

# **NORTHERN AREA HEALTH BOARD**

**Report No: 20/2002**

*St Joseph's Hospital, Raheny  
Draft (1) Site Development Plan*

*May 2002*

## CONTENTS

|  | Page Numbers    |
|--|-----------------|
| 1. Introduction  | 3               |
| 2. Raheny  | 3               |
| 3. Demographics  | 4               |
| 4. The Proposed Development of Services on the site of St Joseph's | 5               |
| 4.1 Services for Older Persons                                     | 5               |
| 4.2 Primary Care   | 7               |
| 4.3 Services for Persons with Physical and Sensory Disabilities    | 8               |
| 4.4 Mental Health  | 10              |
| 5. Next Stage of the Development Plan                              | 11              |
| <br>Appendices   |                 |
| Appendix I   | Architects Plan |

## **1. INTRODUCTION**

St Joseph's Hospital is located on a 10-acre site in the village of Raheny. The original building on the site was converted from residential use to a Hospital in 1958. Prior to the purchase of St Joseph's hospital by the Eastern Regional Health Authority in September 2001, the hospital was privately owned and operated. The decision to purchase the hospital was taken in the context of the Government's determination to address the bed capacity deficits in the acute health services. The Northern Area Health Board assumed Management Responsibility for St Joseph's Hospital in October 2001. St Joseph's will add to and complement the range of services currently being provided by the Northern Area Health Board and our Board has already prepared an interim plan for service developments pending its strategic development.

An assessment of future service requirements has been undertaken and the recommendations for use of the site are included in this report. In proposing the maximum utilisation of the site, the Board have been cognisant of the service gaps identified at the acute hospital level and within the community when preparing this proposal.

The Architects appointed on behalf of the Northern Area Health Board are James Ahern Architects, Raheny. The Architects have prepared a block plan for the site based on a selection of potential site uses. (Appendix I)

A Land Survey for site development will need to be carried out prior to any planned building structures being erected on the site.

## **2. LOCAL – Road and Transport Network**

The district of Raheny has over 20,000 people. The site in Raheny is strategically located for development of healthcare services. The district is served by several bus routes and the Nitelink service. The railway station is chiefly served by the city's coastal electric system, the DART, which connects to several other suburban and Intercity lines. By road, Raheny is accessible from the Howth Road and from the James Larkin Road from the north side of Dublin city centre. The area can also be reached via the city's part-completed ring road, the M50, which terminates a couple of miles away, enabling those coming from the south, west and north to avoid the city proper. Raheny is only a moderate drive from the airport and is within around five miles from Dublin Ferryport.

### 3. DEMOGRAPHICS

The demographic profile of the population of the Northern Area Health Board indicates an ageing population which, when matched with significant areas of social deprivation, demonstrates the need for increased and enhanced services across the continuum of care.

The 1996 census of population indicated that there were 43,616 people aged 65 and over in the Northern Area Health Board area - 9.58% of the population. - of these 16,700 were aged 75.

All the relevant and reliable census predictions indicate that both of these population cohorts will significantly increase in the coming years up to and until 2006 with the population over 65 growing by 13% and the population aged 75 and over, growing by 8%. The upcoming census (2002) will be critical in informing planning and service developments

Current service provision for the various care groups is underpinned by the findings, recommendations and policies established by the following reports: -

- *The Years Ahead - 1988*
- *Shaping a Healthier Future – Department of Health (1994)*
- *10 Year Action Plan For Services For Older Persons – Eastern Health Board (1989)*
- *Quality and Fairness; health system for you – Health Strategy Department of Health (2001)*
- *Report of the Working Group on the Short and Medium Term Service Needs of Older Persons and Young Chronic Disabled (Collaborative Working Group Report) - NAHB 2001*
- *The Psychiatric Services – Planning For the Future (1984)*
- *Acute Hospital Bed Capacity - A National Review (2002).*
- *Primary Care Strategy: A New Direction (2001)*
- *Psychiatric Services- Development Programme into the Next Millennium (1995)*
- *Report of the National Physical and Sensory Disability Database Development Committee (2001)*
- *Towards the Development of a Community Psychiatric Service (1986 )*

A number of issues in the non-acute sector hinder the effectiveness of acute activity. The most significant of these is the insufficient availability of discharge facilities for older persons, especially step-down facilities, convalescent care, nursing home and home care.

In view of the overall projected increase in the elderly population and significant benefit to the population as a whole to improve primary care services the following service developments would be a first priority for our Board on the St Joseph's site

- *Primary Care Centre*
- *Services for the Elderly*
- *Psychiatry of Old Age*
- *Services for people with Physical and Sensory Disabilities (including Alzheimers & Young Chronic Sick)*
- *Adult Mental Health Services*

The St. Josephs site will be developed to facilitate the enhancement of these services.

#### **4. THE PROPOSED DEVELOPMENT OF SERVICES ON THE SITE OF ST. JOSEPH'S**

The launch of the new Health Strategy - *Quality and Fairness – A Health System for you* - in November 2001, was of major significance in determining the development of services at the St. Joseph's site. It is our Board's policy to continue to develop our services to reflect the ethos and principals underpinning the Strategy in 2002 and the years ahead.

In order to determine the best use of St Joseph's Site it is necessary to examine the existing facilities within our Boards area, identify the gaps in the service and then develop this proposal to meet identified priority needs. The reports previously mentioned indicated that there were significant service gaps across the continuum of care and that there is a particular need to increase services in the following care area's;

- Older persons
- Primary care
- Disability
- Mental Health

The remainder of this report will discuss each care group in detail in order to develop a plan for the utilisation of the St. Joseph's site. Whilst for the purpose of this report the services are discussed individually the site will be developed as one united unit. This approach will allow for the sharing of certain facilities on site i.e. physiotherapy, primary care services and other therapy services where at all possible.

##### **4.1. Older Persons**

Existing Services in the immediate catchment area

The current facilities available for the older persons in Community Care Area 8 are as listed below.

- Lusk Community Unit
- St. Gabriel's Day Care Centre, Edenmore
- Meals on Wheels
- Home Help
- Killester Social Services Day Centre for Older People
- District Care Teams

- Home First Programme
- Home Support Programme
- Respite/Day Centre facility, Baldoyle – due to be opened in May 2002
- Contract beds in Nursing Homes
- Nursing Home Subventions
- Home Adaptations
- Day Centre for Alzheimer’s patients at Sybill Hill, Raheny
- Dept. of Medicine for the Elderly & Day Hospital at Beaumont Hospital

*Gaps in the Service*

In the years following the publication of *Planning for the Future* the inappropriate placement of geriatric patients and patients with dementia, in psychiatric hospitals in our Board’s area has discontinued. One of the recommendations of that report was that a comprehensive integrated geriatric service was required to cater for the needs of the elderly. This included older people who have developed psychiatric disorders or dementia/alzheimer’s with behavioral or psychological problems for the first time over the age of 65 years.

In terms of immediate service enhancement, the new Health Strategy and the Bed Capacity Report indicates the need to put in place additional day centre places, additional assessment and rehabilitation beds, extended care/community nursing unit places over the next seven year (including provision for persons with dementia), residential services as well as convalescent, respite and extended care.

*Proposed Development of the Services*

As a result of these identified needs the following is proposed for St Joseph’s site.

*Unit for the Care of the Older persons*

This would consist of a 50 bed Community which would include the following components: -

- Rehabilitation
- Respite / Intermittent Care
- Long-stay
- Day Care Unit

This unit will concentrate on the maximum rehabilitation of the elderly with the aim of possibly returning home with appropriate community supports. This will be facilitated by a multidisciplinary team approach. The Unit will be part of a spectrum of services designed to support elderly people that will include services for Alzheimer’s patients.

*Extended Care Unit for frail mentally ill*

This would consist of a 50 bed unit with the following components: -

- Long-stay
- Respite/Intermittent Care
- Day Activity Centre

This unit will be a vital component in complementing the newly developed psychiatry of old age service at Beaumont Hospital and St Ita's Hospital.

## **4.2. Primary Care**

### *Existing Services*

Currently there are 3 Health Centres covering the St. Joseph's catchment area. These centres are at Edenmore, Raheny and Kilbarrack. Other Community Services provided in this area are General Practitioner Services, Home Nursing Service, Community Therapy Service and Private Dentists (DTSS Scheme).

### *Gaps in the Service*

The Health Strategy document 2001 identifies that the current system for the provision of primary care services has significant shortfalls. Services that are currently provided in a hospital setting could be more appropriately provided in a Primary Care Facility thus reducing the pressure felt in the acute setting. The strategy has also established that Primary Care must become the central focus of the Health System, therefore the aim of our Board is to develop primary care to meet the full range of health and personal social service needs.

### *Proposed Development of the Services*

There is an identified need for development of Primary Care Services for the Board so that the provision of and access to a wide range of services are enhanced. Through proactive initiatives it is envisaged that an integrated approach to service delivery will be fostered to enable the local population to receive quality health care services in the most appropriate setting.

It is envisaged that the Primary Care services, including Community Welfare Services currently provided in Raheny and Edenmore Health Centres would be transferred to the proposed Primary Care Unit. In addition the potential services that could be developed as part of the primary care unit are as follows

- General Practitioner
- Public Health Nursing
- Community Doctors and Community Paediatrician
- Therapy Services (i.e. Physiotherapy, Occupational Therapy, Speech & Language Therapy)
- Home Help
- Home Care Attendant
- Social Work
- Community Welfare
- Community Psychiatry
- Other professional services as outlined in the Primary Care Strategy.
- Community Psychology Service
- Physiotherapist with Specialty in Respiratory Care
- Community Nutrition and Dietetic Service:
- Health Promoting Officer
- Minor Surgery Unit
- Dental Services.

### **4.3. Services for Persons with Physical and Sensory Disabilities**

#### *Existing Services*

Services are provided directly and in partnership with voluntary agencies to promote good health, well being, mobility and independence amongst persons with physical and sensory disabilities. The services provided for people with sensory and physical disabilities include:

- Community based day, respite and home support
- Residential Services e.g. Cuan Aoibhean
- Early Intervention Services
- Therapy Services
- Specialist Services

The main voluntary Agencies operating in the Northern Area Health Board are

- Central Remedial Clinic, Clontarf
- Irish Wheelchair Association, Clontarf
- Clonturk House for Adult Blind
- Headway Ireland
- Cheshire Foundation
- Huntington's Disease Association
- Irish Motor Neurone Disease Association
- Muscular Dystrophy Ireland
- National Association for Deaf People
- National Association for Blind People
- Rehab Group
- Community Therapy Services

#### *Gaps in the Service*

The services currently available for persons with physical and sensory disabilities are unable to meet the complex needs of this group of patients. There is a requirement to further develop the range of services provided, including residential, respite and community support services to ensure a comprehensive range of supports are available. There is a particular need for specialist services, including rehabilitation and services for brain injury patients, stroke patients and patients with ongoing neurological conditions.

The Eastern Regional Health Authority have carried out a review of service requirements for young disabled which will be published shortly. This report recognises gaps in service provision outlined above. The Regional Forum for Physical and Sensory Disabilities established by the E.R.H.A. are considering the future requirements for Rehabilitation Services within the region also. It is proposed to establish a working group, which will further progress the identified requirements.

In addition to Rehabilitation there is a requirement for long stay facilities for the young disabled.

### *Proposed Development of the Services*

Taking cognizance of the current gaps in the service, a Rehabilitation Unit is being proposed for development on the site of St Joseph's and will be tailored to meet future needs as and when identified. This unit will cater for the following client groups

- Brain Injury patients
- Patients under 65 years (currently there is no step-down facility on discharge from hospital e.g. Stroke patients).
- Patients with on-going neurological conditions e.g. Multiple Sclerosis who requires review and rehabilitation.
- Patients requiring Independent living units (to cater for post Road Traffic Accidents and young persons with physical and sensory disability) to be built in partnership with a voluntary agency

#### **4.4. Mental Health**

##### *Existing Services*

The current Mental

Health services in Community Care Area 8 are provided in the main in the following facilities: -

- St Ita's Hospital, Portrane
- Curam, Swords
- Hampton Medical Centre , Balbriggan
- St Francis Day Hospital, Raheny
- Coolock Day Hospital
- Artane Day Centre.
- Edenmore Health Centre
- Beaumont Hospital

Services provided include a wide range of hospital based activity. These services include prevention and early identification, assessment, diagnosis and treatment, in patient care, day care and out patient services, provision of community accommodation incorporating high, medium and low levels of support, rehabilitation and training services.

There is also an imminent move planned for Acute Psychiatric Services for the catchment Area 8 to Beaumont Hospital.

##### *Gaps in the Service*

The Health Strategy recognizes that the numbers of people presenting to the mental health services for treatment will increase in the coming years. The ageing population and the increasing incidence of social problems such as drug abuse and family breakdown are also likely to contribute to increasing demands on the services in the future.

The former Eastern Health Board adopted the report *Psychiatric Services - Development Programme into the next Millennium (1995)*, this report set out a range of services that needed to be developed to achieve self sufficiency for all catchment

areas. The additional service components required included the development of dedicated Rehabilitation services.

*Proposed Development of the Services*

To meet the requirements for the Mental Health Services it is proposed to develop a 30 bed Rehabilitation Unit, with provision for a secure care unit, on the site of St Joseph's Hospital. This will complement the acute service based at Beaumont Hospital.

## **5. NEXT STAGE OF THE DEVELOPMENT PLAN**

This report provides a first outline of our Board's proposed plans for the utilisation of the St. Josephs site. The services proposed for development are as follows

- A Community Unit for the Care of the Older persons including a day centre, inclusive of services for Alzheimer patients. ( details in Section 4.1)
- An Extended Care Unit for frail mentally ill including a day activity centre (Section 4.1)
- The development of a primary care center. (details in Section 4.2)
- A Sensory and Disability Unit with facilities for rehabilitation, day care and extended care facilities. (details in 4.3)
- A Rehabilitation Unit for mental health patients. (details in Section 4.4)

All services will be developed in unison so that many of the facilities such as physiotherapy are shared and the units are not developed in isolation from one another.

The architect's plans have outlined the feasibility of providing these services on site. Further detailed planning is now required regarding the exact specification of services to be provided, the size of the facilities, the design and layout to ensure the maximum utilisation of the site, at the same time as developing a quality service.

It is proposed that the Chief Executive will bring a detailed report to the Board on 20<sup>th</sup> June 2002, which will provide Board Members with further detail on the development of the St Joseph's site.

**Maureen Windle**  
**Chief Executive**

**16<sup>th</sup> May 2002**

## APPENDIX 1

### DESIGN METHOD STATEMENT

*James Ahern Architects*

#### Preamble

The lands at St. Joseph's are zoned under zoning objective Z15 to provide for institutional and community uses

- Permissible Uses

ATM, Buildings for health, safety and welfare of the public, Childcare facility, Community facility, Cultural and recreational use, Education, Medical and related consultants, Open space, Place of public worship, Public service installation, Residential institution.

- Open for Consideration

Bed and breakfast, Enterprise unit/campus industry, Guest house, Hostel, Hotel, Residential

The Proposed Development at St. Joseph's Hospital contains several separate and disparate facilities, each with its own brief.

There is need for balance between activities to which the General Public require ready access and those that are more private. This balance is required between the buildings in the development as a whole and within each of the separate facilities.

The requirement is for a rational layout that allows the new buildings to relate to each other and to the site and its surroundings while accommodating the existing Hospital building.

We are also required to keep in mind the best usage of the site as a whole in preparing the layout: This development should be carried out in a way that leaves open the possibility of further expansion.

## **Site Strategy**

Our Site Analysis and analysis of the brief led us to the current layout which proposes a 'campus' style arrangement of buildings around a series of open spaces.

Each space offers a different degree of privacy appropriate to the functions to which it provides access.

We have focussed the development on the western end of the site to allow for the possibility of further expansion on the rest of the site.

The buildings are envisaged as being primarily 3 storeys, with some 2-storey-over-basement and the possibility of increasing to 4 storeys at significant junctions.

## **Open Spaces**

The most public open space is located at the junction of Springdale Road and Harmonstown Road. This functions as a Drop-off Area and Entrance Plaza primarily for the Primary Care Unit, but giving access to the Courtyard from which most of the other buildings are accessed. This in turn leads to spaces from which access is provided to those functions which have greatest need for privacy and security.

## **Vehicular Access / Car parking**

We propose to retain Vehicular access at the existing site entrance to serve the existing Hospital.

New Vehicular Access is proposed at the aforementioned Drop-off Area. From here ramped access leads to a car park at the lower level of the site. This will augment the surface car parking provided at designated areas throughout the site. Specific designation of staff and visitor spaces will be carried out at detailed design stage.

## **Existing Acute Hospital**

The Hospital building is being considered to provide for some of the required facilities included in this report. A more detailed assessment will be required to identify the most appropriate use of this area.