



Mapping the Shape of Future Services

2000 - 2004



Development Plan
on
Health and Personal Social Services for People with Physical
and Sensory Disabilities

North Eastern Health Board

Summary Report



FOREWORD

This development plan outlines the vision and priorities of the North Eastern Health Board in relation to the development of services. This vision has been informed through a series of consultation processes with all relevant stakeholders in the area.

Having responded to the needs of people with Physical and Sensory Disabilities by commencing the establishment of dedicated services to this group, the North Eastern Health Board are committed to continuing to develop and expand services in the area. There is a very significant resource of both Capital and Revenue required to implement this plan.

"Mapping the Shape of Future Services" provides a framework for the development of health services for people with a physical or sensory disability over the next five years in the north east region.

The North Eastern Health Board look forward to working in partnership with all of the stakeholders involved in implementing this plan.

Mr Paul Robinson

Chief Executive Officer



INTRODUCTION

The North Eastern Health Board have produced this five year plan in consultation with the Regional Co-ordinating Committee Physical and Sensory Disabilities.

This report outlines the vision of the North Eastern Health Board in relation to the development of services. This vision has been informed through a series of consultation processes with all relevant stakeholders in the area.

In order to provide a continuum of care, a range of services are required. The purpose of this development plan is to provide a framework within which services for people with physical and sensory disability will be developed. Priorities are identified over a five year period and these have been identified in consultation with service users and service providers. The resource requirements to deliver this vision are identified.

STRATEGIC CONTEXT

The strategic context of this plan is based on an understanding of the theoretical framework of disability developed by the World Health Organisation (WHO) in 1980 . It also embraces the wider dimensions of health as defined by the World Health Organisation, in accepting that health is a state of complete physical, mental and social well being not merely an absence of disease.

The recent National Policy Documents on general health and personal social services and specific disability issues have also informed the development of this plan. These include "Strategy for Equality, 1996" and "Towards an Independent Future, 1996".



GUIDING PRINCIPLES

The North Eastern Health Board provides services to people with Physical and Sensory disabilities in conjunction with non statutory agencies. The aim of the services is to develop and provide within available resources, high quality, locally based services within a social model of service delivery, ensuring that services are equitable in their delivery and responsive to the needs of people availing of them.

Services are planned and delivered in line with both national and international policy and legislation and the services adopt the concepts of health and social gain and maximising quality of life as its underlying principles.

The Regional Disability Services Unit is involved in the planning, co-ordination, development and monitoring and evaluation of services. The General Managers and Disability Services Managers are responsible for the delivery and co-ordination of the services, while also having a key role to play in the planning in consultation with the Regional Disability Services Unit.



POPULATION OF PEOPLE WITH PHYSICAL AND SENSORY DISABILITY

The total population of the North Eastern Health Board is 306,155.

The Department of Health Review Group (1988) on Health and Personal Social Services considered that the Office of Population Censuses and Surveys research in Britain represented a good attempt at estimating the prevalence of disability given the similarities in lifestyles between Ireland and Britain, might be the best means of estimating the prevalence of disability in this country.

Applying the Office of Population Censuses and Survey figures based on the 1996 Census, it is estimated that there are 2,097 children (aged 0-14). 3,292 men and 4,260 women with physical and sensory disabilities giving a total of 9,649 people with physical and or sensory disabilities in the north east region.

While 9,649 people have been estimated, it should be noted that there are some people with disabilities who do not require specialised health services. The Office of Population Censuses and Survey figure did not allow for assessment of actual health service needs.

***Since 1996 there has been a significant population increase indicating that this figure would now be greater.**



MAIN RECOMMENDATIONS

1.1 Database

The efficient planning and provision of services are dependent on reliable information on the numbers and service needs of people with disabilities.

The North Eastern Health Board are currently developing a register of people in the area and this will be completed as a priority. The database will be developed in accordance with the national guidelines.

1.2 User Participation

Collecting and acting upon consumers views is central/integral in human service organisations. The North Eastern Health Board have been increasingly engaging with users in a very meaningful way and have progressed from the traditional to the participative model of service planning. New developments in the region are increasingly being directly informed by consultation and involvement of service users.

It is proposed to:

- continue annual user conference.
- Further develop model of consultation
- Consult and include service users on projects and include service users on commissioning teams.
- Engage service users in evaluation processes.



1.3 Information

NETWORKS NORTH EAST was launched in October 1999 . This is a multi media pack providing information on services , organisations, benefits, entitlements etc. for people with disabilities in the north east. Formats available currently include – print, audiotape, web site and disk.

Further recommendations include:

- **Production of Multi Media Pack as a priority by introducing additional formats.**
- **Deliver Information Seminars throughout the region.**

1.4 Disability Awareness

The North Eastern Health Board has a key role to play in conjunction with other agencies and relevant government departments in raising awareness of disability issues among the wider community.

It is recommended that:

- **All induction programmes should include a disability awareness module.**
- **General Practitioners and other health professionals should be targeted as a priority.**
- **A Training pack for the region should be developed in consultation with voluntary organisations.**

1.5 Service Development and Evaluation



Service Development is a continuing priority, and to ensure that needs are adequately identified and new services are planned and developed there is a need for dedicated personnel in the region to advance this. It is proposed to

- recruit 3 Project Managers – Physical and Sensory Disability Services from the development funds 2000 to advance this.

The main aim of these posts is to advance service developments and provide a co-ordinating role in relation to existing services.

1.6 Health Promotion

The promotion of measures to prevent impairment or disability must play an important role in the health services. Such measures include health promotion campaigns directed at the public in general or targeted at specific groups, specific protection initiatives, such as accident-related injury prevention through road safety awareness and disease prevention through immunisation programmes, genetic counselling or education programmes. The approach must be multi-sectoral and inter-agency.

- An inter-agency cross programme health promotion strategy for the region for people with physical and sensory disabilities should be developed.

1.7 Access to Services

Access to services has been identified as a major difficulty for people with disabilities, both from national reports and local consultation. In 1999 a commitment was made to address this issue which resulted in the North Eastern Health Board being currently involved in a project with the Eastern Health Board supported by the Irish Society for Quality and Healthcare. The aim of the project is to develop a standard on access to services for people with disabilities and subsequently develop an assessment tool for the purpose of evaluating the extent to which the standard is being met.



It is proposed to:

- **Progress the development of the standard and conduct access assessments of services in a phased manner over five years.**
- **Implement recommendations of assessment as resources permit.**
- **All new developments should be planned to meet the needs of people with disability appropriately.**

1.8 Transport

Lack of accessible transport impacts on all aspects of the lives of people with physical disabilities and sensory impairment. Mobility is the gateway to active participation in society by people with disabilities. If people with disabilities are to find themselves on an equal basis with others, it is essential that the means of transport are as accessible as is technically possible, that the surrounding infrastructure is not a barrier, and that any remaining difficulties are dealt with through individually tailored schemes.

A need was identified for :

- **co-ordinator of accessible transport.**
- **funding for provision of escorts and their training.**
- **the Development of a transport customer charter.**



1.9 Technical Aids and Appliances

The availability of technical aids and appliances has a significant impact on the health and social gain of individuals with disabilities.

- Allocation needs to be increased to meet the needs of people on waiting lists, to meet ongoing demand, and to promote developments in assistive technology
- A national group should be established to advance criteria for assessment, allocation etc. as identified in the report of the department.

1.10 Personal Support Services

The needs of people with Physical and Sensory Disability vary, consequently service responses must be flexible and be organised according to certain principles.

There is a need to:

- Promote a flexible customer choice approach to home support services as identified .
- Advance a co-ordinated and standardised approach to delivering personal support services
- Pilot personal assistant services in the region.
- Continue to enhance existing services as resources permit.
- Develop a training programme for generic support workers.



2.1 Regional Child Development Centre

A regional assessment and treatment service is required to provide:

- a) -interdisciplinary specialist assessment and consultancy services for children with physical or sensory disabilities and developmental delay in Cavan, Monaghan, Louth and Meath through the use of centre based facilities and client homes.**
- b) Inter-disciplinary ongoing treatment services for children with physical or sensory disabilities and developmental delay residing in the area. This will include support and counselling services..**
- c) Specialist resource services (including information, education, seating, assistive technology and sensory integration) will be incorporated.**

There is a need to:

- Provide comprehensive ongoing therapy programmes to children from counties Louth, Meath, Cavan and Monaghan through the enhancement of community teams in each county.**
- The service should be developed on a phased basis over a three year period.**

2.2 Brain Injury - Specific Needs of Children

Traumatic brain injury is one of the most common causes of hospital admission among children and young people.

After a severe head injury most children will suffer some degree of physical disability ranging from clumsy, slower movements to being totally dependent on others for their daily needs.



- **There is a need to Conduct an in-depth needs led assessment in 2000.**
- **A specialist rehabilitation team is required to deliver service in the area.**
- **Out of home respite needs could be addressed through the Summer camps.**
- **Flexible home support/respite services are required.**

2.3 Respite Services for Children

Families have expressed a need for choice in relation to respite services. This should include home based and out of home. Out of home could include Summer Camps on a residential or daily basis and residential both planned and emergency should be available. The service response must be creative and maximise the use of all existing resources with the focus on developing scope for parental choice. All referrals for respite should come to the one source.

Recommendation include:

- **Piloting home based respite service**
- **Expanding and developing Summer camps.**
- **Maximising use of existing resources by meeting needs at weekends.**



2.4 Education

Early intervention, assessment and supports by a community disability team is essential to support education. The rights of parents to choose the educational provision best suited for their child, be it mainstream or special must be acknowledged.

There is a need to:

- Identify innovative initiatives to support integration .
- Develop disability awareness training package aimed at teachers and students.
- Provide local support to teachers.
- Include representative from Department of Education on local and regional planning and consultation groups.

2.5 Specific Language Disorder

The provision of services for children with specific language disorders provides a unique opportunity for joint co-operation between the Departments of Health and Education in ensuring a co-ordinated approach to service delivery.

"Because these children do not learn language as others do, they cannot be taught successfully, alongside those in mainstream classes. They need a structured learning environment, with highly specialised teaching, given in conjunction with speech and language therapy, until such time as they can become competent and confident in the use of language" (AFASIC).

There is a need to:



- **Set up additional classes in the North East Area.**
- **Develop supports to children through specific early intervention services and support to pre-schools.**
- **Commence dedicated pre-school service.**

2.6 Support and Counselling Services for Children and Families

There is a specific need for counselling and the provision of information for parents following diagnosis. Information on support groups and services for parents to be facilitated to support other parents are also required.

A Liaison Person needs to be identified to manage the referral process appropriately and to co-ordinate the processing of information at the appropriate time.

Recommendations include:

- **Appointment of Early Services Co-ordinators/Counsellors Post.**
- **Genetic Counselling Service should be available, and should be linked to the Regional Child Development, Assessment and Treatment Service.**

3.1 Regional Rehabilitation Response

The need for a Regional Rehabilitation Response to provide a range of intensive rehabilitation services to people with physical disabilities has been highlighted for a considerable time now through consultation with service users, co-ordinating committee, health board staff and voluntary organisations.

There is a need to:



- **develop two rehabilitation units for the region, one in the Louth/Meath area and one in the Cavan/Monaghan area.**
- **Develop links with community teams to provide follow up services.**

3.2 Specialised Community Teams

There is a need to develop specialised community based teams within the area to provide specific therapy service and support for adults. The community team is essential as part of a continuum of service to link with respite, residential, day and rehabilitation services, in providing support and follow up services in the home.

- **Physical and Sensory Disability Teams should be established in each Community Services area to provide dedicated assessment and treatment interventions.**
- **The training of peer counsellors should be supported and a peer counsellor should be available in each community service area.**
- **There will be a need to enhance the development of Community teams on an ongoing basis.**



3.3 Day Services

Day services are an essential component of an effective community based service, providing opportunities to engage in educational, vocational, social, recreational and therapeutic activities for the person with the disability and sometimes respite for the carer.

Types of Day Services required vary depending on clients needs. The need identified in this area is for day resource centres which may vary in service profile and delivery depending on individual needs.

- The completion of the development of the South Meath Resource Centre is a priority. Other priority areas include Cavan and South Monaghan (Castleblayney has been identified as a priority for development).
- A number of resource centres need to be developed over the next five years throughout the region.

3.4 Out of Home Respite for Adults

There are two residential respite units in the North Eastern Health Board area, one in Navan and one in Dundalk ,offering a total of 10 beds. These units provide respite breaks to individuals and their families. In addition they promote and encourage independence in all activities of daily living and provide opportunities for learning new skills.

St Christopher's Unit in Cavan, also provides some respite service within the residential service there

There is a need to :



- **develop additional respite services in the Cavan/Monaghan area.**
- **Expand services at existing locations in Louth and Meath**
- **Review existing services to continue to meet changing and emerging need in the years ahead.**

3.5 Residential Services

There is a need for long-term residential services which would provide appropriate support to people with disabilities who cannot remain in the community. Such people would include those with significant disabilities whose families, perhaps because of age or death, can no longer care for them in the home

- **There is a requirement to Complete Phase III of St Christopher's Centre.**
- **Develop residential services in the Louth.**
- **Develop residential services in Meath.**

3.6 Adults with Brain Injury

The Report "A Strategy for Equality" identified people with Brain Injury among one of the particularly vulnerable groups who have very specific needs in relation to services.

Issues which need to be addressed specific to this group include:

- **The need for an advocacy role for people who have survived head traumas and are judged to be mentally incapable of managing their own affairs.**
- **The need for appropriate day and respite services.**
- **The need for dedicated appropriate residential services.**



- **The need for community support services including counselling and therapy to be delivered by people who are specifically skilled in this area.**
- **There is a need to Conduct research into the long term need of people with brain injury in the area in conjunction with all stakeholders.**

3.7 Employment and Training

While recognising that the responsibility for Employment/Work and Training for People with Disabilities lies with the Department of Enterprise, Trade and Employment, the North Eastern Health Board will be proactive in this area and carry out the following:

The board should aim to meet the 3% Public Service Quota by December 2004 and thereafter work towards achieving an equality target in excess of the minimum.

Specific recommendations include:

- **Advance significant progress towards achieving 3% public service quota.**
- **Achieve positive to Disability employer by 2004..**
- **Develop code of practise for employment of people with disabilities by 2001 and support policy and training by 2002.**
- **Review sheltered work commencing in 2000.**



SUMMARY OF PRIORITIES 2000/2001

The co-ordinating committee on the basis of consultation prepared a priority listing as follows:

General Services

1. Database
2. Home Support
3. Disability Awareness

Early Services

1. Child Development, Assessment and Rehabilitation Service
2. Development of Community Teams for Early Services
3. Provision of Support in Mainstream Schools

Adult Services

1. Development of Specialised Community Teams
2. Development of Rehabilitation Units
3. Development of Resource Centres



CONCLUSION

In order to develop the required services, and implement the recommendations of "Towards an Independent Future", and "Strategy for Equality", significant funds are required.

The process of consultation with Service Users, Health Professionals, and Voluntary Organisations has culminated in identifying the needs in the North Eastern Health Board area.

In preparing a development plan for this client group, it is acknowledged that the availability of the database is essential and must be given priority. The information available from the pilot and from the register currently being developed has been crucial in identifying needs.

Resource requirements

Resource requirements based on the specific recommendations have been identified and the initial priorities agreed.

The total cost of implementing this plan is estimated as follows

Capital £14,750,000 spread over a five year period.

Revenue the total requirement at end of year 5 will be £8,833,769 spread over a five year period .



Review

As funding becomes available, priorities will need to be reviewed. It is the intention of the North Eastern Health Board to review and update this plan in consultation with the Regional Co-ordinating Committee on an annual basis.

A number of developments will take place throughout 2000 and 2001 which will have a major impact on services for people with physical and sensory disability in the region and which will begin to address a number of the recommendations in “Mapping the Shape of Future Services”.

The development of all these and the allocation of the capital funding notified for the next seven years will significantly impact on the recommendations made and the costs outlined in this development plan. The 5 year plan will be reviewed at the end of 2000 to identify the impact of these developments on the overall plan for the region.