JOINT STRATEGIC PLAN

PHYSICAL AND SENSORY DISABILITY SERVICES

VOLUNTARY AND STATUTORY AGENCIES

Western Health Board
Bord Slainte an Iarthaír
Mission Statement - Services for people with physical and sensory disability:

To plan and develop a comprehensive continuum of services in partnership with service providers and service users, which will afford people with disabilities in the Western Health Board region the choice to live their lives to their fullest potential in an environment of their choosing, within available resources. Service providers will proactively seek adequate resources to fund evidence-based interventions to meet identified need and ensure that these resources are used to best effect.
FOREWORD…

I am delighted to introduce the Board’s Strategic Plan for Physical and Sensory Disability Services. This Strategy was necessary to ensure that the needs of people with disability would be responded to in an organised and coherent way and that those in need of assistance would be consulted and involved in the planning process. The Western Health Board provides services to people who have a physical or sensory disability with support from the voluntary sector. All providers recognise the need to have user participation in identifying service priorities, as well as the need to have a planning framework for those working with people who have a disability. This strategy examines the needs of people with a disability, what has been achieved in service provision and what we still need to develop. Our consultation process involved voluntary service providers, service users and Health Board staff. The Co-ordinating Committee for Physical and Sensory Disability Services played a key role in developing this Plan and ensuring that it reflects the specific needs of people in our region.

The Plan identifies eight primary pathways of care for groups of clients who have similar needs. This approach is regarded as one which puts the personal needs of clients first, and it should also prove to be a helpful model in determining service priority. We are committed to reviewing this plan regularly and we will monitor our performance to ensure that we meet the needs and expectations we have identified.

I would like to take this opportunity to thank all who have contributed to this Strategic Plan, especially those members of the public, for making their views and feelings known to us. I would like to acknowledge the significant contribution of those voluntary service providers who work so closely with our Board’s staff for their contribution to the Plan, and may I thank our own staff for their commitment to excellence in the services we provide.

I am very pleased to see that the true spirit of partnership is very much alive in our Board, and is reflected in existing service provision and in the manner in which this Strategic Plan has been developed. It is my earnest belief that with the implementation of the recommendations set out in this plan and the active involvement of all our clients and partners, we can help people with disability to live their lives to their fullest potential.

Signed: __________________________
Dr. Sheelah Ryan
Chief Executive Officer

Mission Statement of the Western Health Board

The mission of the Western Health Board is to promote the highest attainable level of health for all persons in its functional area.
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EXECUTIVE SUMMARY

The Joint Strategic Plan offers a structure for future development of services for people with a physical or sensory disability. The plan was developed following a process of consultation with service providers and users.

The need for the plan arose because Health and Personal Social Services for people with disabilities are not sufficiently developed to meet their needs. Priorities must be identified and service provision must be developed based on identified need. The aim is to plan a person-centred service which will safeguard the national investment and ensure that services are provided in a timely manner to service users.

Voluntary organisations have been to the forefront in developing community-based services when Health Board services were underdeveloped or non-existent.

In line with best practice, this Strategy adopts a holistic, person-centred approach to providing services for people with disability. The overriding recommendations in the Plan are; user participation in planning, facilitating choice of service at local level with the necessary supports while offering equality of service provision.

Eight Critical Pathways of Care were developed by sub groups of the Regional Co-ordinating Committee prior to the writing of the Strategic Plan. The Critical Pathway groups were made up of representatives of the Health Board, (including hospital and community services), voluntary service providers and service users. The aim was to devise a blueprint for a Critical Pathway of Care based on a holistic model of service, identify priorities for future services with the overall objective of offering a seamless service based on the social model for disability.

Two Task Forces were also set up. One group examined the Aids and Appliance Services and the other group examined the Personal Assistance Services.

A working group comprising of the chairpersons of the eight critical pathway groups and the Director of Disability Services was then set the task of developing the Strategic Plan. The Plan is a culmination of the work of all of the groups and the task force reports. The Plan takes account of all of the issues raised, the gaps in service, priorities for the future and the recommendations which are collated to form the steps for the implementation of the Plan. The Plan identifies service developments, inter and intra-relationships, linkages and structures required to meet the identified need of people with physical and sensory disabilities in the Western Health Board Region.
The Health Boards are responsible under the Health Acts for the provision of specialised health and personal social services to the community at large. The challenge for the Western Health Board is to meet the rising level of need. Good planning is essential to ensure that resources are used to maximum effect. The Strategic Plan will be the baseline used for prioritising service planning in the future in conjunction with the database on people with physical and sensory disabilities.

The Database
The overall objective of the National Physical and Sensory Disability Database is to provide a picture of the specialised health and personal social service needs of individuals with a physical and sensory disability by monitoring current service provision and future service requirements over a five-year period. The database will provide information on people who have physical and sensory disabilities living in the Western Health Board Region. This information will assist in the planning of appropriate service developments and prioritising service needs. In order to ensure that an accurate dataset of information is available it is important that everyone involved in service delivery fully supports and assists in gathering data from their service users.

A strategy statement was written for each set of recommendations under the headings listed below. The approach taken was to look at the overall long term objective of each recommendation, the medium term goal and a short term target for that recommendation which should be addressed in the near future.

In reviewing the gaps in service provision as identified in the critical pathways and the recommendations that were made, a number of common issues were identified under the following headings:

- Data Collection
- Health Promotion
- Therapeutic Intervention
- Choices for Living Accommodation
- Training, Rehabilitative and Life Skills
- Employment/Work opportunities
- Respite
- Technical Aids/Appliances including Assistive Technology
- Personal Assistance
- Rights and Entitlements
- Finance
- Transport
- Education

A business management section is also included in the plan on general issues related to service delivery and best practice.
The following principles are inherent in all the recommendations that have been outlined in the Plan:

- Health promotion and disease prevention.
- Intervention which is evidence based.
- High quality services accessible to all.
- Cost-effective use of allocated resources.
- Involvement of dedicated staff and the development of each person’s potential.
- Participation of service users in future planning and service design.
- Prioritisation based on need.
- Collection of data to assist planning.

A draft of the Plan was widely circulated across all service providers of the Care Groups—Acute Care, Mental Health, Older People and Disability Services and to other agencies through the Regional Co-ordinating Committee for comment before finalising the plan. This collaborative process has resulted in a comprehensive document which reflects the views of a wide audience. This plan will be used for all future planning for and delivery of disability services.
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PROMOTING THE FIVE VALUES EXPERIENCES
1. **INTRODUCTION**

This Strategic Plan offers a structure for future development of services for people with a physical or sensory disability. It was developed in response to changes in Health Care Sector structures and changes in the Voluntary Sector.

The plan was developed following a process of consultation with service providers and users.

The need for the plan arose because Health and Personal Social Services for people with disabilities are not sufficiently developed to meet their needs. Increased funding has been invested specifically for this client group since 1993. Following the commissioning of the *Report on the Status of People with Disabilities (Strategy for Equality)*, 1996 the focus on this client group has improved resulting in enhanced delivery of services. The publication of *Shaping a Healthier Future*, 1994 and *Towards an Independent Future*, 1996 also influenced the development of services in recent years.

A key tool for strategic planning is accurate, comprehensive data. The lack of such data in relation to people with disabilities, and the services they receive and require, is widely recognised as hampering the development of a comprehensive service responsive to their needs. Priorities must be identified and service provision must be developed based on identified need. The aim is to plan a person-centred service which will safeguard the national investment and ensure that services are provided in a timely manner to service users.

The Western Health Board region comprises Counties Galway, Mayo and Roscommon. The region has a population of 380,057 (2002 Census) which is an increase of 8%. Almost half of the population are under 30 years of age. Galway City has experienced a population increase of 14.9% between 1996 and 2002. Overall the population increase in County Galway is 10.6%, County Mayo is 5.3% and County Roscommon is 3.5%. Service developments have to plan for this population increase.

In developing a strategic plan, account must be taken of the impact of changes in ideology, attitudes and expectations on service delivery and structures. “The pace of change in Irish society and the interplay of economic, social and cultural trends have resulted in a radically different environment for the Voluntary Sector from that of even 25 years ago” - Pauline Faughnan’s Chapter in *Reflections on Health*, Edited by Joseph Robbins (1997).

The Voluntary Sector has become increasingly complex, encompassing a multitude of different types of organisations with varying levels of organisational formality, powered by differing visions and goals, and resourced in human terms by various combinations, including paid staff and volunteers. Despite all the changes that have happened over the years, the Voluntary Sector continues to
be at the core of development of personal health and social services, a role which has been recognised in the National Health Strategy.

Voluntary organisations have been to the forefront in developing community-based services when Health Board services were underdeveloped or non-existent. Structures have now to be built to sustain the Voluntary Sector in partnership with the Health Board.

There has been an overall shift in policy and attitude to service provision in recent times. This can be seen in the policy change summary outlined in the table that follows:

**Table 1:** Policy change summary regarding service provision to people with disability.

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
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<tbody>
<tr>
<td>Medical</td>
<td>Social</td>
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<tr>
<td>Charity</td>
<td>Rights</td>
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<tr>
<td>Expert</td>
<td>Partnership</td>
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<tr>
<td>Disability Focus</td>
<td>Child/Family, Adult Directed</td>
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<tr>
<td>Professional Driven</td>
<td>Consumer Driven</td>
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<tr>
<td>Prescriptive</td>
<td>Collaborative Consultation</td>
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<tr>
<td>Single Agency</td>
<td>Multiple Partnerships</td>
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<tr>
<td>Reactive</td>
<td>Pro-active</td>
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<tr>
<td>Segregated</td>
<td>Mainstream/Inclusive</td>
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<tr>
<td>Group</td>
<td>Individual</td>
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<tr>
<td>Therapy</td>
<td>Whole Life</td>
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<tr>
<td>Discipline Focused</td>
<td>Care Groups</td>
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<tr>
<td>Multi-disciplinary</td>
<td>Inter/Trans-disciplinary</td>
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<tr>
<td>Deficit</td>
<td>Strengths Based</td>
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<tr>
<td>Standards Focused</td>
<td>Outcomes Focused</td>
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</table>

**Terminology**
The term “People with Disabilities” is used in the plan and is intended to cover all people with physical or sensory disabilities unless otherwise specified. The term “services” is used to refer to all specialised health and personal social services, except where specified.
2. **FOCUS ON PHYSICAL AND SENSORY DISABILITY**

2.1 **Definition of Physical and Sensory Disability Care Group**

The physical and sensory disability care group includes anybody with a physical and/or sensory impairment which restricts or prevents performance of everyday activities considered normal for a person of that age, gender, etc. (International Classification of Impairment, Disabilities and Handicap (ICIDH-2).

The term “physical and sensory disability” encompasses both adults and children who have acquired or were born with a condition which has an impact on their lives up to 65 years of age. People then move into the older persons care group as set out in the Health Strategy “*Shaping a Healthier Future*” (1994).

2.2 **Guiding Principles of a person centred approach:**

In line with best practice, this Strategy adopts a holistic, person-centred approach to providing services for people with disability. Inherent in service provision will be a person centred approach, based on the following guiding principles:

- Ensuring the right to dignity and respect.
- Providing for maximum informed choice and independence.
- Optimising the possibility of living within one’s community and family.
- Offering user satisfaction, taking account of personal outcome measurements.
- Facilitating user participation in planning.
- Facilitating choice of service at local level with the necessary supports.
- Improving quality of life based on the individual's perception.
- Offering equality of service provision.
- Maximising the potential of each individual.
- Acknowledging ability to contribute to society.
- Providing a holistic, seamless continuum of service, which takes into account all aspects of the person's life.
2.3 The Implications Of Law And Legislation On Disability Services

Following the publication of the Report of the Commission on the Status of People with Disabilities the State was committed to securing the human rights of people with disabilities. This necessitated putting in place legislation to give practical and effective expression to the rights of people with disabilities. This legislation includes:

Education Act 1998 - provides a statutory basis for education including the education of children with special needs.

National Disability Authority Act 1999 - requires public bodies such as health boards to co-operate with the NDA in achieving its objectives and discharging its functions.

Equal Status Act 2000 - the key statute promoting equality and prohibiting discrimination against people seeking access to services, property or other opportunities on various grounds, including grounds of disability.

The proposed legislation of relevance to the disability sector includes the Mental Health Bill 2000 and the Disabilities Bill (which is under review).

The implications for Health boards of this legislation for the delivery of services to people with disabilities include:

Training: Staff will need to know if the new legislation creates additional legal obligations for Health Boards and agencies, or changes any existing legal duties. In this regard there are substantial changes proposed in the Mental Health Bill 2000. The proposed Disabilities Bill will also be significant. Therefore training staff on contents of new and proposed legislation is an important issue for Health Boards in relation to the delivery of services to people with disabilities.

Ongoing Review of Policies and Procedures: All policies and procedures currently being developed need to be “proofed” against the standards of the new legislation, while mindful of the further proposals for more specific legislation to promote and protect the rights of people with disabilities.

Contact with Voluntary Sector: Many health boards provide services to people with disabilities indirectly through agencies in the voluntary sector, e.g. day care, residential services, etc. It would thus be useful for the Health Board to provide joint training programmes on the legal changes.

By: Teresa Blake, Barrister-At-Law
3. DEVELOPMENT OF THE STRATEGIC PLAN

3.1 Strategic Process - Methodology

This Strategic Plan was developed through a collaborative partnership approach between statutory and voluntary agencies. A broad consultation process has taken place since 1999. Specific sub-groups were set up to make recommendations on development needs. There were eight main client categories chosen as follows:

- Amputation
- Brain Injury
- Developmental Disability
- Hearing Impairment
- Progressive Illness
- Spinal Injury
- Stroke
- Visual Impairment

These groups were chosen as they were felt to represent the broad range of needs of people with disabilities. These eight groups were asked to identify “Critical Pathways” for their service user groups. The critical pathways were developed through strategic planning groups who met and consulted over a twelve-month period before producing their recommendations.

The Critical Pathway groups were made up of representatives of the Health Board, (including hospital and community services), voluntary service providers and service users. Representatives from other government departments including the Department of Education and Science, the Department of Social, Community & Family Affairs, the Department of Enterprise & Employment, Local Government and Local Development Groups were also invited to participate in the groups.

The aim was to:

- Devise a blueprint for a Critical Pathway of Services.
- Develop a holistic model of service with provision along each stage of the pathway based on the social model for disability and offering a seamless service.
- Identify current strengths/weaknesses in the pathway.
- Identify priorities for future services.
Other client groups whose needs have not been addressed in this process will be examined in the future.

A synopsis of the eight critical pathways is given in Section 7.4. The pathways have formed the baseline of the Strategic Plan.

Two task force groups were also set up. One group examined the Aids and Appliance Services and the other group examined the Personal Assistance Services. These services were considered to be the fastest growing services. They have a major impact on a person’s life in enabling independence and access to other key life skills and opportunities. Both task force groups produced reports with recommendations, which have also been included in this Strategic Plan.

3.2 Consultation Process

The views of people with disabilities, carers and service providers were an essential component in developing the critical pathways and task force reports which in turn were converted into the joint Strategic Plan. The consultation process was achieved through workshops, meetings, questionnaires involving service users and providers and discussions at Local Planning Team level and Regional Co-ordinating Committee level. Task Forces and Critical Pathway Groups made major contributions to the various pieces of work undertaken. This consultation process fostered a “bottom up” approach.

The national and regional strategies and reports and new legislation listed in Appendix II have also influenced the development of the strategic plan which are listed in the Bibliography.

To progress the development of the Strategic Plan, a working group was formed comprising of the eight Chairpersons of the critical pathways and chaired by the Director of Disability Services. This working group took on the task of developing the Strategic Plan. A draft of the Plan was widely circulated across all service providers of the Care Groups – acute care, mental health, older people and disability through the Regional Co-ordinating Committee by the Working Group. Comments and views were sought on the draft Plan which were included in the final draft. As a result of the commitment and hard work of the group, a valuable tool has been developed which is a joint Strategic Plan in the truest sense. This plan will be used for all future planning for disability services.

This Plan will be revisited each year so that developments can be monitored and planned for. The long-term benefit will be the systematic development of a person-centred health and social service and the development of an ongoing process of review of services in the light of identified need.
3.3 Focus of the Strategic Plan

The Western Health Board, in partnership with the Voluntary Sector, aims to provide high quality, person centred services based on the carefully assessed needs of each individual with a physical or sensory disability. A recent survey has indicated that there are currently approximately 3,200 people with physical and sensory disabilities in receipt of services in the Western Health Board area. There are a number of people on waiting lists for various services. In some cases, there is a waiting list because services are not yet sufficiently developed to meet demand e.g. residential services. This shortage has resulted in a number of people being inappropriately placed. Vacant posts have also impacted on service delivery; there is also a shortage in allied health professionals. The pilot database developed in Galway has also identified a set of statistics on the number of people who require services. This information will be a very useful tool in planning services when added to the National Database currently under construction.

The Continuum of Personal Health and Social Services

The Western Health Board and a growing number of voluntary organisations offer a wide range of services including:

- Assessment/ Diagnosis,
- Assisted Living,
- Complementary Therapies,
- Counselling and Peer Support,
- Education,
- Information and Support,
- Respite – Day and Residential,
- Rehabilitation,
- Rehabilitative Training,
- Residential Services,
- Sheltered Employment,
- Technical Aids and Appliances,
- Therapeutic Intervention,
- Transport.

In some instances partnership arrangements exist in the delivery of these services. The acceptance of a social model has been the driving force behind the move to a partnership approach to service provision.
A co-ordinated approach is required in order to avoid patchy delivery of services, and duplication. A number of documents have been produced which have influenced the direction of service developments but further work has to be carried out to ensure a full package of care is delivered efficiently, effectively and with a quality, person centred focus. This joint Strategic Plan will set the scene for future service delivery.

3.4 Purpose of the Strategic Plan

The Regional Co-ordinating Committee has highlighted the need for a co-ordinated approach to ensure the provision of an adequate continuum of services for people with physical and sensory disabilities.

This joint Strategic Plan endeavours to set out a sound basis for improving service delivery. The Plan identifies service developments, inter and intra-relationships, linkages and structures required to meet the identified need of people with disabilities in the Western Health Board Region.

The Strategic Plan will be the baseline used for prioritising service planning in the future.
4. SERVICE PLANNING

4.1 Principles of the Planning Process

The Planning Process which has been devised, seeks to include the following principles:

- Regional Representation.
- Bottom-up Approach.
- Collaborative i.e. that all interested parties will be involved with representatives from the WHB, hospital and community personnel, Voluntary Agencies, service users and carers.
- Holistic insofar as the Plan will address a full range of client needs along a critical pathway.

4.2 Planning Process: Setting up the Regional Co-ordinating Committee

The two key structures in the planning process are the Regional Co-ordinating Committee and the Local Planning Teams.

The Irish Government Report (1996) *Towards an Independent Future* identified priority issues to be addressed in respect of service planning for people with physical and sensory disability. One of the recommendations was the establishment of Regional Co-Ordinating Committees for People with Physical and Sensory Disability. The functions of the co-ordinating committee are to advise the Chief Executive Officer on the following:

- The commissioning of an assessment of the needs of people with a disability.
- The formulation and review of a multi-annual plan for the development of services for people with disabilities, which is costed and prioritised.
- Opportunities for co-operation and flexibility among service providers to ensure best utilisation of resources.
- Issues relating to quality and effectiveness of service.
- The effective provision of information to service users.
- Opportunities for inter-sectoral co-operation and the drawing up of protocols in this regard.
- The prioritising of programmes for the allocation of development funds.
- Supporting the development of a comprehensive database in co-operation with the database committee.
4.2.1 Regional Co-ordinating Committee Members

The Regional Co-Ordinating Committee for Physical and Sensory Disability seeks to plan and develop services for the region. It is comprised of representatives from six main physical and sensory disability service provider organisations, namely the National Council of the Blind Ireland (NCBI), National Association of the Deaf (NAD), Cheshire Foundation, Irish Wheelchair Association (IWA), Enable Ireland (formerly CPI), and Rehab Group. It also includes representatives from the Disability Federation of Ireland (DFI) Irish Council of People with Disability (ICPD), the Dept of Education, the WHB, Senior Area Medical Officers and the Director of Disability Services - and is chaired by the Regional Manager, Community Services.

4.2.2. The Local Planning Teams

Local Planning Teams were set up in each county to examine the needs on a county basis and to plan service developments locally. Teams include service users, and service providers from both the statutory and voluntary agencies. In each county, the Local Planning Team is chaired by the Senior Area Medical Officer or Disability Services Manager.

The Terms of Reference of the Local Planning Teams are:

- To identify the needs of people with physical and sensory disabilities.
- To develop detailed action plans of service provision covering a two to three year period in conjunction with other service providers and service users.
- To develop and strengthen the links between statutory and voluntary agencies in the overall provision of services to people with physical and sensory disabilities.
- To increase awareness of the roles and services of different service providers, both voluntary and statutory.
- To make recommendations to the Regional Co-ordinating Committee on gaps in services and to advise on local priorities.

4.2.3 Clinical Teams

Clinical Teams are in operation in Co. Mayo. These are multi-disciplinary teams which examine the needs of particular individuals and plan a programme of care for that person. The membership of the team includes representatives from community services, voluntary agencies offering service and service user and/or carer involved. Clinical Teams are chaired by the Senior Area Medical Officer.

The Terms of Reference of the Clinical Teams are:

- To identify individual client needs.
- To devise a care plan for each client specifying type of service required and extent of service input.
- To update register/database.
- To prioritise client needs according to resources available.
- To make recommendations on emergency cases to the General Managers.
- To collate needs according to client group and report these needs to the local planning team.
- To conduct needs assessment on specific client groups from time to time e.g.: Cheshire Home residents, People inappropriately placed in Acute Hospitals, etc.

The clinical teams have not been fully operational in the region, apart from Co. Mayo.

4.3 Decision-Making Process

In December of each year, the government announces the budget allocated for the development of services for people with physical and sensory disability. In the Western Health Board Region submissions for service developments are made to the county planning team in each county by service providers within the Health Board and by voluntary organisations. This planning team prioritises developments within their county. The recommendations from the planning teams are sent to the Regional Co-ordinating Committee. The submissions are reviewed in the context of the region and available resources. Recommendations for allocations are then made by the Regional Co-ordinating Committee to the Chief Executive Officer of the WHB.

4.4 Problems with the Decision Making Process

The current level of funding is only able to meet some of the most urgent needs. Specific challenges for the Western Health Board were identified in a report on Services for People with Physical and Sensory Disabilities in 1998. These included improvement of planning and service delivery, which would include the development of additional respite, residential and day care facilities, expansion of personal assistance services and provision of additional specialist services including the recruitment of additional therapists. In the absence of a Strategic Plan it was difficult to respond to the varying demands for service delivery in an efficient and equitable manner.

4.5 Recommendations to Improve the Planning Process

Inherent in best practice and in keeping with accountability legislation, priorities must be established based on identified need and procedures adopted which ensure that service delivery is equitable, appropriate, timely and cost effective. Recommendations for improvements are:

- Future planning needs to be more co-ordinated across programmes within the Board and between agencies and must involve consultation with service users.
• A move towards more localised decision-making based on agreed prioritisation of needs, so that new development funding would be put to maximum use and to greater effect.
• Development of standardised policies and procedures across the Western Health Board region in both the voluntary and statutory sector.
• The completion of service agreements between the board and service providers.
• Prioritisation of service developments to be based on availability of accurate and relevant data through the Physical and Sensory Disability Database.
• To act on the commitment to equality. This can be realised through the development of codes of practise, and protocols and procedures.
• The Clinical Team in operation in County Mayo has proven successful in developing person-centred services and individual packages of care. This practise should be evaluated and replicated for the various pathways of care across the region.
5. **STRUCTURES:**

5.1 **Inter-relationship between Voluntary and Statutory Sectors**

Services have developed in recent years and support structures have evolved as a result of these developments in accordance with recommendations in *Shaping a Healthier Future*. This has led to lack of clarity in relation to how these structures operate, and the inter-relationship between service providers and agencies in both the voluntary and statutory sector. The main players in this arena are as follows:

**Regional Level:**
- Regional Manager (Western Health Board)
- Regional Co-Ordinating Committee (Western Health Board, Voluntary Organisations and Service Users)
- Director Disabilities Services (Western Health Board)
- Database Administrator (Western Health Board)

**County Level:**
- General Manager (Western Health Board)
- Disability Manager (Western Health Board)
- Local Planning Team (Western Health Board, Voluntary Organisations and Service Users)
- Clinical Team (All Service Providers)
- Service Providers (Western Health Board and Voluntary Organisations)

**Partnership:**
- Statutory and Voluntary Sector
- Service Provider and Service User

The Organisational Chart on page 17 shows how the structures and the various components within service planning and delivery interrelate.
5.2 Partnership

The Health Strategy, *Shaping a Healthier Future* (1994) acknowledged the integral role that the non-statutory sector plays in the provision of health and social services in Ireland. It recognised that the non-statutory sector organisations have been to the forefront in identifying needs in the community and in developing responses to them.

The Health Boards are responsible under the Health Acts for the provision of specialised health and personal social services to the community at large. The Health Board’s responsibility in respect of many services to those with physical, sensory or learning disability is fulfilled by the provision of services directly by the Board and also, to a very significant extent, by the funding of non-statutory organisations to provide such services on behalf of the Boards.

The Health Services have a statutory responsibility to account for funds allocated by the Oireachtas in respect of the various services, including those provided on its behalf by non-statutory organisations. Through an open relationship between the Health Board and the non-statutory organisations, the Health Board is able to account to the Minister, Department of Health and Children and the Oireachtas for the services being provided in our region. The Board, for its part, will require a high level of accountability from all service agencies, statutory and non-statutory.

In addition, the Health (Amendment) (No.3) Act, 1996 provided statutory recognition of the importance of Health Board co-operation with the non-statutory bodies active in the field of health and personal social services.

5.2.1 The Importance of Partnership

Partnership can be defined as an equal relationship based on best practice and consultation with service users. The aim is to achieve mutually agreed objectives to ensure quality, responsiveness to client needs at all times and continuity of service. Partnership involves inclusive participation, decision by consensus and uniform responsibility, procedures, accountability, and evaluation applicable to all.
5.2.2 Formal Mechanisms for Partnership

Partnership recognises the role of each of the partners and puts in place structures to support the planning and development of services. It identifies the needs that must be addressed and monitors progress in meeting these needs.

The following principles of Partnership apply to both the Board and the Partner:

- Both sectors will value openness, accountability and transparency in their relationship.
- There is a joint commitment to fostering co-operation and co-ordination between the Board and the Partner Organisation.
- There is a commitment to carrying out regular monitoring and evaluation.
- Both sectors will share information relevant to the pursuit of shared objectives.
- The Board recognises that Non-statutory Organisations need as much security as possible with respect to funding levels, both for organisational stability and service continuity.
- The Board acknowledges the right of the Non-statutory Organisation to organise and represent itself.
- The Non-statutory Organisation will maintain its ethos as a sector distinct from the Board, albeit acknowledging that it is providing a role in supplying services on behalf of the Board.
- The Board commits to respecting the operational autonomy and diversity of the Non-statutory Agency and acknowledges its role as a legitimate partner.
- The Non-statutory Organisation is accountable for resources received from the Board.
- The Non-statutory Organisation recognises that the Board as a statutory body has legal responsibilities in delivering services.
- The Non-statutory Organisation recognises the requirement of the Board to prioritise service development in accordance with its strategic goals.
5.2.3 Recommendation

In order to implement these principles, an operational framework for service agreement has been developed for partners delivering services to those with physical and sensory disabilities. Learning disability services already had a framework as set out in *Enhancing the Partnership incorporating Widening the Partnership*. This model has been adapted for the physical and sensory disability sector.
Table 3: Western Health Board Regional Organisational Chart

Voluntary and Statutory Agencies are involved at both the Strategic and Operational Levels of Service Delivery
6. DATA COLLECTION

The issue of the lack of data on disability has been widely covered in all documents and reports published over the past 20 years.

Comprehensive data collection is a key tool for strategic planning. Databases must be used in conjunction with focus groups and service user audits in order to be able to determine fully service need. The views of people with disabilities, carers, families and service providers must be taken into account.

6.1 National Physical and Sensory Disability Database (NPSDD)

In response to the need for a comprehensive set of data for planning purposes, a National Review Group was set up in December 1998 to develop the National Physical and Sensory Disability Database (NPSDD).

It was recognised that there was a need for a database on physical and sensory disabilities for the purposes of providing figures and statistics on disabilities. This would allow the Department, the Health Boards and the voluntary agencies to plan services and also to clearly identify and have concrete documentary evidence for additional funding.

‘It is only following the establishment of this database, or at least a detailed review of health service needs that service needs can be definitively addressed’, (Towards an Independent Future)

The physical and sensory disability database provides information on people who have physical disabilities living in the Western Region. The information is held on a computer.

Information included on the Master List cannot and will not be used by the Health Board or any other agency for any purpose other than that stated.

6.2 Objectives of NPSDD

The overall objective of the National Physical and Sensory Disability Database is to provide a picture of the specialised health and personal social service needs of individuals with a physical and sensory disability by monitoring current service provision and future service requirements over a five-year period. Individuals who currently receive services and/or require services within a five-year period will be included on the database.

The aims of the database are to assist in:
  − Planning appropriate service developments.
  − Prioritising service needs.
  − Allocating resources at national, regional and local level.
  − Research.
6.3 Galway Pilot Implementation

Galway was one of four pilot areas chosen for implementing the database. Phase 1 of work on the database involved collecting accurate data on all service users to populate the database.

Phase 1 of Database implementation was vitally important to ensure that accurate and standardised data would be collected in the national dataset, and that the final recommendations of the National Physical and Sensory Disability Database Development Committee (NPSDDDC) are capable of being implemented throughout the country in an integrated and structured manner. Full national implementation, which will include data from Mayo and Roscommon, is now taking place.

There were 3000 people registered on the Master List for the Galway pilot. This was reduced to 1380 after screening against registration criteria and removal of duplicates. Seventy per cent of the target was achieved. Collection of data is ongoing. National implementation of the database commenced in 2002.

Table 2: Sample of statistics gathered, May 2001. This reflects 70% of dataset at that time.

Data such as this will greatly assist in future planning of services in the Western Health Board Region when full implementation of the Physical and Sensory Disability Database is achieved. The value of this information has to be recognised. It will encourage everyone involved in service delivery to fully support and assist in gathering data from their service users.
7. SERVICE PROVISION

One of the ways of ensuring balance of provision is through the development of a local continuum of service. This concept is a crucial one for people with disabilities and their families. To work effectively, it requires:

− Local availability of the core services which people with disabilities need.
− Ongoing mechanisms for consultation with people with disabilities about the content of the “core” and a commitment (legal or strongly formal) to include the core services in the local continuum.
− Maximum information about availability of the core services.
− Ease of transition from one service to another, even where these are run by different agencies or departments, requiring flexibility of admission systems and ease of movement into and out of services.
− Flexible transport systems.
− Speedy, simple systems for determining eligibility.
− A system of ongoing regular review of the individual’s needs.
− A support process to enable the individual to negotiate transitions.
− Engagement with other local departments and service providers to help create a more inclusive set of community services.

7.1 Health Promotion

Health promotion is a key component in service delivery. Health promotion may be defined as any combination of health education and related organisational, political and economic intervention designed to facilitate behavioural and environmental changes conducive to improved health. It is a process by which individuals increase control of their own health and become co-participants in the decision-making process that affects their lives. It is a positive concept, implying more than the absence of disease or illness. Health is viewed as a resource for living and takes account of the many environmental factors outside an individual’s control that may have an impact on her/his own life. Health promotion strategies need to work at two levels simultaneously:

− Exerting direct control over the environment.
− Enabling and reinforcing individuals and groups to take greater control over the factors which influence their health.
Table 4: Health Promotion Categories

<table>
<thead>
<tr>
<th>Primary Measures</th>
<th>Secondary Measures</th>
<th>Tertiary Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifestyle Changes in</td>
<td>Screening</td>
<td>Therapy and Appropriate Intervention</td>
</tr>
<tr>
<td>− Smoking</td>
<td>Early Diagnosis</td>
<td>Rehabilitation</td>
</tr>
<tr>
<td>− Exercise, Diet</td>
<td>Antenatal Care</td>
<td>Improved Quality of Life</td>
</tr>
<tr>
<td>− Drug/Alcohol Abuse</td>
<td>Postnatal care</td>
<td>Disability Awareness</td>
</tr>
<tr>
<td>Accident Prevention</td>
<td></td>
<td>Information</td>
</tr>
<tr>
<td>− Speeding/Road Safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>− Suicide Prevention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specific Preventative Measures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>− Folic Acid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>− Immunisation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>− Genetic Counselling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe and Healthier Environments</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7.2 SERVICE DELIVERY

An overview of the services offered by both the Voluntary Sector and the Health Board for both adults and children are defined under specialised health and personal social services as follows:

Specialised Health & Personal Social Services:
- Assessment and Diagnostic Services
- Assisted Living Services
- Complementary Therapies
- Counselling and Peer Support
- Education
- Health Promotion
- Information and Support
- Respite – Day and Residential
- Rehabilitation
- Rehabilitative Training
- Residential Services
- Sheltered Employment
- Technical Aids and Appliances
- Therapeutic Intervention
- Transport
7.3 Current Service Provision in the Western Health Board Region

There has been an increase in the volume and extent of services provided for people with disability in the WHB region. A range of services is offered which have been developed with improved funding for the Disability Sector. A questionnaire was circulated to all service providers in October 2001 in order to ascertain the current level of service provision in Galway, Mayo and Roscommon. This task proved difficult in the absence of an appropriate database which can link individuals to services and interventions which they receive. The survey highlighted the need to develop an appropriate database encompassing all levels of service provision which can be cross referenced to the National Physical & Sensory Disability Database. While the survey tracks the level of services offered within each organisation the numbers of people accessing services appears incorrect as some individuals may be accessing services from two or more agencies. The plan is to develop a comprehensive database which will be linked to the National Physical & Sensory Disability Database.

7.4 Identification of Need – Synopsis of Eight Critical Pathways

The eight critical pathways produced a number of recommendations. These formed the basis of the Strategic Plan. The eight critical pathways were important pieces of work and the documents should be read in full. They are available from the Disability Services Department, Merlin Park Regional Hospital, Galway. The following is a synopsis of each pathway. It gives an insight into the depth of the pathway documents.
## 7.4 Synopsis of Critical Pathways

<table>
<thead>
<tr>
<th>Name of Pathway</th>
<th>Physical Developmental Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition of Client Group</td>
<td>Children with acquired disability or progressive disability in early life and their families, and adults with developmental disability</td>
</tr>
<tr>
<td>Format of Strategy – Report Layout</td>
<td>The report explores the gaps in service in the WHB area for people with developmental disability and identifies consequent priority recommendations for service development. Initially the report was to be laid out chronologically from birth to old age, but it was agreed to reorganise it by priority areas.</td>
</tr>
</tbody>
</table>

**A brief overview of service provision including range of services offered, Voluntary/Health Board input, the various programmes involved, i.e. Acute Care, Community Services, etc.**

- Broad ranges of services are provided across Government Departments including Health and Children, Education and Science, Social, Community and Family Affairs, Enterprise and Employment, Environment and Local Government.
- A range of intervention and support services are provided within the Department of Health and Children remit in both acute, but principally community settings by both Voluntary and Statutory service providers and a broad range of support and information groups.

**Key Issues**

- The need for improved
  - Access to and provision of services.
  - Development of best practice models of service.
  - Co-ordination of services.

**The major gaps in service provision along the critical pathway**

- Lack of access to the built environment and transport as an equal member of society.
- Lack of adequate provision of a range of Assistant Support Services to support children and adults.
- Lack of Local Assistive Technology provision, assessment, training, support and technical assistance.
- Lack of adequate therapy provision across all disciplines and development of model of service
- Sensory integration services are hugely underdeveloped.
- Lack of provision of choice for holidays and Respite Care.
- Screening must be further developed in hospitals, in the community.
- Lack of disability awareness. Lack of information
<table>
<thead>
<tr>
<th><strong>The key areas to be addressed in the Strategic Plan that will have the greatest impact on the clients.</strong></th>
<th><strong>Access and Personal Assistance</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Need to address attitudes to ensure family centred service at crucial points, especially at diagnosis.</td>
</tr>
<tr>
<td></td>
<td>- Lack of choice in education and training. Lack of employment options with appropriate supports.</td>
</tr>
<tr>
<td></td>
<td>- Provide an adequate personal assistant service to enable individuals with significant disability to avail of support appropriate to their needs, so that they can live full and independent lives.</td>
</tr>
<tr>
<td></td>
<td>- Provide access for people with disability to all Health Board and education premises and to all environments for all people with disabilities.</td>
</tr>
<tr>
<td></td>
<td>- Provide adequate accessible public transport.</td>
</tr>
<tr>
<td></td>
<td>- Provide choices and options for independent living including transitional accommodation for young adults.</td>
</tr>
<tr>
<td><strong>Assistive Technology</strong></td>
<td>- Significantly improve the level of provision and the range of equipment, to children and adults.</td>
</tr>
<tr>
<td></td>
<td>- Address current gaps in Assessment, Support, Training, Information and Technical Expertise to provide a comprehensive local and regional assistive technology service throughout the region.</td>
</tr>
<tr>
<td><strong>Therapeutic Intervention Teams</strong></td>
<td>- Establish a working group to review the Health Board therapeutic structure between department organisation, review group, geographically based and core group organised services, to encourage an interdisciplinary/transdisciplinary model of practice.</td>
</tr>
<tr>
<td></td>
<td>- Ensure all teams are developmentally dedicated (early intervention 0-3, 3-6, 6-12, 12-18 and adults) and have full membership, with all disciplines represented with specialities developed.</td>
</tr>
<tr>
<td></td>
<td>- Provide therapy in a manner appropriate to the age of the person with disability. It was acknowledged that a transdisciplinary approach is more appropriate to children, whereas a multi-disciplinary approach may be appropriate to adults.</td>
</tr>
<tr>
<td></td>
<td>- Adopt a child and family orientated collaborative partnership model of therapy with a focus on outcomes. Explore provision of transdisciplinary and interdisciplinary therapy teams based on a...</td>
</tr>
</tbody>
</table>
Social model of care. A key aspect of such a service is that visits take place in the environ or natural environment of the service user.
- Establish and identify gaps in specific services for children with developmental co-ordination and sensory motor difficulties. Ensure specific funding support and direct intervention.

Co-ordination
- Develop interagency co-operation further. Develop interaction between hospital and community teams, including joint training and co-operation with Health Board and Voluntary Agencies. Facilitate smooth transfer from hospital to community.
- Appoint key link staff to enable contact with other services and agencies.

Informing
- Develop a written protocol based on research and best practice on how to sensitively inform families of their child’s suspected or confirmed diagnosis.

Respite
- Develop a wide range of respite provision from which various options can be chosen to meet individual needs; ensure that the various respite options are guaranteed and planned, taking account of the different needs of adults and children.

Screening Community
- Further develop a comprehensive Community Screening Programme for early identification of disability including inter/transdisciplinary assessment within community services.
- Ensure screening for prevention of disabilities includes monitoring and follow-up of low birth weight children or those developmentally at risk, and children with breathing difficulties or other problems at birth although no difficulty may be apparent. e.g. MORE Programme

Dublin Referred Services
- Provide for the support needs when a response to diagnosis includes provision of services in Dublin. Consider the development of a local specialised service Spina Bifida Clinic in the WHB Region with input from Dublin consultants.

Disability Awareness
- Promote abilities of people with disability. Promote a positive image of disability. Promote
| **Pre-school** | awareness of disability and benefits of diversity. Explore “no fault” settlements. |
| - | Promote the importance of healthy living in Positive Health Promotion. |
| **School** | Ensure access to a wide range of pre-school options, and facilitate access to mainstream schooling including local pre-schools, playgroups, accredited pre-schools assessment and intervention pre-schools. For some children this will involve combining educational and therapeutic inputs, and development of split placements between specialist pre-school and local pre-school. Develop local Parent and Toddler groups. |
| - | Ensure that children with disability have a right to be educated in the local school best suited to their needs, including access to mainstream class. |
| - | Ensure the Visiting Teacher service is made available for children with physical disability. |
| - | Ensure availability of a Schools Intervention Team (for ages 6-12 and 12-18). Establish a more flexible system regarding exam procedures. |
| - | Address needs of children who require Personal Assistant support in addition to a classroom assistant. |
| - | Adopt an Interagency approach to development of the classroom assistant role. |
| - | Address the issue of how best to approach the medical needs of children with disability in the school environment e.g. suction, nasal gastric feeding etc. |
| - | Increase the special equipment, furniture and assistive technology grants. |
| - | Provide a suitable transport service. Improve access in all schools including access to classrooms and toilets to meet minimum accessible standard. This is urgently required. |
| **Homework Support Service** | This is a new service required to assist children with homework to allow the child time for appropriate recreational activities and to free parents from the additional demands of assisting with homework. There is a need to address the issue of equity and support in the context of preventing disadvantage. |
Teacher Training
- Explore ways to support teachers to adopt flexible approaches to the curriculum. Advise the Visiting Teacher to support this approach.
- Provide teacher training for resource/remedial teaching at post-primary level.

Curriculum
- Ensure that personal development is part of school programme.
- Examine how to address the needs of children who may require special classes and a suitable curriculum.

Training Gaps
- Identify the number of people not currently availing of a service and assess both their training and support needs. This is a priority.
- Examine the whole life needs of trainees. Take account of the wider benefits of training i.e. social, community and health gains.
- Provide a broader, more flexible approach to training.
- Provide a wide range of training support to ensure the trainee receives the maximum benefits of any training programme.

Employment
- Acknowledge and plan to remedy the high numbers of people with disability who are unemployed and therefore trapped in a cycle of poverty. Explore and expand employment options including Employer Based Training and supported employment options, and employment support options.
- Acknowledge the potential ability and contribution of people with disabilities.
- Lobby for fulfilment of the 3% quota of employment places for people with disability.

Finance & Benefits
- Ensure adequate financial provision and develop a more user centred and user friendly service.
- Review the Housing Adaptations and Repair Grant system.
- Provide financial assistance to families to purchase service in different ways.

Research and Evaluation
- Develop university links, establish an Institute of Disability.
- Establish a system of information that gathers and disseminates information on (1) Prevalence, (2) Prevention and (3) Impact of disability.
<table>
<thead>
<tr>
<th>Area</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Areas that have not been covered in the pathway which also have an impact on service provision</td>
<td>A key area discussed but not listed above is the urgent need to develop interagency and interdepartmental protocol and agreements.</td>
</tr>
</tbody>
</table>

Research and explore models of best practice interventions, protocols and outcomes.
<table>
<thead>
<tr>
<th>Name of Pathway</th>
<th>Amputation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition of Client Group</strong></td>
<td>Those who have undergone an amputation (we did not use any specific classifications such as those used by the ICD).</td>
</tr>
</tbody>
</table>
| **A brief overview of service provision including range of services offered, Voluntary/Health Board input, the various programmes involved i.e. Acute Care, Community Services, etc.** | **Range of services:**  
Vascular Surgery and Support Medical Staff,  
Nursing,  
Physiotherapy,  
Nutritionists,  
*Occupational Therapy,  
*Social Worker,  
*Counsellor,  
*Patient Support Group,  
Limb Fitting,  
Public Health Nurse,  
Home Help.  

*Indicates Services not yet in place.  

All of the above services are or should be provided by the Health Board with the exception of the Patient Support Group.  
The range of services fall within Acute Services and Community Care and the National Rehabilitation Hospital. |
| **The major gaps in service provision along the critical pathway** | Health Promotion  
Early recognition of potential problems and early involvement of support staff.  
Vascular clinics in peripheral hospitals.  
Dedicated vascular ward, with provision of all necessary team members.  
A multi-disciplinary team approach.  
Funding and support for continuing education of staff.  
Limb fitting services on site at UCHG.  
Early referral to and liaison with community staff.  
Regional rehabilitation centre and an increase in the number of key staff in community services.  
Improved co-ordination of the service. |
| **Areas that have not been covered in the pathway which also have an effect on service provision** | Legislation |
| The key areas to be addressed in the strategic plan that will have the greatest impact on the clients | 1. Development of rehabilitation services within all acute hospital settings.  
2. Development of a regional rehabilitation centre for the Western Region.  
<table>
<thead>
<tr>
<th>Name of Pathway</th>
<th>Progressive Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition of Client Group</strong></td>
<td>People with progressive neurological conditions: Parkinson’s, Multiple Sclerosis, Motor Neurone, Friedrich’s Ataxia and Muscular Dystrophy</td>
</tr>
<tr>
<td><strong>The reasons for setting out the pathway in the format presented</strong></td>
<td>The progressive illness pathway was set out in the following format in order to identify the needs of individuals before they require services to no longer needing a service for whatever reason. The pathway looked at the following steps: pre diagnostic, diagnostic, minimal impairment, moderate disability and significant disability. The rationale for this is that people with progressive illness are not a homogenous group and they have various needs at times that are dictated by the progressive nature of their condition.</td>
</tr>
<tr>
<td><strong>A brief overview of service provision including range of services offered, Voluntary/Health Board input, the various programmes involved i.e. Acute Care, Community Services, etc.</strong></td>
<td>A range of interventions and support services are provided by the Health Board and the Voluntary Sector. The Health Board’s main responsibility is in the provision of both acute care and community services. The Voluntary Sector are the providers of a broad range of support and information services.</td>
</tr>
</tbody>
</table>
| **The major gaps in service provision along the critical pathway:** | - Lack of awareness of local information and media sources.  
- Lack of shared information.  
- Lack of access to relevant mailing lists.  
- Limited time/co-ordination for in-service training or ongoing education.  
- Low staff numbers and lack of specialisation restricting availability of personnel to attend relevant training.  
- Lack of training in the use of equipment.  
- Lack of a comprehensive Hospital and community liaison process in relation to services provided.  
- Lack of adult counselling service and genetic counselling.  
- Little or no access to age and need appropriate respite.  
- Restricted access to Home Help service.  
- Lack of Home support and personal assistance.  
- Lack of Palliative care. |
- No comprehensive statistics.
- Lack of continuous research both Medical and Social to inform decision-making and service planning.
- Limited access to full range of therapy services.
- Limited access to social workers.
- Lack of specialist nursing posts.
- No dedicated family support co-ordinator.
- No neurological multidisciplinary outreach clinics in Galway, Roscommon and Mayo.
- Limited access to the social environment.
- Limited community case based staff for seamless service - geographic inequality.
- Abuses of designated parking spaces.
- Inadequate enforcement officers and proper penalties.
- Inequity in the entitlements based on Medical card/non-medical card eligibility for services and appliances.
- No consultant led multidisciplinary team.
- Lack of Accessible transport.
- Agreed standard of care for residential settings should be regulated.
- Adequate support for people who wish to remain at home.
- Lack of appropriate range of residential facilities.

### Areas that have not been covered in the pathway which also have an effect on service provision

- Legislation, Recreation, Training and retraining due to the nature of the progressive condition, Insurance implications.

### The key areas to be addressed in the strategic plan that will have the greatest impact on the clients

- Development of specialist posts in progressive illness
  - Appointment of a progressive illness co-ordinator.
  - Regional assessment clinic attached to a regional rehabilitation centre with appropriate multidisciplinary staff.
  - Home help and in home services should be a statutory entitlement.
  - Age/need appropriate facility for long-stay residential and respite. There is a crisis regarding appropriate placement for young adults.
  - Outreach services for the WHB to include multidisciplinary teams with easy access to appropriate aids and appliances
  - Translating the ‘free bus pass’ into a voucher for accessible taxis.
  - Medical cards to be available as a matter of course. If means testing is to take place it should be done on the applicant alone.
  - Additional consultant neurologist to make a complement of three.
  - That the guidelines for delivering a diagnosis be implemented.
<table>
<thead>
<tr>
<th>Name of Pathway</th>
<th>Spinal Cord Injury. (SCI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition of Client Group</td>
<td>All clients who have a physical or sensory disability following injury to the spine. This may have resulted from accidental trauma to the spine or may be due to the progression of a medical condition, which resulted in a fracture or pressure on the spinal cord. Damage to the spine may or may not involve neurological deficit. The change in lifestyle for the injured person may range from inability to enjoy normal painless activity to loss of independent mobility.</td>
</tr>
<tr>
<td>The reasons for setting out the pathway in the format presented</td>
<td>The format used was that of a SWOT analysis and graphic so as to illustrate and examine at each step the range of services needed to facilitate a full range of life experience from childhood right through to old age.</td>
</tr>
</tbody>
</table>
| A brief overview of service provision including range of services offered, Voluntary/Health Board input, the various programmes involved i.e. Acute Care, Community Services, etc. | − Trained ambulance personnel at site of injury.  
− Surgery for traumatic SCI at Merlin Park WHB.  
− National Rehabilitation Hospital range of services.  
− Independent Living Apartments managed by IWA.  
− Seating Clinic Service.  
− Physical and Sensory Regional Co-ordinator WHB.  
− Personal Assistance Services. N.G.O.’s  
− Home Help and PHN’s, WHB  
− Some training facilities WHB plus N.G.O.’s |
| The major gaps in service provision along the pathway | − No database of SCI.  
− No proper management of spinal disease e.g. osteoporosis; people must go to Dublin for MRI scan.  
− Too many patient transfers for treatments.  
− No regionally agreed protocols for management of patient from time of injury.  
− Too few Rehabilitation Medicine Specialists.  
− No regional comprehensive Rehab Service – people must go to NRH.  
− Poor linkages between services.  
− Poorly resourced and co-ordinated community services.  
− No half-way houses or step-down facilities.  
− Poor attitude in broader public services. |
<table>
<thead>
<tr>
<th>The key areas to be addressed in the strategic plan that will have the greatest impact on the clients:</th>
<th>Prevention, Education, Environmental safety. Site of Injury, Training, Equipment, and transport.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute services including A&amp;E.</td>
<td>– Trauma director/co-ordinator, – Multi-disciplinary team – Early linkages to Community Services</td>
</tr>
<tr>
<td>Rehabilitation, Counselling, Transition to Home environment,</td>
<td>– Independent Living experience centres, – Community care and health facilities.</td>
</tr>
<tr>
<td><strong>Name of Pathway</strong></td>
<td><strong>Visual Impairment</strong></td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td><strong>Definition of Client Group</strong></td>
<td>Individuals who are blind or partially sighted.</td>
</tr>
<tr>
<td><strong>The reasons for setting out the pathway in the format presented:</strong></td>
<td>To provide an overview of the nature and extent of the many services required by individuals with impaired vision.</td>
</tr>
</tbody>
</table>
| **A brief overview of service provision including range of services offered, Voluntary/Health Board input, the various programmes involved i.e. Acute Care, Community Services, etc.** | **NCBI Services:**  
- Rehabilitation  
- Parent Groups  
- Mobility Training  
- Physiotherapy  
- Library Services  
- Talking Newspaper  
- Braille  
- Daily Living Skills  
- Public Awareness  
- Technology  
- Aids and Appliances  
- Awareness Training and Social Activities.  
**Other Services**  
- Personal Assistant Services - Centres for Independent Living, IWA, Enable Ireland,  
- Respite Services – Grants from the Health Board, IWA (Cuisle) and other voluntary agencies.  
- Services provided by the Western Health Board: O.T. Physiotherapy, Speech and Language Therapy, P.H.N., Home Help, and Ophthalmology, etc.  
- Vocation Assessment, Rehabilitative Training and Employment Support Services: - WHB, FAS and NTDI. |
| **The major gaps in service provision along the critical pathway:** | The following gaps in services need to be addressed.  
- A full inter-disciplinary team specialising in visual impairment in the Western Health Board.  
- Resource Centres in the Western Health Board in order to offer a full Rehabilitation Service.  
- Awareness Training Programmes for professional and non-professional staff.  
- Community Support Structures.  
- Counselling and Support.  
- Low Vision Services i.e. Clinics for prescriptions of magnification aids, follow up training re: aids and review appointments. |
- Regular eye testing.
- Mobility / Rehabilitation Workers.
- Community Resource Workers.
- Disability Awareness Training for Employers and Technological Adaptations to the workplace.
- Training Programmes for Staff.
- More equipment including assistive technology for home and schools.
- Library Services.
- Research.
- Access.
- Transport.
- Personal Support services.
- Planned Respite Breaks.

### Areas that have not been covered in the pathway which also have an effect on service provision:

- Legislation – Disability Bill
- Equal Status Act 2000
- Role of the Equality Authority

### The key areas to be addressed in the strategic plan that will have the greatest impact on the clients:

- Establish an inter-disciplinary team in the Western Health Board. This interdisciplinary team is the key to the critical pathway for visually impaired people to provide a seamless service.
- Develop a Resource Centre to deliver services.
- Improve communication between the disciplines i.e. Ophth’s, NCBI Community Resource Workers, O.T., Visiting Teachers, PHN’s etc.

**Provide:**

- NCBI Community Resource Workers on eye wards in Hospitals.
- Employment of NCBI Rehabilitation Workers and Community Resource Workers.
- Low Vision Services.
- Prevention methods e.g. Eye testing.
- Information.
- Awareness Training.
- Increased funding for Respite Services.
- Increased Dept. of Health funding for Aids and Appliances.
- Counselling and Support Services.
<table>
<thead>
<tr>
<th>Name of Pathway</th>
<th>People with Stroke</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition of Client Group</strong></td>
<td>People who have had a stroke of any age in the WHB area.</td>
</tr>
<tr>
<td><strong>The reasons for setting out the pathway in the format presented:</strong></td>
<td>Stroke is the 3rd most common cause of death in most western populations. It is the highest single cause of severe disability for people living in their own home. The strategy for this group is aimed at prevention and health promotion. It also aims to address the gaps in service and recommend a model of service from the immediate onset of Stroke.</td>
</tr>
<tr>
<td><strong>A brief overview of service provision including range of services offered, Voluntary/Health Board input, the various programmes involved i.e. Acute Care, Community Services, etc.</strong></td>
<td>A range of interventions and support services are provided by the Health Board and the Voluntary Sector. The Health Board’s main responsibility is in the provision of both acute care and community services:&lt;br&gt;− Primary Services: GP, PHN.&lt;br&gt;− Hospital Services: Casualty – Triage Nurse; CT Scan; General Medical Ward.&lt;br&gt;− Discharge Home and Continuing Care.&lt;br&gt;− Community Services/Voluntary Services: OT; Physio; PHN; Home Help.&lt;br&gt;− Assisted Living Service.&lt;br&gt;− Driving Instruction.&lt;br&gt;− Day Activity.&lt;br&gt;− Respite.&lt;br&gt;− Peer Counselling. While the above services are available, they are limited and vary as to what is available from one area to another.</td>
</tr>
<tr>
<td><strong>The major gaps in service provision along the critical pathway:</strong></td>
<td>− No Health Promotion specifically relating to raising awareness of Stroke.&lt;br&gt;- No screening currently in GMS contract.&lt;br&gt;- Anticoagulation only available in Hospitals.&lt;br&gt;- Admission to General Ward in Hospital not specific to stroke.&lt;br&gt;- Lack of information to clients.&lt;br&gt;- Dysphagia assessment not available in WHB.&lt;br&gt;- Inadequate numbers of Allied Health Professionals in Hospitals &amp; Community.&lt;br&gt;- Lack of Rehabilitation facilities in the WHB.&lt;br&gt;- No early planning for discharge.&lt;br&gt;- Less than ideal appliances sometimes provided due to inadequate funding.&lt;br&gt;- Inadequate funding for assisted living at home.&lt;br&gt;- Financial implications for people.&lt;br&gt;- Inadequate public transport.</td>
</tr>
<tr>
<td>Areas that have not been covered in the pathway which also have an effect on service provision:</td>
<td>Suitable housing – adaptation, other choices for Living.</td>
</tr>
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</tr>
</tbody>
</table>
| The key areas to be addressed in the strategic plan that will have the greatest impact on the clients: | - Establish a health education programme specific to stroke.  
- Establish risk assessment & preventative programme at primary care.  
- Establish Triage System for all casualty departments in WHB.  
- Ensure specific acute stroke unit/ward available in WHB Hospitals.  
- Ensure CT scans available at all Hospitals in WHB.  
- Establish multidisciplinary teams in both Hospitals & Community.  
- Establish of rehabilitation unit.  
- Increase early planning for discharge.  
- Increase funding to address the following:  
  - Provision of aids & appliances.  
  - Provision of assisted living packages to meet individual needs fully.  
  - Improved Welfare to address financial circumstances.  
  - Improved availability of counselling services.  
  - Increased number of respite places.  
  - Increased number of day activity places. |
<table>
<thead>
<tr>
<th>Name of Pathway</th>
<th>People with Brain Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition of client Group</td>
<td>Acquired Brain Injury. The majority of these are as a result of traumatic brain injury. Other causes include infectious diseases, noxious substances, metabolic disorders etc.</td>
</tr>
<tr>
<td>The reasons for setting out the pathway in the format presented</td>
<td>To provide a synopsis of the nature and extent of the services provided currently and to highlight gaps in service provision.</td>
</tr>
<tr>
<td>A brief overview of service provision including range of services offered, Voluntary/Health Board input, the various programmes involved i.e. Acute Care, Community Services, etc.</td>
<td>Within the region, acute mainstream services only are available, with limited therapy services (mainly physiotherapy and occupational therapy) in the community. Community nursing and home help are also available in some cases. Mild/moderate cases of brain injury may be accommodated in rehabilitation workshops depending on their level of functioning and their ability to socialise. Residential care is in acute/long-stay settings, with limited availability of Cheshire Home type beds. Housing adaptations are carried out by local authorities to a maximum grant in the region of €20,000.</td>
</tr>
<tr>
<td>The major gaps in service provision along the critical pathway:</td>
<td>Facilities for prompt and accurate diagnosis. A Neurological Unit at regional level with a dedicated area for Brain Injured patients (with noise controls). A seamless service whereby patients can traverse from one program service to another with ease and continuity of patient care. This will require adequate staff therapy levels to ensure care plans are adhered to. Case managers and protocols of standards of care would also facilitate this process. Regular cross programme review/case conferences. Aids and appliances available on discharge. Assisted technology service including instructors. A policy and protocols for communicating with families. A family liaison officer to keep relatives informed. A regional Rehabilitation Unit. A regional Vocational Training Unit. Step-down units at county level and sheltered housing. Adequate community therapists and other in home supports to be able to maintain clients in the community. A National Behaviour Therapy Unit.</td>
</tr>
<tr>
<td>Areas that have not been covered in the pathway which also have an effect on service provision</td>
<td>Legislation, transport and leisure areas.</td>
</tr>
<tr>
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</tr>
<tr>
<td>The key areas to be addressed in the strategic plan that will have the greatest impact on the clients</td>
<td>Acute services. Diagnostic facilities. Therapy services at all stages. Team building with goal setting and weekly reviews. Key worker/family support worker introduced at emergency period should remain throughout. Rehabilitation service. Assessment and rehabilitation units including child- and adolescent-appropriate facilities. Long-term planning and goal setting. Vocational training. Step-down units and sheltered housing with care supports.</td>
</tr>
<tr>
<td>Name of Pathway</td>
<td>People with a Hearing Impairment</td>
</tr>
<tr>
<td>----------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td><strong>Definition of Client Group</strong></td>
<td>People with a hearing impairment and their families. Deafness is divided into two categories, 1. Congenital deafness 2. Acquired Deafness. These are then subdivided according to degree of hearing loss: a: Mild, b: Moderate, c: Severe: d: Profound.</td>
</tr>
<tr>
<td><strong>The reasons for setting out the pathway in the format presented</strong></td>
<td>Ease of access and reference. Services to people with hearing impairment are spread across their life-span, incorporating different stages of development and changing needs. Children and Adults are split into two separate sections, which are linked through service provision. Throughout this continuum, the service needs and gaps are identified, with recommendations made for future provision.</td>
</tr>
<tr>
<td><strong>A brief overview of service provision including range of services offered, Voluntary/Health Board input, the various programmes involved i.e. Acute Care, Community Services, etc.</strong></td>
<td>Services within the W.H.B area are provided to deaf and hard of hearing people from a number of sources. These include: GP, ENT and Audiology for diagnosis and treatment. Supports for children and parents are offered from the Visiting Teacher service, (Dept of Education and Science). This support is initiated from time of diagnosis to the end of their formal education. This service is also a referral source for extra educational supports and gives advice to parents on placement and the child’s overall Educational development. Adults can avail of a range of private hearing aid firms. Community and acute hospital support can be provided by Health Board services with the assistance of sign language interpreters. Specialist support services are provided by the National Association for Deaf People. (NAD) These include Social and family support, including specialist support groups, Assessment and provision of equipment, communication support, Sign Language training, speed text, lip reading and aural rehabilitation and the provision of information. NAD is also involved in service development, which includes services to deaf people with additional needs, and services to Travellers.</td>
</tr>
</tbody>
</table>
| **The major gaps in service provision along the critical pathway** | **Adults and Children:**  
- Lack of Education and awareness in protecting against deafness and the need for coherent genetic screening and counselling. Lack of public knowledge on immunisation.  
- Poor functional neo-natal screening.  
- Referral. Waiting lists should be reduced.  
- No follow up to linked support services, e.g. family support /aural rehabilitation.  
- Delay in providing Hearing Aids following assessment. |
- No review in Hearing Aid provision and customisation.
- Information booklet for parent’s and adults is required, including options such as Cochlear implants.
- More training for parental support workers.
- Further research needed into syndromes etc, and supports established.
- No free universal hearing aid provision.
- No specialist Speech and Language therapists or Psychologists.
- Funding for aids and appliances too ad hoc.
- Need for dedicated technician to assess, provide and monitor provision of equipment.
- Home tuition service re sign language to be expanded.
- Need for more deaf people as service providers, e.g. resource workers, counsellors.
- Additional social worker needed.
- Additional Sign Language interpreters needed.
- Additional Speed Text operators needed.
- Training for lip-speakers required.
- Specialist in Aural Rehabilitation for deafened people is needed.
- No National centre for deaf people with additional disabilities.
- Needs of deaf blind people to be identified.
- Lack of awareness of deaf people with additional needs or marginalised deaf people, e.g., travellers.
- Extra supports needed for the hard of hearing and those experiencing Tinnitus or Menieres.
- Employment training/job coach/literacy tutor.
- Written information to be more accessible, e.g., subtitled /sign language videos.
- Deaf awareness training for staff in statutory and voluntary organisations.
- Lack of awareness from other professionals working with deaf people. No knowledge of supports available.
<table>
<thead>
<tr>
<th>Areas that have not been covered in the pathway which also have an effect on service provision</th>
<th>Support to students in 3rd level education. Local employment service network, who provide employment support to people with disabilities. Independent fund for deaf people to use for social private and personal interpreting. <em>Should examine the possibility of a “Sensory Resource Centre” to incorporate all organisations working within the sensory disability sector.</em></th>
</tr>
</thead>
</table>
| The key areas to be addressed in the strategic plan that will have the greatest impact on the clients | Depending on individual circumstances, and age of onset, any of the aforementioned will be important.  
- Appropriate supports should be put in place at time of diagnosis, e.g. referral to family support services. Balanced information given to parents.  
- Increase in Sign Language interpreters, Speed text operators, and Lip-speakers.  
- Additional family support workers.  
- Employment of Aural Rehabilitation Specialist.  
- Resource worker for people with deaf blindness. |
8. STRATEGIC PLAN

8.1 Key Issues to be Addressed

When the eight critical pathways were complete the documents were researched to identify the gaps and recommendations made within each pathway.

In reviewing the gaps in service provision as identified in the critical pathways and the recommendations that were made, a number of common issues were identified which can be categorised under the following headings:

- Data Collection
- Health Promotion
- Therapeutic Intervention
- Choices for Living Accommodation
- Training, Rehabilitative and Life Skills
- Employment/Work opportunities
- Respite
- Technical Aids/Appliances including Assistive Technology
- Personal Assistance
- Rights and Entitlements
- Finance
- Transport
- Education

The issues identified and the recommendations outlined in the critical pathways have been formulated into the Strategic Plan.

A business management section is also included in the plan on general issues related to service delivery and best practice.

- Information
- Protocols and procedures
- Performance Indicators
- Communication
- Service agreements
- Accountability
- Quality
- Recruitment and retention

The recommendations outlined under the headings above have given the direction for the development of the Strategic Plan.
The following principles are inherent in all the recommendations that have been made under the Plan:

- Health promotion and disease prevention.
- Intervention which is evidence based.
- High quality services accessible to all.
- Cost-effective use of allocated resources.
- Involvement of dedicated staff and the development of each person’s potential.
- Participation of service users in future planning and service design.
- Prioritisation based on need.
- Collection of data to assist planning.

8.2 The Steps to Implement the Plan.

A strategy statement was written for each set of recommendations under the headings listed above. The approach taken was to look at the overall long term objective of each recommendation, the medium term goal and a short term target for that recommendation which should be addressed in the near future.
8.2 Steps to Implement the Strategic Plan

Section 1: Data Collection - Physical & Sensory Disability Database

Strategy Statement: Future Planning of Services will be greatly assisted by the availability of a database of people with a Physical and Sensory Disability. The database will catalogue their specialised health and personal social service needs by monitoring current service provision and future service requirements over a five-year period.

<table>
<thead>
<tr>
<th>Issues</th>
<th>Short Term - Targets</th>
<th>Medium Term - Goals</th>
<th>Long Term - Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data</td>
<td>1.1 Completion of Pilot Phase of database development.</td>
<td>Ensure Compliance with Protocols and Guidelines for National Implementation of database.</td>
<td>Availability of a definitive database containing reliable and up-to-date information on the current service needs and future requirements of people with a physical and sensory disability.</td>
</tr>
<tr>
<td></td>
<td>1.2 National Implementation based on results of pilot to include Mayo and Roscommon.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accurate Data Collection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality Data on Service Provision</td>
<td>1.3 Establish and pilot a system for collecting data from service providers as services develop and redistributing data for future service planning.</td>
<td>Implement and review the system.</td>
<td>Ongoing maintenance of high quality data.</td>
</tr>
</tbody>
</table>
| **Resource Allocation**  
Assisting in resource allocation decisions at national, regional and local level. | 1.4 Establish timely annual availability of information at local level to assist local and regional planning teams to prioritise need and allocate resources. | Establish two-way links with other local and regional relevant agencies. Monitor effectiveness of funding decisions. Improve linkages with National Census. | Improve overall process of decision-making in the allocation of resources and review the process. |
|---|---|---|---|
| **Research**  
Facilitating research. | 1.5 Establish protocols at local and regional level on the availability of information for research purposes. | Set up two-way link between the collection agency and individuals and groups. Set up a task force to examine the feasibility of creating a Research Library. | Resource Library to facilitate the dissemination of information based on research. |
| **Data**  
Providing access to data. | 1.6 Set up a Protocol for individuals to access their own information. Consult with FOI office. | Ensure that balanced information is available. (e.g. need versus current provision). | Ensure protocols are established for service providers to access data. |
| **Technology**  
Maintaining the database in the long-term. | 1.7 Determine technology needs of service providers. | Develop technology, practices and methodology. | Provide access to appropriate information technology to ensure the database is updated. |
| **Training**  
Up-skilling key individuals. | 1.8 Recruit and train staff and key workers on database procedures for national implementation. | Provide ongoing and relevant training to key workers. | Given that data is the key to all services ensure adequate and qualified personnel are available to maintain the database. |
Section 2: Health Promotion

Strategic Statement: People with disabilities will be afforded the opportunity and information to make informed decisions regarding their health and well-being. This will enable them to increase control of their own health and well-being and will facilitate them to become co-participants in the decision-making processes that affect their lives.

<table>
<thead>
<tr>
<th>Issues</th>
<th>Short Term - Targets</th>
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<th>Long Term - Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-natal Health</td>
<td>2.1 Ensure women are informed of their statutory rights to antenatal care.</td>
<td>Increase uptake of antenatal care.</td>
<td>Ensure all women avail of the statutory care available.</td>
</tr>
<tr>
<td>Immunisation</td>
<td>2.2 Publicise the effects of non vaccination.</td>
<td>Aim for 95% uptake of childhood immunisations.</td>
<td>Eliminate preventable diseases and related conditions e.g. deafness.</td>
</tr>
<tr>
<td>Genetic Counselling</td>
<td>2.3 Quantify need for genetic counselling in the region.</td>
<td>Provide access to genetic counselling as required.</td>
<td>Ensure Genetic counselling is readily available to those who need it.</td>
</tr>
<tr>
<td>Accident Prevention</td>
<td>2.4 Encourage agencies to carry out risk assessment in the prime areas for accidents e.g. RTA, Farm etc.</td>
<td>Promote the implementation of legislation in relation to accident prevention and encourage enforcement at all levels so that there is a reduction in accidental deaths.</td>
<td>Reduce the number of accidental deaths.</td>
</tr>
<tr>
<td><strong>Lifestyle Changes</strong></td>
<td>2.5 Carry out regular reviews of the costs of healthy lifestyle options. Keep the public informed.</td>
<td>Support healthy lifestyles through subsidy where necessary.</td>
<td>Address the external and structural factors that determine our health e.g. poverty, access to health services, environmental factors etc.</td>
</tr>
<tr>
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</tr>
<tr>
<td><strong>Empowerment</strong></td>
<td>2.6 Promote and support the development of partnerships of relevant bodies, thus promoting a holistic approach to healthy lifestyle choices.</td>
<td>Strengthen links between the Disability Sector, Health Promotion Services - WHB, and NUI Galway.</td>
<td>Develop and implement programmes based on models of good practice. These programmes should be implemented in a supportive environment thus maximising effectiveness, making the healthier choice the easier choice.</td>
</tr>
<tr>
<td><strong>Screening</strong></td>
<td>2.7 Increase the awareness of the value to screening programmes.</td>
<td>Monitor and evaluate the effectiveness of screening programmes introduced to the WHB area. Review screening system on a regular basis taking account of international research.</td>
<td>Increase uptake of screening programmes offered.</td>
</tr>
<tr>
<td></td>
<td>2.8 Establish working group - joint community and hospital to explore development of appropriate screening process.</td>
<td>Implement recommendations of working group, manage associated role developments and appoint appropriate staff.</td>
<td>Develop screening procedures for early identification of disability to ensure an appropriate and timely response.</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>2.9 Highlight the benefits of rehabilitative care.</td>
<td>Adopt the ethos of multidisciplinary care.</td>
<td>Ensure multidisciplinary care is available at all levels of health care.</td>
</tr>
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</tr>
<tr>
<td>Quality of life</td>
<td>2.10 Promote improved quality of life as an outcome measurement.</td>
<td>Ensure outcome indicators of services focus both on qualitative and quantitative data.</td>
<td>Develop more precise scales for outcome measurement in relation to quality of life and service delivery.</td>
</tr>
<tr>
<td>Disability Awareness</td>
<td>2.11 Provide Disability Awareness training for all staff on a regular and ongoing basis.</td>
<td>Develop feedback systems for views of service users to be heard and appropriate responses adopted. Develop a training package on disability awareness, which could be used in-house and in the wider community. Improve opportunities for people with disabilities to access training.</td>
<td>Develop disability awareness among all staff and the wider community so that people will respond appropriately to people with disability.</td>
</tr>
</tbody>
</table>
**Section 3: Disability Access**

**Strategy Statement:** All premises of the Western Health Board and Voluntary Organisations that offer information and services will be fully accessible to all persons.

<table>
<thead>
<tr>
<th>Issues</th>
<th>Short Term - Targets</th>
<th>Medium Term - Goals</th>
<th>Long Term - Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Information</strong></td>
<td>3.1 Develop an information leaflet on access which would include relevant expertise in the region and nationally.</td>
<td>Create a facility, which would act as a resource for information on accessibility.</td>
<td>Facilitate the establishment of a total information resource on access and barrier free design.</td>
</tr>
<tr>
<td><strong>Accessible Health Services</strong></td>
<td>3.2 Establish current level of access to built environment, information, transport and communication. Encourage the establishment of international best practice and ensure this information is known to all, including the WHB technical services division and all relevant agencies.</td>
<td>Set out a code of practice. Plan, cost and put to tender a phased program of work on buildings that require alteration in order to make them accessible. Develop liaison with local authorities to maximise effect. Set up an interagency access group to review all planning applications and reports.</td>
<td>Ensure all health services for people with disabilities are fully accessible. Review work done. Continually update equipment. Properly maintain access features. Access-Proof all new service development proposals.</td>
</tr>
<tr>
<td><strong>Accessible Environment</strong></td>
<td>3.3 Establish current level of access in the wider community in line with legislation.</td>
<td>Research best practice. Raise awareness of skill potential of people with disabilities in WHB &amp; NGOs. Review work practices.</td>
<td>Ensure accessible environment at all levels to facilitate the total access to buildings and also the employment of people with disabilities.</td>
</tr>
</tbody>
</table>
**Section 4: Diagnostic/Therapeutic Intervention**

**Strategy Statement:** People with disabilities will be provided with appropriate therapeutic intervention services through the social model of intervention using a person centred/child and family centred approach based on a collaborative partnership to meet their needs in order to enable them to live full and independent lives.

<table>
<thead>
<tr>
<th>Issues</th>
<th>Short Term - Targets</th>
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<th>Long Term – Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Delivery of Diagnosis</strong></td>
<td>4.1 Develop protocol on informing parents, individuals and families when diagnosis of a disability has to be imparted, based on best practice.</td>
<td>Implement protocol by providing training to staff and establish a system to monitor practice. Ensure all staff are informed and advised of protocol.</td>
<td>Inform individuals and families positively and sensitively of a diagnosis of disability.</td>
</tr>
<tr>
<td><strong>Specialist Teams</strong></td>
<td>4.2 Review critical pathways in line with the Strategic Plan.</td>
<td>Develop a programme for the development of service improvements across all critical pathways.</td>
<td>Ensure specialist teams are in place across all critical pathways as defined by the subgroups.</td>
</tr>
</tbody>
</table>
| **Intervention Teams**  
Inadequate provision of appropriate therapeutic intervention teams to children and adults. | 4.3 Establish interagency and inter-sector working group including hospital, community and service user representation to identify an appropriate intervention model, taking account of a wide range of needs, for example children with developmental disability, people with progressive illness, people with strokes etc. Set up child and adult subgroups. | Implement working group recommendations for provision of intervention through appropriate models to age groups. This will involve a team approach working alongside existing departments. | Provide a dynamic intervention response informed by best practice and service user feedback, which follows a system of continuous improvement. |
|---|---|---|---|
| **Acute Hospital**  
Inadequate provision of appropriately dedicated teams within the hospital environment for children and adults. | 4.4 Establish working group within the hospital setting across all critical pathways to explore common and specialist needs. | This working group is to identify agreed numbers and range of therapists and related roles required to provide services to a broad range of people with disability. | Provide appropriately dedicated teams within the hospital settings for children and adults using the agreed model of practice to meet the need of individuals. |
| **Rehabilitation Service**  
Lack of provision of appropriate model of service for people in acute hospital and in the community. | 4.5 Establish working group to explore rehabilitation models to meet needs of a broad range of people with disability. | Establish rehabilitation service, accommodating needs of people who have experienced RTA, strokes, amputations, progressive illness, etc. | Provide an appropriate model of rehabilitation service. |
<table>
<thead>
<tr>
<th><strong>Hospital Community Links</strong></th>
<th>4.6 Establish working group to develop protocol on discharge of clients into the community.</th>
<th>Implement protocol. Appoint key workers or coordinators.</th>
<th>Provide smooth transfer from hospital to community with ongoing communication.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Counselling</strong></td>
<td>4.7 Provide funding to facilitate access to counselling as the need arises.</td>
<td>Develop a broad range of counselling services and other options including Peer Counselling in line with best practice.</td>
<td>Provide a choice of counselling services.</td>
</tr>
<tr>
<td><strong>Anomalies</strong></td>
<td>4.8 Clarify anomalies that exist in terms of structure and service provision across all therapies and geographically.</td>
<td>Devise programme to address anomalies and fragmentation in service delivery.</td>
<td>Ensure a continuum of service delivery that is equitable and timely.</td>
</tr>
<tr>
<td><strong>Direct Funding</strong></td>
<td>4.9 Examine the provision of direct funding for individual packages of care as experienced in other health boards, Northern Ireland and England.</td>
<td>Pilot direct funding to a number of clients, and audit service in terms of customer satisfaction and value for money.</td>
<td>Carry out research on this option of service delivery.</td>
</tr>
<tr>
<td><strong>Best Practise</strong></td>
<td>4.10 Set up working group to research evidence-based interventions which will form the core of service delivery.</td>
<td>Incorporate evidence-based knowledge into service developments and current service provision. Encourage further research in this area.</td>
<td>Use evidence–based knowledge to establish best practice.</td>
</tr>
<tr>
<td>Complimentary Intervention</td>
<td>4.11 Devise protocol in line with best practice in relation to access and provision of complementary interventions.</td>
<td>Provide funding to access range of holistic alternative approaches.</td>
<td>Ensure adequate access to complimentary interventions. Ensure access to a range of complementary interventions as appropriate in line with best practice.</td>
</tr>
</tbody>
</table>
**Section 5: Choices for Living. - Your choice within your community.**

**Strategy Statement:** People with disabilities should be afforded access to a choice of suitable housing in their preferred location which realises their potential to live a full and independent life.

<table>
<thead>
<tr>
<th>Issues</th>
<th>Short Term - Targets</th>
<th>Medium Term - Goals</th>
<th>Long Term - Objectives</th>
</tr>
</thead>
</table>
| Lack of suitable housing choices for people with Disabilities | 5.1 Improve links with Local Authorities and Co. Councils.  
5.2 Review current housing provision and grants in conjunction with Local Authorities to identify current issues in relation to Housing will be carried out. | Clarify the roles of key people and establish where responsibility lies.  
Draw up a comprehensive plan based on identified need and best practice for submission to the Department of Health and Children and Department of Environment. | Make available a range of housing options to meet the varying needs of People with Disabilities in the style & location of their choice and funded through the Department of Environment with Assisted Living Support funded through the Department of Health & Children. |
| Inadequate grant Assistance for Housing Adaptation (DPHG) | 5.3 Investigate current shortfalls in relation to funding of DPHG and encourage additional funding to be allocated to meet the shortfalls. | Call for a detailed examination of current applications for DPHG. Identify the shortfalls within the grant system. Encourage the appointment of a suitably qualified person to liaise with the Healthcare, Voluntary Sector and the Local Authorities based on clarification of roles. | Healthcare and Voluntary Sector to work in partnership with Department of Environment and Local Authority to ensure grants are adequate to cover the full cost of the appropriate adaptation required in a timely manner. |
| People inappropriately living in Residential Accommodation – Nursing Homes, Long Stay Older Persons Units, Acute Hospitals | 5.4 Consult people who are currently living in inappropriate accommodation and draw up a plan to meet their individual needs. | Provide Local Authorities with Medical demographic information to allow them to plan for Long-Term Housing needs of People with Disabilities in association with Social Housing agencies. An appropriate source will be the Database. | Provide suitable accommodation, independent or supported for all people in the location of their choice. |
| Independent Living Training | 5.5 Provide opportunities for people to trial independent living where needs can be determined in terms of housing requirements and associated supports including Personal Assistance, environmental controls, and Aids and Appliances. | Find a suitable location, and design housing with input from intended users close to facilities and amenities and within rural and urban settings of their choice in accordance with NDP. | Promote Partnerships which will ensure the surrounding infrastructure is put in place to facilitate those living in independent accommodation e.g. – accessible transport – accessible leisure – community facilities – accessible footpaths etc. |
| **Supported Accommodation** | 5.6 Consult with individuals who would like to share suitable accommodation for a number of people to live together with the necessary support. | Find a suitable location and design housing with input from intended users close to facilities and amenities. | Promote Partnerships which will ensure the surrounding infrastructure is put in place to facilitate those living in supported accommodation e.g.  
- accessible transport  
- accessible leisure  
- community facilities  
- accessible footpaths etc. |
Section 6: Training - Rehabilitative Training

Section 7: Employment - Vocational Assessment, Sheltered Work, Supported Employment, Open Employment

Strategy Statement: People with disabilities will be afforded the opportunity to access training in all areas to acquire the skills necessary to maximise their potential and to progress to greater levels of independence and integration.

<table>
<thead>
<tr>
<th>Issues</th>
<th>Short Term - Targets</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Provision of rehabilitative training for people with disabilities (Accredited Training)</td>
<td>6.1 Review current service provision in conjunction with Mental Health and Intellectual Disability service. A survey to include a questionnaire and focus groups of service users, potential users and service providers, will be carried out in order to determine the training needs of people with disabilities.</td>
<td>Draw up a comprehensive plan based on identified need and best practice, for submission to the Department of Health and Children, FÁS and external training agencies. Ensure standards for rehabilitative training are adopted and that all centres undergo accreditation. Examine the feasibility of seeking accreditation of training places for Resource Centres.</td>
<td>Create a compendium of training places on a phased basis to meet identified need in line with funding received in partnership with all agencies.</td>
</tr>
<tr>
<td>Vocational Assessment</td>
<td>6.2 Develop leaflets detailing regional guidance services and current service provision.</td>
<td>Improve links between all service providers – Health Board, FÁS, Voluntary Sector and other agencies.</td>
<td>Ensure that service is accessible to all and that people are appropriately assessed and placed.</td>
</tr>
<tr>
<td>Life Skills Training (offered outside of Rehabilitative Training)</td>
<td>6.3 Quantify and map current service provision within service agencies, in partnership with external agencies and external bodies.</td>
<td>Set up a working group to carry out a needs assessment and develop improved structures to address anomalies and plan for improved service delivery including assessment and appropriate placement.</td>
<td>Provide an appropriate range of programmes accessible to all as required.</td>
</tr>
<tr>
<td>Life Skills Training (offered outside of Rehabilitative Training) Includes all skills required by a person to lead an independent life. This includes living skills, assertiveness training, social skills, personal skills, budget management etc.</td>
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</tr>
<tr>
<td>Sheltered Occupational Services</td>
<td>7.1 Work with established committee at national level on developing standards for sheltered workshops.</td>
<td>Adopt standards in all workshops.</td>
<td>Ensure service meets recommended standards.</td>
</tr>
<tr>
<td>Supported Employment</td>
<td>7.2 Clarify role of FAS and survey current service provision.</td>
<td>Develop plan to meet need.</td>
<td>Enhance existing service provision thus widening options.</td>
</tr>
<tr>
<td>Open Employment</td>
<td>7.3 Carry out a survey in partnership with agencies of current perceptions and identify blocks which prevent people entering employment.</td>
<td>Develop appropriate programmes in consultation based on needs assessment.</td>
<td>Ensure people acquire skills to enter workforce.</td>
</tr>
</tbody>
</table>
**Section 8: Respite**

**Strategy Statement:** People with disability will be afforded access to respite options which will provide quality short-term respite on a planned basis and when emergencies or crisis occur within available resources.

<table>
<thead>
<tr>
<th>Issues</th>
<th>Short Term - Targets</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Insufficient Respite places available for regular respite care for people with high levels of disability who are cared for in the community</td>
<td>8.1 Review current service provision.</td>
<td>Draw up a comprehensive plan based on identified need and best practice.</td>
<td>Develop a wide range of respite service locally from which various options can be chosen to meet individual needs; ensure that the various respite options are guaranteed and planned.</td>
</tr>
<tr>
<td></td>
<td>8.2 Carry out a survey to include a questionnaire and focus groups of service users, potential users and service providers in order to determine the respite needs of people with disabilities.</td>
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</tr>
<tr>
<td>Lack of funding for Respite breaks</td>
<td>8.3 Proactively seek adequate funding based on identified need.</td>
<td>Develop appropriate funding for Respite facilities based on the identified need at local level in line with the plan and available funding.</td>
<td>Ensure that a choice of Respite breaks (home based &amp; out of home) will be available locally to all who require them in the Western Health Board area.</td>
</tr>
</tbody>
</table>
Section 9: Aids and Appliances

Strategy Statement: To ensure equal status in all areas of life and society, people with disabilities require aids and appliances, which includes assistive technology. Availability must be planned, assessed and delivered in a coherent and consistent manner. All aids and appliances will be accessible within available resources, which will enable people with disabilities to live a more independent life.

<table>
<thead>
<tr>
<th>Issues</th>
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</thead>
<tbody>
<tr>
<td>Referral System</td>
<td>9.1 Identify anomalies that exist within the current system.</td>
<td>Implement protocols and procedures for all stages of service delivery from requirement, to training, to the use of the equipment.</td>
<td>Ensure referral systems are in place, and known to all service providers and users.</td>
</tr>
<tr>
<td></td>
<td>9.2 Develop protocols and procedures for assessment of need for equipment.</td>
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</tr>
<tr>
<td>Specialised Trained Personnel</td>
<td>9.3 Put in place appropriately skilled personnel and assessment teams to ensure accurate prescription of appropriate aids and appliances.</td>
<td>Develop a centralised tracking and ordering system.</td>
<td>Provide specialist trained personnel who will be responsible for assessment, training of users and monitoring of equipment in the key physical, sensory and assistive technology areas.</td>
</tr>
<tr>
<td></td>
<td>9.4 Produce a booklet on the role of the various professionals and the key equipment they are skilled</td>
<td>Provide additional resources for accommodation to store, clean, service, deliver and</td>
<td></td>
</tr>
<tr>
<td><strong>Waiting Lists</strong></td>
<td>9.5  Quantify number of people on waiting list and develop a prioritisation system.</td>
<td>Adopt prioritisation system to reduce waiting list.</td>
<td>Supply service on demand to eliminate waiting list.</td>
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<tr>
<td><strong>Linkages</strong></td>
<td>9.6  Identify gaps in service delivery between hospital care and community care and also inter and intra Board.</td>
<td>Improve the systems in place and adopt policy change whereby prescribers order equipment at time of assessment.</td>
<td>Ensure a seamless service and support those in need including non-medical cardholders if resources allow.</td>
</tr>
<tr>
<td><strong>Audit</strong></td>
<td>9.7  Devise systems to review the improvements in service delivery recommended for adoption.</td>
<td>Carry out consumer satisfaction surveys.</td>
<td>Ensure cost-effective service.</td>
</tr>
</tbody>
</table>
Section 10: Personal Assistance

Strategy Statement: People with disabilities may require personal assistance to avail of opportunities in all areas of life and society. Access to personal assistance must be planned, assessed and delivered in a coherent and consistent manner to enable people with disabilities to live an independent life.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Current Service Provision</td>
<td>10.1 Complete the work of Task Force set up in 1999.</td>
<td>Implement pilot clearinghouse.</td>
<td>Ensure that people with Disabilities will be able to access the same life opportunities and choices in every-day life as the able-bodied and improve the overall co-ordination and delivery of personal assistance service.</td>
</tr>
<tr>
<td></td>
<td>10.2 Review existing service provision.</td>
<td>Implement the recommendations of the Task Force Report on Personal Assistance.</td>
<td>Ensure that people in the west are heard and included in any future recommendations that are made for improved service delivery.</td>
</tr>
<tr>
<td></td>
<td>10.3 Evaluate customer satisfaction.</td>
<td>Participate in National review of personal assistance services.</td>
<td>Ensure that adequate funding is allocated to meet the needs of all persons with a disability.</td>
</tr>
<tr>
<td>Mainstreaming of FÁS -Health related support services</td>
<td>10.4 Prepare detailed submission for the mainstreaming of CE Schemes to ensure that adequate resources are put in place to provide an adequate level of service provision.</td>
<td>Develop protocols and procedures in partnership with all service providers.</td>
<td></td>
</tr>
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</table>

64
| Awareness | 10.6 Research perception of the various roles of key people involved in the delivery of personal assistance. | Improve levels of awareness on the valuable contribution that personal assistance can make to a person’s life. |
### Section 11: Rights, Entitlements, Benefits

#### Strategy Statement:
People with disabilities require access to benefits and financial resources together with protection under the law to enable them to live as independently as possible and to be full participating members of Society.

<table>
<thead>
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</thead>
<tbody>
<tr>
<td></td>
<td>11.2 Review forms with a view to simplifying the application process.</td>
<td>Make applications possible through a fully accessible website.</td>
<td>Ensure timely and equitable delivery.</td>
</tr>
<tr>
<td></td>
<td>11.3 Develop systems which will help people with form filling in conjunction with Comhairle.</td>
<td>Design one Medical Examination appropriate for all applications.</td>
<td>Streamline the application process. Ensure easy access by appointing one department to deal with all applications.</td>
</tr>
<tr>
<td></td>
<td>11.4 Provide telephone help lines to ensure information is available on request and easily accessible.</td>
<td>Influence policy change by highlighting problems in the current process.</td>
<td></td>
</tr>
<tr>
<td><strong>Eligibility for benefits</strong></td>
<td>11.5 Examine eligibility criteria for all allowances for people with disabilities.</td>
<td>Discuss benefits for children with the Dept. of Social Welfare.</td>
<td>Reassess Medical Card eligibility and provide medical cards to all people with a disability.</td>
</tr>
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</tr>
<tr>
<td><strong>Travel</strong></td>
<td>11.6 Explore the possibility of translating the “free bus pass” into a voucher for accessible taxis.</td>
<td>In areas where there are no buses or buses are inaccessible, provide vouchers for accessible taxis.</td>
<td>Proactively seek to change the rules for the Travel Pass to include children. Provision of the Motorised Transport Grant should be available to all disabled drivers subject to a means test.</td>
</tr>
<tr>
<td><strong>Legislation</strong></td>
<td>11.7 Develop legislation that ensures the rights of the individual to receive care in the community.</td>
<td>Treat disability similar to an occupational injury when a person ceases employment.</td>
<td>Ensure legislation is in place to improve the life of those with disabilities in a meaningful way.</td>
</tr>
</tbody>
</table>
Section 12: Finance

Statement: In order to address the gaps in service provision, additional funding both capital and revenue, is required to put the resources in place. Funding of personalised health and social services is the responsibility of the Department of Health and Children and the Health Board act as their agents in the distribution of funding to service providers. Improved relationships and partnerships must be developed so that the full continuum of services can be provided.

<table>
<thead>
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</thead>
<tbody>
<tr>
<td>Adequacy of resources</td>
<td>12.1 Further develop working relationships to identify finance needs – both funding and support.</td>
<td>Develop support systems to assist in achieving objectives within budget.</td>
<td>Seek adequate resources to implement Strategic Plan.</td>
</tr>
<tr>
<td>Partnership ethos</td>
<td>12.2 Develop information sharing and information transfer mechanisms.</td>
<td>Develop policies and structures to encourage effective flow of information – strategic, operational, financial and activity/service related.</td>
<td>Promote openness, transparency and understanding with respect to resource requirements, level of activity/service provision and funding.</td>
</tr>
<tr>
<td>Statutory, regulatory and public accountability responsibilities</td>
<td>12.3 Develop systems and procedures in line with best practices of accountability in expending public funds.</td>
<td>Implement systems.</td>
<td>Develop a costed service methodology which will relate client database and their requirements to resources required and activity levels/service provision to funding provided.</td>
</tr>
<tr>
<td>Personnel</td>
<td>12.4 Fund innovative programmes to address recruitment and retention and increase staffing levels across the continuum of services.</td>
<td>Fund specialist teams.</td>
<td>Ensure key skilled staff in place in all areas.</td>
</tr>
<tr>
<td>Education and Training</td>
<td>12.5 Up-skill present staff.</td>
<td>Review current skill mix. Support external educational courses which will have a positive impact on availability of staff in the future e.g. therapy schools in NUIG.</td>
<td>Ensure ongoing training programmes are available, covering all specialities.</td>
</tr>
<tr>
<td>Aids and Appliances</td>
<td>12.6 Proactively seek an increase in the present budget for aids and appliances to meet the major short falls identified.</td>
<td>Increase budget to improve systems within service delivery e.g. assessment teams, coding/tracking system, clearing maintenance, accommodation, delivery/collection.</td>
<td>Ensure all aids and appliances readily available as required.</td>
</tr>
</tbody>
</table>
Section 13: Transport

Statement: People with disabilities will be afforded the opportunity to access public and private transport, which maximises their potential to live as full and independent a life as possible within the community of their choice.

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</thead>
<tbody>
<tr>
<td>Co-ordinated transport</td>
<td>13.1 Carry out a study of current transport provision throughout Statutory and Voluntary agencies.</td>
<td>Develop links to improve transport system.</td>
<td>Ensure transport for people with disabilities is provided in a co-ordinated manner.</td>
</tr>
<tr>
<td></td>
<td>13.2 Assess the accessibility of all vehicles within WHB, Voluntary Agencies and contractors.</td>
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<td></td>
<td>13.3 Establish best practice for the operation of transport services.</td>
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</tr>
<tr>
<td>Accessibility</td>
<td>13.4 Raise the issue of transport with County Development Boards, Local Authorities and CIE.</td>
<td>Encourage the provision of adequate accessible public transport, (buses, trains, taxis planes and boats).</td>
<td>Ensure all public transport is accessible to people with disabilities in the future.</td>
</tr>
<tr>
<td>Accessible public transport</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legislation</td>
<td>13.5 Review Legislation to ensure that transport issues are being addressed.</td>
<td>Request that taxi licenses in respect of new vehicles will only be issued in respect of wheelchair accessible cars.</td>
<td>Ensure that all forms of public transport will by law be disability friendly.</td>
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</tr>
<tr>
<td>Free travel pass to include taxi tokens</td>
<td>13.6 Examination of the possibility of taxi tokens for persons in receipt of travel passes will be sought.</td>
<td>Travel passes would include taxi use.</td>
<td>Improve transport options.</td>
</tr>
<tr>
<td>Changing needs in transport</td>
<td>13.7 Request the Dept. of Transport to undertake a full review of transport needs of people with disabilities through the relevant government departments.</td>
<td></td>
<td>Full review will be available to assist in improved delivery of transport services.</td>
</tr>
<tr>
<td>Satellite clinics to reduce transport time</td>
<td>13.8 Where possible hold clinics as close to the population as possible to reduce transport time for clients.</td>
<td></td>
<td>Provide Additional Health centres at key geographical locations.</td>
</tr>
<tr>
<td>Clear signage in all public transport areas</td>
<td>13.9 Set up a strategy for signage by the Dept of Transport.</td>
<td>Ensure all stations will have disability friendly signage.</td>
<td>Ensure signage is provided in all areas where public transport is provided.</td>
</tr>
</tbody>
</table>
Section 14: **Business Management**

**Strategy Statement:** Services will be delivered efficiently and effectively in accordance with identified need and best practise and underpinning all services will be the objective of maximising value for resources and accountability.

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Information</td>
<td>14.1 Distribute available information to individuals for example Access West. Notify agencies of other sources of information e.g. Comhairle.</td>
<td>Develop a policy of maintaining an information display area at each service facility accessed by people with disabilities.</td>
<td>Develop a culture of having information available to inform people of what is available and how to source the services they require.</td>
</tr>
<tr>
<td></td>
<td>14.2 Work in partnership with Comhairle to maintain and update information in Access West and develop an independent website, which will be accessible to all.</td>
<td></td>
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</tr>
<tr>
<td>Protocols and Procedures</td>
<td>14.3 Carry out an audit to ascertain the extent of available protocols and procedures in place within each service.</td>
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<tr>
<td></td>
<td>14.4 Devise a checklist of a minimum set of protocols and procedures that should be in place.</td>
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<tr>
<td></td>
<td>Encourage all service providers to have a comprehensive package of protocols and procedures which will be known to all staff and service users.</td>
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</tr>
<tr>
<td></td>
<td>In line with best practice and to ensure standardisation in service delivery, ensure protocols and procedures are in place across all services.</td>
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<table>
<thead>
<tr>
<th>Performance Indicators</th>
<th>14.5 Where appropriate, key personnel will assist in the gathering of information as required for the national set of performance indicators for 2002.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Further develop the national set of performance indicators so that meaningful information is gathered.</td>
</tr>
<tr>
<td></td>
<td>Ensure that key personnel will have access to information technology required in order to gather the data.</td>
</tr>
<tr>
<td></td>
<td>Ensure a comprehensive set of performance indicators is available against which services can be audited and which will highlight changing trends.</td>
</tr>
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</table>

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<thead>
<tr>
<th>Communication</th>
<th>14.6 Set up a forum to ascertain main difficulties experienced at all levels in the area of communication.</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Implement recommendations as a result of findings of forum.</td>
</tr>
<tr>
<td></td>
<td>Improve communication inter and intra agency.</td>
</tr>
<tr>
<td><strong>Service Agreements</strong></td>
<td>14.7 Commence the roll-out of service agreements with all voluntary agencies.</td>
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</tr>
<tr>
<td><strong>Accountability</strong></td>
<td>14.8 Set up a working group to examine the roles and responsibilities of each agency in order to meet accountability legislation.</td>
</tr>
<tr>
<td><strong>Quality</strong></td>
<td>14. 9 Carry out an audit to ascertain the quality systems in place across all services.</td>
</tr>
<tr>
<td><strong>Recruitment and Retention</strong></td>
<td>14.10 Carry out an audit of current staffing levels, vacant posts and required posts to meet the identified level of need.  14.11 Devise a programme of recruitment for the development of services over the next 5 years based on the HSEA expert review, Bacon report and local identified needs.</td>
</tr>
</tbody>
</table>
8.3 How the Plan will be implemented

The Joint Strategic Plan for Physical and Sensory Disabilities will be presented to the Regional Co-ordinating Committee for Physical and Sensory Disabilities, the WHB Standing Committee on Community Services and the Western Health Board. It will be circulated widely across all care groups and service providers.

The county planning teams will be the main forum for the implementation of the operational aspects of the Plan. Each County Planning Team will decide their priority targets within service provision for the following year based on the targets set out in the plan with the key aim of improving the continuum of services. The number of targets that will be addressed will depend on the resource allocation in the letter of determination from the Department of Health and Children.

The Disability Services Unit will have the responsibility for the strategic aspects of the plan. A number of Task Forces comprising of members of both the statutory and voluntary bodies will be set up to work in partnership to address the strategic issues that have been highlighted, i.e. developing protocols and procedures, developing quality systems, developing models of best practise, clarifying roles, improving co-ordination and linkages.

_The National Health Strategy - Quality and Fairness 2002_ will also have an impact on the implementation of the plan. The Joint Strategic Plan for Physical & Sensory Disabilities (WHB) has incorporated the four key principles of the National Health Strategy _Quality and Fairness_: Equity, People-Centredness, Quality and Accountability.

_The National Health Strategy_ sets out four national goals to encompass the many proposed developments and reforms that emerged from the deliberations of the consultation process and the analysis of the Health Strategy Steering Group. The goals are intended to encompass the overall direction for the future.

The four goals are:
- Better health for everyone
- Fair access
- Responsive and appropriate care delivery
- High performance.

System-wide changes are outlined which are relevant to everyone and will improve delivery and quality of services. They include the following:

**Quality assurance**
- National standards, protocols, guidelines/models of best practice will be developed and disseminated across the system.
- A system of quality, evaluation, assurance and accreditation will be developed and introduced.
• An evidence-based approach will be taken to decision-making in both clinical and non-clinical areas.

Information systems
• There will be an immediate investment in the development of national health information systems as set out in the National Health Information Strategy.
• Use of information technology in service delivery will be improved.
• Information system development will be promoted as central to the planning process.

Human Resources
• Integrated work force planning will be introduced on a national basis.
• The required number of extra staff will be recruited.

Research
• Research will be advanced in the context of the National Health Research Strategy.
• Research projects relating to the needs of specific care groups will be expanded in line with research agendas agreed by the Forum for Health and Social Care Research.

The actions outlined in the strategy will be matched with the targets set out in the Joint Strategic Plan of the Western Health Board Region. The WHB and the Voluntary Agencies will also participate in national working parties on “system-wide changes” whenever possible to represent the population of the west which will influence the improved delivery and quality of services.

A yearly review of the overall progress in implementing the Strategic Plan will be carried out. This will involve all the key stakeholders who have been involved in developing and implementing the Plan from both the Voluntary Agencies and the Western Health Board. The review will assist in setting the targets for the following year and will ensure improved planning and delivery of services to people with physical and sensory disabilities who reside in the Western Health Board Region.

A steering group will be set up by the Regional Co-ordinating Committee to oversee the implementation of the plan and review its progress and ensure that the change is managed efficiently and effectively in an open and transparent way in the true sense of partnership.
Bibliography


- Department of Health Towards an Independent Future (1996)
Health boards

Health boards were established under the Health Act, 1970 for the administration of the health services in the State. Health boards replaced local authorities in fulfilling this role. There are currently ten health boards established: three area health boards located in the eastern region under the aegis of the ERHA and seven regional health boards covering the rest of the country, who are responsible for providing or arranging the provision of health and personal social services.

Western Health Board

The Western Health Board has responsibility for health services in counties Galway, Mayo, and Roscommon. You can visit the Western Health Board website, Administrative Headquarters: Merlin Park Regional Hospital, Galway.

Tel: 091-751131.
Fax: 091-752644.
Email: whbmsg@iol.ie.

Director of Disability Services (responsible for Strategic Planning):

Ms. Patricia Tully,
Western Health Board,
Disability Services,
Merlin Park Regional Hospital,
Galway.

Tel: 091-775290/98.

Voluntary Sector

Main Organisations are involved in service delivery in the Western Health Board Region. Refer to Access West, 2001, available from Comhairle offices or Western Health Board - Disability Services.
Recent Strategies and Policy Documents

- *Shaping a Healthier Future* (1994)
- *Best Health for Children* (1999)
- *The National Health Promotion Strategy 2000-2005*
- *The Health of Our Children* (2001)
- *Adolescent Health Strategy* (2001)
- *Report of the National Advisory Committee on Palliative Care* (2001)
- *Making Knowledge Work for Health National Health Research Strategy*
- *National Health Information Strategy*
- *Get Connected - Developing an Adolescent Friendly Service* (2001)

Western Health Board Documents

- Western Health Board - *Study of Levels of Disability Awareness among Western Health Board Staff* (2001)
- Access West – A guide to Services in the Western Health Board Region
- Eight Critical Pathways on:
Sample Statistics from NPSDD in the Western Health Board Region as at 30 September 2002

APPENDIX III

Total Number of Clients on the Physical and Sensory Disability Database

- Galway: 930
- Mayo: 724
- Roscommon: 282
- WHB: 1936

Number of Clients Currently Receiving Therapeutic and Intervention Services

- Public Health Nurse: 452
- Physiotherapist: 451
- Speech/Language Therapist: 411
- Occupational Therapist: 311
- Psychologist: 226
- Clinical Nutritionist: 185
- Chiropractor: 158
- Community Resource Worker: 95
- Orthotist/Prosthetist: 59
- Audiologist: 44
- Physiotherapist: 43
- Occupational Therapist: 39
- Social Worker: 34
- Clinical Nutritionist: 23

Number of Clients Requiring Therapeutic and Intervention Services

- Public Health Nurse: 190
- Physiotherapist: 150
- Occupational Therapist: 129
- Speech/Language Therapist: 86
- Clinical Nutritionist: 85
- Chiropractor: 60
- Community Resource Worker: 49
- Physiotherapist: 48
- Occupational Therapist: 29
- Social Worker: 21
- Clinical Nutritionist: 14
- Chiropractor: 13
- Speech/Language Therapist: 9
- Physiotherapist: 8
- Occupational Therapist: 6
- Social Worker: 3
- Clinical Nutritionist: 3
- Physiotherapist: 2
- Occupational Therapist: 2
- Speech/Language Therapist: 2
Physical and Sensory Disability Services Funding

Year

1998 1999 2000 2001 2002

IR 649,000 IR 997,000 €2,964,838 €3,113,000 €3,383,000

IR € & £
PROMOTING THE FIVE VALUE EXPERIENCES

- Dignity and Respect
- Choices
- Sharing Ordinary Places
- Growing in Relationships
- Contributing

DIGNITY AND RESPECT: In promoting a person’s dignity it is important to pay attention to all the aspects of our own lives that make us feel respected. This includes having basic needs met in an appropriate way and having our rights, freedom and individuality respected. People should talk directly to the person with disability, and the person should be involved in the decisions which affect their life. For some this may be to ensure the opportunity for privacy, personal possessions, being respectful in all aspects of personal care. People with disability are often marginalised by society. Public perception is influenced by how the person is described, how they are dressed, what they do during the day, and who they are with. Having the opportunity to lead a full and active life is important.

CHOICES: We all exercise choice and therefore control over our lives. Choices range from small, mundane, everyday things like having tea and coffee to more significant decisions regarding where you live, what you work at and who you are with. Questions have to be asked about how real a choice is being offered, and what needs to happen to make this achievable.

SHARING ORDINARY PLACES: This includes places like streets, ships, public transport, pubs, theatre, swimming pool and other leisure facilities. It is also about making sure the person goes to an activity that a person of same age and sex would go to, and about spending time with people who do not have a disability. Are ordinary Places Accessible?

RELATIONSHIPS: All people have the need to learn and grow in relationships. We have all been supported to develop relationships through our lives. It is important to support people with disability to have access to the opportunity to develop similar contacts for themselves.

CONTRIBUTION: People who receive services are often in the role of receiving. It is important for people to also have the opportunity to contribute. We need to support people to find out their own interests, gifts, and capacities so to enable them to get the person involved. In other words to develop their unrealised potential.