.

A major concern for the care of our ageing population at home and in the community relates to the availability of carers, whether informal family carers, neighbours or organised carers. The ESRI survey (1992) revealed that 39% of carers were over 60 years of age while only 14% were under 40 years. Buoyancy in the national economy resulting in higher levels and choice of employment, smaller family units and changes in culture, all point to significant reduction in the availability of informal carers and indeed, remunerated carers, into the future.

2.0 REVIEW OF 2000

2.1 SERVICE TARGETS

2.1.1 Activity

Appendices 1 and 2 show activity details including, 2000 Targets, 2000 Projected and 2001 Targets.

2.1.2 Finance

Based on expenditure/income trends to October, a break-even budgetary position for the year is projected. The balanced net position at year-end will reflect a combination of expenditure overruns on specific pay and non-pay elements, an income surplus, value for money initiatives and delays in implementing new developments.

2.1.3 Staffing

Employment was contained within approved WTEs.

An independent review of staffing levels at St. Ita's Hospital has led to an increase in the nursing staff complement in 2000. An independent review of nursing and non-nursing staffing levels at St. Joseph's Hospital, Ennis commenced in late 2000 and the report on the review is expected before year-end.

2.2 CORE AND DEVELOPMENT PERFORMANCE

2.2.1 Core Performance

Core Service levels in 2000 were broadly provided in accordance with the Service Plan and are as outlined in Appendices 1 and 2.

2.2.2 Developments

Community

The following were the significant Community developments during 2000:-

Voluntary Organisations/Support Groups

- A number of additional voluntary organisations received funding for the provision of respite care, day care and other services.
- The network of Support Groups for Carers in Clare and North Tipperary continued to be developed and training programmes were extended. A Carers' education programme was launched in conjunction with the Board's Health Promotion Department. A Carers' information discharge leaflet was developed.

Day Care

- Day Care Centres were constructed/opened. These included facilities at the Milford Care Centre (30 to 35 persons daily) and at Raheen Community Nursing Unit (20 persons daily, Monday to Friday). Additional mini-buses were purchased in Tipperary NR/East Limerick from NDP capital funds for patient transport for Day Care. A special grant funded a number of voluntary organisations, and the Board's direct services for provision of transport for day care services.

Therapy Services

- Additional funding was provided for the establishment of an additional Physiotherapy post in West Limerick. As a consequence, the outpatient waiting list for physiotherapy services in West Limerick was reduced. Similarly, an additional Community Physiotherapist was funded, each, for Clare and Tipperary NR. Reminiscence Therapy training was provided for various nurse practitioners operating in various care settings. A community Occupational Therapy database was set up.

Aids & Appliances

- Additional funding was provided during the year for Aids and Appliances (both for residential and community purposes) and this has assisted in the early discharge from hospital, and maintenance of older people in the community.

Safety

- A Regional Accident Prevention Committee, which originated from the National Council for Safety was active in holding seminars throughout the region on Safety in the Home for Older Persons. A leaflet on Fire Safety was launched as well as a

Health Board booklet on Falls Prevention for Older People. It is expected that this booklet, the first of its kind, will be launched nationally in the future.

Housing Aid

- Funding for the Housing Aid for the Elderly Scheme was increased to provide central heating facilities for the elderly. While the expanded scheme to include the provision of heating facilities was implemented, difficulties with the scheme continue to be encountered relative to waiting lists and waiting times. The current economic climate and consequential labour market shortages means that it is difficult to operate the FAS arrangements and also to engage contractors.

Winter Influenza Immunisation

- The Winter Flu Immunisation programme (2000/2001) was launched and indicators point to a rate of take-up throughout the region in excess of target.

Residential

The following were the significant Residential developments during 2000:-

- The Stroke Unit (for 6 people) at St. Camillus' Hospital, Limerick was opened in September, 2000.
- Significant re-construction and upgrading works took place at St. Camillus' and St Ita's hospitals in County Limerick. This included ward refurbishment. In addition much new equipment including aids & appliances was purchased by way of improvements and replacement.
- Similar re-construction and upgrading works and the purchase of equipment took place in County Clare and in County Tipperary NR. In Clare, significant investment was made at St. Joseph's Hospital, Ennis and at Raheen Community Hospital in particular. Improvements were also made at Ennistymon and Kilrush Community Nursing Units.
- In Tipperary, some wards were refurbished at the Hospital of the Assumption, Thurles to accommodate decanting of patients to facilitate construction of a new Community Hospital. Additional revenue funding in 2000 has permitted the employment of additional physiotherapy, nursing, portering and administrative staff for the hospital. Further improvements in the county include upgrading at the Community Nursing Units and the development of a Palliative Care Unit (two beds) at the Community Nursing Unit in Nenagh.
- In regard to Private Nursing Homes, two Working Groups i.e. Review of Assessment for Nursing Home subvention and Review of the Inspection and Registration of Private Nursing Homes reported and made recommendations, some of which were implemented during the year and others of which will be pursued during 2001.

Organisational Structure

- The Board's Corporate Policy Council for Ageing continued to operate and to influence the development of services.
- The post of Director of Services for Older People was advertised late in the year.
- An Area Manager for Services for Older People is already in post for the Limerick Catchment Area. Appointments for the Clare and Tipperary NR Areas have been made and it is expected that these managers will take up their new posts in early 2001.

- A Consultant in Old Age Psychiatry for the Clare Area took up duty in September, 2000. A Senior Registrar in Old Age Psychiatry in the Limerick Area also took up duty during the year.
- The Nurse Management Structures in Community Hospitals were enhanced through senior appointments.

2.3 PERFORMANCE REVIEW

Targets set for 2000 have generally been achieved and in some cases have been exceeded. See Appendices 1 & 2.

2.3.1 Research

- The Department of Medicine for the Elderly at St. Camillus' hospital and at the Mid West Regional hospital has a large and expanding research programme. The principal areas of research activity are blood vessel dysfunction in ageing; pharmacology of ageing; mechanisms of syncope; nitric oxide in hypertension and old age in health service research. The work of the Department has been presented at a number of national and international meetings and up to ten peer review publications in international journals are expected to be accepted by the end of 2000.
- A study to examine the financial barriers to continuing care placement for older people was carried out by the Department of Public Health. The results of the study will be considered in early 2001.

2.3.2 Quality

Information

- A Directory of Services, on a parish basis was developed for Limerick City and County.

Care Planning

- Care Plans using the Clinical Pathway model were in the process of being introduced for each patient in elderly care units in Clare.
- Care Plans were introduced in all wards at the Hospital of the Assumption.

Respite

- At St. Ita's Hospital, all persons/carers for whom respite referrals were received were invited to identify their needs in order of priority, frequency and length of stay. This information assisted in the provision of service reflecting need.

Home Help

- A consumer satisfaction survey of the Home Help service was undertaken.

Staff Skills

- A resource room was developed and equipped at St. Ita's hospital in order to encourage staff to expand their knowledge and develop skill levels.

Continence Management

- A number of staff in the Clare area attended Continence Promotion Courses, which continue throughout the county.

ISO 9002

- An external ISO 9002 quality audit for Ennistymon Community Nursing Unit was completed and accreditation was maintained.

Stroke Support

- The Stroke Support Group, which was established in Clare in 1999, continued to provide assistance for patients who have communication disorders following

strokes. The programme provides patients with improved social integration, greater self confidence, reduced sense of isolation, opportunity to develop networks and improved ability to adjust to and accept acquired disability.

Aids & Appliances

- A regional group was set up to examine proposals to introduce policies and procedures and also to formulate eligibility criteria in relation to the provision of Aids & Appliances

Therapy Services

- In Tipperary NR/East Limerick, a computerised database was developed by staff to record referrals to the Occupational Therapy service. Twice yearly validation of the Occupational Therapy waiting list has been introduced.

Patient Satisfaction

- A customer satisfaction survey is continuing in the Catering Department at St. Camillus' hospital, Limerick. A consumer satisfaction survey was also conducted for the Occupational Therapy service at St. Camillus' hospital, Limerick.
- Patient/Client Satisfaction Surveys were carried out in the Physiotherapy Department of the Hospital of the Assumption, at the Community Nursing Unit in Nenagh and at the Thurles and Cappamore Day Centres.
- A pilot consumer satisfaction survey was conducted on the Home Help Service and the results will be published before the end of 2000.

2.3.3 Evaluation

- A two-year auditing programme on Pressure Sores at St. Ita's hospital, Newcastle West was completed in August, 2000. The results indicate that even though there was a significant increase in activity and dependency, there was no increase in Grade 3 or Grade 4 Pressure Sores.
- A Regional Working Group reviewed the operation of the Housing Aid for the Elderly Scheme, and as a result improvements in procedures and practices are being implemented.
- A review of the Placement Panel for St. Camillus' and St. Ita's Hospitals was completed in 2000.
- A review of the Pharmacy services at St. Ita's hospital was undertaken and the outcome is under consideration.
- An assessment programme for Podiatry Services at St. Joseph's Hospital, Ennis was completed during 2000 and indicators have been established.

2.3.4 Value for Money

Continence Management

- Improved continence management throughout the region is reducing costs.

Equipment on Loan

- The Occupational Therapy Department at St. Camillus' hospital has taken steps to improve the return of equipment on loan to patients, thus reducing costs. In Tipperary/East Limerick, an asset tracking system for aids & appliances was introduced by the Occupational Therapy service and purchase contracts for all standard stock and frequently ordered items was also introduced.

Pressure Sore Management

- Pro-active Pressure Sore Management at St. Ita's hospital has reduced the cost of dressings by 44%. There is potential to introduce this model throughout the region.

Drugs Purchasing

- A discount system for drug purchasing for St. Camillus' and St. Ita's hospitals was arranged with drug companies. A reduction in the cost of antibiotic therapy was also achieved, directly associated with a pro-active approach to prevention and management.

Laundry

- Laundry services in Clare have been rationalised and services are now provided by the Board's Central Laundry.

2.3.5 Performance IndicatorsAdmissions/Discharges

- Total admissions were up by 4.2%; total discharges were up by 3.5%. These increases in activity are largely in respite care, nursing rehabilitation and EMI services.

Day Hospital

- Total Day Hospital attendances were up by 35.5%. The increase arises from additional physiotherapy sessions at St. Joseph's Hospital Ennis and increased EMI activity at St. Camillus' Hospital, Limerick.

Public Health Nursing

- Home visits were up by 5%.

Speech & Therapy

- Attendances were up by 31%.

Home Help

- The number of Home Help hours provided per week was up by 9% (over 1999); and the number of clients who received services was up by 11%.

Housing Aid for the Elderly

- The number of jobs completed was up by 34%.

Nursing Home Subvention

The number of applications processed during the year was down by 15% and the number in receipt of subvention at year end was down by 10%.

2.4 SIGNIFICANT ISSUES**Acute**

- The increasing number of older persons being admitted to the Acute Hospital Services is of concern. Admission of persons over 65 years of age to Ennis and Nenagh General Hospitals continues to account for a significantly higher proportion (64% and 65% respectively in 1999) of all adult bed days than is the position for the Mid West Regional Hospital (42% in 1999). There is increasing patient dependency in Acute care, as elderly patients are maintained for longer in the community prior to hospitalisation, which has implications for staffing levels and skill mix. Additionally, the therapy services are inadequate. The shortening length of stay in acute hospitals creates additional demands on the other elements of the care continuum.
- The development of further Acute Assessment and Rehabilitation Beds is a priority in order to maximise the benefits of a Consultant led Geriatric service. For example the development of such beds on the Nenagh General Hospital campus is necessary.

Community**Increasing number of Elderly**

- The increase in the numbers of older persons living in the community and the shortening length of stay in Acute Care is leading to increased demand for nursing, carer and therapy services in the community as well as for aids & appliances. There are inadequate resources/staffing levels available to meet this demand. While additional funding for aids & appliances was provided in 2000, the demand will continue to increase as will the requirement for increasing funding levels.

Staffing

- The shortage of Public Health Nurses for surveillance of frail elderly people in the community and the maintenance of a comprehensive At-Risk Register continues to pose difficulties.
- Pressure has been placed on the Public Health Nursing service (as well as on Medical and Environmental Health personnel) in relation to inspection, assessments and complaints procedures due to the increasing number of new Nursing Homes. This impacts adversely on direct provision of community services.
- Expanded and intensified Child Health Immunisation Programmes in more recent times have also increased the demands on scarce Public Health Nursing resources.

Home Help/Carers

- The ability to provide Home Help services in some areas continues to pose a problem arising from difficulty in recruiting staff, particularly in rural areas. Buoyancy in the economy in recent years with the consequent increase in employment opportunities militates against the employment of Home Helps on relatively low pay rates. There is also good reason to believe that the traditional level of informal/voluntary/family carer provision will not be sustained into the future. Therefore more formal/remunerated carers will be required in order to maintain and develop services.

Housing Aid for the Elderly

- The Administration of the Housing Aid for the Elderly Scheme continues to pose difficulties. There is an increase in the number of applications and the scope of the Scheme was expanded in 2000 to include the provision of heating systems. While funding has increased, waiting lists and waiting times remain lengthy. The main difficulty is that the FAS arrangements are no longer satisfactory as 'teams' are not available due to manpower difficulties. It is also increasingly difficult to engage contractors. Reviews of the Scheme were conducted in 2000 by the Department of the Environment and the Comptroller and Auditor General, the outcomes of which are awaited.

Residential**Patient Dependency/Service expansion**

- There is a need to review nursing and attendant staffing levels in all residential units due to changing dependency levels and age profiles of patients. Increasingly, the profile of patients in Community Nursing Units is changing from ambulatory welfare patients to dependant elderly patients.
- Expansion of nurse rehabilitation services is required.
- Addition posts for the therapy and social work services are necessary.

Funding Base

- The funding base, pay and non-pay is inadequate and improvement is required. The trend towards spiralling clinically driven costs, in the absence of additional funding, will continue to erode the funding base.

Private Nursing Homes

- The cost of long-stay care in Private Nursing Homes continues to pose financial difficulties for residents and potential residents. The Board came under increasing pressure during 2000 to pay 'enhanced' subvention in respect of persons experiencing financial hardship. As the Board is not funded for enhanced subvention, subvention paid by the Board has been confined to the approved normal levels. However, the Board has submitted a case and proposal to the Department of Health & Children for increased funding in 2001, in order to introduce enhanced subvention in cases of exceptional financial hardship. A report on the national review of the Scheme, commissioned by the Department is expected to issue at the end of 2000. It is hoped that any revision of the Scheme which may follow the review will adequately deal with existing difficulties and anomalies.
- The Board proposes to set up a Regional Unit to take on the Board's obligations and responsibilities relative to the Registration and Inspection of Private Nursing Homes. Additional funding has been requested from the Department of Health & Children.

Infrastructure

- Continuing upgrade/refurbishment of very old and inappropriate patient and staff accommodation/facilities is required. New facilities are also necessary.

3.0 AIMS AND SERVICE OBJECTIVES 2001

The aim is to provide a comprehensive range of Elderly Care Services by developing an enhanced service as outlined in the Elderly Care Five-Year Action Plan (1999-2004). It is intended to update this Action Plan to reflect the latest thinking and more recent national and local strategies as reflected in the publications set out in Section 1.1 above, i.e. the Statutory and Planning Framework. Additionally, the Action Plan will be updated to reflect the outcome of the Board's Review Group for Elderly Mentally Infirm (EMI) services, which was appointed in late 2000.

The primary objective is to eliminate gaps in service provision and to promote an integrated, seamless and balanced range of services across the care continuum. Within the constraints of funding, emphasis will be placed on enhancing/developing home/community services and supports.

3.1 REFLECTION ON OBJECTIVES & TARGETS**Organisation Structure**

A Director of Services for Older People will be appointed and the appointee Area Managers for Clare and Tipperary NR/East Limerick will take up duty. It is intended that the appointment of a Director of Services for Older People will facilitate a more intensive review of strategy and services on an on-going basis with considerable emphasis on evidence based planning and outcome measurement and review. Nurse Management structures in hospitals will be strengthened commensurate with funding

provision. The roles and impact of Hospital Executives will be examined and re-focused as necessary.

3.1.1 Activity

The targeted activity for 2001 indicates some increases over the projected activity for 2000 - see Appendices 1 and 2. Increases in admissions and discharges will arise from increasing demands for respite care. Attendances at Day Hospitals and Day Care Centres are expected to increase over the 2000 projected activity.

3.1.2 Finance

Finance is outlined in the Financial Schedule.

3.1.3 Staffing

Staffing is outlined in the Financial Schedule.

3.2 CORE AND DEVELOPMENT 2001

3.2.1 Core Services 2001

See Appendices 1 & 2 for targeted activity in 2001.

3.2.2 Developments 2001

An updated strategy and action plan for Elderly Mentally Infirm (EMI) services will be developed.

Community

Discharge Planning

- Occupational Therapists will introduce Discharge Planning and Pre-discharge Assessment arrangements for orthopaedic patients undergoing hip replacement. This will facilitate more seamless discharge with all of the necessary supports pre-arranged.

Home Help

- An additional £0.180M has been provided to increase the level of home help service availability. This will enable an additional 400 hours, approximately, of home help service to be provided each week.
- A total sum of £1.855M has been allocated for implementation of pay awards and payment of arrears.
- A number of full-time Home Helps will be employed.

Voluntary Organisations

- £0.020M has been provided for Dromcolliher Day Centre.
- £0.101M has been provided for Alzheimer Society of Ireland Services.

Carers Support

- £0.180M has been allocated towards the support of carers of older people. This funding will be used in the provision, or payment for, a specific service, e.g. a respite service or assistance in caring. Consultation with voluntary organisations supporting carers will be arranged, following which specific plans will be developed early in 2001.

Community Supports

- An additional allocation of £0.500M has been provided towards the improvement of community support structures, specifically geared towards the support of older people in their homes. The Board will develop a range of measures to be

implemented. The measures will include a combination of pay and non-pay expenditures to include options of nursing, therapy, social work or other grades of staff as well as provision of aids & appliances. Grants to voluntary organisations for provision of community supports will also be considered/reviewed. The additional staff numbers to be employed will be determined early in 2001. Provisionally, in the order of 10 posts are proposed (4 nursing and 6 paramedical).

Housing

- The Housing Aid for the Elderly Programme will be further developed/enhanced in order to provide a more responsive service and to take up during 2001 all available funding including the accumulated surplus from previous years.
- Opportunities to maximise benefits for the Elderly arising from the national Integrated Strategy for the Homeless and 3-Year Action Plans at County/City level will be taken.
- The Board will engage with the local authorities in regard to deficits in provision of sheltered/supported housing.

Health Promotion

- The Board's Services for Older People in association with the Board's Health Promotion Department will pursue innovative programmes for safety and healthier lifestyles for older people.

Residential

Private Nursing Homes

- An increase in allocation of £0.748M has been provided to meet an increase of 25% in the rates of subvention, with effect from 1st April, 2001. There is no further increase in the allocation.

Dementia Units

- An increase in allocation of £0.175M has been provided for commissioning of the new Dementia Unit in Clare. This will fund six nursing posts. There will be a shortfall in the funding required to operate the unit to full capacity.

Old Age Psychiatry

- The development of an Old Age Psychiatry Service in Clare will be consolidated.

Respite

- Respite facilities will continue to be expanded.

Palliative Care

- Palliative Care support beds will be provided throughout the Board's region in accordance with plans for the service.

Convalescence

- The step-down facility at Raheen Community Hospital will be developed and commissioned.

Staffing

- An increase in allocation of £0.400M has been provided for improved staff ratios. Staffing ratios in the Board's long-stay institutions will be improved, predominantly in the nursing and non-nursing grades but not exclusively. Details will be agreed in early 2001. This funding will provide for approximately 16 additional posts, provisionally comprising 10 nursing and 6 non-nursing posts.
- An increase in allocation of £0.142M has been provided for additional staffing. Approximately £0.070M of this is required to fund the full-year costs of new posts in 2000 (including St. Ita's Hospital). The balance of £0.072M will fund three new posts at St. Joseph's Hospital, Ennis, i.e. two nursing and one non-nursing posts.

Placement Panels

- The roles and operational policies/procedures of Placement Panels will be reviewed.

New Community Hospital

- The planning /design of the new Community Hospital at Thurles will continue and construction should commence in late 2001. Some interim arrangements for patient care, probably through contracting of Private Nursing Home beds, will be necessary during the building programme.

Demography

- An allocation of £0.540M has been provided as a contribution towards costs associated with demographic change within the Board's population. Demographic pressures are a factor across a broad range of services including hospitals, community services, long-term care, etc. This allocation has been split between Acute Care (£0.240M) and Community/Long-term care (£0.300M). The allocation to acute services for the elderly is reported in the Service Plan for Acute Services.

The socio/demographic analysis at 1.2 above points to a growing elderly and dependent population. Further investment in the Board's continuing care institutions is required in order to improve staffing levels and also to improve the non-pay funding base having regard to rising clinically driven costs. The available £0.300M will, therefore, be allocated as follows:

- (a) £0.200M to fund five nursing and three non-nursing posts (8 posts).
- (b) £0.100M towards rising clinically driven and other non-pay costs.

3.3 SERVICE INTEGRATION**3.3.1 Internal**

The appointment of a Director of Services for Older People and Area Managers will underpin the integration and co-ordination of acute, residential and community services for older people. The establishment of the Corporate Policy Council Group for Ageing has and will continue to create and promote cross system linkages to overview the totality of needs and responses for both Health and Social Gain for older persons. The Departments of Old Age Psychiatry will continue to strengthen links with the Elderly Care Service, General Psychiatry, Primary Care, Nursing Homes and Voluntary Organisations.

Close liaison and co-operation at Director level across Care Groups will further create and promote cross system linkages.

It is proposed to set-up a multi-disciplinary support team in each sector, which will ensure the delivery of co-ordinated services to older people.

3.3.2 External

Partnership arrangements will continue to be enhanced with the voluntary service providers and local authorities in areas such as day care, palliative care and housing. The requirement of the Integrated Strategy for Homeless for Health Boards and Local Authorities to work conjointly and develop integrated Action Plans will enhance the

partnership model and present further opportunities. The established County Development Boards present opportunity for partnership approach.

Increasingly, links with Universities and other Educational establishments will be forged relative to post graduate and continuing education programmes for staff and for research/evaluation initiatives.

3.4 PERFORMANCE MANAGEMENT

Performance management will focus primarily on provision of core services; achievement of service developments at section 3.2 above; achievement of service targets, as set out in Appendices 1 and 2; containment of expenditure within budgetary parameters and on performance indicators set out below.

3.4.1 Research

- Research will be continued by the Department of Medicine for the Elderly in Limerick.

3.4.2 Quality

Patient Satisfaction

- A Patient Satisfaction Survey will be undertaken and evaluated on all patients at St. Camillus' Hospital and a Visitor Satisfaction Survey will also be completed. A Patient Satisfaction Survey will also be conducted at the Community Hospital and Community Nursing Units in Clare. A similar survey will be conducted at the Thurles Day Centre.

Respite Care

- Further use of beds for Respite care will assist a greater number of older people and their carers in the community.

Standards

- The Catering Department at St. Camillus' Hospital will seek ISO and HACCP accreditation. The HACCP training programme will be implemented in all residential units in Tipperary NR.
- Standards of Practice will be developed for the Community Occupational Therapy service and the Public Health Nursing service in Tipperary NR.

Clinical Pathways

- A clinical pathway on pressure sores - decubitus ulcers - involving risk assessment, prevention, management and evaluation will form the basis of practice, commencing in 2001 at St. Ita's Hospital. Patient centred Clinical Pathways/Care Plans will continue to be developed and implemented throughout the region.

Patient Therapy

- A multi-sensory programme for the residents in the Hospital of the Assumption will be developed. Reminiscence therapy will be introduced in the Day Hospital, Thurles and Snoezelen therapy will be extended to all residents at the Community Nursing Unit, Roscrea.

Elder Abuse

- The Board (Limerick Area) will participate in a sponsored Elder Abuse Pilot Project during 2001.

3.4.3 Evaluation

- Rehabilitation services in Limerick will be evaluated using the QUASAR software package.
- The operation and effectiveness of the Stroke Unit in Limerick will be evaluated.
- A Research Project on the impact of the Step-down facility to be introduced at Raheen Community Nursing Unit will be established.
- A Falls Audit Tool has been developed and will be implemented at St. Ita's Hospital.
- A Physiotherapy information system will be implemented at St. Ita's Hospital to facilitate recording and evaluation of patient information.

3.4.4 Value for Money

- A regional Continence Promotion & Management of Incontinence project focused upon quality service and value for money will commence during 2001.

3.4.5 Performance Indicators

The following Performance Indicators will be used during 2001: -

- The percentage of elderly persons over 65 years of age in residential long term care.
- The percentage of elderly persons over 75 years of age in residential long term care.
- The number of home help hours per 1,000 of population over (a) 65 years and (b) 75 years.
- The numbers waiting and waiting times for home helps, speech & language therapy, physiotherapy, occupational therapy, aids & appliances, respite care, rehabilitation and continuing care.
- The numbers of carers requesting respite services, the number receiving this service and waiting times involved.
- Percentage uptake of influenza vaccination among those over 65 years of age.

SERVICES FOR OLDER PEOPLE – Projected Activity for 2000 and Targeted Activity for 2001.

Appendix 1

| | 2000 Target | 2000 Projected | Variance | 2001 Target |
|-------------------------------------|-------------|-------------------|----------|-------------|
| Total Admissions | 2,434 | 2,536 | +102 | 2,605 |
| Total Discharges | 2,378 | 2,461 | +83 | 2,540 |
| Day Hospital Attendances | 7,245 | 9,963 | +2,718 | 9,750 |
| Day Hospital OPD | 600 | 607 | +7 | 600 |
| Day Centre Attendances | 12,060 | 11,340 | -720 | 14,724 |
| Day Hospital EMI Attendances | 640 | 883 | +243 | 870 |
| Nursing Domiciliary EMI | 1,600 | 2,216 | +616 | 2,200 |

Appendix 2

| | 2000 Target | 2000 Projected | Variance | 2001 Target |
|--------------------------------------|-------------|-------------------|----------|-------------|
| Housing Aid for the Elderly | | | | |
| Completed | 305 | 410 | +105 | 415 |
| Applications | 610 | 970 | +360 | 930 |
| Public Health Nursing | | | | |
| Home Visits | 82,940 | 87,099 | +4,159 | 92,562 |
| General Care | 73,144 | 82,512 | +9,368 | 82,594 |
| Speech & Language Therapy | | | | |
| Attendances | 800 | 1,048 | +248 | 990 |
| Home Help Services | | | | |
| No. Employed | 1,190 | 1,155 | -35 | 1,190 |
| Clients | 1,870 | 2,070 | +200 | 2,150 |
| Nursing Home Subvention | | | | |
| No. in Receipt | 1,025 | 920 | -105 | 960 |
| Applications | 1,110 | 940 | -170 | 960 |

CHILD CARE AND FAMILY SUPPORT SERVICES

1.0 STATEMENT OF PURPOSE & STRATEGY

The purpose of the Child Care and Family Support Services is to ensure that every child grows up in a safe nurturing environment and to provide personal social services in partnership with families, communities and other agencies, with an emphasis on positive discrimination in favour of the most vulnerable.

1.1 PLANNING AND STATUTORY FRAMEWORK

The principal legislative framework guiding the provision of these services include the Child Care Act 1991 and associated regulations, Domestic Violence Act 1996 and the Adoption Acts 1952-1998.

Services are provided in line with national policy, the Board's Corporate Strategy (MWHB: 1994), "Shaping a Healthier Future: A Strategy for Effective Healthcare in the 1990s" (DOH: 1994), the Child Care and Family Support Services Strategy Statement (MWHB: 1998), "Children First: the National Guidelines for the Protection and Welfare of Children" (DOH: 1999) and the National Childrens Strategy (DOH: 2000).

1.2 SOCIO/DEMOGRAPHIC PROFILE

The population of the region is approximately 317,100 with 94,989 (30% approx.) under 18 years of age. In the 0-18 year old population, the largest group (29%) is in the 10-14 age group. Current indications suggest that the numbers of children aged 0-14 is likely to rise in the immediate future. The number of births during 1999 was 4,845. There were 19,491 children within 10,600 lone parent families.

2.0 REVIEW OF 2000

2.1 SERVICE TARGETS

During 2000, significant progress was achieved including the development of services for homeless youth, the provision of two High Support Units, the expansion of family support services, the extension of the carers project, and the initial implementation of the "Children First: the National Guidelines for the Protection and Welfare of Children".

2.1.1 Activity

Child protection activity levels were lower than forecasted. The number of child protection referrals decreased by (32%) compared with 1999 figures. This was partly due to the projection figure being derived from the 1999 activity levels which were higher than in other years. Developments in the preliminary assessment stage of a child protection concern resulted in increased numbers of cases being screened out before their cases formally entered the Child Protection System.

The number of children in care increased by approximately 5%. The complexity of cases being referred posed particular challenges. Children presenting with challenging behaviour, particularly adolescents, continued to place pressure on the alternative care services.

2.1.2 Finance

The total budget for the period amounted to £14.988m.

2.1.3 Staffing

The staffing complement was 184.0 wholetime equivalents (WTEs).

2.2 CORE AND DEVELOPMENT PERFORMANCE

2.2.1 Core Performance

Community Development & Family Welfare Services

The Pre-school Advisory Committee was established, representing providers, parents, voluntary agencies and Health Board personnel. The committee advises and assists in the development of the Pre-School Inspection and Information services.

Protection & Treatment Services

Funding was provided to a number of voluntary agencies to enhance services for women who have experienced violence.

Alternative Care Services

Residential Care

Ten additional places were provided in two High Support Units.

Foster Care/Adoption

The relative foster care project was implemented and an interim report completed.

2.2.2 Developments

General

The social work management structure was strengthened with the appointment of additional team leaders and senior social workers.

Community Development & Family Welfare Services

In 2000, the Board continued to develop family support services. Six additional family support workers were recruited.

Twenty four families benefited from the extension of the Community Mothers Programme to Tipperary North Riding with the appointment of a co-ordinator and eight community mothers.

Children at risk in disadvantaged areas benefitted from additional grants (£150,000) to pre-school services provided to twenty four voluntary organisations.

Early intervention services for children under 5 years of age were enhanced with the appointment of a play therapist.

The Board established a support service in relation to teenage pregnancy which incorporated a teenage parenting support dimension and a pregnancy prevention dimension.

The family therapy service was extended.

Protection & Treatment Services

Children First

The Children First Implementation Officer was appointed and three information and advice workers were recruited.

Inter agency co-operation was enhanced by the establishment of the Regional and Local Child Protection Committees.

2,800 "Children First National Guidelines", were circulated to health board personnel, 7,000 summary documents were circulated to other statutory agencies/personnel and over 11,500 information leaflets were circulated to health board offices and GP surgeries.

"Children First" introductory child protection training was provided to 350 health board staff.

The existing Garda/Health Board notification system was further enhanced. Interagency training was provided for An Garda Síochána and Health Board officers. Statistics regarding child protection notifications were standardised and reported to the Department of Health and Children.

Other Protection and Treatment Services

A new counselling and support service was established for the adult survivors of childhood abuse.

A service proposal was developed for the appointment of a consultant led Community Paediatric Service.

Alternative Care Services

Residential Care

A Project Leader was appointed to lead the development of regional residential child care facilities, including a special care facility.

The Board in conjunction with the Sisters of Mercy completed the design phase for two additional five-place residential high support units.

Youth Homelessness

A permanent base for the Adolescent Boys Service was secured.

The transfer of the adolescent girls service from the Good Shepherd Sisters to the Board consolidated the provision of adolescent services in the region. This service was extended to operate on a twenty-four hour basis.

A Strategy statement on Youth Homelessness was developed.

Foster Care/Adoption

A model of care planning for children in care, was initiated.

Ten children in Clare and Tipperary (N.R.) benefited from the expansion of the carers project for older children.

An aftercare officer was appointed to support children leaving care and in aftercare.

Additional support and training was provided to foster parents.

118 hundred and eighteen foster carers who cared for 147 children over 12 years of age received an increase in the foster care allowance.

2.3 PERFORMANCE REVIEW

2.3.1 Research

A comprehensive study of the Board's child protection systems was undertaken.

A study of foster care was undertaken and published.

An interagency training model regarding child protection was piloted in Tipperary and evaluated.

An intensive Early Intervention Project for under fives commenced.

A report on the Relative Care Project was completed and the model implemented.

A proposal to develop a Care Planning Model was submitted to the Department of Health & Children.

2.3.2 Quality

The Board implemented the "National Standardised Framework for Inter-country Adoption Assessment".

ISO 9000 projects commenced in the pre-school inspection service, inter-country adoption assessment service and the foster care assessment service.

A pilot consumer survey on intercountry adoption assessments was undertaken.

A masters degree in Systemic Family Therapy commenced in partnership with University of Limerick and St. Vincents Hospital, Fairview, Dublin.

2.3.3 Evaluation

The initial planning phase of the Children in Care database was completed and the implementation phase commenced.

A review of the structure of social work service in the Limerick area was completed.

A review of the work of the Regional Planning Committee on Violence against Women was completed and a report, which will be published in early 2001.

The interim report on the Family Welfare Conference was completed.

The interim report on Early Intervention Pilot Scheme was completed and will be implemented in 2001.

A report on the Relative Foster Care Pilot Project was completed and the model of assessment was implemented.

2.3.4 Performance Indicators

The following were the Performance Indicators set down in the 2000 Service Plan and the outcome;

| Performance Indicator | Outcome |
|--|---|
| Pre-school Services | |
| The first inspection of all new services notified | Achieved |
| The second inspection of all existing services | Achieved |
| Protection Services | |
| Meeting the requirements of the minimum dataset in relation to child protection | Achieved |
| Children First Child Protection Guidelines | |
| The development of implementation, training and information services | Achieved |
| The distribution of the guidelines to relevant staff and agencies | Achieved |
| The design and delivery of Phase I training | Achieved |
| The introduction of the Garda/Health Board Notification system – | Achieved |
| The establishment of regional and local child protection committees | Achieved |
| Residential/Foster Care Services | |
| Number /proportion of children in care for whom a care plan has (a) been drawn up and (b) reviewed – | Piloted in Clare area and in the Residential Care services. |
| The number of foster carers recruited | 24 recruited in 2000 |
| The second inspection of all relevant children's residential | 50 % Achieved |
| Adoption Services | |
| Average waiting times from the receipt of initial application to completion of assessment process | 2 years |

| Performance Indicator | Outcome |
|--|---|
| Average waiting times from the receipt of a request to the commencement of the tracing process The number of tracing requests received. The number of tracing requests completed. | 2 years 17 21 |
| Community Development & Family Welfare Services The pre-school unit will undertake preparatory work in pursuit of an I.S.O. 9000 accreditation An interim report on the early intervention pilot scheme will be published in December 2000 | Achieved Achieved |
| Protection & Treatment Services An interim report will be published on the pilot Family Welfare conference in December 2000 | Achieved |
| Alternative Care Services The Relative foster care pilot project will be completed and the evaluation report published by August 2000 A Manual of Good Practice in Care Planning has been developed and will be piloted in the Clare Community Care Area, starting in February 2000. The Regional Adoption Committee will undertake an inter-country adoption consumer survey and the results will be published in 2000 The Care Planning project will be extended to Limerick and Tipperary Community Care Areas during 2000, supported by the development of a children in care database and child care audit system. A youth homeless social work service strategy will inform services provision to vulnerable adolescents and the findings will inform future service development in this area. | Evaluation report completed. Achieved Pilot survey completed The database was extended to Clare and Tipperary and care planning will extend to both areas during 2001. Strategy completed |
| General The Board's draft Complaints Procedure will be piloted in one community care sub-area in 2000 and the findings will be evaluated. | Achieved |

2.4 SIGNIFICANT ISSUES

Community Development & Family Welfare Services

The need to improve care planning processes is evident.

The need for family support services is increasing.

Protection & Treatment Services

Services for children, particularly those with special needs required co-ordination.

The need for an independent chairing of Child Protection Case Conferences is evident.

The demands on psychology services increased significantly.

Alternative Care Services

The increased and complexity involved in caring for children in the Residential Child Care Services posed difficulties.

The need to provide additional residential places for children with challenging behaviour and the need for additional step down residential childcare facilities was identified.

The need to provide additional support services for foster parents was identified.

The lack of a dedicated access facility for children in North Tipperary posed difficulties.

Allegations of Child Abuse against Foster Carers increased during 2000. The protocol to address with such allegations requires review.

The increased capacity of The Haven Youth Homeless Service required additional staff and the need for increased outreach service was identified.

General

The recruitment and retention of paramedical staff posed difficulties.

The volume and complexity of legal activity increased.

The provision of additional office accommodation and administrative support for the existing and new services created particular difficulties.

3.0 AIMS AND SERVICE OBJECTIVES 2001

3.1 REFLECTION ON OBJECTIVES & TARGETS

The Child Care and Family Support Strategy Statement adopts a three strand approach to service delivery, i.e. Community Development and Family Welfare Services, Protection and Treatment Services and Alternative Care Services. The Board recognises the value of community development and family support services in reducing admissions to care and its objective is to enhance this area of service provision. Particular attention will be paid in 2001 to the "national care planning" project and the inspection of services. The development of the special residential care facilities will be progressed.

3.1.1. Activity

It is anticipated that the activity levels for 2001 will be similar to those in 2000 (see p.118). The average waiting time for inter-country adoption will be reduced. The quality and accuracy of data collected will be improved during 2001 with the establishment of the Child Protection database and Children in Care database.

3.1.2 Finance

The Budget allocation for Child Care and Family Support Services for 2001 is £19.081m.

3.1.3 Staffing

The 2001 baseline staffing is 184.0 W.T.E.s. 106 additional W.T.E.s will be created as a result of developments in 2001.

3.2 CORE AND DEVELOPMENT 2001

3.2.1 Core Services 2001

Community Development & Family Welfare Services

The Board will improve its provision of Family Support Services through service agreements with Barnardos family support services, and through the recruitment of extra family support workers.

A framework will be established for further development of the Family Welfare Conference in 2001 in preparation for the Childrens Bill.

Protection & Treatment Services

Children First

Phase I basic level training which commenced in September 2000 will continue to be delivered to Health Board Personnel and staff from external allied agencies.

The local and regional Child Protection Committees, established in 2000, will develop a work programme in 2001.

The Board will continue to monitor, evaluate and improve the local child protection policies and practices to ensure their compatibility with 'Children First'.

The Board will provide advice and support to all voluntary agencies (starting with those funded by the Board) involved with children, in developing Child Protection procedures.

Alternative Care Services

Ten additional places in two High Support Units in (Clare and Tipperary N.R.) will be provided during 2001.

Relative Care will continue to expand with the implementation of the Relative Care Project.

The National Care Planning Pilot Project will formally commence in 2001.

3.2.2 Developments 2001

Community Development & Family Welfare Services

Family support services provided by the Board will be extended with the employment of additional family support workers.

A Family Rights Service will be established in both Clare and Tipperary N.R.

Grants will be made available for the development of community based youth services.

The community services management structure will be strengthened.

Services in respect of childminders will be strengthened by the appointment of family support and early childhood service managers.

Protection & Treatment Services

Children First

The Board will appoint an additional training officer to commence advanced level training.

The Board will appoint a social work team leader in each community care area to facilitate the formation of a liaison management team with the local district-based inspectors from An Garda Síochána.

The Board will provide joint training to Gardai and Health Board staff on operational procedures between the two agencies.

The new Child Protection Notification System (C.P.N.S.) will be introduced and administrative support provided.

The Board will further develop family support services and will establish a policy statement.

The Board will review staff resource requirements in the Child Protection services.

Other Protection and Treatment Services

The services for women victims of violence will be enhanced throughout the region. Adolescent services teams will be appointed in preparation for the responsibilities arising from the Childrens Bill.

Services available to unaccompanied minor asylum seekers will be improved by the recruitment of an dedicated Project Worker.

Alternative Care Services

A Regional Strategy for Youth Homeless services will be published.

Foster Care and After Care services will be enhanced by increased payments and recruitment of project workers.

Construction work will commence on the Regional Special Care Facility in 2001.

A step down residential child care facility will be developed.

General

The child care information system will be expanded to collect data on Children in Care and the Child Protection System. A Research Officer will be appointed to manage the development of the Management Information System.

3.3 SERVICE INTEGRATION

3.3.1 Internal

The child care and family support services will continue to strengthen its linkages with the child health services and the paediatric, maternity and accident and emergency services.

3.3.2 External

The Board will continue to work with its partner agencies to strengthen interagency collaboration, identify service gaps and develop innovative responses to service needs. The Boards relationship with a range of partner organisations will enable it to develop projects to address a range of service issues in a flexible manner

3.4 PERFORMANCE MANAGEMENT

3.4.1 Research

A strategic research and information framework will be devised to guide research activities in relation to child care and family support services.

3.4.2 Quality

The Board will pilot a 3 year Care Planning Project.

3.4.3 Evaluation

An evaluation of the Inter-country Adoption Assessment service provided by the Board will be undertaken.

The process of compiling the Annual Review of Child Care and Family Support Services will be revised.

3.4.4 Performance Indicators

The following performance indicators will be used during 2001

Pre-school Services

The first inspection of all new services notified

The second/third inspection of all existing services

Percentage of Pre-School services inspected on an annual basis.

Percentage of Pre-School services inspected that meet all the guidelines.

Percentage of Pre-School services inspected within three months of notification to the child care services.

Protection and Treatment Services

Meeting the requirements of the minimum dataset in relation to child protection.

Children First Child Protection Guidelines

Phase one training to be completed.

Phase two training to commence.

Residential/Foster Care Services**Alternative Care Services**

Number/proportion of children in care for whom a care plan has (a) been drawn up and (b) reviewed.

The number of foster carers recruited.

Proportion of children in care who are in residential care, in foster care or with family relatives.

Number and proportion of children entering residential care who are under 5 years of age.

Proportion of all children in care that are reunited with their family each year.

Percentage of all relevant children's residential services inspected.

Adoption Services

Median time waiting from receipt of initial application to commencement of the tracing process.

The number of tracing requests received and processed to completion.

Median waiting time from receipt of initial application form prospective adoptive parents to completion of assessment for:

(a) domestic adoptions

(b) overseas adoptions

Community Development & Family Welfare Services

% Increase in Family Support services.

Number of parents of children in care support groups established.

Number of parents supported by these groups.

% of increase in Family Support services.

Alternative Care Services

The Care Planning project will be extended to Limerick and Tipperary during 2000.

Appendix 1

CHILD CARE AND FAMILY SUPPORT SERVICES - ACTIVITIES 2000

Table 1. Number of Children Admitted to Care, 2000 *

| | Limerick | Clare | Tipperary | Total |
|------------|----------|-------|-----------|-------|
| Admissions | 56 | 52 | 43 | 151 |

*Based on activities to 31/10/00 and projected to year end.

Table 2. Number of Children in Care on 31/10/00

| Category | Limerick | Clare | Tipperary | Total |
|----------------------------------|------------|-----------|------------|------------|
| Foster Care | 177 | 72 | 117 | 366 |
| Pre-adoptive Placement | 10 | 3 | 3 | 16 |
| Residential Care | 16 | 7 | 12 | 35 |
| At Home Under Supervision Orders | 11 | 2 | 8 | 21 |
| Other | 0 | 1 | 2 | 3 |
| Total | 214 | 85 | 142 | 441 |

Table 3. Number of Child Abuse Cases Referred to the Mid-Western Health Board, 2000*

| Area | Limerick | Clare | Tipperary | Total |
|--------------------------|----------|-------|-----------|-------|
| Number of Cases Referred | 268 | 208 | 239 | 715 |

*Based on activities to 31/10/00 and projected to year end

Table 4. Child Care Legal Activity, 2000*

| Type of Order | Limerick | Clare | Tipperary | Total |
|----------------------|----------|-------|-----------|-------|
| Emergency Care Order | 12 | 8 | 5 | 25 |
| Supervision Order | 16 | 10 | 5 | 31 |
| Other Care Orders | 40 | 25 | 17 | 82 |
| Section 20 Reports | 4 | 12 | 22 | 38 |

*Based on activities to 31/10/00 and projected to year end.

Table 5. Pre-School Inspections, 2000*

| | |
|-----------------------------------|-----|
| Notifications | 62 |
| Total Number of Inspection Visits | 296 |
| Total Number of Advisory Visits | 114 |

* Based on activities to 30/11/00 and projected to year end.

MENTAL HEALTH SERVICES

1.0 STATEMENT OF PURPOSE & STRATEGY

The purpose of the Mental Health Service is to sustain and develop an equitable, high quality, community and hospital based mental health service engaged both in the promotion of health and in the prevention and treatment of illness. The service should be sensitive and responsive to the needs of those availing of it; the staff entrusted with its delivery, and the community which it services.

1.1 PLANNING AND STATUTORY FRAMEWORK

Services are provided in line with national policy, of which "Planning for the Future", (DOH 1984) and "Shaping a Healthier Future: A Strategy for Effective Health Care in the 1990's", (DOH 1994) are central documents. At Board level, the Corporate Strategy (MWHB 1994), the Quality Strategy (MWHB 1994) and the Mental Health Strategy, (MWHB 1998) are core influences.

The model of care as outlined in the Board's Mental Health Strategy, is based on a framework of support with the individual as citizen in his/her own right. Services are provided using the care continuum concept. In the Mid West Region services are provided by 11 multi-disciplinary teams, each providing services to populations of between 20,000 and 40,000 people depending on urban or rural settings. A Directorate of Mental Health was established in 2000, to address issues of quality and continuous improvement.

1.2 SOCIO/DEMOGRAPHIC PROFILE

In the absence of figures specific to the Irish population, UK psychiatric morbidity figures suggest that 15% of the adult population experience some mental health difficulties. This would imply that in the Mid-Western Health Board region approximately 34,800 adults experience some mental health difficulties.

The Health Research Board analysis shows that up to 0.93% of the adult population experience mental health difficulties that require hospital admission. The Health Research Board figures indicate a difference in hospital admission rates between socio-occupational groups, with poorer sections of the community having a greater reliance on services.

In relation to children (0-16 age group) clinical experience suggests 10% of children experience mental health difficulties. This would suggest that approximately 8,500 children in the Mid-Western Health Board area experience some mental health difficulties.

2.0 REVIEW OF 2000

2.1 SERVICE TARGETS

2.1.1 Activity

In 2000 there were 1684 admissions to acute psychiatric units of which 1309 admissions were to Mid Western Health Board mental health services. The remaining 375 admissions were to the services of the South Eastern Health Board. The average length of stay for in-patient treatments was 22 days in 2000. The primary causes of

admission were depression (22.4%), schizophrenia (17.6%) and alcohol disorders (18.2%). Acute in-patient admissions fell by 2.1%, while the number of attendances at day hospitals and day centres increased by 3.4% and 10% respectively.

2.1.2 Finance

The total budget for 2000 was £28.709m.

2.1.3 Staffing

The staffing complement for the Mental Health Services was 789.98.

2.2 CORE AND DEVELOPMENT PERFORMANCE

2.2.1 Core Performance

Preventive Care and Anticipatory Care

A Development Officer was appointed in partnership with Mental Health Ireland to work with voluntary associations in the Clare and North Tipperary Catchment areas.

A programme of professional development continued which included the provision training in assessment, diagnosis and treatment of ADD/ADHD in adults.

Community Services

Two Day Centre facilities were commissioned in the Limerick Catchment area. Planning Permission was submitted for a day centre facility in Nenagh.

A support service for people bereaved by suicide was provided.

Acute Care

Construction commenced on the Acute Unit in Ennis. Planning permission was submitted for the Acute Unit in Nenagh.

Long Term Care

Substantial progress was made on the programme of work initiated in relation to the closure of Our Lady's Hospital Ennis. 6 of the 8 projects were completed, which will facilitate the transfer of 104 patients to alternative care arrangements in the community in 2001.

The Board purchased a nursing home, which will provide a more appropriate facility for 40 elderly patients residing in St Joseph's Hospital, Limerick.

A 6-bungalow complex to accommodate 36 people with an intellectual disability, residing in St. Joseph's Hospital, Limerick was commissioned.

2.2.2 Developments

General

The Regional School of Mental Health Nursing was enhanced with the recruitment of 3 additional staff.

Development plans were produced by the Limerick and North Tipperary Mental Health Executives, which identified the range of facilities and resources required to provide for the needs of the long-term mentally ill.

A consultation process commenced with senior staff in relation to the preparation of a five-year action plan.

Development of a child and adolescent psychiatric database commenced.

Preventive Care and Anticipatory Care

A carer's group, to assist and support users of the mental health system was established in Limerick.

Community Services

The Adult Victims of Past Abuse (AVPA) service, which provides a counselling service for those who have suffered past abuse, commenced in September 2000. Since then there were 60 referrals to the service.

A comprehensive consultation process was undertaken regarding the development of a Forensic Psychiatry Service.

An additional social worker was appointed to the Clare Mental Health Services.

Acute Care

A project team was established to develop the design brief for the Child and Adolescent Psychiatric facility. Mental Health Services for children and adolescents were enhanced with the development of a third Consultant Child Psychiatric post.

Long Term Care

The Board purchased a property for the development of Community Residential Services and a Rehabilitation Training Facility at Borrisoleigh, Co. Tipperary.

2.3 PERFORMANCE REVIEW**2.3.1 Research**

In association with the Health Research Board, data collation continued into genetic factors inherent in alcohol use and addiction. A research project regarding the needs of persons with schizophrenia commenced.

2.3.2 Quality

A Directory of Services was published as recommended by the Suicide Action Plan. An analysis of client/consumer satisfaction with the Clinical Psychology Service in North Tipperary continued. A client satisfaction pilot study on the services provided at Nenagh and Thurles Day Hospitals commenced. A patient satisfaction survey was undertaken by the Kilmallock Day Hospital and will be published in 2001. An information booklet on Mental Health Services in the Limerick area was produced.

2.3.3 Evaluation

An audit study of all admissions to the acute in-patient unit in Limerick Mental Health Services commenced. An evaluation of the out of hours Crisis Intervention Project in Limerick and Clare commenced.

2.3.4 Value for Money

A study on the effectiveness of the use of Risperidone Depot versus Oral Preparations for in-patients commenced.

2.3.5 Performances Indicators 2000

The following are the performance indicators set down in the 2000 Service Plan and the status of each;

| Performance Indicator | Outcome |
|---|---|
| 1. Rate of transfer of suitable long stay patients from old psychiatric hospitals to more appropriate care facilities in the community. | Eight care facilities were commissioned which will provide 179 places in 2001 |
| 2. The commencement of the construction of the two Acute Psychiatric Units | The construction of the Ennis Unit commenced. Planning Permission was submitted for the Nenagh Unit |

| Performance Indicator | Outcome |
|--|----------------|
| 3. The re-admission rates to in-patient facilities within a year per 1000 patients | 664 per 1000 |
| 4. The implementation of the Board's Suicide Action Plan Targets | Implemented |

2.4 SIGNIFICANT ISSUES

The need to provide dedicated rehabilitation services became evident in the context of the ongoing development of community based services.

Young persons with mental health difficulties, arising from addiction placed considerable demands on services.

The absence of dedicated child and adolescent in-patient facilities continued to restrict services to this care group

Increases in clinically driven costs (including therapies) were evident across all services areas.

The preparation and planning processes for the transfer of a large number of patients to community based facilities presented major challenges for management and staff.

3.0 AIMS AND SERVICE OBJECTIVES 2001

3.1 REFLECTION ON OBJECTIVES & TARGETS

In the context of the Boards Mental Health Strategy the aim is to develop community based services and to strengthen the Acute and Rehabilitative dimensions of the services.

3.1.1 Activity

The following levels of activity in the Mid-Western Health Board facilities are anticipated in 2001; inpatient admissions 1,337, day hospital attenders 2,840, day hospital attendances 35,650, outpatient attenders 3,790 and outpatient attendances 15,100. (see appendix 1)

3.1.2 Finance.

The budget for 2001 will be £32.658m.

3.1.3 Staffing

The 2001 baseline staffing is 789.98. The initiatives outlined in the 2001 Development Funding will require 81 WTE's.

3.2 CORE AND DEVELOPMENT 2001

3.2.1 Core Service 2001

Preventative and Anticipatory Care

Outreach and home base treatment services will be developed.

Community Care

Mental Health Day Centres will open in Limerick City and Kilmallock, Co. Limerick. The support service for those bereaved by suicide will be enhanced in North Tipperary.

The AVPA service will be extended to provide an outreach counselling service.

Acute Care

The construction of the Acute Unit at Ennis will be completed. A project team will be established for the development of a Regional Intensive Care Unit. The Child Psychiatric services will be enhanced through the recruitment of additional team members. A Forensic Psychiatry Service will be established.

Long Term Care

Alternative community based facilities will be provided for 148 patients currently resident at Our Lady's Hospital, Ennis, Co. Clare.

36 patients with an intellectual disability will be transferred from St Joseph's Hospital, Limerick, to purpose built facilities. Forty elderly patients with mental health difficulties will be transferred from St Joseph's Hospital, Limerick to an alternative community facility.

3.2.2 Developments 2001

A number of the service initiatives proposed for 2001, are subject to detailed discussion with the Department of Health and Children.

Preventative and Anticipatory Care.

The Board will resource voluntary organisations to enhance their skills and to enable them to provide informal support services.

An educational programme for young people on suicide prevention and awareness will be developed.

Community Services.

Rehabilitation services will be strengthened.

Child Psychiatric teams will be strengthened by the appointment of additional clinical staff.

Services in North Tipperary will be enhanced by the appointment of additional clinical personnel.

A Parasuicide Intervention Programme will be undertaken in Limerick.

Staffing of community residences will be enhanced.

Acute Care.

Specific clinical appointments will be made to the Acute Unit (5B) in Limerick.

3.3 SERVICE INTEGRATION**3.3.1 Internal**

The Board's Mental Health Service will cultivate relationships with other service areas to ensure a programme of seamless and co-ordinated care. The AVPA service will develop collaborative relationships within the Mental Health Service.

3.3.2 External

The relationships with relevant voluntary organisations will be strengthened.

3.4 PERFORMANCE MANAGEMENT**3.4.1 Research**

A research programme will commence in 2001 to examine parasuicide behaviour (National Suicide Research Foundation and University College Cork).

The results of the pilot phase of research into client satisfaction with the Clinical Psychology Service in the North Tipperary Catchment Area will be published.

The research/information capacity and systems will be strengthened.

3.4.2 Quality

An audit on the recording of clinical information will be undertaken in the Limerick service. An audit model for Community Based Mental Health Services will be developed. A range of Performance Indicators will be developed to reflect the quality of mental health services provided.

3.4.3 Evaluation

The evaluation of the Crisis Intervention Project undertaken by the Limerick and Clare services will be published.

3.4.4 Value for Money**3.4.5 Performance Indicators**

The following Performance Indicators will be used during 2001:

Preventative and Anticipatory Care

1. The implementation of the Board's Suicide Action Plan targets.
2. Suicide rate per 1,000 population

Community Care

3. The number of community residential places per 1,000 population.
4. The number of Day Centre attendances per 1,000 population.
5. The number of Day Hospital attendances per 1,000 population.

Acute Care

6. The number of inpatient places per 1,000 population.
7. The completion of the construction of the Ennis Acute Psychiatric Unit, and the advancement of the Nenagh Acute Psychiatric Unit.
8. First inpatient admission rates by age group per 100,000 population in the following age groups:
 - 16-19 years
 - 20-64 years
 - 65+ years
9. Inpatient readmission rates within one month of discharge in each of the following categories:
 - Schizophrenia
 - Depressive disorders
 - Mania
 - Alcoholic disorders
10. The number of all admissions per 100,000 population for alcohol related conditions
11. Average length of stay by main diagnosis in the following categories of diagnosis:
 - Schizophrenia
 - Depressive disorders
 - Mania
 - Alcoholic disorders
12. The number of inpatient admissions to acute inpatient services from day hospitals as a percentage of the clients in this setting.
13. The number of patients who have become continually hospitalised for over one year in the past year.

Long Term Care

14. Rate of transfer of suitable long-stay patients from old psychiatric hospitals to more appropriate care facilities in the community.

APPENDIX 1 2000 ACTIVITY LEVELS AND PROJECTED ACTIVITY LEVELS 2001 (based on Activity Jan – Sept. 2000)**PSYCHIATRIC HOSPITALS**

| Area/Hospital | No. of Beds | | No. of New Admissions | | No. of Re-Admissions | |
|---------------------------------|-----------------------|-----------------|-----------------------|-----------------|-----------------------|-----------------|
| | Closing position 2000 | Projection 2001 | Closing Position 2000 | Projection 2001 | Closing Position 2000 | Projection 2001 |
| St. Joseph's Hospital, Limerick | 195 | 117 | 0 | 0 | 12 | 12 |
| Our Lady's Hospital, Ennis | 186 | *40 | 119 | 120 | 395 | 395 |
| Total | 381 | 157 | 119 | 120 | 407 | 407 |

* The projected bed complement is contingent on the opening of the Acute Unit at Ennis General Hospital.

ACUTE PSYCHIATRIC UNITS

| Area/Hospital | No. of Beds | | No. of New Admissions | | No. of Re-Admissions | |
|-------------------------------------|-----------------------|-----------------|-----------------------|-----------------|-----------------------|-----------------|
| | Closing position 2000 | Projection 2001 | Closing Position 2000 | Projection 2001 | Closing Position 2000 | Projection 2001 |
| Unit 5B, Limerick Regional Hospital | 50 | 50 | 149 | 160 | 634 | 650 |
| Acute Unit Ennis General Hospital | 0 | *40 | 0 | 0 | 0 | 0 |
| Total | 50 | 90 | 149 | 160 | 634 | 650 |

* This projected bed complement is contingent on the closing of the Admission Unit at Our Lady's Hospital Ennis.

COMMUNITY ACCOMMODATION

| Area | High Support Hostels | | Medium Support Hostels | | Low Support Hostels | | Totals | | Projection 2001 | |
|--------------|----------------------|------------|------------------------|-----------|---------------------|-----------|-----------|------------|-----------------|------------|
| | No. | Places | No. | Places | No. | Places | No. | Places | No. | Places |
| Limerick | 4 | 74 | 6 | 40 | 5 | 30 | 15 | 144 | 16 | 184 |
| Clare | 2 | 29 | 5 | 38 | 6 | 27 | 13 | 94 | 20 | 242 |
| Tipp (NR) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 6 | 103 | 11 | 78 | 11 | 57 | 28 | 238 | 36 | 426 |

DAY HOSPITALS

| Area | No. of Places Available | | No. of New Referrals | | Total Attendances for the Year | | Total No. of Persons Attending | |
|--------------|-------------------------|----------------|-----------------------|----------------|--------------------------------|----------------|--------------------------------|----------------|
| | Closing Position 2000 | Projected 2001 | Closing Position 2000 | Projected 2001 | Closing Position 2000 | Projected 2001 | Closing Position 2000 | Projected 2001 |
| Limerick | 125 | 125 | 132 | 130 | 13120 | 13100 | 1482 | 1480 |
| Clare | 49 | 49 | 334 | 330 | 15137 | 13880 | 853 | 850 |
| Tipp (NR) | 25 | 25 | 197 | 200 | 8658 | 8670 | 510 | 510 |
| Total | 199 | 199 | 663 | 660 | 36915 | 35650 | 2845 | 2840 |

DAY CENTRES

| Area | No. of Places Available | | Total No. of Attendances | | Total No. of Persons Attending | |
|--------------|-------------------------|-----------------|--------------------------|-----------------|--------------------------------|-----------------|
| | Closing position 2000 | Projection 2001 | Closing Position 2000 | Projection 2001 | Closing Position 2000 | Projection 2001 |
| Limerick | 65 | 105 | 14735 | 23802 | 123 | 197 |
| Clare | 70 | 100 | 17291 | 18520 | 167 | 190 |
| Tipp (NR) | 23 | 23 | 3550 | 3600 | 88 | 90 |
| Total | 158 | 228 | 35576 | 44702 | 378 | 477 |

CLINICS

| Area | New Attenders | | Total Attenders | | Total No. of Attendances | |
|--------------|-----------------------|-----------------|-----------------------|-----------------|--------------------------|-----------------|
| | Closing position 2000 | Projection 2001 | Closing Position 2000 | Projection 2001 | Closing Position 2000 | Projection 2001 |
| Limerick | 523 | 520 | 2051 | 2050 | 7673 | 7700 |
| Clare | 397 | 400 | 969 | 970 | 3752 | 3800 |
| Tipp (NR) | 205 | 210 | 764 | 770 | 3533 | 3600 |
| Total | 1125 | 1130 | 3784 | 3790 | 14958 | 15100 |

PHYSICAL & SENSORY DISABILITY

1.0 STATEMENT OF PURPOSE & STRATEGY

The strategic purpose of services for persons with a physical and sensory disability is to enable individuals (by promoting the development of their full personal, social and vocational potential) to achieve their maximum independence, choice and participation in society.

We aim to promote 'person-centred' services that enable our consumers to live the life of their choice within their desired community setting, through provision and facilitation of the appropriate supports and social resources.

1.1 PLANNING AND STATUTORY FRAMEWORK

The development of services for this care group is informed by the "Strategy for Equality 1996"; "Towards an Independent Future 1996"; "Report of the Advisory Group on Personal Assistance Services for People with a Physical Disability 1995"; the Board's Strategy Statement on Physical & Sensory Disabilities; and by the Co-ordinating Committee on Physical and Sensory Disabilities.

1.2 SOCIO/DEMOGRAPHIC PROFILE

In the absence of a validated national and regional database, an estimate of prevalence can be arrived at using the prevalence rate devised by the UK Office of Population Census and Surveys. Extrapolating these rates to the Mid-West Region and using the 1996 Census of Population gives an estimated prevalence of approximately 9,750 persons, of which about 3,000 are children (see Appendix 1, Table 1).

2.0 REVIEW OF 2000

2.1 SERVICE TARGETS

The Service development focus was on preventative and anticipatory services. Progress was made towards implementing the recommendations of "Towards an Independent Future" with particular emphasis on;

- Services for adults with significant physical disabilities (formerly termed Young Chronic Sick),
- Respite and therapy services,
- Services for persons with hearing impairment and their families,
- Home Support Services,
- Provision of aids and appliances.

The Co-ordinating Committee continued to develop, identify, and prioritise service needs particularly with the development of two sub-committees on Personal Support Services and Aids and Appliances.

2.1.1 Activity

There was a significant increase in the number of people benefiting from therapy services arising from long-term vacancies being filled.

In relation to residential services, 28 places were provided with a 90% occupancy level. There were 4 respite places provided with a 95% occupancy level, benefiting 20 persons. There was a significant increase of 32 day places, benefiting 84 persons.

2.1.2 Finance

The total budget for Disability Services for 2000 amounted to £36.222m.

2.1.3 Staffing

The total staffing complement for Disability Services was 128.32.

2.2 CORE AND DEVELOPMENT PERFORMANCE

2.2.1 Core Performance

The revised management structures were further consolidated in 2000 with the appointment of three area managers to lead the disability care group in each of the Board's catchment areas.

Following the dissolution of the National Rehabilitation Board, structures were put in place to enable the smooth transfer of responsibilities to the Board.

The Board played an active role in planning the development of a national database and established a regional database committee.

Significant additional investment of £700,000 was made in the provision of Aids and Appliances to those identified and assessed as in need of same, with up to 870 persons benefiting.

Substantial investments were made in the three elements of Home Support Services as identified in "Towards an Independent Future" - Personal Assistant Services, Socialisation Services and Home Care Services. A Sub-Committee on Home Support Services was established by the Regional Co-ordinating Committee to examine assessment procedures for home support services, develop training programmes for users and providers, develop criteria for means testing, and establish an appeals mechanism. A training programme for home support staff was agreed with RehabCare providing external accreditation through NCVA. 12 persons completed the course in 2000.

An extra 32 day places were provided which benefited 84 persons. An additional 2 residential respite places were provided by Rathfredagh Cheshire Home in West Limerick, which benefited 10 people.

A Steering Committee was established to oversee the development of services for the deaf community within the region.

2.2.2 Developments

Structure

3 occupational therapists were recruited to lead a multi-disciplinary assessment process in each catchment area. The Directorate was strengthened by the appointment of 2 managers with responsibility for rehabilitative training services and voluntary agency support. A senior executive officer and database administrator were appointed.

Information

A Strategy Statement on services to persons with physical and sensory disabilities was developed. The National Council for the Blind of Ireland (NCBI) was contracted to make the Directory of Services for Persons with Disabilities in the Mid-West Region accessible to hearing and sight-impaired people.

Services

Consistent with the service targets set for 2000, the Board developed the following services:

Preventative

A comprehensive submission was made to the Department of Health & Children on child assessment and intervention services and approval was sought for a post of community paediatrician.

Anticipatory

A fluency programme took place over an 8 week period, involving 8 clients. St. Gabriel's Centre, in conjunction with the Central Remedial Clinic, developed assessment and review clinics for seating and assistive technology.

The Board contracted National Association for the Deaf (NAD) to develop a social work and resource work service for persons with hearing impairment and their families.

NCBI has developed a Low Vision Clinic for the region. 6 clinics were held in 2000 with 42 people benefiting. A resource worker for visually impaired persons within the region was provided by NCBI.

Home/Community

Funding of £15,000 was given to the Spina Bifida Association to assist with the provision of a regional paediatric physiotherapy service.

St. Gabriel's Centre was funded to recruit an occupational therapist to further develop outpatient services.

A speech & language therapist was recruited by the Board to provide a service for six children with language disorder in Clare.

Funding was made available to Enable Ireland (formerly Cerebral Palsy Ireland) for 0.5 WTE physiotherapist to provide therapy services to people in Clare.

Residential/Respite

Planning was granted for the construction of a six-bedded residential respite facility in the Limerick area, in line with the Action Plan for Young Chronic Sick.

2.3 PERFORMANCE REVIEW**2.3.1 Research**

NCBI commenced an assessment of need survey for sight-impaired persons.

A joint health/education working group involving speech and language class therapists, teachers, school principals, divisional inspectors for schools and an educational psychologist in the Mid-West region, was established to consider, among other things, the creation of a register and profile of children with specific speech and language impairment in the region.

A research project on Personal Assistant Services was completed.

A research project identifying the residential/respite needs of persons with physical & sensory disabilities in the region was completed by Rathfredagh Cheshire Home.

2.3.2 Quality

A strategic partnership initiative was developed to identify the strengths and weaknesses of voluntary agencies in delivering services to persons with physical and sensory disabilities in the region. The Board commissioned Capita Business Services Ltd. to profile the organisational capacity and role of voluntary agencies in service development.

The Board organised disability awareness training for 40 frontline staff in collaboration with I.W.A., NAD and NCBI.

2.3.3 Evaluation

Arising from a survey of teachers and parents of children attending the Mid-West School for Hearing Impairment, the need for an increased speech & language therapy service, particularly for children with cochlear implants, was identified.

The occupational therapy service in Clare completed a retrospective six-month audit to review the waiting list from December 1999 to March 2000. The audit showed that the majority (74%) of those on the waiting list were over the age of 65 years.

2.3.4 Value for Money

The Board, in developing and agreeing service quantum with service providers, ensured that the maximum number of persons benefited from services, e.g. 84 people benefited from the provision of 32 extra day places.

A transport and socialisation service was developed allowing clients to access transport for activities such as training and socialisation activities

As part of an initiative to address the waiting list for aids & appliances, a sub-committee of the Regional Co-ordinating Committee was established to report on the provision, maintenance, cleaning and tracking of aids & appliances.

There was continued expansion of the Personal Assistance Service. Planning and provision of these services was developed in partnership with a number of provider agencies.

2.3.5 Performance Indicators 2000

The following are the Performance Indicators set down in the 2000 Service Plan and the status of each:

| Performance Indicator | Outcome |
|---|----------|
| A Strategy Statement to be completed. | Achieved |
| A regional database committee to be established and a database administrator to be appointed. | Achieved |
| Evidence of progress in the area of service agreements with voluntary agencies. | Achieved |
| A research project on the effectiveness of the current structures for the personal assistance service to be published. | Achieved |
| All new services will be planned in collaboration with the Regional Co-ordinating Committee. | Achieved |
| A strategic partnership initiative will be developed in respect of services for persons with physical and sensory disability. | Achieved |
| A special meeting of the Health Board's sub-committee on Disability will be held. | Achieved |
| All capital funding will be utilised within agreed time-scale. | Achieved |

2.4 SIGNIFICANT ISSUES

Management/Information

The absence of a National Database continued to impact on service planning.

The Board experienced difficulties in the recruitment and retention of therapy personnel. This was exacerbated by infrastructural issues such as a shortage of accommodation and storage facilities for therapy equipment.

Arising from the once-off funding for aids & appliances, where eligibility was extended to all persons with a disability irrespective of income, expectations were

raised, and as a consequence core funding for this service will be inadequate to meet requirements.

Services

The requirement to develop an integrated Child Assessment and Intervention Service, as recommended in "Towards an Independent Future", was highlighted.

Collaboration between the Health Board and the educational establishments in addressing the needs of persons with a disability accessing education services in the region required strengthening.

A shortage of counselling services within the region was experienced.

Home Supports Services in line with the recommendations in "Towards an Independent Future", specifically the Home Care Attendant Service, was substantially under funded. Home Help Services for some clients with disabilities under 65 years were managed within Elderly Services. It is anticipated that this service will revert to Disabilities within the immediate future and it will place further strain on the funding available to these services.

Recent research by the Occupational Therapy Service indicated that 74% of people on the waiting list for services are over 65 years. However, access to disability services is limited to persons under 65 years of age. This is a significant issue for both the disability and elderly care services.

The need to further develop appropriate services for adults with significant physical disabilities was highlighted. Within this cohort there is a subset of persons with acquired brain injury who require dedicated services.

3.0 AIMS AND SERVICE OBJECTIVES 2001

3.1 REFLECTION ON OBJECTIVES & TARGETS

Arising from the publication of the Strategy Statement and the need to formulate an Action Plan, particular focus will be given to the early development of a database.

Prioritisation will be given to the development of residential respite for adults with significant physical disabilities; the development of a rehabilitative residential facility for those with acquired brain injury; and the development of the Board's capacity to carry out needs assessments in order to facilitate further developments in home support services.

The Board will focus on the development of service agreements with voluntary agencies and will support them in developing their organisational and operational competence and capacity in the delivery of services.

3.1.1 Activity

The projected activity targets for 2001 are shown in Appendix 1, Table 2.

3.1.2 Finance

The budget allocation for the Disabilities Service for 2001 is £47.110m. This includes £3.295m of development funding for physical and sensory disability services in respect of which proposals have been included in the Board's service plan 2001. The appropriate funding will be transferred to the provider agencies as specified in the service agreements and as services are developed.

3.1.3 Staffing

Baseline staffing for Disability Services is 128.32 WTE and will be adjusted by 15.5 WTE's to reflect service developments in 2001.

3.2 CORE AND DEVELOPMENT 2001

3.2.1 Core Services 2001

Structure

Management structures developed in 2000 will be further consolidated in 2001.

The Board will formalise its relationship with the service providers by signing Service Agreements.

Information

A minimum dataset will be developed within the Care Group to facilitate the collection of appropriate, accurate and relevant data on services and activities. This data will be used to inform the planning, management and evaluation of service provision.

The Board will develop strategies to interrogate, analyse, and interpret computerised data currently compiled and which will inform the development of future database systems.

Services

The Board will continue to support the provision of sheltered workshops by increasing the capitation allowances payable.

The Board will extend the eligibility for Domiciliary Care Allowance by including all newborn babies diagnosed with a disability.

The Board will continue to develop day services in partnership with the service providers.

3.2.2 Developments 2001

The Board in consultation with the Co-ordinating Committee on Physical and Sensory Disabilities will develop services in 2001, consistent with the Strategy Statement and in accordance with the needs identified in "Towards an Independent Future", as prioritised by the Department of Health and Children.

Information

The Board will commence the compilation of data for the Physical and Sensory Database. This will involve the development of a master list and the identification of keyworkers who will facilitate a comprehensive assessment of need.

Home Support Services

The Board will provide an additional 20,000 hours of personal assistants; 10,000 hours of home care attendants; and 10,000 hours of socialisation and transport services within the region, which will benefit up to 100 people. These services will be provided in collaboration with the service providers.

Therapy Services

The Board, in collaboration with Enable Ireland, will develop a paediatric occupational therapy service as part of an early intervention service in Tipperary (N.R.).

St. Gabriel's Centre will extend its occupational therapy service through the recruitment of a 0.5 occupational therapist.

Arising from increased provision in home support services and the increased numbers of persons requiring aids and appliances, the Board will increase its needs assessment capacity through the recruitment of 2 occupational therapists.

The Board will initiate adult physiotherapy services in Tipperary (N.R.) and in Clare through the provision of 2 physiotherapists.

The Board will further develop supports to adults with significant physical disabilities in residential/home settings in Limerick through the provision of a physiotherapist.

The Board will further develop the paediatric speech & language therapy service in Limerick through the recruitment of a speech & language therapist.

The Board will provide 0.5 clerical support for therapy services in each catchment area.

Specialist Services

The Board, in response to gaps in provision and in collaboration with the Cheshire Foundation, will develop a rehabilitative residential unit for persons with acquired brain injury.

The Board will commence the implementation of a tracking, maintenance and cleaning service for aids and appliances, which will incorporate training in the use of such equipment.

Respite

A six-bedded residential respite facility for adults with significant physical disabilities will be completed in 2001, providing 144 short stay breaks.

3.3 SERVICE INTEGRATION

3.3.1 Internal

Sectorisation of services to include co-terminus boundaries for all services will continue to be developed during 2001. Executive care groups for each catchment area will continue to meet on a monthly basis to co-ordinate quality and service related issues. All disciplines will continue to participate in regional intradisciplinary meetings. Opportunities for joint action between Care Groups will be explored.

3.3.2 External

The development of multi-disciplinary inter-agency links in the provision of child assessment and intervention services will continue to be developed during 2001. New services will continue to be planned in collaboration with the Regional Co-ordinating Committee and its Sub-Committees. Disciplines will continue to participate in regional inter-agency meetings. Local Catchment Committees will be established to advise the Regional Co-ordinating Committee on the development of services within their area.

3.4 PERFORMANCE MANAGEMENT

3.4.1 Research

Research will be carried out on establishing best practice in the provision of services for persons with acquired brain injury.

The Board will undertake research to assess the information needs of healthcare professionals working in disability services so as to inform the planning, monitoring and evaluation function.

3.4.2 Quality

A computerised, client-centred information system will be developed to record activity data. This system will be piloted within the community occupational therapy service and will facilitate more formal measures of performance, based on processes and outcomes, rather than on waiting lists and waiting times.

The continued provision of accredited training to home support staff will promote excellence in service provision.

3.4.3 Evaluation

Following the presentation of Capita Business Service's report, the Board will begin the process of supporting voluntary agencies to develop organisational capacity and identify their role in the future provision of services within the region.

3.4.4 Value for Money

The Board, through the separation of the needs assessment function from the provision of services to persons with physical and sensory disabilities, will ensure that assessed needs are consistent with real needs across the region, resulting in a quality service for clients and value for money for the Board.

The implementation of an asset tracking, maintenance and training system will result in a more efficient and cost-effective use of resources in the provision of aids and appliances.

3.4.5 Performance Indicators

The following performance indicators will be used in 2001:

1. All new services and capital developments will be implemented within agreed timescales.
2. All new services will be planned in collaboration with the Regional Co-ordinating Committee.
3. An Action Plan for the implementation of the Strategy Statement, which also takes account of the NDP provisions, will be completed.
4. The Board will commence compilation of data for the Regional Database.
5. Reductions in the period of time between assessment and commencement of treatment in the therapy services will be achieved.
6. Improved access to locally based day, residential and respite services.
7. The percentage of voluntary sector service providers with whom there is a formal service agreement.
8. The Board will commence the signing of service agreements with Section 65 funded agencies and the main service providers including all agencies in receipt of funding in excess of £10,000.
9. The implementation of a computerised asset tracking system for aids and appliances.
10. The strategic partnership initiative will be continued and strengthened in 2001.

APPENDIX 1

Table 1 Estimated number of persons with physical/sensory disabilities in the Mid-West region

| Category | Co. Clare | Limerick | Tipperary NR | Total |
|--------------|-------------|-------------|--------------|-------------|
| Children | 924 | 1603 | 555 | 3082 |
| Adults | 2001 | 3468 | 1201 | 6670 |
| Total | 2925 | 5071 | 1756 | 9752 |

Table 2 Projected Activity Targets for 2001

| | Speech & Language Therapy | Occupational Therapy | Physiotherapy |
|---|---------------------------|----------------------|---------------|
| Number of Referrals | 142 | 737 | 660 |
| No. taken off Waiting List for Assessment | 121 | 734 | 334 |
| Number of Discharges | 58 | 556 | 258 |
| Active Caseload | 262 | 194 | 133 |
| No. of Interventions | 7,467 | 1,064 | 2,837 |
| Numbers Waiting Assessment | 47 | 283 | 542 |
| Numbers Waiting Therapy | 63 | | |
| Numbers Waiting Further Therapy | 76 | | |

INTELLECTUAL DISABILITY

1.0 STATEMENT OF PURPOSE & STRATEGY

The purpose of services for persons with an intellectual disability is to provide a 'person centred' service to individuals with special needs that is most appropriate to their needs within their home and community setting, through services that empower each person to participate in society.

1.1 PLANNING AND STATUTORY FRAMEWORK

The development of services for this Care Group within the region is informed primarily by the 'Strategy for Equality' (1996), 'Enhancing the Partnership' incorporating 'Widening the Partnership' (1998), 'Assessment of Needs 1997-2001', 'Building a Future Together' (1998) and the Board's Intellectual Disability Strategy (2000) and Regional Database.

The Regional Intellectual Disability Consultative and Development Committees along with individual provider organisations and advocacy groups also guide service development and delivery.

1.2 SOCIO/DEMOGRAPHIC PROFILE

In 2000, 2,295 persons were registered on the intellectual disability database within the Mid-Western Health Board region. This represents a regional prevalence of 7.2 per 1000 population against a national prevalence of 7.57 per 1,000 population. Over 1,000 people have mild intellectual disabilities, with half being under 18 years. Almost 1,300 are in the moderate, severe or profound range. See Appendix 1, Table 1 for further details.

2.0 REVIEW OF 2000

2.1 SERVICE TARGETS

2.1.1 Activity

The activity targets for 2000 were achieved and are detailed in Appendix 1, Table 2.

2.1.2 Finance

The total budget Disability Services for 2000 was £36.222m. It is anticipated that the Board will achieve a breakeven situation for this care group.

2.1.3 Staffing

The staffing complement for Disability Services was 128.32 whole time equivalents (W.T.E.). The complement significantly increased during the year due to service enhancements, consolidation of the management structures and arising from the devolved responsibilities following the dissolution of the National Rehabilitation Board (NRB).

2.2 CORE AND DEVELOPMENT PERFORMANCE

2.2.1 Core Performance

The management and support structures developed during 1999 were consolidated in 2000 with the permanent appointment of three Area Managers to lead and co-ordinate the provision of services for persons with disabilities in each of the Board's catchment areas.

The screening and immunisation programme for Hepatitis B was made available to staff and users of the residential services.

A speech & language therapy service providing support to special schools in the Limerick area was further developed, with the recruitment of an additional speech & language therapist. 7 children benefited from the introduction of this service.

A total of 249 persons benefited from the additional 20 residential, 11 respite and 81 day places developed by the Board, in collaboration with the voluntary agencies.

The construction and commissioning of a six-bungalow complex to accommodate 36 persons with an intellectual disability residing in St. Joseph's Psychiatric Hospital was completed. The transfer of patients was deferred until early 2001, due to recruitment difficulties experienced by the Daughters of Charity.

The planning of a Regional Rehabilitation Unit for persons within the mild range who present with challenging behaviour was advanced during 2000.

2.2.2 Developments

Strategy and Structure

The post of Manager, Service Development Monitoring was filled.

Following a consultation process with stakeholders, the Health Board adopted an Intellectual Disability Strategy Statement.

Services

Consistent with the service targets set for 2000, the Board developed the following services:

Preventative

16 children benefited from the introduction of a multi-disciplinary early assessment and intervention service in West Limerick in collaboration with the Brothers of Charity.

A submission was made to the Department of Health and Children for the provision of a Consultant Community Paediatrician with a specialist interest in disabilities.

Anticipatory

An extensive review of service needs for persons within the autistic spectrum was undertaken and a service model was developed. A clinical psychologist was recruited to co-ordinate the service in the Clare area. Recruitment of an intervention and diagnostic team to include a social worker, two senior speech & language therapists and a senior occupational therapist commenced and a premises for the service was obtained.

Home/Community

15 persons benefited from the development of an outreach physiotherapy service in Clare and Tipperary.

As an alternative to residential care, 6 families benefited from the development of an outreach service in North Tipperary.

Residential Respite

25 children benefited from the provision of a six-bedded regional residential respite unit for clients with an autism spectrum disorder. RehabCare and the Mid-Western Health Board jointly funded the project.

2.3 PERFORMANCE REVIEW

2.3.1 Research

A communication needs assessment survey of children attending a special school in Limerick City, which focused on the severity of their communication difficulties and in determining their speech and language needs, was undertaken. The survey found that 42% of children were receiving some speech and language therapy, 96% of which was classroom based.

Arising from research carried out by Vocational Training Services in Limerick, the sewing programme was discontinued and was replaced by a home and hospitality programme.

2.3.2 Quality

The Creel Craft Shop in Ennis, as part of the ceramics project, was awarded ISO: 9002 Certification.

The Dulick Training Centre was registered as a European Computer Driving Licence Test Centre.

The in-service training programme for speech and language therapy services continued. Training programmes undertaken included: -

- Picture Exchange Communication System (PECS) and
- Language Alternative for the Mentally Handicapped (LAMH)
-

The Hanen parent-training programme continued.

2.3.3 Evaluation

An evaluation of two Hanen Training courses for parents of pre-school children was undertaken, providing encouraging results and positive parent feedback.

An evaluation of the Early Assessment and Intervention Service in West Limerick was undertaken. Interim findings demonstrated that current structures i.e. child health, child care and child psychiatry need to be further integrated to deal more effectively with the needs of children with an intellectual disability and in particular those within the mild range.

2.3.4 Value for Money

To facilitate a more formal monitoring system, service providers supplied the Board with a personal identification number for each client accessing their services.

The redirection of funds following the return of two people from a residential placement in Northern Ireland to their families in Clare was used to provide a community based support service.

In 2000, funding for services was provided from the date of implementation, whereas previously, funding was provided based on allocation.

2.3.5 Performance Indicators

The following are the performances indicators set down in the 2000 Service Plan and the status of each:

| Performance Indicator | Outcome |
|--|---|
| A Strategy Statement to be completed. | Achieved |
| The effectiveness of the Development and Consultative Committees. | Eight meetings of Development Committee and six meetings of the Consultative Committee took place |
| Service agreements to be signed with the main service providers. | Templates agreed |
| Service agreements to be signed with the Section 65 funded agencies. | Templates agreed |
| Arrangements for the monitoring and management of services to be built into the service provision contracts. | Templates agreed |

2.4 SIGNIFICANT ISSUES

Strategy and Structure

The requirement to provide services in natural settings has and will continue to impact on the delivery of services.

Difficulties were experienced in the recruitment and retention of therapy staff.

Infrastructural issues such as the provision of accommodation for staff and storage of facilities for equipment created difficulties.

The National Intellectual Database, which informs the planning and development of services, did not reflect accurately the extent of the service need.

The need to clarify the respective roles of the Health Board and the Department of Education in the provision of educational services to persons with intellectual disabilities in the region, was highlighted.

The need to establish closer links with mainstream pre-school services, was highlighted.

Services

An imbalance in the service provision within catchment areas of the Board was evident.

The need for clarification of the relationship between vocational and rehabilitative training was highlighted.

The absence of consultant paediatric input and a shortage of speech and language therapy significantly impacted on the effectiveness of early intervention services throughout the region.

The demand for residential, respite and day care services throughout the region exceeded supply.

Specialist Subsets

With the increasing numbers of persons with a mild intellectual disability who present with challenging behaviour, the absence of adequate and appropriate services was a cause for concern.

The demand for specialised services to meet the needs of persons on the autistic spectrum requires the development of more innovative intervention strategies.

3.0 AIMS AND SERVICE OBJECTIVES 2001

3.1 REFLECTION ON OBJECTIVES & TARGETS

Service development will focus on preventative and anticipatory strategies within the service continuum. Priority will be given to the development and provision of core services as identified in "Assessment of Need 1997-2001" and consistent with the priorities identified by the Department of Health and Children.

Further progress will be made in developing health related support services for persons with special needs within the disability spectrum.

The Board will endeavour to ensure that the key principle of inclusion is adopted in the mainstreaming of services for persons with a disability.

3.1.1 Activity

The projected activity for 2001 is shown in Appendix 1, Table 3.

3.1.2 Finance

The budget allocation for the Disabilities Service for 2001 is £47.110m. This includes £3.335m of development funding for intellectual disability services in respect of which proposals have been included in the Board's service plan 2001. The appropriate funding will be transferred to the voluntary agencies as specified in the service agreements and as services are developed.

3.1.3 Staffing

The 2001 baseline staffing for Disability Services is 128.32. This will be adjusted by 15.5 WTE's to reflect new service developments in 2001.

3.2 CORE AND DEVELOPMENT 2001

3.2.1 Core Services 2001

Strategy and Structure

The Board will implement, with direct funded agencies, the nationally agreed template for service agreements. This will form the basis of the service provision and enable the Board to implement more formal monitoring procedures. Agencies will also benefit from having clearly defined reporting relationships and service targets.

An action plan for the implementation of the Board's Intellectual Disability Strategy Statement, which also takes account of the NDP commitments, will be completed.

A Regional Database Committee will be established to facilitate the enhancement of the Intellectual Disability Database.

Services

36 people currently placed in St. Joseph's Psychiatric Hospital will be transferred to the six bungalow complex at St. Vincent's, Lisnagry. The Board will develop a further facility to enable more clients to be transferred out of St. Joseph's Psychiatric Hospital.

Arising from the dissolution of the NRB, the Board will continue to discharge its statutory responsibilities in the area of rehabilitation training services. In collaboration with other health boards and FÁS, the Board will develop service standards for these services together with the development of an accreditation process.

Consistent with the national policy on mainstreaming, the Board will commence disengagement from the provision of training for employment.

Specialist Subsets

Services for those with autism spectrum disorders will continue to be developed during 2001. In developing catchment area intervention teams, the Board will require collaboration with early intervention services.

The Board will review the outcome of the auditory integration training piloted by Dochás.

The regional rehabilitation unit for persons with challenging behaviour will be constructed during 2001.

3.2.2 Developments 2001

The Board, in consultation with the Consultative and Development Committees and consistent with its Strategy Statement, will develop services for those persons with an intellectual disability identified on the database as in need of services. These developments will be informed by the priorities set by the Department of Health and Children.

Residential, Respite and Day Places

The Board, in partnership with service providers, will provide additional residential, respite and day places as detailed in Appendix 1, Table 3.

Early Assessment and Intervention

The Board, in collaboration with the various service providers, will support further development in these services through the provision of increased multi-disciplinary inputs.

Autism Services

The Board, in partnership with other service providers, will commence the provision of catchment area intervention teams for autism services, which will be targeted specifically at children and their families. Initial developments will include the provision of service co-ordinators/clinical psychologists in each catchment area.

Challenging Behaviour

A residential respite facility together with appropriate out-reach supports will be developed in the Clare catchment area for persons with a mild intellectual disability who present with challenging behaviour.

Pending the provision of a residential rehabilitative facility, the Brothers of Charity will develop a six place high support residential unit, which will specifically provide for those persons currently inappropriately placed within and outside the State.

Rehabilitative Training

Arising from the dissolution of the NRB, the Board will develop a regional guidance and assessment service for persons with a disability. It will collaborate with other health boards and statutory agencies in the development and implementation of standards for this service.

3.3 SERVICE INTEGRATION

3.3.1 Internal

Sectorisation of services to include co-terminus boundaries for services will be developed during 2001. Executive care groups for each catchment area will continue to co-ordinate quality and service related issues. Opportunities for joint action between Care Groups will be explored.

3.3.2 External

Multi-disciplinary inter-agency links in the provision of child assessment and intervention services will be developed. Services will continue to be planned in collaboration with the Consultative Committee and the Development Committee. Local Catchment Committees will be established to advise the Consultative and Development Committees on the development of services within their area.

3.4 PERFORMANCE MANAGEMENT

The Disabilities Directorate will review the provision of services within the Health Board on a monthly, quarterly and annual basis. Stakeholder analysis and consultation will inform service development and review. Service agreements will provide for systematic and continuous review of the services provided by agencies.

3.4.1 Research

Arising from the mainstreaming of vocational training services, the Board will carry out research to determine best practice in the provision of rehabilitative training. The Board will support research into the impact of auditory integration training on children with autistic spectrum disorders.

3.4.2 Quality

Work will commence on the development of quality standards for sheltered workshops.

Discussions will be initiated with the provider agencies with a view to developing organisational processes, which facilitate personal outcomes.

3.4.3 Evaluation

Formal monitoring and reporting arrangements will be implemented with service providers.

3.4.4 Value For Money

Service agreements will include attachment of funding to implementation schedules for service provision.

3.4.5 Performance Indicators

The following performance indicators will be used during 2001:

1. All new services and capital developments will be implemented within agreed timescales.
2. All new services will be planned in collaboration with the Regional Consultative and Development Committees.

3. An Action Plan for the implementation of the Strategy Statement, which also takes account of the NDP provisions, will be completed.
4. The Care Group will achieve a balanced budget.
5. The percentage of new born infants who are identified as having an intellectual disability at birth who receive a visit from a Counsellor for Needs within the first 3 months. (Early Intervention)
6. Reductions in the period of time between assessment and commencement of treatment in the therapy services will be achieved.
7. Improved access to locally based day, residential and respite services.
8. The percentage of clients on the database requiring residential services who are accommodated in a mental health setting. (Appropriateness of service setting)
9. The percentage of voluntary sector service providers with whom there is a formal service agreement. (Accountability)
10. The Board will commence the signing of service agreements with Section 65 funded agencies and the main service providers including all agencies in receipt of funding in excess of £10,000.
11. The minimum data set will be extended to all voluntary agencies enabling therapy services to report on activity.

APPENDIX 1

Table 1 Age/Disability profile of persons with an intellectual disability within the Mid West Region

| Age Group | Mild | Moderate /Severe/ Profound | Total |
|--------------|-------------|-------------------------------|-------------|
| 0-18 | 455 | 278 | 733 |
| 19-65 | 542 | 974 | 1516 |
| 65+ | 18 | 28 | 46 |
| Total | 1015 | 1280 | 2295 |

(Regional Intellectual Disability Database 2000)

Table 2 Activity for 2000 – Actual Versus Projected

| Activities | 2000 Projected | 2000 Actual |
|-------------|----------------|-------------|
| Residential | 681 | 681 |
| Respite | 27.5 | 27.5 |
| Day Care | 925 | 927 |

Table 3 Core service provision for 2000 and projected for 2001

| Activities | 2000 Actual | Projected Additional Places 2001 | Projected 2001 |
|----------------------------|-------------|--|-------------------|
| Residential | 681 | 28 | 709 |
| Respite | 27.5 | 9 * | 36.5 |
| Day Care | 927 | 26 | 953 |
| Rehabilitative Training | 169 | 0 | 169 |

* includes four places for challenging behaviour

HEALTH PROMOTION

1.0 STATEMENT OF PURPOSE & STRATEGY

The term 'health promotion' refers to a wide range of activities, including information and education about health; information about preventing illness and managing chronic illness; and providing supportive environments for health improvement. Most staff working for the Health Board do some of these things, some of the time. The Board's Health Promotion Unit provides a resource to support this work, and to lead its own programmes and projects.

During 2000, the Health Promotion Officer took on the responsibility for developing an integrated strategy and action plan for drug services, including prevention and treatment. The aim of the drug service is to address issues related to misuse, especially amongst young people and to provide interventions including information, counselling, treatment and support for those experiencing problems with drugs.

The Board through its Health Promotion service is committed to local delivery of the National Health Strategy and has developed its own strategy in this regard. Key principles are in line with the Ottawa Charter of 1986 (World Health Organisation), i.e. to promote the health of the population by:-

- building healthy public policy
- re-orienting the health services to achieve a balance between health promotion and curative services
- creating supportive environments
- strengthening community action
- developing personal skills

1.1 PLANNING AND STATUTORY FRAMEWORK

The Health Service Act amendment (1995) allowed for Health Boards to provide Health Promotion services. A number of key complementary policy documents and reports have been published since 1995. These publications include reference to, and place a reliance on, the practice and principles of health promotion to achieve stated aims and objectives. The most significant of these documents are:

- Recommendations for a National Food and Nutrition Policy (1995)
- A National Alcohol Policy (1996)
- A Plan for Women's Health (1997)
- Health Promotion in the Workplace: healthy bodies-healthy work(1998)
- Adding Years to life & life to years...A health promotion strategy for older people (1998)
- Report of the National Task force on Suicide (1998)
- Youth as a Resource: promoting the health of young people at risk (1999)
- Building Healthier Hearts (1999)
- The National Health Promotion Strategy 2000 – 2005
- Report by the Director of Public Health (MWHB) – "Health and Wellbeing in the Mid West" (2000)

The Board will update its Health Promotion Strategy in 2001 to reflect the latest National Strategy.

The work of the Ministerial Task Force (1996/97) on Measures to Reduce Demand for Drugs informs the Board's policy on drugs. The Board is in the process of developing an integrated strategy and action plan. However, this work will not be completed until the latest national strategy publishes in early 2001.

1.2 SOCIO/DEMOGRAPHIC PROFILE

In common with other parts of the developed world, the Mid Western Health Board population aged 65 years and over continues to increase and this group is expected to account for 15% of the population by 2011.

The number of births in the Board's region has been increasing since 1995 and current indications suggest that the number of children aged 0-14 is likely to rise in the immediate future.

These demographic trends have significant implications for health promotion and will inform future development and delivery of health promotion services.

The true prevalence of the drug problem in Ireland and in the Mid West region is unknown and can only currently be estimated through indicators such as treatment data, drug related crime statistics and drug related deaths. The Board plans to develop and implement a regional drug database, which will generate data for planning purposes.

2.0 REVIEW OF 2000

2.1 SERVICE TARGETS

The service targets for 2000 were achieved. These focused on the stimulation of effective joint working with other Health Board departments and sectors; support for the health promotion work of other staff throughout the region and services; taking the lead in key health promotion programmes related to schools, and communities; and providing direct services related to healthy eating, alcohol and drug problems.

2.1.1 Activity

- A limited clinical dietetic service in Ennis and Nenagh was sustained.
- The 'Slainte' services for drug and alcohol related problems experienced a steep increase in activity. During the period January to September, the service had 136 professional contacts/concerned person contacts and 72 substance user contacts.
- The Slainte Health Advice Centre had 645 enquiries from January to September.
- 37 days training for staff were delivered and 13 Being Well/Lifewise courses for the general public were provided.

2.1.2 Finance

Expenditure was contained within budget. There was a surplus attributable to unfilled vacancies, which will be filled in early 2001.

2.1.3 Staffing

Full employment within the WTE control of 15 was not reached, due to unfilled posts.

2.2 CORE AND DEVELOPMENT PERFORMANCE**2.2.1 Core Performance**

- The Health Promotion Department continued to provide advice, support, training and professional development to health care staff, community groups and voluntary organisation and specialist groups such as teachers.
- Funding was made available to voluntary groups to provide related information.
- Nutrition work continued and was extended into more project work on poverty issues and access to health food.
- The provision of print information materials to the main health centres was improved.

Drugs

- The Slainte Centre in Limerick City continued to provide public information on health, drugs and alcohol misuse, drop-in advice, counselling and parent education with a focus on early intervention and targeting young people in particular.
- Local drug prevention initiatives continued in the community including awareness/training programmes for the general public, parent support groups, schools/teachers and the Board's professional and other staff.

2.2.2 Developments

- A regional response to the 'Building Healthier Hearts' strategy.
- A weight-management pack for primary care.
- A booklet on Injury Prevention for older people and their carers.
- Set up regional action groups on smoking, injury prevention, sexual health, exercise and older people, and carer's information.
- Promoted policy development in the areas of workplace alcohol and smoking, and drugs in schools.
- Helped to organise the National Health Promoting Hospital conference, and the Winter School for Health Promotion.
- Established Food market in Southhill.
- Trained tutors to deliver 'Being Well' programme.

Drugs

- The Regional Drugs Committee was re-vamped to formulate a collaborative and integrated approach to drugs mis-use in the region. The Group included the Gardai, the Probation Services and professional staff from the Board.
- Improved arrangements were made for access to Level 2 Methadone treatment in Dublin for opiate users in the Board's region and an infrastructure was developed for the future provision of Level 2 services within the Board's region (Slainte). These services will commence early in 2001 as soon as G.P. training is completed.
- Recruitment of four Outreach Workers, two Counsellors and one administrative staff was in progress at the end of the year.
- Training was provided on drugs for Youth Workshops and for Youth Workers generally.

2.3 PERFORMANCE REVIEW

2.3.1 Research

- A needs assessment for teachers in post primary schools was completed.
- A study of Health Board staff attitudes to a workplace alcohol policy was completed.
- The University of Limerick was commissioned to undertake a feasibility study of GP Exercise referral to local leisure facilities.

2.3.2 Quality

- The Training and Professional Development programme was provided to improve the quality of health education and health promotion work carried out by staff.
- There was inter-agency co-operation to improve the integration of preventive services.

2.3.3 Evaluation

- A study was completed on health centre provision and unmet needs for health promotion resources, and the report distributed to General Managers for their consideration.
- The GP - linked dietetic service in Clare was evaluated very positively, and a report presented to the Primary Care Unit GPs.
- The Board participated in an evaluation of the National Healthy Eating Week, which recommended that the week be extended and re-visited through a wider range of resources.

2.3.4 Value For Money

2.3.5 Performance Indicators

2.4 SIGNIFICANT ISSUES

- The Board's services require assistance and co-operation of the Health Promotion Department in developing their individual service strategies – this has resource implications for the Department.
- The development of appropriate referral and treatment services for drug mis-use, the provision of consultant led services and in-patient facilities is a significant issue.

3.0 AIMS AND SERVICE OBJECTIVES 2001

3.1 REFLECTION ON OBJECTIVES & TARGETS

The strategic objectives for 2001 include:

- Development of a revised regional health promotion strategy for the Board.
- Development of an integrated drugs strategy and action plan for the Board.
- Establishment of drug and alcohol services in Clare and North Tipperary.
- Recruitment of additional Health Promotion Co-ordinators in order to set up satellite health promotion support services in each county area under General Managers.

3.1.1 Activity

Activity will increase in 2001.

3.1.2 Finance

Finance is outlined in the Financial Schedule. Development funding of £0.408M has been provided. This includes £.093M to meet the full year costs of initiatives (health promotion and drugs) commenced in 2000, £0.050M for health promotion activities and £0.265M for implementation of new drug reduction initiatives.

3.1.3 Staffing

Staffing is outlined in the Financial Schedule.

3.2 CORE AND DEVELOPMENT 2001**3.2.1 Core Services 2001**

The core services in operation at the end of 2000 will be maintained and enhanced. Professional and financial support, training and development will be provided to schools and communities. The GP dietetic referral service will be extended.

3.2.2 Developments 2001Drug and Alcohol services

- Develop strategy and action plan for the region.
- An additional allocation of £0.265M has been provided for new drug reduction initiatives, including treatment, counselling and outreach services. The specific details of the allocation are to be agreed with the Department of Health & Children. Provisionally, the Board proposes four new posts, i.e. one administrative and three paramedical posts.
- Introduce a Level 2 Methadone service locally.
- Service agreements with external providers for rehabilitation will be enhanced.

Community Nutrition service

- A five-year plan will be finalised.
- Implement the regional Breastfeeding Strategy.
- Pilot a healthy eating policy for the school setting and develop classroom resources to assist post-primary teachers in teaching nutrition.
- Develop guidelines for nutrition in elderly care settings and implement a community nutrition education programme.

Other

- An additional allocation of £0.050M has been provided for health promotion activities. The details are to be agreed with the Department of Health & Children.
- Develop an action plan for workplace health.
- Develop a strategic vision for schools health promotion, and pilot the Health Promoting schools project.
- Provide funding and support to programmes providing parent and family support.
- Assist in providing a support service for post-primary schools undertaking social, personal and health education.
- Develop initiatives in relation to 'Building Healthier Hearts'.
- Develop draft strategy on men's health.
- Undertake initiatives relative to smoking education/cessation, sexual health, suicide and sudden death.
- Partake in initiatives related to the Board's Action Plan for Homelessness.

3.3 SERVICE INTEGRATION

3.3.1 Internal

An integral part of the health promotion agenda involves the creation and maintenance of links with all health care staff to provide supportive environments for health care improvements. Area based health promotion programmes will improve links with local providers.

3.3.2 External

The Health Promotion Department is part of a network of services, both voluntary and statutory promoting health. Links are well established with the Department of Education, Justice, Environment and local voluntary groups/agencies through the development of health promotion programmes on a partnership basis.

3.4 PERFORMANCE MANAGEMENT

3.4.1 Research

- A community health needs assessment study will be undertaken in West Clare and East Limerick.
- Research on the promotion of physical activity among young women will be undertaken.

3.4.2 Quality

- Drug services will be significantly enhanced arising from the provision of a Level 2 Methadone service within the Board's region.

3.4.3 Evaluation

- Evaluation reports on 'Bi Follain', 'Action Learning' and the GP Exercise Referral project will be published.
- The pilot of the Fruit and Vegetable Co-operative will be evaluated.

3.4.4 Value For Money

3.4.5 Performance Indicators

The following performance indicators will be used during 2001:

Performance will be measured in the context of targeted activity together with targeted core services and developments. Specific performance indicators include:

- Development of a revised health promotion strategy for the region.
- Development of a regional strategy and action plan for drugs.
- Introduction of enhanced drugs treatment services.

Indicators for health promotion activity will be monitored by setting and may include:

- The number of schools working with the Board's support services on social, personal and health education, and on health promoting school projects.
- The level of participation with local communities on health improvement issues.
- The number of workplaces requesting advice and support on health concerns.
- The number of Health Board staff attending training programmes.

CERVICAL SCREENING

1.0 STATEMENT OF PURPOSE AND STRATEGY

The aim of the Cervical Screening Programme is to reduce the incidence of, and morbidity and mortality from, invasive cervical cancer. However, cervical screening also has a number of negative aspects, with the potential to cause both physical and psychological harm to women invited. It is essential that this harm be minimised, so that the benefits of screening outweigh the costs. Quality assurance, audit and evaluation are essential.

1.1 PLANNING AND STATUTORY FRAMEWORK

In 1997, a ministerial decision announced that a National Cervical Screening Programme would commence in the Mid-Western Health Board. Phase 1 was launched on the 16th October 2000.

1.2 SOCIO/DEMOGRAPHIC PROFILE

The target group is women in the Mid-Western Health Board area aged 25 – 60 and it is estimated that there are 67,000 women in this group from the 1996 census figures.

2.0 REVIEW OF 2000

2.1 SERVICE TARGETS

2.1.1. Activity

Since October 16th the office has received over 1000 test notifications from the two cytology laboratories. Payments have been made to the relevant GPs. Results have been received from the cytology laboratories and women have been sent result letters.

2.1.2 Finance

The Budget for 2000 was £1,354,00 and a break-even budgetary position for 2000 is predicted.

2.1.3 Staffing

The WTE's of the Cervical Screening Phase 1 Programme Register Office in 2000 was 12

2.2 CORE AND DEVELOPMENT PERFORMANCE

Precision Marketing Information Ltd. has handed over the Baseline Register to the Cervical Screening Programme. SSA (Search Software America) did further work on reducing the level of duplication in the Baseline Register. Work is progressing on an information system according to plan with a planned go live on the last week of February.

A programme to promote the service has been put in place, which includes literature, media campaigns and information for health professionals. The CSP team has developed sixteen different documents for the start up of the programme.

There will be a direct payment to GPs from the CSP office and the test will be free to all women who participate in the programme. The ICGP is contracted for provision of

smertaker training. A lead tutor and 3 facilitators (all GP's) have been contracted by the ICGP and commenced in Sept 00. The Colposcopy service for Phase 1 is based in the Regional Maternity Hospital Limerick. This unit has been refurbished and there are now two clinic rooms.

2.3 SIGNIFICANT ISSUES

During the year a number of issues have emerged:

Contracting computer software developers

Compilation of target population register and elimination of duplication, ongoing maintenance of the register.

Quality Assurance in the laboratories

IT support and development

Accommodation for Cervical Screening Programme Register Office.

3.0 AIMS AND SERVICE OBJECTIVES 2001

There are two main aims for 2001. Firstly to consolidate the programme in the Mid West and complete the electronic administrative and information system. In addition work will begin on the expansion of the programme to the rest of the country.

3.1 REFLECTION ON NEEDS AND PROVISION

The service is still developmental and whilst the need is well known the exact provision of services to meet that need is still being devised.

3.1.1 Activity

The main activities over the year will be:

Promotional / advertising campaign

The start up of a smertaker training programme

Ongoing maintenance of the baseline register

Computerised Information system by March 2001

Laboratory enhancements and linkages to the programme to be finalised.

The development of the colposcopy information system

Build up of baseline statistics – ongoing

Achievement of ISO 9002 standard for the programme administration.

3.1.2. Finance and Staffing

The budget for 2001 will be £1.75million and 22 WTE

3.2 CORE AND DEVELOPMENT 2001

3.2.1 Core Services 2001

The following are key tasks for 2001:

Ongoing compilation and updating of the population register whilst eliminating duplication

8,000 women to receive invitation letter for smears in 2001 commencing in May 2001

The establishment of the Cervical Screening Programme Register computer system.

Cytology service to be based in University College Hospital Galway and St. Luke's Processing 18,000 smears (programme, opportunistic and repeats)

Minimum 320 women from the Programme requiring colposcopy in the first year

Histology service to be based in Limerick Regional
The Cervical Screening Register to go live last week of Feb 2001
Quality Assurance Programme
Issuing results to 18,000 women
Follow up on women for whom no smear notification/result received
Registration of new smertakers
Provision of training for all 300 smertakers
Development of new posters, leaflets, promotion material
Distribution of smarkits and disposable speculae to smear takers

3.2.2 Developments 2001

The following are the developments planned for 2001:

QA for all aspects of the programme
Promotion Strategy
Continued development and amendment to S.O.P's manuals
Appointment of Training Officer
Preparation for the National Programme
Development of Colposcopy Computer System.
Training and Education
Ongoing for smertakers
ICSP Register office staff – training on computer system.

3.3 SERVICE INTEGRATION

The programme will continue to work with its partners in other health boards and this will be expanded during the year.

3.4 PERFORMANCE MANAGEMENT

3.4.1 Quality

With the appointment of the Quality Manager the programme will be setting a Quality plan early in 2001.

3.4.2 Evaluation

All aspects of the Programme are subject to evaluation. A system of external evaluation is being considered. The National Expert Advisory Group and the Steering Committee have a watching brief on Phase 1.

3.4.3 Performance Indicators

Number of women targeted
Number of smear taken, breakdown of results
Waiting times for appointments/results

CARDIOVASCULAR DISEASE

1.0 STATEMENT OF PURPOSE AND STRATEGY

In 1999 the Government issued a strategy "Building Healthier Hearts" which gave detailed proposals on how to improve the poor heart disease record of Ireland. Implementation of this began in 2000. A plan for 2000 was produced which focused on the main areas of need as identified in the national strategy.

2.0 REVIEW OF 2000

The Mid-West plan was approved in March. An angioplasty service has been established in the Mid Western Regional Hospital. This is a major benefit for patients who no longer have to travel to Cork or Dublin. Rehabilitation services are being created in Ennis General Hospital and the Mid Western Regional Hospital. Resuscitation training and a resuscitation service have been set up in the Mid-Western Regional Hospital. Additional technical staff and equipment were provided in Ennis and Nenagh Hospitals to improve the diagnostic and therapeutic cardiac services locally.

In the community, health promotion teams are being created for the Clare, Tipperary, Limerick City and County populations. These teams will provide health promotion advice to individuals and to communities.

The recruitment of staff (and finding accommodation) has been difficult, as some staff need specialised training prior to commencement.

3.0 AIMS AND SERVICE OBJECTIVES 2001.

Two prime aims are being set for 2001. Firstly to develop services against the gaps identified in the strategy, predominantly cardiac rehabilitation and resuscitation skills. Secondly, to create a health promotion/preventative service across the region.

3.1 Finance and Staffing

The heart disease programme in 2001 will spend £2.1 million and 65 staff will be employed to implement the plan.

3.2 Core and Development 2001.

During 2001, there will be a team for each of the Local Authority areas in the region. In the community these teams will be the nucleus and focus of the key tasks in reducing the incidence of heart disease. The teams will consist of two public health nurses, a health promotion officer, a community nutritionist, a clinical dietician and resuscitation officer. The last two posts will also have commitments to the general hospitals in Ennis and Nenagh and to St. John's Hospital in Limerick.

It is also intended to take the Healthy Hospital concept, which is already in the Mid-Western Regional Hospital, a stage further. This will be taken into the other acute hospitals in the region. To achieve this a Mid West Healthy Hospitals team will be created. Three region-wide health promotion campaigns will be supported:

-An initiative in the workplace working with the occupational health services around the region.

-A continuation and expansion of the GP exercise prescribing programme. The involvement of General Practitioners will be part of a national initiative that is due to start in 2001.

-A regional flavour to the national promotional campaign "Ireland Needs a Change of Heart".

An angioplasty service will provide a service for 250 patients and will bring the availability of this service close to the suggested levels. The rehabilitation service will be available to appropriate cardiac patients and will increasingly extend into medium term rehabilitation. A training course for CCU nurses will be established in the region.

In both Nenagh and Ennis hospitals the supporting diagnostic and therapeutic services will be further expanded. The cardiac rehabilitation service in Ennis will be brought into full functionality whilst a similar service will be developed in Nenagh.

3.3 Performance Management

A system of monthly reports will be produced which will develop into formal performance management system.

INTRODUCTION

Corporate Services are organisation-wide services located primarily at Central Offices and are important supports, which enable the care groups to deliver on the Service Plans. They include Human Resources, Finance, Technical and Management Services. Significant progress has been achieved in 2000 in devolving these services to area management. Core competencies and services are still required at corporate level in respect of these functions.

HUMAN RESOURCES

Strategic HRM is fundamental to the change orientation and aspiration to service excellence in this organisation. The acquisition and retention of people of high calibre is dependent on selection, training, development and commitment. Difficulties are encountered from time to time in resourcing staff.

The devolution of the H.R. Function is designed to bring ownership of these important activities into line management. The development of the PPARS system and consequent policy and procedures revision will facilitate more localised H.R. management.

During 2001 the Occupational Health Service will be improved. The H.R. function will be further developed at corporate level by senior specialist appointments and at line level by supporting recruitment and retention initiatives.

Staff Education, Training and Development

Development funding will be applied to the Nursing & Midwifery Planning and Development Unit, midwifery education programme, sponsoring of student PHN's, and clerical and I.T. support in nursing in respect of the Commission on Nursing.

Additional funding is being made available for pre-registration nurse education and training, part-time nursing degrees, new specialist nursing courses and support for midwifery students.

Funding has been allocated for the Clinicians in Management Initiative.

FINANCE DEPARTMENT

Current difficulties centre on recruitment and retention of staff with financial expertise. Financial accountability is dependent on information, knowledge and expertise being extended to service providers in accountable units of management. This is being supported by the devolution of the finance function to the line. Current financial systems and expertise will be enhanced to improve the quality of financial management at all levels.

The function has a responsibility in relation to the PPARS implementation and preparation for the Euro changeover.

MATERIALS MANAGEMENT

Opportunities to improve cost efficiency and effectiveness have to be fully explored in relation to the procurement of all non-pay items. The Materials Management Function

currently impacts on 40% of contractable items. To date the function has negotiated new Board wide contracts, which it is estimated should save nearly £1m p.a. when fully completed.

The following Key Performance Indicators demonstrate the function's performance:

| KEY PERFORMANCE INDICATORS | 1999 | 2000 | 2001 |
|---|-------------|-------------|-------------|
| Procurement | | | |
| 1. Value of non-pay expenditure managed | £15m | £16m | £16m |
| 2. Value of non-pay expenditure formally contracted | £ 5m | £ 8m | £10m |
| 3. Value of contracts of 2 years or greater | £ 5m | £ 8m | £12.5m |
| Inventory Management | | | |
| 4. Stock turn rate | 6 | 8 | 10 |
| 5. Percent value of stock held | 8% | 5.6% | 4.8% |
| 6. Percent value of non-stock handled | 50% | 50% | 50% |

| DoHC KPIs requested in 2000 - MWHB | 2000 | 2001 |
|---|-------------|-------------|
| 7. Procurement: Formal Contracting | 20% | 25% |
| 8. Inventory Management: Stock Turn Rate | 8.6% | 9.1% |
| 9. Customer Service: No. of Customers | 400 | 400 |

As the year end position for 2000 has not been finalised, figures are best estimates.

A key task during 2001 is to generate additional savings which will offset the cost of certain central developments.

INTERNAL AUDIT

Risk Management and systems audit is now well established. The function is supported by a charter and corporate audit committee. The scope of the audit function will be extended in 2001. This will facilitate more frequent audit of high-risk areas and input to clinical and corporate risk management.

MANAGEMENT SERVICES

The contribution of this department in relation to the successful Y2K compliance programme is gratefully acknowledged. There is a considerable range of IS/IT development which is supported by this department. These include support for the large installed technology base including the existing range of applications and the hardware networking infrastructure.

The implementation of and recommendations of the external consultant's IS/IT Review and Strategy Report have been significantly constrained by lack of investment funds. This is now being addressed by N.D.P. Capital investment and development revenue. The latter will now facilitate the devolution of the function to line management.

However, there are serious issues in relation to appropriate staff acquisition and retention in competition with the private sector.

TECHNICAL SERVICES

This function provides expert advice and support, compliance auditing, quality assurance, value for money and standard setting for infrastructural development and maintenance. It also provides fire safety and estate management services.

Recruitment difficulties have been encountered in sourcing professionally qualified staff. This impacts on the range of technical support for capital projects.

During 2000 the Technical Services Department played an integral role in the delivery in the National Development Programme. The function has been considerably devolved to the line.

POPULATION HEALTH MANAGEMENT

The traditional public health functions will continue to be provided and developed, particularly communicable disease control. The Public Health Department will represent the Board on the Silvermines Implementation Group set up by the Cabinet to secure a safer environment in the Silvermines area.

With the managers of the services in the various care groups the function will support the development of the evaluation and information capabilities of the system. This will allow a stronger system of performance management.

The function will continue to provide a health intelligence function to the Board identifying both health and social issues which need to be addressed and potential solutions.

ORGANISATION DEVELOPMENT

This unit manages major process change initiatives and supports system redesign such as PPARS, Intranet development and telecommunications. During 2001 the unit will focus on the continued monitoring of developments in the telecommunications field, roll out of the Board's new Intranet site, a redesign and review of policies and procedures in the Human Resource area and the introduction of a genuine, trusted tool in the form of the EFQM Excellence model.

CUSTOMER SERVICE/COMMUNICATIONS

Increasing public expectations and volume throughput in our services accentuate the need for improved care and relationship management.

During 2000 the complaints procedure was piloted and implemented in a number of sites. This will be extended region wide during 2001. Customer information is facilitated through e-services and publications.

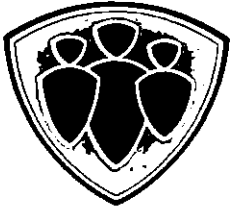
The communications unit published media management and event management protocols and participated in the development of the intranet which will be rolled out boardwide in early 2001. A Communications Strategy will be developed in the light of a major communication survey which will be undertaken in early 2001.

APPEALS

This function provides an internal, independent review of decisions taken by personnel of the Board in respect of entitlements to Community Welfare Services, Medical Cards and Community Care Allowances.

There was a steady increase in the number of appeals received throughout the year.

The service achieved ISO accreditation in October 2000. Customer feedback surveys and analysis will be conducted during 2001



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