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Midland Health Board annual report 2000

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Midland Health Board, Arden Road, Tullamore, Co. Offaly.
Telephone: 0506 – 21868 Fax: 0506 – 52663 E-mail: info@mhb.ie Website: www.mhb.ie

The statistical addendum to this report is available on the Board's website at www.mhb.ie

Introduction

CHAIRMAN

Senator Pat Moylan

Chairman

The year 2000 brought further progress in service development and in putting facilities in place to enable the Board to provide services of a high quality for our population.

The regional oncology and haematology services were established. The Board can therefore avail of the opportunity to start developing high quality services for particular cancers which it will be able to treat locally with teams of highly skilled experts.

The Midland Health Board is set to benefit substantially from the National Development Programme over the period 2000 to 2006. Funding for the Board in 2000 amounted to £11.8m. The contract for the Portlaoise Hospital Project was awarded and the brief for Phase 2B of the Longford/Westmeath General Hospital was submitted to the Department of Health and Children for approval. The brief takes account of extra needs recently identified by the Board. The Board also sought planning permission for the new General Hospital, Tullamore in December, 2000. I am pleased to note that progress has also been made on the Project to upgrade St. Joseph's Hospital, Longford, and on the Birr Community Nursing Unit Project. These developments will mean that more people can receive services and waiting times can be shortened.

The Board continues to improve its provision of community and residential services to older people, to those with mental illness and to those with disability. The resettlement of people with intellectual disability continues with the provision of more modern and more appropriate facilities. This major expenditure on equipment and building infrastructure will continue over the life of the National Development Plan so that the Board's facilities will be of a standard to deliver the type and quality of services needed in the 21st century.

While the Board constantly endeavours to provide more services for those with illness and disability we are also conscious of the need for prevention and for promotion of good health. In that respect I am pleased to note the extent of the development of the Board's health promotion activities in the community, in schools, in the workplace and among the staff themselves.

The Board is fortunate to have such a committed workforce and I wish to acknowledge the great energy they have displayed in providing enhanced services. Progress is being made in improving facilities which are necessary for staff, but much remains to be done. Once again, I would like to thank staff for the patience they have shown while the necessary facilities are being put in place.

Rinneadh dul chun cinn le linn na bliana 2000 maidir le forbairt seirbhísí agus cuireadh tuilleadh saoráidí ar bun le go mbeidh an Bord in ann seirbhísí díardchaighdeán a chur ar fáil dár muintir go léir.

Cuireadh seirbhísí réigiúnacha oinceolaíochta agus haemaiteolaíochta ar bun agus, dá bharr sin, is féidir leis an mBord dul i mbun seirbhísí ardchaighdeáin a sholáthar maidir le cineálacha áirithe ailse a chóireáil. Is ar bhonn áitiáil a dhéanfar sin agus is foirne saineolaithe a bheidh i mbun na seirbhísí. Is foirne iad seo a bhfuil ardchumas bainte amach acu sa réimse seo.

Is suntasach mar a rachaidh an Plean Náisiánta Forbartha chun sochair don Bhord Sláinte Lár Tíre le linn na tréimhse 2000 go 2006. Cuireadh maoiniá £11.8m ar fáil don Bhord le linn na bliana 2000. Bronnadh conradh le haghaidh Thionscadal Ospidéil Phort Laoise agus cuireadh coimre i dtaobh Chéim 2B de Ospidéal Ginearálta an Longfoirt/na hIarmhí faoi bhráid na Roinne Sláinte agus Leanaí le haghaidh a ceadaithe. Is léir don Bhord le tamaillín anuas go bhfuil riachtanais bhreise ann anuas ar na riachtanais a measadh a bheith ann i dtosach. Áirítear na riachtanais bhreise seo sa choimre a cuireadh faoi bhráid na Roinne. Le linn mhí na Nollag 2000, lorg an Bord cead tógála le haghaidh an Ospidéil Ghinearálta nua i dTulach Mhór. Is breá liom go bhfuil dul chun cinn á dhéanamh maidir le huasghrádú Ospidéal Iósaif ar an Longfort agus freisin maidir leis an Tionscadal Altranais Phobail i mBiorra. De thoradh na bhforbairtí seo, cuirfear seirbhísí ar fáil do líon daoine is airde ná riamh agus laghdófar ar thréimhsí feithimh.

Tá an Bord ag leanáint dá n-iarrachtaí chun seirbhísí feabhsaithe pobail agus cónaithe a chur ar fáil do sheandaoine, do dhaoine a bhfuil galar meabhrach orthu agus do dhaoine míchumasacha. Táimid ag leanáint dár n-iarrachtaí chun daoine a bhfuil míchumas intleachtach orthu a athlonná agus tá saoráidí curtha ar fáil chuige seo atá níos nua-aimseartha agus níos oiriánaí ná riamh. Leanfar den chaiteachas suntasach seo ar threalamh agus ar bhonneagar foirgníochta sa chaoi is go mbeidh saoráidí an Bhoird de réir na gcaighdeán atá oiriánach sa 21á haois.

Bíonn an Bord ag síorfhéachaint le tuilleadh seirbhísí a sholáthar do dhaoine a bhfuil easláinte nó míchumas ag cur as dóibh, ach tuigimid freisin gur cuid dár saothar is ea easláinte a sheachaint agus an dea-shláinte a chothú. Is cúis sásaimh dom, mar sin, an fhorbairt atá tagtha ar obair an Bhoird maidir le cothá na sláinte sa phobal, sa láthair oibre agus i measc ár bhfoirne féin.

Tá sé de dhea-fhortún ag an mBord seo foireann oibre dhíograiseach a bheith ag obair ar a shon. Molaim iad as an bhfuinneamh a léirigh siad maidir le seirbhísí feabhsaithe a chur ar fáil. Tá dul chun cinn á dhéanamh maidir le feabhas a chur ar shaoráidí áirithe atá riachtanach don fhoireann ach tá cuid mhór le déanamh fós. Gabhaim buíochas leo arís as a bhfoighne le linn do na saoráidí seo a bheith á gcur ar fáil.

Health Strategy

In 1994 the Minister for Health published the Health Strategy - “Shaping a Healthier Future”. The main theme of the Strategy is the reorientation of health services so that improving peoples’ health and quality of life becomes the primary and unifying focus.

Health Gain: is concerned with health status both in terms of increased life expectancy and improvements in the quality of life.

Social Gain: is concerned with the broader aspects of the quality of life and the extent to which for example, the provision of support services contributes to improvement in the quality of life of service users and their carers.

The Strategy reflects the commitment of Government to ensuring that health services should first and foremost help those people whose needs are greatest and this will be reflected in the way resources are allocated in the future. It also recognises the importance of the pursuit of quality and lays emphasis on constantly measuring and evaluating quality through clinical audit and consumer surveys. The Strategy places the consumer first and sets out proposals for improving the participation of the public in the planning and evaluation of services. It sets out new arrangements for improved legal and financial accountability and includes a requirement on those providing services to take direct responsibility for the achievement of agreed objectives.

In June 1995, in response to “Shaping a Healthier Future” the Midland Health Board published its corporate Strategy which was intended to serve as a source of information, reference and guidance to all those involved in planning actions to achieve the objectives outlined in “Shaping a Healthier Future.”

Midland Health Board Purpose:

The Midland Health Board exists to improve the health (health gain) and quality of life (social gain) of the population of Laois, Offaly, Longford and Westmeath.

In support of this purpose the Midland Health Board will:-

- place emphasis on the provision of the most appropriate care and, in particular, on primary health care;
- engage in consultation with interested parties to assess needs, set priorities and identify health gain and social gain targets;
- improve the quality of services and the manner in which they are delivered;
- encourage staff to work together to provide the best quality services in the most efficient manner;
- develop a culture in which those providing services take explicit responsibility and are accountable for the achievement of service targets.

Quality Approach

Values / Hall Marks of Quality

The Midland Health Board has adopted the following eight values as the hallmarks of the quality service it aspires to deliver in order to achieve health gain and social gain:

Equity	Persons with similar needs should receive the same standard of treatment and care.
Accessibility	Everyone should have ready access to the service they need, when they need them. In particular services should be equally accessible to both public and private patients.
Effectiveness	Each person should get the best possible outcome from his or her contact with services.
Efficiency	Health services must achieve the desired outcome within available funding and resources.
Appropriateness	Services need to be designed around the needs of target groups and communities.
Responsiveness	The best healthcare is available through teamwork and the provision of, the right service, in the right setting, at the right time.
Dignity	Services should reflect the standards of courtesy, confidentiality, and respect for the privacy and dignity of the individuals that society expects of the healthcare services.
Farsightedness	Services should be capable of identifying and pursuing through promotion, prevention and treatment programmes, opportunities to contribute to improvements in the health of the population of the area.

Continuous Quality Improvement

During 2000 the Board adopted a Continuous Quality Improvement approach to improve standards. Continuous Quality Improvement is a process by which services provided can be improved on a continuous basis. It is a continuous process that permeates every aspect of the Board's policies and service development. Each employee of the Board is a vital part of the process.

Achievements in 2000

Quality Initiatives: In October a workshop was organised where staff reported on the status of quality initiatives. Details of these initiatives are available on the Board's website www.mhb.ie and in the individual care groups section of the annual report. Three quality initiatives were selected by the International Society for Quality in Healthcare for presentation at the International Quality in Healthcare Conference in September.

Comment, Complaint, Enquiry and Appeal System: In October, a workshop on the Board's pilot Comment, Complaint, Enquiry and Appeal System was organised. Staff presented their experience of the system with a representative sample of case studies from the pilot scheme. Future implementation of the system will take account of these experiences.

Continuous Quality Improvement (CQI) Strategy: In October, a project team was established to develop a draft CQI Strategy for the Board. The strategy will be fully completed and launched in 2001.

Patient Perception Survey: In January/February, the Irish Society for Quality in Healthcare carried out a patient perception survey at the Board's three acute hospitals: - General Hospital Longford/Westmeath, General Hospital Tullamore and Portlaoise General Hospital. The study showed that over 90% of patients were very satisfied or satisfied with service received.

Risk Management: In September, the Board commissioned a review of the Board's various systems and processes in relation to clinical audit, risk management, health and safety at work, claims handling and other related issues. The review's overall context was that of developing effective management arrangements for ensuring continuous quality improvement in patient/client care. A programme for action for 2000/2001 has been agreed.

Mr. Denis J. Doherty
Chief Executive Officer

Foreword

CHIEF EXECUTIVE OFFICER

This Annual Report describes the wide range of health and personal social services provided by the Board during the year 2000. It identifies emerging issues, many of which are addressed in the 2001 Service Plan.

The Board's revenue budget has grown by 115% in the past 5 years and reflects the expansion in the need for services. However, further time is required to develop the service delivery capacity of the Board. Additional staff and improved facilities are the two main considerations in this regard. At present, health care staff are in short supply. This situation is unlikely to improve until the capacity of the training institutions is expanded and begins to produce a higher number of graduates who will be attracted to the Irish health services. This is likely to take 3 or 4 years. In the meantime the health boards will continue to seek to attract back, Irish health professionals working abroad and also to provide opportunities for health professionals from other countries who may be interested in working in our services.

Tackling waiting lists is another area that continues to be actively addressed by the Board. The capital funding available under the National Development Plan offers the prospect of significantly improving the quality of the facilities from which services are delivered. High quality facilities contribute towards attracting and retaining high calibre staff and help improve both service quality and productivity. Availability of good facilities is therefore the major obstacle to meeting the standards set by the Board for reducing waiting lists. Two of the Board's services , E.N.T. and Orthopaedics, currently have relatively long lists. When the facilities are fully commissioned at the new hospital in Tullamore, waiting lists will be reduced to generally tolerable levels. However the staff currently involved in these services are doing admirable work with inadequate facilities, as the following figures will illustrate.

End of Year Waiting Lists

Specialty	1998	1999	2000
Orthopaedics	751	612	469
ENT	1,410	1,116	1,025

The reduction in waiting lists does not fully demonstrate the increased productivity of the Board's hospitals. There was an increase in inpatient numbers for ENT from 1612 in 1998 to 2011 in 2000 and for orthopaedics from 429 in 1998 to 758 in 2000. There was also a significant increase in day patient numbers during the same period.

The waiting lists for Gynaecology in both the Longford/Westmeath and Portlaoise General Hospitals have been eliminated during 2000. All these reductions are being achieved at a time of ever-increasing numbers of medical emergency admissions and are in excess of targets contained in the Board's Service Plan for 2000, representing a better than anticipated return on the investment made.

As technology, rather than numbers employed, increasingly determines the wealth creating capacity of modern economies, the service sector has become even more important in influencing the quality of lives of people and in employment creation.The growth of spending on health services that has occurred in recent years, not only benefits patients but contributes handsomely to the health of the local economy. The Midland Health Board now employs 4,200 staff who together with temporary staff and pensioners were paid salaries and wages in 2000 amounting to £124 million pounds. A quarter of that sum was returned to the exchequer in the form of PAYE and PRSI deductions. The bulk of the balance of over £90 million was spent on goods, services and recreation in towns and villages throughout the area. The staff of voluntary organisations funded by the Board spent a further £6 million locally. The bulk of the £3.3 million staff received to cover travel and subsistence expenses they incurred in connection with their work was spent locally on motor fuel, car servicing costs and meals. In addition goods and services bought locally by the Board add up to £18m.

Investment in health and social services in the midlands is of great importance in view of the fact that the region is still striving to match the levels of economic growth achieved in other regions of the state. The Midland Health Board is well equipped to deliver good returns on the investment in both health and social services and in the local economy.

Each year staff retire and new staff are recruited. The Board has been lucky in recruiting excellent staff who have made a valuable contribution to the development and operation of its services. On a personal note, the end of the year saw the retirement of Mr. Derry O'Dwyer after a long and distinguished career, both in the Midland Health Board and in the wider public service. Derry served with the Board as Programme Manager for Community Care and since 1994 was also my Deputy. I take this opportunity to express my appreciation to him for his long and valuable service to the Board.

Members of the Midland Health Board - 2000

CLLR. PAT MOYLAN, SEN. (Chairman)

CLLR. SEAN KEEGAN (Outgoing Vice-Chairman)

CLLR. MARTIN ROHAN

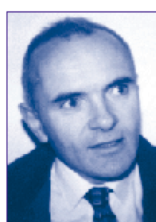
CLLR. JAMES COYLE Vice-Chairman

CLLR. WILLIAM AIRD

CLLR. JAMES BANNON

DR. KATHERINE BROWNE

CLLR. DONIE CASSIDY, SEN.


DR. LIAM D'ALTON

CLLR. EAMON DOOLEY

CLLR. JOE DUNNE

CLLR. CATHERINE FITZGERALD

CLLR. JOHN FLANAGAN

DR. LARRY FULLAM

CLLR. CAMILLUS GLYNN, SEN.

DR. JOHANNA JOYCE-COONEY

DR. JOHN KEANE

CLLR. MAURAKILBRIDE-HARKIN

MR. PAUL McGRATH T.D.

CLLR. TOMMY McKEIGUE

MR. EDWARD McMONAGLE RPN.

CLLR. KIERAN MOLLOY

MR. JOHN MOLONEY, T.D.

CLLR. PETER MURPHY

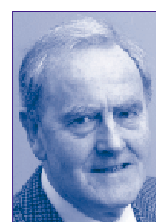
DR. SEÁN MURPHY

DR. DAN O'MEARA, B.D.S.

MS. KATHERINE SAMUELS, RGN.

CLLR. BARNIE STEELE

MR. PATRICK STENSON, MPSI.


DR. JOHN TAFFE

MR. LARRY BANE
Personnel Officer

MS. DYMPHNABRACKEN
Communications Officer

MR. JOHN BULFIN
General Manager,
Acute Hospital Services

MR. TOM CARTY
Management Services Officer

Corporate Team

as at
31st December, 2000

MR. BRENDAN COLLEARY
Technical Services Officer

MR. DIARMUID COLLINS
Director of Finance

MR. JOHN CREGAN
Programme Manager
Hospital Care

MS. BREDA CREHAN-ROCHE
Project Specialist
– Disabilities

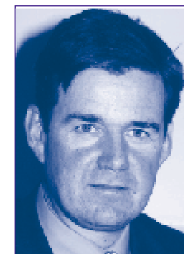
DR. DAVIDA DE LA HARPE
Specialist –
Public Health Medicine

MR. DENIS DOHERTY
Chief Executive Officer

DR. PAT DOORLEY
Director of Public Health

MS. SHARON FOLEY
Health Promotion Officer

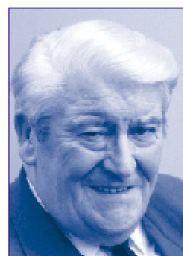
DR. PHILJENNINGS,
Specialist –
Public Health Medicine


MR PHILIP LANE
Chief Ambulance Officer

MR PATRICK LYNCH
Manager, CEO's Office &
Secretary to the Board.

MR. LIAM O'CALLAGHAN
General Manager,
Laois/Offaly Community Care

MR. PAT O'DOWD
General Manager,
Longford/Westmeath
Community Care.


MR. DERRY O'DWYER
Deputy CEO/ Programme
Manager Community Care

MS. EILEEN O'NEILL
Project Specialist
– Children and Families

MR. BARRY O'SULLIVAN
Project Specialist
Older Persons

MR. DAVE REYNOLDS
NDP Manager

MR. LEO STRONGE
Regional Materials Manager

MR. RICHARD WALSH
Acting General Manager,
Mental Health Services

MR. AIDAN WATERSTONE
Director of Childcare Services

Population Health

Demography

Based on the 1996 census, the Midland Health Board has a population of 205,542 people. Table 1 shows the breakdown of the population by sex and age groups. The percentage in each age group is broadly similar to the national figures. The Census provides vital information for planning.

Table 1:
Age & Sex Structure of the Midland Health Board Population 1996

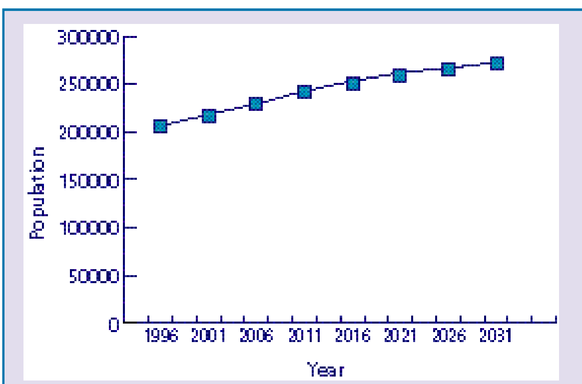
Age	Sex				Number	% MHB Pop.
	Male		Female			
0-14	26533	25.5%	25365	25.0%	51,898	25.2%
15-44	46220	44.3%	43310	42.7%	89,530	43.6%
45-64	20112	19.3%	18983	18.7%	39,095	19%
65-74	7059	6.8%	7631	7.5%	14,690	7.2%
75+	4306	4.1%	6023	5.9%	10,329	5%
Total	104230	100%	101312	100%	205,542	100%

Source: Census 1996 Principal Demographic Details

Population Projections

Figure 1 shows the projected increase in population which could be expected to occur in the coming decades in the Midland Health Board. These projections are based on national projections produced by the Central Statistics Office (CSO) from the 1996 census. The CSO produces six different estimates of population changes based on differing assumptions about migration and birth trends which might occur over the next number of years. In Figure 1, one of the national estimates is used to provide a population projection for the Midland Health Board area for the period 2001 to 2031. This assumes that changes in the population structure, which are expected at national level will be mirrored in the Midland Health Board area.

Figure 1:
Projected Population for the Midland Health Board 2001-2031



Source: Health Statistics 1999

The Midland Health Board has a higher than average proportion of older people in its population – 12.2% over 65 years, in comparison with 11.4% nationally. Population estimates suggest that proportionally the greatest increase will be among those over 80 years.

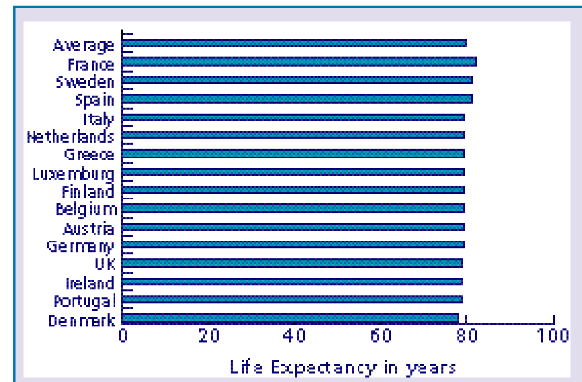
The current economic climate has impacted on the population of the Board's major towns such as Tullamore, Mullingar, Athlone and Portlaoise. This increase in the population has placed increasing demands on health services.

Life Expectancy

Life expectancy is a frequently used summary measure of the health status of a population. It is defined as the average number of years an individual of a given age is expected to live if current death rates continue.

Figure 2:
Life expectancy at birth for males and females in EU countries

Females



Males

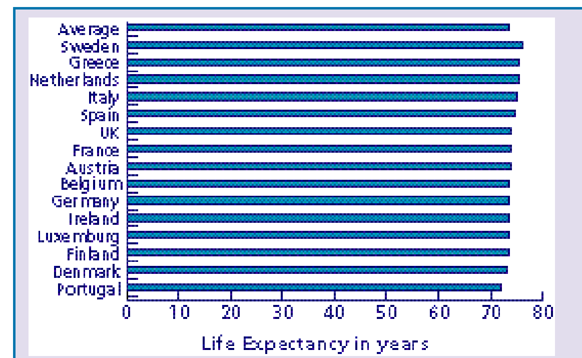
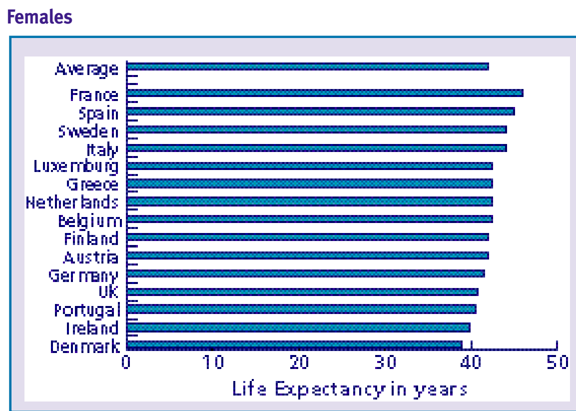


Figure 3:
Life expectancy at 40 years for males and females in EU countries

Females



Males

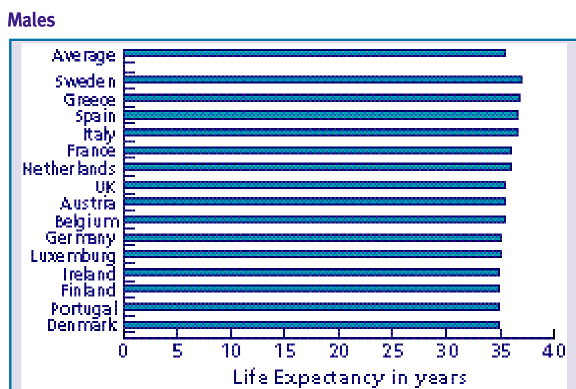
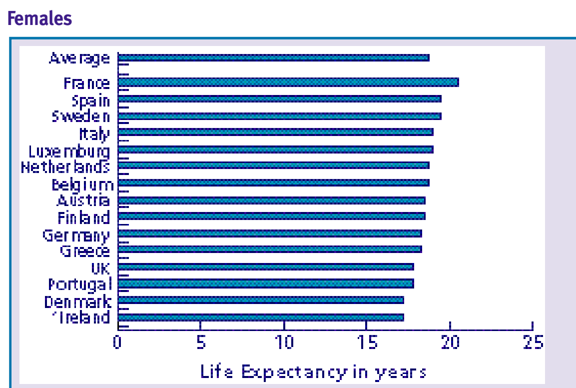
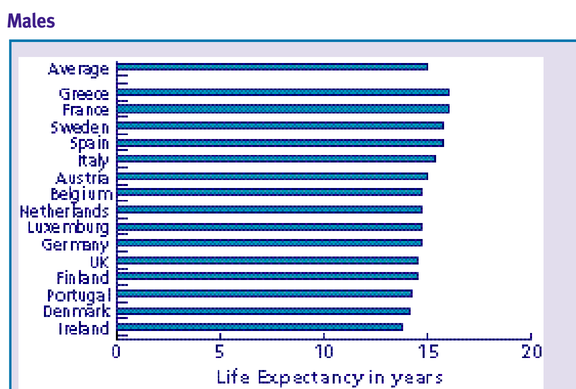


Figure 4:
Life expectancy at 65 years for males and females in EU countries

Females



Males



Nationally, life expectancy at birth has risen to 78.6 years for a female and 73.0 for a male. The EU average life expectancy for females at birth is 80.0 years and for males is 73.4 (Figure 2). However, when ranked with other EU countries, Ireland has the third lowest life expectancy at birth for females and the fifth lowest for males.

At forty years life expectancy for a female, in Ireland, is 39.8 years as compared with an EU average of 41.3 years. Similarly, a forty-year-old Irish male has a life expectancy of 35.0 years as compared to an EU average of 35.7 years (Figure 3).

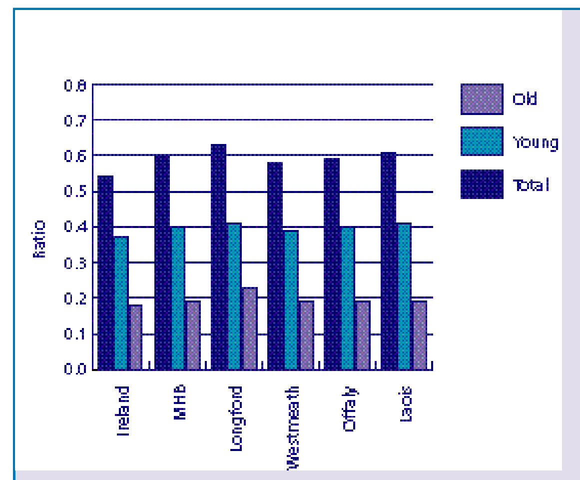
In terms of life expectancy at 65 years, the most recent figures (1995) show Irish females having a life expectancy of 17.4 years and Irish males 13.7 years. The EU average life expectancy for females at 65 years is 18.8 years and for males is 15.0 (Figure 4). Ireland ranks lowest among the EU countries in terms of life expectancy at 65 years.

It is thought that major contributory factors to our lower life expectancy are high premature death rates from cardiovascular disease and certain cancers e.g. breast cancer and bowel cancer.

Dependency Ratio

Age dependency ratios provide crude but useful summary measures of the age structure of the population at a particular point in time. The young and old dependency ratios are derived by expressing the young population (aged 0-14 years) and the old population (aged 65 years and over) as percentages of the population of working age (15 – 64 years). The total dependency ratio is the sum of the young and old ratios and is higher in the Midland Health Board than the national ratio (Figure 5). This is mostly accounted for by higher young dependency ratios.

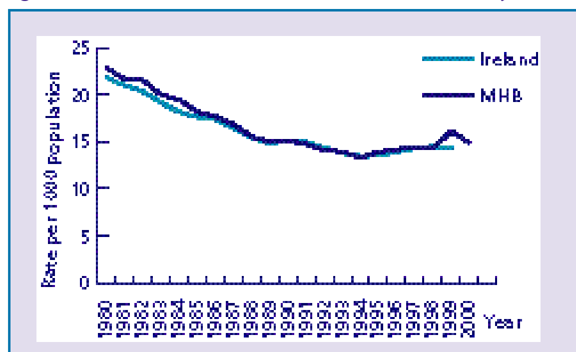
Figure 5:
National, Regional and County Age Dependency Ratios 1996



Source: Census 1996 Principal Demographic Details

Births

Figure 6: Total Birth Rate for the Midland Health Board 1980-2000



Source: Public Health Information System (Version 4)

Figure 6 illustrates the crude birth rate (number of live births per 1,000 population) for the Midland Health Board and Ireland from 1980 to 2000. The crude birth rate has dropped from 21 in 1980 to 15 in 1990 and has remained stable since 1990. Local trends over the last twenty years have mirrored the national experience.

Table 2: Birth Rate in the Midland Health Board 2000

	Births
Total Births to MHB residents in all hospitals	3069
Birth Rate for 2000	14.9 per 1000 population

Table 3: Births in the Midland Health Board 2000

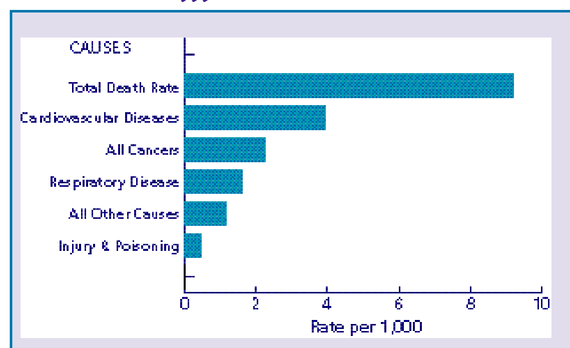
	Births 2000	% of Total Births
Births to MHB residents in MHB hospitals	1964	83%
Births to non-MHB residents in MHB hospitals	399	17%
Total Births in MHB hospitals	2363	100%

Table 2 shows the birth rate for the Midland Health Board in 2000 was 14.9 per thousand population. Seventeen percent of births in Midland Health Board hospitals were to non-Midland Health Board residents (Table 3). We can estimate from these data that approximately one third (36%) of births to women resident in the Midland Health Board area took place outside the health board area.

Deaths

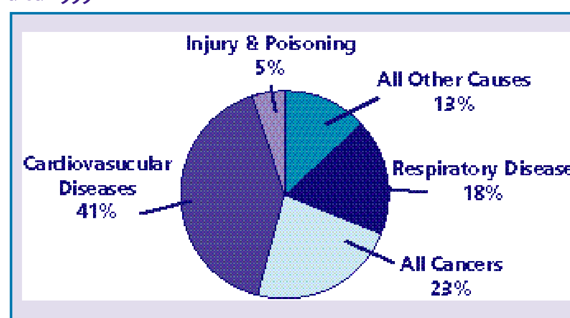
The total death rate in the Midland Health Board area for 1998 was 9.3 per thousand (Figure 7). Diseases of the cardiovascular system continue to be the major cause of mortality in the Midland Health Board, accounting for almost 42% of all deaths (Figure 8). Cancer is the next most common cause followed by respiratory disease. Injury and poisoning are also among the commonest causes of death in the Midland Health Board.

Figure 7: Death Rate for Principal Causes of Death in the Midland Health Board area 1999



Source: Public Health Information System (Version 4)

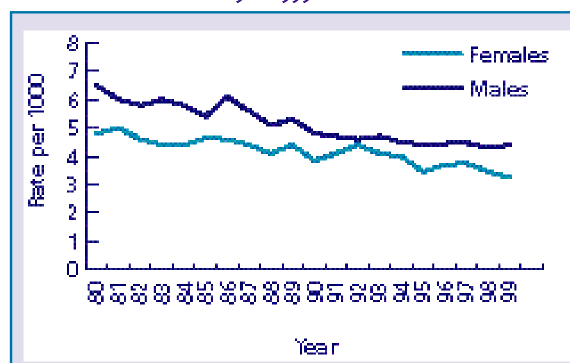
Figure 8: Principal Causes of Death in the Midland Health Board area 1999



Trends in Cardiovascular Disease

Cardiovascular disease including heart disease, stroke and related diseases is the single largest cause of death in Ireland, representing over two in five (43%) of all deaths in 1997. Stroke causes nearly one in ten of all deaths. A further one in ten deaths is attributed to other cardiovascular diseases, such as heart failure, diseases of the arteries, high blood pressure, hypertensive disease and rheumatic heart disease. Figure 8 illustrates the trends in the death rate from cardiovascular disease in the Midland Health Board over the past 20 years. While the rates have been dropping, Ireland still has the highest rate in the EU for death from coronary heart disease (CHD) in under 65 year olds.

Figure 8: Mortality Rates by Gender from Cardiovascular Disease for the Midland Health Board 1980-1999



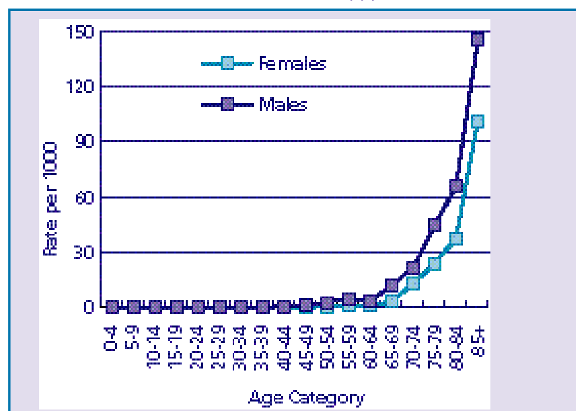
Source: Public Health Information System (Version 4)*

A decline in death rate does not necessarily mean that the number of new cases occurring (incidence) has decreased. A similar number of people may develop the disease but may survive an acute episode.

The mortality rates from cardiovascular disease in the Midland Health Board in 1999 for men and women in the different age groups are depicted in Figure 9. It can be seen that, in both males and females, the mortality rate from cardiovascular disease increases very steeply in the 7th and 8th decades of life.

*** The Public Health Information System is the computer information system developed by the Information Management Unit of the Department of Health and Children.**

Figure 9: Mortality Rates by Age & Sex from Cardiovascular Disease for the Midland Health Board 1999



Source: Public Health Information System (Version 4)

Cardiovascular Strategy in the Midland Health Board

In 1999, the report of the Cardiovascular Health Strategy Group - Building Healthier Hearts was published. Funding of £1.0m was provided to the Midland Health Board to support the development of a Cardiovascular Strategy in the region.

The Board's Cardiovascular Strategy includes a preventative approach based on intersectoral health promotion initiatives, primary care initiatives, pre-hospital care intervention, development of improved services for acute cardiovascular incidents and the provision of cardiac rehabilitation services. The overall aim of the strategy is to reduce the incidence and prevalence of cardiovascular disease by offering high quality, equitable, effective and efficient services to the population of Laois, Offaly, Longford and Westmeath in the prevention and treatment of cardiovascular conditions.

In 2000, the Board concentrated on the development of resources, both infrastructure and staff, to implement the strategy.

Health Promotion

The focus of the health promotion projects under the Cardiovascular Strategy is to prevent or reduce the major risk factors for cardiovascular disease. Smoking is the largest single cause of preventable illness and death in Ireland. Regional results from the SLÁN survey show that 32% of adults smoke in the Midland Health Board area, compared to 31% nationally. To support the anti-smoking project of the Cardiovascular Strategy a senior health education officer was appointed in 2000. Personnel were also recruited to provide a smoking cessation service in the community.

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

Pre-Hospital Projects

Funding was provided for the purchase of training equipment, defibrillators and electrocardiograph (ECG) equipment to support the implementation of the CPR training and ECG tracing projects. These projects will be further developed in 2001.

CPR training in the community commenced and ninety-four of the Board's administration staff attended for training in 2000.

Primary Care

Primary care refers to health services provided for people in their local community. Health professionals in primary care services are involved in primary* and secondary** prevention of cardiovascular disease. As part of the Cardiovascular Strategy, primary care services are encouraged to develop primary prevention strategies at general practice level. At a national level, Phase 1 of a Secondary Prevention Programme, is being planned, primary care services in the Midland Health Board will have a role to play in the development and delivery of this programme. Funding is being provided to general practices for the purchase of resources.

*Primary prevention aims to prevent the occurrence of disease by controlling causes and risk factors.

**Secondary prevention aims to care for patients and reduce the more serious consequences of disease through early diagnosis and treatment.

Pictured at the Launch of the Joint Leinster GAA/Health Board's Anti-Smoking Initiative, in the Killeshin Hotel, Portlaoise: (from left): Marie Leahy, Health Education Officer, Sharon Foley, Health Promotion Officer and Mr. Denis Doherty CEO, Midland Health Board. (Front): Ian Dunne and Lynsey Taylor who feature on the poster.

LAUNCH OF A SCHOOL'S PROJECT ORGANISED BY THE BOARD IN ATHLONE.

From l.to r.: Mr. Joe Whelan, Senior Health Education Officer pictured with students of Our Lady's Bower, Tara Larkin, Carla Crehan, Sister Denise. Principal, Our Lady's Bower, Holly Joyce and Cllr. Frankie Keena, Chairman, Athlone Drug Awareness Group.

Hospital Care

The Cardiovascular Strategy sets out the requirements of a comprehensive tertiary prevention service for the region. In 2000, a number of personnel were employed to support the establishment of cardiology services in the Board's three acute hospital sites. To support the establishment of cardiac rehabilitation services in each acute hospital, cardiac rehabilitation nurse specialists, occupational therapists and administrative staff were recruited during the year. A wide range of cardiac rehabilitation equipment was purchased and sites for the delivery of the service were identified in the three acute hospital sites. This service will be further developed in 2001.

Funding was also provided for diabetic nurse specialists posts based in the three acute hospital sites.

Staff attended the Irish Heart Foundation's Basic Life Support Course to support the delivery of CPR training for medical and nursing staff. A regional resuscitation training officer will be recruited early in 2001.

The Cardiovascular Strategy will continue to be implemented in 2001 and a series of measures aimed at preventing the development of risk factors for cardiovascular disease in the population, identifying those at risk of developing cardiovascular disease and treating people with established disease so as to improve outcome and quality of life.

Health Promotion – Community Setting

Tobacco Control

Smoking is the largest single cause of preventable mortality and morbidity in Ireland. The National Health and Lifestyle Survey (SLÁN), 1999 reported a 32% prevalence in smoking in Midland Health Board area. Forty per cent of men and 28% of women in the Midland Health Board were current smokers. Under the Cardiovascular Strategy a senior health promotion officer and two public health nurses have been appointed with a remit for tobacco control in the Midland Health Board. Part of their work includes the delivery of briefing sessions on a number of tobacco issues and smoking cessation clinics to various audiences including voluntary groups and industrial organisations. In 2001, the Midland Health Board will launch a tobacco control strategy based on consultation and identified needs.

Substance Misuse

On a regional and national level, substance misuse remains a serious problem. Surveys indicated a rise in the use of illegal substances, in particular cannabis and ecstasy. However alcohol remains the most commonly misused substance in both the young and adults. The National Health and Lifestyle Survey SLÁN indicated a rise in the number of young people drinking alcohol and this is further highlighted in the European Schools Survey Project (ESPAD Report) published in the early part of 2001.

During 2000 the Board launched its **Substance Misuse – Education and Prevention Policy.** This clearly outlines the Board's approach to education and prevention initiatives and identifies the need to use a multi-stranded approach in tackling substance misuse. Such an approach focuses on involving the mainstream health services, parents, youth, as well as social, and community services to devise comprehensive education, prevention, treatment and rehabilitation polices and to develop structures to deliver these polices.

The Health Education Team continued to work with relevant statutory and community based organisations in assessing and responding to the needs of local communities in the area of education and prevention initiatives throughout the region.

A joint Midland Health Board and An Garda Siochana initiative saw the provision of training and the development of a toolkit for health board and Garda perrsonnel involved in the delivery of substance misuse education in the region. This initiative is to be evaluated by the Garda Research Unit and may form part of a national initiative in the future.

The Board continues to work with the youth service in the region in developing initiatives to respond to young people who are not availing of mainstream services. During 2000 the Board, in partnership with FAS, supported the Midland Regional Youth Service and Athlone Drugs Awareness Group to launch a new initiative called 'Connect 2000'. The project will provide young people at risk from substance misuse who are not availing of mainstream services a link with a key worker and the opportunity to participate in a programme suitable to their needs. The Board, in partnership with the National Youth Health Programme, carried out five regional training events, for groups working with youth. These events continue during 2001.

Physical Activity

Numerous initiatives on physical activity promotion within the community have taken place. Presentations and workshops were facilitated at the national Ploughing Championships in County Laois and during Irish Heart Week. Physical activity workshops and practical sessions have been delivered in a variety of settings within the region, including community development groups, schools, ICA groups and Athlone Institute of Technology. Specific programmes with the aim of promoting physical activity in the community are planned for 2001.

The **'Go for Life'** programme was developed by Age and Opportunity in conjunction with the Midland Health Board and the local Vocational Education Committees. The aim of 'Go for Life' is to develop, promote and support a culture that will enable and encourage older people to become and remain physically active. The programme aims to increase functional mobility and independence by outlining the benefits of physical activity. This is in line with the Board's targets of maintaining 90% of over seventy-five-year-olds independent in their homes.

Group leaders are encouraged to undertake "Physical Activity Leader" (P.A.L.) training. These P.A.L. training workshops are designed to provide information, ideas and skills to voluntary leaders on promoting the benefits of physical activity and how to involve older people in recreational activity.

Childhood accident prevention

For children under five, accidents remain a significant cause of mortality and morbidity. Previous research undertaken by the Board concluded that a public health nurse-led accident prevention programme was successful in reducing household accidents in the pre-school child. The development of a pre-school child **'Safety Awareness'** interactive resource was advanced in partnership with the public health nurses in 2000.

Nutrition - Breastfeeding

The Midland Health Board launched a breastfeeding policy and five-year action-plan in 2000. A regional steering group and two local implementation groups have been established to monitor the implementation of the policy. A number of actions have been prioritised for 2001.

Women's Health

In 1997, the Midland Health Board developed the **'Action Plan for Women's Health Part I'** in response to a consultation process that was held throughout the region regarding women's health needs. The consultation process continues through the Women's Health Advisory Committee. The recommendations from the **'Review of Progress in Women's Health'** informed the development of **'Action Plan for Women's Health Part II'** in 2000.

Information & Research:- In 2000, qualitative research around inequalities in health was carried out in the four counties of the Board. This research supports the need for information provision and client friendly access to services as previously identified in the National Women's Health Plan. The health promotion service continued to develop information resources for women's health during 2000.

Breast Cancer: - The Board contributed to the implementation of the National Breast-Check screening programme in Longford where women between the ages of 50-64 were invited for mammography screening in mobile units.

Physical Activity: - An exercise programme for women was developed and co-ordinated by the Health Promotion Department in 2000.

Continence Promotion:- The Board developed a continence promotion strategy in 2000. A multidisciplinary team used a planning seminar to develop this strategy.

National Conference on Women's Health:- An innovative national women's health networking conference entitled 'Working together creatively for women's health' was held in Tullamore in November 2000.

Travellers Health

Phase I of the primary health care training project for Travellers was successfully completed in 2000. The Board will continue to support and develop the project as it moves into the second phase in 2001. A series of health education programmes were developed and delivered in partnership with Traveller women.

Sexual Health

The Board has continued to develop information materials, resources and training for public health nurses, practice nurses and general practitioners.

Health Promotion - Schools Settings

Midland Schools Health Project.

The Midland Health Board continued to strengthen its links with schools through the Midland Schools Health Project. Through the project and with the support of Community Care Services, the health education needs of pupils are addressed. In the past year approximately 300 teachers have availed of the Board's health promotion services through teacher training seminars, workshops and whole school meetings. This work was made possible through partnership with the three education centres in the Board and the work of the Midland Health Board's Social, Personal and Health Education (SPHE) tutors.

The Board has entered into partnership with the Department of Education and Science to support the introduction of SPHE within junior cycle post-primary education. The SPHE Support Service is based in the Health Promotion Service. The publication of a new bi-annual newsletter has promoted the rationale of SPHE and services provided by the Board.

Smoking Cessation Reduction Action Programme (SCRAP)

The programme was delivered to a number of national schools in the Birr region. The result of the evaluation of these programmes will inform further implementation.

Sexual Health

The need to support schools with the introduction of Relationships and Sexuality Education (RSE) was highlighted by the recent evaluation of RSE in schools. The identification and provision of resources to help teachers with this subject area has progressed. The introduction of the **'Baby Think It Over'** resource has been welcomed as a method to deal with the complex issues of parenting and positive sexual health.

Mental Health Promotion

Mental health promotion in schools was addressed in 2000. Research identified bullying as a mental health issue for children in secondary schools. The Board facilitated the introduction of a peer-mentoring programme in two schools, addressing the issue of transition from primary to post primary schools with particular emphasis on reducing the incidence of bullying. Approximately one hundred teachers in the region have received training in anti-bullying initiatives. This is an ongoing initiative for 2001.

Substance Misuse

The Health Education Team continued to work with teachers at primary school level to support the implementation of the **'Walk Tall Programme'** through the provision of workshops for teachers and awareness evenings for parents.

Health Promotion - Youth Health

In November 2000 the **'Partnership for Youth Health'** was launched. This partnership brings together the various youth agencies from the statutory and voluntary sectors. The partnership will allow health and related issues to be addressed in a holistic manner so that there are more opportunities to tackle the sociological determinants of health.

The Partnership for Youth Health facilitates networking among a large baseline of staff working with young people in the statutory and voluntary sectors. Each organisation has nominated a key stakeholder to the Partnership, whose function is to participate in the process and act as a communication link between the Partnership and the participating organisation.

Health Promotion - Health Service Settings

Workplace Health Promotion Project

A regional committee was established in early 2000 to develop and implement the workplace health promotion project within the Board. The project has two broad aims, to increase staff's physical activity, (especially sedentary staff) and to promote mental health in the workplace. All staff are encouraged to work together to promote health at work.

Physical Activity

Physical activity programmes for staff within the Board were developed and delivered in 2000. This involved a series of planned walks, training for the staff interested in becoming walking leaders, and aerobic and yoga classes in a number of work-sites throughout the Board.

Mental Health Promotion

A primary stress prevention programme was developed in 2000. This will be piloted in five sites on a phased basis in 2001. Workshops on stress management were developed and delivered throughout the Board in 2000.

Smoking Cessation and Tobacco Control

Briefing sessions were provided in a variety of the Board's workplace settings to raise awareness of tobacco issues. Tobacco control signage has been designed and areas identified for installation. Gazebos (huts for smokers) have been in-stalled on a pilot basis in Mullingar, Portlaoise and Athlone hospitals. Many of the hospital canteens are now smoke-free and it is planned to have all canteens smoke-free in line with legislation.

Travellers' Health

An Intercultural Staff Awareness Training Programme was delivered to the Board's staff in partnership with Travellers during 2000. A training programme for facilitators was designed and delivered to Travellers and health board personnel. Workshops were held throughout the Midland Health Board covering the areas of Traveller health status, culture and lifestyle issues. Almost 43% of workshop participants had contact with Travellers on a weekly or more frequent basis. Knowledge of Traveller health status among health board staff was increased as a result of attending the workshops. Workshop participants showed positive changes in attitudes as a result of attending the workshops. Over 79% of workshop participants gave a range of ways in which they would utilise the knowledge they gained in the workplace. A full report on the initiative is available, the findings and recommendations will guide the development of this ongoing initiative in 2001.

Infectious Diseases

Infectious diseases no longer have the high mortality rates of the early 1900's. However, they can cause significant morbidity. Many of these infections are potentially preventable. The surveillance, investigation of cases and implementation of preventative measures to reduce the risk of transmission is therefore very important in achieving health and social gain. Since the establishment of the National Disease Surveillance Centre (NDSC) more detailed surveillance information is available nationally on infectious diseases.

Meningococcal Disease

Meningococcal disease remains the most common form of bacterial meningitis. In 2000 there were 33 cases of Meningococcal disease (septicaemia and meningitis) giving a crude rate of 16/100,000 of the population compared to 13.6/100,000 in 1999. There were two deaths.

Table 4 below shows the breakdown per county of the 29 cases, which were grouped.

Table 4: Notifications of Meningococcal Disease in the Midland Health Board in 2000

County	Group B	Group C	Group W135	Group Y	Total
Laois	7	4	0	0	11
Offaly	4	2	0	0	6
Longford	3	0	2	1	6
Westmeath	5	1	0	0	6
	19	7	2	1	29*

***Of the 33 cases of meningococcal disease 29 cases were groupable.**

Sixty six percent of the cases were Group B, 24% Group C, 7% Group W135 and 3% Group Y. A new vaccine was introduced in autumn 2000 to protect against Group C disease. The implementation of the vaccination programme for the 0-22 year age group which is ongoing should have a major impact on the level of Group C disease in coming years.

Measles

Measles is a serious illness which can result in a high level of morbidity and even death. With the introduction of the measles vaccine to Ireland in 1985 and the combined Measles, Mumps and Rubella (MMR) vaccine in 1988 the number of cases of measles dropped dramatically. In recent years with the drop in the number of cases of measles and the unsubstantiated adverse publicity about the MMR vaccine, the uptake of the vaccine fell. The importance of the childhood immunisation programme was highlighted in 2000 when an outbreak of measles occurred in Ireland. Nationally there were 1,598 cases notified compared to 147 the previous year. Many children were admitted to hospital and there were two measles related deaths in the Eastern Regional Health Authority area. In the Midland Health Board there were 46 cases of measles in 2000 compared to 8 the previous year. Measures were implemented to increase the uptake of the MMR vaccine. By year-end the uptake has increased from 70% to 80%. In 2000 the National Immunisation Committee recommended that the second dose of the MMR should be given at the earlier age of 4-5 years rather than 11-12 years. This should reduce the pool of unprotected children in primary schools and thus decrease the transmission of infection.

Gastrointestinal Diseases

Gastrointestinal diseases continued to cause a significant burden of illness in 2000. The number of cases notified is demonstrated in the table 5.

Table 5: Gastrointestinal diseases 2000

Infection	Number
Bacillary Dysentery(Shigella)	1
Salmonella	46
Bacterial food poisoning other than salmonella	46
Gastroenteritis in children under 2 years	43
Ecoli 0157	7
Campylobacter	>61*

*Data not available from one laboratory

Campylobacter

The crude incidence rate for campylobacter infection in Ireland is 57.5 cases per 100,000 population and 40 per 100,000 in the Midland Health Board (1999). This represents only laboratory confirmed cases. The real burden of illness is much higher. This makes it the single biggest cause of bacterial food-poisoning in Ireland. Campylobacter infection is a serious illness. Further work is needed in Ireland to identify risk factors for those most at risk (those under five years of age) and to examine the reasons for the observed regional variation in incidence.

E-Coli 0157

E-coli 0157 has emerged in the last decade as a major public health problem. The number of E-coli 0157:H7 organisms required to cause illness is very low. This bacterium can cause severe illness in the young, the elderly and those with other illnesses. Up to 30% of people infected with E-coli 0157 :H7 develop kidney failure. In 2000 there were 7 cases of E-coli 0157 in the Midland Health Board - four children and three adults. The three children affected were part of a family outbreak.

Tuberculosis

There were 15 cases of tuberculosis (TB) notified in the Midland Health Board in 2000. This equates with a crude rate of 7.2/100,000 population. This was similar to 1999.

Age/sex and type breakdown is outlined in table 6 below. Seventy three percent were male and 27% female.

Table 6:
Notifications of tuberculosis in the Midland Health Board in 2000

	Pulmonary		Non Pulmonary		Total (Pulmonary + Non Pulmonary)
	Male	Female	Male	Female	
1–14	1	0	0	0	1
15–44	2	0	0	0	2
45–64	2	1	0	0	3
65+	5	3	1	0	9
Total	10	4	1	0	15

Because of increased travel to and from areas of the world with higher rates of tuberculosis it is important that neonatal BCG is administered. Prompt diagnosis, treatment and contact tracing is important in controlling the spread of the disease.

In January 2000 the National Disease Surveillance Centre, in consultation with the eight health boards and the National TB Advisory Group, implemented an enhanced TB computerised surveillance system based on the European minimum dataset. It is called the National TB Surveillance System (NTBSS 2000).

The National Disease Surveillance Centre (NDSC) in consultation with the health boards produced the first national TB report for 1998. Reports for 1999 and 2000 will be produced in 2001.

Methicillen Resistant Staphylococcus Aureus (MRSA)

There is a growing concern both nationally and internationally at the increasing level of bacterial resistance to commonly used antibiotics. MRSA is just one example. In 2000 there was a further 35% increase in the number of cases of MRSA in the Midland Health Board. (See table 7 below).

Table 7: Number of isolates of MRSA in the Midland Health Board, 1996 – 2000.

Year	1996	1997	1998	1999	2000
Total	171	216	186	268	362

The first prevalence study in the republic of Ireland was conducted in 1995. A repeat study in 1999 was done on an all Ireland basis and the findings were published in 2000. A number of recommendations were made which included that the current guidelines for the control of MRSA should be reviewed.

Episodic Care

MISSION STATEMENT:

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

INTRODUCTION

Episodic care 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.

In 2000 the progress towards the integrated provision of episodic care continued. The following details the progress made.

The service plan for 2000 aimed at achieving a more integrated plan for episodic care, with an emphasis on providing patient centred care through general practitioner services, the acute hospital services, and the ambulance service. 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.

PRIMARY CARE

The overall strategy for the primary care service and the objectives of the Primary Care Unit are to:

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

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

- Administration of community pharmacy contracts in the context of the Health (Community Pharmacy Contractor Agreement) Regulations, 1996.
- Administration of the High Tech Drugs Scheme.
- Co-ordination of services to persons with Hepatitis C within the framework of the Health Amendment Act, 1996.
- Administration of the Drugs Payment Scheme, and the adult community ophthalmic scheme. There are currently 50,169 persons registered under the Drugs Payment Scheme and a new computer system is being installed to manage the system.

During 2000 the Primary Care Unit continued to develop. Benefits have accrued to the Board as a result of improvements in information technology, changes to the management of a number of schemes, and an expansion of the role and functions of the unit. Due to this expansion, the Board decided to relocate the unit to the campus of St. Loman's Hospital, Mullingar, and Mr. Michael. Martin, T.D., Minister for Health and Children officially opened the unit on 7th September, 2000. A number of processing functions, formerly carried out at local level, were also transferred to the Primary Care Unit. These included processing of medical card applications and reviews.

Anne Kenny explains the new medical card processing system to Minister Michael Martin T.D., at the opening of the new Regional Primary Care Unit in Mullingar.

Quality Initiative

Leg Ulcer care project

This innovative project allows people with leg ulcers to receive a high standard of care from public health nurses at their local clinic. An additional clinic commenced in 2000 in the Laois/Offaly Community Care area bringing the total number of weekly clinics to six.

The Board continued to be involved in the general practitioner vocational training scheme and to work closely with the director, trainees and general practitioners. The training course is of three years duration, two years on rotation at the three acute hospitals, in the specialities of medicine, obstetrics/gynaecology, E.N.T. and psychiatry and one 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 hospital care. Following discussions agreement has been reached which will mean an expansion of the scheme by four places in 2001. The scheme will also include rotations in public health and paediatrics.

Quality Initiative

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. service delivery. The project now includes an audit of the Longford/Westmeath diabetic clinic.

The pilot phase of the Board's Diabetic Project has included 10 general practitioner practices in the Board's area over three years. A recent audit of the project highlighted successes to date and indicated that the project is worth expanding. The audit, identified further supports in line with best practice necessary to deliver a comprehensive package of services to people with diabetes. People with diabetes are a high-risk group for cardiovascular disease and can benefit considerably from targeted programmes to improve outcomes. The project is therefore now linked with the cardiovascular project. (see Cardiovascular Strategy).

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

Drugs Payment Scheme

The Drugs Payment Scheme came into effect on the 1st July 1999. The administration of this scheme was assigned to the Primary Care Unit and involved a significant additional workload. People who are ordinarily resident in Ireland who do not have a medical card can avail of the scheme. Under the Drugs Payment Scheme no individual or family will 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.

The total number of drug payments cards issued to the end of December 2000 was 50,169.

Practice Premises Development

A total of £0.068m was spent on practice premises developments during 2000 and contributed to developments of practice premises in Athlone, and Ballylinan/Athy

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

GP Teaching Unit

During 2000 the Midland Health Board GP Teaching Unit received the ISO 9002 Quality Standard Certificate from the National Standards Authority of Ireland, for its training services. It was the first unit within the Board to receive such a certificate and the first GP Teaching Unit in the country to be so accredited.

Presentation of ISO9002 Quality Standard Certificate to the Midland Health Board GP Training Unit. Denis Doherty, CEO Midland Health Board; Maria Leahy, Assistant Programme Director; Dr. Ger Kidney, Programme Director; Dr. Declan Brennan, Assistant Director; John Gloster, Chief Officer Post Graduate Training, Medical & Dental Board.

Computerisation and improved operational arrangements in General Practice

In 2000, the Unit continued to provide funding to enable GP practices to, install or improve computer hardware and software. At the end of 2000, 75% of GPs had installed hardware in their practices and 30% had commenced computer training.

The Unit continued to provide support to enable GPs to employ practice nurses and secretaries. At the end of 2000, 35 practice nurses and 53 secretaries are employed by GPs in the Board's area.

The following table shows the relevant details of nurses and doctor staffing levels in the region.

Table 1: Staffing Levels

Number of practice nurses in general practices	35
Number of general practices	85
Percentage of practices with female doctors	20%
Percentage of practices with two or more doctors	15%

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

Quality Initiative

Primary Care-Based Physiotherapy Services

A pilot project which provided physiotherapy services in three general practices in West Offaly (Ferbane, Banagher Kilcormac) has proved successful. This project means that patients can receive physiotherapy treatment in the general practitioner's surgeries. It is planned to expand this service to at least three practices in the North Westmeath area in 2001

General Practitioner Rotas

Only three general practitioners working in a 1:1 rota in the Board's area. The establishment on a pilot basis of a rota involving four rural based practices in West Offaly during 1999 continued throughout 2000.

Out of Hours Care

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

There is an ever-increasing demand for access to health care which is driven by a change in both public expectation and the way services are provided.

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

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

During 2000, the Board initiated a consultation process with key primary care stakeholders, with a view to establishing a Board-wide approach to developing models of "out of hours", primary care. While it is recognised that general practitioners are key players in the delivery of out of hours care, the Board is conscious of the diversity of needs that occur during out of hours times.

The need for greater co-ordination, collaboration and networking between emergency and primary care service providers, as well as statutory and voluntary sectors during out of hours times was recognised. This will form the basis for the development of an integrated system for out of hours care in the Board's area.

Following discussions with key stakeholders, in relation to the development of an out of hours model, a submission was made to the Department of Health and Children. During 2000, the Board received departmental approval to proceed with its out of hours strategy.

Indicative Drug Target Savings Scheme

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

Quality Initiative

Provision of 24-Hour Blood Pressure Monitors

This project provides blood pressure monitoring in general practices. Preparatory work commenced in 2000 in relation to the evaluation of the service. The evaluation will provide information on the effectiveness of using blood pressure monitors and how prescribing may be altered to ensure a better quality of care for patients.

Adult Dental Services

The Dental Treatment Services Scheme (DTSS) came into operation in November 1994. From the 1st January, 2000 all medical card holders became eligible for the full schedule of treatments.

The number of contract holders is 42.

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

The DTSS has been extended in 2000 to include routine services for the 35-64 age group. A total of 2,520 applications were approved in 2000 for below the line treatments and full dentures.

The average waiting time for routine applications is less than four weeks. At year end there was no waiting list in Laois/Offaly Community Care area.

Table 2: Activity Analysis 2000:

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

Waiting time for routine treatment has been kept within the 28-day turnaround target during 2000.

ACUTE HOSPITALS SERVICES

Acute hospital services are provided at three main sites-
General Hospital, Portlaoise,
Longford/Westmeath General Hospital, Mullingar and the General Hospital, Tullamore.

Services provided include :-

- Accident & Emergency
- General Medicine
- General Surgery
- Obstetrics & Gynaecology
- Paediatrics

Regional specialities of Ear, Nose and Throat, Orthopaedics, Oncology and Haematology are provided from the General Hospital, Tullamore, while ophthalmic services are provided on an out-patient basis within the region, with in-patient services provided at the Royal Victoria Eye and Ear Hospital, Dublin. In addition, general practitioner staffed casualty service operates at St. Joseph's Hospital, Longford and an out of hours general practitioner service is provided at the District Hospital, Athlone.

Activity Levels

The 2000 Service Plan provided for an increased number of medical admissions. Since 1999 there has been emphasis on

- Controlling the throughput of medical admissions.
- Increasing the ratio of day to in-patient cases treated.
- Enhancing linkages between the various parts of the health care service.

Analysis of 2000 activity demonstrates the continued success of this strategy in shifting activity from in-patients to day cases. Taking the three acute hospitals as a single entity, the following statistics are relevant:

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

Table 3

	Total No. of Beds	Inpatients treated	Day patients treated	Outpatient Attendances	Patients Treated at A & E Depts.
Longford/ Westmeath Gen. Hospital	198	12067	3525	20845	26,131
Portlaoise Gen. Hospital	141	7665	1939	23095	15,745
Tullamore Gen. Hospital	227	8769	4838	37265	21,647
Dist. Hospital Athlone				3385	290
St. Joseph's Hospital, Longford				9381	11504

At the Managing Quality in Healthcare Seminare organised by the Board were: Mr. Peter Waters, Administrator General Hospital Portlaoise, Alice Burke, A/Director of Nursing, Elma Heidermann, President of the International Society for Quality in Health Care, Brenda O'Connell, General Hospital Portlaoise, P.J. Smith, Assistant Administrator.

Cancer Services

The General Hospital, Tullamore is designated as the lead oncology centre for the Board's area. The development of cancer services accelerated towards the end of 2000 with the appointment of consultants in medical oncology and haematology. This progress will be maintained early in 2001 with the appointment of support staff and the opening of a dedicated day unit in the General Hospital, Tullamore.

Symptomatic Breast Disease Services

The report of the sub-group to the National Cancer Forum on the Development of Services for Symptomatic Breast Disease was received in 2000. The report concluded that the population of the Midland Health Board marginally supports one Specialist Breast Disease Unit. Having considered the Report and all the possible options available, the Board decided to reaffirm its existing policy to provide specialist breast disease services at Portlaoise General Hospital and the Longford/Westmeath General Hospital, Mullingar. That decision was then notified to the Department prior to the issue of the letter of determination for 2001. The Board, noting the inclusion in the letter of an allocation for the development of services at Portlaoise only, decided at its meeting in December 2000 to request the Minister to receive a deputation from the Board on this matter.

The main components of a specialist unit include core personnel, other essential personnel, facilities equipment and organisational elements. These are detailed in the Report itself. The core personnel include a lead clinician, breast surgeons, breast radiologist, breast pathologist, breast care nurses, clinic nurses, medical oncologist, radiation oncologist, radiographers and administrative staff. The level of investment in staff, facilities and equipment is significant and will require the commitment of additional resources, most likely, in a series of service plans.

Waiting List Initiative

Waiting List management continued to be a priority within episodic care in 2000.

The 2000 Letter of Determination included an allocation of £1.372 million for a waiting list initiative. A further £0.770 incentive funding was allocated in mid 2000 based on performance in the first half of the year. This additional allocation ensured that extra patients were treated and also that the normal seasonal reduction in activity during the summer and Christmas periods did not take place. The funding was targeted at the following specialities at the General Hospital Tullamore:

- Orthopaedics
- ENT
- Vascular Surgery:

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

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

Table 4

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

The objective of the Waiting List Initiative is to achieve reductions in the numbers waiting and in waiting times. Credit is due to the staff engaged in the initiative, who continue to achieve targets in spite of the ever- increasing number of medical emergency admissions. It is also important to note that part of the allocation also supports Community Rehabilitation Units in Tullamore and Birr.

While progress is being made and ever-increasing numbers of patients are being treated, further effort and investment in resources will be required in relation to the effective management of lists and increasing capacity so that the aim of treating all adults within 12 months and all children within 6 months is achieved.

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

Work commenced in 2000 on an acceptable prioritisation and weighting system for orthopaedic patients and this will continue in 2001.

Bed Capacity and Winter Initiative 2000/2001

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

- Contracting of 50 private nursing home beds for six months from October 2000 and from October 2001 to December 2001
- Enhanced discharge planning and bed management.
- Provision of aids and appliances for use by older people.

The leasing of nursing home beds in the Board's area has commenced and the demand for beds under this initiative is linked to inpatient activity at the three acute sites which obviously fluctuates from day to day. A project manager, appointed to manage this initiative, works closely with key stakeholders including patients and their next of kin, medical and nursing staff.

Clinical Audit

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. It is against this backdrop, that clinical audit was introduced in the Board in 2000.

Clinical audit is "the systematic review of the manner in which healthcare is provided – from an individual's first contact with the service through to an assessment of the outcome of care which he/she received" (Shaping a Healthier Future 1994).

With the development of services and the increased emphasis on quality and clinical excellence, enhancement of the research and audit capacity across all care groups is a priority. Therefore, funding has been allocated from a number of sources including episodic care, mental health and the cardiovascular strategy to enable the appointment of research and audit officers who will provide this support.

Clinical audit will be developed under the Board's strategic quality approach namely management by projects, as an effective means of change. The audit cycle will be used to manage each phase of the project through from topic selection to action plan implementation.

Hospital Inpatient Enquiry System (HIPE) and Casemix

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

The hospitals use the Hospital Inpatient Enquiry System (HIPE) to gather information on patients treated and, using the best known and most widely used Casemix classification system, assign each patient to a diagnostic related group (DRG). The DRG classification system allows an adjustment for these factors to be taken into account when measuring the workload and predicting the cost of treating patients on an in-patient or day basis. Actual costs incurred are then compared with the predicted costs and a casemix adjustment is calculated.

Quality Initiative

The Board's Letter of Determination for 2001 included a positive adjustment in respect of its three acute hospitals of £ 0.114m. This positive adjustment is very satisfactory in view of the negative adjustment of £ 0.241 in 2000 This turnaround is a direct result of work that has been undertaken by the hospitals in 2000 in relation to improving HIPE coding in association with consultants and reviewing the cost allocation system. Credit is due to the personnel working in the HIPE and Casemix Departments.

Performance Indicators

Acute hospital services performance indicators are primarily based on process and outcome measurements. Available information from HIPE is being used to measure performance, both at national and local level.

Inter-hospital variations may be investigated by addressing coding practices, clinical practices and resources available locally.

Resources available locally

In view of the current trends towards day case activity, a review of day ward facilities was undertaken. Within this review, areas such as staffing levels, opening hours, number of sessions available per week and operational processes were investigated and changes to processes made to facilitate additional day cases.

Health Promoting Hospitals Project

The Board's Regional Health Promotion Hospital Network has four service functions:

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

At the official launch of BreastCheck's first Mobile Screening Unit in County Longford, Mr. Denis Doherty, CEO, Midland Health Board; Catherine Vaughan, Radiographer; Denise Reardon, Radiographer; Dr. Jane Buttimer, Director of BreastCheck; Minister Michaél Martin TD; Dr. Sheelah Ryan, Chairperson of the National Breast Screening Board and CEO of the Western Health Board and Dr. Fidelma Flanagan, Clinical Director, Eccles Unit.

- To develop partnership within hospitals and between hospitals and within the Board.
- To identify core projects which dovetail with the Board's service plan.

During 2000 the following activities and developments have taken place. The Board's Health Promoting Hospital Framework Document was launched and endorsed by the National Health Promoting Hospital Network and the World Health Organisation (WHO) European Office. It will form the basis for the evaluation of the overall Health Promoting Hospital Project.

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

Twelve Board locations also successfully participated in the European Hospital Challenge Day. Three out of the five national categories were awarded to the Midland Health Board's hospitals.

Other Initiatives in the Acute Hospital Services

- Finance and human resource specialists were appointed in 2000 as support to the general manager to enable the strategic devolution of the personnel and finance functions.
- Work continued during 2000, facilitated by the Office for Health Management and outside consultants on the involvement of clinicians in management. There is now a growing, although not universal, commitment to clinicians in management, appropriate implementation structures have been agreed.
- Radiological services were enhanced in the Board with the appointment of an additional consultant radiologists to Longford/Westmeath General Hospital and the General Hospital Portlaoise. A consultant physician with a special interest in cardiology and with a sessional commitment to St. James Hospital was appointed to the General Hospital, Tullamore.
- The establishment of a joint supra-regional vascular surgery service for the Eastern Regional – South West and Midland Health Board areas facilitated the appointment of a consultant vascular surgeon for two sessions per week at the General Hospital Tullamore.
- The phased introduction of an out-of-hours computerised tomography (CT) on-call service commenced at both the General Hospital, Tullamore and Longford/Westmeath General Hospital.
- The successful community rehabilitation unit in Tullamore was extended to the Birr area. Community rehabilitation units were established in Mullingar and Portlaoise.
- Progress continued to be made in 2000 on the implementation of the Catering Action Plan for the region. The highlight was the development and publishing of Nutritional Guidelines and their implementation at the District Hospital, Athlone.
- A joint pathology committee involving the three laboratories was established.

Quality Initiative

Irish Society for Quality in Healthcare Survey

The three acute hospital sites took part in an independent survey by the Irish Society for Quality in Health Care which was the first system-wide assessment of patient's views of Quality in Healthcare in Ireland.

The survey was set up to investigate and report upon the patient's perception of the quality of care they received during their hospital stay and to identify levels of patient satisfaction.

The methodology applied was a survey conducted by means of a computer aided telephone interview (CATI). The interviews were carried out 3-6 weeks following the patients' discharge from hospital.

The results of each hospital can be compared with those of the other two Board hospitals and with a peer group of hospitals in which the Irish Society for Quality in Healthcare carried out surveys using the instrument used in the survey of the Midland Health Board's hospitals.

Ninety Four percent of patients admitted to the General Hospital, Portlaoise and to Longford/Westmeath General Hospital and 95% admitted to Tullamore General Hospital were satisfied or very satisfied with the overall level of care.

Minister for Health and Children Mr. Michael Martin T.D. on a visit to St. Joseph's Hospital, Longford.

Cardiovascular Strategy

MISSION STATEMENT:

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

Introduction

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

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

In 1999, the report of the Cardiovascular Health Strategy Group-Building Healthier Hearts was published. Funding of £1.000m was provided to the Board to support the development of a Cardiovascular Strategy. The Board's Cardiovascular Strategy follows national guidelines which are based on primary, secondary and tertiary prevention of cardiovascular disease.

Health Promotion

Primary prevention of the major risk factors for cardiovascular disease forms the focus of the health promotion messages under the Cardiovascular Strategy. Smoking is the largest single cause of preventable illness and death in Ireland. Regional results from the SLAN (National Health and Lifestyle survey 1999) survey show that 32% of adults in the Board's area smoke. To support the anti-smoking project of the Cardiovascular Strategy a senior health education officer came into post in 2000. Personnel were also recruited to provide a smoking cessation service in the community. A senior nutritionist, community clinical dietician and exercise health education officer were appointed in 2000 to support the physical activity and nutrition projects of the Cardiovascular Strategy.

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

Funding was provided in 2000 for the purchase of training equipment, defibrillators and ECG transmission equipment to support the implementation of the CPR training projects and the pre-hospital projects. These projects will be further developed in 2001. CPR training in the community commenced and ninety-four staff members attended for training. Six members of staff were funded to attend the Irish Heart Foundation's Basic Life Support Course to support the delivery of CPR training for medical and nursing staff.

Cardiology, Endocrinology and Cardiac Rehabilitation

The Cardiovascular Strategy sets out the requirements needed to provide a comprehensive tertiary prevention service. In 2000 the first of a number of personnel were employed to support the establishment of cardiology services in the Board's three acute hospitals. Funding was also provided for diabetic nurse specialists posts based in the three acute hospitals. To support the establishment of cardiac rehabilitation services in each acute hospital, cardiac rehabilitation nurse specialists, occupational therapists and clerical officers were recruited during the year. A wide range of cardiac rehabilitation equipment was purchased and sites for the delivery of the service were identified in the three acute hospitals.

Project Management, Research & Audit, Information Systems

A project manager for the Cardiovascular Strategy came into post in 2000. Clerical support for the strategy is also in place. In 2000 the Board concentrated on the development of resources, both infrastructure and staff, to implement the strategy. Underpinning all projects will be an increased audit, research and evaluation capacity.

Mr. Brian Cowen, Minister for Foreign Affairs, turns the sod for commencement of the enabling work for the new General Hospital, Tullamore. Looking on are: Mr. Denis Doherty, Chief Executive Officer, Midland Health Board, Mr. John Cregan, Programme Manager, Hospital Care, Councillor John Flanagan, Senator Pat Moylan, Chairman of the Board and Deputy John Moloney.

MAJOR CAPITAL DEVELOPMENTS

General Hospital Portlaoise

Work on the design phase of the major capital development was completed in 2000 and construction work is to start in January 2001. This development includes the following :-

- 50-bedded acute psychiatric unit
- 25-bedded paediatric unit
- upgraded medical ward facilities
- upgraded and enhanced catering facilities
- upgrading of certain site services including new standby generator and new car parking
- provision of new service yard and waste management facility

General Hospital Tullamore

Work continued throughout 2000 on the design phase of the new general hospital in Tullamore. Enabling site works incorporating car parking facilities were completed with the new car park opening prior to Christmas 2000. A planning permission application for this new hospital, which will incorporate the following, wslodged on 22nd December, 2000.

- Accident & Emergency Department
- Medical department for older people
- In-patient wards
- ENT Department
- Children's Ward
- Radiology Department
- Out-patients Unit
- Day Unit including Endoscopy, Day Theatre, Oncology Unit, Renal Dialysis
- Rehabilitation Unit including hydrotherapy unit
- Pharmacy
- Pathology Department
- Mortuary/Post Mortem Department
- Operating Department
- Intensive Care Unit
- Hospital Sterile Supplies Department
- Coronary Care Unit
- On-Call Accommodation
- Catering and Staff Dining Departments
- Main Concourse
- General Administration Accommodation
- Waste Collection Stations
- Maintenance Department
- Boiler and Ancillary Accommodation
- Waste Compound and ancillary and associated developments along with interior refurbishment work to the ancillary accommodation of the existing Chapel
- Development of an additional 395 car parking spaces for staff and public use

Longford/Westmeath General Hospital

The Brief for this major capital development was completed and submitted to the Department of Health and Children in 2000 and Departmental approval of the Brief (and the inclusion of additional elements in Phase 2B) is awaited.

- In-patient Standard Wards
- Psychiatric Department (36 beds)
- Medical Assessment Unit
- Operating Department
- Pathology Department
- Day Services (Surgical)
- Palliative Care Department
- On-call accommodation
- Staff Changing Accomodation
- Administration
- Waste Collection Stations

In addition to these major capital developments a total of £3.606m of National Development Plan Funding (NDP) was also spent on equipment at the three acute sites.

The Department of Health and Children approved the establishment of a project team to consider health service infrastructure in Athlone.

AMBULANCE SERVICE

MISSION STATEMENT:

To provide a comprehensive and efficient emergency medical ambulance and patient transport service for the midland region

In line with the general development of pre-hospital emergency care, the Ambulance Service has shifted from the traditional role to one where there is an increased emphasis in delivering appropriate care at the scene and during the journey to hospital. For the service to be effective, the fully equipped ambulance vehicle, staffed by two trained emergency medical technicians must respond quickly to deliver that care. The overall result will be reduced mortality and long-term disability and shorten hospital stays for emergency patients.

With the increased investment in the ambulance service the Board has:

- Implemented two person, on duty crewing which has contributed significantly to reducing the activation time component of the overall response time. (In 2000, approximately 75% of ambulances were activated within 2 minutes of receiving the call. This compares with a figure of 20% in 1997).

- Commissioned a Central Command and Control Centre which has improved communications and enhanced efficiency in the deployment of ambulances. (75% of all emergency calls have a response time of 8 minutes. This compares with 46% in 1997).
- Funded staff to undertake accredited training courses and provided on-going training and support.
- Updated the ambulance fleet and equipment.
- Participated in the development and maintenance of major accident plans and the conduct of training exercises.

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

1. **Improvement of operational and management staffing levels**
   With the qualification of an additional three staff as Emergency Medical Controllers, the command and control centre now operates full 24 hours cover.

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

2. **Staff Development**
   Operational staff development continued with Emergency Medical Technicians attending the conversion course and child protection programme. A number of staff also attended neonatal resuscitation, Advanced Cardiac Life Support and Paediatric Advanced Life Support courses. Training workshops were also held to familiarise staff with new equipment and all staff have re-certified with respect to automated external defibrillation. Nine students successfully completed their basic training programme qualifying as Emergency Medical Technicians and additional eleven students successfully completed stage 1 of their development programme. Two-person crewing is now in place at four stations with the last remaining location (Athlone) transferring to two-person crewing during January 2001.

   Training programmes are designed to deliver a high quality emergency pre-hospital care to patients and, coupled with the introduction of the national patient report form, it will be possible to measure this delivery of care through on-going clinical audit.

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

3. **Improved infrastructure to ensure optimal patient care**
   Communications systems developments have facilitated the transfer of operational control of counties Westmeath and Longford to regional control. In line with recommendations of the Review Group 1993, the ambulance service now operates one central command and control centre for the Board's area staffed by a minimum of two qualified Emergency Medical Controllers. This has resulted in all 999 emergency calls receiving immediate ambulance dispatch reducing overall response time and pre-arrival life saving instruction given to the caller, if the situation warrants.

4. **Effective and Efficient provision of services**
   Research and discussion with software suppliers for data collection have been concluded allowing for tendering procedures early year 2001

5. **Safer working environment - Health and Safety**
   Each front line ambulance has been equipped with an easy load stretcher. Additionally the incubator stretcher at Portlaoise was upgraded.

6. **Ambulance Station Development - Provision of suitable accommodation**
   Additional temporary accommodation has been provided at Tullamore station to accommodate two-person crewing.

   Suitable accommodation for Longford station was also identified in 2000 and it will be up-graded early in 2001

Minister for Health, Mr. Micháel Martin with nursing staff on a recent visit to Longford/Westmeath General Hospital.

Quality Initiative

Bobby Bear project

The aim of this programme is to create an awareness of basic health and safety issues among children in primary schools.

Local business sponsored the initial programme. Twenty-one programmes have been implemented targeting around one thousand children. Support material for children has been produced. A formal evaluation has been designed for the whole project. A set of operating standards has been developed. A new partnership has been developed between ambulance service and health education service in primary schools. The programme has forged links with the community schools, which makes this project one that encapsulates the ethos of the Health Promoting Hospitals movement.

OPHTHALMIC SERVICES

The eye service in the Board's area is based at five eye centres attached to the hospitals in Tullamore, Portlaoise, Mullingar, Athlone and Longford. At present this service is totally out-patient based, and the five centres are regarded as 'satellite units' of the regional eye services located in the Royal Victoria Eye and Ear Hospital, Dublin where emergency, surgical, in-patient and day-care services are provided for patients from the Board's area.

The primary aim of the community eye service is to enhance the ophthalmic health and quality of life for all categories of patients referred to the eye clinic.

Initiatives during 2000 included:

- Introduction of protocol for 'Screening in Diabetic Retinopathy' as part of the Board's diabetes project. This protocol separates diabetes patients into low and high risk. This allows for less frequent screening of patients in the low-risk category, creating more appointments for newly diagnosed, and 'high-risk' patients.
- Introduction of 'computerised appointments' for ophthalmic patients through the use of the diary system on the eye department computer.
- Computerisation of diabetes register at Longford/Westmeath General Hospital
- Introduction of orthoptic screening clinics where children with defective vision can be fast-tracked to the ophthalmologist, and children with normal vision can be discharged.
- Standardisation of ophthalmic referral forms for general practitioners, hospital in-patients and out-patients throughout the area.
- Introduction of protocols for vision screening for area medical officers and nurses.

Mental Health Services

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.

Mental Health Services in the Board are organised on the basis of two catchment areas:

Laois/Offaly	**Pop. 112,000.**
Longford/Westmeath	**Pop. 94,000.**

The prime unit for the delivery of services is the sector. There are three sectors within each catchment area.

Table 1: Catchment areas and sectors

Laois/Offaly		Westmeath/Longford	
Birr	33,755	Athlone	23,936
Portlaoise	38,334	Longford	30,138
Tullamore	39,789	Mullingar	40,126

C.S.O 1996

NON-CONSULTANT HOSPITAL DOCTORS

All staff assigned to a sector constitute the sector team including a consultant psychiatrist, doctors, nurses, psychologists, substance abuse counsellors, social workers, occupational therapists, administrative and secretarial staff. Sector management teams, supported by the sector teams, work to ensure that:

- The mental health needs of the sector population are assessed.
- Service plans are drawn up to meet the needs identified.
- The services provided are evaluated on an on-going basis.
- The related operational plans are implemented.

BUDGET

The revenue budget for 2000 was £19.605m, representing an increase of £3.800m on the previous year.

Table 2: Budget 2000 (£m)

	Laois/Offaly	Longford/Westmeath
Pay	7.564	10.226
Non-Pay	1.594	1.663
Less Income	0.573	0.869
Net Total	8.585	11.020

NATIONAL DEVELOPMENT PLAN

The Board commenced an extensive programme of developments with the assistance of funding provided under the National Development Plan. A sum of £0.820m was allocated during 2000 toward new capital developments.

SERVICE DEVELOPMENTS 2000

The primary focus of the 2000 Service Plan, as in other years was on the further development of comprehensive integrated mental health services throughout the region. A sum of £0.914 m was allocated for the continuation of on-going initiatives and for the development of new mental health services in 2000. An additional £0.390m was also made available for the provision of counselling services for adult victims of abuse and for substance misuse prevention and treatment programmes.

Mental Health Promotion

Voluntary agencies, carers, service user groups and statutory service providers worked in partnership with the Board on developing implementation plans for projects, commenced under the Board's Mental Health Promotion Action Plan

Framework models for the provision of stigma reduction and staff training programmes were developed. Exploratory meetings between a range of voluntary bodies were facilitated by the Board to explore the possibility of establishing a regional mental health alliance.

An information resource pack for mental health has been prepared and will be distributed to households throughout the Board's area in 2001. An extensive assessment of the needs of

carers was conducted. Work continued on the ongoing implementation of mental health promotion initiatives in schools, with community groups and in the workplace.

Counselling Services for Adults

This service commenced operation in September of 2000. Based in Tullamore, the service provides an outreach counselling service to persons who experienced abuse in childhood. A director of counselling services, counsellors and support staff were appointed during the year. Additional sums were allocated to purchase a premises for the service from the NDP allocation provided to Mental Health Services for 2000.

A total of 46 persons sought counselling from the service in 2000.

Quality Initiative

The counselling service worked in partnership with other health boards to establish policies and procedures in line with best practise for the provision of counselling to people who have been abused in childhood.

A database for the measurement of quality and quantity of service provision and outcomes of care for persons attending the service will be available.

Suicide Prevention

A sum of £0.125m was allocated in 2000 to implement the recommendations of the National Task Force on Suicide. Priority targets identified by the Board's steering group were implemented through the Board's Resource Officer.

Forty six people were trained as Suicide Bereavement Support Facilitators. The bereavement support service was launched in the latter half of 2000, is organised on a sectorised basis and provided voluntarily. A number of the facilitators commenced additional training to act as supervisors.

Other initiatives include the printing of a Directory of Services (which will be launched on the Board's website, www.mhb.ie, in 2001). Training in suicide awareness and appropriate responses to attempted suicide was provided to 86 staff working in A&E departments, mental health services, and primary care.

With the assistance of grant aid from the National Task Force Review Group, a cinema advertising campaign targeted at young adults commenced in all cinemas throughout the Board's area.

Planning commenced for the introduction of a mental health liaison post at the General Hospital Tullamore, targeted primarily at providing early responses to persons presenting with self-harm and attempted suicide. (The service is due to commence by mid 2001).

At the launch of Laois Group Practice in Mental Health. (Lto R): Ms. Ann Cass, Nursing Officer, Mental Health Centre, Portlaoise; Dr. Ronald Augustine, A/Clinical Director, Mental Health Services, Laois/Offaly; Mr. Denis Doherty, Chief Executive Officer, Midland Health Board; Mr. Brian Cowen, T.D., Minister for Foreign Affairs; Mr. Brian Howard, Chief Executive Officer, Mental Health Association of Ireland; Ms. Finola Colgan, Development Officer, MHAI and Mr. Derry O'Dwyer, Programme Manager, Community Care and Deputy C.E.O., Midland Health Board.

Quality Initiative

Over the last 18 months, the Board, in association with the Samaritans, has been engaged in the provision of a help line to young people at risk. Preliminary and final evaluations of the project were conducted during 2000.

Results of the long term evaluation will be available in February 2001 and will determine future directions with the project.

Substance Misuse

£0.100m was allocated in 2000 towards substance abuse prevention and education programmes. Two additional Substance Misuse Health Education Officers were recruited. Programmes included: work with "Drugs Questions-Local Answers" groups, the provision of a number of workshops and educational sessions for parents and concerned community groups and ongoing involvement with the "Walk Tall" programme for primary schools.

A Regional Youth Health Forum was formed in the summer of 2000. Development of a multi-sectoral approach to youth affairs and service delivery is now underway.

The need to review overall service provision in the area of substance misuse, ranging from health education, prevention and promotion to treatment and rehabilitation services has been addressed through the commencement of a Regional Strategic Development Plan for substance misuse. This strategy will be finalised by mid 2001, and will inform future service planning and delivery.

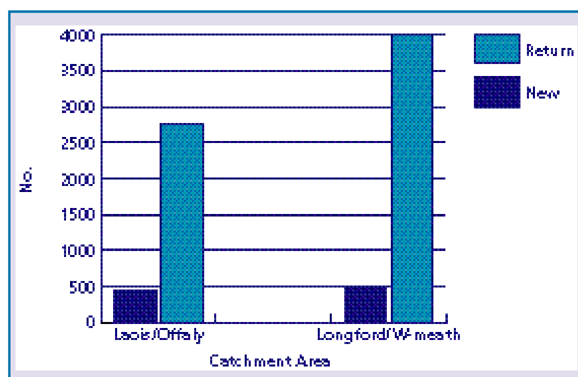
Community Drug and Alcohol Services

The Board commenced implementation of the report of the Review Group on Drug and Alcohol Services in 2000. Additional funding (£0.100m) was allocated towards development of the treatment and rehabilitation service provided for opiate users.

Additional developments include the allocation of funding for the recruitment of a substance misuse team leader and clerical support to the community drug and alcohol services.

Services are delivered as a community service within each catchment area, from a variety of service locations. In total, there were 889 new referrals to the service in 2000 with an additional 6662 return appointments provided.

Figure 1. Drug and Alcohol Services



A service for opiate users commenced in Athlone in February. The service is provided by a General Practitioner experienced in the area of substance misuse and opiate abuse, a community pharmacist and substance abuse counsellors. The service is available two days per week and it is planned to extend the level of service availability in 2001 to address unmet need. There were 14 persons on the waiting list for treatment at year end.

Linkages with Other Services

An education programme on drugs commenced for gardai, social workers, employee training facilitators, home helps and other key people. This will continue in 2001.

The Board continued to work with five major voluntary agencies with a mental health remit in the area (AWARE, GROW, Mental Heath Association of Ireland, Samaritans and Schizophrenia Association of Ireland), all of whom are involved in mental health promotion and suicide reduction projects in partnership with the Board.

The Mental Health Services continued discussions with the Department of Justice, Equality and Law Reform aimed at determining a model of health services to be provided to the population of the Midland Regional Prison in Portlaoise. This work will continue in 2001.

Community Mental Health Service

Ongoing implementation of the Board's "Mental Health Initiative", 1997, continued throughout 2001. A broad range of additional staff were recruited in the service including social workers, occupational therapists and additional nursing staff.

The availability of a psychology service in the Tullamore Sector improved as a result of the recruitment of a basic grade psychologist and waiting lists for psychological assessment fell.

The Board completed a review of its psychology services. Implementation of the report's recommendations will commence in 2001.

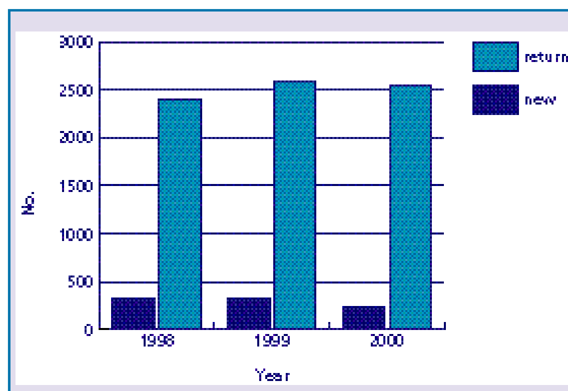
Quality Initiative

An eighteen month research project to establish the education and training needs of mental health nurses in the Board's area commenced. The research is aided by the nursing division of the Department of Health and Children. On completion of the research an action plan for the professional development of staff will be developed aimed at providing a broader range of interventions for service users.

Child and Adolescent Mental Health Services

In order to identify how best these services would meet future challenges, an internal review group was established which was to report in 1999. It is a matter of disappointment that the Group's report was still not available in 2000 and it is now planned to be submitted in 2001. The Services are currently organised on a catchment areas basis, with each team providing a community based assessment and treatment service to children and their families living in the region.

Figure 2. Child Psychiatry – Attendances 1998-2000



A total of 237 new patients were seen and 2,295 return appointments provided during the year.

Waiting List at 31st December 2000

Laois/Offaly 52 Longford/Westmeath 95

A number of factors are currently impacting on the ability of the Child and Adolescent Psychiatric Services to meet needs. This is particularly so in the case of access to in-patient beds for children requiring in-patient services. Twenty five children were referred for in-patient assessment and treatment during the course of the year. In-patient facilities were not available for a number of these children. It is hoped that this will be addressed in the context of national plans for the development of in-patient units.

Quality Initiative

A research study into patient/family satisfaction and outcomes of care commenced in the Laois/Offaly service during 2000.

Psychiatric Services for Later Life

The service launched in Laois/Offaly during 1999 was augmented through the addition of a day hospital service in June 2000. £0.080m was allocated toward this development. The Board, in 2001, will examine the need for an expansion of day hospital services throughout the six sectors.

£0.250 was allocated toward development of a similar service in Longford/Westmeath. A number of staff were recruited and training commenced. However, delays in appointing a consultant prevented commencement of the service. It is anticipated that the consultant will be appointed by the Board in mid 2001. A sum of £0.200m was allocated from NDP funding for the refurbishment of a premises at St Loman's Hospital to accommodate the team base/day hospital.

Medical, nursing, occupational therapy assessments and reviews are provided in a range of settings, including acute in-patient areas, care centres for older people, nursing homes, day hospital and in the patient's home.

A total of 4,506 assessments and reviews were provided during 2000. Nineteen persons were admitted to in-patient care and thirteen were subsequently discharged / transferred to older people care settings.

Forty one people attended the day hospital service, of which seven were discharged. There was an average of 77 attendances per month at the day hospital.

Quality Initiative

Care pathways have been developed for persons attending the psychiatry of later life service.

Care pathways provide a mechanism for identifying all components of care required by the individual and for the monitoring of service co-ordination, service delivery, and the audit of process and outcomes of care. These pathways will be piloted early in 2001.

Hospital and Long Stay Care

A range of infrastructural improvement programmes were implemented in the Board's psychiatric hospitals during the year. £0.410m from NDP funding and an additional £0.680m carry over funding was allocated toward improvements in ward, heating and catering facilities in the Board's hospitals.

A review of the needs of all long stay patients in each of the Board's Hospitals was conducted identifying the appropriate future residential placement needs of residents. These accommodation needs will be addressed in the context of NDP funding availability.

Acute In-Patient Care

Site works on the development of the new acute in patient unit at Portlaoise General Hospital are due to start in January 2001. A development brief for the proposed 36 bedded unit at the Longford / Westmeath General Hospital was completed and submitted to the Department of Health (as part of the overall Phase 2B project) for approval.

Plans to reduce the Boards admission rates for alcohol disorders were addressed through the development of a standardised admissions policy which takes into consideration national policy guidelines and the availability of alternative services in the community.

The refurbishment of the acute admissions unit at St. Loman's Hospital will now commence in February 2001.

In line with the recommendations of the Report of the Inspector of Mental Hospitals and an internal review conducted in 1999, standardised policies and procedures in respect of in patient care were devised and implemented across the region.

An audit of clinical notes was conducted during the year. A number of recommendations from the audit are due for implementation in 2001.

In response to service user and family comments, and in order to provide a more efficient, quality oriented service the admissions units at St. Fintan's hospital were reorganised into separate male and female wards. In line with the Boards plans for closure of St. Fintan's Hospital, a reduction in overall bed numbers was achieved.

Long-stay Care and Support

National Development Plan funding was utilised during 2000 to improve conditions on long stay wards for residents and staff in the Board's hospitals.

The former female six ward at St. Fintans was extensively renovated and upgraded to provide new accommodation for the former male six ward residents. Upgrading works were also carried out on the Rehabilitation Unit. Improvements to catering facilities were implemented in line with health and safety and environmental health regulations.

It was necessary to retain some accommodation in order to facilitate refurbishment work in a number of care centres for older people in the Board and it was therefore not possible to transfer long stay elderly care residents to more appropriate care settings. It is anticipated that this situation will improve in 2001. The overall number of long stay beds reduced by six in 2000.

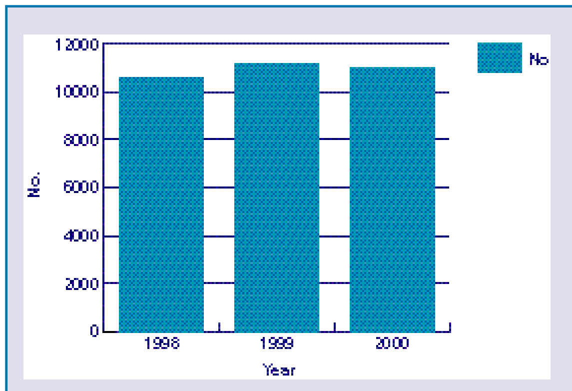
An extensive renovations programme commenced at St. Brigids Block on the St. Lomans Hospital campus and is expected to be complete in 2001.

ACTIVITY 2000

Out-Patient Clinics

A total of 706 out-patient sessions were provided by the adult mental health service in 2000. The number of attendances was 10,985 a small reduction from 1999. Of the overall total 660 were first attendances.

Figure 3. Out patient attendances 1998-2000



Community Residences

A range of community residences are provided by the Board and are staffed according to the needs of their residents. The Board is experiencing a reduced demand for low support residential accommodation and is examining the potential for greater involvement with local authorities in the provision of accommodation for persons who, without such accommodation, would be homeless but for whom residential care provided by the mental health services is inappropriate.

Planning continued during the year for the provision of a range of alternative residential accommodation to meet the needs of those requiring on going psychiatric care following the closure of the old institutions and opening of the new acute units in the general hospital. New high support and extended residential care facilities will be provided as NDP funding becomes available. Development Briefs for the required facilities will be submitted to the Department of Health and Children during 2001.

Two hundred and eleven community residential places were available during 2000. However, with rationalisation of sector accommodation to meet emerging needs, and through the development of additional residences, the number and nature of facilities will change over the forthcoming years.

Since acquiring the former St. Elizabeth's Convent in Edgeworthstown, the Board has sought to gain agreement from staff organisations concerning its use as a community residence. This was considered again in 2000 in the context of the rationalisation of hostel services in Longford. As it was not possible to reach agreement on the future use of these premises during 2000, the Board has decided to consider alternative options for the use of this premises and will finalise this matter in 2001.

ACUTE PSYCHIATRIC IN-PATIENT SERVICES – 2000

In 2000, there were 1545 admissions to the Board's psychiatric hospitals of which 25 were to long stay care. Of the total admissions, 369 were first admissions. This represents an increase of 37 admissions from 1999 (1508).

Five admissions were for persons under the age of 16.

A total of 108 episodes of overnight lodging without formal admission occurred.

Table 3

Age profile all inpatients at 31.12.2000					
15-19	20-44	45-64	65-74	75 and over	All ages
5	71	93	57	55	281

Of the total in-patient population at 31.12.2000, the highest percentage – 30.2% were in the 45-64 age group.

Legal Status

One hundred and forty one (10.98%) of all admissions to hospital were on an involuntary basis.

Discharge and Deaths

There were 1519 discharges from the Board's psychiatric inpatient facilities in 2000. Deaths accounted for 21 of the discharges.

Day Hospital Services

Day hospitals also provide comprehensive treatment options for some acutely ill persons. Day hospital services are provided in each sector by medical, nursing, addictions counselling and psychology staff.

A total of 429 new referrals were received at day hospitals in 2000 compared to a total of 418 in 1998 and 315 in 1999. A total of 8191 attendances were recorded. In total, there were 561 people availing of day hospital services.

Day Centres

The sector services continue to experience a rise in the number of persons requiring day centre services. Day centres provide social care, sheltered work, and treatment on a regular and or continuous basis for patients whose needs cannot be met by other forms of care. The Board currently provides day centre services at seven locations and sheltered workshops at two locations. Total attendances for the year amounted to 33,149 an increase over numbers in 1999.

Staffing

A total of 568.24 whole time equivalent staff were employed in the adult psychiatric services in 2000. Five whole time equivalent staff were employed in the adult counselling service.

Staff in the child and adolescent services are included in the acute hospitals and community care whole time employment numbers.

Inspector of Mental Hospitals

The Inspector of Mental Hospitals has a statutory obligation to inspect all pyschiatric hospitals and units in the country at least once each year.

The Inspector comments on all aspects of services including:

- the standard of accommodation in acute units, long stay units and community facilities.
- the level of services provided and the quality of those services
- the quality of clinical and administrative practice
- progress made in development of services and facilities to meet the needs of those with mental illness.

The Inspector's reports form an important input into the preparation of the Board's annual service plans and support for capital investment plans. The issues raised in the Inspector's 1999 report related to a range of topics from refurbishment works to the development of acute psychiatric units in the Board's hospitals. All of the issues raised by the Inspector have received serious consideration by the senior medical, nursing and administrative staff and, particularly, those in relation to individual operational matters. Many of the issues relating to the upgrading, replacement and provisions of new facilities require major capital investment. Much of this will be addressed in the context of the National Development Plan.

Services for Children and Families

MISSION STATEMENT

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 affecting development, behaviour and education.

Offering protection to children at risk from physical, sexual or emotional abuse or from neglect.

Providing a service to support parents in caring for their children.

CHILD HEALTH SERVICES

The Health Strategy emphasises the importance of preventative care given to children, as it is a key factor in determining their subsequent health status.

The principal elements in this approach are; monitoring the health of young children; identifying best practice in treating health problems quickly; ensuring a high level of immunisation uptake; promotion of breastfeeding for babies and early referral of children to appropriate treatment services where necessary.

BROAD STRATEGIC FOCUS

The national report “Best Health for Children” defines a health surveillance system based on the best available . The report proposes a model of service provision, which is child centred, flexible, dynamic in its operation and works in partnership with parents. The Board adopted the report and is guided by it, in its approach to policy development, service provision and the development of new services. The reporting committee is now reviewing services for young persons aged 12 to 18 years and its findings will be published in 2001.

PROVISION OF CHILD HEALTH SERVICES

Child health services in the Board’s area are provided by a multidisciplinary team of health professionals including general practitioners, consultant paediatricians, other medical/nursing and para-medical staff. These services are provided in line with the principles of ‘Shaping a Healthier Future’ and ‘Best Health for Children’ and will be further informed by the principles identified in The National Children’s Strategy. Within the episodic care group children who are acutely ill and/or injured, form a large part of the target group for health care services provided within this care group.

The primary care services of episodic care provide treatment and support for the many minor illnesses of childhood. In general these are self-limiting illnesses and rarely require referral for more specialised care in the acute division. However a proportion of children present with more serious illness or injuries which may require hospital care.

Data pertaining to the Child and Family Health Service is contained in the statistical addendum of this report.

EMERGING ISSUES

Asylum Seekers/Refugees

The specific health needs of asylum seekers/refugees, of which there are 669 currently in the Board’s area, along with migrant workers, is an area which requires particular attention. There is an urgent need for medical and nursing input into the provision of health screening for this group. In addition there is need for an array of other supports such as counselling, community work supports and translation facilities to facilitate the effective integration of this group into the community.

Population Increase

The increase in population in major towns such as Tullamore, Athlone, Mullingar, Kinnegad, Rochfortbridge, Portarlington, Portlaoise and Edenderry continues to place extra pressures on public health nurses to deliver a child health service in conjunction with a clinical nursing work-load. The nature of population growth, challenges the service to be increasingly flexible.

Increasing demand on community supports

The earlier discharge of mothers and babies from hospital, and the increased emphasis on the promotion of breastfeeding, places increasing demand on community supports in particular nursing.

Level of change

The changes recommended in the Revised Immunisation Guidelines requires additional area medical officer, public health nursing and clerical support to enable delivery of the programme. The increased health interventions from a range of different professionals in schools, require co-ordination to facilitate the continued smooth operation of services.

Information Technology support

The different disciplines who input into child health identify the need for I.T. support in order to meet the increasing information requirements placed on their service. The increasing need for an integrated computerised child health system which caters for current information requirements is highlighted.

Accommodation

The issue of inadequate accommodation is an increasing problem which in some instances has curtailed the delivery of service.

Maternity and Early Child Health Services

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

MOTHER AND INFANT CARE SERVICE

A mother and infant care service, is available free of charge to all women. Under this scheme, expectant mothers can avail of shared care between their general practitioner and the hospital in which they plan to have their baby. General practitioner services for mother and baby are available for up to six weeks after the baby is born. Recommendations from the Maternity and Infant Care Review Group have been implemented by the Board.

Folic Acid

The Board continued to promote the use of folic acid among women before and during pregnancy through the development of a Folic Acid guideline leaflet for use by health professionals.

Breastfeeding

Breastfeeding rates in the Board's area are as follows;

Initiation – 30%, at 6 weeks – 19% and at 4 months – 11%.

A range of initiatives to promote breastfeeding were undertaken. A breastfeeding policy document was published. A steering group and two implementation groups were established to implement action areas identified in the policy document. A range of materials promoting breastfeeding were distributed.84% of the Board's public health nurses were trained in the '18 hour breastfeeding course.

Parent Support Programmes

The National Parent Support programme is a community based programme aimed at improving the life opportunities of children and improving parenting capacity to rear, educate and give emotional support to their children. It is a home-visiting programme, provided by experienced mothers. The programme is available in Athlone and Longford and more recently in Moate, Ballymore, Ballymahon and Newtownforbes. Arising out of this programme, Parent and Toddler Groups have been developed in Athlone and Longford.

The Lifestart Project is a home based education programme specifically for parents of children from birth to five years. Adopting a holistic approach, the project addresses the physical, emotional, intellectual and social development of the child in partnership with parents. It operates in the Offaly/Kildare area.

Quality Initiative

The development of an early parenting programme for the Tullamore area was initiated through research into an appropriate model, taking into account local considerations. The model identified will be implemented in 2001.

Childhood Accidents

An inter-sectoral forum on childhood accident prevention was established and a range of accident resource materials will be made available to public health nurses and other primary care workers in 2001. Training in accident prevention was provided to children, through a joint initiative 'Bobby the Bear' by health promotion staff and the ambulance service, in co-operation with teachers.

CHILD HEALTH SURVEILLANCE

Baby Visits

The Board continues to accord priority to the initial visit by the public health nurse to mothers and new babies within 24 hours of receipt of the birth notification. Eighty three percent of mothers and babies were visited within this timeframe. Communication systems and recording methods were enhanced to accommodate this service.

Quality Initiative

The planning of the pilot project in the use of the Edinburgh Depression Score screening tool was completed and the pilot was implemented from July in two areas, for a period of one year. The Edinburgh Depression Score is a recognised assessment tool used extensively in the U.K. for the early detection of postnatal depression. The pilot will be evaluated as to its effectiveness.

Developmental Screening

The provision of developmental screening in accordance with 'Best Health for Children', was restricted due to a shortage of area medical officer staffing. Initiatives to address this staffing shortage were undertaken, resulting in a substantial improvement in staffing by year end. It is anticipated that developmental screening to the target group of children will be provided in both community care areas in 2001.

Well Baby Clinics

Well Baby Clinics continued to provide information, support, advice and screening to parents and their pre-school children. They are accessible by appointment or as a drop in facility.

Primary Immunisation Scheme

The recognition that immunisation is the single most cost effective public health measure in preventing serious disease and disability in childhood, continued to be emphasised by the Board through its actions to increase the documented uptake. Amongst the initiatives undertaken was an analysis of barriers to improved uptake. Two senior public health nurses were appointed to this area to promote immunisation uptake. A regional immunisation co-ordinator was appointed in order to facilitate the prompt return of information and to validate the database. Other problems identified continue to be worked on to enhance the current sub-optimal uptake rates of 83% for 3:1, 2:1, Hib and Polio and 80% for MMR.

New Immunisation Programme

A new vaccine effective against meningococcal group C disease (meningitis and septicaemia) was made available in 2000 to the two initially identified target groups of 15 to 18 year olds and 0 to 5 year olds. The programme was delivered to the 15 to 18 year old group by two teams, consisting of one doctor and three nurses and by general practitioners to the 0 to 5 year old age group. It is anticipated that immunisation of the 15 to 18 year old target group will be completed early in 2001. The next phase of the programme targeting 5 to 15 year olds will commence in 2001.

Polio Vaccine

In December 2000 the Minister for Health made an announcement relating to the production of the Evans/Medeva oral polio vaccine. Albumin, which was used in the production of the vaccine, had been obtained from the plasma of an individual who subsequently developed the variant form of Creutzfeldt Jacob Disease (vCJD). The Department of Health and Children sought the advice of experts in the area of CJD. They concluded that the risk if any to the individuals vaccinated with the particular batches of the polio vaccine was non- existent. However each health board was requested to identify the children who received the vaccine and to set up a helpline for concerned parents. In the Midland Health Board approximately 2000 doses of the particular vaccine had been administered. A helpline manned by professionals was set up and over 600 calls were received over a three day period. In the course of identifying the children who received the specified batches of the polio vaccine, it was noted that some doses had been administered out of date. This matter will be followed up in 2001 as some children will need to be re-vaccinated.

School Health Service

A screening questionnaire is offered to all parents of children in first class. Children with identified problems are offered an appointment with the area medical officer.

Vision and hearing screening is carried out on all children by the schools public health nurses at regular intervals through the primary school cycle. Where problems are detected then referral to the appropriate specialist service ensues.

Quality Initiative

In accordance with best practice recommendations in 'Best Health for Children', guidelines for screening of vision and hearing among children are being changed.

Enuresis Advisory Clinics

Enuresis advisory clinics continued to give advice and information on bed wetting to children, teenagers and their parents. Children seen at the clinics are assessed and started on the most appropriate bladder training programme. Where enuresis alarms are indicated the child's progress is monitored regularly and both child and parents are supported.

MILLENNIUM BABY AT PORTLAOISE GENERAL HOSPITAL

Back Row: (L to R) Nurse Terry Cotter, Nurse Sheila O'Gorman, Nurse Ann Coll, Sheila Cahill, A/Director of Nursing, Nurse Mary Carey and Dr. Oliva Strumble. Front Row: (L to R) Ms. Alice Burke, Matron, Frances Quinn (Mother) Colm Quinn (Father) with Baby Ben and Mr. P.J. Smith, Assistant Administrator.

School Immunisation Programme

The school immunisation programme provides for the delivery of the Booster (2:1) and MMR vaccines.

The changes recommended in the revised immunisation guidelines, involve the delivery of the MMR and the 3:1 booster to junior infants (4-5 yr. age group). The objective is to build immunity in the age group from 4 to 12 years thus preventing the spread of measles, mumps and rubella in the community. The replacement of the 2:1, polio vaccine booster by the 3:1 booster provides protection against whooping cough as well as diphtheria and tetanus. The delivery of the MMR vaccine commenced in 2000. However additional resources are necessary to facilitate implementation of the 3:1 vaccine booster.

Quality Initiative

– Chronic Childhood Conditions.

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

Schools Health Promotion

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

The initiatives developed, included the following:

- The development of the S.P.H.E (social, personal, health, education) programme was supported through the provision of 10 whole school staff events focusing on substance misuse, child protection, bullying, personal health, and teenage healthy lifestyles
- Two **Guidance for Achievement** events and four evening events on health related topics.
- Resource materials for S.P.H.E were developed.
- The Board in partnership with the Department of Education is investigating the accreditation of teachers who partake in the S.P.H.E programme.
- A representative steering group, which was established, at primary school level for the delivery of S.P.H.E has now been extended to secondary schools.
- The promotion of healthy eating in 12 second level schools, through the students nutrition action and knowledge surveys (S.N.A.K.S) was accomplished.
- In response to the SLAN survey the Board has developed a draft policy document for schools in relation to strategies addressing the problem of smoking. This work was undertaken with five schools in the Board's area.
- The Board supported the Department of Education and Science in the training and maintenance of the substance misuse programmes.
- The Board piloted a programme in a number of schools in relation to 'Caring for Baby' and in conjunction with the Athlone Institute of Technology is developing information materials on sexuality.

SERVICES TO CHILDREN

Children's Dental Health Services

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

Quality Initiative

A complete safety evaluation of x-ray facilities is being undertaken by a team from St. James Hospital. The objective is to ensure best practice and compliance with E.U. standards.

Provision of treatment

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

- pre-school, national school children and children in schools for special needs and classes for special needs. In 2001 all adolescents up to 16 years of age have full eligibility for routine treatment. Currently only emergency treatment for 14-16 year olds is available pending appointment of four dental teams.
- Referral of cases necessitating secondary care.
- Orthodontic service (specialist) for those patients eligible under Department of Health and Children guidelines.
- General anaesthetic service for special needs groups and children unsuitable for treatment under local anaesthetic.
- Out of hours trauma and accident service.
- Consultant paediatric service for medically compromised children is available in Our Lady's Hospital for Sick Children, Crumlin.

Quality Initiative

Failed appointments are a cause of inefficiencies in the running of clinics. An examination of causes for failed appointments was undertaken and a number of actions were identified to increase attendance. These included, better monitoring of attendances and follow up of patients to encourage attendance, through the appointment of a clerical person. The appointment of a clerical person whose specific brief involves increasing uptake through appropriate and timely follow through with the appointee. The implementation of these actions has resulted in a reduction in failure rate.

Review of performance against last year's service plan

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

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

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

Quality Initiative

As a result of recommendations from the two local fluoride monitoring committees in each Community Care area, the upgrading of fluoridation plants to ensure compliance with statutory regulations will commence.

Services to children also include Psychology, Speech and Language and Opthalmic services.

FAMILY HEALTH SERVICES

Review of Family Health Services against 2000 service plan

Women's Health

A number of initiatives in the area of women's health were progressed as follows:

- A regional continence promotion strategy was developed.
- An exercise promotion programme for disadvantaged women was developed in Tullamore and Portlaoise.
- Staff worked with disadvantaged women in Portlaoise and Athlone on the development of healthy skills network.
- A peer-led nutrition project for disadvantaged women in Athlone continued to be supported.
- A national conference to improve partnerships for women's health was organised by the Board.

Nutrition

Nutrition resource materials for health professionals were developed.

A seminar for health professionals on nutrition was organised.

The peer led nutrition project for low income groups was further developed.

A Healthy Eating Campaign in association with National Healthy Eating week was organised.

Home Management/Self Development and Budgeting Course

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

Domestic Violence

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

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

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

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

Quality Initiative

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

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

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

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

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

Sexual Health/Family Planning

Four pilot G.P practices developed women friendly family planning services.

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

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

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

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

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

Travellers Health

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

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

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

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

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

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

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

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

CHILD PROTECTION SERVICES

Child Protection & Welfare

Child protection and welfare services are provided by the Board's social work teams supported by a range of staff within the Board and external organisations (statutory, voluntary and community).

Children First, the National Guidelines for the Protection and Welfare of Children was launched in 1999. The nationally co-ordinated implementation process for Children First began in the Board with the apportionment of an implementation officer and an information and advice person. These guidelines aim to promote mutual understanding among statutory and voluntary organisations about the contributions of different disciplines and professions to child protection. They emphasise that the needs of children and families must be at the centre of child care and child protection activity and that a partnership approach must inform the delivering of services. The guidelines highlight the importance of consistency between policies and procedures across health boards and other statutory and voluntary organisations. They emphasise in particular that the welfare of children is of paramount importance.

Staff recruitment difficulties have hampered child protection services, particularly in the Longford area.

Care Services

Providing care placements for children is a major responsibility for the Board. There were 240 children in the care of the Board at year end, on December 31 2001, 26 children were in residential care with 214 placed with foster families. The Board works in partnership with the Irish Foster Care Association in providing foster care. A regional forum for fostering was established this year to facilitate partnership in the planning and delivery of foster care services. Providing residential care for children is becoming increasingly challenging for staff as the behaviour of some children becomes increasingly troubled. Prior to being placed in residential care these children may have experienced child abuse or neglect as well as rejection. The Board's childcare workers are developing new models of care to address the needs of these children.

Family Support Services

The Board in pursuit of its mission to enable families and communities to help themselves, liaises with and supports a wide range of voluntary and community groups and agencies. This work is indicative of the importance placed by the Board on developing a range of partnership relationships in the wider community and facilitating a community informed approach to service development. These organisations are the Edenderry Family Centre, the National Parent Support Programme, the Lifestart Project Offaly / Kildare, the Mountmellick Youth Development Centre, the Athlone Community Services Council, the Barnardos Family Support Project – Athlone and the Barnardos Family Support Project Tullamore. The Board's child care staff are also actively involved in the development of a new service, the Granard Action Project.

Training

The Board provides training for staff who deliver child care services. This training concentrates on child protection and welfare services and on domestic violence issues. It is provided on a multi-disciplinary and inter-agency basis.

During the year 2000, basic and advanced training courses were provided to Board staff and allied professions whose work impinges on children and families. The Board's resource training teams within the region facilitated two-day foundation training courses on both child protection and domestic violence. In building on linkages and developing an integrated service for families, primary and post-primary schools were given information on their roles and professional responsibilities in respect of the new child abuse and welfare guidelines **Children First.** Boards of management appointed designated liaison personnel who were invited to participate in training courses on child protection issues, which continue on a roll-out basis. A further team to facilitate training with the Board's residential childcare staff on therapeutic interventions with young people in care was established. A national training strategy was developed to resource the training needs of staff emanating from the new guidelines. Central to this strategy was the establishment and training of a core regional training team with responsibility for delivering a nationally agreed joint training programme between the Board's social work staff and designated investigating garda personnel.

A one day course was held on a preliminary service needs analysis of the Children's Bill 1999 with service managers. A training course for the Board's family support work staff group was designed, developed and implemented in response to both identified training needs and the complex family environments/structures that this group of workers constantly interfaces with.

The Pre-School Inspection and Information System

The purpose of the pre-school inspection and information service is to ensure that the health, safety and welfare of children in pre-school services is secured in line with the statutory Pre-School Regulations. In so doing, inspections help promote and raise standards in the quality of service provision.

Two inspection teams offer this service on a community care area basis. The service is managed on a regional basis.

Child Care Strategy

The Midland Health Board has initiated the development of a Child Care Strategy for its childcare and family support services. The purpose of the Strategy is to ensure, within a 3 year framework that the Board will provide a comprehensive range of child centred protection and welfare services, which respond quickly and effectively to child abuse and welfare concerns.

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

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

Services for Older People

MISSION STATEMENT

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

STRATEGIC DIRECTION

The Board continued to pursue the strategic direction as outlined in Action Plan for Health and Social Gain for the Elderly published in 1997. This direction is summarised as follows:

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

DEMOGRAPHICS

Table 1: Population of the Midland Health Board Area over the age of 65, analysed by age and location

Age and Location	Longford Westmeath	Laois Offaly	Total
65 to 74 years	6,729	7,961	14,690
75 plus years	4,877	5,452	10,329
Total	11,606	13,413	25,019

Source – CSO, 1996 Census.

This represents 12.2% of the Board's population and is higher than the national average of 11.4%.

PERFORMANCE DURING 2000

Care of Older People In Their Own Community

Admission/Discharge Policy

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

Capital Projects

Upgrading work is in progress in Loughloe House in Athlone. The Athlone Hospital Project Team has been formed and the planning phase of the project has commenced. The development of the new Community Nursing Unit in Birr is at the tendering stage and an architect has been appointed with respect to the development of services at Riada House. The Longford Hospital Site project team has reported and work on improving facilities is scheduled to commence in 2001.

Rehabilitation

The Board's policy is to introduce rehabilitation services in care centres for older persons. Athlone, Mountmellick and Birr were identified as the priority in 2000, with the commencement of the service in Birr deferred until the completion of the new Community Nursing Unit. The rehabilitation services in Mountmellick and Athlone have not been established due to difficulty in recruiting staff.

Arts in Care Centres

An arts in care initiative which concentrates on improving quality of life of residents in long term care facilities was implemented. The initiative comprises of a two pronged approach in both music and art. These programmes are developmental in nature and are being conducted in partnership with Age & Opportunity and Music Network.

Quality Initiative

Pilot Catering Project

A pilot catering project was carried out at the District Hospital in Athlone. The objective of this programme was to ensure that patient and staff menus were in keeping with nutritional requirements and that the quality of the catering service could be measured. The project also involved the development of nutritional guidelines for older people in long-stay care centres. It is intended to implement these guidelines on a phased basis throughout all the Board's long-stay care centres. This project was selected by the Irish Society for Quality in Healthcare as a presentation paper at it's meeting in September 2000.

Subvention to Nursing Homes

The total budget for Nursing Home Subvention for 2000 was £2.07m. At present there are 367 people in receipt of Nursing Home Subvention at the following levels: medium 63, high 108 and maximum 196.

Quality Initiative

St Joseph's/Mt. Carmel Care Centre

A quality initiative to develop nursing care plans, implement the nutritional guidelines and improve the overall operating procedures and systems commenced in St Joseph's/Mt. Carmel Care Centre, Longford in the last quarter of the year. This will continue next year.

CARE OF OLDER PEOPLE IN THEIR OWN HOME

Home Help Services

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

Community Physiotherapist

A community physiotherapy service commenced in July. Services are being provided in patient's own homes. A review and evaluation report on the service will be conducted.

Support for Carers

The Board recognises that there is a growing demand for support for carers. During the year four "Caring and Coping" courses were conducted for carers. An assessment form has been developed and is being evaluated on a trial basis. A carer information pack has been compiled and will be launched early in 2001. The Board also sponsored the attendance of 16 carers at a three-day National Carer's Conference in Athlone.

Quality Initiative

Day Care Centres

A review and evaluation of the Day Care service was conducted. The final report will be published in the first quarter of 2001. This report will provide the basis for the future direction of an improved Day Care Service within the Board's area.

Alzheimer's Society

Dementia which includes Alzheimer's Disease and other conditions impairs peoples cognitive ability. The Board has sponsored pilot projects in partnership with the Alzheimer's Society of Ireland. In Tullamore and Portlaoise pilot day care projects are in operation and in Longford/Westmeath a pilot Home Support Project is being conducted.

County	Laois	Offaly	Longford	Westmeath	Total
Estimated number of Persons with Dementia	459	496	309	536	1,800

Source – EURODEM prevalence rates, An Action Plan for Dementia

Community Sector Management

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

Quality Initiative

Community Rehabilitation Units

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

Health Promotion, Information & Awareness

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

Quality Initiative

Senior Help Line

The establishment of The Senior Help Line initiative was supported by the by the Board. This is located in St Mary's Hospital, Mullingar and is manned by volunteers. It is a new national service providing telephone support and advice on a national and regional basis.

Regional Partnership Initiative

The are many other organisations, both statutory and non-statutory that have responsibilities and interests with respect to older persons. In order to successfully address the needs of older persons the Board operates in partnership with other bodies and organisations. On the initiative of the Board a Regional Partnership Consultation Group for Older Persons was established in November 2000 and a workshop of interested parties was conducted in order to determine the strategy and focus of the committee.

EMERGING ISSUES

Some of the Emerging issues identified are: -

- **Staff Levels -** Increased dependency levels of those in the Board's care centres for older people have implications for staffing.
- **Skills Mix –** There is a need to examine the skills mix of staff in long term residential care centres with a view towards maximising staff resources. Consideration needs to be given to the provision of accredited training and skills development courses for care attendants and other support staff.
- **Demographic Trends.** The Midland Health Board has a higher than average proportion of older people in its population - 12.2% over 65 years and 5% over 75 years. Population estimates suggest that proportionally the greatest increase will be among those over 80 years.
- **Recruitment and Retention -** Difficulty in recruiting and retaining certain grades of staff e.g., R.G.N.s, occupational therapists, physiotherapists.
- **Dementia Specific Facilities -** The requirement to develop dementia specific residential services within the Board's area needs to be examined. This will have capital in addition to revenue implications.
- **Communications –** There is a need to improve the flow of information both internally within the Board and externally between the Board, individual patients, carers and voluntary organisations.
- **Social Gain –** The Arts in Care initiative which concentrates on improving quality of life of residents in long term care facilities needs to be expanded and developed. The provision of an activity facilitator at all of the long-term residential care centres would greatly enhance the sustainability of these initiatives and greatly improve the social gain of the residents.
- **Long Stay Beds -** The need to examine and review the long-term bed numbers by sector to ensure those beds are accessible on a needs basis. Refurbishment of some facilities will have capital implications.
- **Carers -** The Board recognises and accepts that there is a growing need for support for carers. The training and information programmes currently conducted for carers need to be expanded and developed. Active consideration should be given to further developing the links with non-statutory associations such as the Carers Association, Hospice Associations and the Alzheimer's Society of Ireland.
- **Day Care Services –** The orientation and type of day care services will be determined by the findings of the Day Care Review group, which will be published early in 2001.
- **Cross Care Group Issues –** There is a need to examine the development of services for older people with pre-existing physical and or sensory disabilities.

Services for People with Disabilities

INTRODUCTION

The disability care group comprises three elements;

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

PERSONS WITH INTELLECTUAL DISABILITY

MISSION STATEMENT:

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

Broad Strategic Focus:

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

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

The Board advocates the person centred planning process. The ultimate goal is that each individual will have a care plan to enable them to achieve their full potential. The Board in partnership with the non-statutory agencies will plan and develop services for persons with an intellectual disability on the basis of needs assessment and information from the Board's intellectual disability database, the sector teams, and the Mental Handicap Services Consultative and Development Committees.

Service Delivery

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

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

Service Profile

The aim of services is to:

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

Statistics

In December 2000 the intellectual disability database indicated that there were 1,629 persons with an intellectual disability in the Board's area.

Table 1: Total Number on the Intellectual disability database December 2000

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

EMERGING ISSUES IDENTIFIED DURING 2000

- The geographical location of the Board has resulted in services being provided to children and adults from other health board areas which has resulted in increased demand for places and for therapy supports.
- Increasing dependent population of older persons with intellectual disability.
- Increased demand for:-

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

REVIEW OF PERFORMANCE AGAINST 2000 SERVICE PLANS

The number of day, residential and respite places provided in 2000 was on target with the 2000 Service Plan.

Table 2

LAOIS/OFFALY COMMUNITY CARE AREA		
Day Places	Residential	Respite
46 new places	9 new places	House in Portlaoise House in Tullamore to be commissioned

Table 3

LONGFORD/WESTMEATH COMMUNITY CARE AREA		
Day Places	Residential	Respite
43 new places	16 new places. 1 supported living (supporting 5 people)	Longford respite house commissioned Dec. 2000 (5/6places) Mullingar respite house commissioned Dec. 2000 (5/6places)

Additional staff/supports in 2000

- Midland Health Board, 35staff
- St. Hilda's Services, Athlone, 9.4 staff.
- St. Christopher's Services Ltd., Longford, 11.5 staff.
- St. Anne's Service, Roscrea, 2 staff.
- Sisters of Charity of Jesus & Mary Services, 22.5 staff.

Transfer Programme from the Board's Designated Units

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

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

Person Centred Planning

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

Intellectual disability database

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

The findings were reported in November.

Autism

The following autism multi-disciplinary team posts were filled: senior speech and language therapist/team co-ordinator, occupational therapist, counselling/liaison nurse, social worker, senior psychologist, clerical officer, consultant child and adolescent psychiatrist with an interest in autism and intellectual disability (joint post between the Board and the Sisters of Charity of Jesus & Mary).

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

Disability Web-Site

In November, the Board's disability web-site was launched. This site can be accessed as follows:- www.mhb.ie/our services/disability services

Positive to Disability Award

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

Individual Care Plan

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

Abuse Guidelines

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

Domestic violence

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

RESIDENTIAL SERVICES

Table 3: Centres for People with Intellectual Disability

Locations	Number of Places
Community Residences, Mullingar	24
Alvernia House, Portlaoise	50
Lough Sheever, Mullingar	72
St. Peters, Castlepollard	95
Total	241

Respite facilities are also available.

Programme of Transfer from Inappropriate Placements

Four houses were purchased for use as community residences. These residences will cater for sixteen to twenty persons.

Mullingar Resource Centre

The aim of the Mullingar Resource Centre is to enable people reach their maximum potential by promoting self-reliance, advocacy and empowerment towards integration and inclusion, enhancing competence in the community and in the workplace.

Day services are provided in partnership between the Mullingar Resource Centre (Midland Health Board) and Siol service (Sisters of Charity of Jesus & Mary). This ensures a unified approach accessing day services, quality of service and opportunities for self-development for persons attending the service. There are 77 attending the Mullingar Resource Centre, from St. Peters, Castlepollard, Lough Sheever, Siol Resource Centre, St. Marys, Delvin and from the Mullingar sector.

The Mullingar Resource Centre has in place upholstery, sewing and woodwork involving 21 full time service users and three part time service users.

Mobile work crews are involved in the following: -

Contract cleaning involving eight full time clients.

Contract gardening involving six full time clients.

Supported Work

Thirteen people are employed in the Mullingar area and one person is on work experience. Jobs include forecourt attendant, shop assistant, waitress etc.

Respite

The Board commissioned two respite houses in December, one in Mullingar and one in Longford. These houses provide respite for adults and children with an intellectual disability and autism on a rotational basis in Counties Westmeath and Longford.

Share-a-Break and Room to Share Schemes

The Share- a- Break scheme is administered by the Sisters of Charity of Jesus and Mary on behalf of the Board. This scheme enables people with intellectual disability to have a holiday with a host family during the year. In the Room-to-Share scheme families are recruited to offer accommodation to adults with intellectual disabilities on a short or long term basis for four to seven nights per week. During 2000 132 individuals received breaks under these schemes.

Table 4:
Beneficiaries of the Share-A-Break and Room to Share Schemes

Share – a - Break		Room – to -Share		Expenditure	
Laois/Offaly	46	Laois/Offaly	24		£25,485
Longford/W-meath	42	Longford/W-meath	20		£22,409
Total	88	Total	44	Total	£47,894

Quality Initiatives

Intellectual Disability 2000

The following quality initiatives were on-going in 2000 for persons with intellectual disability: -

- **Person Centred Planning** A Training programme was provided for managers in the Boards residential services.
- **Speech and Language Therapy Laois/Offaly Community Care** The design and administration of 'Quality Evaluation Forms' for teachers in special schools. In Offaly meetings were held with a group of parents of children with similar speech/language difficulties.
- **Individual Care Plans** Work on the development of individual care plans for persons with intellectual disability.
- **Mullingar Resource Centre** An ergonomics programme was introduced in the workplace. Policies and procedures were developed for admissions, trainee/workers status and rights and the management of abuse.

PERSONS WITH A PHYSICAL/SENSORY DISABILITY

MISSION STATEMENT:

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

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 for example, The National Council for the Blind of Ireland, The National Association for the Deaf, The Irish Wheelchair Association, the National Training and Development Institutes, the Centres for Independent Living, M.S. Society and others.

SERVICE DELIVERY

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

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

EMERGING ISSUES

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

Need to develop I.T. and computerisation for services and for therapy staff.

REVIEW OF PERFORMANCE AGAINST 2000 SERVICE PLANS:

Laois/Offaly Community Care

The following staff were appointed: - One occupational therapist, One speech and language therapist, one physiotherapist, part time continence advisors, speech and language therapist. The Clochan House ISO 9000 Project was completed.

Longford/Westmeath Community Care

Project Springfield (a joint project between the Board and the Irish Wheelchair Association) was commissioned in October. The following staff were appointed:-

One centre manager, one activation co-ordinator, two programme assistants, one clerical officer, one driver and one caretaker.

Other supports:- 0.5 continence advisor, 0.5 physiotherapist, 0.5 speech and language therapist. The Board was unable to recruit the senior paediatric occupational therapist in Athlone.

Home Care Supports

Offaly Community Independent Living (CIL) employed 12 personal assistants.

Laois CIL commenced a personal assistants programme with two personal assistants.

Disabled People of Longford commenced a personal assistant programme.

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

Staff/supports

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

Irish Wheelchair Association - four staff and upgrades of existing staff.

National Council for the Blind of Ireland - one

National Association for the Deaf - one

Physical/Sensory Disability Database

The Board has 1095 people registered currently with a physical/sensory disability i.e. persons under 65 years who are currently in receipt of services or who will require services in the next five years, in the Board's area.

Service Agreements

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

Domestic violence

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

Disability Web-Site

In November the Board's disability web-site was launched. It can be accessed at www.mhb.ie/our services/disability services

Positive to Disability Award

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

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

The Board commissioned a needs assessment survey in conjunction with Midland Regional Co-ordinating Committee sub-committees.

Home Support Services

The Regional Co-ordinating Committee is working on the development of criteria for home support services including personal assistant services.

Statistics

The physical/sensory disability database indicates that there are 1,095 persons with a physical and/or sensory disability in the Board's area.

Table 5: Total Number on the physical/sensory disability database December, 2000

Area	Numbers
Tullamore	331
Athlone	139
Mullingar	203
Portlaoise	248
Longford	174
Total	1095

Arus Eoghain, Portlaoise

Arus Eoghain is a day resource centre for adults with a physical and/or sensory disability living in Laois/Offaly. The aim of the service is to facilitate client choice and independence enabling clients to realise their full potential as individuals. Participation in a wide range of activities of their choice is facilitated in order to enhance client's quality of life and enable them to gain skills and continually engage in self-development. Autonomy and self-determination are encouraged through monthly meetings and an ethos of client's empowerment.

Table 6

ARUS EOGHAIN	2000
No. of new referrals	3
Number of attendances	2314
No. of days open	240

Clochan House, Respite Service, Tullamore

The primary aim of Clochan House is to provide the highest possible quality respite care to adults with a physical and/or sensory disability in Laois/Offaly. The ethos of the service is one of independence and self-determination. Clients are facilitated to participate in a wide range of activities both individually and as part of a group. As a community resource, Clochan House aims to enhance the health and quality of clients and carers through the provision of planned respite.

Cedar Centre, Athlone

This centre provides computer training, field-works placements, independence training, sports, art classes and personal development. In 2000 16 people attended the Cedar Centre and 32 people availed of an outreach programme.

Activity	Attendances at Centre	Outreach Programme
No of clients carried over		
from previous year	9	30
No of referrals	5	2
No of recalls	2	0
Total	16	32
No of discharges	1	6
No on file at 31/12/00	15	25
No on waiting list	0	1

PHOENIX RESOURCE CENTRE, Longford

The ethos of this centre is to encourage self-direction and empowerment as a way of achieving health and social gain for persons with physical and sensory disabilities. During 2000, 33 people attended the Phoenix Resource Centre.

ACTIVITY	ATTENDANCES AT CENTRE
No. of clients carried over	
from previous year	27
No. of referrals	15
No. of recalls	3
Total	45
No. of discharges	13
No. on file at 31/12/00	33
No. on waiting list	6

SPRINGFIELD RESOURCE CENTRE (MULLINGAR) PROJECT

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

ACTIVITY	ATTENDANCES AT
	CENTRE
No. on caseload at service commencement	27
No. of new referrals	12
Total	39
No. of discharges	1
No. under active assessment/treatment	
at 31/12/00	35
No. on waiting list	3

Health related support services

During 2000 the following support services were provided.

Occupational Therapist

Physiotherapy

Speech and Language Therapy

Public Health Nursing

Quality Initiatives

Physical/Sensory 2000

The following quality initiatives were on-going for persons with physical/sensory disability:-

- **Community physiotherapy in Athlone**

  Introduction of an assessment protocol. Implementation of strategies for improving effectiveness of the special needs clinic.

- **Speech and Language Therapy - Language class Service, Longford**

  Needs assessment of older children (8+ years) with specific language impairment, in the Longford areas and a review of standards of practice in specific language impairment.

- **Quality System**

  Clochan House implemented a quality management system which meets the requirements of ISO 9000. The internal audit was completed. The external certification audit will be in early 2001.

Rehabilitative Training, Work and Allowances for persons with disabilities.

MISSION STATEMENT

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

Background

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

Training Places 2000

Approved	Numbers
Department of Health and Children	29
T.O.P's	37
Level I Rehabilitative	33
Total	99

Broad Strategic Focus

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

Service Delivery

Rehabilitative training is provided in the following centres:-

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

Emerging Issues Identified during 2000

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

Aontacht Phobail Teoranta (A.P.T.)

Aontacht Phobail Teoranta is a Company limited by guarantee, with charitable status, which develops initiatives to promote the economic and social integration of people with disabilities.

Rehabilitative Training

As outlined above, APT was contracted in 2000 by the Midland Health Board to co-ordinate Rehabilitative Training.

LAUNCH OF THE BOARD'S DISABILITY WEBSITE

John Maher, Sector Manager, Alvernia Centre; Dr. Ronald Augustin; Denis Doherty; Teresa Kennedy, Administrator, Laois/Offaly Mental Health; Richard Walsh, Acting Regional Manager, Mental Health Services; P.J. Lawlor, Chief Nursing Officer, Laois/Offaly Mental Health Services.

Training & Employment Services

APT continues to direct, on behalf of the Board, a training and employment service which addresses the job needs of people with disabilities in three ways:

- By finding work of a rehabilitative nature for individuals with more significant disabilities.
- By providing a job placement service for people with disabilities who need help to access the jobs market directly.
- By offering an employer - based "on-the-job" training option for those eligible for level 11 training. (APT has attained NAC Approved Centre Status).
- APT staff provides career advice, vocational assessment, work experience, personal development or vocational training, job placement and "on-the-job" support.

Employment Outcomes in 2000

Depending on the individual's ability, outcomes ranged from full-time integrated employment to part-time supported work. Eleven individuals received training under APT's ESF funded Employer Based Training (EBT) Programme. Five graduates of EBT gained employment (full-time or part-time). A further sixteen people with disabilities, who did not qualify for EBT were found supported employment positions in the open labour market.

Supported Employment

APT was successful in its application for funding under the new pilot FAS Supported Employment Programme and will set up in 2001, a Midlands based Supported Employment Project. APT (sponsor organisation) with consortium partners, Midland Health Board, Irish Wheelchair Association and Sisters of Charity of Jesus & Mary, will place into employment and provide necessary support to persons with a wide range and extent of disabilities.

Computer Course for Children with Special Access Needs

A project planned between APT and the Board involving the provision of specialised computer training for twelve children aged 10 - 15 years with a physical disability or development co-ordination disorder, was undertaken. The project, which had high level input from the Board's paediatric occupational therapist supported by a computer training instructor, practically examined and tested mechanisms to assist the children who had a variety of difficulties in relation to accessing computer technology. It is expected that the results will assist in developing a strategy to redress the gaps in skills acquisition experienced by children with similar needs.

"Cheers" Shops

The company manages seven retail units based in health board hospitals at Tullamore, Mullingar, Portlaoise and Mountmellick. These "Cheers" shops, as they are known, are operated on a commercial basis and provided employment to twenty-two people in 2000, thirteen of whom have a disability. In addition, the shops provided retail sales work experience to a further seventeen people with disabilities from the Board's Training Centre Portlaoise, Tanyard Resource Centre Tullamore and from the Mullingar Resource Centre.

Plans are in place to further expand these activities through the location of new shop/coffee dock facilities in new hospital developments in Tullamore and Portlaoise.

Housing

As part of a social integration programme, the company has initiated a comprehensive community-housing programme in the midlands and mid-west regions, using the Department of the Environment subsidised loan scheme. This accommodates a total of eighty persons with mental health difficulties or intellectual disabilities at nine locations.

Human Resources

HUMAN RESOURCES

At the end of 2000 the Board had in its employment 5010 staff (4102 Wholetime Equivalents). This makes the Midland Health Board the largest employer in the Midlands. Pay costs for 2000 amounted to £124m, the bulk of which was spent locally.

HUMAN RESOURCE STRATEGY

Work began on the development of a new **Human Resource Strategy** which will ensure the Board is a first class responsive employer, enabling all of those who work with it to grow to their full potential through continual learning and participation in the planning and delivery of high quality services. During the year extensive consultations took place with existing staff and their representatives.

POSITIVE TO DISABILITY

The Board was awarded the **"Positive to Disability"** accreditation in recognition of its positive approaches to integrating staff with a disability into the workforce.

RECRUITMENT

The year 2,000 marked another busy year for staff recruitment, 422 recruitment competitions were held and **580** appointments made.

As part of the progression to e-recruitment, there was increased use of the web as a means of recruiting staff. Teleconferencing facilities now available to the Board has facilitated interviews by teleconference for overseas candidates. This will open the applicant pool and increase the number of applicants for interview.

PARTNERSHIP

The Board's partnership committee was formally established. This is a committee with equal representative from the unions representing Board staff and the management.

The purpose of the partnership committee is to provide a forum which provides an overall focus for the partnership process and facilitates its development and implementation.

The partnership concept is set in context of the national agreement "Partnership 2000" and the provisions of the National Health Strategy "Shaping a Healthier Future". The **"Partnership 2000 "** agreement sets out general parameters which require a co-ordinated drive to improve responsiveness and flexibility in delivery of service commitment with a better response to staff aspirations for more fulfilling work and improved career patterns.

The partnership approach does not replace national or local industrial relations systems and procedures. However, it would be expected that as the partnership approach evolves and develops it should progressively reduce the traditional adversarial approach to industrial relations issues.

OCCUPATIONAL HEALTH

The Boards occupational health service continued to grow in line with service needs. This resulted in the appointment of a part-time occupational health physician and also in the increase in occupational health nursing hours.

TRAINING AND DEVELOPMENT

The Board continues to support and encourage its staff in lifelong learning and in conjunction with the Office for Health Management is promoting personal development planning and action learning sets for staff.

Cross Care Group

COMMENTS & SUGGESTION SYSTEM

The Midland Health Board actively encourages service users to provide feedback on its services. Views and opinions on services are expressed through the use of Comment and Suggestion Cards. This information assists local management to continuously improve the quality of service delivered.

There were 88 Comment & Suggestion Cards received in 2000 an increase over the 1999 total of 79.

COMPLAINTS & APPEALS

While staff strive to ensure that the Board's Services are delivered to the highest possible standard, there are times when the standard anticipated by the consumer is not reached. In such cases the consumer is invited to use the Complaint form available at each location.

Each complaint is investigated by the local complaint officer. The aim of each investigation is to resolve the problem and to use the learning experience to prevent similar difficulties arising in the future.

There were 89 complaints received in 2000, an increase over the 1999 figure of 56.

ADMINISTRATIVE ACCESS TO HEALTH RECORDS

It is the policy of the Midland Health Board to support the right of each person to see information held about him/her, consistent with the right to privacy and public interest.

The Board readily makes available to applicants, appropriate personal information.

There were 640 requests for records in 2000 an increase over the 1999 figure of 484.

THE FREEDOM OF INFORMATION ACT 1997 AND ACCESS TO RECORDS

While most personal records are available under the Administrative Access Policy, there remain certain records that cannot be released by that method. The Freedom of Information Act, 1997 then comes into play, where every person has the following new legal rights.

- The right to access official records held by Government Department and other public bodies listed in the Act e.g. Health Boards and Local Authorities.
- The right to have personal information amended where such information is incomplete, incorrect or misleading.
- The right to be given reasons for decisions taken by public bodies that effect them.

The act requires that we respond to requests from the public for access to information we hold on record, subject to availability and having regard to the public interest and the right of privacy.

There were 162 requests for information under Freedom of Information in 2000 an increase of 34 over the 1999 figure of 128.

NATIONAL DEVELOPMENT PLAN

The National Development Plan (NDP) is designed to underpin the development of a dynamic competitive economy in Ireland over the period 2000-2006 through an overall investment of £ 40 billion. The investment in health will amount to £ 2 billion of which £ 602 million is allocated to the BMW region. In 2000 the Department of Health and Children approved funding for the period 2000-2006 for the Midland Health Board's National Development Plan. The Midland Health Board NDP programme will involve significant investments in:

- General Hospitals
- Mental Health
- Physical Disability / Sensory Training
- Intellectual Disability
- Community Health
- Older people
- Childcare

NDP IN 2000

NDP funding for the Midland Health Board in 2000 amounted to £ 11.8 million. The main features of the NDP programme elements delivered in 2000 were as follows:

NDP infrastructure

- An NDP Manager was appointed to manage the NDP programme
- Office accomodation for NDP staff was constructed

General Hospitals

- The design of the new General Hospital in Tullamore was progressed to Stage 4. An application for planning permission was lodged in December 2000 (and subsequently granted in March 2001).

- The contract for the Portlaoise Hospital project was awarded.
- There was significant expenditure on equipment for the Tullamore, Longford/Westmeath and Portlaoise general hospitals.

Mental Health

- There was significant expenditure on equipment and building infrastructure improvements in the mental health facilities at St Loman's, Mullingar and St. Fintan's, Portlaoise.

Physical Disability / Sensory Training

- Residential properties were acquired in Tullamore
- Major training facility projects were started in Mullingar

Intellectual Disability

- Residential properties were acquired in Laois/Offaly and Longford/Westmeath areas
- Projects were started to upgrade the Work Therapy unit, Athlone and Resource Centre, Mullingar

Community Health

- Construction started on projects to extend the Health Centres in Tullamore and Clonaslee.
- The design of the new Community Nursing Unit at Birr was completed and the tendering process commenced.

Older Persons

- A major project to upgrade St Joseph's Hospital, Longford was commenced.
- The design of the new Hospital in Birr was completed and the tendering process commenced.
- Significant expenditures were made on equipment for Loughloe House and the District Hospital, Athlone, St Mary's, Mullingar, St Brigid's, Shaen, the Community Nursing Unit, Birr and St Vincent's, Mountmellick.

Information Technology

- A major regional investment programme in IT was carried out.

Ambulance replacement programme

- A major ambulance replacement programme was completed.

COMMUNITY WELFARE SERVICE

MISSION STATEMENT

The mission of the Community Welfare Service is to reduce the incidence and effects of poverty and promote the process of economic and social inclusion.

General Overview of Service

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

The Community Welfare Department delivers its range of services through scheduled attendances at the Board's health centres. In addition, staff deliver frequent information sessions for voluntary and community groups. They participate at committee and Board level in a number of partnerships and voluntary and statutory agencies in the health and welfare sector.

Service Review

The primary focus of activities in 2000 was the continued provision of a quality, customer focused service and the further development of a comprehensive multi-disciplinary, intersectoral support structure for people requiring health and welfare services within the Board's area. This approach to service development included the strengthening of linkages within the statutory and voluntary sectors, as well as improving cross-disciplinary responses within the Board's community care and primary care services.

Supplementary Welfare Allowance – Activity 2000

Expenditure under all SWA scheme types increased, giving an estimated total expenditure under SWA of £9,307,685.40, which is an increase of 18.5% on the previous year's total.

The number of applications received for each SWA scheme type increased in 2000, with the exception of the Back to School Footwear & Clothing Scheme.

The use of SWA as a weekly basic income continues to increase. In the majority of cases, SWA was paid as an interim payment to applicants awaiting their primary Social Welfare entitlement. However, there are a significant number of people who are long term dependent on SWA as their basic weekly income, and this number is increasing each year.

Payment of rent supplements continue to account for a high proportion of all SWA supplements. In 2000, the Board received 1,525 applications for Supplements, and 1,232 (81%) were in respect of rent supplements.

The Board received a 4,549 application for Exceptional Need Payments. The main categories of ENP's were as follows:-

Table 1: Main Categories if Exceptional Needs Payments

Travel	1022	(22.5%)
Clothing	892	(20%)
Maternity & Baby Requisites	755	(17%)
Furniture / Appliances	476	(10%)

ENVIRONMENTAL HEALTH

The work of the Environmental Health Department can be divided into two categories:-

Work carried out on behalf of Local Authorities:-

(a) Housing - carrying out inspections, assessments and prioritisation of applications received in respect of persons seeking re-housing from the local authorities.

(b) Planning - the assessment of planning applications referred from the local authorities to determine the environmental health impact of the proposed developments.

(c) Water Monitoring - the implementation of water sampling programmes under current European directives to ensure compliance with required public health standards.

(d) Environmental Health Hazards - the investigation of complaints or problems where public health may be affected or nuisances may exist e.g waste disposal etc.

Work carried out on behalf of the Health Board:-

Food Control:-

An environmental health food control service strives to ensure that all food supplied to the public is safe to eat and of nature, substance and quality demanded by the consumer. Environmental health officers are involved in implementing legislation governing the manufacture, distribution, storage and sale of food to the public. The extensive range of legislation controlling the sale of food includes the Food Hygiene Regulations, the EC (Hygiene of Foodstuffs) Regulations and the Health (Official Control of Food) Regulations. The latter regulations introduced the European approach to food sampling and inspection in order to ensure mutual confidence between member states in regard to food control systems. Food control includes:

(a) Responsibility for implementing the health board's functions and responsibilities under current food control legislation.

(b) Implementing food control programmes including:-

(i) Appropriate inspections/audits of all classes of food business to which the legislation applies.

Investigation of food complaints or poorly managed food businesses. Inspections of hospitals, nursing homes other health care institutions and pre-school services.

(ii) Determination of the suitability of establishments to be used as food premises. Instigation of control measures to effect improvement in the structure and facilities of food premises through:-

(c) Investigation of outbreaks of food poisoning or food borne infection and the taking of appropriate action.

(d) Promoting, initiating, organising and delivery of food hygiene and educational programmes to the food trade. Maintaining close liaison with other interested bodies to ensure food handler training e.g. training organisations, Bord Failte, CERT.

(e) Organisation of participation in an overall food sampling programme as agreed between the health board, regional laboratories and microbiological laboratories. Monitoring of foodstuffs to establish whether substances have been added either intentionally or unintentionally which could give rise to harmful or deleterious effects. Follow-up advice/prosecution to manufacturers, retailers etc. Appropriate sampling of foods in the investigation of food complaints and suspected cases of food poisoning

(f) Implementation of all current food labelling regulations for which the Health Board is the enforcing authority.

The Food Safety Authority of Ireland Act 1998 established the Food Safety Authority of Ireland as an independent authority from 1st January1999 with responsibility for all food safety legislation. On 4th July 1999,the Midland Health Board entered into a service contract agreement to act as agents of the F.S.A.I. in the performance of it's food safety and hygiene enforcement duties. The contract stipulates the level of food safety activity expected and is subject to ongoing review and audit

Nursing Homes:-

1. Assessment of applications for registration of nursing homes.
2. Routine inspection of nursing homes to evaluate the adequacy of facilities and environmental controls.
3. Routine monitoring of food control.

Control of Poisons:-

The implementation of current legislation dealing with the licensing, control, storage and sale of poisons.

Fluoridation of Water Supplies:-

The monitoring of fluoride content of water supplies to ensure compliance with Department of Health standards.

Control of Tobacco Products:-

The implementation of statutory controls under all appropriate domestic legislation.

MATERIALS MANAGEMENT SERVICE

The Materials Management service is responsible for procurement and inventory management throughout the board.

The year 2000 saw the development of the service on a number of fronts including:-

- Improved procurement arrangements for the purchase of equipment;
- Ongoing development and roll out of SAP financial systems;
- Improved training arrangements in a number of areas including:
  medical aids and appliances
  I.T. equipment
- The attainment of substantial savings through value for money initiatives.

IRISH LANGUAGE

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

Beidh an foireann oibre agus an pobal san áireamh agus an Bord ag déanamh iarracht an dá-theangachas a chur chun cinn sa bhlian atá amach romhainn.

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

Both staff and the public will be included in the Board's efforts to promote bilingualism in the coming year.

MIDLAND HEALTH BOARD

BALANCE SHEET OF MIDLAND HEALTH BOARD AS AT 31st DECEMBER 2000

	31/12/00 IR£'m	31/12/99 IR£'m	31/12/00 Euro equivalent
FIXED ASSETS			
Tangible Assets	81.096	67.336	102.971
CURRENT ASSETS			
Stock	2.847	2.756	3.614
Debtors	22.243	16.545	28.243
Cash	11.936	6.878	15.155
	37.026	26.179	47.013
CREDITORS			
Bank Loans & Overdrafts	0.187	0.210	0.237
Other Creditors	42.259	25.536	53.658
	42.446	25.746	53.895
	75.676	67.769	**96.089**
Represented by:			
CAPITAL & RESERVES			
Non Capital Income & Expenditure Account	(0.069)	(0.768)	(.088)
Capital Fund:			
Capitalisation Account	81.096	67.336	102.971
Add Surplus on Capital Income & Expenditure Account	(6.029)	0.528	(7.655)
Deferred Income Account	0.678	0.673	.861
	75.676	67.769	**96.089**

MIDLAND HEALTH BOARD – FINANCIAL DATA 2000

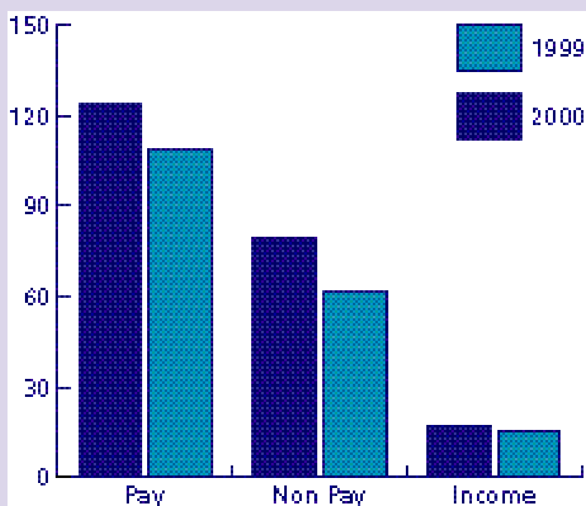
EXPENDITURE ANALYSIS

£'m Total Expenditure	2000	1999	% Inc/(Dec)
Pay Expenditure	123.731	108.388	14.16%
Non Pay Expenditure	79.442	61.307	29.58%
Gross Expenditure	203.173	169.695	19.73%
Income	16.695	15.210	9.76%
Net Expenditure	186.478	154.485	20.71%

PROGRAMME ANALYSIS

Net Expenditure £'m	2000	1999	% Inc/(Dec)
General Hospital	60.313	51.786	16.47%
Special Hospital	21.953	20.272	8.29%
Community Care	90.933	72.710	25.06%
Central Services	13.279	9.717	36.66%
Total Net Expenditure	186.478	154.485	20.71%

EXPENDITURE ANALYSIS



PROGRAMME ANALYSIS