

OVERVIEW

Introduction:

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, dated 2nd December, 1999 and guidelines on service planning developed by representatives of the health boards and the Department of Health & Children. The Board must submit its Service Plan to the Department not later than 17th January next.

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 having first been considered by the Finance Sub-Committee. Once adopted, any material change to the Service Plan requires the approval of the Board.

Strategic Approach

The Midland Health Board is committed to the pursuit of health gain and social gain on behalf of the people of Laois, Longford, Offaly, and Westmeath. Services are now organised by care group rather than in programmes of services. A 'Management by Projects' Approach has been adopted as the means of effective change and achieving health and social gain. Investment will be made in developing quality standards using the Continuous Quality Improvement (C.Q.I.) approach. The Board is committed to achieving uniformly high standards at all service locations and to reducing risks to users of services and staff to the greatest extent possible. This involves developing our ability to learn from complaints and adverse incidents. It also involves developing our risk management, occupational health and health and safety capabilities. The response patients and users of services receive should reflect the spirit as well as the letter of legislation in areas such as Freedom of Information, Data Protection and Public Administration (Ombudsman Act). While the Board compares well with other public service organisations in these areas, the aim must be to maintain the rate of progress of recent years. In the coming year particular attention will be paid to achieving a more integrated and more consistent corporate response across all of the areas of responsibility of the Board. The management structures may be adjusted appropriately to reflect that approach.

Financial Overview

The Board will spend £183,591.5m on health services this year and a further £8.0 m on Supplementary Welfare Services on behalf of the Department of Social, Community & Family Affairs. Net expenditure i.e. the funds provided by the Department of Health & Children, will amount to £168.798m compared to a revised allocation of £154.834m for 1999. While the percentage increase of 9% is substantial, a large part of that figure is required to meet salary increases, special pay awards and the full year costs of service developments in 1999. Further substantial funding has

been provided to develop services in the coming year. The additional funding has been earmarked for specific types of developments. In some instances additional staff, for new developments, may help reduce work pressures on existing staff but there is very little scope otherwise to increase staffing levels where existing services are concerned. It is disappointing that the Board is again a net loser under the casemix resource allocation formula. The figure for this year is £0.241m. This is referred to in greater detail in the Episodic Care Group section of the Service Plan. The Board is required to achieve value for money savings, in non-pay areas, of £0.587m. This figure is not achievable except by concerted joint action by all the health boards and the voluntary hospitals. Even then it will be necessary to pursue innovative and aggressive approaches in order to achieve the overall target of £12.5m this year.

National Development Plan

The publication of the National Development Plan 2000 – 2006 in late 1999 offers an opportunity to develop service delivery facilities to very high standards. A sum of £2,000m is to be allocated for the health services and the Minister has indicated that he wishes to see up to half of that sum used to develop health care facilities other than acute hospitals. The Corporate Team has already begun to identify the areas where capital investment will complement service improvement plans. These will be developed, costs estimated and prioritised for presentation to the Board at an early date. At the same time the pace of progress on the planning of the four major capital projects at Birr, Mullingar, Portlaoise and Tullamore will be maintained.

Cardiovascular Health Strategy

The Board has been invited to submit proposals, by the end of January 2000, for funding towards implementing the recommendations in the Cardiovascular Health Strategy in this Board's area. A consultation process is currently taking place. A submission will be made on time and will have regard to the opportunities that exist to achieve progress on the recommendations in both the Cancer and Cardiovascular health strategies by co-ordinated concerted action.

Continuous Quality Improvement (C.Q.I.)

The Corporate Team believes that there needs to be ongoing attention paid to improving the quality of the services provided by the Board at all levels. In this way the Board will be in a position to demonstrate to patients and clients of our services that the care and treatment they receive compares with the best available elsewhere. It has been decided to adopt the Continuous Quality Improvement (C.Q.I.) approach to improving standards. 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. Staff at all levels will be encouraged to take an interest in improving the quality of the service they deliver. Examples of quality improvements achieved will be reported in the Health Board News and on the Board's Web Site (www.mhb.ie). Responsibility for co-ordination of quality initiatives has been accepted by Ms. Breda Crehan Roche, Project Management Specialist. In February 2000 the Board will host a workshop for staff to be given by Ms. Elma Heideman, President of the International Society for Quality in Healthcare, on how to create momentum in improving quality using the C.Q.I. approach.

Performance Indicators

Last year the Board included a number of performance indicators in the Service Plan. The 2000 Service Plan contains performance indicators for each care group. The continued development of performance indicators and more importantly their use for performance management is an essential element of the Board's drive for Continuous Quality Improvement and also to our accountability.

Personal Care Plans

Persons in residential care and many others with disabilities or long term illnesses rely on the Board to plan and provide for their future health and social needs. They are entitled to expect that the Board will do all it can to secure health and social gains for them to the greatest extent possible. In other words they expect the Board to do all it can to maintain and, where possible, improve their health and to assist them to retain or regain their independence.

In the current climate of openness and accountability, the Board must be able to demonstrate that it is meeting its obligations to individuals. To do that well, a personal care plan is a useful means of serving patients and clients and of being accountable. In simple terms, it involves assessing the short, medium and longer term needs of individuals and seeks to match the supports that can be offered with the needs which have been assessed. By aggregating these needs it is possible to estimate the volume of resources required to meet the assessed needs and to have this included in the resources allocation process. Plans can be adjusted at intervals to take account of changing needs, available resources and so on. As far as possible patients/clients should be consulted and involved in the preparation of plans. A well prepared plan can serve as a means of ensuring that a high quality service is provided to individuals. It can also be used to compare what it was possible to provide against what it was planned to provide. By comparing what was achieved against what was planned, the planning and service delivery processes can both benefit. When Individuals are directly involved in the planning of the care they receive they will be better informed about what they can expect to receive from the service and be able to anticipate the extent of the benefit they are likely to derive from the service they will receive.

A good deal of developmental work on personal care planning is taking place at present and will be intensified during the coming year. The aim is to have plans completed or well advanced by year-end for all persons in residential care in our mental health, child care and disability residential centres. Work will continue on developing personal care plans for persons receiving ongoing care in non-residential settings.

Web Site – www.mhb.ie

In an organisation as large and as complex as a health board effective internal and external communication is vital but difficult to achieve. The rapidly growing use of the World Wide Web (www.mhb.ie) by Irish people offers opportunities for improving our ability to communicate better with our staff, users of our services and members of the public generally.

The Board's web site was launched last May. Even though it contains a wealth of useful information it is still only at an early stage of development. In its more developed state it will serve a number of purposes, including :

- as an authoritative source of comprehensive information on the services offered by the Board.
- as a vehicle for applying for services, for obtaining further information on services and for commenting on or making a complaint on services sought or received.
- as a knowledge centre which staff members can access and contribute to.
- as a job centre capable of dealing with all aspects of job opportunities offered by the Board.
- as a vehicle for delivering training and personal development opportunities to staff at locations throughout the Board's area and at times convenient to users.
- as a news and library source on the full range of health board topics.
- as a means of linking with other appropriate web sites.

During this year on-going attention will be paid to developing the website as a valued means of effective internal and external communication.

Acknowledgement

I wish to acknowledge the continuing commitment of staff, throughout the Board's services, to improving services and securing health gains for patients and clients.

I am indebted to the members of the Finance Sub-Committee for their keen interest in the Service Plan and their valuable advice and support at all times. I am grateful to Board members for the conscientious way they discharge their statutory obligations and for the support my colleagues and I receive from them.

D. J. DOHERTY

Chief Executive Officer

1. Episodic Care

Episodic Care – Primary Care and Acute Hospitals

Introduction:

Episodic care, in the context of the Board's Service Plan, is provided in a primary care or acute hospital setting. People from any of the care groups who suffer from an acute illness, a chronic condition or sustain an injury may avail of episodic care.

The Service Plan for 1999 aimed to achieve a more integrated approach to the provision of episodic care. The following details the progress made in this area during 1999 and highlights the areas that will be prioritised during 2000.

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 the national guidelines (i.e. 12 months for adults and 6 months for children).

Review of Performance against 1999 Service Plan:

The Service Plan for 1999 prioritised general practitioner services and the acute hospital care services. It aimed to achieve a more integrated plan for episodic care. The plan also included the ambulance service which provides emergency transport and a patient transport service in the Board's area. Also involved in episodic care are the Public Health Nursing Service and Allied Medical Professional Services. Ophthalmic Services are provided in the community and in the Acute Hospitals by Consultant Ophthalmologists, Community Ophthalmic Physicians and Orthoptists.

The Dental Treatment Services Scheme (DTSS) which came into operation in November 1994 provides for the delivery of emergency, routine and denture treatment services for eligible adults.

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.

The Unit, originally called the GP Unit, was renamed the Primary Care Unit in 1997 to reflect the increasing emphasis on the primary care multidisciplinary team.

- During 1999, the new Drugs Payment Scheme was introduced. In addition, a new contract for community optometric and community medical ophthalmic services was introduced with effect from 1st July 1999. The administration of these schemes is being carried out by the Primary Care Unit. By February 2000, a new computer system will be installed to manage the new Drugs Payment Scheme.
- 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 specialties of medicine, obstetrics/gynaecology, E.N.T. and psychiatry and one years practical experience with a G.P. trainer. This ensures that the scheme continues to provide high quality trained General Practitioners and also leads to greater integration between primary and acute care.

Acute Hospitals

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

The ScHARR Report also recommended that:

- general management be introduced
- clinical directorates be created and
- there should be nursing input into strategic management of services.

The General Manager was appointed during 1998. Work has continued during 1999, facilitated by the Office for Health Management, on the involvement of clinicians in management.

The job description to enable the appointment of a Director of Nursing Services for Acute Care Services has been agreed with the Department of Health and the position will be advertised early in 2000.

Progress on the implementation of the Cancer Strategy was accelerated towards the end of 1999 with the recommendation of a Consultant Medical Oncologist by the Local Appointments Commission. A recommendation for the post of Consultant Haematologist is awaited.

Progress has been made regarding the process studies undertaken in the General Hospital, Portlaoise, and will continue as part of the Clinicians in Management Initiative.

Other projects highlighted the 1999 Service Plan:

The Midland Health Board Diabetic Project:

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

Drugs usage:

Work commenced on a drugs formulary revision as a pilot project in one of the acute hospitals. A full programme of work for 2000 is planned.

Trends & Activity Levels in Episodic Care:

Set out in the following sections are the activity trends for episodic care which falls into two categories

- i. Primary Care
- ii. Hospital Care

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(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 75,065. A total of 98 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 Scheme applies to people who are ordinarily resident in Ireland who do not have a medical card. Under the Drugs Payment Scheme no individual or family will ordinarily have to pay more than £42.00 in any calendar month for approved prescribed drugs, medicines and appliances for use by the person or his/her family in that month.

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

Practice Premises Development

A total of £0.230m, spent on practice premises developments during 1999, contributed to developments in the following areas:-

- Development of Practice Premises in Tyrellspass.
- Health Centre, Ferbane.
- Health Centre, Glasson.
- Development of Practice Premises in Athlone.

Capital payments: £0.101m

Revenue payments: £0.021m

A total of £0.074m was paid out of savings accrued under the Drugs Target Savings Scheme.

Computerisation and improved operational arrangements in General Practice

In 1999, the Unit continued to provide funding to enable GP practices to install or improve their computer hardware and software. At the end of 1999 over 74% of GPs had installed hardware in their practices and 22 had commenced training.

The Unit continued to provide support to enable GPs employ practice nurses and secretaries. At the end of 1999, 36 practice nurses and 61 secretaries were employed by GPs in the Board's area.

The Midland Health Board is one of the pilot sites for the National General Practitioner information Technology Training Programme. Twenty-two doctors participated in this training. Training was also provided to practice support staff.

G.P. Rotas

	Offaly		Laois		Westmeath		Longford		Regional	
Rota	No. of Rotas	No. of doctors involved in rota	No. of rotas	No. of doctors involved in rota	No. of rotas	No. of doctors involved in rota	No. of rotas	No. of doctors involved in rota	No. of rotas	No. of doctors involved in rota
1:1	2	2	-	-	2	2	-	-	4	4
2:1	2	4	2	4	1	2	1	2	6	12
3:1	1	3	2	6	2	6	-	-	5	15
4:1	-	-	2	8	2	8	1	4	5	20

5:1	4	20	1	5	1	5	1	5	7	35
6:1	-	-	1	6	1	6	1	6	3	18
7:1	-	-	-	-	-	-	-	-	-	-
8:1	-	-	-	-	1	8	-	-	1	8
Total	9	29	8	29	10	37	4	17	31	112

During 1999, the number of doctors working in a 1:1 rota was reduced from 7 to 4. This development has been assisted by special funding provided by the Department of Health and Children.

Evaluation of the pilot project on out of hours arrangements in Athlone was completed during 1999 and presented at the I.C.G.P. Scientific Meeting.

The Primary Care Unit facilitated the establishment on a pilot basis of a rota involving four rural based practices in West Offaly during 1999. This arrangement also includes the provision of 14 hours Triage Nursing Cover at weekends. The total GMS population for the four practices involved is 3,165.

Indicative Drug Target Savings Scheme

During 1999, 36% of General Practitioners in the Board's area had drug costs below their indicative drug target. The equivalent national figure was 37%.. The national target for expenditure on drugs and medicines in the GMS Scheme in 1999 is £218.5m.

During 1999 doctors retained 100% of their drug savings.

Other developments highlighted in the 1999 service plan:

A leg ulcer pilot project was audited during 1999 and was proven effective in terms of clinical outcome.

The blood pressure monitor project continued during 1999 and an audit of the service commenced.

Publication of the General Practitioner Action Plan which was developed through a consultative process involving General Practitioners was deferred pending the publication of a National Plan by the Irish College of General Practitioners. The Midland Health Board G.P. Action plan will be reviewed during 2000 in the context of the National Plan, and other relevant emerging issues for primary care in the Midland Health Board, such as out of hours provision of care and clinical governance, will be included in that review.

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(ii) Acute Hospitals

The 1999 Service Plan acknowledged the ever-increasing number of medical admissions and this was reflected in the plan. There was a significant change in emphasis in the delivery of Episodic Care Services in the Boards' region. Critically, the achievement of the targets were linked to:

- Controlling the through-put of medical admissions.
- Increasing the ratio of day to in-patient cases treated.
- Controlling expenditure under the four non-pay headings of drugs and medicine, medical and surgical appliances, radiology expenses and pathology expenses.
- Enhancing linkages between the various parts of the health care service.

Detailed statistical analysis of 1999 activity demonstrates the success of this strategy in shifting activity from in-patients to day cases. Taking the 3 acute hospitals as a single entity, the following statistics are relevant:

- Across the 3 sites, overall activity was less than 2% below service plan. (The targets were not adjusted as a result of the nurses dispute but activity was dramatically reduced for a number of weeks prior to and during the dispute).
- In-Patient activity was 4% below Service Plan targets for 1999.
- Day case activity was 5.39% in excess of Service Plan targets for 1999, and 21% ahead of day case activity levels for 1998.
- Medical admissions accounted for 35.0% of all in-patient activity in 1999 and 1.07% less than 1998.
- There are variations between activity performance levels against Service Plan across the 3 sites. For example, General Hospital Portlaoise was 4.59% under its in-patient targets. This relates, to a large extent, to the specialties of General Medicine and Paediatrics whose admissions are primarily classed as emergencies. It treated approximately the same number of day cases as in 1998.
- Longford/Westmeath General Hospital was 5.7% below in-patient targets for 1999 and almost 20% in excess of its day case Service Plan target. This represents a 38% increase in day case activity over 1998 which is in line with Board strategy and can be directly linked to the opening of new day facilities and the appointment of a third Consultant Surgeon.
- General Hospital, Tullamore, was 1.94% below its 1999 in-patient Service Plan target and was 6.61% in excess of its day case Service Plan target. The 1999 day case activity levels in Tullamore represents a 22.77% increase over 1998 activities. A significant proportion of the additional workload relates to orthopaedics where a fourth orthopaedic surgeon has been appointed in a temporary capacity and where an additional theatre dedicated to orthopaedics has been opened.
- It is anticipated (based on the data for the period January – November 1999) that there will be a 5% increase in Accident & Emergency attendances in 1999 over 1998 levels.

Strategic Direction and Activity Targets:

The Financial Plan for Episodic Care is set out later in this Service Plan. While there have been improvements in the financial information available, a total costing for the care group is not available as information systems do not yet support this level of detail.

The SAP financial systems, installed in 1999, will be developed to fully satisfy the Board's financial information requirements.

Development Funds 2000 – Episodic Care

Primary Care

The letter of determination for 2000 provides for a total of **£0.220m** developmental funding and the following table shows the planned distribution of these funds.

	£
GP Unit	0.130m
GP Services	0.070m
GP IT training	0.020m
TOTAL	£0.220 m

Acute Hospitals

The following Table shows the service development funding included in the letter of determination for the Acute Hospitals.

Regional Cancer Services	£0.600m
Waiting List Initiative	£1.372m
Orthopaedics	
ENT	
Vascular	

Gynaecology	
District Care Unit	
Waiting List Management and Support Systems	
Laboratory Accreditation	£0.030m
Improved Acute Care Services	£0.759m
Consultant Physician / Cardiology Services	
Staffing levels	
Laboratory Services	
C.T. on-call Services	
Dermatology Services	
Management Development	
HIPE	£0.005m
Clinicians in Management	£0.200m
Library Services	£0.041m
Technical Inflation	£0.261m
Palliative Care	£0.225m

Service Developments 2000 – 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.

A particular focus for 2000 will be the development of a strategic approach to the provision of out of hours care. This will include an initial consultation process with general practitioners and their patients across the region.

At the November Board Meeting plans to develop the role of the Primary Care Unit were approved. Included in the plans was the transfer of a number of processing functions currently carried out at local level to a central unit.

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 2000, there will be continuing investment in information technology and improved practice information and record systems, in practice premises, in clinical equipment and in improved organisational arrangements at local level.

Primary Care Unit Funding 2000

Heading	£
Pay	0.130m
Non-Pay	0.090m
Total	0.220m

The following table sets out the strategic focus and a number of specific planned developments for primary care in 2000. Targets and performance indicators are indicated where appropriate.

Strategic Focus	Service development, Targets and performance indicators.
Improved Clinical Care and Service Delivery	<p><i>Leg Ulcer Pilot Project</i></p> <p>Target 1.1.1</p> <p>This will continue during 2000. Five clinics per week were held at various locations during 1999.</p> <p>Performance indicator</p> <p>Extension to 6 clinics per week by early 2000.</p>

	<p><i>Provision of 24-Hour Blood Pressure monitors.</i></p> <p>Target 1.1.2</p> <p>Improved community facilities to monitor blood pressure.</p> <p>During 1998 a number of 24-hour blood pressure monitors were made available to general practitioners in the Mullingar, Longford and Birr areas on a booking system.</p> <p>Performance indicator</p> <p>Evaluation of the service will be completed in 2000</p> <p><i>Diabetic Shared Care Project</i></p> <p>Target 1.1.3</p> <p>Project to continue during 2000</p> <p>Performance indicators</p> <p>Continued audit and evaluation of processes as defined in project.</p> <p>The Board will develop a targeted health promotion programme for people with diabetes.</p> <p><i>Out of Hours provision of care</i></p> <p>Target 1.1.4</p> <p>Development of a strategic approach to out-of-hours care in the region based on consultation with primary care providers and service users.</p> <p>Performance indicator</p> <p>Commencement of consultation process in early 2000.</p> <p>Report of consultation process: 2000</p>
<p>Information Technology Development</p>	<p><i>Continue training and provision of IT support in primary care</i></p> <p>Target 1.1.5</p> <p>To achieve a meaningful level of computerisation in general practice, having regard to the national target level of 80%.</p>

Performances indicators

Number of practices with hardware and software installed.

Number of practices using computer technology and level of usage.

Provide Computer Training and support to General Practitioners and staff

Target 1.1.6

Third group of doctors to commence training in 2000.

Performance indicator

Number of general practitioners and staff completing basic training courses

Target 1.1.7

Provide ongoing support to practices embarking on or continuing computerisation

Performance indicators: Number of practices given support.

Training needs assessment of practice support staff.

Facilitation of General Practitioners to set up user groups

Initiation of pilot scheme to generate and capture epidemiological data from general practice for health planning

Target 1.1.8

Provision of reliable data on selected interventions and outcomes in a representative sample of general practices throughout the Board's area

Performance indicators

Agreement on pilot project format with one general practice by early 2000.

Agreement on methodology of data collection Mid 2000

Enhancement of research capacity of Primary Care Unit

	<p>Target 1.1.9</p> <p>Appointment of research assistant in Primary Care Unit</p> <p>Performance indicator</p> <p>Development of job specification and person specification: Early 2000</p> <p>Post to be filled by mid 2000</p> <p><i>Enhancement of Allied Medical Professional services based in primary care</i></p> <p>Target 1.1.10</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 2000</p> <p>Commencement of service by mid 2000.</p>
<p>Linkages with Acute Services</p>	<p>These are detailed in the acute hospital section of the service plan.</p>

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Adult Dental Services

The Dental Treatment Services Scheme 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 68.

Activity Analysis 1999: (at 30/11/99)

	Longford/	Laois/Offaly	Total

	Westmeath		
No. on waiting list for routine treatment at 1/1/99	235	617	852
No. of applications rec.	1,340	1,702	3,042
No. of approvals	-1,518	-2,310	-3,828
List validation	-17	-9	-26
Waiting list at 30/11/99	40	0	40

Waiting time for routine treatment has been kept within the 28-day turnaround target during 1999.

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.

Target 2000:

- Maintain activity at 1999 level with no waiting list
- Extend services to 35-64 age cohort

Performance Indicator:

1. Waiting time for routine applications not to exceed 28 days during 2000
2. Service extended to 35-64 age cohort and to special needs adults.

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. All staff are also entitled to annual leave and the effective planning of this leave is a key ingredient of service planning. As in 1999 the approach being taken in 2000 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 2000 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 1999 of controlling medical admissions and increasing the ratio of day cases treated will be continued in 2000.

In particular

- The targeted number of in-patients is 1% lower than 1999, i.e. 27,326.
- The number of day cases has been increased by 7.7% to 9322, i.e. an increase of 7.7%.
- The targets set for Portlaoise General Hospital are consistent with the number of patients treated in 1999.
- Targets for the new specialties of Oncology and Haematology will be agreed with the new consultant appointees.
- Targets for Radiology, Pathology, Physiotherapy and Occupational Therapy are included in the plan for the first time. The targets are based on actual performance each year since 1996 and the estimated activity to the end of 1999.
- Generally speaking, the number attending outpatient clinics will continue as in 1999. Efforts will be made to reduce the number of return to new patients through the development of protocols in consultation with clinical Consultants and General Practitioners.
- Enhanced clinic developments during 2000 will be as follows:

Regional Pain Clinic	-	General Hospital, Tullamore,
Rheumatology	-	General Hospital, Tullamore,
Oncology	-	3 Acute sites
Haematology	-	3 Acute sites
Dermatology	-	Adults – General Hospital, Tullamore,
	-	Children – Longford/Westmeath General Hospital.

The General Manager and his staff will work with key clinical staff in the management and achievement of 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 Administrators 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 the individual hospital will be reviewed monthly by the Hospital Advisory Committee which includes General Practitioner representation.

General Hospital, Portlaoise

It is planned to treat 7,365 inpatients as well as 1,903 day cases in 2000. Based on trends over the last 6 years it is anticipated that 13,800 patients will be seen in the Accident and Emergency Department and 20,800 out-patients will be treated in 2000.

General Hospital, Tullamore

It is planned to treat 8,290 inpatients as well as 4,230 day cases in 2000. Based on trends over the last 6 years it is anticipated that 23,520 patients will be seen in the Accident and Emergency Department and 34,320 out-patients will be treated in 2000.

Longford Westmeath General Hospital, Mullingar

It is planned to treat 11,670 inpatients as well as 3,200 day cases in 2000. Based on trends over the last 6 years, and in view of the new A&E Department, it is anticipated that 24,150 patients will be seen in the Accident and Emergency Department and 19,890 out-patients will be treated in 2000.

It should be noted that Casualty services and out-patient services are also provided in the District Hospital Athlone and St Joseph's Hospital Longford. It is not anticipated that there will be a major change in the numbers of patients seen at these locations.

Performance Indicators

In association with the National Group responsible for developing performance indicators and using the available information from HIPE, further development work on these indicators will be undertaken in the Midland Health Board. Acute Hospital Service Performance Indicators will be primarily based on process and outcome measurements.

Indicators being developed include :-

-Top 40 DRGs together with daycase / inpatient ratio for specific DRGs.

-The LOS of specific DRGs compared with National LOS.

An example of Performance Indicator data derived from the HIPE/Casemix information available for hospitals in the Midland Health Board is shown below.

The information shown relates to the first nine months of 1998 and 1999.

The data chosen relates to one DRG which accounts for a high percentage of the caseload in the three hospitals in the Board and also allows a demonstration of comparative data. DRG 183 comprises oesophagitis, gastroenterological, and miscellaneous digestive disorders, in-patients aged over 17 years, without complications.

	Inpatient episodes (Av.LOS)	Daycases	Total cases	Daycase/ inpatient ratio
	DRG 183	DRG 183	DRG 183	DRG 183
Longford Westmeath General Hospital Jan-Sept 99	307 (3.9)	629	936	2.05
Longford Westmeath General Hospital Jan-Sept 98	442(3.7)	421	863	0.95
Portlaoise General Hospital Jan-Sept 99	197(3.7)	253	450	1.3
Portlaoise General Hospital Jan-Sept 98	179 (3.4)	276	455	1.5
Tullamore General Hospital Jan-Sept 99	182 (8.05)	425	607	2.3
Tullamore General Hospital Jan-Sept 98	247 (4.8)	577	824	2.3

Examination of this data gives rise to some questions about year to year variations and inter-hospital variations that can only be addressed by investigating the coding

practices, the clinical practices and resource availability in the hospitals. This will be a focus of audit during 2000.

However the refocusing of activity from inpatients to daycases for patients in this DRG in Longford Westmeath General Hospital is apparent.

It should be noted that the data shown represents comparative data from the first nine months of 1998 and 1999. A comprehensive picture of the data relating to this DRG and to other selected DRGs cannot be provided until the activity for all of 1999 is coded. It is intended to develop this work further for future Annual Reports.

In the acute hospitals, the monthly activity and the budgetary performance will continue to be made available to clinicians.

Other performance indicators are listed as part of the service development targets set out hereunder.

Service Developments 2000 – Acute Hospitals

The following Table shows in more detail the planned service developments for 2000. 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.
<p>Improved Clinical Care and Service Delivery</p>	<p><i>Cancer Services:</i></p> <p>Develop Regional Cancer Services and integrate with existing services:</p> <p>(a) Consultant Medical Oncologist</p> <p>(b) Consultant Haematologist and ancillary staff Cost: £0.500 m</p> <p>(c) Develop other Cancer Services Cost: £0.100 m</p> <p> d. Appoint Consultant in Palliative Care Medicine, and develop Palliative Care Services Cost: £0.225m</p> <p>Target 1.2.1</p> <p>(a) (b) (c): Consultants in post by mid 2000 and services planned in consultation with Consultants.</p>

Target 1.2.2

- (d) Proposals with Department of Health & Children by April, and Comhairle approval by September 2000.

Complete review of A&E services including need for A&E Consultants and their possible role.

Target 1.2.3

- a. Complete review by April 2000.
- b. Consultant(s) appointments agreed by the Department of Health & Children by September 2000.

Performance Indicator

Process completed by Autumn 2000.

Develop detailed proposals for appointment of Microbiologist (based on Pathology Report)

Target 1.2.4

Complete proposals by mid 2000.

Performance Indicator

Proposal submitted to Department of Health & Children by mid 2000.

**Waiting List Initiative*

Cost: £1.372 m

*See separate paragraph on waiting list initiative.

Demographic factors **Cost: £0.030m**

A research project on service needs allied to demographic changes will be undertaken.

Target 1.2.5

Enhanced Service Delivery across sites

Cost: £0.759m

Consultant Physician/Cardiology Services

Staffing levels (nursing and administration)

	<p>Laboratory Services</p> <p>CT on-call services</p> <p>Dermatology Services</p> <p>Target 1.2.6</p> <p>Enhanced Clinic Services Development</p> <p>Regional Pain Clinic - General Hospital, Tullamore,</p> <p>Rheumatology - General Hospital, Tullamore,</p> <p>Oncology - 3 Acute sites</p> <p>Haematology - 3 Acute sites</p> <p>Dermatology - Adults – Tullamore</p> <p style="text-align: right;">o Children – Longford/Westmeath</p> <p>Performance Indicator</p> <p>Clinics and staffing in place by mid 2000</p>
<p>Emphasis on Quality Services</p>	<p><i>Quality Initiatives</i></p> <p>Target 1.2.7</p> <p>A Quality Initiative based on learning from complaints, comments and adverse incidents reports will be piloted in the 3 Acute Hospitals.</p> <p>The Minister, in his address on acute hospital policy in November 1999, invited proposals in this area and confirmed such proposals</p>

would attract funding.

Performance Indicator:

Agreement on membership of project group by February 2000.
Interim review of process by mid 2000.

Evaluation of process December 2000.

Target 1.2.8

Audit of existing accreditation procedures in hospital laboratories

Cost £0.030m

Performance Indicator

Agreement on audit process early 2000.

Target 1.2.9

Involvement in National Patient Perception of Quality of Care Survey with the Irish Society for Quality in Healthcare across the 3 acute sites.

Performance Indicator

Results available early 2000

Issues for change identified.

Target 1.2.10

Medical Records Initiative, Longford/Westmeath and Tullamore General Hospitals.

Performance Indicator

Implement recommendations of reports.

Target 1.2.11

Audit of patients with diabetes attending OPD in Longford/Westmeath General Hospital.

Performance Indicator

Report on baseline audit available early 2000.

<p>Improved Management Structures</p>	<p>Target 1.2.12</p> <p>Improved active management of waiting lists.</p> <p>Performance Indicator</p> <p>Development of action research proposal</p> <p>Implementation of research proposal.</p> <p>Implementation of targets set in Portlaoise process study.</p> <p><i>Further development of Clinicians in Management Structures, building on previous developmental work.</i></p> <p style="text-align: right;">Cost £0.200m</p>
	<p>Target 1.2.13</p> <p>To develop pilot models of Clinicians in Management.</p> <p>Performance Indicator</p> <p>Action plan development March 2000.</p> <p>Participation in further initiatives with the Office for Health Management.</p>
	<p>Target 1.2.14</p> <p>To develop audit project to support Clinicians in Management.</p> <p>Performance Indicator</p> <p>Job description and person specification to be prepared by early 2000.</p> <p>Personnel in place mid 2000.</p>
	<p><i>General Management and Director of Nursing</i></p> <p>Target 1.2.15</p> <p>Director of Nursing across 3 sites in place early 2000.</p> <p>Human Resource Specialist recruited early 2000.</p>

	<p>Finance Specialist recruited mid 2000.</p> <p>Performance Indicator</p> <p>Staff in place mid 2000.</p> <p><i>Increased Library / information staff complement</i></p> <p style="text-align: right;">Cost £0.041m</p> <p style="text-align: right;">Target 1.2.16</p> <p>I.T. requirement defined by library staff.</p> <ul style="list-style-type: none"> • Staff training requirements identified • Extended opening hours agreed. <p>Performance Indicator</p> <p>Processes completed by mid 2000.</p>
<p>Technical Efficiency</p>	<p><i>Implementation of Catering Service Review recommendations</i></p> <p>Target 1.2.17</p> <p>Agree implementation, phased in selected hospitals.</p> <p>Commence process of change.</p> <p>Performance Indicator</p> <p>Audit results, first report available Autumn 2000.</p>
<p>Linkages</p>	<p><i>Further protocol development and reorientation of service to ensure appropriate care.</i></p> <p>Target 1.2.18</p> <p>Further development of interface committees.</p> <p>(a) Review of current direct access arrangements for selected investigation</p> <p>(b) Audit of effectiveness of District Care Unit</p> <p>Performance Indicators</p>

	<p>Initial reports of (a) and (b) available Autumn 2000.</p> <p>Target 1.2.19</p> <p>Participation in consultative process with key stakeholders for development of out-of-hours care.</p> <p>Performance Indicator</p> <p>Initial report available Autumn 2000.</p>
<p>Health Promotion</p>	<p><i>Facilitation and dissemination of the Health Promoting Hospitals concept in the Midland Health Board.</i></p> <p>Target 1.2.20</p> <p>Continued implementation of Health Promoting Hospitals projects identified in 1999.</p> <p>Performance Indicator</p> <p>Audit of agreed project performance indicators.</p>

Cancer Services

It is envisaged that during 2000 development of a comprehensive Regional Oncology and Palliative Care Service will be expedited. This development was delayed because of legal issues which were resolved during 1999. Allied to this development will be improved staffing both by medical consultants and nursing, and allied medical professionals. Audit of the services provided will be implemented from their commencement to ensure that outcomes are in line with national and international benchmarks and standards.

Waiting List Initiative

Waiting list management continues to be a priority within episodic care. There is variation between the three acute sites and between specialities regarding waiting lists for both outpatient and in-patient care. This variation can be explained, in some cases, by the type of patient –for instance inpatient medical care is in general for non-elective reasons and is usually classed as "emergency" care. On the other hand, many referrals for surgical interventions may be non-emergency.

It is clear that in order to provide an equitable and accessible service for all patients and all specialities, individual clinical needs must be taken into account, together with available capacity and particular speciality requirements. Consideration must also be given to the length of time individual patients have been on a waiting list. However, there is little available literature that provides evidence-based models to ensure these parameters are met.

Preliminary work has been undertaken in the General Hospital, Tullamore, as part of the waiting list initiative, to target patients who have been seen at OPDs and placed on a list for inpatient interventions. As part of the prioritisation procedure, those patients who have been longest on the list are given priority. Also taken into account is the procedure required and the available theatre capacity. This model requires further refinement. A different model based on the same principles will be required for general surgery. The need to develop an acceptable prioritisation and weighting system for OPD referrals and appointment has also been highlighted.

During 2000, it is intended to develop and implement a research proposal to further the work on the management of the waiting lists which will, in the first instance, concentrate on orthopaedic lists.

The Portlaoise out-patient process study highlighted the need to address the appropriateness of patients on waiting lists, both for in-patient and out-patient care. It also highlighted the necessity for a multi-disciplinary team approach to the active management of waiting lists. During 2000 a further initiative will be undertaken to develop the implementation of outstanding recommendations of the process studies.

At present, GPs are at a disadvantage when referring patients for consultation as they are not aware of the overall size of the waiting list or how long it is likely to be before their patient is seen. Neither is information readily available to GPs as to where their patients are on the waiting lists. For 2000, an initiative will be taken aimed at affording GPs a meaningful role in the waiting list management of their patients.

In 1999, an allocation of £0.870m was included in the letter of determination for a Waiting List Initiative. A further £0.300m incentive funding was allocated during 1999 based on performance in the first quarter. An additional once off allocation of £0.220m for equipment was also received in the final quarter. This funding was targeted at the following specialties at the General Hospital, Tullamore,:-

Orthopaedics

ENT

Vascular Surgery

The numbers on waiting lists for these specialties at the end of years 1998 and 1999 were as follows:

General Hospital, Tullamore,

No. of patients waiting (over 3 mths)

	31/12/98	31/12/99
Orthopaedics	751	612
E.N.T.	1410	1116
Vascular Surgery	69	41
Total	2230	1769

The objective of the Waiting List Initiative is to achieve reductions in both in-patient waiting lists and waiting times. The completion of the initiative in 1999, specifically in regard to Orthopaedics, was only achieved by the opening of the fourth operating theatre at the General Hospital, Tullamore, and the recruitment of additional consultants in Anaesthetics and Orthopaedics, together with appropriate auxiliary staff. Part of the allocation also went towards supporting a District Care Unit to enable the earlier discharge of medical patients who, heretofore, were blocking elective surgical beds.

An allocation of £1.372m has been approved for a Waiting List Initiative in 2000. The specialties targeted in 2000 will again include Orthopaedics, ENT and Vascular Surgery at General Hospital, Tullamore, and Gynaecology at Longford/Westmeath and Portlaoise General Hospitals.

This funding will enable the following number of procedures to be carried out:

Specialty	Number of Procedures
Orthopaedics	
Hip replacements	
Other procedures	175
ENT	250
Vascular	200
	75
Total	700

In addition to carrying out 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 District Care Unit initiative, £0.150m will be allocated to address

gynaecological and general surgery waiting lists at Longford/Westmeath and Portlaoise General Hospitals and £0.081m will be allocated to waiting list management and support systems.

Hospital Inpatient Enquiry System (HIPE) And Casemix

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

The hospitals use the Hospital Inpatient Enquiry System (HIPE) to gather information on the patients treated and, using the best known and most widely used casemix classification system, assign each patient to a diagnostic related group (DRG). The treatment received by an individual patient may range from a simple investigation to a complex range of medical or operative interventions and the individual patients age, sex, presence of complications and other co-existing illnesses (co-morbidities) affects length of stay and resource usage. The DRG classification system allows an adjustment for these factors to be taken into account when measuring the hospital's workload and predicting the cost of treating patients on an inpatient or day basis. Actual costs incurred are then compared with the predicted costs and a casemix adjustment is calculated.

The Board's letter of determination for Year 2000 included a global negative adjustment in respect of its hospitals of £0.241m. The adjustment of the individual hospitals is as follows:

General Hospital Portlaoise	(£0.065m)
General Hospital, Tullamore,	(£0.183m)
Longford/Westmeath General Hospital	£0.007m

The detailed calculations associated with above adjustments has not yet been received. The negative adjustment is, however, disappointing in view of the work that has been undertaken by the Board's hospitals in relation to improving HIPE coding and reviewing cost allocation system.

There are two hospital groupings in the casemix system – group 1 includes the larger teaching hospitals in Dublin Cork and Galway and Group 2 consists of 23 other hospitals, including the Board's 3 acute hospitals. The average actual cost of treating patients in two of the Boards hospitals is higher than the group 2 average and the casemix adjustment shifts resources from the higher cost hospitals to those with a relatively lower average cost i.e. those hospitals with a low actual cost are rewarded.

An audit of coding in the Board's acute hospitals has shown that coding practices are satisfactory. However, in a pilot project involving consultant evaluation of case coding, it was found that in a small number of cases there is potential to improve the return from casemix by ensuring that accurate clinical descriptions of all the interventions are noted in the case summary. This work will be further developed in 2000. It is also clear that there needs to be further work on the accurate and complete costing of patient episodes and this will also continue during 2000. In addition further work on ensuring that previously uncaptured activity is accounted for in the coding and costing processes will continue.

Health Promotion

During 1999, contact with The Irish National Health Promoting Hospital network was maintained and a Health Promoting Hospitals Co-ordinator post was established. This appointment will allow a number of general health promotion initiatives to be co-ordinated and facilitated in hospital settings.

Income

It is anticipated that, within the acute hospitals, income generation and collection targets for 1999 will be exceeded in the main income areas by 1.4 % approximately.

Charges in respect of private and semi-private accommodation in public hospitals have been revised with effect from 1st January, 2000. The revised rates represent a 7% 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 is emerging as a cause for concern for patients, general practitioners, health service managers and others. A plan targeting a consultation process with stakeholders with a view to developing a quality oriented comprehensive out-of-hours service has been prepared and is referred to in the main part of the service plan.
2. **Reduction in working hours for NCHDs.** The recent change in E.U regulations for NCHD working hours will have an effect on staffing levels in the hospitals in the future. It will be necessary to comply with agreements reached at national level.
3. **Accreditation/quality standards.** New regulations regarding accreditation for training and in regard to quality will be implemented during 2000. Each unit will be inspected by the respective faculties involved and issues raised by the inspection must be addressed in order to ensure continuing accreditation. While some funding towards laboratory accreditation has been received in this year's allocation, there will be increasing emphasis in the future on the clinical working environment and it is likely that 1 in 2 rotas for Consultants will be a major issue.

4. **Pharmacy** - Considerable difficulty continues to be experienced in recruiting Pharmacists. The current grading structure is linked to the number of Pharmacists supervised and the applicable rates of pay compare very unfavourably with salaries in the private sector. The situation at the General Hospital, Tullamore, in particular, is a cause for concern. Implementation of the recent Pharmacy Service Review cannot proceed unless the recruitment issues are resolved.
5. **Risk Management:** Increasingly the need to ensure that there is a comprehensive clinical risk management programme in place in each of the acute hospitals is apparent. Clinical risk management is a planned and systematic process to reduce and/or eliminate the probability that losses will occur in a clinical setting. It targets risk identification and loss prevention, loss reduction and risk financing. Its origin was as a means of controlling litigation but now the emphasis is on improvement in quality of care. A risk management programme should target the adverse events- not the litigation. To properly implement such a programme resources are required in terms of trained staff and IT supports. The Board's Management by Projects, Continuous Quality Improvements and Complaints, Appeals and Comments initiatives will support better risk management.
6. **Budgetary Pressures:** Medical inflation continues to cause serious difficulties. 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 level of sick leave has also been increasing and is particularly evident in nursing and non-nursing grades.

Difficulties in recruiting nursing staff, and in particular in finding sufficient numbers to replace staff in a temporary capacity on sick leave is leading to the payment of overtime on a more regular basis.

Ambulance Service

MAKE SURE AND PUT SEPARATE SHEET FOR AMBULANCE

Ophthalmic Services

Vision screening is carried out as part of the child health examination service which is provided free of charge to pre-school and national school pupils at regular, identified intervals through the school cycle. Approximately 10% of all children examined at school medical examinations will need referral for corrective lenses or for treatment of squint or for some other condition. Vision screening of children and out-patient

services for adults and children are provided by Consultant Ophthalmologists, Community Ophthalmic Physicians and Orthoptists at local clinics and hospitals in the Board's area. 90% of children with squint can be treated successfully by the Community Ophthalmic Service without recourse to surgery. Emergency, in-patient and day services are provided by the Royal Victoria Eye & Ear Hospital for the Board's population.

Review of Performance against 1999 Ophthalmic Service Plan:

The aim of the Service Plan in 1999 was to ensure that the quality of the Ophthalmic Service was consistent with best practice. There was streamlining of emergency referrals, target groups requiring specific treatments were identified and early provision of such treatment was arranged. Services for people with diabetes were developed and enhanced and additional diagnostic equipment was provided.

Procedures are in place for the auditing of school medical referrals to the ophthalmic service.

Work commenced in 1998 on the compilation of a database of persons with diabetes, the development of clinical guidelines and protocols, linkages with the diabetic register and clinical data and the development of services in line with best practice. This work continued in 1999. Dedicated diabetic clinics are being held to ensure such patients are seen regularly. This work will continue as part of the Midland Health Board diabetic project.

Strategic Direction

In 1997 the Board undertook an extensive review of its services and progress has been made in 1999 in areas such as waiting lists, protocols and rationalising of sight testing. The ratio of new appointments to recalls has been improved. More patients have been referred back to their GPs where appropriate and progress in this direction will be continued. In 2000, staff will continue to strive for a prompt, high quality service to children and to further develop protocols and procedures in line with best practice.

In early 2000, a detailed action plan will be agreed with service providers to make significant inroads into existing waiting lists, and especially the children's waiting lists.

The Ophthalmic service pay budget is contained within the acute hospital services budget.

The following table shows in more detail the planned service developments for 2000. It sets out the strategic focus and planned service response.

Strategic Focus	Service Development, Targets and performance indicators
Improved Clinical Care and Service	<i>Appointment of a Consultant Ophthalmic Surgeon to</i>

<p>Delivery</p>	<p><i>Longford/Westmeath catchment area.</i></p> <p>Target 1.3.1.</p> <p>Process the appointment of an additional Consultant Ophthalmic Surgeon for the Longford/Westmeath area, in conjunction with the Royal Victoria Eye & Ear Hospital.</p> <p>Performance Indicator</p> <p>Appointment made.</p> <p><i>Development and enhancement of services for specific patient groups.</i></p> <p>Target 1.3.2</p> <p>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 audit of these. 2. Extension of dedicated diabetic clinics. (3) Computerised system installed.
<p>Technical Efficiency</p>	<p><i>Restructuring of clinic processes and procedures.</i></p> <p>Target 1.3.3</p> <p>Revised referral and notification forms to be standardised throughout region in 2000.</p> <p>Performance Indicator</p> <p>Agreement on referral and notification forms.</p> <p>Target 1.3.4</p> <p>In conjunction with GPs and AMOs protocols will be drawn up in</p>

	<p>relation to appropriateness of referrals.</p> <p>Performance Indicator</p> <p>Protocols in place.</p> <p><i>Provision of additional diagnostic equipment.</i></p> <p>Target 1.3.5</p> <p>Provision of required equipment.</p> <p>Performance Indicator</p> <p>Audit of current requirements.</p>
<p>Nurse Training</p>	<p><i>Provision of training for ophthalmic nurses.</i></p> <p>Target 1.3.6</p> <p>Completion of plan for nurse training in association with nurse tutor in Royal Victoria Eye & Ear Hospital.</p> <p>Performance Indicator</p> <p>Progress on plan – March 2000</p> <p>Nurse training in place mid 2000</p>

Development in Adult Sight Testing and Provision of Glasses

A draft agreement between the Irish Medical Organisation, the Faculty of Ophthalmologists and the Department of Health and Children, for contracting by the health boards of eye examinations and for the supply of spectacles from private optometrists for eligible and authorised adults includes provisions that will ensure that:

- the main service providers for eye examinations and the supply of spectacles to eligible and authorised adults for health boards will be private optometrists. This will allow community ophthalmic physicians and other health board employed personnel to concentrate their services on children, on preventative aspects, and on the special care needs of those with medical conditions of the eyes.
- there will be a closer examination of service need to enable a more accurate determination to be made of the overall total funding which will be required. Some additional funding is included in health board allocations in 2000 to commence the scheme, **£0.169m** in the case of the Midland Health Board.

Community Ophthalmic Scheme

A new scheme was introduced with effect as from 1st July, 1999 for the provision of services to adult medical card holders and their dependants. The contracts for Optometrist/Opticians are being processed through the Primary Care Unit. The Board will receive additional funding of £0.169m in 2000 to resource this scheme

Forty contracts were issued in 1999. Eligible persons may choose any participating contracting Optometrist, Optician or Ophthalmologist from the published panel of the health board.

Target

To manage the operation of the scheme in an effective, efficient and equitable manner.

Performance Indicator

All authorisations to be issued in respect of eligible persons within four weeks of the receipt of the application form.

Links with Other Care Groups:

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

Cardiovascular Strategy

A detailed proposal for a Regional Cardiovascular Strategy which includes health promotion, primary care interventions, rapid response strategies, and improvement in acute hospital care and rehabilitation services is in preparation and will be submitted to the Department of Health & Children in January 2000. Developments in the region will be confirmed by the recently published National Cardiovascular Strategy and will include a Regional Committee including representation from key stakeholders and across care groups.

Older People

Based on 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 will be prepared in 2000.

Mental Health Services

The Mental Health Plan details the Service Plan for people with mental illness. 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. Gardai, Public Health Nurses and Social workers will receive in-service training.

Children & Families

The care plan for children details the plan for services for children in general.

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 the episodic care group 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. 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. The Children's Ward 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.

The Incontinence Project mentioned in the care plan for this group will include episodic care stakeholders.

The women-friendly family planning project will also involve General Practitioners.

People with Disabilities

The provision of care for 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 cater for the needs of this group.

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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 2000 aims to build on the work carried out in 1999 in achieving the vision of a comprehensive mental health service for the population of the Midland Health Board.

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

Action areas for achieving the vision have been identified and will be prioritised in 2000. Immediate objectives are reflected in the Service Plan

Review of Performance Against 1999 Service Plans

The primary focus of the 1999 Service Plan was on the further development of a comprehensive integrated service providing a range of services for mental health promotion, prevention, treatment and rehabilitation. A systems approach to development of the services included the strengthening of linkages with primary care and voluntary services, interagency working and strengthening of management of the services.

Mental Health Promotion

- A Mental Health Promotion Action Plan has been developed in association with voluntary agencies, representatives of carer and service user groups and statutory service providers. **£0.010m** was allocated, by the Board, in 1999 toward the development of the action plan. This project was initiated in 1998 in association with the Office for Health Gain and the Office for Public Management (U.K.)
- **£0.190m** was allocated, in the final quarter of the year toward the development of a Counselling Service for Adults who experienced Abuse in Childhood. This new service will be fully operational in 2000 and will adhere to national standards and guidelines.

Suicide Prevention

- In response to the recommendations of the Report of the National Task Force on Suicide, a Suicide Prevention Resource Officer was recruited in February 1999. Projects commenced in 1999 included the provision of counselling services for persons bereaved through suicide, training of statutory /voluntary / community representatives in facilitating groups bereaved through suicide, a media campaign, teacher training on issues of sudden death in schools, directory of services and the establishment of a Help-Line in partnership with the Samaritans

£0.059m was allocated to these projects by the Board towards costs incurred.

Substance Abuse Prevention

- A Senior Health Education Officer was appointed
- A Drugs Education Policy was completed
- Training courses on Smoking Cessation through Brief Intervention training programmes for General Practitioners and health professionals were provided
- A number of training programmes for youth workers and community groups were provided

Linkages with Other Services

- All General Practitioners (G.P.s) in the Board's area have been surveyed in relation to the development of shared care protocols and other aspects of the mental health services. G.P.s have participated in service reviews and discussions with sector and catchment area management teams.
- The Board carried out a series of focus groups for service users and carers across all sectors. The aim was to ascertain perceptions of how the service meets needs and identify desired quality improvements. These will be further addressed within the context of the Board's Continuous Quality Improvement programme.
- Voluntary agencies actively contributed to the development of action plans for Mental Health Promotion, Suicide Prevention and focus group discussions with carers and service users.
- Service Agreements have been entered into with a number of the voluntary agencies working in the area of mental health.

- The Board entered into discussions with the Department of Justice regarding any possible implications for the Board's Mental Health Services as a result of the extension of Portlaoise Prison.

Individualised Care Planning in Mental Health Services

The aim of care planning is to ensure prompt identification of the psychological, physical, social and residential needs of each person in receipt of care. Care plans seek to ensure that an individual is provided with the most appropriate response to his/her needs, in an appropriate environment, with care being planned in association with the individual and his / her family in order to achieve maximum potential in his/her life. Documentation and aggregation of the individual's needs assists in the planning and development of present and future services. (*Refer also Service Plan Introduction*)

- The pilot phase of care planning for persons attending Community Mental Health Centres was completed and audited. An Action Plan for implementation on a Board wide basis will be developed in 2000. There will be significant resource implications for extending the pilot programme and the Board will be making an application for funding to the Department. (*see targets 2.36., 2.61*)

Community Mental Health Services

- The planned opening of a High Support Hostel in the Longford sector did not materialise in 1999. Negotiations have resumed again with the staff associations on staffing levels and in the context of the rationalisation of community residential accommodation for the Longford Sector. (*refer to Target 2.64.6*)
- All sector teams now have full time secretarial support based at each Sector Headquarters. **£0.020m** was allocated in 1999.
- There was an increase in the number of referrals to Day Hospital and Day Centre services in line with 1999 Service Plan targets. Examination of the organisation of clinics resulted in the cessation of clinics in one location.
- Gaps in services continue to be evident because of the absence of Social Workers and Occupational Therapists on the multidisciplinary teams. It will be possible to partially redress this problem from the additional allocation received for 2000.

- Limited reorganisation of the practice bases of staff operating in the sectors commenced in 1999 and will be extended as additional members of the multidisciplinary team are recruited.
- The review of Psychology Services commenced in the last quarter of the year.
- **£0.025m** was allocated to provide for the full year cost of psychologists recruited in the latter half of 1998. The Board continued to experience difficulties in recruiting psychology staff. An Acting Senior Psychologist was appointed to the Laois / Offaly catchment area in September. Waiting lists and times for assessment and therapy by the Psychology Service in Longford / Westmeath have been reduced through expansion in the number of Psychologists recruited.

Drug and Alcohol Services

- The Review Group on Drug and Alcohol Services reported its findings and made recommendations. Implementation of its recommendations will commence in 2000.
- A counselling service for opiate abusers was established in the Athlone sector during the year. **£0.050m** was allocated for the development of the service in 1999. The problem of unsuitable accommodation has been resolved thus enabling the services to be developed further in 2000.

Child and Adolescent Psychiatric Services

- The Review Group of Child and Adolescent services completed its review and the final report is being drafted for submission to the Board in 2000.
- The allocation of additional monies already earmarked for the development of these services will be prioritised having regard to the findings of the Review Group

Psychiatry of Old Age

This new community based service commenced operation in Laois / Offaly in January of 1999. **£0.150m** was provided for 1999 revenue costs of 1998 developments.

- Planning for the introduction of a Day Hospital service in Laois / Offaly continued during the year. This will be opened in 2000. **£0.200m** was allocated toward the capital costs of this project in 1999.

Hospital and Long Stay Care

Acute in-patient care.

- Provision for an acute psychiatric in-patient unit in the next phase of the Capital Development at the Longford / Westmeath General Hospital is being addressed in the context of the Brief being prepared for Phase 2B of the capital development at this hospital.
- The Board carried out a preliminary review of operational policies and protocols within the framework provided in '*Guidelines on Good Practice and Quality Assurance in Mental Health Services.*' This work will be continued in 2000.

Long Stay Care and Support

- One ward closed in St. Fintan's Hospital, Portlaoise in line with the Board's policy to transfer elderly mentally infirm patients to more suitable and appropriate community based accommodation.
- **£0.521m** was allocated for upgrading and minor capital works in 1999 at St. Loman's Hospital and work is progressing at present.
- An assessment of the long stay care and accommodation needs of residents in both hospitals was completed and preliminary accommodation plans developed.

Management and Organisation of the Sectors.

- Work continued on devolution of budgets to sector teams during the year
Further

progress will be possible when the Board has fully implemented its new financial system.

- Deployment of a number of nursing staff to sector services was arranged during the year.
- **£0.010m** was allocated in 1999 for staff training in management/clinical areas. The Board is supporting a management education initiative being developed with the Association of Senior Psychiatric Nurse Managers and the Office for Health Management.
- An internal working group has completed a review of the future role, function and viability of the Training Centre in Portlaoise. The number of persons attending the centre has fallen and European Social Fund finance has diminished. In the light of these developments, an action plan is being prepared which will define the future role and funding of the centre.

Trends 1999

1999 projected activity (based on returns for 10 months ending 31/10/1999)

Out patient services	1998	1999
No. clinics held	740	716
No. of new referrals	618	690
No. of return appointments	9,950	10,445
Total attendances	10,568	11,135

Day Hospital	1998	1999
No. of new referrals	315	418
No. Registered	240	330
Total attendances	6,968	7,265
No. Discharges		265

Day Centres	1998	1999
No. Registered	161	211
Total attendances	24,871	21,645
No. new referrals		55
No. discharges		32

Community Residences	1998	1999
Number of places.	210	204
No. Residents	205	196
Bed days used	74,825	71,540

Hospital Care	1998	1999
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All Admissions	1,504	1,455
First admissions	319	330
Bed numbers	303	294
Substance Abuse Service	Laois / Offaly	L'ford / W'meath
No. new referrals	276*	485

*2 Substance Abuse Therapists currently in post in Laois / Offaly will complete training in 2000

Child and Adolescent Psychiatric Service	Laois / Offaly	L'ford / W'meath
No. clinics held	585	498
No. new referrals	193	189
No. referrals seen	132	122
No. returns	1,042	1,300
No. children referred For hospital care	9	20
Average waiting time	0 – 3 mths	0 – 6 mths

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Emerging Issues Identified during 1999

- Continued difficulty in the recruitment of Psychologists in the Laois / Offaly catchment area. This highlights the need for different approaches to be adopted in seeking solutions as to how best to recruit and retain such staff.
- Increasing demands for in-patient treatment facilities for children. This highlights the need for the Board to enter into Service Agreements with external providers thus avoiding the need to place children in inappropriate adult care facilities.
- Inadequate physical facilities for the child psychiatric services in Longford / Westmeath which limits the number and range of interventions which can effectively be offered.

- Need for respite care facilities for elderly mentally infirm throughout the region.
- Continued difficulties in accessing appropriate placements for the elderly mentally infirm and persons with mental handicap and chronic physical disability.
- A need for family therapy services to be established has been identified
- A number of beds in acute psychiatric in patient admissions units are occupied by persons who do not need such acute levels of care. A major contributing factor is the absence of appropriate alternative accommodation e.g. short/medium term community residential respite accommodation
- Under-investment in Community Mental Health Centres / Day Centres / Sheltered Workshops is limiting the potential of teams to provide the range and frequency of interventions available to meet needs. This is particularly so in the Tullamore, Birr and Athlone sectors. Bids for funding to provide such facilities will be made to the Department of Health and Children in the context of the National Development Plan.
- The requirement to provide high support, and special care facilities for a number of persons who will require on-going care following closure of the main hospitals.
- There is a need for further investment in staff training and development, particularly in the area of counselling and family therapy in the context of client needs and implementation

of the Report of the Commission on Nursing.

- Requirement for investment in integrated information technology systems to support data collection, management information, analysis and clinical audit.

The Government published a new Mental Health Bill in December 1999. The possible implications for service delivery arrangements and funding as a result of changes in mental health legislation are not addressed in the annual Service Plan for 2000.

Strategic Direction 2000:

The Board has been pursuing a policy, over the years, of developing integrated and comprehensive community – based mental health service for people in this care group.

Services include:

- Primary care provided by General Practitioners
 - o Out-Patient clinics provided by Consultant Psychiatrists

- 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 acute psychiatric 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 Drug and Alcohol services, Psychiatry of Old Age, Counselling Services and mechanisms to reduce the incidence of Suicide.

Development Funding – 2000 Allocation

A sum of **£0.914m** has been allocated for the continuation of ongoing initiatives and for the development of new mental health services. The Board acknowledges that this allocation represents a significant increase in investment over that received in previous years and welcomes the investment as a mark of future intent to improve services to those with, or at risk of developing, mental illness.

Service Area	£m
Enhancement of paramedical requirements (half year costs) Appointment of 2WTE Psychologists Laois/Offaly	0.083
Provide administrative support to Sector HQ's in the services (half year costs) 1999 - 2000 Continuation of 1999 development	0.020
Implementation of the Recommendations of the Task Force on Suicide See Targets for Suicide Prevention	0.100
Old Age Psychiatry Services, Longford / Westmeath New (half year costs) 2000-2001 Appointment of 1 WTE Consultant Psychiatrist 1 WTE Non Consultant Hospital Doctor 3 WTE Nursing Staff 1 WTE Senior Occupational Therapist	0.250

1 WTE Secretary	
Paramedical staff (full year costs) 2000 – 2001	0.200
Appointment of: 2 WTE Senior Mental Health Social Workers	
2 WTE Basic Grade Mental Health Social Workers	
2 WTE Basic Grade Occupational Therapists	
Nursing Staff –additional posts	
Appointment of : 1 WTE to Birr Sector services	0.200
2 WTE to Day Hospital Old Age Psychiatry, Portlaoise	
1 WTE Nurse Therapist Longford / Westmeath	
Additional staff to address identified areas of need	
Support services – Omagh Bombing Tragedy	0.036
Research Associate (3 year NRB / INSURE collaborative research project on Suicidal Behaviour in Major Psychiatric Disorders) year 1	0.025
See under Targets for Suicide Prevention	
Total	0.914

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

Counselling services for adults who experienced abuse in childhood	0.190
Appointment of: 1 WTE Director of Services	
up to six WTE Counsellors	
Provision of Adoption Tracing Service	

Drug Services	
See Targets for: Substance Abuse Prevention	0.200
Appointment of: 1 WTE Senior Counsellor	
1 WTE Secretary	
Development of service for Opiate users in Athlone	
Total	0.390

SPECIAL EFFORTS WILL BE NEEDED TO ENSURE THAT THE ADDITIONAL PARA-MEDICAL GRADES OF STAFF IDENTIFIED FOR THE MENTAL HEALTH SERVICES ARE RECRUITED AND RETAINED. THIS WILL BE DONE IN CONSULTATION WITH THE PERSONNEL DEPARTMENT AND ACROSS CARE GROUPS

Proposed Developments In 2000

Performance Indicators

A number of performance indicators have been identified in the Board's service plan.

- Progress in relation to mental health promotion activities and strategies and enhancement of the partnership with voluntary bodies in the achievement of progress.
- Evidence of progress in acting on the recommendations of the National Taskforce on Suicide, in so far as they affect health boards.
- Evidence of progress in the development of Psychiatry of Old Age services
- Evidence of examination of the long term care needs of long stay patients e.g. measures taken to transfer patients to more appropriate care facilities in the community
- Evidence of providing additional community based places for people with mental illness
- Identification of progress, if any, on the transfer of acute psychiatric services from Psychiatric Hospitals to Acute General Hospitals
- Additional number of persons in long stay hospital care provided with individualised care plans

Health Promotion

Mental Health Promotion

Strategic Focus	Service Developments, Targets and Performance Indicators
<p>Promotion of Positive Mental Health, prevention and reduction of mental health problems and illness.</p> <p>Mental Health Promotion in Schools</p> <p>Information provision</p> <p>Staff Development</p> <p>Community action</p> <p>Addressing needs</p>	<p>The Board will build on work carried out in 1999 in association with staff and voluntary agencies. A number of short to medium term projects will commence - listed below. <i>(refer to Linkages in Review of Progress on 1999 Service Plan)</i></p> <p>Target 2.1</p> <p>Strategies to reduce stigma. To set in place regional structures to support the Royal College of Psychiatrists anti-stigma campaign.</p> <p>Target 2.2</p> <p>To establish a project team to provide for the integration of Mental Health Promotion into the Schools Health Promotion Programme in partnership with the Board's Health Promotion Department, Psychologists and the Mental Health Association .</p> <p>Target 2.3</p> <p>To examine strategies for the provision of improved information on the resources available to at risk groups and service users.</p> <p>Target 2.4</p> <p>To develop a training package for staff groups on the delivery of Mental Health Promoting activities</p> <p>Target 2.5</p> <p>To support the establishment of a voluntary / statutory agency alliance, to harness community resources. for mental health promotion. The Mental Health Association of Ireland will co-ordinate the alliance.</p> <p>Target 2.6</p> <p>To commence a preliminary investigation of the needs of carers across all care groups, in order to maximise responses to carers</p>

<p>of carers</p>	<p>needs</p> <p>Total Cost: £0.015m</p> <p>Performance Indicator:</p> <p>Progress in relation to mental health promotion activities and strategies and partnership approach to same with voluntary bodies</p>
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Suicide Prevention

Strategic Focus	Service Developments, Targets and Performance Indicators
<p>The Board will work, in association with voluntary and statutory groups, to develop and implement health promotion initiatives which may contribute to reduction in the incidence of suicide in the Midland Health Board region.</p>	<p>Target 2.7</p> <p>To provide an additional facilitators training scheme for staff and voluntary groups (approx. 60 people) providing services to persons bereaved through suicide.</p> <p>Target 2.8</p> <p>To provide to people in crisis and other concerned persons, appropriate information on the services available.</p> <p>This information will also be available on the Board's web site.</p> <p>Target 2.9</p> <p>To sustain the conjoint Health Board / Samaritans Helpline, and associated promotional material.</p> <p>Preliminary evaluation of the help-line will also be carried out.</p> <p>Target 2.10</p> <p>To provide training for Health Board staff in dealing with self harm and para / suicide</p> <p>Target 2.11</p> <p>To hold a community 'dumping campaign' of unused drugs and medications. The project will be co-ordinated by the Board in</p>

	<p>association with community pharmacists</p> <p>Target 2.12</p> <p>To become a partner in the NRB / INSURE multi-centered research study to identify age specific treatment and prevention strategies.</p> <p>A researcher will be appointed to carry out the required research.</p> <p>Total cost £0.125m</p>
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Substance Abuse Prevention

Strategic Focus	Service Developments, Targets and Performance Indicators
<p>The Board will further develop information and support services at local level.</p>	<p>The Board will take a lead role in the development of a Regional Youth Health Programme.</p> <p>Target 2.13</p> <p>To develop an integrated and co-ordinated approach to youth service provision in the region.</p> <p>Target 2.14</p> <p>To provide support to projects which respond to the needs of young people:</p> <p>Tullamore Youth and Community Project, Athlone Drama Group, Connect 2000 – Integration Project, and Portlaoise Youth and Community Project.</p> <p>The Board will implement strategies for improving communications on substance misuse</p> <p>Target 2.15</p> <p>To hold a media campaign focussing on key messages relating to substance misuse</p> <p>Target 2.16</p> <p>To commence a Key Communications Project on interagency services</p>

Target 2.17

To appoint 2 Substance Misuse Health Education Officers

The Board will begin the process of developing a regional Substance Misuse Strategy in partnership with the key stakeholders from voluntary and statutory agencies.

Target 2.18

To develop an electronic data base on the educational initiatives and substance misuse prevention programmes provided by the Board

Target 2.19

To support the development of action plans by local community health networks / DQLA groups

Target 2.20

To provide support to development of 'Walk Tall Programme' for primary schools.

Target 2.21

To establish an interagency working group for development of schools substance misuse policies.

The Board will provide appropriate initiatives with Athlone Institute of Technology

Target 2.22

To develop with the Institute programmes to respond to smoking, alcohol and illegal drug use

Target 2.23

To provide an extra-mural course focussing on issues of substance misuse

The Board will work in partnership with national and regional bodies in providing training on models of good practice and evidence based research.

Target 2.24

To provide 3 in-service education and information events for

	<p>community care and health promotion staff.</p> <p>Target 2.25</p> <p>To provide 5 regional training events for service providers in youth work settings</p> <p>Target 2.26</p> <p>To provide 2 interagency training events for Health Board staff and Dept. of Justice staff.</p> <p>Total cost: £0.135m</p>
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Counselling Services for Adults who have Experienced Abuse in Childhood

Strategic Focus	Service Developments, Targets and Performance Indicators
<p>To provide appropriate responses to individuals seeking counselling.</p>	<p>A project steering group will be established to oversee the development of this new community based service.</p> <p>£0.190m was allocated in 1999 for the introduction of this service an additional £0.190 has been allocated in 2000</p> <p>Target 2.27</p> <p>Appointment of a Director of Counselling , up to 6 Counsellors, and secretarial support.</p> <p>Performance Indicator:</p> <p>Counselling services available to individuals requiring service.</p>
<p>To ensure seamless access to other services and supports required.</p>	<p>Target 2.28</p> <p>To develop protocols and procedures in line with best practice and legislation.</p> <p>Target 2.29</p> <p>To provide support services in adoption and family tracing for individuals in need.</p> <p>Performance Indicator:</p> <p>Adoption tracing services available. Staff recruited.</p>

<p>To monitor service delivery, utilisation and outcomes</p>	<p>Target 2.30</p> <p>To carry out research in accordance with nationally defined parameters, and establishment of a data base</p> <p>Total Cost: £0.190m</p>
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Linkages with other services

<p>Strategic Focus</p>	<p>Service Developments, Targets and Performance Indicators</p>
<p>The Board will continue to foster closer linkages and working relationships with other service providers and external agencies</p>	<p>Target 2.31</p> <p>To develop a mental health module for Gardai, Public Health Nursing and Community Social Work in service training programmes.</p> <p>Target 2.32</p> <p>To examine and implement mechanisms for strengthening linkages and referrals between community Drug and Alcohol Services and Acute General Hospitals.</p> <p>Target 2.33</p> <p>To continue to liase closely with the Department of Justice regarding possible implications for the mental health services as a result of the extension of Portlaoise Prison.</p> <p>Target 2.34</p> <p>To investigate the possibility of developing a Health Promotion Programme within the Prison Education Unit at the Midland Regional Prison, Portlaoise</p> <p><i>(See also Mental Health Promotion / and Substance Abuse Prevention Targets)</i></p>

Community Mental Health Services

Strategic Focus	Service developments, Targets and Performance indicators
<p>People in need of assessment and treatment services will be provided with rapid access to the services, and be provided with care by suitably qualified and experienced staff.</p>	<p>The Board will expand the existing package of services provided across sectors and achieve greater multidisciplinary input into the provision and co-ordination of care and support.</p> <p>Target 2.35</p> <p>To appoint 2 WTE Senior Mental Health Social Workers</p> <p>To appoint 2 WTE Basic Grade Social Workers</p> <p>To appoint 2 WTE Basic Grade Occupational Therapists</p> <p>To appoint 2 WTE Basic Grade Psychologists to Laois /Offaly area.</p> <p>To appoint 1 WTE Nurse Therapist Longford / Westmeath</p> <p>To appoint 1WTE Nurse to Birr sector.</p> <p>Total Cost: 0.353m</p> <p>The pilot project completed in Tullamore Sector identified a need for significant funding to be made available in order to expand the care planning programme. Audit and review are essential elements of care planning and service planning. Investment in computer information systems will be required when protocols and information flows are agreed.</p>
<p>Care Plans to be provided for persons attending services</p>	<p>Target 2.36</p> <p>To extend the care planning approach to needs assessment and delivery of care for persons attending Community Mental Health Centres. An action plan to enable the expansion of the programme will be developed during the year and cost will be identified.</p>
<p>To assist staff in professional development</p>	<p>(Refer also to targets for Long Stay Care)</p> <p>Target 2.37</p> <p>To provide team development programmes to sector teams which will facilitate enhanced sector management.</p> <p>Target 2.38</p>

<p>The Board will continue its policy of ensuring access to suitable treatment and rehabilitation facilities, and accommodation for individuals requiring on going care and support in the community.</p>	<p>To carry out a detailed ‘Education Needs Assessment’ of nursing staff operating in community mental health services, in the context of existing population health needs and the Report of the Commission on Nursing.</p> <p>The Board will seek to develop the range of physical facilities required to provide a comprehensive service to persons attending community mental health centres.</p> <p>This is particularly relevant to the Athlone, Tullamore and Birr sectors, and submissions will be made to the Department of Health for funding in the context of The National Development Plan.</p> <p>Target 2.39</p> <p>To implement sector accommodation plans within the level of resources available to the Board (Cross reference with Long Stay Care Targets)</p> <p>Performance Indicator</p> <p>Evidence of providing additional community based places for people with mental illness</p> <p>Target 2.40</p> <p>To implement a programme of backlog maintenance for community facilities, and to provide a planned programme of maintenance for all of the Board’s facilities.</p>
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Drug and Alcohol Services

Strategic Focus	Service developments, Targets, Performance Indicators
<p>The Board will provide drug and alcohol services on a sectorised basis and in a manner which is responsive to</p>	<p>To commence implementation of the recommendations of the Review Group on Drug and Alcohol Services 1999</p> <p>Target 2.41</p> <p>To appoint 1 WTE Senior Counsellor to community drug and alcohol teams.</p> <p>To appoint 1 WTE Clerical Officer and provision of</p>

<p>developing needs within the Board's area.</p> <p>The Board will continue to develop services for opiate users in the Midland Health Board Area.</p>	<p>appropriate I.T. system to community drug and alcohol teams.</p> <p>Performance Indicator:</p> <p>Staff appointed</p> <p><i>Services for Opiate users.</i></p> <p>This service is provided as part of an overall integrated package of services to substance mis-users.</p> <p>Target 2.42</p> <p>To further develop the service and facilities available in Athlone. This service will be provided by a General Practitioner, Substance Abuse Counsellor, Nursing and Attendant staff.</p> <p>Target 2.43</p> <p>To continue education and training for General Practitioners in the Board's area.</p> <p>Cost: £0.100m</p>
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Child and Adolescent Mental Health Services

Strategic Focus	Service Developments, Targets and Performance Indicators
<p>The Board will continue to support developments in the Child and Adolescent Mental Health Service and its interface with other service providers in the context of child health</p>	<p>Target 2.44</p> <p>To publish the Report of the Review Group on Child and Adolescent Psychiatric Services and commence development of the service in line with the recommendations and resources available to the Board. This will take into consideration the need to expand current services through recruitment of Psychologists, Occupational Therapists and Speech and Language Therapists.</p> <p>Performance Indicator:</p> <p>Report of the Review Group presented to the Board.</p> <p>Target 2.45</p> <p>To improve the accommodation for the Longford / Westmeath</p>

	<p>Service.</p> <p>Target 2.46</p> <p>To complete and evaluate the pilot phase of electronic patient administration and information system.</p> <p>Target 2.47</p> <p>Subject to the provision of suitable physical facilities, training groups for parents of children with behavioural difficulties will commence.</p> <p>Target 2.48</p> <p>To develop an assessment and treatment package for children with Attention Deficit Hyperactivity Disorder.</p> <p>Target 2.49</p> <p>Commencement of Patient Satisfaction and Outcome research project.</p> <p>Target 2.50</p> <p>Development of an information pack for agencies referring to the service.</p> <p>Performance Indicator:</p> <p>Information pack developed</p>
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Psychiatry of Old Age Service:

Strategic Focus	Service developments, targets, performance indicators and costs 1999
<p>The Board will provide specialist support and advice relating to the special needs of elderly persons with mental health problems / dementia.</p>	<p>Target 2.51</p> <p>A community based Psychiatry of Old Age service will be introduced in Longford / Westmeath.</p> <p>Recruitment and training of the full range of professional staff will commence.</p> <p>Cost: £0.250m (1/2 year)</p> <p>Protocols for referral and service delivery developed will be</p>

	<p>standardised across the Board's area</p> <p>Target 2.52</p> <p>To commence operation of a Day Hospital Service in Portlaoise.</p> <p>To appoint 2 WTE Nursing Staff</p> <p>To appoint 1 WTE Non Nursing Staff</p> <p>Cost: £0.080m</p> <p>Performance Indicator</p> <p>Evidence of progress in the development of Psychiatry of Old Age service</p>
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Hospital and Long Stay Care

Acute in patient care

The Board will continue to upgrade the facilities at St. Loman's Hospital and to provide acute in-patient services at appropriate levels.

Strategic Focus	Service Developments, Targets and Performance Indicators
<p>The Board will ensure that Hospital Services will be delivered to meet the needs of each sectors population.</p> <p>It will ensure discharge planning is co-ordinated in order to deliver seamless care between hospital and community services.</p>	<p>According to the Report of the Irish Psychiatric Services (1997) 20.3% of all admissions to hospital were for alcoholic disorders. In the corresponding period 28.8% and 30.5% of all admissions to St. Fintan's and St. Loman's Hospitals respectively were for alcohol disorders.</p> <p>Target 2.53</p> <p>To develop and implement in so far as is practicable a plan to bring the Board's admission rate for alcohol disorders into line with the national average.</p> <p>Performance Indicator</p> <p>Plan developed and implementation targets agreed.</p> <p>The publication of the National Development Plan (1999), which envisages half of the monies made available being allocated to non acute hospital, presents an opportunity for</p>

further bids to be made to the Department of Health and Children, for the development of infrastructure for the care of persons with a mental illness. A submission for funding will be made by the Board in 2000.

Target 2.54

To continue development and refurbishment of the Acute Admissions Unit at St. Loman's Hospital in line with the level of resources available.

Target 2.55

To carry out a study of the precipitating factors, needs and supports required by persons with schizophrenia who are readmitted to hospital on a frequent basis. The Psychology department will co-ordinate this study with a view to determining supports and services required by patients and families to reduce hospitalisation rates.

Target 2.56

Acute psychiatric in-patient services will in the future be provided in General Hospitals. The proposed units will provide 50 beds each including provision for the elderly mentally infirm. The aim of the Board is to establish practices and admissions protocols which will enable services to be delivered within the proposed bed compliment for new units. This implies a reduction in the utilisation of acute in-patient beds and occupancy rates across the region.

Target 2.57

To provide a 50 bed Acute Psychiatric in-patient Unit at the General Hospital Portlaoise. Time frame: By 2003

Target 2.58

To provide a 50 bed Acute Psychiatric in-patient Unit at the General Hospital Mullingar Time frame: By 2004

Target 2.59

To continue to address identified and necessary nurse staffing levels throughout the region

Cost: £0.070m

	<p>Target 2.60</p> <p>To continue the process of Policy and Procedure review in the context of the Board's Continuous Quality Improvement programme and with regard to the recommendations set out in the Report of the Inspector of Mental Hospitals, and</p> <p><i>'Guidelines on Good Practice and Quality Assurance in Mental Health Services.</i></p>
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Long Stay Care and Support

Strategic Focus	Service Developments, Targets and Performance Indicators
<p>The Board will continue to implement its policy of providing assessment, care and support to long stay and older patients with mental health problems in settings suitable to their needs.</p>	<p>The Inspector of Mental Hospitals has, in successive reports, called for the closure of some long stay wards, and the de-designation of elderly care wards in the Board's Psychiatric Hospitals. In addition, suitable alternative community residences, improved access to Care Centres for Older People and Mental Handicap facilities must be provided.</p> <p>The total number of patients in St. Fintan's Hospital at present is 91 of which 51 are long-stay. Of 183 residents in St. Loman's Hospital, 133 are long-stay.</p> <p>Target 2.61</p> <p>All persons in long stay care will have health/ social/residential care needs identified and documented on an individualised care plan. This care plan will be the basis upon which future service needs will be identified, planned and delivered.</p> <p>Performance Indicator</p> <p>Persons in long-stay hospital care provided with individualised care plans.</p> <p>Target 2.62</p> <p>To consolidate existing rehabilitation programmes for persons in Long Stay Psychiatric Hospital Care through appointment of an Occupational Therapist. (<i>see Community Mental Health Services and Psychiatry of Old Age</i>)</p> <p>Following an assessment of the residential needs of all long stay patients in St. Fintan's and St. Loman's Hospitals the residential accommodation required to implement the Board's</p>

policy of development of community services and transfer of acute in-patient care to General Hospitals were identified.

The Board has chosen three performance indicators of progress on targets to providing alternative residential accommodation which are in line with the Board's policy and Inspector of Mental Hospital's recommendations.

Performance Indicator

- Evidence of examination of the long term care needs of long stay patients e.g. measures taken to transfer patients to more appropriate care facilities in the community

- Evidence of providing additional community based residential places for people with mental illness.

- Reductions in number of new long stay patients.

Subject to the availability of exchequer funding to facilitate the additional residential accommodation required, the Board will proceed with the following targets

Target 2.63

To attend to identified maintenance priorities in all hospital / residential facilities throughout the region. (See also target 2.40).

Laois / Offaly

Target 2.64

As a result of the transfer of patients from Female Ward 6, St. Fintan's Hospital, Portlaoise, to St. Vincent's Hospital Mountmellick and St. Bridget's Hospital Shaen, the option now exists to provide better conditions by the transfer of Male 6 ward patients to the former Female 6 Ward which has been vacated.

Target 2.64.1

To establish the process of transferring Male 6 ward patients to former Female 6 ward. Time Frame: By 2000

Target 2.64.2

To establish the process of de-designation of Male 6 ward

Time Frame: By 2000

The existence of a Psychiatrist of Old Age and his team provides the Board with an opportunity in this regard.

Target 2.64.3

To transfer 21 male patients from Male 6 ward to care centres for the elderly. Time frame: By 2002

Target 2.64.4

To provide 1 High Support Residence (Portlaoise Sector) 15 / 20 places Time frame: By 2003

Target 2.64.5

To provide 1 Extended Care Residence (Portlaoise Sector) 12 places necessary to provide for persons requiring similar levels of care to that provided in hospital. Time frame: By 2003

Longford / Westmeath

The assessment of accommodation needs for residents in St. Loman's Hospital indicates that there are a number of persons suitable for community residential accommodation

Target 2.64.6

To further pursue with staff groups the Rationalisation Plan for Community Residential Accommodation for Longford Sector originally put forward in the 1999 Service Plan.

Time frame: By 2000

A number of persons at each of the Board's psychiatric hospitals require special care which cannot be adequately catered for in the current structures. A Department of Health discussion document (1998) proposed the development of a number of Intensive Care Units on a national basis.

Target 2.64.7

	<p>To agree, in 2000, a Board-wide policy and procedure to care for persons in the region requiring special care. The proposal to develop a Special Care Unit, as outlined in the Development Plan for St. Loman's Hospital in May 1998, will be re-appraised in light of the National Discussion Document.</p> <p>Time frame: By 2000 Target 2.64.8</p> <p>To provide additional community residential places for patients from the Mullingar sector.</p> <p>Time frame: By 2000</p> <p>Target 2.64.9</p> <p>To further progress upgrading of elderly care wards at St. Loman's Hospital,</p> <p>Target 2.64.10</p> <p>To establish the process of de-designation of St. Brigid's Block as an elderly care facility Time Frame: By 2000</p>
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Organisation and Management of the services.

Strategic Focus	Service Developments, Targets and Performance Indicators
<p>The Board will continue to emphasise the primacy of the sectors and to reorganise services to deliver treatment care and support locally where possible and practical. Services will be delivered in the most effective and efficient manner possible</p>	<p>Supports identified as required to strengthen sector management and to support budgetary development will be put in place.</p> <p>Target 2.65</p> <p>The Board will continue its policy of basing all new appointees to the service primarily in the sectors where services are provided as the full compliment of staff required are recruited.</p> <p>Services will be provided to the level and quality agreed in operational plans drawn up by service providers in exchange for budgets provided.</p> <p>Target 2.66</p>

taking into consideration the range of skills and resources available.

Each management team will be required to stay within budget and to stay within the approved WTE control number
Monitoring will be carried out on a monthly basis at sector, catchment area and Board level, and corrective action taken where targets are not being met.

Progress on implementation of Operational and Service Plan targets will also be reviewed at the Annual General Meeting of the Mental Health Services

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.*

Children's Services

Child Health Services.

Child Health Services in the Board's area are provided by the multidisciplinary team, 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 division. 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 1999, an educational seminar was provided to primary health care personnel on use of folic acid. Plans have been developed aimed at increasing awareness and timely

uptake of folic acid for implementation in 2000. A Folic Acid Guideline leaflet has been developed for Health Professionals and will be available in 2000.

Neonatal B.C.G.

In 1999, an information leaflet for Public Health Nurses and Maternity Nurses was developed advising of the benefits of BCG and facilitating consistency of message to parents. This leaflet will be available in 2000. In 1999, the documented uptake of Neonatal B.C.G. in the Board's area is 90%. This represents a substantial improvement from the documented uptake of 75% in 1998.

Metabolic Screening.

In 1999 priority continued to be accorded to all metabolic screening carried out in the community.

National Childhood Immunisation Programme

In 1999 an uptake rate of 82% for 3:1,2:1,Hib and Polio and 73% for MMR was reached.

Breastfeeding.

The Board conducted research on motivational factors which influence mothers method of feeding babies. The Breastfeeding Review Group developed a Board policy document, in line with Department of Health & Children guidelines. This policy document will be available early in 2000. A poster promoting breastfeeding was developed. A leaflet promoting antenatal classes in the Boards area was developed. The Board provided further training to Public Health Nurses on the *18 hour breastfeeding course*. 65 % of Public Health Nurses are now trained.

In 1999, the breastfeeding rates in the Board's area were as follows:

- At initiation: a breastfeeding rate of 28% and
- At 4 months: a breastfeeding rate of 9%.

National Parent Support Programme

The programme is provided in association with Athlone Community Services Council and Longford Social Services Council. The Community Mothers Programme is

available in Athlone, Longford, Moate and Ballymahon. This is a home-visiting programme, provided by experienced mothers to first and second time mothers. For the period June 1998 to October 1999, of the 604 parents who met the criteria i.e. first or second time mothers, 330 parents are currently participating in the programme. On completion of the programme parents were invited to participate once weekly in the Parent/Toddler Groups which are located in the towns of Athlone and Longford.

Childhood Accidents

Arising from a study undertaken in 1998 by Public Health Nurses in Longford/Westmeath, coupled with the Report by the National Forum on Childhood Accidents, it is planned to implement a number of initiatives in 2000.

Maternity and Early Child Health Services

The review of Maternity and Early Child Health Services has been progressed and work is underway in developing a draft policy document. The review will be completed in 2000.

Domiciliary Care

In 1999, 75% of mothers and babies received a visit by a Public Health Nurse within 24 hours in the Boards area. The remaining 25% were visited as quickly as possible after discharge.

Maternity hospitals were contacted requesting prompt notifications. Priority was given to first time mothers and those mothers identified by midwives as being in need of support

Fax machines were installed in a number of health centres to facilitate prompt receipt of notifications. An analysis of a sample of 55 late visits was undertaken in Laois/Offaly.

Data collection methods in relation to first visits was improved.

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. In late 1999, training for 4 Public Health Nurses was secured. The implementation of a pilot in the use of this screening tool scheduled for 1999 is carried forward to 2000.

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.

Involvement with local communities in the development of child-centred facilities continued to be a feature of the P.H.N. service in 1999.

Developmental screening

The mean age at which parents were offered a developmental appointment was 9-12 months for Laois/Offaly, and 12-14 months in Longford/Westmeath. In 1999, considerable work was done in developing the content of the screening programme. Work is ongoing in aligning the programme with the recommendations of the report *Best Health for Children*.

Brief Intervention Technique

In 1999 the Board provided training to Area Medical Officers in Brief Intervention Technique. The 'Brief Intervention' method is an effective tool in smoking cessation. The objective of the training is that Area Medical Officers would determine the prevalence of smoking in parents of the cohort of children attending developmental clinics.

Staff recruitment difficulties prevented implementation of this technique and this issue will be revisited in 2000.

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. Two staff members have been trained in the Family Communication and Self Esteem Programme and they have delivered a parenting course in family communication and self esteem. Two, eight week parenting programmes provided by psychology, social work service and public health nurses aimed at enhancing parenting skills were successfully delivered in the Laois/Offaly Community Care area. A pilot Lone Parent Project was successfully completed in Laois.

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 was carried out on all children by the schools' Public Health Nurses at regular identified intervals through the primary school cycle.

Schools Immunisation Programme

The School Immunisation Programme in the Board provides for the delivery of the Booster (2:1) and M.M.R vaccines. In addition, Tuberculin testing and B.C.G. immunisation are provided in Longford/Westmeath. In 1999, in Longford/Westmeath there was an estimated uptake of 96% for Booster (Junior Infants), 81% Heaf Test, 88% for BCG (5th class) and 96% for MMR (6th class). Evaluation of the Schools Immunisation Programme in Longford/Westmeath has not been possible due to the absence of Area Medical Officer staffing in the Board in 1999. In Laois/Offaly the School Immunisation Programme will be completed in early 2000 and will be followed by evaluation.

Midland Primary Schools Health Project.

Eighteen in-service events were provided through regional teacher education centres to teachers. The purpose of these events was to up-skill teachers in facilitating the enhancement of student life-skills. An evaluation of the project was completed in 1999.

Secondary education

A commitment of a Drugs Education Worker to schools education has been secured on a part-time basis. The Board developed a model of health education training (Health Promotion Schools Network) for the secondary school setting based on a review of needs.

A pilot programme "*Guidance for achievement*" has been conducted with the teachers education centres in the Boards area. All schools have been visited by a Health Education Officer and an audit of need conducted.

Health Promotion

The Board developed 3 regional events for youth workers. These events focused on sexual health, substance misuse and policy development. The Board developed and supported health initiatives in Athlone Institute of Technology. The Board reported on the research findings on disadvantaged youths.

Home Management/Self Development and Budgeting Course.

In 1999, 17 Home Management/Self Development and Budgeting Courses, were provided in Ferbane, Geashill, Walsh Island, Kinnitty, Portlaoise, Ballinamuck, Ballymore, Multyfarnham and Belmont. 130 people availed of these courses. The course is provided for a 3 hour period over 15 days. The benefits gained by participants have also found expression in the establishment of women's groups. Total cost of service was £0.020m and was provided within budget.

Best Health for Children

In 1999, a Boards Working Party was established to consider the report "*Best Health for Children*" in relation to practices across the Boards area and in the particular context of variances/compliance of service provision. In Laois/Offaly the Child

Health Monitoring Committee for Operational/Service Planning developed its Child Health Team in alignment with the report.

Child and Adolescent Psychiatric Services

The review of the Child and Adolescent Psychiatric Services has been completed with work underway in the preparation of a draft report. The review, facilitated by Project Specialists in Mental health and Child health considered the service and future developments in the overall context of Child Health Services.

Trends and activities

Births assigned to Midland Health Board area. (*Vital Statistics.CSO Second Quarter 1999*)

Midland Health Board Area	1994	1995	1996	1997	1998	1999 – first 6 months
	2,743	2,771	2,991	2,985	3,016	1,535

Emerging Issues

The loss of Area Medical Officers to the service resulting in 1.6 WTE remaining in post in Longford/Westmeath has severely constrained the delivery only of the service this year. In line with national experience, difficulty has been experienced in the recruitment of Area Medical Officers. Difficulty in recruiting therapy staff specifically in Speech and Language, Occupational Therapy is an ongoing problem. Accessibility of services to some clients is an issue in some areas due to poor transport infrastructure. The rise in population in the major towns has placed extra pressure on Public Health Nurses to deliver a child health service in conjunction with a clinical nursing work-load. The population growth and the factors influencing it e.g commuting to Dublin may increasingly challenge many of the services delivered in child health to provide a flexible approach to hours of service delivery.

The growth in families, where both parents are working, similarly places challenges on the service to provide a flexible approach to hours of service delivery. The decrease in informal family supports has been highlighted as increasing the service input - particularly to postnatal mothers and young single mothers by Public Health Nurses. Breastfeeding mothers require additional support in the early postnatal days. There is a growing need to improve conditions in health centres to facilitate a family friendly environment.

A project team will be established in 2000, which will prioritise and facilitate the implementations of the report *Best Health for children* as appropriate (Target 3.1.18). Many of the issues identified will be examined in the course of the project teams work.

Strategic Direction for 2000

In 2000, the Child Health Services will continue to provide appropriate services to children which includes, health promotion, disease prevention, diagnosis, treatment, care and rehabilitation. This will significantly add to health and social gain for this care group.

The Child Health Services will seek to improve and develop linkages with other appropriate professionals/services in ensuring a quality service. The Child Health Services will continue to ensure that the standard of services across the Board are in line with best practice and the Report on *Best Health for Children*. In recognising the crucial role of parents, the Child Health Services, will continue to work in partnership with parents to achieve the best outcome for the child. The Child Health Services, in line with the Board's strategy, will adopt a Continuous Quality Improvement approach, allied to a Project Management approach to the management of change. In 1999 the Health Promotion Service will continue developments in the primary and secondary schools setting. In addition initiatives on accident prevention and breastfeeding will be undertaken in 2000.

Planned Service Developments in 2000

Folic Acid Use.

Strategic Focus	Services provision /Targets/Performance Indicators/Costs in 2000
The Board will promote the use of folic acid supplementation before and during pregnancy.	<p>Target 3.1.1</p> <p>The Board will develop materials to promote folic acid uptake for use by health professionals.</p> <p>A folic acid campaign for health professionals and the public will be developed.</p> <p>The Folic Acid Guideline Leaflet, developed in 1999, will be distributed to Health Professionals.</p> <p>Performance indicators</p> <p>Materials developed.</p> <p>Folic acid campaign for health professionals and the public developed.</p> <p>Folic Acid Guideline Leaflet distributed to health professionals.</p> <p>Cost £0.002m (HPS)</p>

Maternity and Infant Care Scheme

Strategic Focus	Services provision /Targets/Performance Indicators/Costs in 2000
<p>Arising from the Report of The Maternity and Infant Care Scheme Review Group the following recommendations will be implemented</p>	<p>Target 3.1.2</p> <p>Information leaflets on the Maternity and Infant Care Scheme will be disseminated to the general public through educational institutions, health centres, doctor's surgeries and workplaces.</p> <p>Information leaflets will be produced for distribution to General Practitioners.</p> <p>The Combined Obstetric Card produced by the ICGP and the Institute of Obstetricians and Gynaecologists will be used by Boards Maternity Hospitals and General Practitioners participating in the scheme.</p> <p>Performance Indicators</p> <p>Information leaflets distributed.</p> <p>Combined Obstetric Card produced by the ICGP and the Institute of Obstetricians and Gynaecologists operationalised.</p>

Community Mothers Programme

Strategic Focus	Services provision /Targets/Performance Indicators/Costs in 2000
<p>Community Mothers Programme.</p>	<p>Target 3.1.3</p> <p>A Community Mothers Programme will be developed in the Tullamore area.</p> <p>Performance Indicator</p> <p>Community Mothers Programme developed in Tullamore area.</p> <p>Cost £0. 025m</p> <p>Target 3.1.4</p> <p>A project team will be set up to review the future direction of the Community Mothers Programme (Van Leer).</p> <p>In 2000, the service will be maintained at existing level.</p> <p>Performance indicator</p>

	<p>Review undertaken and strategy developed regarding future of service.</p> <p>Service maintained at existing level.</p>
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Neonatal BCG

<p>Strategic Focus The Midland Health Board</p> <p>will seek to maximise the uptake of neonatal B.C.G. which has a proven efficacy in childhood.</p>	<p>Target 3.1.5</p> <p>The uptake of neonatal BCG will continue to be promoted. An information leaflet for all nurses (PHN and Maternity Nurses) informing of the benefits of B.C.G. will be distributed to nurses in 2000.</p> <p>Performance indicator</p> <p>Leaflet distributed to all nurses.</p>

Breastfeeding

Strategic Focus	Services provision /Targets/Performance Indicators/Costs in 2000
<p>The Board recognises the benefits of breastfeeding to the infant. The Board will strive to improve the Breastfeeding rates at initiation, 6 weeks and 4 months.</p>	<p>Target 3.1.6</p> <p>The Breastfeeding Review Group will implement a number of action areas arising from breastfeeding policy in 2000</p> <p>Cost £0.003m</p> <p>Target 3.1.7</p> <p>Training in the <i>18 hour breastfeeding course</i> will continue to be offered to Public Health Nurses increasing number of nurses trained to 78 %</p> <p>Performance indicators</p> <p>Number of action areas from breastfeeding policy implemented.</p> <p>78% of nurses trained in <i>18 hour breastfeeding course</i>.</p>

National Childhood Immunisation Programme

Strategic Focus:	Services provision/Target/Performance Indicators/Costs in 2000
<p>The Board will strive to increase the documented uptake of the Primary Immunisation Programme at 2 years of age.</p>	<p>Target 3.1.8</p> <p>A project team will be set up to develop and implement a strategy to improve immunisation uptake.</p> <p>The Board will validate the computerised database.</p> <p>In 2000 the Board has set a minimum uptake target of 86% for the 3:1, 2:1, Hib and Polio and a minimum uptake target of 76% for the M.M.R..</p> <p>Performance Indicators</p> <p>Measures to improve immunisation uptake implemented.</p> <p>Computerised data base validated.</p> <p>86% uptake for the Hib and Polio and an uptake of 76% for the M.M.R.</p> <p>Cost £0.032m</p>

New Immunisation Developments

Strategic Focus:	Services provision/Target/Performance Indicators/Costs in 2000
<p>A programme to implement the new meningococcal Group C vaccine to protect against disease will be implemented in 2000.</p>	<p>Target 3.1.9</p> <p>In line with a recommendation by the Working Group on Bacterial Meningitis and Related Conditions, approved by the Dept. of Health and Children, vaccination of the 0-22 year age group will be implemented on a phased basis during 2000.</p> <p>A project team will be established in the Board to oversee the implementation of the vaccination programme.</p> <p>Performance Indicator</p> <p>Project team established.</p> <p>Vaccination commenced on a phased basis.</p> <p>Funding through separate allocation</p>

School Immunisation Programme

Strategic Focus	Services provision /Targets/Performance Indicators/Costs in 2000
<p>To implement a comprehensive regional School Immunisation Programme</p>	<p>Target 3.1.10</p> <p>The changes recommended in the Revised Immunisation Guidelines, of the Royal College of Physicians, will be implemented.</p> <p>Performance Indicator.</p> <p>Changes recommended in the Revised Immunisation Guidelines, implemented.</p> <p>Cost £0.054m</p>

Childhood Accidents.

Strategic Focus	Services provision /Targets/Performance Indicators/Costs in 2000
<p>To reduce the level of morbidity associated with accidents in the pre-school and young children.</p>	<p>Target 3.1.11</p> <p>The Board will undertake a number of initiatives whose objective will be the prevention of accidents involving young children, vis</p> <ul style="list-style-type: none"> • An inter-sectoral forum on accident prevention for young children will be convened. • Accident resource material for use by Public Health Nurses and other primary healthcare workers will be developed. • A training package for Public Health Nurses in brief intervention skills for accident prevention will be developed. • National Safety Week will be supported. • Training in accident prevention will be developed for Primary School Teachers <p>Performance Indicators</p> <p>Inter-sectoral forum on accident prevention for young children convened.</p> <p>Accident resource material developed.</p> <p>Training package for Public Health Nurses developed and delivered.</p> <p>Involvement in National Safety Week.</p> <p>Training in accident prevention developed for Primary School Teachers.</p>

	Cost £0.005m
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Domiciliary Care

Strategic Focus	Services provision /Targets/Performance Indicators/Costs in 2000
<p>The Midland Health Board recognises</p> <p>the critical role that service delivery in</p> <p>the post-natal period and in the first year of life has on infant care and child health.</p>	<p>Target 3.1.12</p> <p>The report of the Board's review of Maternity and Early Child Health Services will be available in 2000.</p> <p>Performance Indicator</p> <p>Boards review of Maternity and Early Child Health Services completed and available</p> <p>Target 3.1.13</p> <p>83% of mothers and babies will be visited within 24 hours of discharge from hospital.</p> <p>The remaining 17% will be visited within 60 hours.</p> <p>Factors influencing visiting uptake will be examined.</p> <p>Performance Indicator.</p> <p>83% of Mothers and babies visited within 24 hours of discharge from hospital.</p> <p>Remaining 17% will be visited within 60 hours.</p> <p>Examination of factors influencing visiting uptake will be undertaken.</p>

The Edinburgh Depression Score

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs in 2000
<p>The Board will seek to identify and respond appropriately to post natal depression.</p>	<p>The Edinburgh Depression Score is a recognised assessment tool used extensively in the U.K. for the early detection of postnatal depression.</p> <p>Target 3.1.14</p> <p>Training of Public Health Nurses who will be involved in use of this</p>

	<p>assessment tool will take place in February 2000</p> <p>The Edinburgh Screening Test for Post-natal Depression, administered by Public Health Nurses, will be introduced on a pilot basis in 2000. Its effectiveness will be evaluated at the end of 2000</p> <p>Performance Indicator</p> <p>Pilot introduced and evaluation undertaken.</p>
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Professional advice and support to parents.

Strategic Focus	Services provision /Targets/Performance Indicators/Costs in 2000
<p>The Board recognises the needs of parents of pre-school children for professional advice and support</p>	<p>Target 3.1.15</p> <p>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 a feature of the Public Health Nurse service in 2000.</p> <p>Performance Indicators</p> <p>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.</p> <p>Continued involvement of Public Health Nurses in development of local community child centred facilities.</p>

Developmental Screening

Strategic Focus	Services provision /Targets/Performance Indicators/Costs in 2000
<p>An effectively run screening and surveillance programme for children can make a significant contribution to</p>	<p>Target 3.1.16</p> <p>The Board will offer all children a developmental appointment. It will aim to offer this appointment at age 7-9 months. This target may be constrained by Area Medical Officer staffing levels in Longford/Westmeath.</p>

<p>the health and social welfare of children.</p>	<p>Performance Indicators</p> <p>All children offered a developmental appointment</p> <p>Developmental appointments provided at 7-9 months of age.</p>
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Data Collection

<p>Strategic Focus</p>	<p>Services provision /Targets/Performance Indicators/Costs in 2000</p>
<p>To facilitate improvement in data collection.</p>	<p>Target 3.1.17</p> <p>In line with a continuous quality improvement approach, the common data set prepared across the region will be revisited to improve quality of data collection.</p> <p>Performance Indicator</p> <p>Standardised data set revisited and operationally updated.</p>

Best Health for Children

<p>Strategic Focus:</p>	<p>Service provision/Targets/Performance Indicators/Costs in 2000</p>
<p>To implement recommendations of <i>Best Health for Children</i> report as appropriate</p>	<p>Target 3.1.18</p> <p>A project team will build on the work undertaken in 1999 and to prioritise and facilitate the implementations of the report <i>Best Health for Children</i> as appropriate.</p> <p>Performance Indicator</p> <p>Prioritises identified and implementation process commenced.</p>

Home Management/Self Development and Budgeting Course

<p>Strategic Focus:</p>	<p>Service provision/Targets/Performance Indicators/Costs in 2000</p>
<p>The Board aims to support vulnerable young families through assisting, supporting and general education in a number of</p>	<p>Target 3.1.19</p> <p>The Board will maintain the existing service to young families who have difficulties in coping, through the provision of:</p> <ul style="list-style-type: none"> • Training in basic nutrition, economical cooking, budgeting and home management. • Assisting people towards a healthier lifestyle by making more

identified areas.	<p>sensible food choices</p> <ul style="list-style-type: none"> • Training in personal development and general health education. <p>Performance Indicator</p> <p>The Board will maintain the existing service to young families.</p>
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School Health Service.

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs in 2000
<p>To promote and support the physical and emotional well-being of children. To detect defects as early as possible and to refer for appropriate treatment. To identify unmet needs in children</p> <p>To promote healthy lifestyles.</p>	<p>Target 3.1.20</p> <p>That existing level of service will be maintained in 2000 and reviewed in relation to report of <i>Best Health for Children</i>.</p> <p>Performance Indicator</p> <p>Service maintained and reviewed in line with report <i>Best Health for Children</i>.</p>

Cystic Fibrosis and Other Chronic Childhood Conditions

In 1999 a project team was established to advise on Cystic Fibrosis in the Midland Health Board region. One of the recommendations of this project team was the need to examine a variety of chronic childhood conditions and identify the needs, arising within the Boards area.

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs in 2000
<p>A project team will be established to advise on the community</p>	<p>Target 3.1.21</p> <p>In 2000 the Board will establish a project team to look at the needs resulting from a variety of chronic childhood conditions with a view to identifying how best to meet these needs. This team will be</p>

<p>based needs for a variety of chronic childhood conditions.</p>	<p>representative of the major stakeholders.</p> <p>Performance Indicator</p> <p>Team established, needs assessment commenced and follow up identified.</p> <p><i>(Cross reference Physical/Sensory Disability)</i></p>
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Child and Adolescent Psychiatric Services

<p>Strategic Focus:</p>	<p>Services provision /Targets/Performance Indicators/Costs in 2000</p>
<p>The Board will support Service development in the Child and Adolescent Psychiatric Services within the overall context of Child Health.</p>	<p>Target 3.1.22</p> <p>The report of the Child and Adolescent Psychiatric Services will be published.</p> <p>Performance Indicator</p> <p>Report completed and priorities identified.</p>

Midland Schools Health Project

<p>Strategic Focus:</p>	<p>Services provision /Targets/Performance Indicators/Costs in 2000</p>
	<p>Target 3.1.23</p> <p>Primary School.</p> <p>The Board will continue to support the development of a Social Personal Health Education programme (SPHE) through 8 whole school staff events and 10 in-service events.</p> <p>The Board will facilitate the bringing together of an inter-agency team to develop a working policy document on substance misuse, including smoking, which can be developed and adapted by schools with training provided by the Board.</p> <p>The Board will support the Dept. of Education and Science in implementing the <i>Walk Tall Programme</i>, in maintaining the substance</p>

Health

Promotion in Schools

abuse programme and in the provision of training.

The Board will promote safety amongst school children as part of the S.P.H.E programme, through the pilot of a health and safety initiative in Laois.

Secondary education.

S.P.H.E Programme

The Board will continue to support the development of S.P.H.E through 8 whole school staff events focusing on substance misuse with an emphasis on tobacco, two *Guidance for Achievement* events and four evening events on health related topics.

The Board will develop appropriate resource materials for S.P.H.E

The Board will investigate possible outreach programmes from third level institutions to accredit teachers who partake in the S.P.H.E programme.

The Board will develop a working model for the delivery of S.P.H.E incorporating the establishment of a representative steering group

Nutrition.

The Board will promote healthy eating in 12 second level schools through the students nutrition action and knowledge surveys (S.N.A.K.S)

Smoking.

In response to SLAN Survey the Board will target five schools for girls to develop positive strategies to address the problem of smoking.

Substance Misuse.

The Board will support the Dept. of Education and Science in the training and maintenance of the Substance Misuse programmes

Sexual Health.

The Board will work in four education settings addressing sexual health particularly in relation to teenage pregnancy.

Pilot Programmes.

The Board will pilot three peer led programmes dealing with the

	<p>promotion of exercise, sexual health and smoking cessation</p> <p>Performance Indicator</p> <p>Initiatives developed to promote health in school children and youths through further developing the SPHE programme and through targeting areas of safety, nutrition, substance misuse, sexual health and exercise in partnership with Dept. of Education and Science and in co-operation with teachers.</p> <p>Total Cost for Primary and Secondary Schools £0.70m</p>
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Parenting Programmes

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs in 2000
Parenting programmes	<p>Target 3.1.24</p> <p>The Board will examine in the context of a parenting review the range of courses provided by the Board staff and voluntary agencies.</p> <p>Parenting Programme aimed at enhancing parenting skills will be delivered in the Laois/Offaly community care area.</p> <p>A Lone Parent project will continue in Laois.</p> <p>Performance Indicator</p> <p>Range of parenting courses provided by the Board staff and voluntary agencies identified.</p> <p>Parenting Programme delivered in the Community in Laois/Offaly.</p> <p>Lone Parent project continued in Laois.</p> <p>Cost £0.005m</p>

Communicable Diseases

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs in 2000
Food poisoning is a significant cause of morbidity in the	<p>Target 3.1.25</p> <p>All cases of salmonella and Ecoli 0157 reported will be investigated as per agreed protocols. These protocols will be informed by the Report of</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 adequate treatment services to children.

Provision of treatment

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

- all pre-school and national school children inclusive of special schools.
- all adolescents up to their 14th birthday, and
- relief of pain to those between 14 and 16 years, named on a parent's medical card.

- in 2000 all adolescents up to 16 years of age will have full eligibility for routine treatment.

- 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.
- in non-fluoridated areas, a school based mouth rinse scheme is in operation.
- 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 1999, all the major targets were achieved, but where targets were not reached the issues were ones of recruitment, or target being accommodated to budget. The service was delivered within budget. Significant progress has been made in the area of orthodontic services. A Pilot Information Technology Programme was installed in

Tullamore and staff trained in this area. Two new sophisticated x-ray machines were installed in the Longford/Westmeath area. Emergency equipment was provided in 11 clinics.

Primary Prevention

Primary prevention involves reducing the risk of dental decay through fluoridation of public water supplies. In 2000, the off line scheme in Portlaoise will shortly become fully operational as targeted for 1999, The percentage population in receipt of fluoridated water supply has increased to 64%. In Laois/Offaly, 9,876 children are serviced by fluoridated water. In Longford/Westmeath the off line schemes at Moate and Gowna will shortly be operational as targeted for 1999. In Longford/Westmeath, 75% of the population have fluoridated public water supply of which 10,835 children receive fluoridated water.

Oral Health Promotion

In 1999, the oral health promotion programme target was met and exceeded. All primary schools in Laois/Offaly received the oral health promotion programme. In Longford/ Westmeath, this service was provided in schools in unfluoridated areas to replace a pre-existing mouth rinse. In addition the oral health promotion programme was provided to some urban schools with an identified need.

Secondary Prevention

A fissure sealant programme is ongoing and involves applying a protective coating to the fissures of permanent teeth deemed to be at risk of developing dental caries. In 1999, 25,458 teeth were fissure sealed. The shortfall from target set of 30,000 is due to recruitment difficulties.

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 completed. In 1999 in Laois/Offaly all national school children leaving school were screened and received full treatment as necessary. All 1st and 2nd school class children are screened and have fissure sealing and receive full treatment as necessary. In Longford/ Westmeath, 80% of national schools, were screened.

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

As per target set there was unrestricted access for children in need of oral surgery.

Oral surgery '99	Longford/Westmeath	Laois/Offaly
	84	31

Most of the referrals for oral surgery were associated with orthodontic treatment.

Specialist Orthodontic services.

A Specialist Orthodontic service is provided in accordance with Department of Health & Children Guidelines. The target set for 1999 was achieved.

1999	Longford/Westmeath	Laois/Offaly	Total
New Starts	243	165	408
Completed Treatments	240	93	333
No. in Active Treatment	612	776	1,388
No. on Waiting List	251	448	699

General Anaesthetic Service for special needs children / adolescents

In 1999, 29 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 1999. 454 children unsuitable for treatment under local anaesthetic also had whole mouth treatment under this service.

Consultant Paediatric Dental Service

In 1999, 15 severely medically compromised patients who required the service of a Consultant Paediatric Dentist were immediately referred without delay to Our Lady's Hospital for Sick Children, Crumlin.

Strategic Direction in 2000

In 2000 the Board will aim to improve preventative measures and continue to provide appropriate treatment services with an emphasis on increasing unit output. In 2000 the service will be extended to adolescents up to 16 years of age who will have full eligibility for routine treatment. The Board has adopted a Continuous Quality Improvement approach. This CQI approach will be applied to the area of addressing appointment uptake. The Board will be participating as a user group under the epidemiology contract awarded to the Oral Health Research Centre, U.C.C. to establish an Oral Health Database for the Midland Health Board region, commencing in 2000.

Funding 2000

£0.299m to provide for extension of services to the 14-16 age group, development of services to special needs groups, vocational training and the improvement in the ratio

of dental nurses to dentists. £0.100m to provide for the development of the orthodontic services

Planned Service Developments in 2000

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 2000
<p>The Board in conjunction with the local authorities, aims to ensure consistency in water fluoridation level in compliance with statutory regulations</p>	<p>Target 3.1.29</p> <p>In Longford/Westmeath, to fully restore the two off line schemes to operational status and commence refurbishment of two other off line schemes.</p> <p>Performance Indicator</p> <p>Moate, Gowna, Lanesboro and Edgesworthstown will be fully operational.</p> <p>Target 3.1.30</p> <p>In Laois/Offaly one off line scheme will be made fully operational.</p> <p>This will increase coverage to 66% of Laois/Offaly population in 2000</p> <p>Performance Indicator</p> <p>In Laois/Offaly, Portlaoise will be fully operational.</p>

Oral Health Promotion.

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs in 2000
<p>The Board aims to promote oral health through personal empowerment and to develop healthy</p>	<p>Target 3.1.31</p> <p>The oral health promotion will be targeted at school entrants and school leavers in all schools.</p> <p>Performance Indicator</p> <p>An oral health promotion programme, together with intensive oral health</p>

<p>practices in line with the Health Strategy</p>	<p>education will be provided to 11,000 children.</p> <p>In 2000 in Laois/Offaly there will be an increased emphasis on health promotion. All school entrants, junior infants and school leavers will receive oral health promotion.</p>
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Oral Health Promotion for Children with Special Needs

<p>Strategic Focus:</p>	<p>Services provision /Targets/Performance Indicators/Costs in 2000</p>
<p>The Board aims to promote oral health through personal empowerment and to develop healthy practices in line with The Health Strategy</p>	<p>Target 3.1.32</p> <p>In 2000, 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 prenatal/postnatal clinics, • Traveller groups, • Orthodontic patients, • Parents of children with special needs, • Chronic unresponsive patients with parental involvement, • Groups with unusually high level of dental disease, • Marginalised and socially excluded groups. <p>Performance Indicator</p> <p>Oral health promotion programme provided to identified groups</p>

Secondary Prevention

<p>Strategic Focus:</p>	<p>Services provision /Targets/Performance Indicators/Costs in 2000</p>
<p>The Board aims to reduce the level of dental decay through the use of primary and secondary prevention programme.</p>	<p>Target 3.1.33</p> <p>Current level of fissure sealant service to be maintained in 2000.</p> <p>Performance Indicator</p> <p>25,000 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 completed.

Strategic Focus:	Services provision /Targets/Performance Indicators/ Costs in 2000
To reduce treatment need (numbers of extractions and fillings) in school leavers, through the provision of a secondary prevention programme at a younger age.	Target 3.1.34 100% screening of target classes will be carried out. Performance Indicator 100% screening of target classes carried out.

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 2000
To provide immediate treatment as required.	Target 3.1.35 To ensure unrestricted access for those in need. Performance Indicator There is no waiting list.

Specialist Orthodontic services.

A Specialist Orthodontic service is provided in accordance with Department of Health & Children Guidelines.

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs 2000
<p>To reduce waiting lists in the Boards area.</p>	<p>Target 3.1.36</p> <p>The aim is to have a 20% reduction in waiting list of 1999 figure at 31/12/00.</p> <p>Performance Indicator</p> <p>Waiting list reduced on 1999 figure by 20% at 31/12/00.</p> <p>Cost £0.100m</p>

General Anaesthetic Service for children/adolescents with special needs.

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs 2000
<p>The Board recognises the social gain for children and carers in the provision of this service.</p>	<p>Target 3.1.37</p> <p>To continue this very satisfactory service (i.e. no waiting list at year end for children with special needs who had 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</p> <p>Service maintained.</p>

Consultant Paediatric Dental Service

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs in 2000
<p>The Board recognises the social gain for children and carers in the provision of this service.</p>	<p>Target 3.1.38</p> <p>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</p>

	<p>Children, Crumlin.</p> <p>Performance Indicator</p> <p>Service maintained.</p>
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Continuous Quality Improvement

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs in 2000
<p>The Board has adopted a Continuous Quality Improvement approach in addressing attendance uptake.</p>	<p>Target 3.1.39</p> <p>The Board will initiate an examination of reason for failed attendances, monitor appointment uptake and actively introduce measures to improve uptake.</p> <p>Performance Indicator</p> <p>Strategy devised and measures implemented to improve uptake.</p> <p>Cost £0.020m</p>

Extension of Services

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs in 2000
<p>The Board will extend its service to all adolescents up to 16 years of age who will have full eligibility for routine treatment and will improve service for special needs groups.</p>	<p>Target 3.1.40</p> <p>The Board will recruit 4 Dental Teams, 2 per Community Care area to deliver on this service</p> <p>Performance Indicator</p> <p>4 Dental Teams recruited.</p> <p>Cost £0.299m</p>

Child Care and Protection Services

Family Health

Review of Family Health Services against last year's Service Plan

Womens' Health

The Women's Health Advisory Committee detailed recommendations for the formulation of Part 2 of a Women's Health Action Plan. The Women's Guide to Health was produced.

A Women's Guide to Continence was produced. A Women's Health Project for disadvantaged women commenced in Portlaoise. Two Women's Health evenings were held in conjunction with Mullingar and Tullamore I.C.A. In 1999, a Women's Health Education Officer was appointed on a half-time basis and a further Women's Health Education Officer was appointed on a part-time basis.

Nutrition

The Board developed a peer led "cook it" pilot project with Athlone Community Task Force.

The Board held a training seminar on nutrition for health professionals. The Board continued to support the National Healthy Eating Campaign.

Domestic Violence

The Midland Regional Domestic Violence Committee continued to meet on a regular basis in 1999 to progress areas identified for action in conjunction with the Board.

Refuge-Esker House

In 1999, supervision in the refuge increased from 52 hours per week to 105 hours per week. The goal of providing a full 168 hour service will be achieved in 2000. In 1999, a childminding service was introduced in the refuge five mornings a week. Existing staff member has been upgraded and allocated additional responsibilities. Refuge staff have been trained in the "*Training of trainers programme*". Refuge staff have availed of further training on issues/dynamics of domestic violence. A project team for the development of policies and procedures for the refuge has been established and will be operational in 2000.

Counselling

The enhancement of counselling provision regionally is in progress, with an emphasis on quality professional counselling and the provision of an outreach service in the Birr area.

Training

A comprehensive training programme was developed and implemented involving partnership with voluntary and statutory agencies in 1999.

It involved a two phased approach:

- Phase 1 involved a range of health board staff (cross care-group and programmes of care), other statutory service providers and a number of voluntary agency service providers (30 individuals in all) being trained to act as trainers. Training on issues specific to marginalised groups is planned for early 2000. The "training of trainers programme" is almost complete.
- A training pack has been developed in late 99 for implementation in 2000 to be delivered to service providers (voluntary and statutory working in the area of domestic violence).
- Phase 2 of the programme will be progressed in 2000 in which the trained trainers will up-skill staff working in the area of domestic violence.

Database

Work on the development of a template which will facilitate the gathering of information regionally on domestic violence continues, due regard being had to issues of confidentiality.

Development Officer

In 1999 the Board recruited a development officer whose task will be to increase activity and developments in the area of domestic violence.

National Steering Group

The Board continued to work closely with the *National Steering Group on Domestic Violence* partaking in a recent national conference and facilitating the development of an information leaflet which identified provision of services in the Boards area.

Sexual Health/Family Planning

In 1999, a Health Education Officer was appointed to develop sexual health initiatives with young people and the Board piloted an initiative involving the provision of women friendly family planning and pregnancy counselling services with 3 General Practitioners in the Board's region.

Travellers Health

In 1999, the Board continued to develop a Primary Health Care Project in Tullamore in which 16 traveller women participated. The Travellers Health Unit was established and training was provided for travellers attending the Travellers Health Unit. A model for staff awareness training was developed by the Unit. This training will be provided in 2000. The Unit considered research finding in the area of travellers health and appointed a Health Education Officer to develop health initiatives with travellers.

Planned Service Developments in 2000

Women's Health

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs in 2000
<p>The Board will use the findings of the <i>Women's Health Review and Progress Report</i> to develop health initiatives for women and develop an action plan (Part 11) for Women's Health</p>	<p>Target 3.3.1</p> <p>The Board will develop Part 2 of the Women's Health Action Plan in consultation with the Women's Health Co-ordinator and Advisory Committee on Women's Health.</p> <p>The Board will aim to develop health information initiatives dealing with: Menopause, Continence Promotion, Healthier Lifestyles including exercise, Osteoporosis</p> <p>The Board will develop regional continence promotion in conjunction with Hospital services and community care services.</p> <p>The Board will co-ordinate an exercise promotion programme for disadvantaged women.</p> <p>The Board will work with disadvantaged women in Portlaoise and Athlone.</p> <p>The Board will continue to support a peer-led nutrition project for disadvantaged women in Athlone.</p> <p>Performance Indicator</p> <p>The Board will develop a range of health initiatives through supporting, co-ordinating, developing and providing information on issues specific to the health of women and in formulating the Women's Health Action Plan (11)</p> <p>Cost £ 0.051m</p>

Nutrition

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs in 2000
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<p>The Board will promote:</p> <p>Pre-conceptual folic acid uptake,</p> <p>Breastfeeding,</p> <p>Healthy eating in adolescent families,</p> <p>Professional knowledge of nutrition,</p> <p>Diabetic support to selected G.P's.</p>	<p>Target 3.3.2</p> <p>The Board will develop nutrition resource materials for health professionals and will host a nutrition seminar for health professionals.</p> <p>Performance Indicator</p> <p>Nutrition resource materials developed.</p> <p>Nutrition seminar for health professionals held.</p> <p>Cost £0.003m</p> <p>Target 3.3.3</p> <p>The Board will continue to develop and support a peer led nutrition project for low income groups.</p> <p>Performance Indicator</p> <p>Peer led nutrition project for low income groups developed and supported.</p> <p>Cost £0.010m</p> <p>Target 3.3.4</p> <p>The Board will run a Healthy Eating Campaign commencing with National Healthy Eating week</p> <p>Performance Indicator</p> <p>Healthy Eating Campaign undertaken.</p> <p>Cost £0.003m</p>

Domestic Violence

<p>Strategic Focus:</p>	<p>Services provision /Targets/Performance Indicators/Costs in 2000</p>
<p>The Midland Regional Domestic</p>	<p>Target 3.3.5</p> <p>The identified trainers will receive training on issues specific to</p>

<p>Violence Committee, in liaison with the Development Officer for Domestic Violence,</p> <p>will, from the three year strategy document -"The Report of the Midland Regional Committee on Violence against Women" – identify further initiatives for development.</p>	<p>marginalised groups.</p> <p>Phase 2 of "Training of Trainers" will continue. Those trained will up-skill staff working in the area of domestic violence.</p> <p>Refuge staff will be included in programmes of training in the area of child welfare and protection and in the Board's staff awareness training in the area of traveller's health.</p> <p>A project team will be established representative of the key stakeholders which will develop policies and procedures and linkages in line with best practice with the regions refuge Esker House, Athlone.</p> <p>The refuge will be upgraded to a 24-hour refuge service.</p> <p>The Regional Domestic Violence Committee will recommend to the Board priorities from the three year strategy document for further developments in the area of domestic violence.</p> <p>The Development Officer will collaborate with the Regional Domestic Violence Committee in encouraging and facilitating developments.</p> <p>Cost £0.100m</p> <p>A hospital based social work service will be instituted in each of the three general hospitals. An aspect of this service will be the delivery of a social work service to victims of domestic violence who present in these hospital settings. (<i>Cross Reference Acute-Episodic Care</i>)</p> <p>Performance Indicator</p> <p>Continued work in developing a coherent, cohesive service in line with <i>"The Report of the Midland Regional Committee on Violence against Women"</i></p>
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Sexual Health / Family planning

Strategic Focus:	Services provision /Targets/ Performance Indicators/Costs in 2000
<p>The Board will promote sexual health through a broad range of developments and</p>	<p>Target 3.3.6</p> <p>The Board will further develop pilot G.P initiatives aimed at</p>

will develop accessible women friendly family planning services.

increasing the number of practices providing women friendly family planning services.

Performance Indicator

Pilot GP initiatives developed.

Cost £0.060m

Target 3.3.7

The Board will develop health information resource materials for G.P's and the public on family planning

Performance Indicator

Health information resource materials for G.P's and the public on family planning developed.

Cost £0.040m

Target 3.3.8

The Board will develop a pilot parenting initiative on adolescent sexual health.

The Board will work in partnership with third level institutions to develop information and life-skills development for students in the area of sexual health.

Performance Indicator

Pilot parenting initiative on adolescent sexual health developed.

Information developed and life-skills for students through third level institutions provided.

Cost £0.015m

Target 3.3.9

Following consultation with service providers in the area of sexual health/family planning, the need for specific youth health services was identified. The Board will investigate the possibility of developing a pilot teenage clinic with G.P's.

Performance Indicator

	<p>Briefing document prepared.</p> <p>Cost £0.010m</p> <p>Target 3.3.10</p> <p>The Board will provide training for G.P's and practice nurses in family planning and sexual health.</p> <p>Performance Indicator</p> <p>Training for G.P's and practice nurses in family planning and sexual health provided.</p> <p>Cost £0.015m</p> <p>Target 3.3.11</p> <p>The Board will develop a plan for the management of sexually transmitted diseases in the region.</p> <p>Performance Indicator</p> <p>Plan developed for the management of sexually transmitted diseases in the region.</p> <p>Cost £0.015m</p>
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Traveller's health

Strategic Focus:	Services provision /Targets/Performance Indicators/Costs in 2000
<p>The Board will actively promote the health of travellers through a broad range of initiatives in partnership with travellers.</p>	<p>Target 3.3.12</p> <p>Traveller's health</p> <p>The Travellers Health Unit will quantify attendance at developmental clinics and immunisation uptake.</p> <p>Research undertaken by the Boards staff on travellers health will be published.</p>

Funding for further research and evaluation identified.

The Primary Health Care Project will develop immunisation resource materials and materials promoting mental health for use by traveller health workers.

Youth traveller health issues will be included in the programme of the Youth Health Forum.

Substance misuse initiatives will be developed in partnership with travellers groups in Longford.

Staff Training/Health Education

The Board will provide staff awareness training in travellers health issues throughout the Board.

The Board will provide health education programmes to travellers groups throughout the region.

The Board will support a Travellers Health Conference hosted by Athlone Community Task Force.

Primary Health Care Projects/Framework for development of Travellers Health.

The Travellers Health Unit will review the Primary Health Care Project model provided in the Laois/Offaly area and develop a Primary Health Care Project in the Longford/Westmeath area.

Community development supports will be developed with travellers organisations working in partnership with the Board.

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

The Travellers Health Unit will consider the forthcoming Travellers Health Strategy in developing a framework for travellers health in the region.

Performance Indicator

A range of initiatives promoting the health of travellers will be supported and developed.

Cost £0.099M

4. Older People

The Service Plan for Older People outlines the services provided for people over the age of 65 years requiring care in the community and 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 Direction of Board

In keeping with the Action Plan for Health and Social Gain for the Elderly published in 1997, the strategic direction of the Board includes the following:

- Improving community services so that older people where appropriate 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 provision of flexible respite care, through the work of the carer co-ordinator and through the Community Ward Programme.
- Shifting the balance from long term care to rehabilitation/assessment and respite.
- The re-configuration of services should facilitate as many older people as possible in availing of services within a 12 mile radius of their home.
- Since the adoption of the Action Plan for Health & Social Gain for the Elderly significant progress has been made which includes the following:
 - Development of rehabilitation services which are now available in St. Joseph's, Longford, St. Mary's, Mullingar, Abbeyleix, Edenderry and Tullamore (Aged Care Unit). Locations where rehabilitation services need to be developed include Mountmellick, Athlone and Birr.
 - Conversion of old welfare accommodation in Riada House to nursing accommodation.
 - The appointment of a carer co-ordinator for Laois/Offaly.

- The development of a Community Ward Project in the Tullamore area.
- The establishment of an old age psychiatry service in Laois/Offaly.

Review of Performance Against 1999 Service Plan

Mapping Service Utilisation

The Board has conducted a study of the availability and utilisation of services throughout its area by older people. The study on the utilisation of beds took account of beds in private nursing homes both within the health board area and outside which were occupied by Midland Health Board residents and has shown differences in the uptake both of community services and long-term beds. The study will help to inform a review of these facilities which will take place in the Year 2000.

The Board has achieved the targets set in the 1999 Service Plans which include the following:

£0.300 m was applied to meet the staffing implications of developments in Community Nursing Units in Birr, Tullamore and Edenderry. **£0.100 m** was applied to meet staffing implications of expanding by 10 the bed complement in St. Vincent's to take ten patients transferred from the Psychiatric Services at St. Fintan's Hospital.

Admission/Discharge Policy

The Board has commenced implementation of an admissions/discharge policy and the establishment of assessment teams. This will ensure that those most in need occupy long-term beds.

District Care Unit

The District Care Unit, a programme whereby an enhanced level of community care is delivered to suitable older people in their own homes was commenced in the Tullamore area in 1999. Patients come from within a 15 mile radius of Tullamore. The programme at any given time has an average of 15 patients receiving care. The total throughput for 1999 is expected to be about 30. Instruments of measurement of outcomes showed an improvement for all patients discharged and the well being of their carers also improved. In general recipients of the service attained a significant improvement in independence and carers were very positive about the programme. The programme is helping to free up hospital beds. The estimated cost of the programme for 1999 was **£0.080 m**.

Home Help Services

Additional home help including home help supervision was provided at a cost of **£0.023 m** for each Community Care Area. Additional 20 hours per week was provided in Longford/Westmeath and Laois/Offaly for Assistant Home Help Supervisors at **£0.007 m** each to improve service co-ordination, data collection and payments. This permitted the expansion of home help services in the Board's area. As a result of a review of Home Help Services conducted in 1998, protocols are in place to ensure that those most in need receive the service. More home helps have also been trained to act as care attendants

Day Care Centres

Summer closures of Day Centres were shortened by four weeks to one week to improve continuity of care.

Improved Community Structures

The need to deliver the package of services to populations of 25,000 – 35,000 people within a 12 mile radius of their home requires development of the multi-disciplinary team concept. In 1999, two additional Senior Public Community Care Health Nurses (SPHNs) were appointed to Laois/Offaly and Longford/Westmeath catchment areas to take account of the need for quality improvements and clinical leadership within the multi-disciplinary sector team. The appointments were made in late 1999.

Subvention to Nursing Homes

A sum of **£0.465 m** was provided in the Midland Health Board allocation of 1999. This helped the Board to comply with the terms of the Amendment to Nursing Home Regulations introduced with effect from 1/1/99.

Carer Support

The objective of the carer co-ordinator service is to identify the population of carers in need of support, identify shortfalls in the support they receive and to enable carers to cope and also to access services.

Training programmes in "Caring and Coping" for carers and hospital based care attendants have been conducted in Edenderry and Abbeyleix.

In 1999 consultation took place with voluntary organisation e.g. Alzheimer's Society and Carers Association.

Outreach Physiotherapy

Outreach physiotherapy services were provided on a pilot basis through a project based in Aughnacliffe, Co. Longford. This enhanced older peoples' access to physiotherapy in the Dolmen Community Centre, Aughnacliffe, in St. Joseph's Hospital, Longford and in older persons' homes throughout Longford.

Health Promotion, Information & Awareness

The Board co-ordinated an intersectoral group which initiated a number of projects for UN Year of Older Persons. The Midland Regional Committee was allocated £17,200 to fund specific projects and meeting criteria laid down by the National Steering Committee. A particular success of the year was the beginning of a network of voluntary organisation and individuals throughout the region, which will be developed further in the future.

The Board trained 16 tutors in the 'Go for Life' programme and this is available now to all community groups throughout the region. Pilot training programmes were conducted for carers in Edenderry and in Abbeyleix.

Education, Training and Occupational Health

In care centres throughout the Board's area, training programmes in lifting were conducted as part of the Board's occupational health programme. Training was also conducted in food hygiene and wound care.

Therapy Outcomes Database

Work continues on the development of an outcome database for therapies and a proposal will be submitted to the Department of Health and Children in 2000.

Consultation with the Public

An evaluation of the Edenderry Forum was commenced by the Board in 1999. The results will be used to inform consultation with older people and the general public about services for older people.

Additional Funding 2000

The Board received **£1.735 m** for service development which includes a net figure of **£896,000**.

Nursing Home Subvention	0.266
Home Help Development	0.075
Enhanced Services (discretionary)	0.225
Support to Carers	0.100

Improvements to Community Support Structures	0.075
Additional Staffing in long-stay units	0.100
Alzheimer Society of Ireland	0.055
TOTAL	£896,000

In addition, **£0.221 m** was allocated to take account of demographic changes.

Summary of Application of Development Funds

Service	Service Development
Nursing Home Subvention	266
Home Help Development	75
Community Ward Programmes	200
Community Physiotherapy	118
Rehabilitation Long Stay Units	200
Health Promotion	28
Improved Community Structures	75
Support for Carers	100
Alzheimer's Society	55
TOTAL	£1,117

Emerging Issues

Emerging issues identified by the board include the following:

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 the ‘old’ old (over 80 years).

The increasing age and dependency of those in the Board’s care centres for older people has implications for staffing. A recent independent review of staffing needs in some of the Board’s care institutions put the cost of the extra staffing required at **£0.800 m** approximately.

The need to provide quality services in the community and in our institutions for those with Alzheimer’s Disease. This will have capital in addition to revenue implications.

The need to review long term bed numbers to ensure that beds are accessible on a needs basis. Refurbishment of some facilities will have capital implications.

The board recognises and accepts that there is a growing demand for support for carers.

Care of Older People In Their Own Community

Strategic Focus	Service Development, Targets and Performance Indicators
To ensure that long-term care is available on a needs basis in all sectors of the Board’s area.	<p>A detailed review of the utilisation of beds, including beds in the private sector has shown that the overall utilisation is in keeping with the Health Strategy guideline that not more than 10% of those over the age of 75 years should be in long-term care at any given time. However, because of the geographical location of existing beds and their utilisation pattern, some sectors are availing of considerably more beds than others, having regard to their population of older people. In general, less beds for older people are being used in the Birr, Tullamore and Mullingar sectors while Longford, Athlone and Portlaoise are using more than the 10% target.</p> <p>Waiting lists for admission to Board’s long stay units ranged from 2 months to 3 years (Tullamore). The long waiting lists in Offaly will be alleviated when extra beds come on stream in Riada House, Tullamore (20 beds) and the new Birr Community Nursing Unit (30 beds) in 2001. In the meantime the District Care Unit will be extended to include Birr and the</p>

	<p>admissions/discharge procedures will help to alleviate pressure.</p> <p>A need which has already been identified by our Board is the replacement of St. Mary's, Mullingar. In keeping with its stated policy of providing services within a 12 mile radius of people's home, the Board will have regard to the need to provide a Community Care Unit in North Westmeath.</p> <p>Performance Indicator: All applicants for long-term care will be formally assessed by a multi-disciplinary team within two months of application.</p>
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Strategic Focus	Service Development, Targets and Performance Indicators
<p>To ensure that older people can access long-term care within a 12 mile radius of their own homes.</p>	<p>In 2000, the Board will establish a project group in each county which will determine the appropriate number of beds to be provided and the location of those beds within the county.</p> <p>Target 4.1.1 To develop proposals for appropriate capital projects for each of the four counties.</p> <p>Performance Indicator</p> <p>Proposals developed and submitted to the Department of Health and Children.</p>

Rehabilitation

Strategic Focus	Service Development, Targets and Performance Indicators
<p>Reorienting the activity of community care units through the establishment of rehabilitation programmes.</p>	<p>Over the past few years the Board has introduced rehabilitation services to most care centres for older people. Introduction of rehabilitation in the remaining units - Athlone, Mountmellick and Birr - is a priority for the Board. With the commissioning of the new Community Nursing Unit in 2001 it is intended to provide a rehabilitation service in Birr.</p>

	<p>Cost per Unit:</p> <p>Occupational Therapist £0.025 m</p> <p>Physiotherapist £0.025 m</p> <p>3 Care Attendants <u>£0.045 m</u></p> <p>Total £0.095 m</p> <p>Regional training of care attendants to assist in provision of rehabilitation. £0.010 m</p> <p>Target 4.1.2 Establishment of rehabilitation services in Mountmellick and Athlone.</p> <p>The rehabilitation services in the Board's care centres for older people will be monitored and evaluated over the next two years.</p> <p>Total cost of additional rehabilitation: £0.200 m</p>
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Subvention to Nursing Homes

A sum of **£0.230 m** has been allocated.

In order to ensure that utilisation of long-term beds is appropriate and equitable, the board will monitor utilisation of health board and nursing home beds by sector.

In January, 1999, out of a total of 253 persons being subvented 102 (40.3%) were in receipt of maximum subvention. By October, 1999, the proportion had changed to 160 out of 305 (52.5%).

Given the increased dependency of those in receipt of subvention, the increased number of persons in receipt of subvention and the ageing of the population, the increased level of funding allocated for 2000 is adequate to meet current demand trends.

Care of Older People in Their Own Home

Strategic Focus	Service Development, Targets and Performance Indicators
Provision of services to enable older people to remain in their own	The Board will extend the pilot District Care Unit introduced

<p>home.</p>	<p>in 1999 in the Tullamore area to Birr, Portlaoise and Mullingar.</p> <p>Cost: £0.200 m</p> <p>An interim evaluation of the District Care Units will be conducted in 2000.</p> <p>Target 4.1.3 Establishment of District Care Units in Mullingar and Portlaoise and extension of Tullamore District Care Unit to Birr.</p> <p>Performance Indicators:</p> <ul style="list-style-type: none"> • District Care Units established in Mullingar, Portlaoise and extended to Birr. • Interim evaluation of District Care Units conducted in 2000.
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Home Help

Strategic Focus	Service Developments, Targets and Performance Indicators
<p>Provision of services to enable older people to remain in their own home.</p>	<p>A total of £0.950 m has been allocated to home help services. This will enable the Board to increase pay rates to a minimum of £4.40 per hour and to cope with expected growth in the needs of the service in the current year. The Board will review the delivery of the Home Help Service with a view to enabling it to identify unmet needs.</p> <p>The Board will continue its commitment this year to training Home Helps to act as care attendants.</p>

Community Physiotherapist

Strategic Focus	Service Developments, Targets and Performance Indicators
<p>Enabling older people to access services in their own community.</p>	<p>The implementation of the District Care Units has highlighted the need for a Community Physiotherapy Service for those who need to follow-up physiotherapy. This need was also highlighted in a study which measured the outcome of interventions for fractured hip and hip replacement. Other important considerations include the need to</p>

	<p>provide a service to community care centres for older people and the difficulty which some older people have in travelling for services. The Board proposes to recruit one physiotherapist each for the Tullamore, Portlaoise and Mullingar areas.</p> <p>Cost: £0.108 m</p> <p>Administrative support will be needed for paramedical services in the Birr area.</p> <p>Cost: £0.010 m</p> <p>Total Cost of New Service: £0.118 m</p> <p>Performance Indicators: The Board will monitor the number of people assessed as needing home physiotherapy, the number who receive it and the waiting times, in those areas with community based physiotherapists.</p>
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Support for Carers

Strategic Focus	Service Development, Targets and Performance Indicators
<p>Identification of needs of carers and enabling them to cope.</p>	<p>The carer co-ordinator in Laois/Offaly works closely with carers associations to identify needs.</p> <p>Target 4.1.4 In partnership with the Carers Association. The Board will develop and implement a carers assessment form in 2000.</p> <p>The carer co-ordinator will continue to train carers in coping in caring skills.</p> <p>Target 4.1.5 Phase 2 of the Attendant/Carer Training programmes will consist of sessions in Edenderry, Abbeyleix, Mountmellick and Athlone in 2000.</p> <p>The Board in partnership with carer organisations will develop an information pack for carers.</p> <p>Cost: £0.005 m</p> <p>Performance Indicator</p>

	<p>Information pack developed.</p> <p>In 2000 the Board will recruit a carer co-ordinator for the Longford/Westmeath area to conduct similar programmes.</p> <p>Cost: £0.035 m</p> <p>The Board will subvent the Carers Association to the extent of £0.010 m and develop a service agreement with them. The service agreement will cover co-operation with the Board and development of carer resource centres and a telephone helpline.</p>
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Day Care Centres

Strategic Focus	Service Developments, Targets and Performance Indicators
<p>Improved community services to meet the needs of carers.</p>	<p>In 1999 the Board shortened the summer closure period of day centres in order to improve continuity of care. In response to demands from carers, the Board will pilot longer opening hours in one day care centre in each Community Care Area of the Board.</p> <p>Cost: £0.020 m</p> <p>In 2000 the Board will evaluate the service provided in its day centres.</p> <p>Cost: £0.020 m</p> <p>Target 4.1.6 Completion of evaluation in 2000.</p>

Alzheimer's Disease

Strategic Focus	Service Developments, Targets and Performance Indicators
<p>Supporting Carers</p>	<p>Results from the Board's mapping study show that 3 out of every 100 Public Health Nurse visits are made to a patient with Alzheimer's Disease.</p>

	<p>The Board has had discussions with the Alzheimer's Society on the training of Information and Advice Counsellors and also on the training of carer support workers and on the contracting of services from carer support workers trained by the Society from funding provided by FÁS.</p> <p>Graduates from the training programme for carer support workers are expected to come on stream in September, 2000.</p> <p>The Board will have further discussions with the Alzheimer's Society early in 2000 and will put in place a service agreement for service funding.</p> <p>Cost: £0.055 m</p> <p>Performance Indicator: Service agreement in place in 2000.</p>
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Strategic Focus	Service Development, Targets and Performance Indicators
<p>Community structures which will facilitate sector management.</p>	<p>The Board plans services for older people on the basis of six geographical sectors, each with a population of approximately 30,000 people. The appointment of an extra Senior Public Health Nurse to each community care area will mean that all six sectors will now have the clinical leadership of a Senior Public Health Nurse.</p> <p>Each Senior Public Health Nurse will:</p> <ul style="list-style-type: none"> - Contribute to the assessment of needs of older people. <ul style="list-style-type: none"> • Ensure provision of public health nursing, twilight nursing, home help and other services on an equitable basis. - Oversee the quality of clinical care. <p>Cost: £0.070 m</p> <p>Target 4.1.7 Recruitment in early 2000.</p>

Health Promotion

Strategic Focus	Service Development, Targets and Performance Indicators
<p>Promotion of better health among older people and disease prevention.</p>	<p>The Board will promote physical activity for older persons through the ‘Go for Life’ Programme in partnership with the regional VECs. This programme will be delivered by trained peer leaders.</p> <p>Target 4.1.8 The Board will support trained tutors to deliver ‘Go for Life’ Activity Days to community groups for older people.</p> <p>Performance Indicator</p> <p>4 courses run</p> <p>Target 4.1.9 The Board will promote physical activity in health board facilities for the older person i.e. Day Care Centres, Elderly Care Hospitals, Community Nursing Units, Welfare Homes and Private Nursing Homes.</p> <p>Performance Indicator</p> <p>The Board will assign a Health Education Officer to lead these programmes.</p> <p>Cost: £0.030 m</p> <p>The Board will develop a health information programme for older people. A targeted health promotion programme will be developed for older people with diabetes.</p> <p>This will involve:</p> <ul style="list-style-type: none"> - Provision of training. <ul style="list-style-type: none"> • Piloting a number of health information courses for older People. - Promotion the courses among older people.

Enable older people to have more control over their health by giving them more information.

- Carrying out evaluation.

Performance Indicator

Training provided.

Pilot talks carried out.

Evaluation carried out.

The Board will develop a health information programme for people with diabetes.

Performance Indicator

Programme planned and implemented in 2000.

The Board will promote uptake of influenza vaccine among older people.

Target 4.2.1 Increase uptake from the 1999 figure of 50% to 60% in 2000.

Performance Indicator: Vaccination Uptake.

Prevention of disease and reduction of hospital admissions.	
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5. Persons with Disabilities

Introduction:

In the Midland Health Board the disability care group comprises of two elements;

5.1 Services for people with a mental handicap (intellectual disability),

5.2 Services for persons with a physical / sensory disability.

Persons with Mental Handicap (Intellectual Disability)

Mission Statement:

People with a mental handicap (intellectual disability) should receive a quality service, delivered locally and responsive to their individual needs.

Review of Performance against 1999 Service Plans:

Funding

£0.750m allocated

Laois/Offaly Community Care Area

- 15 additional day places, provided at Tullamore/Edenderry (3), Birr (5) and Portlaoise (7).
- 22 additional families availed of the pilot carers relief scheme.
- 16 people availed of a respite programme during the summer period.
- A day service, in partnership with KARE was further developed in Edenderry. This service moved to a new premises.
- 1 residential & day placement provided in Muckamore Abbey, Co. Antrim. During 1999 the Day service in Alvernia, Portlaoise, was augmented; two care assistants were allocated to the unit and 51 adults availed of this service on a rotational basis.

Longford/Westmeath Community Care Area

- A Day service for 5 older persons with a mental handicap (intellectual disability) commenced in Athlone.
- 3 additional people availed of the supported living initiative in Mullingar.
- 1 residential & day placement provided in St. Paul's, Beaumont, Dublin.
- A supported employment initiative was developed in Mullingar for an additional 14 people in the following areas- forecourt attendants, shop assistants, hotels and factory work.

- 16 additional people availed of the carer relief service in Longford/Westmeath.
- 0.5 wte Physiotherapist was appointed in Longford/Westmeath, the emphasis was on the provision of services for children with multiple problems in the special centres. The assessment of needs of adults in the Boards residential centres was commenced.
- Funding was provided for 1 wte Speech & Language Therapist. Despite numerous efforts the Board was unable to recruit a therapist.
- 0.5 wte Occupational Therapist was filled on a temporary basis only from September, as difficulty was experienced in recruiting a therapist.
- Detailed information on the foregoing placements with the Personal Identification Numbers from the Intellectual Disability Database, will be available in the Operational Plans.

During 1999 respite houses were purchased in Longford, Birr and Portlaoise.

Enhancing the Partnership

On 1st January 1999 responsibility for funding of the services of the Sisters of Charity of Jesus & Mary, Moore Abbey, and the Sisters of the Sacred Hearts of Jesus and Mary, Roscrea, transferred to the Board. Electronic Funds Transfer was established, with quarterly reports to the Board from the agencies.

The Board was represented on the National Implementation Committee on 'Enhancing the Partnership'. The first meeting was on November 22nd 1999, and a national template for service agreements will be available in early 2000.

In May 1999 staff from the Board attended a national Conference on 'Enhancing the Partnership', where 'Widening the Partnership' was launched.

The Board had intended in 1999 to sign service agreements with the non-statutory agencies and an agreement had been discussed and agreed with the Mental Handicap Services Development Committee. This is now put on hold until the national template is agreed.

A workshop on 'Enhancing the Partnership' organised for 24th November, 1999, was postponed until early 2000 when the national template on service agreements will be agreed.

Service Plan Guidelines were developed by the Board and discussed and agreed with the Mental Handicap Services Development Committee. All non-statutory agencies were requested to submit their service plan for 2000 based on these guidelines by early November 1999.

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

The inaugural meetings of the Mental Handicap Services Consultative Committee and the Mental Handicap Services Development Committee were held on July 23rd.

The terms of reference and composition were in accordance with 'Enhancing the Partnership'. During 1999 Standing Orders were developed and agreed for both Committees. Following representations the Mental Handicap Services Consultative Committee agreed that the number of NAMHI Parent Representatives on that Committee would be increased from two to six. To date there have been three meetings of both committees. In November both Committees, based on information from the Sectors, prioritised their recommendations for service provision for 2000.

The Boards Residential Services

During July and September 1999 the Board carried out an audit/evaluation of its residential services at:-

St. Peter's Castlepollard

Lough Sheever, Mullingar

Alvernia House, Portlaoise

The reports of these audits/evaluations became available in early December 1999. During the year project teams were established to advise the Board on the future direction of the Board's residential service provision. The Board made a submission to the Department of Health & Children in 1999 to relocate residents from its residential services to the community.

Management Structure

In 1999 the Board received funding to improve management structures. Two additional staff were appointed- the Disability Services Administrator in October and the Disability Database Operator in November.

Intellectual Disability Database

A project team was established to advise on the Board's high prevalence rate for Moderate, Severe and Profound Mental Handicap. The Department of Public Health, with assistance from the Health Research Board, and other stakeholders undertook research on prevalence rates per population with mental handicap (intellectual disability). The finding of this research will be available during 2000 and will inform future service development.

The Disability Database Operator was appointed in November 1999. All service providers were requested to validate information pertaining to their clients on the Intellectual Disability Database. During 1999 several parents requested information regarding the information held on the Database on their son/daughter and this information has been readily furnished.

Autism

During 1998 the Board made application to the Department of Health & Children for funding with a view to a joint enterprise with The Irish Society for People with Autism to commission a new service in Kinnegad Co. Westmeath. In 1999 the Board was unable to secure additional funding. In 1998 72 adults were identified and in 1999 81 children were identified in the Board' area as being on the autistic continuum.

Supports

The Board had intended to review the Carer Relief and Early Intervention Services in Longford/Westmeath during 1999. This was deferred until the Report of the Review Group on the Role of the Counselling Nurse became available in September 1999. This review will now take place in 2000.

Resource Centres

In 1999 work continued on the joint project between the Board, the Sisters of Charity of Jesus and Mary and the Parents and Friends of the Mentally Handicapped, Mullingar and District, regarding the Presentation Chapel site in Mullingar which was purchased to relocate the current Siol Resource Centre.

A project team was established and a design brief was finalised in December 1998. In 1999 plans were drawn up. There were objections to the plans which caused delays. Planning permission was sought in November 1999.

A second project team was established to advise on the operational protocols and procedures for the Mullingar Resource Centre and the Síol Resource Centre, to work in partnership with the Parents and Friends of the Mentally Handicapped, Mullingar and District and the Sisters of Charity of Jesus and Mary Services, the final report was made available in December 1999.

In 1999 the Board in partnership with KARE Services Kildare, established a day service for adults with Mental Handicap (Intellectual Disability) in Edenderry.

The resource centre in Durrow Co. Laois did not go ahead as planned due to problems in securing the lease of the building.

Information

In updating the current Information Leaflet on services for people with a mental handicap (intellectual disability) available in the Midland Health Board area, it was decided to develop a template for a web-site on disability linked with physical/sensory

disability in the Midlands and linked with the Disability 2000 project and the DFI web-site. This template was circulated during October. Work will be on-going in 2000.

Hepatitis B

The Hepatitis B vaccination programme was on-going in 1999

Service Delivery:

Services for Persons with a mental handicap (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 who provide services in Counties Westmeath, Offaly and Laois, and the clinical support services in all four counties on an agency basis for the Board.

Sisters of the Sacred Heart of Jesus and Mary, St. Anne's, Roscrea, who provide services in County Offaly.

St. Hilda's Services for the Mentally Handicapped, Athlone, who provide services in County Westmeath.

County Longford Association for Mentally Handicapped, Longford, who provide services in County Longford.

KARE Services Kildare, who provide services in County Offaly.

The Board provides residential services in Counties Westmeath and Laois, community residences in Counties Westmeath and Longford and a Day Service in County Westmeath. The Board also provides Speech and Language Therapy, Occupational Therapy, Physiotherapy and a Counselling Nurse Service.

Service Profile :

The aim of services is to:

- achieve the best possible quality of life for people with an intellectual disability.
- ensure good quality assessment and care management.
- 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 to provide services and supports that are effective, cost efficient, flexible and responsive to the service users needs and their families.

The Intellectual Disability Database indicates that there are 1,982 persons with a mental handicap (intellectual disability) in the Midland Health Board area.

Total Number on the Intellectual Disability Database January 2000

Borderline	68
Mild	875
Moderate	706
Severe	229
Profound	44
*Not Verified	60
Total	1982

* It is intended to finalise the status of these persons by 31st March 2000.

Emerging Issues Identified during 1999

Residential:

- Increasing, dependent population of older persons with a mental handicap (intellectual disability)
- Respite Care becoming long term care, which can lead to respite beds becoming blocked.
- Persons in community on waiting lists for placement in community group home
- Increasing demand for respite care
- Increase in demand for placements in the area of challenging behaviour

Day and Community Outreach Services:

- Classes for children with Autism have led to increased pressure for Speech and Language Therapy, Occupational Therapy, Psychology and other health related supports
- Increase in numbers referred to the Counselling Nurse Service
- Families of children with multiple handicap require increased emotional and physical home supports
- Difficulties being encountered in recruiting suitable carer relief persons
- Difficulties being encountered in recruiting therapy staff
- Need to augment social work input to day services

Broad Strategic Focus:

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

Shaping a Healthier Future, 1994

Working for Health & Well-Being 1998-2001,

Needs & Abilities, 1990

Enhancing the Partnership 1997,

Widening the Partnership 1999

An Assessment of Need 1997- 2001 Services to Persons with a Mental Handicap/Intellectual Disability,

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.

Individual Care Plans will continue to be organised for each individual. The ultimate goal is that each individual will have a care plan to enable the person achieve his/her full potential.

The MHB in partnership with the non -statutory agencies will plan & develop services for persons with a mental handicap (intellectual disability) on the basis of needs assessment and utilising the information gleaned from the Board's Intellectual Disability Database.

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Funding 2000 :

Funding of £0.695m has been provided in 2000 in respect of services to persons with a mental handicap(intellectual disability) including autism. A sum of £0.345m in respect of full year costs of service development put in place in 1999 is provided in 2000 funding. In Laois/Offaly and in Longford/Westmeath this will be used for full year costs in residential and respite service.

£0.050m is to increase the level of base funding available to the County Longford Association for Mentally Handicapped.

£0.200m is for services provided by the Sisters of Charity of Jesus and Mary Moore Abbey/St. Mary's, Delvin in respect of the existing services issues which were agreed with the agency as part of the transfer process.

£0.100m is for services provided by St. Anne's, Roscrea in respect of the existing services issues which were agreed with the agency as part of the transfer process.

Additional funding in 2000

£2.460 m is available in 2000 for the further development of services for people with an intellectual disability.

Service	Amount £m
Residential	£0.850m
Respite	£0.270m
Day	£0.800m
Autism Children's Health/Related Services	£0.150m
Transfer from inappropriate placements	£0.240m
Specialist & Additional Support Services	£0.150m
Total	£2.460m

Service Development 2000

Enhancing the Partnership

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
The Board will work in partnership with the previously direct funded and Section 65 funded	Target 5.1.1 The Board will enter into a service agreement with the non-statutory agencies, providing services for persons with a mental handicap (intellectual disability), based on 'Enhancing the Partnership', 1999 funding and utilising the agreed national template for service

<p>non-statutory agencies (which are now Section 26 funded) to provide and develop services in an effective and cohesive manner.</p>	<p>agreements, the appendix of which will take account of development funds for 2000. The agencies concerned are:-</p> <ul style="list-style-type: none"> - The Sisters of Charity of Jesus and Mary Services, Moore Abbey, Monasterevin. - The Sisters of the Sacred Hearts of Jesus and Mary Services, Roscrea. <p>Performance Indicator</p> <p>Service agreement in place.</p>
	<p>Target 5.1.2</p> <p>The Board will enter into a service agreement with the previously Section 65 funded non-statutory agencies, providing services for persons with a mental handicap (intellectual disability), based on 'Widening the Partnership', 1999 funding and utilising the agreed national template for service agreements, the appendix of which will take account of development funds for 2000. The agencies concerned are:-</p> <ul style="list-style-type: none"> - St. Hilda's Services, Athlone. - County Longford Association for Mentally Handicapped, Longford. - KARE Services, Kildare <p>Performance Indicator</p> <p>Service agreement in place.</p> <p>Target 5.1.3</p> <p>The Board in conjunction with the non-statutory agencies and the Mental Handicap Services Consultative & Development Committees, will agree protocols for the financial, personnel, and quality monitoring arrangements, outcome measures and management of service agreement.</p> <p>Performance Indicator</p> <p>Monitoring arrangements will be agreed and implemented during 2000.</p> <p>Target 5.1.4</p> <p>Service Plans and Operational Plans will be based on need, utilising</p>

<p>Service Plans for 2001 will be submitted to the Board by the non-statutory agencies together with the operational plans for the Board's own services, not later than 20th October, 2000.</p>	<p>the Intellectual Disability Database data.</p> <p>The Board in conjunction with the Mental Handicap Services Consultative and Development Committees will prioritise the service needs for the provision of services for people with a mental handicap (intellectual disability) for 2001.</p> <p>Performance Indicator</p> <p>Service Plans and Operational Plans available not later than 20th October 2000.</p>
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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, and the Mental Handicap Services Development Committee.</p> <p>A sub-committee will be established to organise Seminars/</p> <p>Workshops on issues relevant to the partnership process and</p>	<p>Target 5.1.5</p> <p>The Mental Handicap Services Consultative Committee will meet at least three times in 2000, and the Mental Handicap Services Development Committee will meet at least four times in 2000.</p> <p>The terms of reference, standing orders and composition will be reviewed.</p> <p>Performance Indicator</p> <p>Meetings held, minutes available and follow up as appropriate.</p> <p>Target 5.1.6</p> <p>This sub-committee will develop with the Board, seminars/workshops during 2000.</p> <p>One seminar will be organised for personnel from the Board and non-</p>

<p>service delivery.</p> <p>It was recommended by both Committees in 1999 to allocate £0.010m in 2000 for this purpose.</p>	<p>statutory agencies to clarify:</p> <p>The role and function of the statutory & non-statutory agencies, services provided by statutory & non-statutory agencies. The implementation of "Enhancing the Partnership" and " Widening the Partnership". Standards, Protocols, Performance Indicators, Outcome Measures, which are common to all. (This had been planned for November 1999 and was postponed pending the National Template for Service Agreements).</p> <p>Performance Indicator</p> <p>Seminars/Workshops organised in 2000. Agreement regarding Standards, Protocols, Performance Indicators, Outcome Measures, with the subsequent follow up.</p> <p>Target 5.1.7</p> <p>Abuse guideline in line with the Children’s First National Guidelines for the Protection and Welfare of Children, and guidelines for vulnerable adults will be developed. Training and awareness will need to be organised.</p> <p>Performance Indicator</p> <p>Guidelines developed and communicated, with training as appropriate.</p> <p>Target 5.1.8</p> <p>A seminar/workshop will be organised on quality systems, which will include the Personal Outcome Measurement System and Continuous Quality Improvement.</p> <p>Performance Indicator</p> <p>Seminar/Workshop held.</p>
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Intellectual Disability Database

<p>Strategic Focus</p>	<p>Service Development, Targets, Performance Indicators and Costs.</p>
<p>The purpose of the Intellectual Disability Database is to</p>	<p>Target 5.1.9</p> <p>In November 1999 the Disability Database Operator was appointed. Protocols will be developed for the operation and the maintenance of</p>

<p>improve the accuracy of data available to the Board, to enable assessment of the needs of clients, and to support planning for future development of services.</p>	<p>the database.</p> <p>Performance Indicator</p> <p>Protocols developed regarding the database in 2000.</p> <p>Target 5.1.10</p> <p>A Regional Database Committee will be established in 2000, with representatives from the Board and the non-statutory agencies.</p> <p>The terms of reference will include ensuring that the entire data-set is reviewed on an annual basis for completeness and accuracy.</p> <p>Performance Indicator</p> <p>Regional Database Committee established, with the review of the data-set for completeness and accuracy.</p> <p>Target 5.1.11</p> <p>In 2000 there will be an audit of a representative sample from the Intellectual Disability Database.</p> <p>Performance Indicator</p> <p>Audit carried out and subsequent findings will inform any action required.</p>
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Services for Adults and Children with Autism

There are currently no dedicated clinical support services for children and adults with autism and related disorders in the Board's area. A multidisciplinary team needs to be established which will have a diagnostic, assessment, treatment and resource brief and will serve as a resource for teachers, staff, parents and family members for dealing with adults and children with autism. In order to meet the service demand and taking into account the geographical spread of the Midland Health Board's four counties, two teams will be required one in Longford / Westmeath (L/W) and one in Laois / Offaly (L/O) Community Care Area. The Board made an application to the Department of Health & Children in October for £0.650m towards this purpose.

In September 1998 a special class for children with autism in Athy, Co. Kildare was established with 6 children from Portlaoise attending. Support for these children was provided from Beechpark, Specialist Team for Autism, Eastern Health Board. This support was withdrawn and the Midland Health Board was notified in June 1999. These children are not receiving support currently. In September 1999 a class for children with autism was established in the Presentation Convent, Mullingar, 4 children attend. These children are not receiving support currently. There are children with autism throughout the Board's area attending mainstream schools, special

classes, care units and special schools. In some cases classroom assistants are available. Pre-school children with autism are, in the main, attending the early intervention services for people with mental handicap.

In 2000 the Board will appoint a team to initially provide an enhanced level of support to families of children with autism and on an outreach basis to the educational services working with these children. In the longer term this team will be augmented and will provide a service to adults with autism.

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
<p data-bbox="236 618 491 1160">Multidisciplinary teams need to be established, to provide a diagnostic, assessment, treatment and resource support for teachers, staff, parents and family members dealing with adults and children with autism.</p> <p data-bbox="236 1429 459 1568">Residential/Day Services for Adults with Autism.</p>	<p data-bbox="518 618 710 654">Target 5.1.12</p> <p data-bbox="518 689 1404 797">In the letter of determination £0.150m was allocated to Autism/ Children's Health Related Services, £0.050m was allocated in 1999, giving a total of £0.200m.</p> <p data-bbox="518 837 970 873">Multi-disciplinary team for autism</p> <p data-bbox="518 913 817 949">Pay & Non-Pay Costs:</p> <p data-bbox="518 990 906 1025">Senior Psychologist £0.050m</p> <p data-bbox="518 1066 1037 1102">Speech & Language Therapist £0.030m</p> <p data-bbox="518 1142 1050 1178">Occupational Therapist 0.5 wte £0.018m</p> <p data-bbox="518 1218 938 1254">Social Worker 0.5 wte £0.018m</p> <p data-bbox="518 1294 855 1330">Clerical support £0.016m</p> <p data-bbox="518 1370 1098 1406">Counselling/Liaison Nurse 0.5 wte £0.018m</p> <p data-bbox="518 1447 1171 1482">Consultant Child Psychiatrist (sessional) £0.025m</p> <p data-bbox="518 1523 1337 1608">Office Accommodation/equipment/postage/phone etc. <u>£0.025m</u> £0.200m</p> <p data-bbox="518 1648 842 1684">Performance Indicator</p> <p data-bbox="518 1724 715 1760">Team in place.</p> <p data-bbox="518 1872 710 1908">Target 5.1.13</p> <p data-bbox="518 1948 1417 2016">The Board in partnership with the non-statutory agencies, in 1998, identified 72 adults with autism in the Board's area. A priority list of</p>

	<p>persons in need of immediate service was identified with a view to establishing a joint enterprise with The Irish Society for People with Autism to commission a new service in Kinnegad, Co. Westmeath.</p> <p>The Board in 2000 intend to secure a place for one adult, at Cluain Farm, Co. Westmeath. Cost £0.065m</p> <p>Performance Indicator</p> <p>One residential place secured at Cluain Farm. Service Agreement will be entered into with the Irish Society for People with Autism.</p>
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Share-a-Break & Room-to-Share Schemes

In response to the recommendation of the Review Group Report of 1997, the Board, in conjunction with the Sisters of Charity of Jesus and Mary Services, established a Project Team in June 1999 to evaluate the Share-a-Break & Room-to-Share Schemes. A postal questionnaire was sent out to the natural parents and the host parents in August 1999. There was a 49% response rate. Interviews of participants, both children and adults, was carried out during August and September.

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
<p>The Board funds the Sisters of Charity of Jesus and Mary on an agency basis to operate the Share-a-Break & Room-to-Share Schemes.</p>	<p>The findings of this evaluation indicate the following:-</p> <ul style="list-style-type: none"> - there is a high level of satisfaction with the schemes - there is a preference for short breaks of 2-3 or 4-7 nights duration - the only dissatisfaction related to issues of inadequate monetary allocation to families, the methods of payment and the need for more frequent breaks. <p>Target 5.1.14</p> <p>In 2000 an additional increase in the funding allocation to the Share-a-Break & Room-to-Share Schemes, representing an increase to the host parents for 24 hour overnight stay from £10 to £15 Monday to Friday and from £10 to £20 Saturday & Sunday.</p> <p>Cost £0.015m</p>

	<p>The method of payment will also be reviewed.</p> <p>Performance Indicator</p> <p>Additional payment allocated in 2000, progress on the method of payment.</p>
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2000 Allocation of £2.460m

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
<p>£2.460 m is available in 2000 for the further development of services for people with a mental handicap (intellectual disability).</p> <p>The MHB in partnership with the non – statutory agencies will plan & develop services for persons with a mental handicap (intellectual disability) on the basis of needs assessment, and utilising data from the Intellectual Disability Database</p>	<p>In November 1999 the Mental Handicap Services Consultative and the Development Committees, following submission from the six sectors, considered and agreed to recommend the following service priorities.</p> <p>The £2.460m is to be allocated as follows:</p> <p>Residential £0.850m</p> <p>Respite £0.270m</p> <p>Day £0.800m</p> <p>Autism/ Children’s Health Related Services £0.150m</p> <p><i>(Reference Target 5.1.12)</i></p> <p>*Transfer from Inappropriate Places £0.240m</p> <p>*Specialist & Additional Support Services £0.150m</p> <p>* To be agreed with the Department of Health & Children.</p> <p>Transfer from Inappropriate Places £0.240m</p> <p>During July and September 1999 the Board carried out an audit/evaluation of its residential services at:-</p> <ul style="list-style-type: none"> - St. Peter’s Castlepollard - Lough Sheever, Mullingar - Alvernia House, Portlaoise <p>The findings of these audits/evaluations became available in early December 1999. A project team will be established in 2000 to</p>

progress the recommendations of the various reports. In consultation with the Department of Health and Children the allocation of £0.240m and the capital allocation for 2000 will be utilised to transfer people from inappropriate placements.

Specialist & Additional Support Services £0.150m

A Project Team will be established to examine and recommend on the most appropriate placements in consultation with the Department of Health & Children.

Target 5.1.15

Other Costs

MHSCC & MHSDC Costs £0.010m

(Reference Target 5.1.6 – 5.1.8)

Health Promotion £0.005m

(Reference Target 5.1.19)

Share-a-Break & Room-to-Share £0.015m

(Reference Target 5.1.14)

The individual needs of the clients will influence the funding allocation for residential and day places. A minimum of 32 residential places and a minimum of 80 day places will be provided in the Boards area.

Services will be planned based on needs identified by the Intellectual Disability Database, which indicated the following requirements for 1999 & 2000:

Residential 128 Places

Day 211 Places

Residential Supports 53 Places

The service requirements of children and adults with autism will be considered and account will be had to the need for respite care for children attending special schools/classes.

Early in 2000, the Board, in consultation with the Mental Handicap

	<p>Services Consultative Committee and the Mental Handicap Services Development Committee, will prioritise and plan services based on identified needs.</p> <p>Laois/Offaly</p> <p>Residential</p> <p>A minimum of 16 Places £0.425m</p> <p>Day</p> <p>A minimum of 40 Places £0.400m</p> <p>Respite</p> <p>Commission respite house in Birr</p> <p>Commission respite house in Portlaoise £0.135m</p> <p>Longford/Westmeath</p> <p>Residential</p> <p>A minimum of 16 Places £0.425m</p> <p>Day</p> <p>A minimum of 40 Places £0.400m</p> <p>Respite</p> <p>Commission respite house in Mullingar</p> <p>Commission respite house in Longford £0.135m</p> <p>Performance Indicator</p> <p>Residential, Day and Respite places provided in 2000.</p>
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Web-Site on Disability

In October 1999, a template for data collection, was circulated to relevant organisations, there have been 90 submissions to date.

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
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<p>The web-site on disability will be part of the Board's web-site .</p>	<p>Target 5.1.16</p> <p>In conjunction with Management Services all information will be collated and the Boards web-site on disability will be launched in 2000, with links to the Disability 2000 and DFI web-sites.</p> <p>Performance Indicator</p> <p>Launch of web-site in 2000</p> <p>Target 5.1.17</p> <p>Protocols will be developed regarding the operation and upkeep of the database.</p> <p>Performance Indicator</p> <p>Progress on the development of protocols</p>
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Hepatitis B

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
<p>The Board during 2000 will continue the on-going Hepatitis B vaccination programme for staff and service users.</p>	<p>Target 5.1.18</p> <p>In 2000 the Board will continue the on-going Hepatitis B vaccination programme whereby staff and service users who are not known to be immune to Hepatitis B are offered vaccination.</p> <p>The staff are included on the Occupational Health Database. A database for clients needs to be established.</p> <p>Performance Indicator</p> <p>During 2000 staff and service users who are not known to be immune to Hepatitis B will be offered vaccination. A database will be established for clients.</p>

Health Promotion for persons with a mental handicap(intellectual disability)

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
<p>Health promotion for people with a disability requires the input and</p>	<p>A workshop was held on Health Promotion for Persons with Disabilities on October 14th 1999 and as a result the following priority services areas were identified.</p> <ul style="list-style-type: none"> • Awareness

<p>expertise of</p> <ul style="list-style-type: none"> • those providing services for this care group • those providing services for the general population • public health and health promotion specialists in addition to advice and direction from those with a disability • families and carers • other statutory & non-statutory agencies 	<ul style="list-style-type: none"> • Dissemination of user friendly information • Incontinence • Technology • Education and Training for people with disabilities and parents, carers and staff • Supports for carers • Provision of sports facilities • Infrastructure planning • Integration into the community <p>Target 5.1.19</p> <p>During 2000 a Project Team with representatives from disabilities services, health promotion service, the Mental Handicap Services Consultative Committee, the Mental Handicap Services Development Committee and the Regional Co-ordinating Committee for physical/sensory disability, will develop an action plan to address the identified priorities.</p> <p>Performance Indicator</p> <p>Action Plan developed</p> <p>Mental Handicap Cost £0.005m</p>
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Carers Relief & Early Intervention

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
<p>Review Carers Relief and Early Intervention Services in Longford/Westmeath</p>	<p>Target 5.1.20</p> <p>In 2000 a Project Team will be established to review the Carers Relief and Early Intervention Services in Longford/Westmeath. Due regard will be had to the Review of Counselling Nurse Report 1999.</p> <p>Performance Indicator</p> <p>Project Team established and the review of Carers Relief & Early Intervention Services in Longford/Westmeath Community Care Area</p>

	will commence in 2000.
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Dental Services for Adults and Children with a mental handicap / intellectual disability

Strategic Focus:	Service Development, Targets, Performance Indicators and Costs.
<p>The Board aims to promote oral health through personal empowerment and to develop healthy practices in line with the Health Strategy</p> <p>The Board recognises the social gain for children and carers in the provision of this oral health service.</p> <p>Adults</p> <p>The DTSS is changing on 1/1/2000</p> <p>All persons with</p>	<p>Target 5.1.21</p> <p>In 2000, the oral health promotion programme will be provided to children with special needs, marginalised groups and socially excluded groups.</p> <p>Performance Indicator</p> <p>Oral health promotion programme provided to children with special needs and marginalised groups and socially excluded groups.</p> <p><i>(Cross Reference Children & Families – Child Health)</i></p> <p>Target 5.1.22</p> <p>To continue this necessary service. There was no waiting list at year-end for children with special needs who had their entire dental treatment needs carried out in one visit under general anaesthetic.</p> <p>To maintain the service to children unsuitable for treatment under local anaesthetic who had whole mouth treatment under this service.</p> <p>Performance Indicator</p> <p>General Anaesthetic Service available to children who will require it and absence of a waiting list at year end.</p>

<p>a medical card will be entitled to a full course of routine treatment including dentures, through the DTSS.</p>	<p><i>(Cross Reference Children & Families-Child Health)</i></p> <p>Target 5.1.23</p> <p>Special Needs</p> <p>The following will be available.</p> <p>A service for adults with a mental handicap (intellectual disability).</p> <p>Day centres, respite and residential centres will be visited as necessary.</p> <p>An educational and preventative role will be provided for parents, family members, staff and carers.</p> <p>Liaison will be effected with private dentists.</p> <p>General Anaesthetic will be available as required.</p> <p>Performance Indicator</p> <p>Service available</p> <p><i>(Cross Reference Episodic Care)</i></p>
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Persons with a Physical/Sensory Disability.

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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 1999 Service Plans:

The Midland Health Board pilot database indicates that there are 1,314 people with a physical/sensory disability under 65 years who are currently in receipt of services or who will require services in the next five years.

Funding

£0.180m was provided in 1999

Laois/Offaly Community Care

- 1 wte Occupational Therapist was recruited who provided a service to children up to 18 years with congenital and /or acquired physical disabilities, sensory impairments, or developmental co-ordination disorders.
- 1 wte Senior Speech & Language Therapist was recruited who provided a service to children and adults with a significant physical/sensory disability.
- 0.5 wte Physiotherapist was recruited who provided a service to adults with physical/sensory disabilities in Laois. Initially a needs assessment was completed.
- Support was given to the Disability 2000 Project. This project is an initiative of the Arus Eoghan Resource Centre, Portlaoise and is an information service for people with physical and sensory disability in the Board's area.

Longford/Westmeath Community Care

- 1 wte Occupational Therapist, was appointed initially to commission the Springfield Project, Mullingar.
- It was not possible to recruit a Speech and Language Therapist.
- Support staff for Athlone were interviewed and will take up duty in January 2000.
- Administrative Support in Longford/Westmeath was provided for disability services. This freed the therapist availability for client intervention.

£0.089m was allocated towards core funding:

Irish Wheelchair Association £0.045m

National Council for the Blind £0.004m

Respite and other services 0.040m

Management Structure

In 1999 two additional staff were appointed, the Disability Services Administrator in October and the Disability Database Operator in November.

Regional Co-ordinating Committee

All members of the Regional Co-ordinating Committee attended the National Evaluation Conference in Portlaoise.

The Sports Sub-Committee organised a very successful seminar on access to sports for all, in October.

The Information Sub-Committee linked with intellectual disability services to develop a template for data collection for the Board's Web-Site. In updating the current information leaflet on services for people with a physical/sensory disability in the Board's area, it was decided to develop a template for a web-site on disability linked with mental handicap (intellectual disability) and linked with the Disability 2000 project and the DFI web-site. This template was circulated during October. Work will be on-going in 2000.

The Co-ordinating Committee has established three sub-committees to meet the following aims:

- to develop a strategy for services for people with a physical/sensory disability under 18yrs.
- to develop a strategy for services for people with a physical/sensory disability 18yrs-65yrs.
- to advise the Board on the Personal Assistant Scheme.

Database for persons with a physical/sensory disability

The Board has established a database on which there are 1,314 people with a physical/sensory disability 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. During 1999 data was inputted and validated. Protocols were developed for access to the database and updating of the database. The Board is represented on the National Taskforce established by the Department of Health & Children.

Service Agreements

In 1999 Service Agreements were entered into with the Irish Wheelchair Association and the National Council for the Blind.

Resource Centres

Progress continued regarding the joint enterprise between the Board, who will operate a therapeutic service for adults and children, and the Irish Wheelchair Association who will operate a day service for adults in Mullingar. Refurbishment of the building in Mullingar commenced in July 1999. This service will be operational mid 2000.

The Durrow Centre, Co. Laois did not go ahead as planned in 1999, due to problems experienced with the lease of the building.

The joint venture with Athlone Community Taskforce did not go ahead as planned, due to their difficulties with the acquisition of a site. A project team was established in October 1999 to examine and make recommendations on the development of a day resource centre in Athlone.

Residential/Respite

A project team has developed a design brief and costings for this service and the Board made submissions to the Department of Health and Children for funding. (*Reference Target 5.2.10*).

Supports

A project team has established that there are 56 people with cystic fibrosis in the Midland Health Board area.

Special Needs Clinic was not evaluated in 1999, as the Counselling Nurse Review was on-going. This report was made available in September 1999 and the evaluation will commence in 2000 .

Health Promotion

A workshop was held on health promotion for persons with a disabilities on 14th October, 1999.

Broad Strategic Focus:

In developing the Boards 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 Institute, the Centres for Independent Living and The Cystic Fibrosis Association.

Service Delivery:

Services are provided for people 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.

Emerging Issues Identified during 1999

- Problems experienced in recruiting therapy staff with adequate skills and experience
- Increased demands for residential and respite service
- Classes for children with autism placing demands on therapy service provision
- Increasing demand for Personal Assistants
- Need for Counselling Services
- In collaboration with the Department of Education and Science the provision of additional Speech and Language Therapy support to schools in Athlone, Longford and Ballymahon.

Funding 2000 :

A sum of £0.292m has been provided to the Board in 2000 towards core funding of these services in partnership with the care providers in this sector, including non-statutory agencies.

Full year costs of 1999 development funding	£0.180m
Irish Wheelchair Association	£0.014m
Provision of enhanced Interpreter Services	£0.005m
Aids & Appliances	£0.011m
Rehab Group	<u>£0.082m</u>
Total	£0.292m

Other

Community Workshops, long term trainees	£0.090m
Domiciliary Care Allowance (children under 2 years)	£0.077m

Additional Funding 2000

Service	Amount £m
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Day Care Services	£0.120m
Home Support Services	£0.180m
Regional Database	£0.031m
Allocation on priorities identified by the Board and the Regional Co-ordinating Committee.	£0.120m
Total	£0.451m

Service Developments in 2000:

The Midland Health 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</p> <p>This Committee will meet at least three times in 2000. The terms of Reference, standing orders and composition will be reviewed.</p> <p>Performance Indicator</p> <p>Meetings held, minutes available and follow up as appropriate.</p>

Enhancing the Partnership

The Board, during 1999, completed a service agreement with the Irish Wheelchair Association and with the National Council for the Blind.

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
<p>The Board will work with non-statutory agencies to provide and develop services in an effective and cohesive manner.</p>	<p>Target 5.2.2</p> <p>The Board will enter into a service agreement with the non-statutory agencies, providing services for persons with a physical/sensory disability, based on ‘Enhancing the Partnership’ and 1999 funding.</p> <p>The appendix will take account of development funds for 2000.</p> <p>The agencies concerned are:</p> <p>The Irish Wheelchair Association</p> <p>The National Council for the Blind</p> <p>The National Association for the Deaf</p> <p>Offaly Centre for Independent Living</p> <p>Disabled People of Longford</p> <p>Laois Centre for Independent Living</p> <p>Performance Indicator</p> <p>Service agreements in place.</p> <p>Target 5.2.3</p> <p>The Board, in conjunction with the non-statutory agencies and the Regional Co-ordinating Committee, will agree protocols for the financial, personnel, and quality monitoring arrangements and management of service agreement.</p> <p>Performance Indicator</p> <p>Monitoring arrangements agreed and implemented in 2000.</p>
Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
<p>Service Plans for 2001 will be submitted to the Board by the non-statutory agencies together with the operational plans for the Boards</p>	<p>Target 5.2.4</p> <p>Service Plans and Operational Plans will be based on need, utilising information from the Physical/Sensory Disability Database.</p> <p>The Board in conjunction with the Regional Co-ordinating Committee for Physical/Sensory Disability will establish the service needs for the provision of services for people with a physical/sensory disability for</p>

<p>own services, not later than 20th October 2000.</p>	<p>2001.</p> <p>Performance Indicator</p> <p>Service Plans and Operational Plans available not later than 20th October, 2000.</p>
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Web-Site on Disability

In October 1999, a template for data collection, was circulated to relevant organisations, there have been 90 submissions from various organisations to date.

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
<p>The web-site on disability will be part of the Boards web-site .</p>	<p>Target 5.2.5</p> <p>In conjunction with Management Services, all information will be collated and the Boards web-site on disability will be launched in 2000, with links to the Disability 2000 and DFI web-sites.</p> <p>Performance Indicator</p> <p>Launch of web-site in 2000</p> <p>Target</p> <p>Protocols will be developed regarding the operation and upkeep of the database.</p> <p>Performance Indicator</p> <p>Progress on the development of protocols</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</p>	<p>This database will serve as a most useful source of advice and knowledge to the Board, in developing services for people with a physical/sensory disability. The Board has established a database on which there are 1,314 people with a physical/sensory disability 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.</p>

<p>Voluntary Agencies should establish a database on the health service needs of persons with a physical and sensory disability. For 2000 £0.031m has been made available for the further development of the database.</p>	<p>Target 5.2.6</p> <p>A Regional Database Committee established in 1999, will continue until the National Guidelines are issued by the National Group.</p> <p>Performance Indicator</p> <p>Regional Database Committee to continue until National Guidelines are established.</p> <p>Target 5.2.7</p> <p>In 2000 there will be an audit of a representative sample from the Physical/Sensory Disability Database.</p> <p>Performance Indicator</p> <p>The results of this Audit will inform the Regional Database Committee regarding corrective action.</p> <p>Target 5.2.8</p> <p>In 1999 a review was carried out on the Longford & Athlone sector data. In 2000 a review of the remaining four sectors will be organised.</p> <p>Performance Indicator</p> <p>The results of the review will inform the Regional Database Committee. Regard will be had to the National Physical and Sensory Disability Database Progress Report, in the following areas:</p> <ul style="list-style-type: none"> • Information sessions • Training sessions • Changes to Database etc. <p>Cost £0.031m</p>
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2000 Allocation of £0.451m & £0.180m full year costs of 1999 development funding

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
<p>£0.451 m plus £0.180m 1999 full year funding is available in 2000 for the further development of</p>	<p>Priority will be given to commissioning the Springfield Project Mullingar in 2000. During 1999 the project team continued work regarding this joint project between the Board and the Irish Wheelchair Association. Building commenced in July 1999. 1wte</p>

services for people with a physical /sensory disability.

The Board in partnership with the non – statutory agencies will plan & develop services for persons with a physical/sensory disability on the basis of needs assessment, and utilising data from the Physical/Sensory Disability Database

Occupational Therapist, was appointed initially to liaise with Technical Services and advise on equipment, and to progress the project. Partnership and management structures have been developed by the project team.

Target 5.2.9

The £0.180m full year cost of 1999 development funding will be allocated as follows:

Centre Manager £0.030m

Clerical Officer £0.015m

0.25 WTE Technician £0.005m

Tutors £0.005m

Care Taker/Cleaner £0.014m

Activation Co-ordinator £0.025m

Driver £0.014m

Programme Assistants £0.028m

Running Costs £0.044m

Total £0.180m

Performance Indicator

Springfield Project operational April/May 2000.

The Additional Allocation of £0.451m in 2000 provides for the following;

Day Care Services £0.120m

Home Supports £0.180m

Regional Database £0.031m

Identified by Board and

Co-ordinating Committee £0.120m

Total £0.451m

All organisations will have a service agreement which will detail the quality and quantum of service provided to the target group and will be linked to the Physical/Sensory Database data.

All proposals for funding were discussed with the Regional Co-ordinating Committee in November 1999.

Home Care Supports

Personal Assistants (P.A.s) Programme

Offaly CIL

Supports to current scheme - 10 (P.A.s) £0.070m

Laois CIL

Start up Personal Assistants Programme

2 (P.A.s) £0.010m

Disabled People of Longford (DPOL)

Start up Personal Assistants Programme

2 (P.A.s) £0.010m

Irish Wheelchair Association

Personal Assistant Services £0.060m

A number of non-statutory agencies have indicated that they require funding in respect of services provided in the Board's area.

Agreement will be sought between agencies and the Board on the quantum of service which they propose to provide and funding in respect thereof.

£0.030m

Total £0.180m

Day Care Services £0.120m

Priorities identified by Board and

Co-ordinating Committee £0.120m

Total £0.240m

Regional

Regional Co-ordinating Committee for Physical/Sensory

Disability,

Expenses associated including

workshops/seminars £0.005m

Health Promotion for people with disability £0.005m

National Council for the Blind -

Client Services Co-ordinator £0.020m

National Association for the Deaf -

Social Worker £0.020m

The Irish Wheelchair Association -

funding towards community staff £0.015m

Laois/Offaly

1 wte OT £0.030m

1 wte Speech & Language Therapist £0.030m

Birr Special Class £0.005m

0.2 wte Speech & Language Therapist

1 wte Physiotherapist £0.030m

Continence Advisor £0.005m

Clochan House ISO Project £0.004m

Longford/Westmeath

Mullingar

Continence Advisor £0.011m

0.5 wte Physiotherapist £0.015m

	<p>Longford</p> <p>0.5 wte Speech & Language Therapist £0.015m</p> <p>Athlone</p> <p>1 wte Paediatric Senior O.T <u>£0.030m</u></p> <p>Total £0.240m</p> <p>Performance Indicator</p> <p>Services in place during 2000</p>
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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>In October 1999 the Board made submissions to the Department of Health and Children for funding for the three identified sites.</p>	<p>The project teams identified the following three sites as priority:</p> <p>Athlone:</p> <p>-six residential beds and four respite beds.</p> <p>Tullamore:</p> <p>-ten residential beds</p> <p>Longford:</p> <p>-six residential beds and four respite beds.</p> <p>Target 5.2.10</p> <p>These projects are dependent on capital funding being provided in 2000 & the revenue commitment associated with these developments will form a priority for the development funding being sought for year 2001.</p> <p>Performance Indicator</p> <p>Decision made on the development and implementation of the recommendations of the project teams.</p>

Aids and Appliances

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
<p>In the letter of determination</p> <p>2000 £0.011m was allocated to Aids & Appliances. In December 1999 a once off grant of £0.300m was made available to address waiting lists in the Boards region</p>	<p>A group established to review Materials Management in the Board have advised that the Board needs to address the issue of Aids & Appliances in the following areas:</p> <p>Equipment not being returned by the public after use,</p> <p>Equipment which needs to be re-cycled, cleaned, repaired, checked for safety and available for use,</p> <p>Database for tracking equipment.</p> <p>Target 5.2.11</p> <p>Proposal</p> <p>In 2000 a capital investment will be required to establish a service to collect, clean/sterilise, check for safety, catalogue and track such equipment. It would be desirable to employ people with disabilities in this development. A pilot project will be established in Mullingar linked with the Mullingar Resource Centre to address this issue. The £0.011m will be made available as revenue funding to establish this project.</p> <p>Performance Indicator</p> <p>Progress on this Pilot Project. Cost £0.011m</p> <p>Target 5.2.12</p> <p>The once off allocation of £0.300m received mid December 1999 will address waiting lists for Aids & Appliances in the Boards region.</p> <p>Priority 1 Individual Requirements</p> <p>Priority 2 Centre Based Requirement</p> <p>A project team with representation from the Regional Co-ordinating Committee will co-ordinate this allocation.</p>

	<p>Performance Indicator</p> <p>Waiting list for Aids & Appliances significantly reduced with this allocation.</p>
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Cystic Fibrosis and Other Chronic Childhood Conditions

In 1999 a project team was established to advise on Cystic Fibrosis in the Midland Health Board region. One of the recommendations was to examine a variety of chronic childhood conditions and identify the needs within the Boards region.

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
<p>A project team will be established to advise on the community based needs for a variety of chronic childhood conditions.</p>	<p>Target 5.2.13</p> <p>In 2000 the Board will establish a project team to look at the needs resulting from a variety of chronic childhood conditions with a view to looking at how best to meet needs from existing services. This team will be representative of the major stakeholder.</p> <p>Performance Indicator</p> <p>Team established, needs assessment commenced and follow up identified. (<i>Cross Reference Children & Families-Child Health</i>)</p>

Health Promotion for persons with a physical/sensory disability

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
<p>Health promotion for people with a Disability requires the input and expertise of</p>	<p>A workshop was held on Health Promotion for persons with disabilities on 14th October, 1999. The following areas were identified as priorities by those who attended:</p> <ul style="list-style-type: none"> • Awareness • Dissemination of user friendly information • Incontinence • Technology • Education and Training for people with disabilities and parents, carers and staff

<ul style="list-style-type: none"> • those providing services for this care group • those providing services for the general population • public health and health promotion specialists in addition to advice and direction from those with a disability, • families and carers and • other statutory non-statutory agencies 	<ul style="list-style-type: none"> • Supports for carers • Provision of sports facilities • Infrastructure planning • Integration into the community <p>Target 5.2.14</p> <p>During 2000 a Project Team with representatives from disabilities services, health promotion service, the Regional Co-ordinating Committee for physical/sensory disability, and the Mental Handicap Services Consultative Committee, the Mental Handicap Services Development Committee will develop an action plan to address the identified priorities.</p> <p>Performance Indicator</p> <p>Action Plan developed</p> <p>Physical/Sensory Disability Cost £0.005m</p>
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Domestic Violence

The Board, in recognising the nature of domestic violence as a process and not an isolated incident, recognises the need for a continuum of services.

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
Cross Reference with Violence against Women ‘Training for Trainers’ Module.	<p>Target 5.2.15</p> <p>In 2000, the Domestic Violence "training of trainers" programme will include a module dealing with issues specific to people with a disability</p> <p>Performance Indicator</p> <p>Module developed.</p> <p><i>(Cross Reference Children & Families-Women’s Health)</i></p>

Special Needs Clinic

The Special Needs Clinic in Longford /Westmeath Community Care Area, provides a multidisciplinary assessment and review for children and young adults with predominant physical disability.

Strategic Focus	Service Development, Targets, Performance Indicators and Costs.
The Special Needs Clinic in Longford /Westmeath Community Care Area will be evaluated.	<p>Target 5.2.16</p> <p>A Project Team will be established to evaluate the Special Needs Clinic in Longford /Westmeath Community Care Area.</p> <p>Performance Indicator</p> <p>Project Team established and evaluation commenced.</p>

Dental Services for Adults and Children with a Physical/Sensory disability

Strategic Focus:	Service Development, Targets, Performance Indicators and Costs.
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<p>The Board aims to promote oral health through personal empowerment and to develop healthy practices in line with the Health Strategy</p> <p>The Board recognises the social gain for children and carers in the provision of this oral health service.</p> <p>Adults</p> <p>The DTSS is changing on 1/1/2000</p> <p>All persons with a medical card will be entitled to a full course of routine treatment including dentures, through the DTSS.</p>	<p>Target 5.2.17</p> <p>In 2000 the oral health promotion programme will be provided to children with special needs, marginalised groups and socially excluded groups.</p> <p>Performance Indicator</p> <p>Oral health promotion programme provided to children with special needs & marginalised groups and socially excluded groups.</p> <p><i>(Cross Reference Children & Families-Child Health)</i></p> <p>Target 5.2.18</p> <p>To continue this necessary service. There was no waiting list at year end for children with special needs who had their entire dental treatment needs carried out in one visit under general anaesthetic.</p> <p>To maintain the service to children unsuitable for treatment under local anaesthetic who had whole mouth treatment under this service.</p> <p>Performance Indicator</p> <p>General Anaesthetic Service available to children who will require it and absence of waiting list at year end.</p> <p><i>(Cross Reference Children & Families-Child Health)</i></p> <p>Target 5.2.19</p> <p>Special Needs</p> <p>The following will be available.</p> <p>A service for adults with a mental handicap (intellectual disability).</p> <p>Day centres, respite and residential centres will be visited as necessary.</p> <p>An educational and preventative role will be provided for parents, family members, staff and carers.</p> <p>Liaison will be effected with private dentists.</p>
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General Anaesthetic will be available as required.

Performance Indicator

Service available

(Cross Reference Episodic Care)