

OVERVIEW

Introduction:

The Annual Service Plan is one of three documents which the Board publishes in compliance with the Health Amendment Act, 1996, the other two being the Annual Report and the Annual Financial Statements.

This Draft Service Plan has been prepared by the Corporate Team following extensive consultation with a large number of staff. Regard was had to legislative requirements, the Letter of Determination received on 11th. December, 2000 and guidelines on service planning developed by representatives of the health boards and the Department of Health and Children. The Board must adopt and submit its Service Plan to the Department not later than 23rd January next.

The letter of determination gives details of the final non-capital determination for 2000 and the non-capital determination (original) for 2001. The original determination for 2001, as advised by the Department of Health & Children, is **£216.310m**. (The total gross expenditure in 2001 is expected to be £232.400m.) While the year on year increase itself is substantial, up by 16% on the Board's final 2000 allocation, a significant portion of the increase in funding is already earmarked to meet salary increases and the full year costs of service developments which commenced in 2000. However, significant additional funding has been made available for new service initiatives in 2001 and to enhance existing services and this will allow the Board to recruit additional staff for new services and some for existing services in 2001.

Managers are now finalising Operational Plans based on the draft Service Plan. These Operational Plans are the means of pursuing the targets set out in the Service Plan within the financial resources available. Progress reports will be tabled at Board meetings at quarterly intervals following consideration by the Finance Sub-Committee. Once adopted, any material change to the Service Plan requires the approval of the Board.

For the past number of years the Board, in order to focus on meeting more real needs, has been planning and delivering services on the basis of care groups. The care groups are older people, persons with disabilities, including mental handicap and physical/sensory disability, mental health services and episodic care. The content of the Service Plan is, therefore, presented under these headings with a separate section for staff and cross care group developments. Each section is colour coded to facilitate easy reference and includes:

- A review of 2000
- Emerging issues
- Strategic Focus for 2001
- Service Developments 2001

I wish to acknowledge the continuing significant commitment of staff to service planning and delivery. As a consequence the services provided to the population of our area compare favourably with the best available in the State.

Yours sincerely,

D.J. Doherty
Chief Executive Officer

1. Episodic Care

EPISODIC CARE – PRIMARY CARE AND ACUTE HOSPITALS

Introduction:

Episodic care is provided in a primary care or acute hospital setting. Those who suffer from an acute illness, a chronic condition or sustain an injury may avail of episodic care. The episodic care plan also includes ambulance services, the public health nursing service, allied medical professional services and ophthalmic and dental services.

MISSION STATEMENT:

To offer high quality diagnostic, treatment and care services for people who have episodic illness or who are injured by providing a continuum of health promotion, treatment and care within an integrated health care system and within national guidelines.

Review of Performance against 2000 Service Plan:

The Service Plan for 2000 continued to build on the progress towards integration of provision of episodic care with an emphasis on providing patient centred care through general practitioner services and the acute hospital services. The following details the progress made in this area during 2000 and highlights the areas that will be prioritised during 2001.

Primary Care

The overall strategy for the primary care service and the objectives of the Primary Care Unit (first set up in 1993) are to:

- Raise standards in general practice
- Improve the interface between general practice and other health service providers
- Extend the scope of services provided by general practitioners
- Assist general practitioners to prescribe appropriately and cost effectively.

Since its establishment, the Unit's role and functions have expanded to a range of other primary care service areas including:

- Administration of community pharmacy contracts under the Health (Community Pharmacy Contractor Agreement) Regulations, 1996.
- Administration of the High Tech Drugs Scheme.
- Co-ordination of services to persons with Hepatitis C within the framework of Health Amendment Act, 1996.
- Administration of the Drugs Payment Scheme, and the Adult Community Ophthalmic Scheme. There are currently 44,000 persons registered under the Drugs Payment Scheme and a new computer system is being installed to manage the system.

In conjunction with improvements in information technology, as well as changes to the management of a number of schemes, benefits will accrue to the Board from continuing this process of expanding the role and functions of the Unit.

It is against this background that a number of processing functions formerly carried out at local level were transferred to the primary care unit on the campus of St. Loman's Hospital, Mullingar. During 2000, the processing of medical card applications/reviews transferred to the Unit. This strategy allowed the Board to eliminate unnecessary duplication of effort while maximising the use of available technologies. It is also making best use of available expertise along with standardising the range of processing functions involved. It is planned to transfer the payment of immunisation fees and mother and child scheme fees to general practitioners during 2001.

The Board continues to be involved in the general practitioner vocational training scheme and to work closely with the director, trainees and general practitioners. The training course is of three years duration, two years on rotation at the three acute hospitals in the specialities of medicine, obstetrics/gynaecology, E.N.T. and psychiatry and one year practical experience with a general practitioner trainer to gain practical experience. This ensures that the scheme continues to provide high quality, trained general practitioners and also leads to greater integration between primary and acute hospital care. In 2001/2002 the training scheme will be expanded to include 4 extra trainees and will include rotations in public health and paediatrics

Acute Hospitals

The development of the acute general hospitals as a single integrated entity working from three sites, has been a major focus for the strategic development of the service.

Finance and human resource specialists were appointed in 2000 as support to the acute hospitals to enable the strategic devolution of the personnel and finance functions and to facilitate the further development of the SAP systems.

Significant work has continued during 2000, facilitated by the Office for Health Management and external consultants on the involvement of clinicians in management. There is now a growing, but not universal, commitment to clinicians in management and, although much work still needs to be done, it is planned to commence the implementation phase of the project early in 2001

The post of Director of Nursing Services for Acute Care Services will be advertised early in 2001. The Director of Nursing post for the General Hospital, Tullamore and General Hospital, Portlaoise will also be advertised early in 2001.

Progress on the implementation of the Cancer Plan was accelerated towards the end of 2000 with the appointment of a consultant haematologist and a consultant medical oncologist.

Radiological services were enhanced in the region with the appointment of additional consultant radiologists at the Longford/Westmeath General Hospital and Portlaoise General Hospital. A consultant physician with a special interest in cardiology (with a sessional

commitment to St. James' Hospital which ensures access to 'high-tech' facilities) was also appointed to the General Hospital, Tullamore.

The establishment of a joint supra-regional vascular surgery service for the Eastern Regional-Southwest and Midland Health Board areas, facilitated the appointment of a consultant general surgeon with a special interest in vascular surgery, for two sessions per week at the General Hospital, Tullamore.

The phased introduction of an out-of hours computerised Tomography (CT) on-call service commenced at both the General Hospital, Tullamore and Longford/Westmeath General Hospital towards the end of 2000. Progress in the provision of out of hours service has proved difficult because of staff changes and maternity leave.

Funding through the Cardiovascular Strategy enabled the phased development of well-staffed and equipped cardiac rehabilitation units at all three acute hospital sites.

In 2000, the successful Community Rehabilitation Unit in Tullamore was extended to the Birr area. Community rehabilitation units were also established in Mullingar and Portlaoise in November 2000.

Progress continued to be made in 2000 on the implementation of the catering action plan for the region. The highlight was the development and publishing of Nutritional Guidelines and their implementation at the District Hospital, Athlone.

Other projects highlighted in the 2000 Service Plan:

The Midland Health Board Diabetes Project:

This project is continuing and a baseline audit of the general practitioner practices participating in the structured care programme shows an improvement in general practitioner processes and service delivery. The project now includes an audit of Longford/Westmeath diabetic clinic processes.

The pilot phase of the Board's diabetes project has included ten general practitioner practices in the area over three years. A recent audit of the project highlighted successes to date and indicated that the project is worth expanding to other practices. The audit, while supporting expansion, identified further supports in line with best practice necessary to deliver a comprehensive package of services to diabetics. Diabetics are a high-risk group for cardiovascular disease and can benefit considerably from targeted programmes to improve outcomes. The project is therefore now linked with the cardiovascular project. A project manager will be appointed to the diabetic project in 2001.

Drugs usage:

The revision of the drugs formulary commenced in 2000 as a pilot project in Longford/Westmeath General Hospital. This will continue in 2001 and will be linked to the development of an antibiotic policy.

Trends and Activity Levels in Episodic Care:

Set out in the following sections are the activity trends for episodic care:

(i) Primary Care

Current statistics available on primary care relate mainly to activity concerning general medical services provision. The number of people in the Board eligible for general medical services is 72,796, a decrease of 3.1% compared to the previous year. A total of 103 general practitioners have contracts with the Board.

Drugs Payment Scheme

The Drugs Payment Scheme came into effect on the 1st July 1999. The administration of this scheme was assigned to the Primary Care Unit and this involved a significant additional workload on the Unit.

The total number of cards issued to the end of September 2000 was 46,460, compared to 25,112 to September 1999.

Practice Premises Development

- A total of £0.068m, was spent on practice premises developments during 2000 in Athlone and Ballylinan/Athy
- A further sum of £0.285m was paid out of savings accrued under the Drugs Target Savings Scheme during 2000 and relates to developments in Longford and Ballymahon Athlone and Ballylinan/Athy.

Computerisation and improved operational arrangements in general practice

In 2000, the Primary Care Unit continued to provide funding to enable general practitioner practices to install or upgrade computer hardware and software. At the end of 2000, 75% of general practitioners had installed hardware in their practices and 30% had commenced computer training.

The Unit continued to provide support to enable general practitioners employ practice nurses and secretaries. At the end of 2000, 35 practice nurses and 53 secretaries were employed by general practitioners.

The Board is one of the pilot sites for the national general practitioner information technology training programme. Thirty doctors participated in this training. Training was also provided to practice support staff.

General practitioner Rotas

Only four general practitioners are working in a 1:1 rota in the Board's area. The majority of doctors work in 3:1 or higher rotas. The establishment on a pilot basis of a rota involving four rural based practices in West Offaly during 1999 continued throughout 2000.

Out of Hours Care

The provision of appropriate out of hours care for clients within primary care is an issue which has emerged as a cause of concern for clients, general practitioners, health service managers and others.

The Board's strategy is to develop an integrated system for emergency/primary care out of hours care that:-

- provides high quality care for urgent health related problems
- is satisfactory from the client's point of view and has the confidence of the general public
- supports rather than detracts from daytime/routine primary care
- is provided at an affordable cost

As part of its service plan for 2000, the Board engaged in a consultative process with key primary care stakeholders with a view to developing a Board-wide approach to providing quality oriented primary care out of hours service models. While it is recognised that general practitioners are key players in the delivery of out of hours care, the Board is very conscious of the diversity of need and level of demand that arises during out of hours times. The continuum of primary care services may include general practitioner service, ambulance service, child protection service, pharmacy service, accident and emergency, voluntary organisations, gardai, mental health service, community nursing service, and emergency dental service. These service providers were also included in the consultation process. The need for greater co-ordination, collaboration and networking between emergency and primary care service providers as well as statutory and voluntary sectors during out of hours times was recognised.

The Board has recently received Departmental approval to proceed with an out of hours pilot project and a project manager for this purpose will be recruited in 2001. The project manager will continue the consultation process and implement the pilot out of hours system in three sectors. This will involve recruitment and training of staff along with a public awareness campaign.

Indicative Drug Target Savings Scheme

During 2000, 29% of general practitioners in the Board's area had drug costs below their indicative drug target. The equivalent national figure was 33.8%.

Leg Ulcer Care Project

This project continued during 2000. An additional clinic commenced in 2000 in the Laois/Offaly Community Care area bringing the total weekly clinics to six as planned under the service plan 2000.

Primary Care-Based Physiotherapy Services.

A pilot project which provided physiotherapy services in three general practices in West Offaly (Ferbane, Banagher and Kilcormac) has proved successful. It is now planned to expand this to at least three practices in the North Westmeath area in 2001.

Provision of 24-Hour Blood Pressure Monitors

Preparatory work commenced in 2000 in relation to the evaluation of the service by the primary care unit. The study will provide information on the effectiveness of using the blood pressure monitors and how prescribing can be improved as a result

(ii) Acute Hospitals

The 2000 service plan acknowledged the ever-increasing number of medical admissions. The change in emphasis in the delivery of episodic care services in the Boards' area commenced in 1999 was continued in 2000 particularly in the context of efforts to:-

- Control the through-put of medical admissions.
- Increase the ratio of day cases to in-patient cases treated.
- Enhance linkages between the various parts of the health care service.

Statistical analysis of 2000 activity continues to demonstrate the success of this strategy in shifting activity from in-patients to day cases. Taking the three acute sites as a single entity, the following statistics are relevant:

- Across the three sites, overall activity was 7.40% above service plan. The decision not to have the normal seasonal reduction in activity during the summer and Christmas periods contributed to this and facilitated the Waiting List Initiative.
- In-Patient activity was over 4% above service plan targets for 2000.
- Medical admissions accounted for 33% of all in-patient activity in 2000 which was 1% less than 1999.
- Day case activity was almost 17% in excess of service plan targets for 2000.
- Accident and Emergency activity at all three sites has consistently run at 7% over 1999 activity levels.

Activity by hospital site measured against service plan targets was as follows:

- The General Hospital Portlaoise treated 7,666 in-patients and this was 4% in excess of its in-patient target. 1,939 day cases were treated which was also 1.9% in excess of its day case target.
- Longford/Westmeath General Hospital treated 12,067 inpatients and this was 3.4% ahead of in-patient target for 2000. 3,525 day cases were treated representing a 10% excess over the service plan target. The increase is particularly significant in the gynaecology speciality and this is linked to the appointment of a new consultant in obstetrics and gynaecology.
- The General Hospital, Tullamore, treated a total of 9,483 inpatients (including 700 under the Waiting List Initiative) and this was 6% ahead of its 2000 inpatient service plan target. 4,844 day cases were treated and this represented almost a 30% increase on its day case service plan target. This increase in activity was primarily achieved in general surgery and E.N.T. and is due to the absence of seasonal closures and the introduction of a five-day ward area in the Department of Surgery .

Development Funds 2001 – Episodic Care

Primary Care

The letter of determination for 2001 provides for a total of **£0.225m** developmental funding and the following table shows the planned distribution of these funds.

	£
Primary Care Unit	0.140m
GP Services	0.063m
GP IT training	0.022m
TOTAL	£0.225m

Acute Hospitals

The following table shows the service development funding included in the letter of determination for the acute hospitals.

Regional Cancer Services	£1.390m
Waiting List Initiative	£1.350m
Acute Hospital Service Developments	£0.600m
Laboratory Accreditation	£0.020m
Clinicians in management	£0.070m
A & E Security	£0.100m
Palliative Care	£0.225m
Risk Management	£0.050m
Winter Bed Initiative	£0.855m
Total	£4.660m

Service Developments 2001 – Primary Care

The continued development of effective linkages between general practice and the acute hospitals, with the central aim of ensuring optimal health and social gain for patients, remains a priority. In addition, the development of primary care itself will continue. The development of models for structured care of chronic conditions with an emphasis on tipping the balance towards primary care will also continue. In particular, the extension of the diabetes project and development of a comprehensive approach to support for chronic childhood diseases are targeted for 2001.

A particular focus for 2001 will also be the development and implementation of a strategic approach to the provision of out-of-hours care. The initial consultation process during 2000 has highlighted the need for an integrated consultation process with general practitioners and their patients across the region, and with other providers of out of hours care including hospital service, ambulance services, pharmacy services and child care services. Under the guidance of a project manager the project will continue with a three-year implementation schedule.

As in the previous year, indicative drug prescribing targets will be used to allow the distribution of savings in drug costs to be used to fund developments for general practice. Savings will be invested in the development of individual or group practices.

During 2001, there will be continuing investment in IT support for general practitioners. There will also be continued investment in information technology and improved practice information/record systems, in practice premises, in clinical equipment and in improved organisational arrangements at local level.

To enhance the services provided in primary care, additional physiotherapy services will be based in primary care

There will also be continuation of the work already commenced between primary care service providers and the hospital care providers to increase the efficiency of the referral and discharge processes.

A project team has been appointed to develop and review procedures and practices in relation to the administration of the medical card processes. This team will report in the second half of 2001.

Central Client Eligibility Index

The Board will take part in the national Central Client Eligibility Index (CCEI) Project and the inaugural meeting of the implementation group is planned for January 2001. This project will develop an information base combining Personal Public Services Number (PPSN) along with eligibility status for each patient/client which will be maintained for the entire population and the CCEI will include such features as patient numbers, demographic data, reference data, record searching/matching, duplicate controls, etc.

The implementation of CCEI will provide an improved quality service to clients along with streamlining administrative procedures. It will allow for the tracking and correlation of patient events/contacts across the health services and will facilitate the delivery of integrated care. CCEI will also improve the security and confidentiality of patient information and will ensure appropriate eligibility determination for services.

In 2001, the Board will be planning and preparing for the implementation of the CCEI and this will involve the provision of the necessary infrastructure and the adaption of systems and processes.

Primary Care Unit Funding 2001

Heading	£
Pay	0.135m
Non-Pay	0.090m
Total	£0.225m

The following table sets out the strategic focus and a number of specific planned developments for primary care in 2001. Targets and performance indicators are indicated where appropriate:

Strategic Focus	Service development, Targets and performance indicators.
Improved Clinical Care and Service Delivery	<p>Leg Ulcer Pilot Project</p> <p>Target 1.1.1 Continue and extend during 2001. Six clinics per week were held at various locations during 2000.</p> <p>Performance indicator Extension to 7 clinics per week by early 2001.</p>
	<p>Provision of 24-Hour Blood Pressure Monitors.</p> <p>Target 1.1.2. Improved community facilities to monitor blood pressure.</p> <p>A number of 24-hour blood pressure monitors are available to general practitioners in the Mullingar, Longford and Birr areas on a booking system.</p> <p>Performance indicator Evaluation of the service completed in 2001.</p>
	<p>Midland Health Board Diabetic Project</p> <p>Target 1.1.3 Project to continue during 2001.</p> <p>Performance indicators Continued audit and evaluation of processes as defined in project.</p> <p>Expansion of the pilot project on a phased basis to ten additional GP practices. A Project Manager will be appointed to co-ordinate diabetic services.</p>

	<p>Out of Hours provision of care</p> <p>Target 1.1.4 Implementation and evaluation of a pilot project on out-of-hours care</p> <p>Performance indicator Appointment of project manager 2001. Completion of consultation process. Implementation and evaluation of pilot project</p> <hr/> <p>GP Training Scheme</p> <p>Target 1.1.5 Extension of GP Training Scheme to four additional trainees during 2001.</p> <p>Performance Indicators. Trainee numbers increased from 4 to 8</p>
<p>Information Technology Development</p>	<p>Continue training and provision of IT support in primary care</p> <p>Target 1.1.6 To improve the level of computerisation in general practice, having regard to the national target level of 80%.</p> <p>Performances indicators Number of practices with hardware and software installed. Number of practices using computer technology and level of usage.</p> <hr/> <p>Provide computer training and support to general practitioners and staff</p> <p>Target 1.1.7 Selected doctors to commence training in 2001.</p> <p>Performance indicator Number of General practitioners and staff completing basic training courses</p> <p>Target 1.1.8 Provide ongoing support to practices embarking on or continuing computerisation</p> <p>Performance indicators: Number of practices given support. Training needs assessment of practice support staff. Facilitation of general practitioners to set up user groups</p>

	<p>Target 1.1.9</p> <p>Continuation of pilot scheme to generate and capture epidemiological data from general practice for health planning</p> <p>Baseline work was achieved as part of the diabetic project. This has now progressed to piloting consent for gathering of patient linked data.</p> <p>Performance Indicator.</p> <p>During 2001, evaluation of the processes involved in implementing patient consent will take place.</p>
	<p>Target 1.1.10</p> <p>Enhancement of research capacity of Primary Care Unit</p> <p>Performance indicator</p> <p>Appointment of research assistant in Primary Care Unit as part of the enhanced research team in the Board.</p>
	<p>Enhancement of Allied Medical Professional services based in primary care</p> <p>Target 1.1.11</p> <p>Provision of physiotherapy service in selected practices on a pilot basis.</p> <p>Performance indicator</p> <p>Identification of practice to be involved in pilot project by early 2001</p> <p>Commencement of service by mid 2001.</p>
<p>Linkages with Acute Services</p>	<p>These are detailed in the acute hospital section of the service plan.</p>

Adult Dental Services

The Dental Treatment Services Scheme (DTSS) came into operation in November 1994. Under the scheme eligible persons are entitled to the following:-

- Emergency Treatment to persons aged 16 years and over.
- Routine treatment to eligible persons aged 16-34 years and 65 years and over subject to prior Board approval.

- Full denture treatment to all eligible persons over 16 years, subject to prior Board approval.

The number of contract holders is 42.

The Board received £0.480m development funding in 2000 to provide for increase in uptake, extension to services to 35-64 age groups and services to special needs adults.

3,344 applications were approved in respect of the DTSS up to 31st December 2000 a decrease of 16% on the 1999 figure. However the waiting list has reduced from 30 as at December 1999 to 24 in December 2000.

The DTSS was extended in 2000 to include routine services for the 35-64 age cohort. 2,520 applications were approved in 2000 for this cohort.

The average waiting time for routine applications is less than four weeks.

The Board is in the process of recruiting an Examining Dentist. This appointment will improve accountability and probity within the Dental Treatment Services Scheme and assist in the promotion of quality of care while raising standards in dental practices.

Activity Analysis 2000:

	Longford/ Westmeath	Laois/Offaly	Total
No. on waiting list for routine treatment at 1/1/00	30	0	30
No. of applications	2,962	2,896	5,858
No. of approvals	2,968	2,896	5,864
Waiting list at 31/12/00	24	0	24

Waiting time for routine treatment has been within the 28-day target.

Developmental Funding for 2001.

DTSS	£0.316m
Strategic Focus	Service Development, Targets and Performance Indicators.
Improved Clinical Care and Service Delivery	<p>Target 1.2.1 Maintain activity with no waiting list. Extension of services to 35-64 age cohort without waiting list.</p> <p>Performance Indicator Waiting time for routine applications not to exceed 28 days during 2001. Service extended to 35-64 age cohort and to special needs adults.</p>

Strategic Direction -Acute Hospitals

The work of the hospitals can be categorised as either (i) urgent or emergency (needing to be attended to immediately), or (ii) elective, (can be scheduled to be performed when it is convenient for the patient and the hospital).

The nature of the overall workload is such that it is difficult to predict accurately the numbers to be treated each week of the year. Because of the difficulty in predicting activity, fluctuations will arise and must be matched by increases or decreases in staffing levels. The effective planning of annual leave is also a key ingredient of service planning. As in 2000, the approach being taken in 2001 in the acute hospital service is to ensure that the available hospital capacity will allow all urgent/emergency cases to be treated, that the planned elective component of the workload is carried out as early as possible in the interest of the patient and that all staff leave is planned to ensure that staff resource matches activity levels.

Past experience has shown that the greatest pressure on hospital capacity is experienced in the winter months and that capacity can be reduced, without impinging on core emergency services, during the period of peak holidays in the summer. The 2001 Service Plan will take these factors into account in scheduling activity and matching resources. Thus the hospital capacity will be reduced during the summer months and maintained in the winter months. There will, however, be an overriding consideration in that the management and delivery of these services must be in the context of an approved service plan.

In essence, the strategy adopted in 2000 of endeavouring to control medical admissions and increasing the ratio of day cases treated will be continued in 2001.

In particular

- The targeted baseline number of in-patients at 27,960 is in line with the 2000 target when adjusted to take account of new consultant appointments in Oncology and Haematology. It should be noted that the 2001 in-patient target is less than the number of in-patients treated in 2000 as the numbers treated in 2000 were only achieved by not having seasonal reductions in activity as a result of incentive funding under the Waiting List Initiative
- The number of day cases has been increased by 21.5% i.e. 11,340. This increase reflects the anticipated number of day cases to be treated in the new specialities of Oncology and Haematology.
- Estimates of activity for radiology, pathology, physiotherapy and occupational therapy are based on actual performance each year since 1996 and the estimated activity to the end of 2000.
- Generally speaking, the number attending outpatient clinics will continue as in 2000. Efforts will be made to reduce the number of return to new patients through the development of protocols in consultation with medical consultants and general practitioners.
- Enhanced clinic developments during 2001 will be as follows:

Regional Pain Clinic	-	General Hospital, Tullamore,
Oncology	-	3 Acute sites
Haematology	-	3 Acute sites
Vascular		General Hospital, Tullamore.
Ophthalmology		General Hospital, Tullamore and Portlaoise General Hospital,

The general manager and his staff will work with key clinical staff to achieve these targets and, in the case of elective admissions, ensure that they are not exceeded. As the clinicians in management initiative develops, these responsibilities will devolve to the units of management.

Regular review sessions will be held by the general manager and the senior hospital managers with the individual consultants, matrons, the ward sisters working in the specialty and the allied healthcare professionals and with the units of management when established.

The overall activity performance of each hospital will be reviewed monthly by the Hospital Advisory Committee which includes general practitioner representation.

The following figures for each hospital are based on the projected numbers of patients who could be treated within the 2001 budget allocation.

General Hospital, Portlaoise

It is planned to treat 7365 inpatients as well as 1,903 day cases in 2001. Based on trends over the last 7 years it is anticipated that 15,800 patients will be seen in the Accident and Emergency Department and 21,690 out-patients will be treated in 2001.

General Hospital, Tullamore

It is planned to treat 8,925 inpatients as well as 6,230 day cases in 2001. Based on trends over the last 7 years it is anticipated that 26,930 patients will be seen in the Accident and Emergency Department and 36,400 out-patients will be treated in 2001.

Longford Westmeath General Hospital, Mullingar

It is planned to treat 11,670 inpatients as well as 3,207 day cases in 2001. Based on trends over the last 7 years, and in view of the new Accident & Emergency Department, it is anticipated that 27,650 patients will be seen in the department and 20,988 out-patients will be treated in 2001.

It should be noted that Casualty services and outpatient services are also provided in the District Hospital, Athlone and St Joseph's Hospital, Longford. While it is not anticipated that there will be a major change in the numbers of patients seen at these locations during 2001, the services in these units will be reviewed as part of the overall review of out of hours services and the development of consultant led A and E services in the Board's area. Enhanced nursing and secretarial staffing will be provided in the Longford Unit in 2001. The review of the Unit's functions will also include the development of protocols for care of trauma linking the various strands of the relevant services.

Service Developments 2001 – Acute Hospitals

The following Table shows in more detail the planned service developments for 2001. It sets out the strategic focus and the planned service response. Where appropriate, a costing has also been indicated. In addition, other service developments which will be funded out of existing resources are also detailed.

STRATEGIC FOCUS	SERVICE DEVELOPMENT, TARGETS, and PERFORMANCE INDICATORS.
Improved Clinical Care and Service Delivery	<p>Cancer Services: Cost £ 1.390m</p> <p>Target 1.3.1 Develop further the regional cancer services and integrate with existing services. Recruit supporting medical, nursing and allied health professional staff. Open Oncology Day Unit – General Hospital, Tullamore. Develop protocols in line with best practice Develop palliative care services including consultant services Cost £.225m Performance Indicator Development and implementation of project plan for each of the above.</p>
	<p>Consultant Appointments.</p> <p>Target 1.3.2 Arising from development of Anti-Microbial Resistance Strategy (MRSA) appoint consultant microbiologist and ancillary staff.</p> <p>Performance Indicator. Prepare funding proposal for Department of Health and Children.</p>
	<p>Additional Consultant Appointments. (Winter Initiative)</p> <p>Target 1.3.3 Appointment of Consultants in Accident & Emergency (3), Appointment of Consultant Anaesthetist Longford Westmeath General Hospital.</p> <p>Performance Indicator Appoint Consultants in a temporary capacity up to 31-12 –2001 Contribute to the national review of A and E services.</p>

	<p>Demographic Factors – Older People Target 1.3.4 In partnership with Older People Care Group, continue development of Community Rehabilitation Units.</p> <p>Performance Indicator Units established.</p> <hr/> <p>Waiting List Initiative Cost £1.350m See separate section on Waiting List Initiative.</p> <hr/> <p>Acute Hospital Services Developments</p> <p>Target 1.3.5 Cost £0.600m Improved Staffing Levels (nursing, ward clerks, & administration). Improved Laboratory Services including the appointment of a laboratory manager across 3 sites. Increased volume of services for expanded prison in Portlaoise.</p> <p>Performance Indicator. Staff recruited and in place.</p> <p>Enhanced Clinic Services Development</p> <p>Target 1.3.6</p> <table data-bbox="535 1144 1266 1260"> <tr> <td>Oncology</td> <td>3 Acute Sites</td> </tr> <tr> <td>Haematology</td> <td>3 Acute Sites</td> </tr> <tr> <td>Vascular</td> <td>General Hospital, Tullamore.</td> </tr> </table> <p>Performance Indicator Clinics in place early in 2001. Increased number of patients seen at clinics.</p>	Oncology	3 Acute Sites	Haematology	3 Acute Sites	Vascular	General Hospital, Tullamore.
Oncology	3 Acute Sites						
Haematology	3 Acute Sites						
Vascular	General Hospital, Tullamore.						

**Emphasis on
Quality Services**

Quality Initiatives

Target 1.3.7

Continue the Quality Initiative based on learning from complaints at 3 Acute Sites.

Performance Indicator.

Audit of sentinel events.

Target 1.3.8

Cost £0.020m

Continue audit of accreditation procedures in hospital laboratories.

Performance Indicator

Audit undertaken.

Target 1.3.9

Using the results of the National Perception of Quality of Care Survey, carried out by the I.S.Q.H. as a benchmark, identify areas for improvement at the three acute sites and implement quality improvement programme

Performance Indicator.

Audit cycle undertaken and quality initiatives implemented

Clinical Audit and Research

Target 1.3.10 (See also 1.3.17)

Development of clinical audit and research capacity

Performance Indicators

Recruitment of staff January/February 2001

Development and implementation of training course for staff

Development and implementation of training course for providers

Target 1.3.11

Medical records initiative across three acute sites. Establish committee to examine medical records with the objective of standardising record-keeping across the three sites.

Performance Indicator

Committee established early 2001.

Draft standards agreed mid 2001

Adoption and implementation of standards commenced

Improved Management Structures	<p>Target 1.3.12 Cost £0.70m Continued development of Clinicians in management Initiative Commence phased introduction of units of management</p> <p>Performance Indicators. First units in place by mid 2001.</p>
	<p>Target 1.3.13 Appoint Director of Nursing (across 3 sites)</p> <p>Appoint laboratory manager (across 3 sites)</p> <p>Performance Indicator Personnel in place by mid 2001</p>
	<p>Target 1.3.14 Cost £0.030m Develop video conferencing facilities across three acute sites</p> <p>Performance Indicators Equipment in place by April 2001 Operatives in place by May 2001</p>
	<p>Personal Development Planning(PDP)</p> <p>Target 1.3.15 Commence roll-out of P.D.P process.</p> <p>Performance Indicators Number of staff members who have participated in PDP</p>
Technical Efficiency	<p>Continued Implementation of Catering Action Plan</p> <p>Target 1.3.16 Continue implementation at one acute site and one care centre for older people</p> <p>Performance Indicator Continue audit process</p>

<p>Linkages</p>	<p>Primary Care Enhanced communication with G.P.s on waiting lists.</p> <p>Risk Management. (Note also section in CQI section of service plan)</p> <p>Clinical Audit. (Note previous targets referring to staffing) Target 1.3.17. To establish Clinical Audit as an integral part of day to day work on the three acute hospital sites and across all care groups in 2001.</p> <p>Performance Indicators. Agreed audit projects to be commenced in 2001 Training package for research and audit support staff in place early 2001. Training package for clinical service providers in place early 2001.</p> <hr/> <p>Target 1.3.18 Older people – continued support of Community Rehabilitation Unit. Performance indicators Numbers of patients admitted to and discharged from units</p> <hr/> <p>Target 1.3.19 Improved liaison between mental health services and acute care Liaison Nurse to be appointed (see also Mental Health Services)</p>
<p>Health Promotion</p>	<p>Target 1.3.20</p> <p>Continue consolidation and implementation of Health Promoting Hospital initiatives. Evaluate workshop on Health Promotion and Health Promoting Hospitals. Launch national video on Health Promoting Hospitals in all participating hospitals. Facilitate training workshop on evaluation and project management tools for H.P.H. Co-ordinators.</p> <p>Performance Indicators</p> <p>Initiatives in place and audited.</p>

Clinical Audit

The Board is committed to achieving uniformly high standards at all service locations and reducing risks to users of services and staff to the greatest extent possible. It is against this backdrop, that clinical audit was introduced in the Board in 2000.

Clinical Audit is “the systematic review of the manner in which healthcare is provided – from an individuals first contact with the service through to an assessment of the outcome of care which he/she received” (Shaping a Healthier Future 1994).

With the development of services, and the increased emphasis on quality and clinical excellence, enhancement of the research and audit capacity across all care groups is a priority. Therefore, funding has been allocated from a number of sources including episodic care, mental health and the cardiovascular strategy to enable the appointment of research and audit officers who will provide this support. During 200, this team will itself be given training in relevant areas and will also provide a training course for clinical service providers in basic audit methods. The team will also provide support for specific projects in terms of data collection, analysis and work to implement change with project teams.

Audit meetings will be arranged on a regular basis in each acute hospital site and for other care groups as agreed with the service providers. (see target 1.3.10)

Clinical audit will be developed under the Board’s continuous quality improvement strategy and will also incorporate management by projects, as an effective means of change. The audit cycle will be used to manage each phase of the project through from topic selection to action plan implementation.

Waiting List Initiative

Waiting list management continued to be a priority within Episodic Care in 2000.

The 2000 Letter of Determination included an allocation of £1.4m for a waiting list initiative. A further £0.770m incentive funding was allocated mid-year based on performance in the first half of the year. This additional allocation ensured that extra patients were treated and also that the normal seasonal reduction in activity during the summer and Christmas periods did not take place. The funding was targeted at the following specialities at the General Hospital, Tullamore:

Orthopaedics
ENT and
Vascular Surgery

Funding was also targeted at general surgery in Portlaoise and gynaecology in Longford/Westmeath General Hospital.

The success of the initiative is demonstrated in the following table which outlines the numbers on the waiting list for these specialities at the end 1999 and at the end of 2000.

Speciality	General Hospital Tullamore		Longford/Westmeath General Hospital		Portlaoise General Hospital	
	Dec. 99	Dec 00	Dec.99	Dec. 00	Dec. 99	Dec. 00
ORTHOPAEDICS	612	469				
ENT	1116	1025				
Vascular Surgery	41	63				
Gynaecology			192	0	89	
General Surgery					198	138
TOTAL	1769	1557	192	0	287	138

The objective of the waiting list initiative is to achieve reductions in the numbers waiting and the waiting times. Credit is due to the staff engaged in the initiative, who continue to achieve targets in spite of the ever-increasing number of medical emergency admissions. For example, in January 2000 no elective work was possible because of the influx of medical emergencies. It is also important to note that part of the allocation also supports Community Rehabilitation Units in Tullamore and Birr.

During 2000, an initiative was also undertaken aimed at giving G.Ps. a more meaningful role in waiting list management of their patients. Information was forwarded to each general practitioner setting out the overall size of the waiting list for each Consultant, where their individual patients were placed on the list and the date that they were placed on the list. Each general practitioner was also requested to provide information to the hospital as to whether the procedure was required and an indication of the priority they attached to the individual patient. This information has added to the validation process and very positive feedback has been received from general practitioners.

Work commenced in 2000 on an acceptable prioritisation and weighting system for Orthopaedic patients and this will continue in 2001. The introduction of a similar approach for E.N.T. patients will also be pursued in 2001.

Validation of lists will continue to be a priority.

An allocation of £1.350 million has been approved for a waiting list initiative in 2001. The Letter of Determination also states that the Minister has decided to retain a proportion of available waiting list funding for distribution later in the year having regard to the performance of agencies in relation to average waiting times in the first quarter of 2001. Every effort will be made to reduce the waiting times by targeting the longest waiters. If the Board is successful in reducing waiting lists and times in the first half of 2001, it is expected that a further waiting list initiative allocation will be made as in 2000.

The specialities targeted in 2001 will again include orthopaedics, ENT and vascular surgery at the General Hospital, Tullamore, general surgery at the General Hospital, Portlaoise and gynaecology at Longford/Westmeath General Hospital.

The funding for 2001 is in line with the previous year and will enable the following number of procedures to be carried out. On the basis that referral patterns will probably remain unchanged it is envisaged that waiting lists at the end of 2001 will show similar reductions to those achieved in 2000.

SPECIALITY	Number of Procedures
Orthopaedics	
Hip replacement	175
Other Procedures	250
ENT	200
Vascular	75
Total	700

In addition to carrying the above number of procedures at the General Hospital, Tullamore which will absorb £1.066m of the waiting list allocation, £ 0.075m will be allocated to the community rehabilitation unit initiative, £0.150 m will be allocated to address gynaecological and general surgery waiting lists at Longford/Westmeath General Hospital and the General Hospital Portlaoise. £0.059m will be allocated to waiting list management and support systems.

Clinicians in management

As previously mentioned progress has been achieved with the Clinicians in Management Initiative. Agreement has been reached with nursing unions in relation to the appropriate grading structures, reporting relationships and proposed structures for units of management. It is intended to advertise for Divisional Nurse Managers and Business Managers early in 2001.

There is a growing commitment among consultant staff in all three acute sites to the initiative. Units of management will be implemented on a phased basis commencing in the General Hospital, Portlaoise, and Tullamore General Hospital when the above posts are recruited.

Accident and Emergency Services

By letter of 18th December 2000 Comhairle na nOspideal approved the appointment of three temporary Accident and Emergency Consultants to the 31st December 2001. An Comhairle has also decided that it will undertake a review of the structure, operation and staffing of all Accident and Emergency services and departments with the aim of improving the provision and quality of patient care. The Department of Health and Children will also participate in the review. The review will be initiated as soon as possible after the nomination by the Minister of the members of the new Comhairle and aims to be completed within three months. An Comhairle will give consideration to permanent appointments following completion of the review.

In its letter of the 18th December 2000 approving the three temporary accident and emergency to the Board, Comhairle indicated that these temporary Consultants should be based at the General Hospital Tullamore until 31st December 2001. Each of the posts will have the majority of its sessions at the General Hospital Tullamore and will have a regional remit . The appointees to the temporary post will, therefore, have regional responsibilities for the organisation of Board's A & E services.

The interim arrangements are not intended to prejudice whatever arrangements are made subsequently in respect of the permanent posts.

In association with the primary care based out of hours consultation process A & E services in Athlone and Longford hospitals will be reviewed in order to ensure the integration of these services with the overall A & E service in the Board's area.

Cancer Services.

The General Hospital, Tullamore is designated as the lead oncology centre for the Board's area. Reference has already been made to the accelerated development of cancer services towards the end of 2000 with the appointment of Consultants in Oncology and Haematology. This progress will be maintained in 2001 with the appointment of support staff and the opening of a dedicated Day Unit in the General Hospital, Tullamore.

Symptomatic Breast Disease Services

The Board has been notified that, an amount of £0.500m is being made available in 2001 for the development of services for symptomatic breast disease at Portlaoise General Hospital.

The Report of the Sub-Group to the National Cancer Forum on the Development of Services for Symptomatic Breast Disease was published in 2000 and considered by the Board. The Board also met with the advisory group established by the Minister to assist boards in the implementation of the Report's recommendations. The Sub-Group concluded that the population of the Midland Health Board marginally supports one specialist breast disease unit. Having considered the report and all the possible options available, the Board decided to reaffirm its existing policy to provide specialist breast disease services at Portlaoise General Hospital and the Longford Westmeath General Hospital, Mullingar. That decision was notified to the Department prior to the issue of the letter of determination. The Board, noting the inclusion in the letter of an allocation for the development of services at Portlaoise only, decided at its meeting in December 2000 to request the Minister to receive a deputation from the Board on this matter.

The Cancer Forum Sub-Group recommended the establishment of a network of Specialist Breast Units throughout the country which would be fully staffed and resourced to deal with patients with breast disease. The main components of a Unit include core personnel, other essential personnel, facilities equipment and organisational elements. These are detailed in the report itself. The core personnel include a lead clinician, breast surgeons, breast radiologist, breast pathologist, breast care nurses, clinic nurses, medical oncologist, radiation oncologist, radiographers and administrative staff. The level of investment in staff, facilities and equipment is significant and will require the commitment of additional resources, most likely, in a series of service plans.

A key appointment will be that of lead clinician. The lead clinician will generally be a surgeon and will have the skills to lead the Unit and promote the development of audit, protocols and quality assurance measures.

As a first step in the development of the services at Portlaoise General Hospital, it is proposed to appoint a lead clinician and to then formulate a detailed plan for the establishment of a Unit as recommended in the Sub-Group's Report as the necessary funding is made available.

The majority of breast cancers are treated surgically but chemotherapy and radiotherapy are administered and combined with the surgery for some patients. Chemotherapy and radiotherapy services for all cancers will continue to be developed in line with the Board's Cancer Plan.

Bed Capacity and Winter Initiative 2000/2001

By letter of 27th October 2000 the Department of Health and Children approved an allocation of £0.855m to support a number of initiatives in this area including::

- Contracting of private nursing home beds for six months from October 2000 and from October 2001 to December 2001
- Enhanced discharge planning and bed management.
- Provision of aids and appliances for use by older people.

The leasing of nursing home beds in the region has commenced and the demand for beds under this initiative is linked to inpatient activity at the three acute sites which, obviously, fluctuates from day to day. A project manager has been nominated to project manage this initiative and will work closely with key stakeholders (including the patients and their next of kin) and consult with medical and nursing staff.

An additional five beds have also been commissioned in Longford/Westmeath General Hospital.

Hospital Inpatient Enquiry System (HIPE) And Casemix

The workload of acute hospitals varies substantially from hospital to hospital and within hospitals from speciality to speciality. Casemix is used to quantify hospital workloads in terms of complexity and resource usage. Casemix data is now more widely available and data from hospitals is also shared.

The hospitals use the Hospital Inpatient Enquiry System (HIPE) to gather information on patients treated and, using the best known and most widely used Casemix classification system, assign each patient to a diagnostic related group (DRG). The DRG classification system also allows an adjustment for the individual patients age, sex, presence of complications and other co-existing illnesses (co-morbidities).. Actual costs incurred are then compared with the predicted costs and a Casemix adjustment is calculated.

The Board's Letter of Determination for 2001 included a positive adjustment in respect of its three acute hospitals of £ 0.114m. The adjustment of the individual hospitals is as follows:-

Portlaoise General Hospital	(£0.017M)
General Hospital, Tullamore	£0.064M
Longford/Westmeath General Hospital	£0.068M

Total positive adjustment	<u>£0.115M</u>

This positive adjustment is very satisfactory in view of the negative adjustment of £ 0.241 in 2000. This turnaround is a direct result of work that has been undertaken by the Board's hospitals in relation to improving HIPE coding in association with Consultants and reviewing the cost allocation system. Credit is due to the personnel working in the HIPE and Casemix Departments.

The progress made in 2000 will be built upon in 2001.

Performance Indicators

Acute Hospital Services performance indicators are primarily based on process and outcome measurements. Available information from HIPE is being used to measure performance, both at national and local level. As identified in the 2000 Service plan, inter-hospital variations may be investigated by addressing coding practices, clinical practices and resources available locally.

Coding practiseses

Work has been undertaken in each of the three hospitals to focus on high volume Diagnostic Related Groups. (DRGS) Co-morbidities (associated conditions or illnesses) can be identified which affect the principle diagnoses by re-classifying them into a higher value DRG to reflect the consumption of hospital resources. There are many obvious co-morbidities e.g. presence of malignancy, diabetes open fractures. However, many are discreet and may not be easily seen, for example biochemical disturbances and chronic anaemia. An education programme was put in place for the HIPE coders to address this issue in 2000 and the first six months discharges have been reviewed. Improvements in coding practices are being applied to all discharges across the three sites.

Health Promotion

The Midland Health Board Regional Health Promoting Hospital Network has four functions:

- To provide individual support and assistance to network member hospitals and promote development and transfer of models of good practice.
- To increase active participation and membership through network development and communication of the overall project within the Board.
- To develop partnership within hospitals and between hospitals and within the Board.

- To identify key projects, which dovetail with the Board's Service Plan.

During 2000, the following activities and developments have taken place. A Midland Health Board Health Promoting Hospital Framework Document was launched and it has been endorsed by the national health promoting hospital network and the World Health Organisation (WHO) European Office for health care services. It will form the basis for the evaluation of the overall Health Promoting Hospital Project.

Six hospitals in the region are now fully registered with the International Health Promoting Network and multidisciplinary local committees have been established in each of the hospitals. Three-hour information workshops were developed and implemented for staff in four of the participating hospitals. Twenty one projects have been identified with aims, objectives and performance indicators clearly established.

Twelve Board locations successfully participated in the European Hospital Challenge Day. Three out of the five national award categories were awarded to three locations in Board's area.

Income

It is anticipated that, within the acute hospitals, income generation and collection targets for 2000 will be exceeded in the main income areas by 2.6% approximately.

Charges in respect of private and semi-private accommodation in public hospitals have been revised with effect from 1st January, 2001. The revised rates represent a 3% increase in private and semi-private charges.

Emerging Issues in Episodic Care

1. **Out Of Hours Care:** The provision of out of hours care for patients within primary care is an issue which continues to be as a cause for concern for patients, general practitioners, health service managers and others. A plan targeting a further consultation and a pilot project implementation is referred to in the main part of the service plan.
2. **Risk management** Identifies and evaluates general areas of potential risk in all aspects of patient care and safety and institutes action plans to correct or reduce risk. The Board has already commissioned a consultative report which recommends enhancing and strengthening the risk management function across all care groups. In 2001 a health care risk manager and clinical risk manager will be appointed. The risk management function will also include health and safety.
3. **Accreditation/quality standards.** New regulations regarding accreditation for training and quality were implemented during 2000. Units have been inspected by the respective faculties involved and issues raised by the inspection must be addressed in order to ensure continuing accreditation including 1 in 2 rotas for Consultants.

1 in 2 rotas exist in the specialities of paediatrics and obstetrics and gynaecology at both Longford/Westmeath General Hospital and the General Hospital, Portlaoise. The medical colleges, following recent inspection visits have indicated that it is their intention not to

continue accrediting posts for junior doctor training in those specialities with 1 in 2 rotas. This will obviously have the effect of complicating the position.

A separate submission has been made to the Department of Health and Children in relation to additional consultant appointments to address this and other issues.

4. **Neo Natal Facilities** The Maternity Units attached to Longford/Westmeath General Hospital and the General Hospital Portlaoise do not have neonatal facilities. The practice at both units is to transfer women in premature labour (less than 30 weeks) to maternity units in Dublin.

With the pressure on maternity beds and the shortage of adequately trained nursing personnel in the Dublin units, it is becoming more difficult for Dublin hospitals to accommodate Midland Health Board patients. Babies are now returning to the Board's units much quicker than heretofore. These babies require special care by trained staff in hi-tech facilities both of which are not available in this area. There are significant revenue and capital costs attached to developing this service to an acceptable level. As a first step training will commence early in 2001 so that a number of nurses will be available with enhanced paediatric and neo-natal nursing skills.

- 5 **Acute Medical Beds** Percentage occupancy levels confirm that there is an inadequate number of acute medical beds in the system. This will only be fully resolved when planned capital developments are completed. In the meantime, initiatives such as the winter bed initiative and the development of community rehabilitation units will need continued support

- 6 **Budgetary Pressures:** . The cost of treating patients and in particular the cost of medicines, surgical supplies and appliances, blood and blood products etc. continue to rise. The appointment of Consultants in Oncology and Haematology will also lead to increased costs which must be monitored carefully.

There are also difficulties in finding sufficient numbers to replace staff in a temporary capacity on sick, maternity and other short term leave is leading to the payment of overtime on a more regular basis.

AMBULANCE SERVICE

Mission Statement

To provide a comprehensive and efficient emergency medical ambulance and patient transport service for the Midland Region

Review of Performance Against 2000 Service Plan

The Ambulance Service had six areas of strategic focus for service development during 2000

1 Improvement of operational and management staffing levels –

With the qualification of an additional three staff as emergency medical controllers, (E.M.T.s) the Command and Control Centre now provides full 24 hour cover.

An Operations Officer has been appointed in accordance with the terms of the National Productivity Agreement for Ambulance Officers 1999.

2. Staff Development –

Operational staff development continued with EMT's attendance at the conversion course and the child protection programme. A number of staff also attended neonatal resuscitation, ACLS and PALS courses. Training workshops were also held to familiarise staff with new equipment and all staff have been re-certified with respect to automated external defibrillation. Nine students successfully completed their basic training programme qualifying as EMT's. An additional eleven students successfully completed stage one of their development programme.

Three members of staff have qualified as advanced driving instructors resulting in the commencement of in-house driver training.

Two-person crewing is now in place at four stations with the last remaining location (Athlone) transferring to two-person crewing during January 2001.

3. Improved infrastructure to ensure optimal patient care –

Communications systems developments have facilitated the transfer of operational control of counties Westmeath and Longford to regional control. In line with recommendations of the Review Group 1993, the ambulance service now operates one command and control centre for the Board's area.

4. Effective and Efficient provision of services – Clinical Audit

Research and discussion with software suppliers in the various methods of clinical audit have been concluded allowing the tendering process to commence early in 2001

5. Safer working environment - Health and Safety

Each front line ambulance has been equipped with an easy load stretcher.

6. Ambulance Station Development - Provision of suitable accommodation

Additional temporary accommodation has been provided at Tullamore Station to accommodate two-person crewing.

Suitable temporary accommodation for Longford Station has also been identified and work on the provision of the new station at the Longford Hospital campus will commence shortly.

The following table shows the planned service development for 2001. It sets out the strategic focus and planned service response.

Strategic Focus	Service Development, Targets and Performance Indicators
Improvement of operational staffing levels	<p>Two-person crewing completion</p> <p>Target 1.4.1 Two- person crewing – Athlone Station</p> <p>Performance Indicator Appointment of present trainees as qualified E.M.T's.</p>
Staff Development	<p>Ongoing training and development of staff</p> <p>Target 1.4.2 Driver development training programme for all staff Staff undergo the following programmes – conversion course, cardiac resuscitation, child protection programme, major emergency training.</p> <p>Performance Indicator All staff complete defensive driver training programme Staff attendance at in-service/school based programmes</p> <hr/> <p>Cardiovascular Strategy</p> <p>Target 1.4.3 Expand CPR training programme Introduction of 12 Lead ECG facilities</p> <p>Performance Indicator Organisation of CPR training classes Staff training on 12 Lead ECG programme</p>
Effective and efficient provision of service	<p>Audit</p> <p>Target 1.4.4 Tendering and Introduction of Clinical Audit system in the pre-hospital setting.</p>

	<p>Performance Indicator Audit outcome ⇒ clinical audit of patient report form and cardiac arrests pre-hospital</p> <p>Cardiovascular Strategy Target 1.4.5 Introduction of GP defibrillation programme</p> <p>Performance Indicator Implementation and evaluation of programme</p>
<p>Development of Major Emergency Planning</p>	<p>Major Emergency Training – in-service / inter agency</p> <p>Target 1.4.6 Upgrading of equipment carriers and mobile command & control unit. Continuation of inter-agency and inter-service training</p> <p>Performance Indicator Participation of staff, Medical /Nursing/ Ambulance in training exercises/workshops.</p>

OPHTHALMIC SERVICES

The Ophthalmic Service is based at five Eye Centres attached to the hospital complexes at Tullamore, Portlaoise, Mullingar, Athlone and Longford. At present the service is totally out-patient based. The Royal Victoria Eye and Ear Hospital, Dublin provide emergency, surgical, in-patient and day-care services for patients. From the Board's area.

The primary aim of the service is to enhance the ophthalmic health and quality of life for all categories of patients. This is the primary and unifying focus for all members of the eye team who are involved in delivering the service at local level.

IMPROVEMENTS TO DATE

- Introduction of protocol for 'Screening in Diabetic Retinopathy' This protocol divides people with diabetes into low and high risk. This allows for less frequent screening of patients in the low-risk category, the creation of more appointment slots for newly diagnosed, and 'high-risk' patients.
- Introduction of 'computerised appointments' for ophthalmic patients through the use of the diary system on the department computer.
- Computerisation of diabetes register at Longford Westmeath General Hospital

- Introduction of orthoptic screening clinics where children with defective vision can be fast-tracked to the ophthalmologist and children with normal vision can be discharged .
- Standardisation of ophthalmic referral forms for general practitioners, hospital in-patients and out-patients throughout the area.
- Introduction of protocols on vision screening for area medical officers and public health nurses.
- Dedicated diabetic eye Clinics at Longford/Westmeath General Hospital

The following table shows in more detail the planned service development for 2001. It sets out the strategic focus and planned service response.

Strategic Focus	Service Development, Targets and performance indicators
<p>Improved Clinical Care and Service Delivery</p>	<p>Appointment of a consultant ophthalmic surgeon to Longford/Westmeath catchment area.</p> <p>Target 1.5.1. Progress with the Department of Health and Children and the Royal Victoria Eye and Ear Hospital the appointment of a consultant ophthalmic surgeon to Longford Westmeath area</p> <p>Performance Indicators Successful completion of discussions. Joint proposal submitted to DOH& C Process of appointment commenced.</p>
	<p>Development and enhancement of services for specific patient groups.</p> <p>Target 1.5.2 Diabetic patients – continued linkage with Midland Health Board diabetic project.</p> <p>Performance Indicators</p> <ol style="list-style-type: none"> 1) Development of clinical guidelines and protocols and their evaluation and audit 2) Extension of dedicated diabetic clinics 3) Computerised system installed.
	<p>Target 1.5.3 Increased number of out-patient clinics, Tullamore, Portlaoise and Athlone</p> <p>Performance Indicator Clinics in place by April 2001</p>

	<p>Target 1.5.4 Increased funding to extend clinical commitment by community ophthalmic physician Laois/Offaly area.</p> <p>Performance Indicator Full time appointment by February 2001</p>
Technical Efficiency	<p>Improved infrastructure to ensure optimum patient care</p> <p>Target 1.5.5 Extension of computerised diabetes register. Extension of diabetic eye clinic to Tullamore (linked with Midland Health Board Diabetic project) Provision of computerised visual field facilities at Tullamore and Portlaoise.</p> <p>Performance Indicator Service extensions completed by year end.</p>
	<p>Target 1.5.6 Introduction of computerised appointments system for all ophthalmic out-patients</p> <p>Performance Indicator System in place by year-end Reduction in 'Did Not Attend' rate</p>
Training	<p>Provision of training for community orthoptist, community ophthalmic physicians, eye secretary, out-patient nurses</p> <p>Target 1.5.7 Completion of plan for training in association with key stake holders</p> <p>Performance Indicator Progress on plan – March 2001 Training in place mid 2001</p>

Links with Other Care Groups:

Note that the care plans for each care group provide more detail of these linkages

Cardiovascular Strategy

The detailed cardiovascular service plan including a number of the targets relating to the episodic care group, is set out at the end of the Episodic Care section of the Service Plan.

Older People

Based on a recent needs assessment, a strategy which ensures seamless care for older people is required. Allied to this, a detailed proposal for development of a Geriatrician/Physician post based in General Hospital Portlaoise and with links to the community was prepared in 2000 and submitted to the Dept. of Health and Children. The development of community rehabilitation units is a joint project between the older people care group and the episodic care group.

Mental Health Services

Further work will be done in developing protocols for use in primary care to ensure appropriate care for people with mental health problems and substance abuse. A Liaison Nurse project is commencing in the General Hospital, Tullamore in 2001. The aim of this project is to provide appropriate care for patients presenting with mental health problems in the hospital.

Children & Families

Acutely ill and injured children form a large part of the target group for health care services provided within the episodic care group.

The primary care services provide treatment and support for the many minor illnesses of childhood. In general, these are self-limiting illnesses and rarely require referral for more specialised care. However, a proportion of children present with more serious illness or injuries which may require hospital care. The acute hospital services continue to strive to ensure patient and family friendly services are provided. The design layout of the new Paediatric Unit at the General Hospital, Portlaoise will include many family friendly initiatives. (Building work will commence in Portlaoise in January 2001.) The Paediatric Department at Longford/Westmeath General Hospital will also be up-graded/redesigned as part of the development of the brief for Phase 2B of that hospital.

A project manager post for family planning will also be put in place during 2001. This post will be linked to the primary care unit, and funded from health promotion.

People with Disabilities

The provision of care to people with disabilities within the episodic care group will continue to take into account their special needs. The capital development programmes for all hospitals will also cater for the needs of this group.

Cardiovascular Strategy

Introduction:

Cardiovascular disease including heart disease, stroke and related diseases is the single largest cause of death in Ireland, representing over two in five (43%) of all deaths in 1997. Stroke causes nearly one in ten of all deaths. A further one in ten deaths is attributed to other cardiovascular diseases, such as heart failure, diseases of arteries including aortic aneurysm and diseases of the peripheral arteries, hypertensive disease and rheumatic heart disease.

Mission Statement:

To offer high quality, equitable, effective and efficient services to the population of Laois, Offaly, Longford and Westmeath in the prevention and treatment of cardiovascular conditions.

The Midland Health Board Cardiovascular Strategy includes a preventative approach based on intersectoral health promotion initiatives, primary care initiatives, pre-hospital care intervention, development of improved services for acute cardiovascular incidents and the provision of cardiac rehabilitation services. The strategy is underpinned by the development of enhanced audit, evaluation and information systems.

Review of Performance to date

In 1999 the report of the Cardiovascular Health Strategy Group-*Building Healthier Hearts* was published. Funding of **£1.0m** was provided to the Board to support the development of a Cardiovascular Strategy in the region. The Midland Health Board Cardiovascular Strategy follows national guidelines based on primary, secondary and tertiary prevention of cardiovascular disease.

Health Promotion

Primary prevention of the major risk factors for cardiovascular disease forms the focus of the health promotion messages under the Cardiovascular Strategy. Smoking is the largest single cause of preventable illness and death in Ireland. Regional results from the SLAN survey show that 32% of adults smoke in the Midland Health Board. To support the anti-smoking project of the Cardiovascular Strategy a senior health education officer came into post in 2000. Personnel were also recruited to provide a smoking cessation service in the community.

A senior nutritionist, community clinical dietician and exercise health education officer were employed to support the physical activity and nutrition projects of the Cardiovascular Strategy.

Cardiopulmonary Resuscitation (CPR) Training, Pre-Hospital Projects, Hospital CPR training

Funding was provided for the purchase of training equipment, defibrillators and ECG transmission equipment to support the implementation of the CPR training projects and the pre-hospital projects. These projects will be further developed in 2001.

CPR training in the community commenced and ninety-four staff members attended for training. Six members of staff were funded to attend the Irish Heart Foundation's Basic Life

Support Course to support the delivery of CPR training for medical and nursing staff. A regional resuscitation training officer will be recruited early in 2001.

Cardiology, Endocrinology and Cardiac Rehabilitation

The Cardiovascular Strategy sets out the requirements needed to provide a comprehensive tertiary prevention service for the region. In 2000 the first of a number of personnel were employed to support the establishment of cardiology services in the Board's three acute hospitals. Funding was also provided for Diabetic Nurse Specialists posts based in the three acute hospitals. To support the establishment of cardiac rehabilitation services in each acute hospital, Cardiac Rehabilitation Nurse Specialists, Occupational Therapists and clerical officers were recruited during the year. A wide range of cardiac rehabilitation equipment was purchased and sites for the delivery of the service were identified in the three acute hospitals. This service will be further developed in 2001.

Project Management, Research & Audit, Information Systems

A project manager for the Cardiovascular Strategy came into post in September. Clerical support for the strategy is also in place. In order to support the evaluation and audit of the various projects under the strategy researchers were recruited and will come into post in 2001.

Strategic Direction for 2001

In 2001 the Board will continue to implement the Cardiovascular Strategy through health promotion, primary care and hospital care. In 2000 the Board concentrated on the development of resources, both infrastructure and staff, to implement the strategy. The Cardiovascular Strategy, through its allocation of **£2.2m**, will continue to implement a series of measures aimed at preventing the development of risk factors for cardiovascular disease in the population, identifying those at risk of developing cardiovascular disease and treating people with established disease so as to improve outcome and quality of life.

In line with national recommendations, the Board will continue to implement measures designed to prevent uptake of tobacco smoking and to promote its cessation as well as to enhance the enforcement of existing tobacco legislation. Special attention will be given to programmes designed to reduce obesity and increase physical activity. Projects will be carried out across a range of settings – schools, community, health services, workforce and GP practices. Initiatives in primary care will focus on prevention.

Pre-hospital projects started in 2000 will continue plus additional projects focussing on reduction of post-myocardial infarction mortality and improving links in the chain of survival.

Projects established under hospital care will continue in 2001. Cardiac rehabilitation programmes will be established in the Board's three acute hospitals. The cardiopulmonary resuscitation function within the Board will continue to be developed at hospital level.

Underpinning all projects will be an increased audit, research and evaluation capacity. This will help to ensure that we are in fact achieving better cardiovascular health.

Health Promotion

Strategic Focus	Service Plan Targets, Performance Indicators and Costs
<p>Regional anti-smoking strategy including development of personal skills, creation of supportive environments and the training of health professionals</p>	<p><i>Tobacco Strategy</i> Target: 1.6.1 The Board will promote prevention of uptake, smoking cessation and enforcement of legislation. The Board will complete a regional anti-smoking strategy</p> <p>The Board will evaluate the anti-smoking campaign in cinemas</p> <p>Performance Indicator: Launch of regional anti-smoking strategy</p>
<p>Preventing teenage smoking through community-based initiatives.</p>	<p><i>Prevention of Uptake</i> Target: 1.6.2 A pilot project will be further developed in Birr (Smoking Cessation Reduction Action Programme). Depending on the result of the evaluation programme established in other national schools, Smoking prevention programmes established in 11 national schools.</p> <p>Performance Indicator: Pilot project carried out in Birr Evaluation of the programme carried out</p>

Strategic Focus	Service Plan Targets, Performance Indicators and Costs
<p>The Board will continue to participate in National initiatives and work in partnership with agencies to decrease the prevalence of smoking in the Midland Health Board.</p>	<p><i>Promotion of Cessation</i> Target: 1.6.3</p> <p>Participation in Ash Wednesday, World No Smoking Day, Irish Heart Week, and Cancer Week.</p> <p>The Board will provide Brief intervention training for trainers and training in brief intervention techniques for specific staff providing services to high-risk</p> <p>A model for smoking cessation will be developed and training in smoking cessation will be provided hospital-based staff , phns and lay leaders</p> <p>The Board will develop a specific project aimed at women to promote cessation among women, in particular disadvantaged women.</p> <p>Performance Indicator Implementation of targets set in the regional tobacco strategy Smoking cessation clinics will be established in the Board's three acute hospitals and six community-based locations.</p>
<p>Enforcement of tobacco legislation and prohibitions</p>	<p><i>Legislation Concerning Tobacco Smoke</i> Target: 1.6.4</p> <p>Smoking signage will be developed and displayed in all health Board premises.</p> <p>The Board will continue to enforce the tobacco legislation in restaurants and will further develop the '<i>Happy Heart</i>' catering award to include compliance with tobacco legislation.</p> <p>Performance Indicator: Signage agreed and installed</p> <p>Costs: Non-pay £0.17m</p>

Health Promotion

Strategic Focus	Service Plan Targets, Performance Indicators and Costs
<p>Promotion of positive health among staff</p>	<p><i>Workplace Health Promotion</i> Target: 1.6.5 Develop a project titled ‘Heart Health Staff’ which will include nutrition and exercise promotion.</p> <p>Performance Indicators: Multidisciplinary protocol developed Two pilot projects developed</p>
<p>improving the levels of physical activity undertaken by the population of the Midland Health Board and also to reduce the levels of obesity in the community</p>	<p><i>Physical Activity</i> Target: 1.6.6 To develop initiatives to increase participation in physical exercise in the Midland Health Board region.</p> <p>Performance Indicator: Pilot project developed to assess the feasibility of exercise referral in primary care Evaluation carried out</p> <p>Costs: Non-pay £0.05m</p> <p><i>Nutrition</i> Target: 1.6.7 To develop a weight management programme for community groups</p> <p>Performance Indicator: Programme developed and evaluated</p> <p>Costs: Non-pay £0.02</p>
<p>Health Eating</p>	<p><i>Nutrition</i> Target: 1.6.8 The Board will run a healthy eating campaign during National Healthy Eating Week The Board will develop a regional project incorporating Irish Heart Foundation Happy Heart Catering Award</p>
<p>Peer Led Nutrition Projects for Low Income groups</p>	<p><i>Nutrition</i> Target: 1.6.9 The Board will develop, support and evaluate Food and Health Courses.</p> <p>Performance Indicator 40 courses held and programme evaluated.</p>

Hospital Care

Strategic Focus	Service Plan Targets, Performance Indicators and Costs
To provide equitable and accessible cardiology service	<p><i>Cardiology Services</i> Target: 1.6.10 Investment in equipment and personnel to support the establishment of a consultant led service in 2002</p> <p>Performance Indicator: Equipment purchased for 3 acute hospitals Posts filled in physiotherapy, radiography and nursing</p> <p>Cost: Pay £0.21m (Medical 1; Nursing 6) Non-pay £0.094m</p>
Developing a regional focus to the provision of services to diabetic patients	<p><i>Endocrinology Service</i> Target: 1.6.11 To facilitate care providers in primary and secondary care settings to develop guidelines for good practice in diabetes patient education</p> <p>Performance Indicator: Guidelines agreed and audit process in place diabetic nurse specialists service in place</p>
Reducing cardiac deaths by training nursing, medical staff in hospitals in cardiopulmonary resuscitation (cpr)	<p><i>Cardiopulmonary Resuscitation (CPR) Training</i> Target: 1.6.12 Set up cardiopulmonary resuscitation committees in each of the Boards three acute hospitals Provide 3 Advanced Cardiac Life Support (ACLS) courses in 2001</p> <p>Performance Indicator: Cardiopulmonary resuscitation training and defibrillation skills provided in the Boards three acute hospitals Evaluation of the courses as per Irish Heart Foundation/American Heart Association guidelines</p> <p>Cost: Non-pay £0.01m</p>

Hospital Care

Strategic Focus	Service Plan Targets, Performance Indicators and Costs
<p>Provision of effective tertiary prevention measures for patients with established cardiovascular disease</p>	<p><i>Cardiac Rehabilitation</i> Target: 1.6.13 Cardiac rehabilitation established in the Board's three acute hospitals</p> <p>Performance Indicator: A multi-disciplinary cardiac rehabilitation team established in each of the Boards three acute hospitals. Phases one to three operational in each location. Standard format of audit agreed regionally and in line with national audit standards</p> <p>Costs: Pay £0.056m (para-medical 1, nursing 1)</p>

Primary Care

Strategic Focus	Service Development, Targets, Performance Indicators and Costs
<p>To enhance the provision of cardiovascular primary and secondary prevention services in primary care</p>	<p><i>Primary Care</i> Target: 1.6.14 Improvement in equipment and skills in primary care relevant to the prevention of cardiovascular disease</p> <p>Performance Indicator: Equipment purchased Skills training underway</p>
<p>To support the current provision of diabetes structured care programme</p>	<p><i>Primary Care</i> Target: 1.6.15 Provide dedicated staff to support and develop structured care programmes in primary care To improve linkages across care settings</p> <p>Performance Indicator: Project manager in post</p> <p>Cost: Pay £0.035m Non-pay £0.01m</p> <p>Target: 1.6.16 To extend the provision of chiropody services in primary care</p> <p>Performance Indicator: Increase in number of hours available Audit processes agreed</p> <p>Cost: Pay £0.02m</p>

Ambulance Service

Strategic Focus	Service Development, Targets, Performance Indicators and Costs
<p>The Board supports the provision of cardiopulmonary resuscitation training for the Board's staff and in the community in order to improve links in the chain of survival</p>	<p><i>Ambulance Service</i> Target: 1.6.17 Continue cardiopulmonary resuscitation training, for non-medical staff, in the Boards three acute hospital and extend to psychiatric hospitals and care centres for the elderly.</p> <p>Performance Indicator: Resuscitation training officer in post Target number of 600 staff members attend for training. Evaluation of training using agreed Irish Heart Foundation/American Heart Association standards.</p>
<p>The Board seeks to achieve a reduction in early post myocardial infarction mortality through a reduction in the call-to-needle time</p>	<p><i>Ambulance Service</i> Target: 1.6.18 Provision of early defibrillation to cardiac arrest victims in the community, commencing with rural areas far removed from ambulance bases</p> <p>Performance Indicator: 6 GPs trained and equipped Evaluation of project carried out</p> <p><i>Ambulance Service</i> Target: 1.6.19 Pre-hospital ECG tracing established on a pilot basis in Co. Offaly Achieve an audit standard of 90 minutes call-to-needle</p> <p>Performance Indicator: Project team established Training provided Audit carried out using national proforma</p>

Strategic Focus	Service Development, Targets, Performance Indicators and Costs
<p>The Board will strengthen its audit and research capacity in order to meet the challenges set out in the Cardiovascular Strategy and ensure a quality service</p>	<p><i>Audit & Research</i> Target: 1.6.20 To support the development of projects through the availability of staff expert in research, audit and evaluation</p> <p>Performance Indicators: Research, IT and technical support personnel in post Premises available for staff</p> <p>Cost: Non-pay £0.020m</p>

2. MENTAL HEALTH SERVICES

Introduction:

The Board's Mental Health Service Initiative (1997) and subsequent service plans provide a comprehensive framework for the achievement of the strategic goals of the mental health services. The Service Plan for 2001 aims to build on the work carried out in 2000 in achieving the vision of a comprehensive mental health service for the Board's population.

MISSION STATEMENT

To secure and maximise health and social gain for people with mental illness, their carers and families, the Board will:

- **promote positive mental health**
- **treat acute mental illness promptly and appropriately**
- **provide care and support for those suffering from long term mental illness**

Review of Performance Against 2000 Service Plans

The Board's 2000 Service Plan identified high priority service changes and developments and, with the increases in revenue allocation, significant progress was made in the delivery of improved efficiency and quality in healthcare to the Board's population which included:

- The establishment of a counselling service for persons who experienced abuse in childhood; establishment of a psychiatry of later life service in the Longford Westmeath area (to be fully operational in 2001), recruitment of additional psychologists, occupational therapists, and social workers into the community mental health services and the provision of additional nursing staff to supplement sector staffing levels and address special counselling/therapy needs. The methadone treatment programme also commenced in Athlone.
- A range of continuous quality improvement programmes was conducted, including individualised care planning, revision of policies and procedures, development on a joint health board basis of policies for the new counselling services and facilitation of the establishment of a mental health alliance in the region.
- Significant funding was obtained to carry out improvements to facilities. A number of projects were implemented. St. Brigid's Block, at St. Loman's Hospital was extensively upgraded, as were all other long stay wards in the hospital. Planning for the de-designation of the St. Brigid's block as an elderly care facility commenced and arrangements are expected to be finalised in early 2001. Contracts were awarded for upgrading works to be carried out on the acute male admissions ward commencing in January 2001.

- A major improvement programme for long stay patients at St. Fintan's Hospital was completed in June 2000 with the renovation of the former Female 6 ward and relocation of elderly male residents to the improved facility. Funding was provided to carry out improvement works on the rehabilitation ward and to upgrade catering equipment. Removal of asbestos continued at both hospital sites. This programme will be completed in 2001. A psychiatry of later life day hospital service commenced in Portlaoise in July with preparation of suitable premises for a similar service at Mullingar is well advanced. With the allocation of National Development Plan funding the Board expects to be in a position to transfer all acute in-patient services at both psychiatric hospitals to the Portlaoise General Hospital and the Longford Westmeath General Hospital when the new units are commissioned. The long stay populations of both hospitals have had residential and care needs identified and a process of defining the provision of future residential accommodation and community mental health services commenced. Progress on the provision of the proposed developments will be facilitated through the appointment of a National Development Plan project co-ordinator in 2001.
- The Board continued to develop and augment programmes aimed at reducing suicide rates and mental health promotion throughout its area.
- All service areas achieved service activity targets, many in excess of locally agreed level of provision, reflecting increasing demand, improved service delivery and population migration trends. Day hospital services, in particular, witnessed a marked increase in referral and assessment rates. Hospital admission rates continue to be monitored and both lengths of stay and overall admission rates have fallen. The implementation of individualised care planning in the Tullamore sector has highlighted the need for additional skills and resources if a comprehensive service is to be provided.
- Bed reductions were not possible during the year due to a number of factors – upgrading works at a number of elderly care facilities restricted transfers, as did limited availability of alternative placements for persons with intellectual disability. In addition, the opening of an additional high support community residence in Longford has not been possible, initially because of industrial relations difficulties and, laterally, because of changes in the patient profile at St. Loman's Hospital.
- Unfortunately over-occupancy of admission units at St. Lomans Hospital remains a feature of the service, due in part to continued high admission rates for alcohol related problems. However the number of persons becoming long stay has reduced slightly due to improvements in community service and day hospital provision. A regional admissions policy was drafted and will be fully implemented by sector teams in 2001.
- Waiting lists continue to be a feature of the child and adolescent service and are also emerging in the adult community mental health services and substance misuse/methadone treatment service, reflecting increasing emerging needs.

- Research was conducted during the year into the team development needs of community mental health service staff. A number of new research projects commenced: education and training needs of psychiatric nurses; factors contributing to entry to residential care for older persons with dementia; needs of carers (all care groups); strategies to reduce stigma; and factors associated with suicide.
- The Board worked in partnership with staff, community agencies and private individuals to establish the first suicide bereavement support and counselling service in the country. This initiative continues to be supported by the Board.

Funding 2001

The Budget for 2001 is **£22.904m**

Trends 2000

2000 activity (based on returns for ten months ending 31/10/2000)

Out Patient Services	1999	2000
No. of clinics held	716	746
No. of new referrals	690	664
No. of return appointments	10,445	10,610
Total attendances	11,135	11,270

Day Hospital Services	1999	2000
No. of New Referrals	418	877
No. Registered	330	360
Total Attendances	7,265	9,049
No. Discharges	265	466

Day Centres Services	1999	2000
No. Registered	211	214
Total Attendances	21,645	23,644
No. of New Referrals	55	72
No. Discharges	32	154

Community Residences	1999	2000
Number of Places	204	206
No. of Residents	196	238*
Bed Days Used	71,540	66,764**

*The overall number of persons placed in community residential units has increased with a moderate increase in turnover.

**Some sectors have noted a reduction in numbers suitable for low support residential accommodation thus creating long term vacancies. Numbers requiring short-term hospitalisation, and holidays contribute to a reduction in overall bed days used.

Hospital Care	1999	2000
All Admissions	1,455	970
First Admissions	330	322
Bed Numbers	294	307

Additional bed numbers accounted for through over occupancy in admissions units.

Substance Abuse Service	Laois/Offaly	Longford/Westmeath
	2000	2000
No. of new referrals	393	521
No. of Return Appointments	2356	1515
No. Referred by Sector Team	169	202

Methadone Services	Laois/Offaly	Longford/Westmeath
No. on Register	7	17
No. on Waiting List	0	10
Waiting Time	0	7 Weeks

Counselling Service for Persons abused in Childhood	2000
No. of Referrals	44
No. on Waiting List	3
No. in therapy	37
No of Assessments	41

Refer to Service Plan for Children & Families for targets 2001. Budget for this service is maintained in the mental health service.

Child and Adolescent Psychiatric Service	Laois/Offaly		Longford/Westmeath	
	1999	2000	1999	2000
No. clinics held	585	447	498	324
No. new referrals	193	149	189	152
No. referrals seen	132	113	122	97
No. returns	1,042	894	1,300	868
No. children referred for hospital care	9	10	20	24
Waiting List	79	44	65	78

Overall activity levels have fallen, and waiting lists increased during the year due to a number of factors: Difficulties in recruitment of team members, time dedicated to court appearance, staff sick leave and reduction in overall number of referrals.

Psychiatry of Old Age Laois / Offaly

Medical Assessments	2000
No. of New Assessments	156
No. of Review Assessments	1510
No. of Referral Assessments	4
Comm Nurse Assessments	2000
No. of New Assessments	134
No. of Review Assessments	1691
No. of Referral Assessments	4

O/T Assessments	2000
No. of New Assessments	47
No. of Review Assessment	531
No. of re-referral Assessments	0
Day Hospital	2000
No. of New Referrals	26
Total Attendance's	506

Emerging Issues Identified during 2000

- **Recruitment.** In common with other care groups, mental health services have experienced difficulty in the recruitment of some grades of staff. Where ongoing difficulties persist despite efforts made to attract staff, alternative grades of suitable staff may be recruited and the potential for sponsorship arrangements will be explored
- **Children and Adolescents.** Decreasing access to in-patient assessment and treatment facilities for children attending the child and adolescent psychiatric services. The Board has made representations to the National Review Group of Child and Adolescent Psychiatric Services in order to ensure equity of access to any new units planned for the future.
- The Board does not offer day hospital services for children and adolescents undergoing psychiatric assessment, treatment and rehabilitation. The Board, in 2001, will examine this need in parallel with the development of community mental health centres under the provisions of the National Development Plan.
- The Board has been unable to secure the services of neuro-developmental psychologists to provide a key element in the assessment of children with suspected attention deficit hyperactivity disorder. Additional funding has been secured to develop the child and adolescent psychiatric service. The services required by families and children with suspected attention deficit hyperactivity disorder will be considered in light of the allocation, and the report of the National Review Group of Child and Adolescent Psychiatric Services when it becomes available.
- **Older People.** A requirement has been identified to assess the need for dementia specific residential care services within the Board's area (refer to targets in the older persons care group plan)
- A number of residents currently in long stay elderly care wards in the psychiatric hospitals are suitable for placement in a range of community settings, including care centres for older people, community nursing units and nursing homes. In this regard the Board will examine all possible alternatives in 2001 to ensure appropriate placements are provided to address needs.
- Approximately 40 persons in need of psychiatry of old age day hospital services have been identified. The uptake of the existing service at Portlaoise is limited by geographical location. To maintain the Board's policy of locating services within defined geographical

limits the Board will investigate the potential for establishing a 'travelling' day hospital service in 2001.

- **Additional services.** A need for family therapy services to be established was identified through the care planning process. Application was made to the Department of Health and Children for funding in this area as part of the 2001 bidding process.
- **Suicide.** Moderate increases in the suicide rate of the Board's population have been noted for the first half of 2000. The Board will continue to implement the recommendations of the Report of the Task Force on Suicide (refer to strategic targets below).
- **Population changes.** Continuing growth in the area's main population centres has resulted in increasing referrals to the community mental health services and the emergence of waiting lists for assessment and treatment services. It is anticipated that an expanded range of professional skills will assist in addressing needs.
- **Appropriate care placements.** The eventual closure of St. Fintan's Hospital will require that appropriate placements be made available for a small number of patients with intellectual and physical disabilities. Some of these patients come from outside the Board's area. The Board will continue its efforts to secure appropriate placements in 2001.
- **Substance misuse.** The Board will publish a comprehensive multi-agency strategy and action plan for the prevention, treatment and rehabilitation of substance misusers. Necessary services required to meet all the health needs of drug users will require additional funding over a series of service plans.
- **Counselling services.** Difficulties have been encountered in the recruitment of counsellors and in determining the level of demand for counselling services for persons abused in childhood. Maximum caseloads have been reached for existing counsellors. The Board will re-advertise for counsellors early in 2001 (refer to targets under service plan for children and families).
- **Staff costs.** Nursing overtime at St. Fintan's Hospital continued to increase. A comprehensive review of existing practices was conducted by relevant professional staff in 2000 and an action plan to address the issues raised will be implemented in 2001.

Strategic Direction 2001:

The Board has pursued a policy over the years, of developing integrated and comprehensive community based mental health services for people in this care group. Services include:

- Primary care provided by general practitioners
- Out-Patient clinics provided by consultant psychiatrists and their teams
- Low, medium and high support community residential accommodation
- Day hospital/day centre/activation units
- Acute psychiatric in-patient care

Acute psychiatric in-patient services will be provided in purpose built units attached to the Board's general hospitals at Portlaoise and Mullingar.

An integral part of the strategy adopted is to provide for mental health promotion, prevention, treatment and rehabilitation services, including child and adolescent services, drug and alcohol services, psychiatry of older life, counselling services and mechanisms to reduce the incidence of suicide.

Development Funding – 2001

A sum of **£0.640m** has been allocated for the continuation of ongoing initiatives.

Service Area	£m
Old age psychiatry, Longford Westmeath (half yr. Costs)	0.250
2 psychologists	0.080
Additional NCHDs (half year costs)	0.130
4 social workers (¾ year costs)	0.140
Suicide prevention strategy	0.040
Total	0.640

£1.150m. has been allocated for the development of new mental health services. This allocation represents a significant increase in investment over that received in previous years and the investment, it is hoped, is a mark of future intent to improve services to those with, or at risk of developing, mental illness.

Service Area	£m
Support for organisation and management of sectors	0.250
Development Officer Schizophrenia Ireland	0.030
Clinical audit research post	0.030
Suicide prevention strategies	0.100
Enhance sector services-social workers	0.050
Recruitment of occupational therapists	0.100
Mental health nurse-liaison psychiatry General Hospital, Tullamore	0.030
Child and adolescent psychiatry (half year costs)	0.250
Additional consultant-led team (half year costs)	0.260
Support for voluntary organisations	0.050
Total	1.150

In addition to the above, the following allocations are included under the Mental Health Service Plan.

Service Area	£m
Drugs services	
Full year costs of 2000 developments	0.152
Implementation of new demand reduction and service initiatives in 2001	0.150

SERVICE DEVELOPMENTS 2001

Performance Indicators

Five Key performance indicators for mental health services proposed by the Inter-Board Performance Indicators Group have been adopted for use as follows:

- To measure the readmission rates to inpatient units within one month per 100 discharges in each of the following categories of diagnosis: schizophrenia, depressive disorders, mania and alcoholic disorders
- Length of in-patient stay (in days) by main diagnosis for schizophrenia, depressive disorders, mania and alcoholic disorders
- Suicide rate per 1,000 population
- The number of in patient places and community residential places per 1,000 population
- The percentage of mental health services assessing client satisfaction/experiences through an agreed study method

Mental Health Promotion

Strategic Focus	Service Developments, Targets and Performance Indicators
<p>Community awareness, staff training and carer support</p>	<p><i>It is proposed to continue to build on the work carried out in 2000. A number of short to medium term projects will continue.</i></p> <p>Target 2.1 Training workshops for all staff groups on the delivery of mental health promoting activities and work towards positively influencing staff's own attitude/ behaviour towards mental illness.</p> <p><i>Time frame.</i> Start: September. Finish December Performance Indicator: Workshop content developed and delivered in identified care settings</p> <p>Target 2.2 It is proposed to develop stigma reduction strategies within primary care, acute services and the community in 2001.</p> <p><i>Time frame.</i> Start: April. Finish: end 2002 Performance Indicator: Strategy Action Plan developed and implemented</p> <p>Target 2.3 Information material on the inter-agency mental health services available within the Midland Health Board will be launched. Training and education will be provided to all the inter-agency staff on the support services available within the Board's area.</p> <p><i>Time frame.</i> Start: February. Finish: end May Performance Indicator: Information resource material launched and training provided to all the inter-agency personnel involved. Emergency services and key agencies will be informed and aware of</p>

	<p>the resource material through a series of information sharing talks.</p> <p>Target 2.4 An inter-agency steering committee will be established to plan and develop a strategy to support carers within the Board's area.</p> <p><i>Time frame.</i> Start: January. Finish: Ongoing</p> <p>Performance Indicator: Steering committee established and an agreed vision developed for a carers strategy. Short and medium term projects will be identified and action-planned in 2001</p>
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Suicide Prevention

Strategic Focus	Service Developments, Targets and Performance Indicators
<p>Inter agency co-operation to reduce suicide rates.</p>	<p><i>In 2001 the Board intends to consolidate and support projects commenced and implemented in 2000.</i></p> <p>Target 2.5 The Board will provide clerical support to the steering group and resource officer</p> <ul style="list-style-type: none"> • 1 WTE Cost: £0.024m <p><i>Time frame.</i> Start January. Performance Indicator: Position filled.</p> <hr/> <p>Target 2.6 To continue to provide information / literature and organise awareness raising events throughout the area. Cost: £0.010m</p> <p><i>Time frame.</i> Start January. Finish: Ongoing Performance Indicator: Number of events and projects provided / completed.</p> <hr/> <p>Target 2.7 To provide an intensive risk assessment training and development programme for key staff in the area. Cost: £0.032m</p> <p><i>Time frame.</i> Start September. Finish: December Performance Indicator: Number of staff trained</p> <hr/> <p>Target 2.8 To continue production of helpline cards and posters, and to promote the campaign which is now in its second year Cost: £0.005m</p> <p><i>Time frame.</i> Start January. Finish: Ongoing</p>

Target 2.9

To conduct an evaluation of the cinema campaign introduced throughout the area in 2000 **Cost: £0.020m**

Time frame. Start October Finish: December

Performance Indicator: Evaluation conducted.

Target 2.10

To commence a pilot liaison psychiatric nursing service at General Hospital, Tullamore. To this end it is intended to appoint

- 1.5 WTE staff **Cost: £0.054m**

This project is also aided by research grant award provided by the National Task Force Review Group (£0.006m yr. one and two)

Time frame. Start recruitment January. Finish: 18 month project

Performance Indicator: Service commenced March

Target 2.11

To commence data collection on the incidence of self-harm and attempted suicide throughout the region in association with the National Suicide Research Federation (NSRF).

- Appointment of data collector 0.6WTE

Cost: (Grant aided by NSRF) £0.017m

Time frame. Start March. Finish: Ongoing

Performance Indicator: Study commenced and data collector appointed

Target 2.12

To launch a directory of resources available to persons at risk of suicide and make it available to the public on the Board's web site

Cost: £0.010m

Time frame. Start January. Finish: April

Performance Indicator: Information available on the Board's web site

Target 2.13

To continue the Board's commitment to the training of key staff groups on issues relating to suicide and parasuicide.

Cost: £0.020m

Time Frame: Start: April. Finish: December

Target 2.14

The Board will continue to support the six sector related voluntary suicide bereavement groups established in partnership with the Board

Cost: £0.012m

Substance Abuse Prevention

Strategic Focus	Service Developments, Targets and Performance Indicators
Board participation in a community response to substance misuse.	<p><i>A range of projects commenced in 2000 will be strengthened and additional projects commenced.</i></p> <p>Target 2.15 To promote collaboration between statutory, community and voluntary sectors in order to maximise the effectiveness of service provision in relation to substance misuse the Board intends to appoint.</p> <ul style="list-style-type: none"> • 2 WTE Staff Cost: £0.055m <p><i>Time frame.</i> Start January. Finish: ongoing Performance Indicator: Staff in post January 2001</p>
	<p>Target 2.16 It is proposed to promote a community development approach which will assist communities in the definition of their own health needs, consider how these needs will be met and decide collectively on priorities for action.</p> <ul style="list-style-type: none"> • The Board will develop information points in partnership with service providers Cost: £0.030m <p><i>Time frame.</i> Start January. Finish: 3 year project Performance Indicator: Project implementation. Achievement of the target will be dependent upon matching funding being available from partnership agencies.</p>
	<p>Target 2.17 It is intended to provide training for key staff working within organisations that have a remit around the issue of substance misuse</p> <p><i>Time frame.</i> Start January. Finish: ongoing</p>
	<p>Target 2.18 To ensure that high quality information is available in a readily understandable form to every citizen who needs that information.</p> <p><i>Time frame.</i> Start April. Finish: December</p>
	<p>Target 2.19 To continue supporting the development of substance misuse education programmes in conjunction with schools and colleges throughout the region</p> <p><i>Time frame.</i> Start February. Finish: November Performance Indicator: Number of programmes supported</p>

Community Drug and Alcohol Services

Strategic Focus	Service developments, Targets, Performance Indicators
<p>Provision of drug and alcohol services on a sectorised basis and in a manner which is responsive to emerging needs.</p>	<p><i>The Board will provide an improved level of access services within the region through a programme of service developments and training of professional staff to meet present and future needs.</i></p> <p>Target 2.20 It is intended to develop a strategy for the provision of a co-ordinated, multi-agency approach to service provision at all levels including health promotion, prevention treatment and rehabilitation stages for persons requiring services.</p> <p>Time frame: Start: December 2000. Finish: March 2001. Performance indicator: Strategy developed</p>
<p>Development of services for opiate users in the Board's area.</p>	<p>Target 2.21 It is intended to provide for improved management and co-ordination of the community drug and alcohol service through the appointment of</p> <ul style="list-style-type: none"> • 2 WTE staff Cost: £0.060m <p>Time frame: Start: January. Finish: June Performance Indicator: Staff in post April and July.</p> <hr/> <p>Target 2.22. It is intended to enhance the methadone treatment service in Athlone through the:</p> <ul style="list-style-type: none"> • appointment of 1.5 WTE additional staff Cost: £0.056m • provision of additional supports Cost: £0.046m <p><i>The Board will respond to rising demands for counselling services throughout the region by continuing its policy of training and supervision for student counsellors.</i></p> <hr/> <p>Target 2.23 It is intended to provide training for additional drug and alcohol counsellors, and, if possible, to align this training with accredited courses in third level colleges</p> <ul style="list-style-type: none"> • 2 WTE staff Cost: ½ year £0.044m • associated training development costs Cost: £0.011m <p>Time Frame: Start: Advertise February. In post August Performance Indicator: Staff appointed. Training commenced</p>

Child and Adolescent Psychiatry

Strategic Focus	Service developments, targets, performance indicators and costs 2001
<p>Development of child and adolescent mental health services and their interface with other child health services.</p>	<p>The Board has been allocated additional development funds of £0.250m (1/2 year costs) in 2001 to address unmet needs in the population served.</p> <p>Target 2.24 On the basis of the recommendations of the Report of the Review Group on the Midland Health Board Child and Adolescent Psychiatric Services, which will be finalised in 2001, to prioritise service developments and allocate the funding accordingly.</p> <p>The Report of the National Review Group may also be available and inform the prioritisation process.</p>

Community Mental Health Services

Strategic Focus	Service developments, Targets and Performance Indicators
<p>Rapid access to assessment and treatment services provided by suitably qualified and experienced staff.</p>	<p><i>The Board has been successful in recruiting a number of professionals previously unrepresented in community mental health services. It is intended that this trend will continue in 2001 through the application of additional development funds.</i></p> <p>Target 2.25 It is proposed to appoint a range of professional staff to community mental health teams:</p> <ul style="list-style-type: none"> • 4 WTE social workers Cost: (3/4 yr.) £0.190m • 4 WTE additional occupational therapists Cost :£0.100m • 2 WTE psychologists Cost: £0.080m <p><i>Time frame.</i> Start January. Finish: Ongoing</p> <p>Performance Indicator: Staff recruited</p> <p><i>Should the Board fail to attract suitably qualified staff, sponsorship arrangements may be put in place to ensure availability of these professionals in future years.</i></p> <hr/> <p><i>Approval will be sought from Comhairle Na nOspidéal for the creation of a specialist consultant post in substance misuse for the Longford Westmeath area.</i></p> <p>Target 2.26 The Board will appoint a full consultant led team</p> <ul style="list-style-type: none"> • 7 WTE staff (Substance misuse, Longford Westmeath) Cost: ½ yr. £0.250m

	<p>Target 2.30. It is proposed to conduct a review of the Board's mental health strategy in 2001. The current strategy is based on its 'mental health initiative (1997).</p> <p><i>Time frame:</i> Start: February Finish: end 2001</p>
	<p>Target 2.31. The Board will review its policy in respect of allegations of abuse of vulnerable persons in order to ensure compatibility with national standards for persons receiving care from the mental health services.</p> <p><i>Time frame:</i> Start: April Finish: end October</p>
	<p>Target 2.32. The Board will conduct an analysis of costs associated with the butchery unit to determine its future directions.</p> <p><i>Time frame:</i> Start: February Finish: June</p>

Psychiatry of Later Life Service

Strategic Focus	Service developments, targets, performance indicators and costs 2001
Provision of a community based assessment, advice and support service to persons aged 65 and over and their carers.	<p>Longford / Westmeath</p> <p>Target 2.33. It is proposed to commence provision of a consultant led psychiatry of later life service (community and day hospital) in the Longford / Westmeath area. To provide an appropriate level of service it is planned to increase staffing levels to include an additional:</p> <ul style="list-style-type: none"> • 3 WTE Staff (Day Hospital) from within the budget allocated <p><i>Time frame:</i> Dependant upon appointment of the Consultant Psychiatrist in the Psychiatry of later life. Performance Indicator: Consultant led community and day hospital service in operation.</p>
	<p>Laois / Offaly <i>Targets established for 2001 are included in the Board's continuous quality programme for 2001.</i></p> <p>Target 2.34. It is proposed to pilot the introduction of clinical / care pathways for persons attending the service. The Board will support the development of an electronic software programme to facilitate audit and variance analysis following pilot of the project.</p> <p><i>Time Frame:</i> Start: Pilot March. Finish: Ongoing following pilot. Performance Indicator: Pilot complete and implementation commenced</p>

	<p>Target 2.35. It is proposed that the psychiatry of later life team will commence a project leading to application for ISO accreditation</p> <p>Time Frame: Start: January. Finish: ongoing</p>
	<p>Target 2.36. It is intended to identify levels of need for the provision of additional day hospital services in the Laois / Offaly area.</p> <p>Time Frame: Start: February. Ongoing in 2001</p>

Hospital and Long Stay Care

a) Acute in-patient care

Strategic Focus	Service Developments, Targets and Performance Indicators
<p>Provision of equitable access to in-patient services for all sectors in the Board's area and seamless care between in-patient and community services.</p>	<p><i>The number of admissions to the Board's Psychiatric Hospitals showed a marked reduction in 2000. (Projected total number of admissions to Dec 31st 2000 =970). During 2000 standardised admission policies were agreed and will be implemented in 2001</i></p> <p>Target 2.37. The Board will implement a standardised admissions policy for its acute psychiatric in patient units.</p> <p>Time frame: Start: January Finish: Ongoing</p> <p>Performance Indicator: Adherence to admission policies by referral agents.</p> <hr/> <p><i>The Mental Health Service proposes to work toward reduction of long stay bed numbers in acute admission units and to work within the level of beds allocated for the new acute unit planned for Portlaoise General Hospital and for Longford/Westmeath General Hospital. Closure of the existing admissions units will be dependent upon release of National Development Plan funding to provide new acute admissions units at Portlaoise and Longford/Westmeath General Hospitals.</i></p> <p>Target 2.38. The Board will carry out a reorganisation of existing wards at St. Fintan's hospital with a view to operating within the recommended number of acute beds to be provided at the new unit at Portlaoise General Hospital.</p> <p>Time frame: Start: January Finish: June 2002</p>

	<p>Target 2.39. In line with the Board's strategies for risk reduction and evidence-based practice it is proposed to appoint</p> <ul style="list-style-type: none"> • 1 WTE research assistant / clinical auditor <p style="text-align: right;">Cost: £0.030m</p> <p>Time frame: Start: February Finish: Ongoing Performance Indicator: Researcher recruited February</p>
	<p>Target 2.40. It is proposed to develop and implement a standardised protocol in respect of clinical notes in line with Board policy and best practice which will also address issues raised by the Inspector of Mental Hospitals.</p> <p>Time frame: Start: February Finish: September</p>

b) Long Stay Care and Support

Strategic Focus	Service Developments, Targets and Performance Indicators
<p>Provision of care for long stay and older patients with mental health problems in settings suitable to their needs.</p>	<p><i>The process for effecting the de-designation of St. Brigid's Block at St. Lomans Hospital commenced in 2000.</i></p> <p>Target 2.41. It is proposed to finalise the process of de-designation in 2001. The Board will consult with all relevant stakeholders in respect of the provision of a broad range of health services to meet patient needs in an appropriate manner.</p> <p>Time Frame: Start: Ongoing from 2000 Finish: June Performance Indicator: At least two of three wards de-designated.</p> <hr/> <p>Target 2.42. The Board will complete upgrading of wards at St. Brigid's block</p> <p>Time Frame: Start: July Finish: December.</p> <p>Note: Progress will be contingent upon completion of the renovations of the male admissions unit by June 2001, in order to provide temporary accommodation for residents at St. Brigids block during final renovation works.</p>

Linkages with other services

Strategic Focus	Service Departments, Targets and Performance Indicators
	<p><i>In addition to projects with a multisectoral /multiagency / cross care group approach previously highlighted in this plan the following target has been identified for development / implementation.</i></p>

Sustainable working relationships with other service providers and external agencies	<p>Target 2.43 The Board will enter into discussions with the voluntary agencies working in the area of mental health regarding funding arrangements and support for additional developments. Cost:£0.050m</p> <p>Target 2.44 The Board will enter into a service agreement with the Schizophrenia Association of Ireland to create support structures at a regional level for persons with schizophrenia and their families This will provide for the appointment of</p> <ul style="list-style-type: none">• 1 WTE Regional Development Worker Cost: £0.030m <p>Target 2.45. It is proposed to work with regional development staff of voluntary organisations with a view to co-ordinating responses to need. This will be conducted in parallel to the establishment of a mental health alliance in the Board's area.</p>
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3. CHILDREN AND FAMILIES

MISSION STATEMENT:

The Midland Health Board aims to improve the health and social gain of children in the region by:

- *Promoting the physical and mental health of children.*
- *Ensuring early diagnosis of defects and prompt referral for assessment and treatment as necessary.*
- *Ensuring the early recognition of potential problems which may affect health, development, behaviour and education.*
- *Offering protection to children at risk from physical, sexual, emotional abuse or from neglect.*
- *Providing a support service to children and their families that supports parents / guardians in caring for their children.*

CHILD HEALTH SERVICES

Child Health Services in the Board's area are provided by multidisciplinary teams, consisting of health professionals which include general practitioners, consultant paediatricians, medical/nursing and other para-medical staff.

Acutely ill and injured children form a large part of the target group for health care services provided within the episodic care sector.

Primary care provides treatment and support for the many minor illnesses of childhood. In general these are self-limiting illnesses and rarely require referral for more specialised care in the acute services. However a proportion of children present with more serious illness or injuries which may require hospital care. (*Cross Reference Acute-Episodic Care*)

REVIEW OF CHILD HEALTH SERVICES AGAINST LAST YEAR'S SERVICE PLAN

Folic Acid

In 2000, a Folic Acid Guideline leaflet was developed for health professionals.

Neonatal B.C.G.

An initiative was undertaken in one Community Care area to make more efficient use of scarce resources whilst providing vaccination of target groups of infants. This has involved the cessation of neonatal BCG vaccination in the maternity wards and the introduction of clinics on a weekly basis. Where there is a smaller target group, clinics are held on a monthly basis, but with two doctors available to reduce waiting times for mothers and babies. The documented uptake of Neonatal B.C.G. in the Board's area is 76%.

Maternity and Infant Care Scheme

The new Combined Obstetric Card produced by the ICGP and the Institute of Obstetricians and Gynaecologists is now in operation.

Information leaflets on the Maternity and Infant Care Scheme have been disseminated by the Primary Care Unit to the general public through educational institutions, health centres, doctor's surgeries and workplaces.

Metabolic Screening.

All metabolic screening carried out in the community continued to receive priority last year.

Community Mothers Programme

In September 2000, research was conducted into models of programmes available. This research is now complete. An appropriate programme in the Offaly area, is being planned. The research will inform the project team which will review the future direction of the Community Mothers Programme operational in the Athlone area and surrounds.

National Childhood Immunisation Programme

A target of 86% was set for the Hib and Polio and a target of 76% for the MMR. A number of initiatives were undertaken to improve documented immunisation uptake. These included the establishment of a project team to develop a strategy to improve immunisation uptake, the appointment of a regional immunisation co-ordinator mid-year, the targeting of surgeries to assist the prompt return of information, along with ongoing work on the validation of the computer database. The appointment of two senior public health nurses in September to the area of immunisations will further facilitate enhanced co-ordination of this service. A documented uptake of 81% for the 3:1, 2:1, 80% for the Hib, 81% for the Polio and an uptake of 75% for the M.M.R was realised last year.

New Immunisation Programme

A project team was established to implement the new meningococcal Group C vaccine programme. Two teams have been established consisting of one doctor and three nurses. Implementation of the programme commenced in October with the identified target group of 15 to 18 years old. It is anticipated that immunisation of this age group will be completed in February 2001. The immunisation of the 0-5 year age group is also underway with general practitioners providing this service.

Breastfeeding.

The policy document developed by the Breastfeeding Review project team in line with Department of Health and Children guidelines was finalised and launched in 2000. The poster promoting breastfeeding along with the leaflet promoting antenatal classes in the Board's area was widely distributed. A steering group committee and two implementation project teams have been established to implement the action areas identified in the policy document.

The Board continued to provide further training to public health nurses on the *18-hour breastfeeding course* increasing the percentage of public health nurses trained from 65% to 84%. The target of 78% set for 2000 was well exceeded.

Breastfeeding rates in the Board's area as follows:

Breastfeeding Rates	1999	2000
Initiation	28.25%	27%
6 weeks	19.5%	20%
4 months	9.09%	8%

National Parent Support Programme

This home-visiting programme provided by experienced mothers to first and second time mothers is provided in association with Athlone Community Services Council and Longford Social Services Council. This programme is available in Athlone, Longford, Moate and Ballymahon.

Childhood Accidents

Prompted by the Report by the National Forum on Childhood Accidents and a study carried out by public health nurses, the Board undertook a number of initiatives to reduce the number of accidents involving young children. These included the convening of an inter-sectoral forum on accident prevention for young children, actively supporting National Safety Week and the development of accident resource material for use by public health nurses and other primary healthcare workers. In co-operation with the ambulance service and working with teachers, training in accident prevention was provided through 'Bobby the Bear' initiative.

Maternity and Early Child Health Services

The review of Maternity and early Child Health Services will be published early in 2001.

Domiciliary Care

The target set of 83% of mothers and babies receiving a visit by a public health nurse within 24 hours in the Board's area was achieved and represents a substantial increase from the 75% of mothers and babies receiving a visit by a public health nurse within 24 hours in the Board's area in 1999. This may be attributed to a range of improvements facilitating prompt communication coupled with enhanced data collection methods.

The Edinburgh Depression Score

The Edinburgh Depression Score is a recognised assessment tool used extensively in the U.K. for the early detection of postnatal depression. This project which was operationalised in July has involved the training of four public health nurses in the use of this tool, the involvement of key stakeholders in the piloting of this project in three areas, and the development of evaluation measurements. The project will run for a period of one year.

Professional advice and support to parents.

Public health nurses continued to offer professional advice and support to the parents of all pre-school children with the level of input tailored to meet the needs of individual families. The involvement with local communities continues, with enhancement of this aspect of the service in accord with Best Health for Children. Examples in 2000 of this involvement included public health nurses facilitating four breastfeeding support groups, the development of a new Mothers and Toddlers group in one area, active participation in voluntary child care committees and other child care network services.

Developmental screening

The provision of developmental screening in accord with Best Health for Children was severely restricted due to shortage of area medical officer staffing. In seeking to remedy this curtailment of service, the Board actively addressed this depletion of staffing, bringing the staffing complement in one area from 1.6 W.T.E. at year end 1999, to a present staffing complement of 4.1 W.T.E in 2000, with indication of a further increase early in the new year. It is anticipated that developmental screening to all children will be provided in 2001 in both Community Care areas.

Parenting Modules.

An audit of the parenting modules provided by or facilitated by Board staff has been undertaken which identifies what programmes are available and their content.

School Health Service.

The following services were provided in both Community Care areas:

- A screening questionnaire was offered to parents of children in 1st class. Children with identified problems were offered an appointment with the area medical officer.
- Vision and hearing screening were carried out on all children by the schools public health nurses at regular identified intervals through the primary school cycle.

Planning meetings to reorient the vision and hearing programme in line with the best practice recommendations in *Best Health for Children* have taken place and the service will be reoriented over a two year period to accommodate the recommendations and ensure continuity of screening provision to targeted classes.

Schools Immunisation Programme

The School Immunisation Programme provided for the delivery of the Booster (2:1) and M.M.R vaccines. In addition, Tuberculin testing and B.C.G. immunisation were provided in Longford/Westmeath.

In 2000 the uptake of the Booster (2:1) programme was 87%. The uptake of the MMR programme was 92%.

The changes recommended in the Revised Immunisation Guidelines, of the Royal College of Physicians, involve the delivery of the MMR and 3:1 Booster to junior infants (children aged four to five years). The recommendations provide for the replacement of the 2:1/polio vaccine booster by the 3:1 vaccine booster.

The consent forms for vaccination along with the letters and information leaflets for parents that accompany them have been revised to accommodate the changes. The delivery of the MMR to children in this age cohort is operationalised regionally. However additional resources are required to provide for the delivery of the 3:1 vaccine booster. In one Community Care area a dedicated Schools Immunisation Team consisting of one W.T.E. area medical officer, one W.T.E. public health nurse and 0.5 clerical support per sector is being piloted.

Home Management/Self Development and Budgeting Course.

Fifteen home management/self development and budgeting courses, were provided in Ballynacargy, Ballinamuck, Cloghan, Shannonbridge, Athlone, Clonbullogue and Walsh Island to 120 people. The course is provided for a three-hour period over 15 days. This year a new initiative was undertaken. It involved the development of a partnership with FAS in the piloting of two programmes in two rural areas.

Best Health for Children

Building on the work of the working party established in 1999, which audited practices against *Best Health for Children*, the following work was progressed

- Re-orientation of the school vision and hearing screening programme is underway over a two year period
- Data collection methods have been revised to support this change.
- The planned piloting of community child health nurses in two areas is underway. A number of the recommendations contained in the report are incorporated into the pilot with evaluation tools under development. This pilot will inform other Boards of its progress.
- The prompt notification of births is enhanced through the installation of fax machines in all health centres. It is anticipated that this work will be complete early in 2001.
- The development of linkages with other voluntary child centred organisations is an aspect of the public health nursing role, which is significantly advancing.

Chronic Childhood Conditions

A project team was established to look at the needs resulting from a variety of chronic childhood conditions with a view to identifying how best to meet these needs. The team, representative of the major stakeholders will report in 2001.

Schools Health Promotion

A range of initiatives was developed to promote the health of school children and youths in partnership with Department of Education and Science and in co-operation with teachers. Amongst the initiatives developed, included:

- The development of the S.P.H.E (social, personal, health, education) programme was supported through the provision of 10 whole school staff events focusing on substance misuse, child protection, bullying, personal health, teenage healthy lifestyles
- Two *Guidance for Achievement* events and four evening events on health related topics.
- Resource materials for S.P.H.E was developed which incorporated the programme developed by the North Western Health Board and the Galway V.E.C. 'OK – Let's Go' material.
- The Board in partnership with the Department of Education is investigating the accreditation of teachers who partake in the S.P.H.E programme.
- A representative steering group, which was established, at primary school level for the delivery of S.P.H.E has now been extended to secondary schools.
- The promotion of healthy eating in 12 second level schools, through the students nutrition action and knowledge surveys (S.N.A.K.S) was accomplished.
- In response to the SLAN Survey the Board has developed a draft policy document for schools in relation to strategies addressing the problem of smoking. This work was undertaken with five schools in the region.
- The Board supported the Dept. of Education and Science in the training and maintenance of the Substance Misuse programmes.
- The Board piloted a programme in a number of schools in relation to 'Caring for Baby' and in conjunction with A.I.T. is developing information materials on sexuality.

Trends and activities**Births assigned to Midland Health Board area.**

Midland Health Board Area	1994	1995	1996	1997	1998	1999	2000
	2,743	2,771	2,991	2,985	3,016	3350	3239

Approximately 29% of births of Midland Health Board residents took place in hospitals outside the Board's area, in 2000.

EMERGING ISSUES

- **Asylum Seekers/Refugees**
The health needs of asylum seekers/refugees, of which there are 669 persons currently in the Board's area, along with migrant workers is an area of need which is currently not being addressed. There is an urgent need for medical and nursing input into the provision of health screening for this group. In addition there is need for an array of other supports such as counselling, community work supports and translation facilities to facilitate the effective integration of this group into the community. *Cross reference Community Welfare Services.*
- **Population Increase**
The increase in population in major towns such as Tullamore, Athlone, Mullingar, Kinnegad, Rochfortbridge, Portarlinton, Portlaoise and Edenderry continues to place extra pressures on public health nurses to deliver a child health service in conjunction with a clinical nursing work-load. The nature of population growth challenges the service to be increasingly flexible.
- **Increasing demand on community supports**
The earlier discharge of mothers and babies from hospital, and the increased emphasis on the promotion of breastfeeding, places increasing demand on community supports in particular nursing.
- **Level of change**
The changes recommended in the Revised Immunisation Guidelines requires additional area medical officer, public health nursing and clerical support to enable delivery of the programme. The level of change in the area of immunisations and the amount of new vaccines are challenging both to parents, to service providers and to schools in facilitating this service. The increased health interventions from a range of different professionals in schools require co-ordination to facilitate the continued smooth operation of service and co-operation of schools.
- **Information Technology support**
The different disciplines who input into child health identify the need for I.T. support in order to meet the increasing information requirements placed on their service. The increasing need for an integrated computerised child health system which caters for current information requirements is highlighted.

- **Recruitment**
The recruitment of particular categories of staff to fill vacancies poses challenges for this Board similar to the national situation.
- **Accommodation**
The issue of inadequate accommodation is an increasing problem which in some instances has curtailed the delivery of service.

Strategic Direction for 2001

The Child Health service in accordance with The National Children's Strategy will seek to adopt a 'whole child' perspective in planning and providing services in a child centred, family oriented, integrated, inclusive and equitable manner.

The Child Health Services will continue to provide appropriate services to children which include, health promotion, disease prevention, diagnosis, treatment, care and rehabilitation. This will significantly add to health and social gain for this care group.

The Board in recognition of immunisation as the single most cost effective public health measure in preventing serious disease and disability in childhood will, through a number of measures seek to increase the uptake.

The Child Health Services will seek to improve and develop linkages with other appropriate professionals/services and agencies in ensuring an integrated quality service.

It will continue to ensure that the standard of services across the Board is in line with best practice and the Report on *Best Health for Children*.

In recognising the crucial role of parents, the services will continue to work in partnership with parents to achieve the best outcome for the child.

In line with the Board's strategy, the service is committed to a Continuous Quality Improvement approach, allied to a Project Management approach to the management of change.

In 2001 the Health Promotion Service will continue developments in the primary and secondary schools setting.

Additional Funding 2001

Implementation of Best Health for Children	£0.114m
National Disease Surveillance Service	£0.060m
Primary Childhood Immunisation Programme	£0.042m
Clerical and IT Support for public health nurses	£0.130m (£0.030m ongoing and £0.100m once-off)

Planned Service Developments in 2001

Parenting Programme

Strategic Focus	Services provision /Targets/Performance Indicators/Costs in 2001
Support for parents in early parenthood	Target 3.1.1 Arising from the report on the identification of an appropriate parenting model which has taken account of existing services in the area, a parenting model will be developed in the Tullamore area. Performance Indicator Parenting model developed in Tullamore area.
	Target 3.1.2 A project team will review the existing parenting programme operational in the Athlone area and surrounds. The research carried out on different parenting models will assist the work of this team. Performance indicator Review of parenting programme underway.

Breastfeeding

Strategic Focus	Services provision /Targets/Performance Indicators/Costs in 2001
Improvement of breastfeeding rates	Target 3.1.3 Following the recent publication of the breastfeeding policy and the establishment of a steering group and two project teams, short term action areas identified will be implemented. Briefing sessions will be provided to staff on the content of the policy. Information and updates will be provided to general practitioners and practice nurses. The percentage of public health nurses trained in the 18 hour breastfeeding course will increase from 84% to 90%. Performance Indicators Breastfeeding policy actions implemented. Ninety percent of public health nurses trained in 18 hour breastfeeding course.

National Childhood Immunisation Programme

Strategic Focus:	Services provision/Target/Performance Indicators/Costs in 2001
Improvement of immunisation uptake	Target 3.1.4 The validation of the immunisation database commenced in 2000 will be completed. To increase its uptake for the 3:1, 2:1, Hib and Polio to 88% and the uptake of the M.M.R. to 78%. The development of the strategy to improve immunisation uptake will be completed. Performance Indicators Computer database validated. Uptake of 88% for the 3:1, 2:1, Hib and Polio and 78% for M.M.R. achieved. Strategy developed.

Meningococcal programme

Strategic Focus:	Services provision/Target/Performance Indicators/Costs in 2001
<p>The new meningococcal Group C vaccine to protect against disease will continue to be implemented in 2001.</p>	<p>Target 3.1.5 Based on target population and current estimated uptake of the vaccine, an additional £0.709m will be required in 2001. This will allow, phase one (under fives) and phase two (fifteen to eighteen year olds) of the meningococcal programme to be completed in 2001 with phase three of the programme catering for the 18-22 year age group to be commenced. Performance Indicator Phases 1 and 2 completed with phase 3 commenced.</p>

School Immunisation Programme

Strategic Focus	Services provision /Targets/Performance Indicators/Costs in 2001
<p>To implement a comprehensive regional School Immunisation Programme</p>	<p>Target 3.1.6 With the additional funding, 0.5 WTE area medical officer in each Community Care area will be recruited to facilitate the implementation of the Booster M.M.R. and Booster 3:1 vaccines. Performance Indicator. 0.5 WTE area medical officer recruited and implementation of Booster M.M.R. and Booster 3:1 vaccines underway. Cost £0.042m</p>

Childhood Accidents

Strategic Focus	Services provision /Targets/Performance Indicators/Costs in 2001
<p>To reduce the level of morbidity associated with accidents in the pre-school and young children.</p>	<p>Target 3.1.7 The multi-disciplinary, intersectoral forum established to reduce the incidence of childhood accidents, will continue in operation with further initiatives identified and supported. The accident prevention material developed will be launched through the local media and distributed in 2001. Training workshops in 'Brief Intervention Skills' supporting the material developed will be provided to public health nurses. Information sessions to key service providers will be provided. Performance Indicators Awareness, information and training initiatives undertaken to facilitate reduction in incidence of childhood accidents. The partnership with voluntary and other statutory agencies strengthened facilitating synergy in developments.</p>

Domiciliary Care

Strategic Focus	Services provision /Targets/Performance Indicators/Costs in 2001
Maternity and early child health services.	<p>Target 3.1.8 The report of the maternity and early child health services will be published.</p> <p>Performance Indicator Report published.</p> <hr/> <p>Target 3.1.9 The Board will seek to increase the percentage of mothers visited within 24 hours of discharge home from 83% to 85%.</p> <p>Performance Indicator. 85% of mothers and babies visited within 24 hours of discharge from hospital.</p>

The Edinburgh Depression Score

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs in 2001
Early identification and treatment of post natal depression.	<p>Target 3.1.10 The pilot programmes developed in the two Community Care areas in 2000 in the use of the Edinburgh Depression Score assessment tool, will be operational for a one year period and will be evaluated.</p> <p>Performance Indicator Programme completed and evaluated.</p>

Child Health Surveillance (Pre-school).

Strategic Focus	Services provision /Targets/Performance Indicators/Costs in 2001
Advice and support for parents.	<p>Target 3.1.11 Public health nurses will continue to offer professional advice and support to the parents of all pre-school children with the level of input tailored to meet the needs of individual families.</p> <p>Involvement with local communities in the development of child-centred facilities will continue to be an increasing feature of the public health nurse service in 2001.</p> <p>Performance Indicators Professional advice and support to parents of all pre-school children offered with the level of input tailored to meet the needs of individual families. Continued involvement of public health nurses in development of local community child centred facilities.</p>

Child Health Surveillance (Infants)

Strategic Focus	Services provision /Targets/Performance Indicators/Costs in 2001
Promotion of screening at seven to nine months.	<p>Target 3.1.12 To offer all children a developmental appointment at age seven - nine months.</p> <p>Performance Indicators All children offered a developmental appointment at seven – nine months of age.</p>

Data Collection

Strategic Focus	Services provision /Targets/Performance Indicators/Costs in 2001
To facilitate improvement in data collection.	<p>Target 3.1.13 The common data set developed across the region will be revisited to accommodate new developments.</p> <p>Performance Indicator Data set updated.</p>

Best Health for Children

Strategic Focus:	Service provision/Targets/Performance Indicators/Costs in 2001
To implement recommendations of <i>Best Health for Children</i> report as appropriate.	<p>Target 3.1.14 A steering group will be established to oversee the implementation of the reports recommendations. The community child health nursing pilot projects will be implemented in 2001 and evaluated in 2002. Two project teams will be established to implement important elements of the report. Information sessions will be provided to key personnel in child health on the recommendations. Training as identified at national level will be facilitated in the most cost-effective and efficient manner. The piloting of a community physiotherapy programme in both community care areas will commence. The installation of fax machines in all the health centres will be completed.</p> <p>Performance Indicator Steering group established. Planning of community child health nursing pilot projects completed and in operation in 2001. Action areas identified and project teams established progressing the implementation of the report. Information sessions provided to key personnel. Training facilitated, effectively and efficiently. Piloting of community physiotherapy programme underway Installation of fax machines in all health centres completed.</p> <p style="text-align: right;">Cost £0.114m</p>

Home Management/Self Development and Budgeting Course

Strategic Focus:	Service provision/Targets/Performance Indicators/Costs in 2001
Home management and self development.	<p>Target 3.1.15 Continue development of partnerships with other agencies to provide home management/self development and budgeting courses, with particular focus on rural areas.</p> <p>Performance Indicator 15 Home management/self development and budgeting courses provided.</p>

School Health Service.

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs in 2001
Promotion of health in school children.	<p>Target 3.1.16 The reorientation of the school health service in accordance with recommendations of Best Health for Children will continue in 2001. In some instances this will involve additional screening to ensure all targeted children receive the service.</p> <p>Performance Indicator Reorientation of service continuing.</p>

Cystic Fibrosis and Other Chronic Childhood Conditions

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs in 2001
Assessment of need of chronic childhood conditions.	<p>Target 3.1.17 The project team established in late 2000 to examine a variety of chronic childhood conditions, identify needs and how to address these needs will report in 2001.</p> <p>Performance Indicator Report drafted. (Cross reference Physical/Sensory Disability)</p>

Midland Schools Health Project

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs in 2001
Health Promotion in Schools.	<p>Target 3.1.18 The Health Promotion Department in partnership with schools and the Department of Education and Science will continue through a range of initiatives in the area of SPHE (social, personal, health, education) development, healthy promoting schools, nutrition, mental health, substance misuse, exercise promotion and sexual health to promote the health of school children.</p> <p>Smoking Cessation Continue to seek effective methods to curb teenage smoking through the community based initiative in Birr (SCRAP- smoking, cessation, reduction action project) and specific school based partnerships in five</p>

	<p>all female schools. A teenage anti-smoking campaign in all cinemas will be organised and supporting teaching material will be developed.</p> <p>Teacher In-service/SPHE Continue provision of quality inservice to promote SPHE (social, personal, health, education) at primary and post-primary level through twelve evening courses and three summer schools in partnership with SPHE support service. The number of tutors available to deliver SPHE training to teachers will be increased.</p> <p>Midland Schools Health Project In partnership with the Department of Education and Science, the Board will continue the Midland School's Health Project and extend the project to include secondary schools.</p> <p>Health Promoting Schools Work with five primary schools and three secondary schools to enable them to develop as health promoting schools.</p> <p>Nutrition Continue to develop the SNAKS project as a model of good practice in promoting healthy eating.</p> <p>Mental Health Seek to improve the mental health of students in their first year in post primary schools through the peer mentoring programme.</p> <p>Substance Misuse Up to date information and training to school staff on substance use and misuse including the development of school policies, will be provided.</p> <p>Exercise Promotion 'Action for Life' in primary schools will be promoted throughout the year. Ten schools will be targeted to develop the programme. Exercise promotion in secondary schools will be examined as a project</p> <p>Sexual Health The Board in partnership with The Department of Education and Science SPHE support service will promote positive sexual health.</p> <p>Performance Indicator A range of initiatives in the area of SPHE development, health promoting schools, nutrition, mental health, substance misuse, exercise promotion and sexual health to promote the health of school children further developed/enhanced.</p>
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Communicable Diseases

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs in 2001
Communicable disease control.	<p>Target 3.1.19 A protocol for the public health management of food borne and water borne diseases, developed in 2000 will be in operation in 2001. The required training will be provided to key personnel in this area.</p> <p>Performance Indicator Training provided and protocol in operation.</p>

<p>Protection of those at risk against influenza disease.</p>	<p>Target 3.1.20 An evaluation of the influenza campaign in 2000, will be undertaken in early 2001. Enhanced surveillance of influenza disease will be further developed in 2001. Performance Indicator Evaluation completed and findings will inform the 2001 campaign. Surveillance of influenza disease further developed.</p>
<p>Communicable disease surveillance.</p>	<p>Target 3.1.21 A project team will be established to develop computerised information systems to aid the integration centrally of clinical and laboratory notifications. This will facilitate transmission of data to the national Disease Surveillance Centre. A surveillance officer will be appointed to develop this work. Epidemiological data will be gathered in relation to campylobacter infections Performance Indicator Computerised information system developed. Data on campylobacter infections gathered. Cost £0.060m</p>
<p>Prevention.</p>	<p>Target 3.1.22 An information leaflet will be developed for visitors to pet farms to facilitate education of the public on the prevention of some communicable diseases. Performance Indicator. Information leaflet developed.</p>
<p>Control of antibiotic resistant organisms.</p>	<p>Target 3.1.23 Work commenced in 2000 on formulary and antibiotic policy development will now be linked and continued in 2001 Performance Indicator. Baseline review of existing protocols completed. <i>Cross reference Acute/Episodic care</i></p>
	<p>Target 3.1.23 A project team will be established to develop an antimicrobial resistance strategy; taking into account the recommendations contained in The Strategy for the Control of Antimicrobial Resistance in Ireland developed by the NDSC and the recommendations contained in the North/South study of MRSA in Ireland in 1999. Performance Indicator Work on development of an antimicrobial resistance strategy underway.</p>

I.T and Clerical Support

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs in 2001
I.T. supports and clerical support for public health nurses	<p>Target 3.1.25 The new funding of £0.130m made available for provision of clerical and information technology support for public health nurses will facilitate the appointment of one W.T.E. clerical nursing support in each community care area. This additional post will provide for greater organisation of the child health, school health service. The £0.100m once-off monies will allow for the identification of I.T. requirements and training in the child health area with a view to developing I.T. supports.</p> <p>Performance Indicator One W.T.E clerical support person to public health nursing in each Community Care area I.T. requirements and training in the Child Health area identified and work in developing I.T. supports underway</p> <p style="text-align: right;">Cost 0.130m</p>

CHILDREN'S OPHTHALMIC SERVICES

Approximately 10% of all children examined at school medical examinations need referral for corrective lenses or for treatment of squint or other conditions. Vision screening of children and out-patient services for children are provided by consultant ophthalmologists, community ophthalmic physicians and orthoptists at local clinics and hospitals in the Board's area. Emergency in-patient and day services are provided by the Royal Victoria Eye & Ear Hospital for the Board's Population. (*Cross reference Acute Episodic Care*).

CHILDREN'S DENTAL HEALTH SERVICES

The Dental Health Action Plan seeks to improve the dental health of the population by adopting a number of strategies to reduce the level of dental disease in children, to improve the overall level of oral health in the population and to provide appropriate treatment to all eligible persons.

Provision of treatment

The Children's Dental Service provides treatment services to all eligible children and adolescents, which include:

- pre-school, national school children and children in schools for special needs and classes for special needs.
- In 2001 all adolescents up to 16 years of age have full eligibility for routine treatment. At the moment only emergency treatment for 14-16 year olds is available pending appointment of four dental teams.
- Referral of cases necessitating secondary care.
- Orthodontic service (specialist) for those patients eligible under Department of Health and Children guidelines.

- General anaesthetic service is available for special needs groups and children unsuitable for treatment under local anaesthetic.
- Out of hours trauma and accident service is available.
- Consultant paediatric service for medically compromised children is available in Our Lady's Hospital for Sick Children, Crumlin.

REVIEW OF PERFORMANCE AGAINST LAST YEAR'S SERVICE PLAN

In 2000, all the major targets were achieved and some exceeded. In the few instances where targets were not met, the reasons were difficulties in recruitment and lack of surgery space in particular locations caused by demographic changes. The service was delivered within budget.

Only emergency services for the 14-16 year age group were provided. This was due to the inability to recruit two extra dental teams in each community care area, which would have been used to specifically treat this group.

Because of demographic changes, the need for additional dental surgeries at Mullingar, Kinnegad, Portlaoise and Tullamore have been identified as crucial in the provision of service.

Quality initiatives undertaken in 2000 included:

- Work on 'Re-structuring of posts' which is expected to be complete in the first quarter of 2001.
- A complete safety evaluation of x-ray facilities is being undertaken by Professor Malone and his team from St. James Hospital. The objective is to ensure best practice and compliance with E.U. standards.
- An examination of causes for failed appointments was undertaken and a number of actions were identified to increase uptake. These included, an enhanced coding of appointment uptake, the appointment of a clerical person whose specific brief involves increasing uptake through appropriate and timely follow through with the appointee. The implementation of these actions has resulted in a reduction in failure rate.
- As a result of recommendations from the two local fluoride monitoring committees in each Community Care area, the upgrading of fluoridation plants to ensure compliance with statutory regulations will ensue.

In 2000, the off line scheme in Portlaoise became fully operational. 68% of the population in Laois/Offaly are in receipt of fluoridated water supply. In Longford/Westmeath, the off-line schemes at Moate and Gowna may not be fully operational at year end as targeted. 75% of the population in Longford/Westmeath have fluoridated public water.

Oral Health Promotion

Apart from reaching the targeted classes, the oral health promotion programme has reached other identified targeted groups. Dental staff are currently undertaking the Oral Health Promotion Course.

Secondary Prevention

A fissure sealant programme, which is a preventative measure that involves applying a protective coating to the fissures of permanent teeth deemed to be at risk of developing dental caries, is ongoing. The increasing demand placed on this service due to population growth and difficulties associated with demographic changes has led to a shortfall in reaching the target that was set.

Provision of appropriate treatment services to all eligible persons.

The policy of ensuring full dental treatment to all national school leavers continued. 90% of the targeted school child population in Longford/Westmeath received this service with all national school children in Laois/Offaly leaving school receiving full treatment as necessary.

Secondary Care (Oral Surgery, Orthodontics, General Anaesthetics, Referral for Consultant Paediatric service.)

As planned there was unrestricted access for children in need of oral surgery. Most referrals for oral surgery are part of orthodontic treatment.

Specialist Orthodontic services

A specialist orthodontic service is provided in accordance with Department of Health and Children guidelines. Significant progress was made in the provision of orthodontic services in the region. The target of a 20% reduction in the waiting list from 1999 to 2000 was achieved. The plan for 2001 is to have a one and a half-year interim period between assessment and treatment.

2000	Longford/ Westmeath	Laois/ Offaly	Total
New Starts	233	179	412
Completed Treatments	169	162	331
No. in Active Treatment	710	757	1,480
No. on Waiting List	197	210	407

General Anaesthetic Service for special needs children / adolescents

There continued to be unrestricted access for children in need of oral surgery. In the Board's area 39 children with a severe disability had their entire dental treatment needs carried out in one visit under general anaesthetic. There was no waiting list at end of 2000. 390 children were treated who were unsuitable for treatment under local anaesthetic.

Consultant Paediatric Dental Service

There continues to be no waiting list for consultant paediatric dental service for severely medically compromised children. Thirty-four children who required the service of a consultant paediatric dentist were referred without delay to Our Lady's Hospital for Sick Children, Crumlin.

Emerging Issues

Growth in population causes increases in demand on service. Every increase of 2,500 children requires one extra dental team. Population surge and demographic shift has created a need to provide additional surgeries at Tullamore, Portlaoise, Kinnegad and Mullingar. Restructuring of posts, will also create a need for one extra dental team in each Community Care area.

Strategic Direction in 2001

The Board is committed to Continuous Quality Improvement. As a result of the Dental Services Evaluation Project, commissioned by the Chief Executive Officer's Group, nine contracts have been awarded. Each of these contracts will result in recommendations being made which will improve planning, delivery, probity and efficiency.

In 2001 the Board will aim to improve preventative measures and continue to provide appropriate treatment services with an emphasis on increasing unit output.

Whilst eligibility for the service is extended to the 14-16 year old age group, this cohort of children is currently receiving emergency treatment only. The Board is experiencing difficulties similar to the national situation in the recruitment of dental surgeons.

Improved facilities will take place in Tullamore and Portlaoise with an identified need for extra surgery space at Mullingar and Kinnegad.

Additional Funding 2001

Orthodontic Services

An additional £0.050m is provided to complete full year funding requirements of service developments.

An additional £0.140m (on-going) is provided to meet the full year costs of the Board's orthodontic initiative

Planned Service Developments in 2001

Primary Prevention

Primary prevention involves reducing the risk of dental decay through fluoridation of public water supply.

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs 2001
The Board in conjunction with the Local Authorities, aims to ensure consistency in water fluoridation level in compliance with statutory regulations	<p>Target 3.1.25 and Target 3.1.26 awaiting clarification.</p> <p>Target 3.1.25 The off-line schemes at Moate and Gowna will be fully operational early in the new year. Refurbishment will be initiated at the Corbeagh water supply (Ballinalee/Edgesworthstown). In Westmeath, it is hoped that the two projects to improve the plant in Castlepollard and Mullingar will be completed.</p> <p>Performance Indicator Moate and Gowna schemes operationalised. Refurbishment of Corbeagh water supply commenced. Improvement to Castlepollard and Mullingar schemes completed.</p> <p>Target 3.1.26 The telemetric equipment identified as necessary will be implemented in stages in 2001 in Laois/Offaly.</p>

	<p>Performance Indicator In late 2001, early 2002 accurate and timely readings of levels of fluoridation will be available</p>
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Oral Health Promotion

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs in 2001
National dental health promotion strategy.	<p>Target 3.1.27 Whilst awaiting the new health promotion programme, the existing oral health promotion will continue to be targeted at school entrants and school leavers in all schools.</p> <p>Performance Indicator The identified targeted classes will have received the existing programme and on publication of the new programme, an examination of the programme will take place and the service revised as and if necessary. Existing oral health promotion programme provided to school entrants and leavers.</p>

Oral Health Promotion for Children with Special Needs

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs in 2001
Oral Health Promotion	<p>Target 3.1.28 Discussions with the Irish Dental Health Foundation will be completed in relation to the proposed development of a pilot programme of the pre and post natal target group.</p> <p>Performance Indicator Pilot programme targeted at pre-and post natal group developed.</p> <p>Target 3.1.29 In 2001, the oral health promotion programme will be provided to the following groups;</p> <ul style="list-style-type: none"> - Children with special needs, - Women attending antenatal/postnatal clinics, - Traveller groups, - Orthodontic patients, - Parents of children with special needs, - Chronic unresponsive children with parental involvement, - Groups with unusually high level of dental disease, - Asylum seekers, - Marginalised and socially excluded groups. <p>Performance Indicator Oral health promotion programme provided to identified groups.</p>

Secondary Prevention

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs in 2001
Primary and secondary prevention programme.	<p>Target 3.1.30 In 2001 a target of 15,000 fissure sealants is aimed for.</p> <p>Performance Indicator 15,000 teeth fissure sealed.</p>

Provision of appropriate treatment services to all eligible persons.

The Board's policy is to ensure that all national school leavers have all their dental treatment needs met.

Strategic Focus:	Services provision /Targets/Performance Indicators/ Costs in 2001
To reduce treatment need (numbers of extractions and fillings) in school leavers, through the provision of a secondary prevention programme at a younger age.	<p>Target 3.1.31 100% screening of target classes will be carried out.</p> <p>Performance Indicator 100% screening of target classes carried out.</p>

Secondary Care (Oral Surgery / Orthodontics / General Anaesthetics / Referral for Consultant Paediatric service.)

There is no restriction on the provision of oral surgery for children, the vast majority of which is carried out as part of orthodontic treatment.

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs in 2001
To provide immediate treatment as required.	<p>Target 3.1.32 To ensure unrestricted access for those in need.</p> <p>Performance Indicator No waiting list.</p>

Specialist Orthodontic services.

A Specialist Orthodontic service is provided in accordance with DOHC Guidelines.

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs 2001
An initiative to provide for the ideal interval of one and a half years between assessment and treatment for orthodontic treatment	<p>Target 3.1.33 The aim is to have a one and a half year interval between assessment and treatment for all patients requiring this service.</p> <p>Performance Indicator One and a half year interval between assessment and treatment in place</p> <p style="text-align: right;">Cost £0.190m</p>

General Anaesthetic Service for children / adolescents with special needs.

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs 2001
The Social Gain for special needs children and their carers.	<p>Target 3.1.34 To continue to ensure that there is no waiting list at year end for children with special needs who have their entire dental treatment needs carried out in one visit under general anaesthetic. To maintain the service to children unsuitable for treatment under local anaesthetic who required whole mouth treatment under this service).</p> <p>Performance Indicator No waiting list for special needs children</p>

Consultant Paediatric Dental Service.

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs in 2001
The Social Gain for special needs children and their carers.	<p>Target 3.1.35 This service to be maintained, i.e. severely medically compromised patients requiring the service of a consultant paediatric dentist to be immediately referred without delay to Our Lady's Hospital for Sick Children, Crumlin.</p>

Continuous Quality Improvement

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs in 2001
Continuous Quality Improvement.	<p>Target 3.1.36 To facilitate the prompt restructuring of posts, in which senior clinical dental surgeons will have special responsibilities, e.g. special needs, health promotion, administrative duties.</p> <p>Performance Indicator Restructuring of posts complete allowing for an overall enhanced quality of service.</p>

Extension of Services

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs in 2001
All adolescents up to 16 years of age have full eligibility for routine treatment.	<p>Target 3.1.37 The Board will recruit four dental teams, two per Community Care area to deliver on this service</p> <p>Performance Indicator Four dental teams recruited.</p>

FAMILY HEALTH

REVIEW OF FAMILY HEALTH SERVICES AGAINST LAST YEAR'S SERVICE PLAN

Women's Health

Part 2 of the Women's Health Action Plan has been drafted and will be published in 2001.

A regional continence promotion strategy was developed.

An exercise promotion programme for disadvantaged women was developed in Tullamore and Portlaoise.

Staff worked with disadvantaged women in Portlaoise and Athlone on the development of healthy skills network.

A peer-led nutrition project for disadvantaged women in Athlone continued to be supported.

A national conference to improve partnerships for women's health was organised by the Board.

Nutrition

Nutrition resource materials for health professionals were developed.

A seminar for health professionals on nutrition was provided.

The peer led nutrition project for low income groups continued to be supported by the Board.

A Healthy Eating Campaign commencing with National Healthy Eating week was undertaken.

Domestic Violence

The Midland Regional Domestic Violence Committee continued to meet on a regular basis in 2000 to progress areas identified for action in conjunction with the Board.

Phase 2 of "Training of Trainers" programme continued in 2000 with 250 personnel (from voluntary and statutory bodies) involved in front-line delivery of service in the Board's area receiving training on the issues and dynamics of domestic violence.

The trainers providing the training availed of training specific to the issues of travellers health and persons with a disability.

Refuge staff have been included in programmes of training in the area of child welfare and protection.

A review of service provision in the Athlone refuge was undertaken and a report prepared with actions identified to enhance this service in line with best practice. Arising from this report a project team will be established to implement its recommendations, with priorities identified for 2001.

An information booklet for service users and service providers has been drafted and will be available in 2001.

Work on the development of a database continued and will be further developed in 2001.

The provision of counselling in the Board's area was extended to other major towns, Birr, Edenderry and Mullingar with the information and support service extended and enhanced.

A crisis counselling provision service in collaboration with the Garda Authorities was piloted in the Athlone area and will be evaluated.

The provision of childcare to users of the services was developed in a number of areas including Mullingar, Portlaoise, Longford and Tullamore.

A protocol to facilitate the smooth, effective and efficient distribution of funding to voluntary agencies was developed and will be in operation in 2001.

Sexual Health/Family Planning

The Board developed four pilot G.P practices providing women friendly family planning services.

Health information resource materials for general practitioners and the public on family planning was developed.

A pilot parenting initiative on adolescent sexual health was developed and is currently being evaluated.

Life-skill development was provided for students through third level institutions.

Following consultation with service providers in the area of sexual health/family planning, work commenced on the development of a pilot teenage clinic.

Training for general practitioners and practice nurses in family planning and sexual health is underway

Travellers Health

A study to quantify uptake at developmental and immunisation clinics is underway. The finding will assist in guiding service development initiatives on how to increase uptake.

Immunisation resource materials and materials promoting mental health were developed and made available for use to traveller health workers.

Substance misuse initiatives were developed in partnership with travellers groups in Longford.

Research undertaken on travellers' health will be published in early 2001.

Training was provided to Board staff on travellers' health and cultural issues with further training planned for 2001.

A travellers' health conference hosted by Athlone Community Task Force was supported by the Board.

The Primary Health Care Project in Laois/Offaly continued to be developed.

0.5 W.T.E. community development worker post was funded by the Board to work in partnerships with traveller groups in the Longford area

Additional Funding 2001

Health Promotion	£0.070m
Family Planning and Pregnancy Counselling	£0.065
Violence against Women	£0.200m
Traveller Health	£0.110m
Adult Homelessness	£0.050m

Planned Service Developments in 2001

Women's Health

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs in 2001
<p>The Board will continue to develop health initiatives for women and publish an action plan (Part 11) for Women's Health</p>	<p>Target 3.2.1 The Board will publish the Women's Health Action Plan, Part 2.</p> <p>The Women's Health Advisory Committee will, in collaboration with the health promotion project worker, prioritise and implement action areas from the Women's Health Action Plan 1& 2.</p> <p>The Board will continue the implementation of the continence promotion strategy. An interdisciplinary steering group will be established. A regional training programme will be developed and delivered. One W.T.E. physiotherapist will be appointed for Women's health.</p> <p>A health information programme for women in the community, will be developed.</p> <p>The national Breast Check programme will be promoted and supported.</p> <p>An exercise programme for women will be promoted.</p> <p>A specific project will be developed to increase the awareness of women on health issues associated with tobacco.</p> <p>The Women's Health Advisory Committee will review the outcomes of the Women's Health Council review and consider how to influence policy development. A pilot staff awareness programme will be developed to promote a women friendly service.</p> <p>Performance Indicator A range of health initiatives through supporting, co-ordinating, developing and providing information on issues specific to the health of women and in publishing the Women's Health Action Plan (11) will be developed.</p>

Nutrition and Exercise

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs in 2001
<p>The Board seeks to improve the nutrition of the community.</p>	<p>Target 3.2.2 A healthy eating campaign will be organised to coincide with National Healthy Eating week.</p> <p>Food and Health Courses will be developed, supported and evaluated and the Board will aim to provide 40 new courses.</p> <p>A Schools Nutrition Action project (SNAKS) with Leaving Certificate and Transition Year students will be developed.</p> <p>Performance Indicator Range of initiative developed to enhance nutritional status of Board's population.</p>

Violence against Women

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs in 2001
<p>The Midland Regional Domestic Violence Committee, will, from the three year strategy document developed “<i>The Report of the Midland Regional Committee on Violence against Women</i>” identify further initiatives for development.</p>	<p>Target 3.2.3</p> <p>The Regional Committee on Violence against Women will recommend to the Board priorities from the three year strategy document for further developments in the area of Domestic Violence.</p> <p>The training programme developed will continue to be provided to both statutory and voluntary personnel working with victims of domestic violence.</p> <p>The draft information booklet for service users and providers will be published and made available throughout the Board’s area.</p> <p>The development of the database will be brought to the attention of the National Steering Group on Violence against Women to establish its further development.</p> <p>The continuum of services will be enhanced through the provision of increased counselling, and enhanced information, advice and court accompaniment service. The provision of childcare to service users will be improved.</p> <p>A project team representative of the key stakeholders will implement priority areas identified for enhanced refuge service provision for victims of domestic violence.</p> <p>In 2001, a manager and four W.T.E. refuge staff will be recruited to develop this service.</p> <p>The protocol developed for the efficient and effective distribution of funding to voluntary agencies will be operationalised and evaluated at end of 2001.</p> <p>The Regional Committee on Violence against Women will continue through the designated officer to work with the National Steering Group on Violence against Women.</p> <p>Performance Indicator</p> <p>Continued work in developing a coherent, service in line with “<i>The Report of the Midland Regional Committee on Violence against Women</i>”</p> <p style="text-align: right;">Cost £0.200m</p>

Sexual Health / Family planning

Strategic Focus:	Services provision /Targets/ Performance Indicators/Costs in 2001
<p>Promotion of sexual health and accessible women friendly family planning services.</p>	<p>Target 3.2.4 Development of a sexual health strategy The Board will build on previous consultations with stakeholders to identify common ground and agree a range of options to promote healthy development in all aspects of life and to reduce crisis pregnancy.</p> <p>Relationship and sexual health programme The relationship and sexual health programme will be promoted through communication to parents and communities. The range of options will include programmes to support teachers delivering Relationships and Sexuality Education in the schools setting and leaders in the informal sector.</p> <p>Development of Promotional Material Appropriate material for young people through a partnership with AIT will continue to be developed. Schools will be provided with a training pack and a resource to promote sexual health in schools. The national campaign on the prevention of crisis pregnancy will be supported by the Board. The health education officer will co-ordinate the provision of training to general practitioners, practice nurses and public health nurses in family planning and develop resource materials for use by health professionals A pilot parenting programme designed to support parents in their role as primary educators of adolescents on sexual health will be developed.</p> <p>GP Practices and Family Planning Services A project manager within the Primary Care Unit will be appointed and will oversee the recruitment of four additional GP practices for family planning, which will be the subject of ongoing evaluation. Plans for the provision of a teenage health clinic will be further developed.</p> <p>Management of sexually transmitted diseases. Development of a plan for the management of sexually transmitted diseases in the region will be undertaken.</p> <p style="text-align: right;">Cost £0.065m</p>

Counselling Service for Adults who have experienced Abuse in Childhood

Strategic Focus:	Services provision /Targets/ Performance Indicators/Costs in 2001
<p>To provide appropriate needs based responses to individuals seeking counselling.</p>	<p>To expand the service in line with national staffing norms and service demand the following developments are planned.</p> <p>Target 3.2.5 An additional 2.5 WTE counsellors will be appointed.</p> <p>Performance Indicator 5.5 WTE counsellors in post by end of April. <i>Cross reference mental health</i></p>

Traveller's health

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs in 2001
<p>Promotion of travellers health through a broad range of initiatives in partnership with travellers.</p>	<p>Target 3.2.6 Traveller's health</p> <p>The Travellers Health Unit will be developed in 2001. A Traveller Health unit manager will be appointed to co-ordinate and develop the functions of the unit.</p> <p>The Travellers Health Unit will be guided in its future developments by the Travellers Health Strategy, which will be published in 2001. The unit will work in partnership with other statutory and voluntary bodies. The Board will continue to provide health education programmes to Travellers throughout the region. A health education officer will be appointed to facilitate this.</p> <p>The staff awareness training programme which was developed and evaluated in 2000 will be modified and further staff awareness training provided in 2001.</p> <p>A Primary Healthcare Project will be developed in Longford in early 2001. Staff training will be provided.</p> <p>Community supports will be strengthened by the appointment of a community worker to a Primary Care Project.</p> <p>Two W.T.E. public health nurses with responsibility for enhancing the health of Travellers will be appointed.</p> <p>A pilot project will be undertaken by the speech and language department in the Longford/Westmeath area which will involve an enhanced service for Travellers in the school setting.</p> <p>Research/Evaluation</p> <p>The needs of Traveller women in relation to women's health issues will be examined with a view to developing services to meet their needs. Progress will continue in the identification of uptake of the immunisation programme and uptake of developmental clinic appointments.</p> <p>Reasons for non-attendance at appointments for health services will be examined.</p> <p>The pilot speech and language project will be evaluated.</p> <p>Performance Indicator</p> <p>A range of initiatives promoting the health of travellers will be supported and developed.</p> <p style="text-align: right;">Cost £0.110m plus baseline funding.</p>

Adult Homelessness

Strategic Focus:	Services provision /Targets/ Performance Indicators/Costs in 2001
To work in partnership with local authorities in implementing report – “Homelessness- An Integrated Strategy”	<p>Target 3.2.7 Work with local authorities on adult homelessness in accordance with the cross department report ‘Homelessness- An Integrated Strategy’ will be undertaken. A person will be appointed to carry out a health needs assessment of adult homeless persons.</p> <p>Performance Indicator Person appointed. Health needs assessment underway.</p> <p style="text-align: right;">Cost £0.050m</p>

Audit/service review/research

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs in 2001
Monitoring and evaluation of services	<p>Target 3.2.8 As part of the Board’s strategic quality approach, funding of £0.025m is committed to provide for an audit, service review and research function in the area of child health and family health.</p> <p>Performance Indicator 1W.T.E. research officer appointed at $\frac{3}{4}$ year costs</p> <p style="text-align: right;">Cost 0.025m</p>

CHILD CARE AND PROTECTION SERVICES

INTRODUCTION

The Midland Health Board is currently in the process of developing a Child Care Strategy for its child care and family support services. The purpose of the Strategy is to ensure, within a 3 year framework that the Board will provide a comprehensive range of child centred, child protection and welfare services, as good as those offered anywhere on this island, which respond quickly and effectively to child abuse and welfare concerns.

The model of service provision which is at the core of the Strategy is that a complete range of locally accessible, key services will act in co-ordination to provide individually tailored Care Plans for children and families in a pro-active, therapeutic manner.

The Child Care Strategy will address all aspects of service planning and delivery including organisation culture, management structure, management systems, service development, staff training and development, recruitment and retention and infrastructure. The Strategy will be delivered through three consecutive service plans.

REVIEW OF 2000 SERVICES

CHILD PROTECTION

There continues to be a no-waiting list policy for initial investigations of allegations of Child Abuse. However, with increasing referrals, child abuse investigation receives a higher priority than other aspects of child welfare.

The recruitment of staff has remained a significant factor affecting service development as several development posts remained unfilled at the end of 2000. To date the Hospital Liaison post in Laois and the Reviewing Officer post are unfilled. The Longford sector team has been under considerable pressure due to unfilled posts.

The Court Worker / Social Work post has been filled giving limited relief to area child protection workers.

While recruitment took place to fill the Social Work post on the Child Sexual Abuse Assessment Team, it was not possible to fill the post due to internal staff changes.

FAMILY SUPPORT SERVICES

The Springboard Project in Tullamore has become operational during 2000 with staff employed and premises secured in the town. Service delivery has commenced with parenting groups currently operational. After school groups will commence in February, 2001.

The Parenting Project targeted for the Clara area has commenced operation with a family support worker facilitating the service in the community.

A project team was established late in 2000 to research, plan and develop the toy library initiative. The project team has completed the task and the resource will be available to social work department staff throughout Laois / Offaly to enhance work with children and families.

The Board continues to support the Youth Development Programme in Mountmellick operated in partnership with Mountmellick Development Association.

The Edenderry Family centre continues to provide a valued service in integration with Health Board services. The Granard Action Project has commenced the development of family support services for the area.

FOSTER CARE, RELATIVE CARE, INDEPENDENT CARE AND ADOPTION

A review of the Independent Care Project was undertaken and recommendations have been circulated. The newly named SCATES, Specialised Care Alternative for Teenagers project will commence recruitment for new careers in 2001. This initiative will be co-ordinated by the newly appointed worker in Longford / Westmeath

The Inter-Country Adoption service has expanded to meet demand in 2000. However, the number of applications has also increased in 2000 with a waiting list at year end of 51. The allocation of £0.018 m for 2001 is not sufficient to meet this demand.

CHILDREN FIRST IMPLEMENTATION

The "Children First" National Guidelines for the Protection & Welfare of Children, launched by the Department of Health & Children in September 1999, are currently in the process of implementation throughout the Midland Health Board. These Guidelines provide a national framework for the delivery of Child Protection and Welfare services. Currently the Board is in the process implementing the Child Protection Notification System, establishing both local and regional child protection committees. Additionally, distribution of the guidelines to the priority staff group, designated officers to receive reports of child abuse, is well underway, and will continue into 2001. All relevant staff will acknowledge receipt of the "Children First" documentation.

Key personnel attached to the implementation of Children First have been appointed by the Board. These are the Information and Advice Person and the Implementation Officer. The post of training officer has been re-advertised.

The Board will develop and deliver a graded training programme for staff appropriate to their needs. To date there have been briefing sessions to outline the context and content of Children First, as well as specific training pertaining to the Child Protection Notification System which will be ongoing. Specific training needs for the coming year include the following topics:-

- Child protection conferences
- Child protection notification management meetings
- The Child Protection Notification System
- Health Board/Garda Training

EMERGING ISSUES IDENTIFIED DURING 2000

The Midland Health Board has carried out a strategic analysis of its service provision for children and families and has concluded that the effective and efficient planning and delivery of Child Care and Family Support Services, both directly provided by the Board and on a funded or supported basis, would be greatly enhanced by the development of a Strategic Plan.

There are a number of issues currently confronting the Board in this regard, some of a very serious nature, which require to be addressed. These include most significantly: -

The shortage of community based family type care placements

The restricted variety of community based care placements, sufficient to meet the varied needs of children requiring care.

The lack of availability of a community based therapy/counselling service which is appropriate to the needs of vulnerable / at risk children.

The lack of availability of family support/family centre services in all areas.

Issues in regard to Residential Care Service including :-

1. The concentration of services in Longford/Westmeath
2. The inappropriate placement of children in residential care because of lack of appropriate community based placements.
3. The consequent deteriorating behaviour of some children in residential care
4. The extreme difficulty in addressing the needs of some children.
5. The increasing inability of residential care staff to provide quality care in these circumstances.
6. The stress on staff caused by this process, leading to high sickness and absence rates, poor morale and a deteriorating I.R. climate.
7. The high usage of temporary staff and high use of overtime.
8. The lack of emergency placement facilities.
9. The role of High Support Care.

Difficulties in recruiting staff.

Inadequate management information systems.

Need to align work management structures with Children First.

Need to develop staff training and development resources.

Shortage of office, interview, therapy and access facilities

The Board is in the process of developing a Child Care Strategy which will address these issues within a 3 year framework. A project manager has been employed in this regard.

PRE SCHOOL SERVICES

There are currently 193 Pre School Services notified to the Board. A total of 9 services have closed over 1999 / 2000. Five of these services closed due to the introductions of the Pre School Regulations 1996 while the remaining 4 services closed for personal reasons.

The thrust of service development in 2001 will be to facilitate the development of high quality pre school services:-

Placing all posts in the pre school service on a permanent footing and securing office accommodation. Inspection teams will avail of further in-service and other training.

Inspections of existing and new services to ensure that the Health Board's statutory obligations to pre school children are met.

Advisory visits to new and existing services seeking to open, upgrade, relocate or expand.

In conjunction with Health Board professionals and outside agencies to continue to deliver training to service providers so as to improve their knowledge and skills in child care as well as respond to the changing environment in the pre school sector.

The pre school service will continue to be represented on child care working groups in area based partnerships in the region which provide a forum to discuss and if possible resolve child care issues at local level.

The service is also represented on a working group in the Department of Health and issues to be highlighted with National Co-ordinating Child Care Committee over the coming year include:-

The provision of grants to County / City Enterprise Boards for new child care employment posts.

Levying of commercial rates on private pre school services.

The working group will also devise a data base to meet the requirements of

- Health Board returns
- Department of Health & Children parliamentary questions and queries.
- Department of Justice, Equality and Law Reform audit requirements in relation to the impact of funding under the Equal Opportunities Childcare Programme on the supply side of childcare.

In line with national policy, and the direction of funding at national level, the pre school service will also focus on childminding services subject to notification with the Board and also on a voluntary notification and support service to childminders caring for three or less pre school children. This will be achieved in the context of County Childcare Committees. The pre school service will also consider the needs of pre school children with special needs and seek funding to support there needs.

Residential Care

In February 2000, The Board's High Support Unit came under the management of child residential services bringing the number of units up to six.

In February 2000, the Irish Social Services Insepctorate carried out an inspection in one unit. Following the initial inspection a working party was established to bring the unit up to standard. An interim report will be furnished early 2001. Another inspection took place in September 2000. This unit closed upon its recommendation. A new unit opened to replace it.

A manager and deputy manager have been appointed to child residential services.

Unit leaders are in the process of being appointed. Interviews will take place in early January 2001.

It is also proposed to establish new units, a plan that is encompassed within the strategic plan for child care services within the Board. This will also begin the relocation of units to the Laois / Offaly Community Care area.

New staff who are not currently trained in T.C.I. (Therapeutic Crisis Intervention) will be trained on scheduled dates in 2001.

Steps have been taken to provide induction training and ongoing in service professional development for residential child care staff in the Board in consultation and liaison with the Board's training co-ordinator.

DEVELOPMENTS 2001

Additional funding of £1.501m is being provided for the child care services. The details are outlined in the table below.

	£ m
Foster Care Allowance	0.016
Other Foster Care Services	0.613
Information Management	0.040
Children First Guidelines	0.195
Inter-Country Adoption	0.018
Children Bill	0.210
SSI Recommendations / After Care	0.167
Youth Homelessness / Preventive Strategy	0.030
Family Support Services	0.120
Childminder Notification	0.092
TOTAL	1.501

This funding will be utilised as detailed below in the context of the Child Care Strategy Service Plan 2001 in the first of three service plans which will implement the Child Care Strategy.

Children First – Child Protection Service

Strategic Focus	Service Development / Targets / Costs
<p>To ensure the Board responds quickly and effectively to child abuse and welfare concerns. Children First implementation plays a major part in the strategic initiative</p>	<p>The Board will continue the implementation process of Children First in compliance with National Implementation Committee targets.</p> <p>Target 3.3.1 Appoint Grade V support to Child Care Managers £0.038m</p> <p>Target date : March 2001 Function : Enhance the management of Child Care</p>
	<p>Target 3.3.2 Appoint Case Conference Convenors x 2 W.T.E. £0.080m Principal Social Worker Grade Non Pay Costs £0.020m</p> <p>Target date : June 2001 Function : To develop an effective, multi-disciplinary Case Conference Service.</p>
	<p>Target 3.3.3 Appoint Information Officer x 1 W.T.E. £0.035m Non Pay Costs £0.005m</p> <p>Target date : June 2001 Function : To develop information system for implementation of Children First recommendations</p>

	<p>Target 3.3.4 Appoint community based Social Workers in a child protection and welfare capacity x 4 £0.140m (Carry over funding 2000) Target date : June 2001 Function : To strengthen the child protection and welfare service</p> <p>The Board will support the development and enhancement of social work practice.</p> <hr/> <p>Target 3.3.5 Appoint Social Work student placement co-ordinator £0.030m Target Date : June 200 Function : Increase social work student placements and promote links with universities.</p>
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Strategic Focus	Service Development / Targets / Costs
<p>To ensure that all aspects of service delivery are informed by corporate Child Care Objectives and that key elements of service provision are in conformity with “best practice” performance indicators</p>	<p>PERFORMANCE INDICATOR</p> <ul style="list-style-type: none"> ▪ The Board will establish management systems to measure waiting time for investigations into abuse reports. Target date : March 2001 ▪ The Board will establish management systems to measure the time to conclude child abuse assessment Target date : March 2001 ▪ The Board will establish a management system to monitor the adherence to Care Plan Regulations. Target date : March 2001

Children Bill – Child Welfare Services

Strategic Focus	Service Development / Targets / Costs
<p>To ensure the provision of a complete range of community based, locally accessible child welfare services which act in co-ordination to provide individually tailored Care Plans for children and families in a pro-active and therapeutic manner</p>	<p>The Board will begin the implementation of the Children Bill initiatives within the context of community based services for children in need of special care and protection.</p> <p>Target 3.3.6 Appoint Family Group Conference Team Leader x 2 W.T.E. £0.080m Non Pay Costs £0.010m Target date : June 2001 Function : To develop a Family Group Conference Service</p>
	<p>The Board will increase its community based care placement resource to ensure appropriate placements for all children including homeless young people.</p> <p>Target 3.3.7 Appoint Fostering Social Worker x 4 W.T.E. Non Pay Costs £0.120m Target date : September 2001 £0.020m Function : To increase and develop the community based family type care placement service</p>
	<p>The Board will expand the development of its family support service at the Granard Action Project.</p> <p>Target 3.3.8 Appoint Project Leader x 1 W.T.E. £0.040m (2000 carry over Children's Bill) Target date : March 2001 Function : To ensure the structural development of this service.</p>

Strategic Focus	Service Development / Targets / Costs
<p>To ensure that all aspects of service delivery are informed by corporate Child Care Objectives and that key elements of service provision are in conformity with “best practice” performance indicators</p>	<p>Performance Indicator</p> <ul style="list-style-type: none"> ▪ The Board will establish a management system to measure the duration of fostering assessments <p>Target date : March 2001</p>

Social Service Inspectorate Recommendations

Strategic Focus	Service Development / Targets / Costs
<p>To ensure the provision of community based, locally accessible residential care, which acts in co-ordination with other key services to provide individually tailored Care Plans for children and families in a child-centred, therapeutic.</p>	<p>The Board will continue the process of developing a residential service in the context of the Child Care Strategy on a phased basis.</p> <p>Target 3.3.9 Establish medium/long term therapeutic residential unit x 2 Target date : December 2001 (N.D.P Capital Funding, re-allocation of existing resource funding)</p> <hr/> <p>The Board will initiate the development of an after care service for children leaving the care of the Board.</p> <p>Target 3.3.10 Appoint 1 W.T.E After Care Co-Ordinator. £0.025m Non Pay Costs £0.005m Target date : March 2001 Function : To develop this service</p>

FAMILY SUPPORT SERVICE

Strategic Focus	Service Development / Targets / Costs
<p>To ensure the provision of community based, locally accessible Family Support Services which act in co-ordination with other key services to provide individually tailored Care Plans for children and families, on a home based, peer support model</p>	<p>The Board will increase and enhance its Family Support Service</p> <p>Target 3.3.11 Appoint a co-ordinator £0.047m Non Pay Costs £0.008m Target date : September 2001 Function : To enhance the management of this service</p> <p>Target 3.3.12 Appoint Family Support Workers x 4 W.T.E. £0.072m Target date: April 2001 Function : To extend this service</p> <hr/> <p>The Board will establish a Counselling / Therapy service for children and families</p> <p>Target 3.3.13 Appoint Managers x 2 W.T.E. £0.080m Non Pay Costs £0.020m Target date : June 2001 Function : To manage this service</p> <p>Target 3.3.14 Appoint Therapist x 4 £0.160m (Carry over 2000) Target date : September 2001 Function : To provide counselling / therapy services</p>

Adoption Service

Strategic Focus	Service Development / Targets / Costs
<p>To ensure the provision of a community based, locally accessible adoption service which acts in co-ordination with other key services to provide individually tailored, Care Plans for children and families, and for those who wish to adopt a child on an inter-country basis</p>	<p>The Board will increase its adoption resources.</p> <p>Target 3.3.15 Appoint Social Worker x 1 W.T.E. £0.030m Non Pay Costs £0.005m Target date : June 2001 Function : To extend this service</p>
<p>To ensure that all aspects of service delivery are informed by corporate Child Care Objectives and that key elements of service provision are in conformity with best practice.</p>	<p>PERFORMANCE INDICATOR</p> <ul style="list-style-type: none"> ▪ The Board will establish a management system to record the number of completed inter-country adoption assessments as a proportion of applications received. Target date : March 2001 ▪ The Board will establish a management system to record the waiting time from initial application for inter-country adoption to completion for placement process. Target date : March 2001 ▪ The Board will establish a management system to record the number of tracing requests received, the number completed, the waiting time for take up of applications. Target date : March 2001

Staff Training & Development

Strategic Focus	Service Development / Targets / Costs
<p>To ensure that all staff have access to training appropriate to their work and that a performance management programme is in place so that staff are clear on what is expected of them and can receive positive feedback on their performance and training to maximise their personal potential</p>	<p>The Board will increase and enhance its training resource.</p> <p>Target 3.3.16 Appoint induction training officer x 1 W.T.E. £0.035m Non Pay Costs £0.005m Target date : June 2001 Function : To provide induction and other training for new staff</p>
	<p>The Board will develop a Performance Management Programme for all staff</p> <p>Target 3.3.17 Make human resource services available to child care management £0.010m Target date : June 2001</p>

Pre School Services

Strategic Focus	Service Development / Targets / Costs
<p>To ensure an effective pre school service which promotes quality child care</p>	<p>The Board will increase and enhance its pre school service through introduction of a voluntary notification and support system for childminders looking after three or fewer children</p> <p>Target 3.3.18 Appoint child minder resource person £0.025m Target date : June 2001</p> <p>Target 3.3.19 Provide grant aid support £0.67m</p>
<p>To ensure that all aspects of service delivery are informed by corporate Child Care Objectives and that key elements of service provision are in conformity with “best practice” performance</p>	<p style="text-align: center;">PERFORMANCE INDICATOR</p> <ul style="list-style-type: none"> ▪ The Board will establish a management system to record the waiting time for inspection of pre school services. <p>Target date : March 2001</p>

4. Older People

Introduction

The Service Plan for Older People concentrates on the services provided for people over the age of 65 years requiring either care in the community or residential care.

Mission Statement

To improve the health and quality of life of older people in the four counties Laois, Offaly, Westmeath and Longford.

This will be achieved through the provision of a range of interventions in the home, in the community, in acute hospitals and in care centres for older people. The interventions offered will include disease prevention, diagnosis and treatment, care and rehabilitation and health promotion initiatives.

The care group approach focuses attention on meeting the needs of the population through the evaluation and adoption of strategies for delivering the mission.

Strategic Focus

The Action Plan for Health and Social Gain for the Elderly published in 1997 outlines the strategic direction of the Board as follows:

- Maintaining the independence of older people by improving community services so that where appropriate they can be maintained in their own home.
- Improving linkages in the continuum of care between home care, community care, acute care and long stay care. This is being done through the establishment of community rehabilitation unit teams, the provision of flexible respite care and through the work of the carer co-ordinators.
- Shifting the balance from long term care to rehabilitation/assessment, respite and provision of outreach community based services.
- The re-configuration of services should facilitate as many older people as possible availing of services within a 12 mile radius of their home.

Review of Performance Against 2000 Service Plan

Care of Older People In Their Own Community

Admission/Discharge Policy

In keeping with the Board's admissions/discharge policy a target was set, that all applicants for longterm care will be formally assessed by a multi-disciplinary team within two months of application. This has not been fully implemented in all areas because of specialist staff shortages. A further review of the admission and discharge policy has been conducted this year and the findings will be reported in Jan 2001.

Capital Projects

Capital projects with respect to the older persons care group are being handled under National Development Plan operations. There are a number of projects where work is currently being conducted. Upgrading work is in progress in Loughloe House in Athlone. The Athlone Hospital project team has been formed and the planning phase of the project has commenced. The development of the new community nursing unit in Birr is at the tendering stage and an architect has been appointed with respect to the development of services at Riada House. The Longford hospital site project team has reported and work on improving facilities is scheduled to commence in 2001.

Rehabilitation

The Board has a policy of introducing rehabilitation services in care centres for older persons. Athlone, Mountmellick and Birr were identified as the priority last year with the commencement of the service in Birr deferred until the completion of the new community nursing unit. This year unfortunately the rehabilitation services in Mountmellick and Athlone have not been established due to difficulty in recruiting staff.

Subvention to Nursing Homes

The total budget for nursing home subvention for 2000 was £2.007m. At present there are 367 people currently in receipt of nursing home subvention at the following levels medium 63, high 108 and maximum 196.

Care of Older People in Their Own Home

The Board's policy of delivering services to older persons in their community and shifting the balance from long term care to rehabilitation is being developed through the establishment of community rehabilitation units, formerly called district care units. During the year more teams have been put in place and they are now established and operating in Tullamore, Birr, Portlaoise and Mullingar. As well as allowing older persons to remain in the community while being treated, the operation of these teams is producing a positive effect on the demand for acute hospital beds.

Home Help Services

A total of £0.950m including development funding was allocated to home help services. This funding was used by the Board to pay the minimum wage of £4.40 per hour and for additional service hours during the year. An additional allocation of £0.270m was also received during the year and this sum was used towards increasing the pay rate to £5.00 per hour and also to pay arrears. Training home helps to act as care attendants particularly with the community rehabilitation units has been conducted.

Community Physiotherapy

A community physiotherapy service commenced in July this year. Services are being provided in patients' own homes. A review and evaluation report on the service has not yet been conducted because of the short duration of the service.

Support for Carers

There is a growing demand for support for carers. During the year four "Caring and Coping" courses were conducted for carers. An assessment form has been developed and is currently being evaluated on a trial basis. A carer information pack has been compiled and is currently being printed. This will be launched early in 2001. A second carer co-ordinator has been appointed to cover the Longford/Westmeath area. The Board also sponsored the attendance of 16 carers at a three-day national carer's conference in Athlone.

Day Care Centres

The review and evaluation of the day care service was conducted during the year and the draft report was completed in December 2000. The final report will be published in the first quarter of 2001 following validation of the results, which is being conducted at present.

Alzheimer's Society

A service agreement is in draft form at present. Pilot day care projects are in place in both Tullamore and Portlaoise and in Longford/Westmeath a pilot home support project is being conducted in partnership with the Alzheimer's Society of Ireland.

Community Sector Management

The appointment of an extra senior public health nurse means that all six sectors in the Board's area now have the clinical leadership of a senior public health nurse. This will facilitate improved sector management.

Health Promotion

Go for Life courses were conducted at a number of locations within the Board. During the year a health education officer for the older persons was appointed and work commenced on the development of an information programme. The focus of the health information programme for people with diabetes was altered with the initiative being switched to the primary care programme. During the year the diabetes project was reviewed and an initial action plan was developed.

Regional Partnership Initiative

There are many other organisations, both statutory and voluntary and groups that have duties, responsibilities and interests with respect to older persons. In order to successfully address the needs of older persons the Board must operate in partnership with other bodies and organisations. At the initiative of the Board a regional consultation group on services for older people was established in November 2000.

Additional Funding 2001

The Board received net additional funding of **£2.984m** for the year.

	£m
Nursing Home Subvention	.378
Contract Beds Winter Initiative	.510
Home Help Pay	.292
Home Help Development	.140
Carers Support	.140
Community Supports	.470
Additional Staffing	.400
Alzheimer Society of Ireland	.050
Staffing Ratios LRC recommendation	.604
Total	£2,984,M

In addition, **£0.360m** was allocated to take account of demographic changes.

Emerging Issues

Emerging issues identified by the Board include the following:

- **Staff Levels** - Increased dependency levels of those in the Board's care centres for older people have implications for staffing.
- **Skills Mix** – There is a need to examine the skills mix of staff in long term residential care centres with a view towards maximising staff resources. Consideration needs to be given to the provision of accredited training and skills development courses for care attendants and other support staff.
- **Demographic Trends.** The Midland Health Board has a higher than average proportion of older people in its population - 12.2% over 65 years and 5% over 75 years. Population estimates suggest that proportionally the greatest increase will be among those over 80 years.
- **Recruitment and Retention** - Difficulty in recruiting and retaining certain grades of staff e.g., R.G.N.s, occupational therapists, physiotherapists.
- **Dementia Specific Facilities** -The requirement to develop dementia specific residential services within the Board's area needs to be examined. This will have capital in addition to revenue implications.

- **Communications** – There is a need to improve the flow of information both internally within the Board and externally between the Board, individual patients, carers and voluntary organisations.
- **Social Gain** – The Arts in Care initiative which concentrates on improving quality of life of residents in long term care facilities needs to be expanded and developed. The provision of an activity facilitator at all of the long-term residential care centres would greatly enhance the sustainability of these initiatives and greatly improve the social gain of the residents.
- **Long Stay Beds** - The need to examine and review the long-term bed numbers by sector to ensure those beds are accessible on a needs basis. Refurbishment of some facilities will have capital implications.
- **Carers** - The board recognises and accepts that there is a growing need for support for carers. The training and information programmes currently conducted for carers need to be expanded and developed. Active consideration should be given to further developing the links with non-statutory associations such as the Carers Association, Hospice Associations and the Alzheimer's Society of Ireland.
- **Day Care Services** – The orientation and type of day care services will be dictated by the findings of the Day Care Review group, which will be published early in 2001.
- **Transport** – Due to the rural nature and geographic spread of the Board's area, access to services for older people is greatly influenced by the availability or otherwise of suitable transport. Consideration needs to be given to the development of a formal transport strategy.
- **Cross Care Group Issues** – There is a need to examine the development of services for people with pre-existing physical and or sensory disabilities upon entry into the older persons Care Group.
- **Psychology Services** – The review of psychology services highlights the fact that there are no psychology services for older persons in the Board's area.

Service Developments 2001

1. Care of Older People in the Community

Home Help

Strategic Focus	Service Development, Targets and Performance Indicators
<p>Provision of services to enable older people to remain in their own home.</p>	<p>An additional amount of £0.292m has been allocated to home help services pay. This will enable an increase in the levels of home help pay to £6.69 per hour with effect from 1 Jan 2001.</p> <p>Performance Indicator - Report on the extent and level of services provided.</p> <p style="text-align: right;">Cost £0.292m</p>
	<p>The delivery of the home help service will be reviewed with a view to enabling it to identify unmet needs.</p> <p>Target 4.1.1- Evaluation report completed by July 2001.</p> <p>Resource: Extra clerical, administrative and publication expenses.</p> <p style="text-align: right;">Cost: £0.005m.</p>
	<p>The home help services in Westmeath will continue to be improved and developed with the appointment of an assistant home help organiser and additional clerical support.</p> <p>Target 4.1.2- Recruitment in early 2001</p> <p style="text-align: right;">Cost: £0.031m</p>
	<p>A training programme for training home helps to act as care attendants will be delivered and implemented.</p> <p>Target 4.1.3- Programme developed and pilot implemented.</p> <p>Performance Indicator: Two pilot programmes completed before October 2001.</p> <p>Resource: Extra clerical, administrative and publication expenses.</p> <p style="text-align: right;">Cost: £0.010m</p>
	<p>Additional home help services will be provided in both</p>

	<p>community care areas through a combination of the provision of additional home help workers and extended home help hours for existing home help workers.</p> <p>Performance Indicator - Report on the extent and level of extra services provided.</p> <p style="text-align: right;">Cost: £0.112m</p>
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Support for Carers

Strategic Focus	Service Development, Targets and Performance Indicators
<p>Supporting Carers' Needs and assisting in enabling them to cope.</p>	<p>A strategy supporting Carers will be formulated and developed. The carer co-ordinators in both community care areas will jointly develop a strategy for carer support programmes in conjunction with the health promotion department and other agencies.</p> <p>Target 4.1.4 - Strategy developed and published by Sept 2001.</p> <p>Resource: Extra clerical, administrative and publication expenses.</p> <p style="text-align: right;">Cost £0.007m</p>
	<p>It is recognised that a partnership approach needs to be adopted in support of carers. Carer co-ordinators will liaise with carers associations and voluntary bodies to identify needs and reduce duplication of activity. An evaluation of the carers information pack will be conducted.</p> <p>Target 4.1.5 - Evaluation of carers information pack completed by August 2001.</p>
	<p>In partnership with the Carers Association the carers assessment form developed in 2000 will be evaluated.</p> <p>Target 4.1.6 - Evaluation of assessment form completed by Sept 2001.</p>
	<p>The education needs of carers. The carer co-ordinators will continue their training programmes to support carers in coping and in developing caring skills.</p> <p>Target 4.1.7 - Six training programmes conducted during year.</p>
	<p>A pilot emergency respite scheme in each community care area for one year will be conducted.</p>

	<p>Target 4.1.8 – Scheme to be in operation before March 2001.</p> <p>Performance Indicator - Scheme established and report completed on the operation and take up of scheme.</p> <p>Resource - Purchase of beds in Private Nursing Homes.</p> <p style="text-align: right;">Cost: £0.031m</p>
	<p>The activities and operation of the senior help line project currently in operation from Mullingar will be supported. A telephone information and advice service to older persons in the Board's area.</p> <p>Target 4.1.9 – Support to be in place before March 2001.</p> <p>Performance Indicator - Report on the extent and level of extra services provided.</p> <p style="text-align: right;">Cost: £0.008m</p>
	<p>In support of carers the a carer consultation and awareness forum will be conducted in each of the six sectors.</p> <p>Target 4.1.10 – 6 forums conducted before November</p> <p>Performance Indicator - Report and feedback from forums.</p> <p style="text-align: right;">Cost £0.006m</p>
	<p>Subvention will be given to the Carers Association and service agreement will be delivered with them.</p> <p>Target 4.1.11 - Service agreement in place by April.</p> <p style="text-align: right;">Cost: £0.010m</p>
	<p>Continued support will be given to carers through the provision of day care centre services. Making provision for extra resources will support the policy of reducing the summer closing periods.</p> <p>Target 4.1.12 – Support to be in operation by June 2001.</p> <p>Performance Indicator – Report on the extent and level of extra services provided.</p> <p style="text-align: right;">Cost: £0.074m</p>

Public Health Nursing

Strategic Focus

Service Development, Targets and Performance Indicators

Provision of services to enable older people to remain in their own home.	<p>The public health nursing service in Laois/Offaly will be expanded by one W.T.E. public health nurse.</p> <p>Target 4.1.13 – Staff in place by April.</p> <p>Performance Indicator - Report on the extent and level of extra services provided completed.</p> <p style="text-align: right;">Cost £0.042m</p>
	<p>A pilot project will be initiated to develop an integrated care plan combining the delivery of services for older persons in a public health nursing district in the Longford/Westmeath community care area.</p> <p>Target 4.1.14 – Staff in place by June.</p> <p>Resource: 0.5 W.T.E. nurse. and 0.5 W.T.E. home help.</p> <p>Performance Indicator - Report and evaluation of project completed.</p> <p style="text-align: right;">Cost: £0.028</p>
	<p>The status of 11 RGN posts, will be changed, supporting public health nurses, from temporary to permanent.</p> <p>Target 4.1.15 – Staff to be made permanent by May 2001.</p> <p>Resource: No extra finances required this year.</p>

Allied Health Professionals

Strategic Focus	Service Development, Targets and Performance Indicators
Provision of services to enable older people to remain in their own home.	<p>Physiotherapy outreach services will be developed and expanded for older persons in the Longford Westmeath area. One physiotherapist.</p> <p>Target 4.1.16 –Recruitment by July.</p> <p>Performance Indicator - Report on the extent and level of extra services provided</p> <p style="text-align: right;">Cost: £0.042m</p>
	<p>An additional physiotherapist and a speech and language therapist in Birr to support the community rehabilitation unit and services for older people generally will be appointed</p> <p>Target 4.1.17 – Recruitment by Aug.</p> <p>Performance Indicator – Report on the extent and level of extra services provided</p> <p style="text-align: right;">Cost: £0.076m</p>

	<p>In order to maximise patient contact with healthcare professionals additional administration and clerical support must be provided. An additional 3 x .5 WTE clerical officer will be provided in each community care area.</p> <p>Target 4.1.18 – Staff in place by March.</p> <p style="text-align: right;">Cost: £0.074m</p>
	<p>Two W.T.E. occupational therapists will be appointed in the Laois Offaly area in order to improve the level of the service.</p> <p>Target 4.1.19 – Staff in place by April.</p> <p>Performance Indicator – Report on the extent and level of extra services provided.</p> <p style="text-align: right;">Cost: £0.050m</p>
	<p>In the Longford Westmeath area a senior 1 W.T.E. occupational therapist will be appointed in order to improve the level of the service.</p> <p>Target 4.1.20 – Staff in place by April.</p> <p>Performance Indicator – Report on the extent and level of extra services provided.</p> <p style="text-align: right;">Cost: £0.030m</p>

Community Rehabilitation Units

Strategic Focus	Service Development, Targets and Performance Indicators
<p>Provision of services to enable older people to remain in their own home.</p>	<p>The community rehabilitation unit will be extended to Mountrath and Rathdowney areas in Laois to include referrals from the community.</p> <p>Target 4.1.21 -Team in place by April.</p> <p>Resource - 0.5 of a CRU team making use of staff already in position in the Laois area.</p> <p>Performance Indicator: Report on the number of interventions carried out.</p> <p style="text-align: right;">Cost: £0.070m</p>
	<p>The community rehabilitation unit in Mullingar will be extended.</p> <p>Target 4.1.22 -Team in place from January.</p>

	<p>Resource – Full CRU team making use of staff already in position in the Mullingar area for complete year.</p> <p>Performance Indicator: Report on the number of interventions carried out.</p> <p style="text-align: right;">Cost: £0.080m</p>
	<p>A community rehabilitation unit will be established in Longford.</p> <p>Target 4.1.23 -Team in place by July.</p> <p>Resource – Full CRU team.</p> <p>Performance Indicator: Report on the number of interventions carried out.</p> <p style="text-align: right;">Cost £0.147m</p>

Subvention to Nursing Homes

Strategic Focus	Service Development, Targets and Performance Indicators
<p>Provision of services to enable older people to remain in their own community.</p>	<p>A sum of £0.378m has been allocated to meet the increase of 25% in the rates of nursing home subvention with effect from 1 April, 2001. A further sum of £0.510 has been allocated as an initiative on winter beds in order to alleviate pressure on acute hospital beds. For further details with respect to this winter initiative refer to the episodic care section of the service plan.</p> <p>Performance Indicator In order to ensure that utilisation of long-term beds is appropriate and equitable, the use of health board and nursing home beds by sector will be monitored.</p> <p style="text-align: right;">Cost: £0.888m</p>

2. Care of Older People in Care

Rehabilitation

Strategic Focus	Service Development, Targets and Performance Indicators
Reorienting the activity of community care units through the establishment of rehabilitation programmes.	Rehabilitation services in Athlone and Mountmellick will be expanded. Target 4.2.1 - Services in place by July Performance Indicator: Report on the number of interventions carried out.
	The rehabilitation services in Longford will be expanded with the appointment of one W.T.E. occupational therapist assistant. Target 4.2.2 - To be in place by end of April. Performance Indicator: Report on the number of interventions carried out. Cost: £0.018m
	A regional training programme for care attendants will be developed to assist in provision of rehabilitation. Target 4.2.3 – Pilot to be in place by July 2001. Performance Indicator – Programme developed and piloted before November 2001. Cost: £0.006m
	The rehabilitation services in care centres for older people will be monitored and evaluated over the year. Target 4.2.4 - Evaluation carried out and report completed in 2001.

Social Gain

Strategic Focus	Service Development, Targets and Performance Indicators
Improving the quality of life of people in care centres for the elderly	The Board in partnership with Music Network will implement a music in care programme in six care centres for the elderly. Target 4.2.5 - Complete the programme. Performance Indicator: Carry out an evaluation of project. Cost: £0.010m

	<p>The Board will develop an Art in Care programme in partnership with Age & Opportunity in two of the care centres for older people.</p> <p>Target 4.2.6 - Complete the programme and carry out an evaluation of the project.</p> <p>Performance Indicator: Carry out an evaluation of the project.</p> <p style="text-align: right;">Cost: £0.030m</p>
	<p>In order to improve activity measures aimed at enhancing the quality of life of residents in long stay centres an activity person will be introduced in all care centres for older people in Laois/Offaly.</p> <p>Target 4.2.7 - Persons in place by April.</p> <p>Performance Indicator: Activity programmes developed and pilots conducted.</p> <p style="text-align: right;">Cost £0.142m</p>

Staff Levels

Strategic Focus	Service Development, Targets and Performance Indicators
<p>Improving Staffing and skill mix in care centres for older people</p>	<p>In keeping with the recommendations of the independent staffing review the implementation of the Labour Relations Commission recommendations in the four care centres concerned - St Marys, St Josephs, St Brigids and St Vincents in Athlone will be completed</p> <p>Target 4.2.8 - Staff in place in March 2001.</p> <p style="text-align: right;">Cost: £0.604m</p>
	<p>Increased dependency levels of those in care centres for older people have implications for staffing levels. It is proposed to increase the staff levels in Loughloe House by two W.T.E. nurses and two care attendants.</p> <p>Target 4.2.9 - Staff in place in April 2001.</p> <p style="text-align: right;">Cost: £0.076m</p>
	<p>It is proposed to increase the staff levels in Abbeyleix Hospital and the other community nursing units by one W.T.E. nurse and one care attendant</p> <p>Target 4.2.10 - Staff in place in April.</p> <p style="text-align: right;">Cost: £0.196m</p>

Nutrition Services

Strategic Focus	Service Development, Targets and Performance Indicators
<p>Improving Staffing Ratios in the Long Term Residential Care Centres.</p>	<p>The success of the pilot catering project conducted in the District Hospital Athlone is acknowledged. A nutritionist to advise and assist in implementation of the pilot project in other long stay residential centres will be appointed.</p> <p>Target 4.2.11 - Staff in place in July 2001.</p> <p>Performance Indicator: Report on implementation of catering project in long stay residential centres.</p> <p style="text-align: right;">Cost: £0.034</p>

Alzheimer's Disease

Strategic Focus	Service Development, Targets and Performance Indicators
<p>Supporting the needs of carers.</p>	<p>The pilot Alzheimer's project, which commenced last year will be continued. The service will be further developed in accordance with a service agreement drafted in partnership with the Alzheimer's Society of Ireland.</p> <p>Target 4.2.12 - Service agreement in place by March.</p> <p>Performance Indicator: This project will be reviewed and evaluated during the year.</p> <p style="text-align: right;">Cost: £0.050m</p> <p>One of the emerging issues with respect to older persons is the requirement to develop dementia specific residential services within the area. The Board will plan the development of such facilities in partnership with the Alzheimer's Society.</p> <p>Performance Indicator – Joint feasibility study conducted and proposed service agreement drafted.</p>

3. Health Promotion

Strategic Focus	Service Development, Targets and Performance Indicators
<p>The Board will continue with the Go For Life programme and develop health information/promotion and physical activity programmes.</p>	<p>Evaluation of Go for Life Programme to be conducted and a programme to be adapted as per evaluation findings in partnership with Age & Opportunity. Refresher skills and training courses will be conducted for tutors in addition to leader training workshops.</p> <p>Target 4.3.1 – Evaluation complete and report available by March 2001.</p> <p>Target 4.3.2 - Current programme revised and developed as per</p>

	<p>evaluation by the end of June 2001.</p> <p>Target 4.3.3 - 8 leader workshops held by the end of 2001</p> <p>Target 4.3.4 - 4 tutor support meetings held in 2001</p>
	<p>A physical activity programme suitable for older people in residential care will be developed in addition to conducting short training programmes on health promotion / physical activity for care staff.</p> <p>Target 4.3.5 – Adapted physical activity programme developed and pilot sites for programme identified with the programme piloted and evaluated in 2001.</p> <p>Performance Indicator: Programme evaluated. and care-staff will have completed short health education training course.</p> <hr/> <p>Develop and plan health information / promotion programmes for older persons and create a database of staff trained in facilitation and presentation skills. Conduct two programmes for staff every three months. Design a leaflet on entitlements for older persons.</p> <p>Target 4.3.6 – Pilot programme delivered in two sites and evaluated by April 2001.</p> <p>Target 4.3.7 – Programme running and 6 programmes to be completed and evaluated in 2001</p> <hr/> <p>A database of carers will be established and the level of dependency of the person cared for and the services being provided will be recorded.</p> <p>Target 4.3.8 – Database of carers in the area established and in operation.</p> <p style="text-align: right;">Cost: £0.010</p>
	<p>Information lectures for carers following the launch of the carer information pack will be promoted and provided. A consultation process in support of developing a strategy to support carers will be conducted through workshops after information lectures.</p> <p>Target 4.3.9 – Information lectures delivered and consultations with carers completed.</p>

4. Care Group Direction

Strategic Focus	Service Development, Targets and Performance Indicators
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<p>The Board will continuously monitor, review and evaluate the development of services within the Care Group in keeping with the Mission Statement, Strategic Direction of the Board and the Emerging Issues.</p>	<p>The strategy for the older persons care group will be reviewed and updated. This review will be cross disciplinary and will involve consultation with older persons in the community, residents of long stay centres and the full spectrum of health care providers. The process will also involve interfacing with other agencies and non-statutory voluntary bodies and groups.</p> <p>Target 4.4.1 - Strategy document developed and published.</p> <p>Resource - Extra clerical, research, administrative and publication expenses.</p> <p style="text-align: right;">Cost: £0.022m</p>
	<p>A strategy for carers in the area will be formulated. This will be developed by an inter agency steering committee.</p> <p>Target – As per 4.1.4</p>
	<p>The long-term bed numbers by sector will be reviewed and a development plan based on the findings of the review will be drafted.</p> <p>Target 4.4.2 – Report drafted and published by October.</p>
	<p>For the purposes of monitoring, evaluating and information sharing the a database of all current projects will be created</p> <p>Target 4.4.3 – Older person’s section of the database created.</p>
	<p>The management structures of the long stay residential centres and the delivery of allied health professional services within the community care areas will be reviewed and reorganised.</p> <p>Target 4.4.4 – Recommendations for reorganisation drafted.</p>
	<p>The Board recognises that it must operate in partnership with other bodies and organisations that also have an interest in and responsibility for older persons.</p> <p>The Board will support the activities of the newly established Regional Consultation Group for Older Persons services</p> <p style="text-align: right;">Cost: £0.033m</p>

5. PERSONS WITH DISABILITIES

Introduction:

In the Midland Health Board the disability care group comprises three elements;

- 5.1 Services for persons with an intellectual disability,
- 5.2 Services for persons with a physical / sensory disability.
- 5.3 Rehabilitative training, sheltered work and allowances for persons with disabilities.

5.1 Persons with Intellectual disability

Mission Statement:

Persons with intellectual disability should receive a quality service, delivered locally and responsive to their individual needs.

Review of Performance against 2000 Service Plans:

Funding 2000

£2.460m allocated

The number of day, residential and respite places provided in 2000 is on target with the 2000 Service Plan. This funding will also provide an additional 11 residential places and 10 respite places in 2001.

Laois/Offaly Community Care Area

Day Places	Residential	Respite
46 new places	9 new places (2001 – 8 additional places)	House in Portlaoise (5 additional places in 2001) House in Tullamore to be commissioned January, 2001 (5 Places).

Longford/Westmeath Community Care Area

Day Places	Residential	Respite
43 new places	16 new places (2001 - 3 additional places). 1 WTE supported living (supporting 5 people)	Longford respite house commissioned, December 2000 (5/6 Places.). Mullingar respite house commissioned, December 2000 (5/6 Places).

Personal Identification numbers (PIN's) from the intellectual disability database are available in the operational plan for the above places.

Staff/Supports additional in 2000

- Midland Health Board, 35WTE staff (including regrading of existing nursing posts in line with the recommendation of the Commission on Nursing).
- St. Hilda's Services, Athlone, 9.4 WTE staff.
- St. Christophers Services Ltd., Longford, 11.5 WTE staff.
- St. Anne's Service, Roscrea, 2 WTE staff.
- Sisters of Charity of Jesus & Mary Services, 22.5 WTE staff.

Transfer Programme from the Board's Designated Units

A project team with representatives from the Board, Department of Health & Children, Sisters of Charity of Jesus & Mary and an external consultant was established in May 2000 to progress the transfer of residents from the Board's de-designated units to community houses. Four houses were purchased which will transfer 20 (approx.) residents from the Board's residential centres to the community:-

Two houses in Mullingar, one house in Castlepollard, and one house in Portlaoise.

Person Centred Planning

Staff from Lough Sheever Mullingar, Alvernia House Portlaoise and St. Peters Centre Castlepollard received training in person centred planning for persons with intellectual disability.

Intellectual disability database

From May – September (2000), a clinical audit of the Board's intellectual disability database was undertaken with assistance from the Department of Health and Children and the Health Research Board. The primary aim of this audit was to assess the accuracy and consistency of information on the database. This involved the comparison of database records completed by the audit team with the corresponding records received from the Board in the 2000 data export to the Department of Health and Children. Individual audit interviews, involving the following people were carried out:-

- Person registered on the database;
- Parents/guardians/carers of the person;
- Staff member who completed the health board database form for the person;
- Any other relevant staff members (e.g. keyworker).

The findings were reported in November. The intellectual disability database committee will in 2001 consider and work on the recommendations of this report.

Intellectual disability database Workshop

In November in conjunction with the Department of Health and Children and the Health Research Board a workshop for service providers was organised which covered the following areas:-registration criteria, information collected, processing of data collection, annual review, annual export to the Department of Health & Children, new developments with intellectual disability database, training programme and impact of the proposed new developments for the Board.

Autism

The following autism multi-disciplinary team posts were filled, senior speech and language therapist/team co-ordinator (October), occupational therapist(October), counselling/liason nurse (November), social worker (re-advertised December, 2000 as team leader) senior psychologist (temporary post advertised September 2000 to go to the Local Appointments Commission 2001), clerical officer (November), consultant child and adolescent psychiatrist with an interest in autism and intellectual disability (joint post between the Board and the Sisters of Charity of Jesus & Mary) filled on a temporary basis in December, will be advertised in 2001 with the Local Appointments Commission.

The residential placement at Cluain farm, Kinnegad with the Irish Society for Autism did not go ahead as planned due to the difficulties experienced by the Irish Society for Autism. As this placement was a priority, the Board in partnership with St. Christopher's Services Longford provided an individually tailored outreach programme for the person concerned.

Disability Web-Site

In November, the Board's disability web-site was launched. This site can be accessed as follows:- [www.mhb.ie/our services/disability services](http://www.mhb.ie/our_services/disability_services)

Positive to Disability Award

The Board was successful in obtaining the Positive to Disability Award in 2000.

Individual Care Plan

A project team was established in June last to develop individual care plans for individuals with intellectual disability, draft care plans have been developed and work will be on-going in 2001, with relevant training for staff.

Abuse Guidelines

In April, a project team was established to develop guidelines for the investigation of abuse of vulnerable adults. A policy and procedures manual was launched in November which can be downloaded from the Board's web-site www.mhb.ie

Domestic violence

The Board's domestic violence 'training of trainers' programme included a module dealing with specific issues which relate to persons with disabilities.

Service Delivery

Services for persons with intellectual disability are funded by the Board and delivered in partnership with the following non-statutory agencies:

- Sisters of Charity of Jesus and Mary, Moore Abbey, Monasterevin.
- St. Anne's Service, Roscrea,
- St. Hilda's Services for the Mentally Handicapped, Athlone,
- St. Christopher's Services Ltd., Longford.
- KARE Services, Kildare.
- St. Cronan's Association, Roscrea.
- The Board also provides residential and day services and health related support services.

Service Profile

The aim of services is to:

- achieve the best possible quality of life for people with intellectual disabilities,
- ensure good quality assessment with individual care plans,
- maximise choice and opportunity,
- develop local services which are non-institutional and person focused,
- ensure that people with higher support needs are offered a quality service without being marginalised,
- assist people to make the best use of mainstream services.

The challenge is to develop and implement innovative approaches in partnership with the non-statutory service providers to provide services and supports that are effective, cost efficient, flexible and responsive to the service users needs and their families.

Statistics

In December last the intellectual disability database indicated that there are 1,629 persons with an intellectual disability in the Board's area.

Total Number on the Intellectual disability database December, 2000

Borderline	46
Mild	701
Moderate	618
Severe	188
Profound	42
Not Verified	34
Total	1629

Emerging Issues

- The geographical location of the Board has resulted in services being provided to children and adults from other health board areas which has resulted in increased demand for places and for therapy supports.
- Increasing, dependent population of older persons with intellectual disability.
- Increased demand for:-
respite care
long term residential care
community group homes
placements for persons with challenging behaviour
residential and day services for persons with autism
- Classes for children with autism have led to an increased demand for speech and language therapy, occupational therapy, psychology and other health related supports.
- Difficulties being encountered in recruiting suitable staff such as carer relief persons and therapy staff.
- Increased pressure on social work supports.(In 2001 the Board will carry out a review of social work and psychology service provision which will inform future developments).
- Increased demand for speech & language, occupational therapy and physiotherapy support in day and residential services with associated training for staff and carers.
- Persons with a mild intellectual disability who have been the responsibility of the Board are now adults and require on-going supports.

Broad Strategic Focus:

In developing its broad strategic focus, the Board took account of:

- Shaping a Healthier Future,1994
- Working for Health & Well-Being 1998-2001,
- Needs & Abilities 1991,
- Enhancing the Partnership/Widening the Partnership 1997,
- An Assessment of Need 1997- 2001 Report of the National Intellectual disability Database,
- The Midland Health Board Regional Mental Handicap Plan 1997-2000,
- Children First National Guidelines for the Protection & Welfare of Children 1999

- Continuous Quality Improvement approach,
- Management by Projects.

Care plans will continue to be organised for each individual. The ultimate goal is that each individual will have a care plan which will enable him/her to achieve their full potential.

The Board advocates the person centred planning process where the focus is on the individual and where services are designed for the individual.

The Board in partnership with the non-statutory agencies will plan and develop services for persons with an intellectual disability on the basis of needs assessment, and information from the Board's intellectual disability database, the sector teams, and the Mental Handicap Services Consultative and Development Committees.

Funding 2001:

Funding of £2.465m has been provided in 2001 in respect of intellectual disability and autism. A sum of £0.646 in respect of full year costs of service development put in place in 2000 is also included in 2001 funding.

Additional funding in 2001

Service	2001 Amount £m	2002 Amount £m
Residential	£0.810	£1.120
Respite	£ 0.140	£0.180
Day	£0.600	£0.600
Autism Children's Health/Related Services	£0.225	£0.250
Transfer from inappropriate placements	£0.340	£0.340
Specialist & Additional Support Services	£0.350	£0.350
Total	£2.465	£2.840

Service Developments 2001

Accountability

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
<p>The Board will work in partnership with the non-statutory agencies to provide and develop services in an effective and cohesive manner.</p>	<p>Target 5.1.1 - A service agreement will be entered with the non-statutory agencies, providing services for persons with an intellectual disability, based on 'Enhancing the Partnership/Widening the Partnership'. The agencies concerned are:-</p> <ul style="list-style-type: none"> • The Sisters of Charity of Jesus and Mary Services, Monasterevin. • St. Hilda's Services, Athlone. • St Christopher's Services Ltd., Longford. • KARE Services, Kildare. • St. Anne's Service, Roscrea. • St. Cronans Association, Roscrea. <p>Performance Indicator - A formal service agreement including arrangements for funding, monitoring and management of services achieved with the above six agencies.</p>

Mental Handicap Services Consultative Committee and the Mental Handicap Services Development Committee

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
<p>The Mental Handicap Services Consultative Committee (MHSCC) advises the Mental Handicap Services Development Committee (MHSDC) on service provision. The MHSDC in turn makes recommendations to the Board regarding service provision.</p>	<p>Target 5.1.2 - The Mental Handicap Services Consultative Committee (MHSCC) will meet at least three times in 2001, and the Mental Handicap Services Development Committee (MHSDC) will meet at least four times.</p> <p>Standing orders and terms of reference will be reviewed.</p> <p>Performance Indicator - Meetings held, minutes available and follow up as appropriate.</p> <p>Target 5.1.3 - During 2000 interviews with a representative sample of members of Mental Handicap Services Consultative and Development Committees were undertaken regarding the role of these committee and the value of a systems approach to planning and developing services, in intellectual disability. The findings and recommendations will be acted upon in 2001.</p> <p>Performance Indicator - Workshop organised for the members of the Mental Handicap Services Consultative and Development Committees to report the findings and recommendations of this study and a plan of action developed.</p>

Intellectual disability database

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
<p>The purpose of The Intellectual Disability Database is to improve the accuracy of data available to the Board, to enable assessment of the needs of clients, and to support planning for the future development of services.</p>	<p>Target 5.1.4 - The regional database committee will meet at least three times in 2001 to ensure that the entire data-set is reviewed for completeness and accuracy. The percentage of clients assessed as requiring day and residential services will be available.</p> <p>Performance Indicator – The data-set reviewed for completeness and accuracy, with corrective follow up. The percentage of clients assessed as requiring day and residential services and in receipt of these services available at end of 2001.</p>
	<p>Target 5.1.5 - The 2000 audit findings of intellectual disability database will be acted upon.</p> <p>Performance Indicator - Remedial action implemented and training provided for key workers who have responsibility for updating the database.</p>
	<p>Target 5.1.6 - The proposed new intellectual disability database software will be installed and made available to the Board's services and the non-statutory service providers in 2001. Training will be provided for key people.</p> <p>Performance Indicator - Software installed and training provided in 2001.</p>

Services for Adults and Children with Autism

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
<p>Provision of a diagnostic, assessment, treatment and resource support for children and adolescents who are functioning within the autistic spectrum.</p>	<p>Target 5.1.7 - The multi-disciplinary team will be augmented in 2001 by the provision of:</p> <ul style="list-style-type: none"> • 1 WTE Senior Speech & Language Therapist in Laois/Offaly. • Basic grade Speech & Language Therapist • 1WTE Occupational Therapist in Laois/Offaly <p>(Cross Reference Target 5.1.12) Cost: £0.080m</p> <p>Performance Indicator - Therapists in place. A diagnostic, assessment, intervention and resource support provided for parents, teachers and staff dealing with children and adolescents 0-18 years who are functioning within the autistic spectrum.</p>

<p>Residential/Day Services for Adults with Autism.</p>	<p>Target 5.1.8 - In 2001 on-going intervention will be provided for children attending the three special classes:-</p> <ul style="list-style-type: none"> • Presentation Convent, Mullingar (1 class) • St. Michael's School, Athy (2 classes) <p>Performance Indicator – The multi-disciplinary team have provided on-going intervention and resource support for teachers and staff in these schools provided.</p>
	<p>Target 5.1.9 - The five children waitlisted for the proposed special class for children with autism in St. Christopher's School, Longford will receive the following service provision in 2001:-</p> <ul style="list-style-type: none"> • On-going assessment. • Intervention accompanied by clearly defined aims and objectives. • Co-ordination of intervention process with other team members. • Co-ordination of intervention with parents, the classroom teacher, teacher assistants and care assistants. <p>Performance Indicator - The above interventions provided when the class commences in Longford.</p>
	<p>Target 5.1.10 - In 2000 an increasing demand for residential places for persons with autism has been experienced. In 2001 the Board in partnerships with the non-statutory service providers will provide six residential places with relevant day services. (Cost 2000)£0.390m</p> <p>Performance Indicator - Six residential places provided for adults who have been diagnosed as being on the autistic spectrum.</p>
	<p>Target 5.1.11 - A project team will be established to advise on residential and day service requirements of adults in the Board's area who have been diagnosed as functioning within the autistic spectrum. This project team will involve the non-statutory service providers and a parent representative.</p> <p>Performance Indicator - Team established and a report available on the residential and day requirements of adults (as above) by end of 2001.</p>

2001 Allocation of £2.465m

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.																
Enhancement of services for persons with intellectual disability and autism.	<p>New services in 2001 have been prioritised at sector level and in turn considered by the Mental Handicap Services Consultative and Development Committees who made recommendation to the Board regarding service development for persons with intellectual disability.</p> <p>Target 5.1.12 - Service Provision 2001</p> <table data-bbox="621 499 1333 783"> <thead> <tr> <th data-bbox="621 499 722 531"><u>Service</u></th> <th data-bbox="1214 499 1333 531"><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="621 533 768 564">Residential</td> <td data-bbox="1214 533 1328 564">£0.810m</td> </tr> <tr> <td data-bbox="621 567 721 598">Respite</td> <td data-bbox="1214 567 1328 598">£0.140m</td> </tr> <tr> <td data-bbox="621 600 678 632">Day</td> <td data-bbox="1214 600 1328 632">£0.600m</td> </tr> <tr> <td data-bbox="621 634 1174 665">Autism Children's Health/Related Services</td> <td data-bbox="1214 634 1328 665">£0.225m</td> </tr> <tr> <td data-bbox="621 667 1133 699">Transfer from inappropriate placements</td> <td data-bbox="1214 667 1328 699">£0.340m</td> </tr> <tr> <td data-bbox="621 701 1149 732">Specialist & Additional Support Services</td> <td data-bbox="1214 701 1328 732"><u>£0.350m</u></td> </tr> <tr> <td data-bbox="621 735 711 766">Total</td> <td data-bbox="1214 735 1333 766">£2.465m</td> </tr> </tbody> </table> <p>The following services will be provided in partnership with the non-statutory sector.</p> <p>Residential £0.810m – a minimum of 23 places in 2001 with a minimum of 32 places full year costs in 2002 (£1.120m).</p> <p>Laois/Offaly</p> <p><u>Birr Sector</u></p> <p>Eight residential places will be provided in two community houses. This service will be provided in partnership with St. Anne's, Roscrea. Cost 2001 £0.200m</p> <p>(full year cost 2002 £0.200m).</p> <p><u>Tullamore Sector</u></p> <p>Five residential place for adults (2 level D) will be provided in partnership with Sisters of Charity of Jesus & Mary Services. As this service will have a capital requirement, the revenue cost in 2001 will be £0.080m Cost 2001 £0.080m</p> <p>(full year cost 2002 £0.135m)</p> <p><u>Portlaoise Sector</u></p> <p>Five high support residential places will be provided in partnership with Sisters of Charity of Jesus & Mary Services. As this service will have a capital requirement, the revenue cost in 2001 will be a £0.090m. Cost 2001 £0.090m</p> <p>(full year cost 2002 £0.160m)</p> <p>Six Residential places older persons with intellectual disability will be provided in partnership with the Sisters of Charity of Jesus & Mary Services. As this service will have a capital requirement the revenue cost in 2001 will be £0.070m. Cost 2001 £0.070m</p> <p>(full year cost 2002 £0.150m)</p>	<u>Service</u>	<u>Amount</u>	Residential	£0.810m	Respite	£0.140m	Day	£0.600m	Autism Children's Health/Related Services	£0.225m	Transfer from inappropriate placements	£0.340m	Specialist & Additional Support Services	<u>£0.350m</u>	Total	£2.465m
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	<p>Longford/Westmeath</p> <p><u>Athlone Sector</u> Five residential places (Level B & C) will be provided in partnership with St. Hilda's Services. As this service will have a capital requirement the revenue cost in 2001 will be £0.080m. <p style="text-align: right;">Cost 2001 £0.080m</p> (full year cost 2002 £0.125m)</p> <p><u>Longford</u> Five residential services (Level C) will be provided in partnership with St. Christopher's Services. As this service will have a capital requirement the revenue cost in 2001 will be £0.090m <p style="text-align: right;">£0.090m</p> One additional residential place <p style="text-align: right;">£0.030m</p> <p style="text-align: right;">Cost 2001 £0.120m</p> (full year cost 2002 £0.150m)</p> <p><u>Mullingar Sector</u> Six regional high support services for children aged 10-15 years will be provided in partnership with Sisters of Charity of Jesus & Mary Services, Kinnegad. This service requires an additional £0.050m revenue in 2001. <p style="text-align: right;">Cost 2001 £0.050m</p> (full year cost 2002 £0.050m)</p> <p><u>Mullingar</u> Four residential places (Level C & D) will be provided in partnership with Sisters of Charity of Jesus & Mary Services. It is anticipated that this service will commence early 2001 as a house is available in Delvin, Co. Westmeath. One additional residential place in 2002 <p style="text-align: right;">Cost 2001 £0.120m</p> (full year cost 2002 £0.150m)</p> <p>In total a minimum of 38 residential places will be provided at a cost of £0.810m, full year cost in 2002 (£1.120m) The full year cost in 2000 funding of £0.390m, will be utilised to provide six residential places for adults with autism in the Board's area. See Target 5.1.10. <p style="text-align: right;">Total Cost £0.810m</p> </p>
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	<p>Respite A minimum of four places £0.140m in 2001 with five places £0.180m in 2002.</p> <p>In 2000 the Board bought four houses at Mullingar, Longford, Abbeyleix and Tullamore.</p> <p>In December, 2000 the houses in Mullingar and Longford were commissioned and staff appointed.</p> <p>In 2001 the respite allocation of £0.140m will be utilised with a balance of £0.546m previous years funding to provide respite as follows:-</p> <p><u>Mullingar</u> £0.250m for 5/6 Respite places. This house will provide respite for adults and children with intellectual disability and autism on a rotational basis in Co. Westmeath. This service will be provided by the Board.</p> <p><u>Longford</u> £0.250m for 5/6 respite places. This house will provide respite for adults and children with intellectual disability and autism on a rotational basis in Co. Longford. This service will be provided by the Board.</p> <p style="text-align: right;">Cost 2000 £0.500m</p> <p><u>Abbeyleix</u> £0.100m for 5/6 respite places. This respite house in Abbeyleix will provide a respite service for adults and children with intellectual disability and autism on a rotational basis in Co. Laois. This service will be provided in partnership with Sisters of Charity of Jesus & Mary.</p> <p><u>Tullamore</u> £0.086m for 5/6 respite places. This respite house in Tullamore will provide a respite service in 2001 for adults and children with intellectual disability and autism on a rotational basis in Co. Offaly. This service will be provided in partnership with Sisters of Charity of Jesus & Mary.</p> <p style="text-align: right;">Cost 2000 £0.186m</p> <p>Total Cost in 2001 £0.686m of which £0.140m is new development funding. The additional funding of £0.040m available in 2002 will be utilised in Laois/Offaly.</p>
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	<p>DAY SERVICES A minimum of 60 day places with an allocation of £0.600m will be provided in 2001 as follows:</p> <p>Laois/Offaly</p> <p><u>Birr Sector</u> Nine adult day places (this includes six transfers from St. Cronan's) will be provided in partnership with St. Anne's Services, Roscrea. One pre-school place will also be provided. Total 10 places Cost 2001 £0.090m</p> <p><u>Tullamore Sector</u> In Tullamore four adult day places will be provided in partnership with the Sisters of Charity of Jesus & Mary. In Edenderry Two adult day places (1WTE, 2 Part-Time) will be provided in partnership with KARE Total 6 places Cost 2001 £0.060m</p> <p><u>Portlaoise Sector</u> Three day places for school leavers,(0.030m). One high support Day Place, (0.010m) Two pre-school high support (£0.016m). Three high support (£0.030m). Total 9 places This service will be provided in partnership with Sisters of Charity of Jesus & Mary. Total 9 places Cost 2001 £0.086m</p> <p>In partnership with the Sisters of Charity of Jesus & Mary Services, the former training centre at Block Road, Portlaoise will be utilised to provide a day service in Portlaoise. In 2001 £0.064m will be allocated to provide (minimum 6) additional new day places which will involve development of a new programme. Residents from Alvernia and clients who are currently travelling from the Portlaoise area on a daily basis for day services will be accommodated in this service. A project team will be appointed to develop this day service.</p> <p>Total 6 places Cost 2001 £0.064m</p>
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	<p>Longford/Westmeath</p> <p><u>Athlone</u> Six Day Places, three of which are pre-school places will be provided in partnership with St. Hilda's Services. Total 6 places Cost 2001 £0.055m</p> <p><u>Longford</u> 10 day places in Ballymahon 14 day places - Sonas Programme, Longford will be in partnership with St. Christopher's Services. Total 24 places Cost 2001 £0.200m</p> <p><u>Mullingar</u> Six 6 day places in Athboy provided in partnership with Sisters of Charity of Jesus & Mary and the North Eastern Health Board. Total 6 Places Cost 2001 £0.060m</p> <p>Total number of day places 67 in 2001 (Cost in 2002 £0.615m) Total cost 2001 £0.600m</p>														
	<p>Health Related Support Services for Children with Intellectual disability and Autism (£0.100m full year on 2000 funding, £0.225m allocation 2001, total for 2001 £0.325m).</p> <p>Autism – Children & Adolescence Multi-disciplinary Team</p> <table data-bbox="511 1207 1421 1480"> <tr> <td>1WTE senior speech & language therapist Laois/ Offaly</td> <td style="text-align: right;">£0.030m</td> </tr> <tr> <td>1 WTE occupational therapist Laois/Offaly</td> <td style="text-align: right;">£0.030m</td> </tr> <tr> <td>1WTE regional basic grade speech & language therapist</td> <td style="text-align: right;">£0.020m</td> </tr> <tr> <td>0.5 WTE regional consultant child & adolescence psychiatrist & N.C.H.D (Autism shared post with intellectual disability) (2000 funding)</td> <td style="text-align: right;">£0.075m</td> </tr> <tr> <td>Non-pay costs</td> <td style="text-align: right;">£0.015m</td> </tr> </table> <p>Cross Reference Target 5.1.7</p> <p>Cost 2001 Autism £0.170m</p> <p>Intellectual disability – Children</p> <table data-bbox="511 1722 1421 1837"> <tr> <td>Regional 0.5 WTE consultant child–adolescence psychiatrist and N.C.H.D (Intellectual disability) (£0.025m 2000)</td> <td style="text-align: right;">£0.075m</td> </tr> <tr> <td>1 WTE counselling nurse Laois/Offaly</td> <td style="text-align: right;">£0.030m</td> </tr> </table>	1WTE senior speech & language therapist Laois/ Offaly	£0.030m	1 WTE occupational therapist Laois/Offaly	£0.030m	1WTE regional basic grade speech & language therapist	£0.020m	0.5 WTE regional consultant child & adolescence psychiatrist & N.C.H.D (Autism shared post with intellectual disability) (2000 funding)	£0.075m	Non-pay costs	£0.015m	Regional 0.5 WTE consultant child–adolescence psychiatrist and N.C.H.D (Intellectual disability) (£0.025m 2000)	£0.075m	1 WTE counselling nurse Laois/Offaly	£0.030m
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	<p>Pilot Project 2001 – Augment the Longford/Westmeath Multi-Disciplinary Team for adults and children with intellectual disability. This pilot will be evaluated during 2001. 2 WTE staff will be appointed to this team.</p> <p style="text-align: right;">£0.050m</p> <p>Cost 2001 Intellectual disability</p> <p style="text-align: right;">£0.155m</p> <p>Total Cost 2001</p> <p style="text-align: right;">£0.325m</p>
	<p>Transfer from inappropriate placements</p> <p style="text-align: right;">£0.340m</p> <p>Appointment of project manager on a three year contract to project manage the transfer of residents from St. Peters Castlepollard, Alvernia House, Portlaoise and Lough Sheever, Mullingar.</p> <p style="text-align: right;">£0.040m</p> <p>The Clara site will be developed to provide community residences and a day resource centre in line with best practice. The additional capital allocation of £0.250m in 2001 will be utilised to develop services.</p> <p style="text-align: right;">£0.100m</p> <p>The Longford/Westmeath developments will also provide community residences and appropriate day places in line with best practice</p> <p style="text-align: right;">£0.200m</p> <p>There will be intensive staff development programmes covering such areas as:- person centred planning, individual care plans, continuous quality improvement.</p> <p style="text-align: right;">Total Cost: £0.340m</p>
	<p>Specialist & Additional Support Services</p> <p style="text-align: right;">£0.350m</p> <p>Consultant psychiatrist for adults (intellectual disability and autism) and N.C.H.D</p> <p style="text-align: right;">£0.150m</p> <p>One-to-one intervention for young adolescents and adults who are at risk to themselves and others (Approximately nine WTE staff)</p> <p>£0.182m</p> <p>Health promotion for Carers –</p> <p style="text-align: right;">£0.003m</p> <p>Service Review</p> <p>A person will be appointed to carry out reviews and clinical audits of the Board's services in line with continuous quality improvement(shared post with physical/sensory disability). See Target 5.1.13</p> <p>Continuous quality improvement training. (See Target 5.1.14)</p> <p style="text-align: right;">£0.015m</p> <p>Performance Indicator - day, residential and respite places and posts established.</p>

Continuous Quality Improvement

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
Continuous Quality Improvement (CQI)	<p>Target 5.1.13 - Quality improvement teams will be established in each of the Board's services to review current service provision and make recommendations for improvements to services. Staff will receive training in the principles, tools and techniques of CQI.</p> <p>Performance Indicator - Quality improvement teams established and staff trained.</p> <p style="text-align: right;">Cost £0.005m</p>
	<p>Target 5.1.14 - A person with responsibility for service review/audit/risk management will be appointed. This post is shared with physical/sensory disability.</p> <p>Performance Indicator - Person appointed and reviews commenced.</p> <p style="text-align: right;">Cost £0.010m Total Cost £0.015m</p>

Health Promotion for persons with an intellectual disability

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
The Board will work in partnership with service providers to plan and develop Health Promotion - information initiatives to positively influence health behaviour and achieve health gain for people with disabilities within residential care settings with the Boards area.	<p>Target 5.1.15 - A health promotion training and education programme will be provided for staff in care settings within the Board's area. A programme on health promotion topics for residential care settings will be developed. Training will be provided for carers in community settings.</p> <p>Performance Indicator - Health promotion programme for care staff developed. Health promotion programme operational in two pilot sites by May 2001. Programme outcomes evaluated and report available.</p>

<p>Promotion of disability awareness and develop an action-plan with staff.</p>	<p>Target 5.1.16 - During 2001 a Project Team with representatives from disability services, health promotion service, the Mental Handicap Services Consultative and Development Committees and the Regional Co-ordinating Committee for physical/sensory disability, will develop an action plan to address identified priorities.</p> <p>Performance Indicator - The project team established and an action plan developed.</p> <p style="text-align: right;">Additional cost in 2001 £0.003m</p>
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Abuse Guidelines- intellectual disability

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
<p>Investigation of abuse of vulnerable adults.</p>	<p>A policy and procedures manual can be downloaded from the Board's web-site at www.mhb.ie</p> <p>Target 5.1.17 - Training programmes will be developed for staff from the Board and non-statutory service providers in the investigation of abuse of vulnerable adults.</p> <p>Performance Indicator - Training programmes completed.</p>

Review of Psychological and Social Work Service Provision

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
<p>Psychology and social work services for persons with an intellectual disability are provided by the Sisters of Charity of Jesus & Mary Services (SCJM) on an agency basis in the Board's area.</p>	<p>Target 5.1.18 - In 2001 an independent review of psychology and social work services provision to persons with intellectual disability will be carried out with specific reference to:-</p> <ul style="list-style-type: none"> • Funding arrangements • Quantum of service provision • Median time between referral for assessment and completion of assessment to commencement of treatment • Referral pathways • Access to assessment and therapy intervention • The decision making process • Multidisciplinary approach <p>This review will involve all relevant stakeholders i.e. statutory and non-statutory service providers and parents.</p> <p>Performance Indicator - Review completed and report available by mid-2001.</p>

Hepatitis B

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
Hepatitis B Prevention.	<p>Target 5.1.19 - In 2001 the Board will continue the on-going hepatitis B vaccination programme for staff, children and adults with intellectual disability who are not known to be immune to hepatitis B. Protocols will be developed.</p> <p>Performance Indicator - Vaccinations provided and percentage of clients and staff vaccinated by organisation available by year end. Protocols developed.</p>
	<p>Target 5.1.20 - In 2001 a database will be developed to record vaccination status.</p> <p>Performance Indicator - database developed.</p>

Individual care plans

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
Care planning in the residential setting.	<p>Target 5.1.21 - Clients in residential care will have an individual care plan updated on an annual basis thereby enabling individuals to achieve their full potential. The Board advocates the person centred planning process where the focus is on the individual and where services are designed for the individual.</p> <p>Performance Indicator - Individual care plans developed.</p>

Early Intervention Service

The purpose of early intervention services is to assist and work in partnership with parents and siblings of a child with intellectual disabilities in coping with and accepting the child, preventing subsequent development of secondary disabilities, and offsetting the delay in the development of the child by systematic teaching, training programmes and by working with the parent in nurturing the child's progress.

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
<p>The Board's multi-disciplinary teams will liaise with maternity and community services to provide early intervention services.</p>	<p>Target 5.1.22 - The Board will establish a project team to develop a structure/system to establish the median time between referral for assessment, completion of assessment and commencement of treatment in the following areas:-</p> <ul style="list-style-type: none"> • Clinical psychology, • Speech and language therapy • Physiotherapy • Occupational therapy <p>Performance Indicator - Project team established and work commenced.</p>

Client Satisfaction Survey

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
<p>The Board will as part of its Continuous Quality Improvement programme undertake a client satisfaction/perception survey.</p>	<p>Target 5.1.23 - A project team will be established to develop methodology for a client satisfaction / perception survey which will include persons with an intellectual disability, parent/family members and/or advocates .</p> <p>Performance Indicator- Project team established and work commenced.</p>

5.2. Persons with a Physical/Sensory Disability.

Mission Statement :

Persons with a physical/sensory disability should receive a quality service delivered locally and responsive to their individual needs

Review of Performance against 2000 Service Plans:

Funding

Funding of £0. 451m was provided in 2000

Laois/Offaly Community Care

One WTE occupational therapist, One WTE speech & language therapist.
One WTE physiotherapist, part time posts of continence advisor, speech & language therapist.

The Clochan House ISO 9000 Project was completed in 2000, external accreditation applied for in 2001.

Longford/Westmeath Community Care

Project Springfield (a joint project between the Board and the Irish Wheelchair Association) was commissioned in October 2000. The following staff were appointed:-
One WTE centre manager, one WTE activation co-ordinator, two WTE programme assistants, one WTE clerical officer, one WTE driver and one WTE caretaker.

Other supports:-

0.5 WTE continence advisor, 0.5 WTE physiotherapist, 0.5 WTE speech & language therapist. Unable to recruit one WTE senior paediatric occupational therapists.

Home Care Supports

Offaly CIL-12 personal assistants employed.

Laois CIL commenced personal assistants programme - two personal assistants employed.

Disabled People of Longford commenced personal assistants programme - two personal assistants employed.

Irish Wheelchair Association home care attendant services provided services for 41 people, with an average of 250 hours per week.

Staff/supports

Midland Health Board seven WTE staff recruited. Unable to recruit one WTE paediatric, senior occupational therapist in Athlone.

Irish Wheelchair Association – four WTE staff and upgrades of existing staff.

National Council for the Blind of Ireland – one WTE

National Association for the Deaf – one WTE

Physical/Sensory Disability Database

The Board has 1,086 people registered currently with a physical/sensory disability i.e. persons under 65 years who are currently in receipt of services or who will require services in the next five years, in the Board's area.

Service Agreements

In 2000 service agreements were entered into with the Irish Wheelchair Association, the National Council for the Blind, the National Association for the Deaf, Offaly C.I.L., Laois C.I.L., and Disabled People of Longford C.I.L.

Workshop on the Physical/Sensory Disability Database

A Workshop was organised in November for service providers, in conjunction with the Department of Health and Children and the Health Research Board which covered the following areas:- Current picture of the Board's physical/sensory disability database, the database committee, proposed new national database, proposed training for key workers.

Springfield Project, Mullingar

This project was commissioned in October, and provides a day resource centre which is managed on behalf of the Board by the Irish Wheelchair Association and a therapeutic service which the Board provides for adults and children with physical and sensory disabilities.

Project Teams were established in the following areas:-

- Day Resource Centre, Athlone
- Day Resource Centre, Edenderry
- Aids and Appliances – Once off grant 2000.

Domestic violence

The Board's domestic violence 'training of trainers' programme included a module dealing with specific issues which relate to persons with disabilities.

Disability Web-Site

In November 2000 the Board's disability web-site was launched. It can be accessed at [www.mhb.ie/our services/disability services](http://www.mhb.ie/our_services/disability_services)

Positive to Disability Award

The Board was successful in obtaining the Positive to Disability Award in 2000.

Needs Assessment Survey for People with Physical and/or Sensory Disabilities

The Board commissioned a needs assessment survey in conjunction with Midland Regional Co-ordinating Committee sub-committees i.e. Persons with a physical and sensory disability under 18 and 18-65 year. Results were available in November 2000 which influenced the Service Plan 2001. Work will be on-going in 2001 to develop a three year strategy for persons under 18 years and 18-65 years with physical/sensory disability in the Board's area.

Home Support Services

A sub-committee of the Regional Co-ordinating Committee was established to develop criteria for home support services including personal assistant services, work will be on-going in 2001.

Broad Strategic Focus:

In developing the Board's broad strategic focus, regard has been had to:

- A Strategy for Equality Report of the Commission on the Status of People with Disabilities,
- Towards an Independent Future, Report of the Review Group on Health and Personal Social Services for People with Physical and Sensory Disabilities,
- Midland Health Board Working Party Report on Residential Accommodation for Young People with Physical/Sensory Disability 1997,
- The Children with a Physical Disability Report, Midland Health Board,
- Children First National Guidelines for the Protection and Welfare of Children 1999,

- Continuous Quality Improvement (CQI) approach,
- Management by Projects.

Service Profile:

Services for Persons with a physical/sensory disability are funded by the Board and delivered by the Board and other non-statutory agencies, e.g. The National Council for the Blind of Ireland, The National Association for the Deaf, The Irish Wheelchair Association, the National Training and Development Institutes, the Centres for Independent Living, M.S. Society and others.

Service Delivery:

Services are provided for persons with a physical/sensory disability by the Board at Clochan House, Tullamore, Aras Eoghan, Portlaoise, The Phoenix Centre, Longford, The Cedar Centre, Athlone and at rehabilitation centres at Edenderry, Birr, Abbeyleix, Portlaoise, Mountmellick, Mullingar, Athlone, & Longford.

The Irish Wheelchair Association provides services in Athlone, Portarlinton, Timahoe, Mullingar (Springfield), Aughnacliffe, Keenagh, Clara, Birr and Cloghan. National Council for the Blind and the National Association for the Deaf provide services in Laois, Offaly, Longford and Westmeath.

Emerging Issues Identified during 2000

- Services for people with head injury have been identified as a priority
- Need for multi-disciplinary teams
- Problems were experienced in recruiting therapy staff with adequate skills and experience
- Increased demands for residential and respite service
- Increasing demand for personal assistants services
- The need for counselling services has been identified
- Service provision for older persons who are over 65 years with a physical/sensory disability needs to be addressed with reference to funding and responsibility.
- Need to introduce the sector team concept which will link with the Regional Co-ordinating Committee for Physical & Sensory Disability.
- Need to develop I.T. and computerisation for services and for therapy staff.

Funding 2001:

Agency/Service	Amount (£m)
Full year cost of 2000 development funding	0.331m
Irish Wheelchair Association	0.188m
National Association for Deaf People	0.024m
National Council for the Blind of Ireland	0.028m

Additional Funding 2001	2001	2002
Service	Allocation 2001 (£m)	Full year costs 2002 (£m)
Regional Database	0.150m	-----
Home Support Services (including personal assistant services)	0.300m	0.600m
Therapy Services	0.120m	0.240m
For allocation on priorities identified by health board and its co-ordinating committee for physical and sensory disability services	0.179m	0.179m
TOTAL	0.749m	1.019m

Service Developments in 2001:

The Board is aware of the need to develop a continuum of services which will be supportive of and accessible to persons with physical/sensory disabilities and their families. These services will enable persons with a physical/sensory disability to develop their potential and thereby achieve the maximum benefit in terms of health & social gain.

Regional Co-ordinating Committee

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
The Midland Regional Co-ordinating Committee for physical/sensory disability.	<p>Target 5.2.1 - This Committee will meet at least three times in 2001. The terms of reference, standing orders and composition will be reviewed.</p> <p>Performance Indicator - Meetings held, minutes available and follow up as appropriate.</p>

Accountability

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
The Board will work with non-statutory agencies to provide and develop services in an effective and cohesive manner.	<p>Target 5.2.2 - The Board will enter into a service agreement with non-statutory agencies who receive over £0.010m funding per annum.</p> <p>Performance Indicator - A formal service agreement including arrangements for funding, monitoring and management of services entered into with these agencies.</p>

Database for persons with a physical/sensory disability

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
<p>“Towards an Independent Future” has stated that the Department of Health and Children, Health Boards and Voluntary Agencies should establish a database on the health service needs of persons with a physical and sensory disability. For 2001 £0.150m has been made available for the further development of the database.</p>	<p>Target 5.2.3 - The regional database committee will have representatives from the non-statutory sector and will meet at least three times as per the National Guidelines for the Physical and Sensory Disability Database.</p> <p>Performance Indicator - The existing committee augmented and meetings held in line with the national guidelines.</p>
	<p>Target 5.2.4 - The Board will continue to update and monitor its own physical & sensory disability database until the ‘Pilot National Physical & Sensory Disability Database’ is approved by the Department of Health and Children.</p> <p>Performance Indicator - The Board’s database for persons with physical and sensory disability updated and monitored.</p>
	<p>Target 5.2.5 – A representative sample from the physical & sensory database will be audited.</p> <p>Performance Indicator - Audit completed and results acted on by the regional database committee.</p>
	<p>Target 5.2.6 - Information and training sessions will be organised.</p> <p>Performance Indicator - Information and training session held.</p>
	<p>Target 5.2.7 - Temporary resource workers will be employed in order to update all information on the physical/sensory database. These persons will work with the physical/sensory disability database co-ordinator and administrator and key workers.</p> <p>Performance Indicator - Resource workers employed.</p>

2001 Allocation of £0.749m

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.																																					
In 2001 £0.749 has been made available for the development of services in accordance with needs identified in “Towards an Independent Future”.	<p>Target 5.2.8 – Developments</p> <p>Physical/Sensory Database</p> <table border="0"> <tr> <td>Two resource workers on one year contract (Non-pay included)</td> <td style="text-align: right;">£0.060m</td> </tr> <tr> <td>Audit of database (6 sectors)</td> <td style="text-align: right;">£0.030m</td> </tr> <tr> <td>Clerical officer – database operator</td> <td style="text-align: right;">£0.016m</td> </tr> <tr> <td>Needs assessment for older persons over 65 years (See Target 5.2.9)</td> <td style="text-align: right;">£0.014m</td> </tr> <tr> <td>Training workshops & I.T. supports</td> <td style="text-align: right;"><u>£0.030m</u></td> </tr> <tr> <td></td> <td style="text-align: right;">£0.150m</td> </tr> </table>	Two resource workers on one year contract (Non-pay included)	£0.060m	Audit of database (6 sectors)	£0.030m	Clerical officer – database operator	£0.016m	Needs assessment for older persons over 65 years (See Target 5.2.9)	£0.014m	Training workshops & I.T. supports	<u>£0.030m</u>		£0.150m																									
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<p>Home Supports</p> <p>In 2000, £0.180m was made available for home supports with a full year cost of an additional £0.180m in 2001. This additional funding full year cost in 2001 is allocated as follows:-</p> <p>Personal Assistants (2000 funding with full year cost 2001)</p> <table border="0"> <tr> <td>Offaly C.I.L.</td> <td style="text-align: right;">£0.070m</td> </tr> <tr> <td>Laois C.I.L.</td> <td style="text-align: right;">£0.020m</td> </tr> <tr> <td>DPOL C.I.L. Longford</td> <td style="text-align: right;">£0.020m</td> </tr> <tr> <td>Westmeath C.I.L. Kinnegad</td> <td style="text-align: right;">£0.030m</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td>Irish Wheelchair Association (care attendant service)</td> <td style="text-align: right;">£0.040m</td> </tr> <tr> <td></td> <td style="text-align: right;">(Cost 2000) £0.180m</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td>Funding 2001 £0.300 with full year cost of £0.600m in 2002</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>Offaly C.I.L.</td> <td style="text-align: right;">£0.036m</td> </tr> <tr> <td>Laois C.I.L.</td> <td style="text-align: right;">£0.038m</td> </tr> <tr> <td>DPOL C.I.L. Longford</td> <td style="text-align: right;">£0.038m</td> </tr> <tr> <td>Westmeath C.I.L., Kinnegad</td> <td style="text-align: right;"><u>£0.038m</u></td> </tr> <tr> <td></td> <td style="text-align: right;">Total</td> </tr> <tr> <td></td> <td style="text-align: right;">£0.150m</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td>Irish Wheelchair Association Care attendant scheme</td> <td style="text-align: right;">£0.040m</td> </tr> <tr> <td>In 2000 work commenced on the development of criteria for home support services – a clearing house approach will be developed in 2001.</td> <td></td> </tr> </table>	Offaly C.I.L.	£0.070m	Laois C.I.L.	£0.020m	DPOL C.I.L. Longford	£0.020m	Westmeath C.I.L. Kinnegad	£0.030m	 		Irish Wheelchair Association (care attendant service)	£0.040m		(Cost 2000) £0.180m	 		Funding 2001 £0.300 with full year cost of £0.600m in 2002				Offaly C.I.L.	£0.036m	Laois C.I.L.	£0.038m	DPOL C.I.L. Longford	£0.038m	Westmeath C.I.L., Kinnegad	<u>£0.038m</u>		Total		£0.150m	 		Irish Wheelchair Association Care attendant scheme	£0.040m	In 2000 work commenced on the development of criteria for home support services – a clearing house approach will be developed in 2001.	
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	<p>Headway Pilot project liaison officer/Co-ordinator for 12 months, to liaise with relevant professionals and provide on-going support & feedback to persons in the Board's area with brain injury. This project will be in partnership with Headway and will be evaluated during and at the end of the project. £0.040m</p> <p>Neuro-psychological Assessment The need for neuro-psychological assessments has been identified. In partnership with Headway in 2001, £0.004 will be available for approximately eight assessments on a sessional basis. £0.004m</p> <p>Multiple Sclerosis Society In 1999, a once-off lottery grant was provided to M.S to establish a regional service. In 2001 in partnership with M.S. this regional service based in Athlone will be continued which provides services as follows: <ul style="list-style-type: none"> • Counselling • Educational events and seminars • Community • Case load work A service agreement will be entered into with Multiple Sclerosis Society. £0.040m</p> <p>Post Polio Support Group To provide respite services for persons with post polio syndrome who reside in the Board's area. £0.003m</p> <p>Summer Camps To provide a summer camp for children with physical & sensory disability in Laois/Offaly and Longford/Westmeath (£0.005 per community care area) £0.010m</p> <p>Therapist One WTE allied health professional to provide additional home interventions in Longford/Westmeath, half year cost . £0.013m</p> <p style="text-align: right;">Total £0.300m</p>
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	<p>Day Services The funding of £0.120m full year cost of 2000 in 2001 is allocated as follows:-</p> <table border="0"> <tr> <td>Health promotion for carers (See Targets 5.2.16 – 5.2.18)</td> <td style="text-align: right;">£0.002m</td> </tr> <tr> <td>NCBI client services co-ordinator full year cost</td> <td style="text-align: right;">£0.004m</td> </tr> <tr> <td>NAD social worker full year cost</td> <td style="text-align: right;">£0.004m</td> </tr> <tr> <td>IWA Community staff full year cost</td> <td style="text-align: right;">£0.015m</td> </tr> <tr> <td>Expenses associated with Regional Co-ordinating Committee</td> <td style="text-align: right;">£0.002m</td> </tr> </table> <p>Laois/Offaly Contenance advisor full year cost £0.022m</p> <p>Longford/Westmeath Contenance advisor full year cost £0.011m One WTE senior physiotherapist additional full year cost £0.015m One WTE senior speech & language therapist additional full year cost £0.015m One WTE senior speech & language therapist (new post) £0.030m (Cost 2000) £0.120m</p>	Health promotion for carers (See Targets 5.2.16 – 5.2.18)	£0.002m	NCBI client services co-ordinator full year cost	£0.004m	NAD social worker full year cost	£0.004m	IWA Community staff full year cost	£0.015m	Expenses associated with Regional Co-ordinating Committee	£0.002m
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	<p>Therapy Services 2001 £0.120m</p> <p>The 2001 funding of £0.120m with full year cost of £0.240m in 2002 will be utilised as follows:-</p> <p>Laois/Offaly Four WTE (Half year cost) allied health professionals will be recruited.</p> <p>Longford/Westmeath Four WTE (Half year cost) allied health professionals will be recruited. (Full year cost 2002 £0.240m)</p> <p style="text-align: right;">Total Cost in 2001 £0.120m</p>										
	<p>Priorities of the Regional Committee £0.179m</p> <p>Eight (8) outreach clinics in partnership with the CRC (see Target 5.2.10) £0.015m</p> <p>NCBI 0.5 WTE regional mobility officer</p> <p style="padding-left: 40px;">0.5 WTE information technology & training £0.045m</p> <p>NAD One WTE aural rehabilitative technician £0.037m</p> <p style="padding-left: 40px;">One WTE voice to text translation for deaf and hard of hearing support</p> <p>IWA Peer counselling £0.002m</p> <p style="padding-left: 40px;">Driving tuition £0.005m</p>										

	<p>Counselling Services</p> <table border="0"> <tr> <td>One WTE counsellor in Laois/Offaly</td> <td style="text-align: right;">£0.030m</td> </tr> <tr> <td>One WTE counsellor in Longford/Westmeath</td> <td style="text-align: right;">£0.030m</td> </tr> <tr> <td>Services review/clinical audit/risk management</td> <td style="text-align: right;">£0.010m</td> </tr> <tr> <td>Continuous quality improvement training</td> <td style="text-align: right;"><u>£0.005m</u></td> </tr> <tr> <td>Total</td> <td style="text-align: right;">£0.179m</td> </tr> </table> <p>Performance Indicator- Services and posts in place.</p> <hr/> <p>Target 5.2.9 - A needs assessment will be carried out to determine the number of people with a physical/sensory disability over 65 years in the Midlands and those aged over 60 yrs already on the regional physical /sensory disability database.</p> <p>Performance Indicator - A needs assessment carried out which will inform future service provision for persons with physical/sensory disability over 65 years.</p> <p style="text-align: right;">£ 0.014m</p> <hr/> <p>Target 5.2.10 - In September, a project team was established to advise on the proposed partnership arrangement between the Board and the Central Remedial Clinic. In 2001 the Board will enter into partnership with the Central Remedial Clinic for the provision of outreach clinics in the Board as follows:-</p> <p style="padding-left: 40px;">A two day outreach clinic (Two per community care area) with the following team:-</p> <ul style="list-style-type: none"> - physiotherapy - occupational therapy - speech & language therapy - paediatrician <p style="padding-left: 40px;">A two day additional clinic (two per community care area) in the Following areas:-</p> <ul style="list-style-type: none"> - seating - technology - dietetics <p style="padding-left: 40px;">Staff from the Central Remedial Clinic will work in partnership with the local multi-disciplinary teams in the Board to provide assessment and advice at outreach clinics.</p> <p>Performance Indicator - In total eight outreach clinics held in 2001.</p> <p style="text-align: right;">Cost £0.015m</p>	One WTE counsellor in Laois/Offaly	£0.030m	One WTE counsellor in Longford/Westmeath	£0.030m	Services review/clinical audit/risk management	£0.010m	Continuous quality improvement training	<u>£0.005m</u>	Total	£0.179m
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Residential/Respite Services

There are 35 young persons who have a chronic illness and who are currently placed inappropriately in the Board's area (28) and outside the Board's area (7).

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
<p>The Board in partnership with the non-statutory sector will develop residential and respite services for persons with physical/sensory disability in Tullamore and Athlone.</p>	<p>Target 5.2.11 - A project team will be established to advise on the design of the residential and respite centres in Tullamore and Athlone. The Board will involve the relevant non-statutory agencies in this process.</p> <p>Performance Indicator – Project team established and a design brief and an architect appointed.</p>
	<p>Target 5.2.12 - A Project team will be established to advise on the design of a day resource centre for Athlone. The Board will involve the relevant non-statutory agencies in this process.</p> <p>Performance Indicator – Project team established and a design brief and an architect appointed.</p>

Continuous Quality Improvement

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
<p>The Board's services for persons with physical/sensory disability will implement a CQI Programme in 2001.</p>	<p>Target 5.2.13 - Quality improvement teams will be established in each of the Board's services to look at current service provision and to advise on how improvements can be made. Staff will receive training in the principles, tools and techniques of CQI.</p> <p>Performance Indicator - Quality improvement teams established and staff trained.</p> <p style="text-align: right;">Cost: £0.005m</p> <p>Target 5.2.14 - A person with responsibility for service review/audit/risk management will be appointed. This post is shared with intellectual disability.</p> <p>Performance Indicator - Person appointed and service reviews commenced.</p> <p style="text-align: right;">Cost: £0.010m</p>

Sector teams Physical and Sensory Disability

The sector team concept as is functioning in intellectual disabilities will be developed for planning services for persons with physical and sensory disability.

Strategic Focus	Service Development, Targets, Performance Indicators and Cost.
<p>There are six sectors in the Board's area:- Tullamore, Birr, Portlaoise, Mullingar, Athlone and Longford.</p>	<p>Target 5.2.15 – The Board will establish a project team to advise on the terms of reference and composition of the sector teams. The sector teams once established will liaise with the Regional Co-ordinating Committee for Physical and Sensory Disability.</p> <p>Performance Indicator - The project team established and a report available.</p>

Health Promotion for persons with a physical/sensory disability

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
<p>The Health Promotion Department will work in partnership with service providers to plan and develop Health Promotion/ Information initiatives in order to positively influence health behaviour and achieve health gain for people with disabilities within residential care settings with the Boards area. The Health Promotion Service will liaise with other departments in the Midland Health Board to promote disability awareness and develop an action-plan with staff.</p>	<p>Target 5.2.16 - A Health Promotion training and education programme will be provided for staff in care settings within the Board's area. A programme on health promotion topics for residential care settings will be developed. Training will be provided for carers in community settings.</p> <p>Performance Indicator - Health Promotion Programme for care staff developed. Health Promotion Programme operational in two pilot sites by May 2001. Programme outcomes evaluated and report available.</p>
	<p>Target 5.2.17 – The Health Promotion Staff will liaise with service providers to facilitate Sign Language skills training for staff within identified sites in each care area within the Board.</p> <p>Performance Indicator - Pilot project programme organised in four areas. Outcomes of those programmes evaluated.</p>
	<p>Target 5.2.18 – During 2001 a Project Team with representatives from disabilities services, health promotion service, the Mental Handicap Services Consultative and Development Committees and the Regional Co-ordinating Committee for physical/sensory disability, will develop an action plan to address identified priorities.</p> <p>Performance Indicator - The Project team established and an action plan developed.</p> <p style="text-align: right;">Additional cost in 2001 £0.002m</p>

Audiology Services

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
<p>Following the dissolution of the NRB in June, 2000, this service was transferred to health boards. A national advisory group was established in 2000.</p>	<p>Target 5.2.19 - A project team will be established to advise on a model of service which will reflect a holistic approach to service provision. This team will have stakeholders from disabilities, deaf people and the acute services. The Board has a representative on the national advisory group, this person will be liased with regarding audiology requirements in the Midlands.</p> <p>Performance Indicator - Project team established</p>

Client Satisfaction Survey

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
<p>The Board will as part of its Continuous Quality Improvement programme undertake a client satisfaction/perception survey.</p>	<p>Target 5.2.20 - A project team will be established to develop methodology for a client satisfaction / perception survey which will include persons with a physical/sensory disability, family members and/or advocates .</p> <p>Performance Indicator - Project team established and work commenced.</p>

Individual care plans

Clients will have an individual care plan with the aim of enabling the person to achieve his/her full potential. The Board advocates the person centred planning process where the focus is on the individual and where services are designed in partnership with the individual.

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
<p>Clients will have an individual care plan which will be updated on an annual basis</p>	<p>Target 5.2.21 – The Board will establish a project team to develop an individual care plan system for persons with physical/sensory disability.</p> <p>Performance Indicator - Project team established and work commenced.</p>

Therapy Services

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
<p>The following therapy services are available in the Board's area:- physiotherapy occupational therapy speech & language therapy .</p>	<p>Target 5.2.22 – The waiting times for physiotherapy, occupational therapy and speech & language therapy from referral to assessment, from completion of assessment to commencement of treatment will be recorded.</p> <p>Performance Indicator - Report on median waiting times available.</p>

5.3 Rehabilitative Training, Sheltered Work and Allowances for persons with disabilities.

Mission Statement

Persons with disabilities should receive a quality rehabilitative training service and supported work in their locality which will be responsive to their requirements.

Background

On June 12th last responsibility for provision of training services for people with disabilities was transferred from National Rehabilitation Board (N.R.B) to health boards for rehabilitative training and to FAS for vocational training. Following dissolution of the NRB, responsibility for TOPs and the rehabilitative part of Level 1 was transferred to the Board. In this regard the Board has requested APT (Aontacht Phobail Teoranta) to provide this service in the Board's area on behalf of the Board in partnership with the Board and non-statutory service providers.

Funding 2000

£0.070m

Places 2000

Approved	Numbers
D.O.H	29
T.O.P's	37
L.I.R	33
Total	99

Service Delivery

Rehabilitative training is provided in the following centres:-

- Mullingar Resource Centre, Midland Health Board
- Training Centre, Portlaoise, Midland Health Board
- St. Christopher's, Longford
- N.T.D.I. Athlone, Portlaoise, Tullamore

Emerging Issues Identified during 2000

- The number of Midland Health Board places being funded by the Department of Health as a percentage of population is the lowest in the country (this needs to be closely monitored to ensure that demands for services are met in the region).
- The scope of “Rehabilitative Training” needs to be agreed at national level.
- Within the defined scope, there is a need for development of new and innovative training programmes taking into consideration the diverse needs of clients/service users.
- Services may need to be more community based in order to meet the needs of the more dependent clients. There may be cost implications associated with the above.
- There is a need for agreement on changes to the National Accreditation Committee Standard to accommodate rehabilitative training.
- There is need to examine the possibility of linking the national training database to the Board’s own databases (physical/sensory & intellectual).
- Agreement is required at national level on how training agencies are contracted and paid for their services.

Broad Strategic Focus

In developing the Board’s broad strategic focus, the Board took account of:

- Reports of the Commission on the Status of People with Disabilities “A Strategy for Equality” (1999).
- Towards Equal Citizenship – progress report on the implementation of A Strategy for Equality.
- Report of the Establishment Group “Building a Future Together” (June, 1998).
- “Employment Challenges for the Millennium”, report of NACTE Steering Group on Sheltered and Supported Work and Employment (1997).

The underlying principle will be to ensure that people with disabilities have access to appropriate training, work and employment services.

Funding 2001

Rehabilitative Training £0.110m

Sheltered Workshops £0.324m from 1st April 2001, full year cost 2002 £0.517m

Allowances

Domiciliary Care Allowance £0.024m from 1st April, 2001

Mobility Allowance £0.056m from 1st April, 2001

Respite Care Grant for DCA recipients £0.051m

Accountability

Strategic Focus	Service Development, Targets, Performance Indicators and costs
<p>Aontacht Phobail Teoranta (A.P.T) will on the Boards behalf in partnership with the Board and approved training agencies, co-ordinate the development and delivery of rehabilitative training</p>	<p>Target 5.3.1 – The Board will enter into a service agreement with APT to co-ordinate the development and delivery of rehabilitative training services in the Board’s area. These services will assist people with disabilities identify and obtain appropriate training in life skills and social skills. Three WTE staff will be funded.</p> <p>Performance Indicator - A formal service agreement including arrangements for funding, monitoring and management of service entered into with A.P.T.</p> <p style="text-align: right;">Cost £0.110m</p>

Rehabilitative Training

Strategic Focus	Service Development, Targets, Performance Indicators and costs.
<p>The Board and the non-statutory service providers provide day services for adults with disabilities in the Midlands. These services need to be reviewed regarding what is available for persons with disabilities.</p>	<p>Target 5.3.2 - In 2001 a project team will be established to review the services currently provided for adults with a disability with regard to the following:-</p> <ul style="list-style-type: none"> • day activation • day services • supported work • sheltered work • rehabilitative training <p>Performance Indicator - A database established indicating the ‘menu’ of day services available within the Board’s area for adults with disabilities.</p>

Supported Work

Strategic Focus	Service Development, Targets, Performance Indicators and costs.
<p>Supported work refers to the process of supporting persons with a disability who are</p>	<p>Target 5.3.3 - In 2001 a project team will be established to advise on supported work. This team will define what supported work is and establish criteria for this area.</p> <p>Performance Indicator - Team established. Definition of supported work and criteria developed.</p>

<p>at work in an ordinary work place without the legislative status of employee. This work option requires a range of supports such as:- job coaches, work place adaptations, personal assistants.</p>	<p>Target 5.3.4 - In 2001 a project team will be established to advise on the provision of a mentoring service i.e. after 5pm and at weekends for people with intellectual disabilities.</p> <p>Performance Indicator - Team established, report on mentoring services available.</p>
	<p>Target 5.3.5 - In 2001 a project team will be established to review the previously established NRB database and advise on an appropriate database with linkages to the intellectual disability database and physical and sensory disability database in the Midlands.</p> <p>Performance Indicator - Project team established</p>
	<p>Target 5.3.6 - In 2001 a project team will be established to review the Board's training service (Butchery Unit). FAS will be represented on this team.</p> <p>Performance Indicator - Project team established</p>

Allowances

Strategic Focus	Service Development, Targets, Performance Indicators and costs.
<p>From 1st April 2001 £0.324m additional revenue is available to individuals currently in receipt of the workshop capitation.</p>	<p>Target 5.3.7 – From April 1st 2001, the Board will provide the increased capitation payable to individuals currently in receipt of the workshop capitation.</p> <p>Performance Indicator – Additional capitation paid to individuals in receipt of the workshop capitation.</p>
	<p>Target 5.3.8 – From 1st April, 2001, the following additional funding is available:- £0.024m domiciliary care allowance scheme £0.056m Mobility allowance These schemes are demand led and the Board will increase such payments for 1st April, 2001.</p> <p>Performance Indicator - Increased allowances will be paid</p>
	<p>Target 5.3.9 - An additional funding of £0.051m to increase the respite care grant for DCA recipients from £300 to £400.</p> <p>Performance Indicator - This demand led scheme administered during 2001.</p>

6. CROSS CARE GROUP DEVELOPMENTS

A) Continuous Quality Improvement

The Board adopted a Continuous Quality Improvement approach to improve standards in 2000. This approach is suitable for use where high standards have already been attained, where quality standards are not currently measured and at all stages in between.

Achievements in 2000

- In February the President of the International Society for Quality in Healthcare, Ms. Elma Heideman presented a workshop on Continuous Quality Improvement for a large number of staff representative of all care groups.
- **Quality Initiatives:** Quality Initiatives were on going during 2000. In October a workshop was organised where staff reported on the status of quality initiatives. There are 80 quality initiatives on-going currently, details of these initiatives are available on the Boards website @ www.mhb.ie. Three quality initiatives were selected by the International Society for Quality in Healthcare for presentation at the International Quality in Healthcare Conference in September.
- **Comment, Complaint, Enquiry and Appeal System:** In October a workshop on the Board's pilot Comment, Complaint, Enquiry and Appeal System was organised. Staff presented their experience of the system with a representative sample of case studies from the pilot scheme. Following presentations, discussion and a feedback session, recommendations regarding the pilot systems were identified. The Board will in 2001 launch the Comment, Complaint, Enquiry and Appeal System with relevant training programmes for all staff.
- **Continuous Quality Improvement (CQI) Strategy:** In October a project team was established to develop a draft CQI Strategy for the Board. The strategy will be fully completed and launched in 2001.
- **Patient Perception Survey:** In January/February, the Irish Society for Quality in Healthcare carried out a patient perception survey at the three acute hospitals: - Longford/Westmeath, Tullamore and Portlaoise. In December last the results of this survey were received. In 2001 management will identify areas for improvement and develop appropriate action plans. (see Episodic Care, Target 1.3.9.)
- **Risk Management:** In September, the Board commissioned a review of the Board's various systems and processes in relation to clinical audit, risk management, health and safety at work, claims handling and other related issues in the overall context of developing effective management arrangements for ensuring continuous quality improvement in patient/client care. A report was prepared with a programme for action for 2000/2001.

Continuous Quality Improvement

The CQI process includes the following areas: -

- | | |
|--|--|
| <ul style="list-style-type: none"> • The formulation of policies, procedures, guidelines and protocols • Clinical audit • Internal (financial) audit • Complaints management • Claims management • Health and safety at work | <ul style="list-style-type: none"> • Fire safety • Security • Contingency planning • Control of infection • Research and development • Clinical information/intelligence |
|--|--|

- Organisational development and change management
- Performance measured and management
- Patient surveys
- Risk management
- Risk assessment
- Adverse incident reporting, review and investigation

This can be achieved by: -

1. Patient/Client focus
2. Leadership
3. Staff/Employee involvement
4. Information & Communication
5. Education & Development
6. Standards, Policies and Procedures
7. Monitoring & Evaluation
8. Systems

Strategic Focus	Service Development, Targets, Performance Indicators and Costs
<p>In 2000 the Midland Health Board adopted a Continuous Quality Improvement approach to improving standards, enabling staff to continually improve the quality of services.</p>	<p>Target 6.1 In 2001 the Board will launch the Continuous Quality Improvement Strategy.</p> <p>Performance Indicator The Continuous Quality Improvement Strategy launched.</p>
	<p>Target 6.2 The Continuous Quality Improvement Strategy aims to change behaviours, culture and systems in the Board in order to deliver on the Board’s objectives utilising the principles, tools and techniques of Continuous Quality Improvement. In 2001 staff trained in facilitation in Continuous Quality Improvement will, in turn, train other staff.</p> <p>Performance Indicator A training programme developed and approximately 50 staff trained as facilitators. On-going training programme in place for staff at all levels in the Board.</p>
	<p>Target 6.3 The draft Continuous Quality Improvement strategy makes recommendations on systems and structures required by the Board (e.g. Continuous Quality Improvement teams, Continuous Quality Improvement steering committee, and care group risk management groups). These recommendations are in line with the Healthcare Risk Resources report. In 2001 the Board will commence the introduction of these systems and structures.</p> <p>Performance Indicator Work commenced on the systems and structures required for Continuous Quality Improvement.</p>

Comment, Complaint, Enquiry and Appeal System

Strategic Focus	Service Development, Targets, Performance Indicators and Costs
<p>In October 2000 a workshop on Comment, Complaint, Enquiry and Appeal System was organised and recommendations regarding the pilot systems were identified.</p>	<p>Target 6.4 The Comment, Complaint, Enquiry and Appeal System will be amended to take on board the recommendations made following the experiences of the pilot system. The Comment, Complaint, Enquiry and Appeal System will be launched with relevant training programmes for all staff.</p> <p>Performance Indicator The Comment, Complaint, Enquiry and Appeal System launched with relevant training programmes for all staff.</p>

B) Generic Health Promotion

The service plans for health promotion are incorporated into the care group service plans. Health promotion infrastructure and workplace health promotion cross all care groups.

Health Promotion Infrastructure

Strategic Focus	Service Development, Targets, Performance Indicators and Costs
<p>The Board will develop the infrastructure of the health promotion service by developing a regional strategy, an off-street consumer health and health promotion facility and further developing staff training in health promotion.</p>	<p>Target 6.5 A consultation and planning process to develop a regional health promotion strategy based on the National Health Promotion Strategy produced in 2000, will be undertaken.</p>
	<p>Target 6.6 A regional training officer to develop training in health promotion will be appointed. Two 40 hour training courses will be provided to staff. Training in brief interventions and mental health promotion will be developed.</p>
	<p>Target 6.7 A regional health information project will be developed. A health information officer has been appointed to lead this development. A continuous quality initiative will be designed to provide health information easily and equitably throughout the region.</p>
	<p>Target 6.8 The Health Promotion Service will develop an off-street health information and office facility.</p> <p>Total Cost 0.040m Employment: One WTE Health Education Officer Three support staff</p>

Workplace Health Promotion Project in partnership with Staff

Strategic Focus	Service Development, Targets, Performance Indicators and Costs
<p>Support for Workplace Health Promotion/Staff Partnership Project.</p>	<p>Target 6.9 The Partnership Working Group will continue to develop its role and function.</p> <ul style="list-style-type: none"> • Innovative methods/projects to promote and support staff exercise and mental health initiatives will be developed. <p>Target 6.10 Health promotion programmes in partnership with staff, with particular emphasis on reducing stress and promoting increased physical activity among the Board's staff, will be planned.</p> <ul style="list-style-type: none"> • Work placement for one health, fitness & leisure student for six months to assist with project. • A multidisciplinary "Heart Health" campaign will be piloted in two sites. • The stress reduction project will be implemented in a second workplace site within the Board. • A series of stress reduction workshops and initiatives will take place over a period of four weeks in identified sites within the Board. • The for a staff stress reduction /intervention/ counselling service, will be investigated. <p>Performance Indicator Innovative staff initiatives developed at local sites to support the aims of the project. Heart health pilot campaign evaluated, report and recommendations available</p>
	<p>Total Cost 0.040m Employment: One WTE Health Education Officer</p>

C) Community Welfare

Introduction

The service plan for 2001 aims to build upon the work carried out in 2000 to achieve a quality, comprehensive, people-focused service working towards the promotion of social inclusion within our society.

Mission Statement

“To reduce the incidence and effects of poverty and promote the process of economic and social inclusion”.

Strategic Direction of Community Welfare Service

The community welfare service aims to achieve its mission by providing a range of financial supports, information, referral and advocacy in a targeted, timely and flexible manner to all clients who require the service. It promotes and actively participates in community development and works with the social partners, to promote sustainable social inclusion in society.

Review of Performance against 2000 Service Plan

Targets set for 2000 regarding core services were broadly achieved in accordance with service plans.

Planned developments regarding availability and access to the service by the public were achieved, and additional outlets in Clonaslee and Graiguecullen were introduced to meet service demands. Demands on S.W.A. continue to increase for all payments and significant trends are emerging which will require targeted responses in the coming year.

Technological developments planned for 2000 included the replacement of all laptops, incorporating the most up to date software, and this target was achieved in April 2000. This yielded significant improvements in the quality of service provided by the service.

Community Welfare Service – Supplementary Welfare Allowance (SWA) Activity 2000

Expenditure under all SWA scheme types increased, giving an estimated total expenditure under SWA of £9,308m, which is an increase of 18.5% on the previous year's total.

S.W.A. Expenditure 2000

Payment Type	Y/e 31/12/'99	Y/e 31/12/'00(est.)	% change
	£m	£m	
Basic SWA	3.276	4.031	+23%
Supplements	3.523	4.024	+14%
E.N.P.'s	0.517	0.589	+14%
Back To School	0.536	0.664	+24%
Total	7.852	9.308	+18.5%

Provide additional services and supports in response to emerging needs.

Strategic Focus	Service Development, Targets, Performance Indicators and Costs
<p>The Community Welfare Service will identify and respond to areas of emerging need in the community.</p>	<p>Target 6.11 The service will develop a framework for collecting and collating information, through existing management information systems and formalised case management reviews, to enable early detection of emerging patterns and trends in SWA. This will involve: _</p> <ul style="list-style-type: none"> - Provision of effective management information systems to all managers of the service. - Implementation of a monthly statistical analysis of SWA to identify trends in SWA demand and activity. - Quarterly case management review sessions with Community Welfare Officers. <p>Performance Indicator: Management information systems in place. Statistical analysis of SWA on a monthly basis. Quarterly staff meetings. Emerging trends in SWA, which require a targeted response, are identified.</p>
<p>Services to the Elderly</p>	<p>Target 6.12 The service will aim to maximise uptake of SWA, and other Health and Department of Social, Community and Family Affairs services for the elderly through the provision of information specifically targeted at older persons and the provision of additional resources and supports (heating and diet supplements, exceptional needs payments, improved rent ceilings)</p> <p>Performance Indicator: Year end statistics to indicate improved take up of services by the elderly.</p>
<p>Long Term recipients of S.W.A.</p>	<p>Target 6.13 The Board will minimise long term dependence on SWA over the coming year by</p> <ul style="list-style-type: none"> - Providing additional resources and supports to long term recipients of SWA – Supplements and exceptional needs payments (E.N.P.'s). - Actively pursuing the return of long term SWA recipients to appropriate D.S.C.F.A. schemes. - Setting up formal liaison arrangements with D.S.C.F.A and other employment support agencies to ensure equal access for long-term SWA recipients to employment incentives and schemes.

	<ul style="list-style-type: none"> - Arranging for medical review for long term SWA recipients claiming as “sick-no benefit”. - Introduction of formal liaison with D.S.C.F.A. to reduce periods of extended duration for which interim SWA is paid to applicants of primary Social Welfare schemes. <p>Performance Indicator: Year-end statistics to indicate reduced duration of SWA claims.</p>
Asylum Seekers	<p>Target 6.14 Additional resources and supports to meet the health and welfare needs of asylum seekers living within the Board’s area, will be provided. This will be achieved through the establishment of a project team, comprising appropriate health care professionals who will identify the health and welfare needs of asylum seekers and co-ordinate the planning and delivery of services to meet those needs.</p> <p>Performance Indicator: Project Team in place. Health and welfare needs of asylum seekers identified. Improvement in the delivery of services to asylum seekers.</p>

Quality audit of existing services

Strategic Focus	Service Development, Targets, Performance Indicators and Costs
Provide staff training and development to ensure that services continue to be delivered to the highest standards.	<p>Target 6.15 The service will deliver staff training sessions designed to meet existing and emerging customer/service demands in response to staff training questionnaire. Three staff training sessions will be delivered in 2001.</p> <p>Performance Indicator: Provide and evaluate staff training seminars.</p>
To guarantee delivery of quality service to our customers.	<p>Target 6.16 To develop a framework for the provision of quality customer services which sets out the quality of service, which our clients can expect. A Customer Charter for the Community Welfare Service will be developed, published and implemented.</p> <p>Performance Indicator: To publish a statement of standards which outlines the nature and quality of service which customers can expect and display it prominently at all points of service delivery.</p>

<p>To deliver services in an environment which is appropriate, accessible and respectful of our clients privacy and dignity, and which complies with occupational and safety standards for both staff and customers alike.</p>	<p>Target 6.17 Inspection and evaluation of health centres and will be carried out. Three locations will be completely upgraded (subject to funding from DSCFA).</p> <p>Performance Indicator: Inspection and upgrading completed in priority locations.</p>
<p>To ensure delivery of an effective information service, which is easily available, easily understood and which reflects client requirements.</p>	<p>Target 6.17 The community welfare service will take a proactive approach in providing information which is clear, timely, accurate and available at all points of contact. In 2001, the service will:</p> <ul style="list-style-type: none"> - Provide and maintain a dedicated customer information point for the community welfare service at all major health centres. - develop, publish and circulate information fact sheets on services provided by the community welfare services. <p>Performance Indicators: Customer information points in place and regularly reviewed. Circulation of community welfare service information fact sheets.</p>
<p>To ensure the adequacy of SWA payments to meet need</p>	<p>Target 6.18 A review of current SWA supplement and exceptional needs payments guidelines, to ensure appropriateness and adequacy of payment levels to meet need, will be undertaken. The Board will implement revised guidelines.</p> <p>Performance Indicators: Revised payment levels and guidelines in operation. Reduction in SWA appeals. Midland Health Board guidelines in line with those of other Health Boards.</p>

<p>To reduce the incidence of fraud and abuse of SWA to an absolute minimum and ensure the effective recovery of overpayments.</p>	<p>Target 6.18 Improved control procedures for SWA will be developed to ensure that overpayments are identified, recorded and recovered wherever possible. The community welfare service will:</p> <ul style="list-style-type: none"> – Introduce improved control procedures for rent/mortgage supplements and long-term basic SWA claims. – Implement procedure for recording and recovery of SWA overpayments. <p>Performance Indicators: Implementation of revised review procedures for rent/mortgage and long term SWA recipients. Procedures for recording and recovery of SWA overpayments implemented and evaluated. Greater control saving returns.</p>
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Developing partnership approach to service delivery

Strategic Focus	Service Development, Targets, Performance Indicators and Costs
<p>To ensure full participation by the Community Welfare Service in the community and voluntary sector. To develop a partnership approach to delivery of community services.</p>	<p>Target 6.19 The community welfare service will seek to develop strategic alliances and build upon existing partnerships with statutory, community and voluntary services, to provide an overall integrated response to meet the needs of the community. In 2001, the following targets will be achieved:</p> <ul style="list-style-type: none"> – Preparation of a directory of existing voluntary, community and partnership agencies, operating within each CWO area. – Create greater awareness of the community welfare service within voluntary and community sector. – Develop formal liaison with voluntary and statutory agencies where appropriate. – Contribute to the development of strategic policies which provide an integrated approach to service delivery. <p>Performance Indicators: Each CWO will have a directory of voluntary/community agencies in their area. Increased awareness and improved public image of the community welfare service. Regular ongoing participation with the voluntary sector.</p>

D) External and Internal Communications

In 2000, the Board convened a group to examine methods of improving communications within the Board and to the public, in response to challenges and opportunities arising from the CQI process, staff health promotion, the development of the national information strategy, advances in information technology and developments in health information management.

Strategic Focus	Service Development, Targets, Performance Indicators and Costs
<p>Improvement of communication to the public and within the Board.</p>	<p>Target 6.20 The Board will develop a communications strategy and implementation plan, which will include communications with the public and staff information technology, health information, MHB publications, information management and telecommunications. A project group has been established to lead this development.</p> <p>Performance Indicator The strategy will be completed for November</p>

E) Plean Seirbhíse don Dá-theangachas do 2001 Service plan for the promotion of Bi-lingualism in 2001

Cruthaíodh post an Oifigeach Forbartha Ghaeilge sa mblian 2000 nuair a bheartaigh An Bhórd Sláinte Lár Tíre páirt a ghlacadh i scéim Fhoras na Gaeilge atá dírithe ar méadú úsáid na Gaeilge sna seirbhísí poiblí.

Beidh an Bhórd ag cuir an dá-theangachas chun cinn tré seisiúin comhrá; turais; eolas ar imeachtaí dá-theangacha a fhoilsiú san iris atá ag an mBórd; tré chomórtaisí dírithe ar an bhfoireann, na scoileanna náisiúnta agus na meán-scoileanna; agus tré thionscnaimh a reachtáil i gcomhcheangal leis na hOifigigh Ealaíona. Beidh mé ag comhoibriú le grúpaí éagsúla atá ag cuir an Ghaeilge chun cinn sa réigiún freisin. Tá sé beartaithe go gceannófaí feisteis chun aistriúcháin comhionannach a chuir ar fáil. Beidh coiste dá thionóladh chun an dá-theangachas a chuir chun cinn agus an plean Ghníomhaíochta don Dá-theangachas sa mBórd Sláinte Lár Tíre a sheoladh go h-oifigiúil. Tá cúrsa Diplóime sa Ghaeilge ó Ollscoil na hÉireann beartaithe chun oiliúint i scríobh agus labhairt na Gaeilge a thabhairt do fiche fóstaí a bheadh sásta gnó a dhéanamh leis an bpoball tré Ghaeilge.

The post of Irish Officer was created during the year 2000 when the Board decided to join the scheme being run by Foras na Gaeilge aimed at increasing the usage of the Irish language in the public service.

The Irish Language Officer will be promoting bi-lingualism in the Board's area, by running conversation sessions; trips; providing information on activities in the staff newsletter; through competitions aimed at staff, the national schools and the secondary schools; and by organising projects in co-operation with the Arts Officers. The Irish Officer will also work with various groups who promote Irish in the region.

Equipment for simultaneous translation will be bought in this year. A committee will be formed to facilitate the promotion of bi-lingualism and to publish and launch the Board's action plan for the promotion of bi-lingualism. A diploma course in Irish from the National University of Ireland is planned in order to give a qualification in written and spoken Irish to twenty members of staff who would be willing to deal with members of the public through Irish.

F) Human Resources

Work is almost complete on developing a human resource strategy which will facilitate the recruitment and retention of the necessary staff to deliver a quality service to the population of Laois, Offaly, Longford and Westmeath in the coming years. This strategy will be published early in 2001 and will set out what staff can expect from their employment with the Board. It will also set out changes to ensure that staff are fully involved, encouraged and facilitated in their personal and professional development. These changes are necessary in order to ensure that the Board as a major employer has employment policies and procedures that are relevant to today's needs and are in keeping with best practice in human resource management. In developing the new human resource strategy, the new challenges resulting from internal forces such as new services, increases in staffing numbers, service planning, the need to decentralise authority and external forces such as greater employment opportunities have been taken into account.

The new human resource strategy will be implemented over a three year period (2001 – 2004) and will seek to maintain the Board as an employer of choice. Recognising the very keen competition that exists at present for many grades of staff the Board must seek to establish and maintain a competitive edge. Appropriate policies to attract, develop and retain staff will be central to the successful implementation of the new human resource strategy.

In the course of the current year, additional resources will be provided for the human resource function in order to provide increased staffing to enable it to continue to function effectively in the present very competitive environment. The additional funding of **£0.075m** identified in the Letter of Determination for the development of the human resource function will facilitate the recruitment of some additional staff. A priority for 2001 is the appointment of a head of staff development.

Further steps will be taken to exploit the potential of new technology in the recruitment process through the development of *e-recruitment* competencies. The additional funding of £0.100m identified for local recruitment and retention initiatives will help in this regard.

Scarce grades of Staff.

Every effort will be made to recruit and retain the necessary staff to develop and maintain high quality services. However, recognising that certain grades of staff may not be available in the numbers set out in this service plan other appropriate grades staff may be substituted.

Heads of discipline will be involved in devision structures which will make our services more attractive to more grades of staff, with particular emphasis on giving staff opportunities to gain experience working in different care grades.

Review of Psychology Services.

A detailed review of the Board's psychology service was completed in 2000. The review involved extensive consultation with interested parties and has resulted in a report which is comprehensive, far-sighted and offers sound guidance on developing a top class service over the coming years.

This year it is proposed to commence the planning phase for the implementation of the recommendations contained in the report. Further progress will be made in each subsequent year.

Failed Appointments - Generally referred to as "did not attend" (DNAs)

Failed appointments consume resources which could potentially yield better benefit if used in other ways. Some of the Board's services have successfully addressed this issue. A project will be established to extend best practices to all services in this respect.

Occupational Health and Staff Welfare

As a support to staff the Board's occupational health services will be further developed during 2001. During the year 2000 a part-time occupational health physician and an additional part-time occupational health nurse were appointed to this service.

In 2001 further efforts will be made to provide additional sessions by an occupational health physician and also additional sessions by occupational health nurses. Further development of the Board's staff welfare and counselling services will also be a priority for 2001. An appointment of an officer to co-ordinate and develop this service will be made in the course of the year.

G) Financial Management

The Board continued its roll out of the SAP suite of information systems which have greatly assisted in effectively managing the Board's finances, during 2000 .

2001 will see the further development of SAP within the Board as well as the beginning of Phase 2 of the HR module. (PPAR's). PPAR's is also delivered on a SAP platform and will eventually allow for the on line processing of payroll.

A key area for 2001 will be preparing the Board for the introduction of the Euro currency on 1st January 2002. During the past year, the Board has prepared an impact analysis as well as a detailed changeover plan, which will be implemented during 2001.

It is also planned to strengthen the Board's costing information following the successful pilot exercise held last year with the North Eastern Health Board and Price Waterhouse Coopers while the ongoing devolution of financial support to managers will be continued in 2001.

Once again, the optimum use of the Board's resources will be key in delivering an effective service in 2001. Value for money reviews will again be a feature in 2001 and will concentrate on the support services areas to ensure the Board continues to maximise its investment in these areas.

H) Materials Management

The Regional Materials Management Service exists to develop, operate and manage a comprehensive materials management service for all goods, service and equipment in the Board's area. This includes: -

- Procurement
- Inventory Management
- Customer Services

The Regional Materials Manager (RMM) has collaborative responsibility with colleague Regional Materials Managers, in other Health Agencies, to ensure the following are achieved:

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- Best practice materials management
- Compliance with all national and E.U. procurement legislation.
- Value for money through combined purchasing arrangements.

Review of Service

In 2000, the following issues were undertaken: -

Board Level

The Board's two central supplies departments continued to provide service to more than 250 customers throughout the Board. Preparatory work commenced in respect of centralisation of processes and procedures between the two central supplies departments.

New pre-printed pre-coded requisitions were introduced for major customers.

An equipping team was established in April 2000 to manage the entire procurement process for more than £4.5m worth of equipment purchased under the National Development Plan.

Staff from the materials management service continue to work full-time on the SAP implementation. The materials management module of the SAP financial system was successfully rolled out to

- | | | |
|---|---|------------|
| - | Laboratory, Longford/Westmeath General Hospital | 01-06-2000 |
| - | Laboratory, General Hospital, Portlaoise | 01-08-2000 |
| - | Dental Department, Tullamore | 21-08-2000 |

During the year 2000, considerable training for materials management staff was undertaken in the following areas: -

- SAP materials management
- Stores management training
- Procurement techniques
- European Computer Driving Licence (ECDL)

Major additional contracts undertaken in 2000:-

- Pressure relieving mattresses
- Personal computers
- Medical aids and appliances
- The materials management service continued to provide advice and support to all care groups and central services in respect of procurement issues.
- The Health Service Procurement Policy was formally adopted in April. All authorised officers have been requested to ensure compliance with the policy.

National Level

A number of significant national contracts were put in place during 2000. These included:-

- Food provisions
- Fuel oil
- Hospital beds
- Surgical gloves
- Insurance

In addition, the following non-contract projects were developed in 2000: -

- Price benchmarking pilot.
- Health Service Procurement Policy launched.
- Capital equipment database developed.

Savings

The year 2000 Letter of Determination included a non-pay savings target of £0.587m. This was an ambitious target, which was to be achieved through a combination of Board and national initiatives. During 2000, savings in excess of £0.250m were identified and implemented.

The Board's previous record in implementing Value for Money (VFM) initiatives, which resulted in significant savings, considerably reduced the Board's capacity to implement further VFM measures. The initiatives have and continue to contribute significantly to the Board's budgetary well-being.

Developments 2001

Subject to resource implications (where applicable), the following developments are planned for 2001.

Board Level

- ❖ Further centralisation of the Board's Central Supplies Service.
- ❖ Engineering supplies service Laois/Offaly.
- ❖ The establishment of a central contracting function to further enhance the management of the Board's non-pay spend on goods and services in line with key performance indicators.

- ❖ The establishment of an appliance and equipment service to manage the purchase, issue, tracking, collection and cleaning/disinfecting of community care (and hospital) appliances and equipment in order to ensure:-
 - Improved customer focus
 - Minimisation of risk
 - Improved value for money

- ❖ Continued support for the development and roll-out of the SAP materials management module in central supplies and user locations throughout the Board, including:-
 - On-going updating and development of the materials stock catalogue.
 - Development of protocols for the introduction of new items to ensure appropriate levels of authorisation and budgetary approval.
 - Roll out of SAP materials management module to
 - Laboratory, Tullamore General Hospital in first quarter of 2001
 - Dental, Portlaoise and Mullingar in second quarter of 2001
 - Catering in second half of 2001

- ❖ Assessment of the potential benefits of a post of stock controller to manage stock held in central supplies with a view to reducing stock holding levels in line with key performance indicators.

- ❖ ISO 9002 accreditation in respect of goods inwards procedures in the central supplies department.

National Level

Non-Contract areas:

- Development of EU procurement directives booklet
- Development and publication of a supplier charter
- Training and development pilot for materials management staff
- Development of a tender framework and conditions of contract

National Contracts:

- Incontinence products
- X-Ray film and chemicals
- Ambulances

Savings

In line with the developments outlined in the materials management service plan, a non-pay savings target of £0.250m has been identified for 2001.

I) Environmental Health

Food Safety:

In July 1999, the Board, pursuant to the Food Safety Authority of Ireland Act, 1998, signed a service contract with the Food Safety Authority of Ireland to carry out, on behalf of and as agent of the authority, the following functions within its catchment area.

- (a) The inspection, approval, licensing and/or registration of premises and equipment, including premises or equipment used in connection with the manufacturer, processing, disposal, transport and storage of food.
- (b) The inspection, sampling and analysis of food, including food ingredients.
- (c) The inspection and analysis of food labelling to determine compliance with food legislation.

The Board is entering into the second year of this service contract in 2001 and is committed to the following programmed inspection frequency within the existing resources.

- High-risk businesses: twice a year.
- Medium risk businesses: twice in three years.
- Low risk businesses: once in three years.

The following frequencies are targeted for implementation by the third and final year of the initial three-year contract:

- High-risk businesses: three times per year.
- Medium businesses: twice per year.
- Low risk businesses: once per year.

A sum of £0.156 million has been included in the Board's determination for developments in food safety in 2001. The breakdown is as follows:

➤ Two senior environmental health officers. food control and food hygiene education;	£60,000
➤ Two environmental health officers. food control and food hygiene education;	£50,000
➤ Two grade 1V administrative officers;	<u>£46,000</u>
Total	£156,000

While it is envisaged that the senior environmental officer post could be filled in early 2001 in a temporary capacity from the Board's internal environmental health officer workforce, there will be difficulty in recruiting environmental health officers to fill vacancies created by this and the new positions even, in a temporary capacity, due to a national shortage of environmental health officers. It is hoped that we may be able to recruit newly qualified environmental health officers in June 2001 to fill vacant posts.

Quality Management and Management by Projects

The Board is committed under the service contract to the quality management system for the environmental health services and aims to achieve accreditation to ISO 9002 over the period of the contract. It is anticipated that this accreditation will be applied for during 2001.

The Board's chosen approach to change management is management by projects. A database of projects will be established in 2001.

Tobacco Control – Implementing Tobacco Free Policy

An allocation of £0.085 has been allocated for two E.H.O. posts and one administrative support staff member to implement tobacco free policy initiatives and improve compliance with the law. These new posts will in particular facilitate the enforcement of legislation in a proactive manner in non –food premises and the promotion of smoke free initiatives. However, due to the difficulty in recruiting E.H.Os. nationally, it is unlikely that these posts will be filled before June 2001 when newly qualified graduates will become available.

Environmental Health Action Plan

Funding of £0.010 for the further development of environmental health initiatives and local partnerships is included in the Board's allocation. It is proposed that this funding will be used in accordance with proposals contained in the national environmental health action plan 2000.