

Together We Can

Statement of Strategy and Development Plan for Physical and Sensory Disability Services in the North-East 2005 to 2007



Ní neart go cur le chéile

Ráiteas Straitéiseach agus Plean Forbartha i gcomhair Seirbhísí do dhaoine faoi Mhíchumas Físiúil agus Céadfach i Réigiúin an Oir-Thuaiscirt, 2005 go dtí 2007

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**North
Eastern
Health
Board**

**Bord
Sláinte
An Oir
Thuaiscirt**

Foreword

It is now well recognised that disability is a social rather than a medical issue. National standards for Disability Services and the recently launched National Disability Strategy give effect to this principle.

The philosophy which underpins this Statement of Strategy is to provide a direction of travel for our services, which ensures we create opportunities for people with disabilities to live as full a life as possible and to live with their families as part of their local communities for as long as possible.

The aim is to focus planning and provision among all the stakeholders involved in the development of services for persons with a physical and sensory disability and their families.

The focus of services will be centred on responsiveness, placing the individual person with a physical or sensory disability, their families and carers at the centre of our concerns.

The objective of the services will be to effect a continuous lifecycle model of service and social care through the provision of a 'continuum of support'.

We will be proactive in "disability proofing" other services and the services of related statutory bodies and their agencies. Particular attention will be directed to strengthening the partnership process with the voluntary and community sector.

This strategy is founded upon independent analysis and widespread consultation and references all National Health and Disability Strategies. Taken together with our Strategy for the People of the North East it provides a road map which will help chart a steady and progressive course through the current Health Service Reform Programme. Our priorities and plans are expressed in a clear and accessible fashion.

Considerable capital and revenue investment will be required to meet the ambitions we have set out. Together with our partners in the non- statutory sector, we look forward to securing the necessary funding to develop a range of high quality and continuously improving services.

Finally, I wish to warmly congratulate the Regional Co-ordinating Committee for Physical Disability and Sensory Impairment and all individuals, organisations and professional staff for their contribution to the production of this document.

**Paul Robinson
Chief Executive Officer**



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Réamhrá

Tuigtear anois gur ceist shóisialta níos mó ná ceist leighis é an mhíchumas. Cuireann an Chaighdeán Náisiúnta Seirbhísí do Dhaoine faoi Mhíchumas agus an Straitéis faoi Mhíchumas Náisiúnta a seoladh le deireanas leis an fealsúnacht seo agus déantar moltaí praiticiúla agus tugtar geallúintí faoi seirbhísí a dhíriú ar na tomhaltóirí.

Sa Ráitis Straitéiseach seo táimid ag beartú ár seirbhísí a stiúradh chun cinnte a dhéanamh de go gcruthófar deiseanna do dhaoine faoi mhíchumas chun saol chomh iomlán agus is féidir a chaitheamh chomh fada agus is féidir.

Tá aidhm againn díriú ar phleanáil agus seachadadh seirbhísí do dhaoine faoi mhíchumas fisiciúil agus céadfaíoch do gach duine a ghoileann sé ortha. - iad siúd a bhaineann úsáid astu agus iad siúd atá á sholáthar.

Díreoidh muid isteach ar ár bhfreagracht agus beidh an duine faoi mhíchumas fisiciúil nó céadfaíoch, a theaghlach agus cúramóirí mar phríomhchúram againn.

Is é an t-aidhm atá againn ná an tseirbhís cóir a shlánú ionas go mbeidh ar ár gcumas an chúram atá de dhíth ar dhaoine a chuir ar fáil ar feadh a saoil.

Beimid gníomhach chun feachtas faoi mhíchumas a cihur in iúil do sheirbhísí eile agus in eagraíochtaí agus áisíneachtaí eile a bhaineann linn. Tabharfaimid áird ar leith ar láidriú a dhéanamh ar an phróiseas pháirnéireachta idir an earnáil deonach agus an phobal.

Tá an Straitéis bunaithe ar Anailís neamhspleách, comhairliú forleathan agus luaitear gach stratéis faoi Mhíchumas agus Sláinte Náisiúnta. Le chéile le Straitéis do Dhaoine an Oirthuaiscirt cuireann sé seo léirscáil ar fáil a chabhróidh linn cúrsa a stiúradh tríd Clár na n-Athraithe ar an Seirbhís Sláinte. Tá ár tosaíochtaí agus ár bpleananna luaite go soiléar agus tá sé éasca teacht ortha.

Beidh alán caipiteal agus infheistíocht de dhíth orainn chun na h-uaimhianta seo a thabhairt chun cinn. In éineacht lenár gcomhpháirtíochtaí san earnáil neamh-stát, táimid ag súil go n-éireoidh linn an maoiniú is gá a aimsiú chun forbairt a dhéanamh ar réimse seirbhísí d'ardchaighdeán a bheidh ag feabhsú ar bhonn leanúnach.

Ar deireadh, ba mhian liom comhgairdeas ó chroí a dhéanamh leis an gCoiste Comhordaitheah Réigiúnach ar Mhíchumas Fisiciúil agus Céadfaíoch agus gach ball aonair, eagraíocht agus foireann gairmiúil as ucht a gcabhair chun an doiciméad seo a chur le chéile.

Paul Robinson
Príomhfheidhmeannach

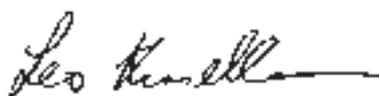
Acknowledgments

As a public body, we wish to play our role in supporting people with disability to achieve independence, autonomy, full participation and dignity.

We look forward to working with all relevant Government departments, individuals and organisations to make progress on the priorities in this document.

Our Statement of Strategy is published following extensive research and consultations carried out from October 2003 to April 2004. It would not have been possible without the advice, energy and commitment of the following:

- The Steering Group appointed by the Co-ordinating Committee for Physical Disability and Sensory Impairment.
- People with disabilities, parents and carers who took part in the review or the consultation meetings or both.
- Members of the public who took part in public consultation meetings held in Dundalk, Cavan, Monaghan and Navan.
- Staff from national, regional and local statutory and voluntary organisations who took part in regional consultation meetings.
- Organisations and individuals who made oral or written submissions.
- The facilitators and scribes at the organisation and public consultation meetings.
- Individual managers in the North Eastern Health Board and Voluntary Agencies.
- Members of the team at the Regional Disabilities Services Unit.
- Ruaidhri O'Connor, Independent Consultant.



Leo Kinsella
Director of Governance, Planning and Evaluation - Disability Services

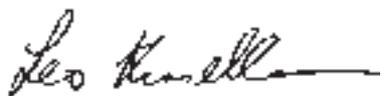
Admháil

Mar chomhlacht stáit, tá ról againn chun tacaíocht a thabhairt do dhaoine le míchumais chun a neamhspleáchais, a bhféin chumhacht agus a gcomhpháirtíocht iomlán le maorgacht a bhaint amach sa saol.

Tá muid ag súil le comhoibriú le gach roinn ábhartha den Rialtas, daoine aonair agus eagraíochtaí eile chun dul chun cinn a dhéanamh ar na tosaíochta atá aitheanta sa bhfoilseacháin seo.

Tá an Ráiteas Straitéiseach seo foilsithe tar h-éis taighde forleathan a dhéanamh agus comhchomhairle a tharla idir Mí Dheireadh Fómhair 2003 agus Aibreán 2004. Ní bheadh an tuairisc seo inscríobhtá murach an comhairle, fuinneamh agus dúthracht na ndaoine agus dreamanna seo a leanas:

- An Ghrúpa Stiúrtha atá ceaptha ag an gCoiste Comhordaithe don Mhíchumais Físiciúil agus Lagaigh Céadfach.
- Daoine le míchumas, a dtuismitheoirí agus na daoine a thugann aire dóibh a ghlac páirt san athbhreithniú seo nó na cruinneachaí comhchomhairle, nó a ghlac páirt sa dá rud.
- An phobail a ghlac páirt sna cruinneachaí comhchomhairle a tharla i nDún Dealgan, Cabhán, Muineacháin agus An Uaimh.
- Foireann oibre ó eagraíochtaí réigiúnda, eagraíochtaí reachtúil áitiúla agus eagraíochtaí deonacha a ghlac páirt in sna cruinneachaí comhchomhairle sa réigiúin.
- Eagraíochtaí nó daoine aonair a thug aighneachtaí scríofa nó ó bhéal.
- Na h-éascaitheoirí agus rúnaithe a d'oibrigh ag na cruinneachaí comhchomhairle phoiblí.
- Bainisteoirí aonair i mBord Sláinte an Oirthuaiscirt agus Gníomhaireachtaí Deonacha.
- Foireann Aonad na Seirbhísí Réigiúnda Mhíchumais.
- Ruaidhri O'Connor, Comhairleoir neamhspleách.



**Leo Kinsella,
Stiúrthóir Rialachais, Pleanáil agus Measúnú – Seirbhísí Míchumais**

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Section 1

Introduction



This report is a statement of strategy and shows our prioritised development plans for physical disability and sensory impairment services in the North-East from 2005 to 2007. We held consultations with the people affected by our services – both the users and the service providers – and the strategy and service priorities reflect their requirements. We gathered this information about people's requirements through local public and organisation meetings, individual submissions sent to us, and meetings held with key organisations and individuals.

This strategy focuses on the health and personal social services, additional to generic services, which may be required by people with physical disabilities and sensory impairments so that they can achieve health, social gain and the maximum quality of life. These services are provided by us or on behalf of or in partnership with us.

The strategy refers to services for persons aged up to 65 years only, while acknowledging the need for continuing services after 65 years through partnership with our colleagues in Elderly Services.

The report builds on the achievements of our first statement of strategy and development

plan for physical and sensory disability services: 'Mapping the Shape of Future Services' (1999). The implementation of the recommendations in 'Mapping the Shape of Future Services' has recently been reviewed and the findings of this review contribute to this strategy report.

The Disability Strategy will also help us to decide how services should be planned and delivered.

This document is in line with 'A Health Strategy for the People of the North-East'.

The implementation of many of the recommendations contained in this statement of strategy, and development plan will depend on the resources that become available in the coming years. We will identify and put in place recommendations that do not depend on a commitment of extra resources immediately; and we will prioritise recommendations that will cost more money as soon as funds become available.

We will adopt a 'person-centred' approach to service planning and delivery to make sure that we give priority to the developments that service users require; and that we provide fair access to services with the resources available to us.

Section 2

Executive Summary



Why have we written this document?

We wrote this strategy and development plan because:

- there are going to be significant changes to the structure, organisation and delivery of health services in Ireland;
- disability services standards are being introduced; and
- rights-based legislation for people with disabilities was introduced this autumn.

We also need to respond to changes in the size and structure of the population of the North-East.

Our core values and goals

When delivering our service our core values mean we aim to:

- provide a quality service;
- give everyone fair access to services;
- take responsibility for the services we provide;
- respect everyone we work with;
- respond on time to people's needs;
- keep relevant information confidential;
- consult with our clients about any decisions that need to be made; and
- to plan, deliver and monitor community-based services in partnership with the people using those services.

How did we research this document?

Before we wrote this document we:

- reviewed how the 1999 Strategy 'Mapping the Shape of Future Services' was working;
- spoke to people with disabilities, their families and to the public;
- consulted with statutory and voluntary organisations;
- considered submissions made to us by the public and groups;
- met key people from relevant groups;
- examined local information available in the 'Regional Physical and Sensory Disability Database'.

What is in this document?

This document gives our aims for running and planning our services.

Strategic objectives

We have prioritised the recommendations under each of the strategic objectives outlined below. We have done this area by area so that they can be adapted if necessary as part of the planned reforms to the health service structure.



Strategic Objective One: How we will run and plan our services

How we will run and plan our services

- We will strive to provide quality services with an emphasis on efficiency and effectiveness; and
- We will keep the person with a disability at the centre of all the decisions made.

Quality

We will set high standards of care, implement recognised quality improvement systems and codes of practice for providing services to people with physical disabilities and sensory impairments.

Consultation

We will consult everyone affected by the services we provide so that we can keep improving and changing them to meet the needs of the people using them.

Monitoring

We will re-examine the standard of our services regularly. We will also make sure that we develop our services based on the needs shown by our clients.

Value for money

We will get detailed information about the services that will be provided by the people who work for us. We also need to agree performance targets with all those whom we pay to provide services.

Strategic Objective Two: Fairness and equality

Fairness and Equality

- We will plan and deliver disability services fairly; and
- We will foster a culture of equality and respect for diversity.

Fairness

We will provide our disability services throughout the region based on assessed need.

Equality

- **Diversity and equal opportunities**
We will continue to make sure we comply with the employment equality and equal status legislation.
- **New Disability Strategy**
We will assess the Disability Strategy to see how it alters the way we should provide our services and make any changes necessary.
- **Needs of non-national and multi-cultural population**
We will make sure that our staff can understand and meet the needs of people from different countries, cultures and religious backgrounds.

Strategic Objective Three: Integration and co-ordination

Integration and co-ordination

- We will make sure that we plan and deliver our services using an integrated and co-ordinated approach.

Partnerships

We will develop our partnerships with:

- other statutory and voluntary agencies;
- service providers and service users; and
- inter-health board and cross-Border groups.

Making most of teams

We will make sure that the care for people with disabilities follows a logical path between:

- primary care;
- community care;
- continuing care; and
- acute care for people with disabilities.

We will make full use of the expertise of:

- existing disability service teams; and
- people from the voluntary sector who provide services.

Supporting voluntary organisations

We will support voluntary disability organisations that are providing health-related services and supports for people with disabilities.

Information and awareness

We will make sure that people have access to information in a language that they can understand and in an accessible format. We will continue to raise awareness about disability.

Transport

We will address the transport needs of people with disabilities, in partnership with:

- voluntary agencies;
- Bus Éireann; and
- local rural transport providers.

Access and 'designing for inclusion'

We will carry out a comprehensive study to find out how easy it is for people with disabilities to access:

- buildings and amenities; and
- communication systems.

We will also assess how aware people are about the need to provide access to people with disabilities.

Health Promotion

A health promotion strategy will be developed by all the agencies working with people with disabilities in partnership with our Health Promotion Department.

Strategic Objective Four: Children's services

Children's services

- We will plan and deliver services and supports to children and families seeking to:
 - maximise their potential;
 - promote their independence; and
 - achieve mainstream inclusion.
- provide respite services with a choice of at-home or out-of-home care; and
- respond to the needs of adolescents and young adults.

When providing our services to children and their families we will:

- ensure equitable access to services in each area through team-based services;
- focus on services which seek to maximise the inclusion of children with disabilities in their local communities;
- make sure families get ongoing support;
- plan the transfer of children to new services at ages 6 and 18;
- look after the needs of children transferring from other health board regions;
- provide some specialist supports in the region that have until now been available only nationally;
- provide team supports to children attending their local schools;



Strategic Objective Five: Adult services in the community

Adult services in the community

- We will provide community services and supports to assist adults with disabilities to achieve maximum independence and inclusion within their communities.
- These services will be based on their choices.

Rehabilitation

We will provide a rehabilitation service for people with physical disabilities and sensory impairments. It will complement the work of the National Rehabilitation Hospital and acute hospitals in the area.

Individual plans

We will draw up individual plans in partnership with each service user. We will support people with disabilities to live in their own home through assistance with some of their daily activities including:

- support in the home;
- transport;
- access to day services.
- technical aids and appliances; and
- assistive technology service.

Day services

We will provide local day services with an emphasis on maximum access to community services and supports. Our day services will:

- give individual support to people using the service;
- provide a clear plan to achieve the required outcomes for each service user;
- focus on the transfer of skills acquired at the day service to the home and community environment; and
- create strong links with community providers of education, employment, and social and leisure opportunities.

Employment, Training and Education

We will strive to ensure that the employment, training and further education needs of people with physical disabilities and sensory impairments are adequately addressed.

Services for people with an acquired brain injury

We will include the needs of people with a traumatic or acquired brain injury in the regional and local rehabilitation services. We will also develop transitional living opportunities for people with acquired brain injury before they go to live in their own homes or before they return to live with their families.

Strategic Objective Six: Adult services - living choices and supports

Adult services - living choices and supports

- We will work to make sure that adults with disabilities have a range of services, supports and accommodation in place so that they can make informed choices.

Home support

We will support people with physical disabilities and sensory impairments to live in their own accommodation or with their families when this is what they prefer. We will make sure that we identify their needs and we will provide trained local home-support service teams.

Personal Assistants

We aim to provide a Personal Assistant when needed so people can maximise their independence.

Supported and independent living and housing

We will work with local authorities, housing associations and developers to provide appropriate accommodation for people with physical disabilities and sensory impairments. We will also provide self-contained accommodation in the community with appropriate supports.

Respite services

We aim to provide community-based, planned and emergency respite services for adults with physical disabilities and sensory impairments. These services will include:

- respite for people with low, medium and high support needs;
- residential and in-home respite options; and
- extending the local respite services.

New health service structure

These recommendations have been prioritised for the three-year period of the strategy on an area by area and regional basis so that they can be adopted by the new structure that will come about as part of the health service structural reforms.

Achoimre Feidhmiúcháin



Cén fáth ar scríobhadh an cháipéis seo?

Scríobhamar an phlean forbartha agus straitéiseach seo mar:

- beidh athraithe suntasacha ar struchtúir, eagrúcháin agus seachadadh na seirbhísí sláinte in éirinn.
- tá tús á chur le caighdeáin nua don mhíchumas agus
- tá reachtaíocht bunaithe ar chearta á chur i bhfeidhm sa bhfómhair seo chugainn.

Ní mór dúinn freisin aghaidh a thabhairt ar mhéadú cheantair an Oir Thuaiscirt agus méadú ar an daonra atá inti chomh maith.

Ár bpríomh luachanna agus spriocanna

Ciallaíonn ár bpríomh luachanna dúinn go bhfuil sé d'aidhm againn seirbhísí a sholáthar atá:

- d'ard caighdeáin a
- inaimsithe agus cothrom a chur ar fáil do gach duine.
- in ann freagracht a ghlacadh as ucht na seirbhísí a chuireann muid ar fáil.
- atá in ann meas a thaispeáint dár co-oibrithe.
- freagra cuí a thabhairt taobh istigh d'am réasúnta do riachtanais an phobail.
- eolas cuí a choinneáil faoi rúin.
- comhchomhairle lenár gcliaint faoi cinní a dhéantar agus

- go mbeidh na seirbhísí don phobal pleanáilte, soláthraithe, agus faoi mhonatóireacht i gcomhoibriú leis na daoine a bhaineann úsáid as na seirbhísí céanna.

An modh oibre a bhí againn chun an taighde seo a dhéanamh.

Sula scríobhadh an cháipéis seo:

- déanadh athbhreithniú ar chur i gcríoch straitéis na bliana 1999 darbh ainm 'Mapping the Shape of Future Services.'
- comhchomhairle le daoine a bhfuil míchumas orthu, leis an gclann agus leis an bpobal.
- comhchomhairle le h-eagraíochta reachtúla agus deonacha.
- staidéir ar aighneachtaí ó dhaoine aonair agus ó ghrúpaí pobail.
- cruinniú le daoine ó na grúpaí cuí.
- scrúdú a dhéanamh ar an eolas atá i ndátabhunús áitiúil 'Dátabhunús ar dhaoine a bhfuil míchumas físiúil nó céadfach orthu.'

Céard atá sa cháipéis seo?

Is é atá sa cháipéis seo ná ár n-aidhmeanna chun seirbhísí a réachtáil agus a phleanáil.

Aidhmeanna Straitéiseach: Conas a bhfaighfear airgeadú i gcomhair na pleananna seo?

Tá anailís chostais agus tosaíochtú déanta ar na moltaí ar fad seo a leanas. Tá an obair seo déanta ó thaobh ceantair de agus is féidir iad a athrú de réir gá mar chuid den áthstruchtúrú iomlán atá pleanáilte ar na seirbhísí sláinte.



An Chéad Aidhm Straitéiseach: Pleanáil agus reáchtáil seirbhísí

Pleanáil agus reáchtáil seirbhísí

- Déanfar gach iarracht seirbhísí caighdeánach a sholáthair ag cur béim ar fheidhmiúlacht agus seirbhísí atá éifeachtúil:
- Go mbeidh gach cinneadh-duine lárnach.

Caighdeán

Déanfaimid forbairt ar ard chaighdeán chúraim agus cóid cleachtais chun seirbhísí a sholáthar do dhaoine atá faoi mhíchumas Fisiciúil agus céadfach.

Comhchomhairle

Déanfar comhchomhairle le gach duine a bhfuil tionchar ár sheirbhísí orthu ionas go

mbeidh muid i gcónaí ag cur feabhas ar agus ag athrú na seirbhísí chun déileáil leis na riachtanais atá ag ár gcliaint.

Monatóireacht

Déanfaidh muid áth-scrúdú ar na seirbhísí go rialta. Déanfaidh muid cinnte de go bhfuil forbairt na seirbhísí bunaithe ar riachtanais ár gcustaiméirí.

Luach airgid

Ba chóir go mbeidh aiseolas sonraithe faoi na seirbhísí atá á sholáthar ar fáil againn ó na daoine atá ag obair dúinn. Ní mór dúinn freisin, spriocanna feidhmíochta a aontú le gach duine atá á n-íoc againn chun na seirbhísí a chur ar fáil.

An Dara Aidhm Straitéiseach: Cothromas agus comhionannas

Cothromas agus comhionannas

- Déanfaimid seirbhísí míchumais a sheachadadh go cothrom, agus
- Beidh am té atá faoi mhíchumas lárnach in ár gcinniúna

Cothromas

Beidh seachadadh na seirbhísí míchumais ar fud an réigiúin bunaithe ar mheasúnú ar na riachtanais atá ann.

Comhionannas

- **Éagsúlacht agus comhdheiseanna**
Cloífead go beacht le polasaithe comhionannais fostaíochta agus polasaithe comhionanna.
- **An Bille Nua um Míchumas**
Déanfaimid scrúdú ar an mBille um Míchumas chun aon athraithe a bhfuil gá leo a aimsiú maidir le soláthar seirbhísí agus aon athraithe atá ag teastáil a dhéanamh dá réir.
- **Riachtanais eachtrannaigh agus an phobal ilchultúrtha**
Déanfar cinnte de go mbeidh ár bhfoireann in ann daoine as tíortha eile, cultúir eile agus cúlra chreideamhach eile a thuiscint agus déileáil lena gcuid riachtanais.

An Tríú Aidhm Straitéiseach: Comhtháthú agus comheagar

Comhtháthú agus comheagar

- Déanfaimid cinnte de go mbeidh na seirbhísí pleanáilte agus curtha ar fáil ar bhealach atá comhtháthaithe agus comheagraithe.

Comhpháirtíocht

Déanfaidh muid tuilleadh forbairt ar an chomhpháirtíocht.

- Idir an Bhord Sláinte agus áisínteachtaí reachtúla agus deonacha eile;
- Idir iad siúd a sholáthraíonn an tseirbhís agus iad siúd a bhaineann úsáid as; agus
- Idir na boird sláinte féin agus grúpaí trasteorann.

Ár bhfoireann oibre a úsáid chun an leas is fearr a bhaint amach

- Príomhchúraim
- Cúram an phobail
- Cúram leanúnach; agus
- Géar chúraim do dhaoine faoi mhíchumas.

Bainfear úsáid iomlán as an taithí atá ag:

- Foirne mhíchumais atá ann; agus
- Daoine ón earnáil dheonach a chuireann seirbhísí ar fáil.

Ag tacú le h-eagraíochtaí deonacha

Tacóidh muid le h-eagraíochtaí dheonacha mhíchumais atá ag cuir seirbhísí maidir le

sláinte agus tacaíochtaí eile ar fáil do dhaoine atá faoi mhíchumas.

Faisnéis agus Feasachta

Déanfaimid cinnte de go mbeidh eolas ar fáil do dhaoine i dteanga a thuigeann siad agus ar bhealach atá inaimsithe dóibh. Leanfaimid ag ardú feasachta an mhíchumais i measc an phobail.

Iompar

Réiteofar fadhbanna iompar atá ag daoine faoi mhíchumas. Déanfar na seirbhísí iompar a fhorbairt in éineacht le:

- Áisínteachtaí deonacha
- Bus Éireann agus lucht soláthar iompar tuaithe.

Rochtain agus 'dearadh i gcomhair na cuimsitheachta'

Déanfaidh muid staidéir chuimsitheach chun a fháil amach cé chomh h-éasca is atá sé ag daoine faoi mhíchumas teacht ar:

- Foirgnimh agus áiseanna; agus
- Córais cumarsáide

Déanfar measúnú freisin ar cé chomh h-eolach is atá an phobail maidir le soláthar bealaí isteach do dhaoine faoi mhíchumas.

Cothú Sláinte

Déanfaidh gach eagraíocht atá ag obair le daoine faoi mhíchumas, straitéis an chothú sláinte a fhorbairt i gcomhpháirtíocht le Roinn an Choithú Sláinte.

An Cheathrú Aidhm Straitéiseach: Seirbhísí do pháistí

Seirbhísí do pháistí

Déanfaimid seirbhísí agus tacaíochtaí do pháiste agus a gclann a phleanáil agus a sheachada sa chaoi is go mbeidh:

- A n-acmhainneacht a uasmhéadú
- A neamhspleáchas a chothú; agus
- cuimsitheacht i measc an phobail go léir a bhaint amach

Déanfaimid seirbhísí agus tacaíochtaí do pháiste agus a gclann a phleanáil agus a sheachada sa chaoi is go mbeidh:

Agus seirbhísí do pháistí agus a gclann a sheachada againn, déanfaimid seo a leanas:

- Chuirfear béim ar sheirbhísí a thugann an deis is fearr agus is féidir do na páistí le míchumas, seirbhísí a fháil ina gceantair féin
- A chinntiú go dtabharfar tacaíocht do gach chlann ar bhonn leanúnach
- Páistí a aistriú chuig seirbhísí nua ag aois a sé bliana agus ocht mbliana déag
- Breathnú i ndiaidh riachtanais páistí atá ag teacht ó cheantair Bhoird Sláinte eile
- Roinnt tacaíochtaí speisialtóra a chur ar fáil sa réigiúin, seirbhís nach raibh ar fáil go dtí seo ach ar bhonn náisiúnta

- Tacaíocht a thabhairt do pháistí atá ag freastal ar scoileanna ina gceantacha féin
- Seirbhís scíthe a chur ar fáil, agus rogha acu an tseirbhís sin a bheith sa bhaile nó taobh amuigh den baile
- Freastal ar riachtanais na ndéagóirí agus daoine fásta óga.

An Cúigiú Aidhm Straitéiseach: Seirbhísí do dhaoine fásta sa phobal

Seirbhísí do dhaoine fásta sa phobal

- Chuirfear seirbhísí pobail agus tacaíochtaí eile ar fáil chun cúnamh a thabhairt do dhaoine fásta faoi mhíchumas a neamhspleáchais agus a rannpháirtíocht sóisialta i measc a bpobal féin a bhaint amach.

Seirbhís Athshlánaithe

Cuirfimid seirbhís athshlánaithe ar fáil do dhaoine a bhfuil míchumas físiúil nó céadfach orthu. Is obair i bpáirt a bheas anseo le na seirbhísí a sholáthraíonn an t-Ospidéal Athshlánaithe Náisiúnta agus na h-ospidéal géar chúram sa réigiún.

Pleananna don duine aonair

Déanfaimid pleananna do dhaoine aonair i gcomhpháirtíocht leis an té atá ag baint úsáid as an tseirbhís. Tabharfar tacaíocht do dhaoine chun cónaí sa bhaile, ag cabhrú leo le gníomhaíochtaí laethúla ar nós:

- Cúnamh baile
- Iompar/taistil
- Fáil ar sheirbhísí lae
- Uirlisí chúnaimh a chur ar fáil
- Seirbhís cabhrach maidir leis an teicneolaíocht a chur ar fáil dóibh.

Seirbhísí lae

Cuirfimid seirbhísí lae áitiúil ar fáil agus beidh béim ar an rannpháirtíocht is mó agus is féidir a chur ar fáil maidir le seirbhísí pobail agus tacaíochtaí eile. Déanfar:

- Tacaíocht a thabhairt don duine aonair a úsáideann an tseirbhís
- Plean soiléir maidir leis an toradh a bhfuil súil a cur le chéile do gach rannpháirtí
- Béim a chur ar na scileanna a fhaightear le linn an tseirbhís lae a úsáid sa bhaile agus le linn dóibh bheith i measc an phobail chomh maith
- Naisc láidir a chruthú le lucht soláthar seirbhísí oideachais, fostaíochta agus chomh maith iad siúd a chuireann deiseanna sóisialta agus scíthe ar fáil sa phobal.

Fostaíocht, oiliúint agus oideachas

Déanfaimid cinnte de go ndíreofar aird ar riachtanais daoine le míchumas físiúil agus céadfach ó thaobh fostaíocht, traenáil agus an t-oideachas leanúnach de.

Seirbhísí do dhaoine ar tharla díobháil intinne dóibh

Tabharfar san áireamh in ár gcuid seirbhísí athshlánaithe áitiúil agus réigiúnda, daoine ar tharla gortú trámach nó díobháil intinne dóibh. Déanfar forbairt ar fhorálacha idirthréimhseacha cónaithe do dhaoine ar tharla díobháil intinne dóibh sula dtéann siad ar ais chun cónaí sa bhaile nó lena gclann.

An Seú Aidhm Straitéiseach: Seirbhísí do dhaoine fásta - roghanna maidir le maireachtáil agus tacaíochtaí

Seirbhísí do dhaoine fásta - roghanna maidir le maireachtáil agus tacaíochtaí

- Déanfaimid cinnte go mbeidh réimse seirbhísí, tacaíochtaí agus áit cónaithe ar fáil do dhaoine fásta le míchumas ionas go mbeidh gach eolas acu chun roghanna ceart a dhéanamh.

Tacaíocht baile

Tabharfar tacaíocht do dhaoine le míchumas físiúil nó céadfach chun chónaí sa bhaile, nó lena gclann nuair is fearr leo sin a dhéanamh. Déanfar cinnte de go mbeidh a gcuid riachtanais aitheanta agus go mbeidh foirne áitiúil oilte ann chun seirbhís tacaíochta baile a chur ar fáil dóibh.

Cúntóirí pearsanta

Nuair is gá beidh cúntóirí pearsanta ar fáil ionas go mbeidh an duine chomh neamhspleách agus is féidir.

Ag maireachtáil i dtithe go neamhspleách nó le tacaíocht

Déanfar co-oibriú le na h-údaráis áitiúil, cumainn tithíochta agus forbróirí chun áit cónaithe oiriúnach a chur ar fáil do dhaoine le míchumas físiúil nó céadfach orthu. Cuirimid áiteanna chónaí ar fáil sa bpobal a bhfuil gach áis iontu agus na tacaíochtaí cuí atá de dhíth orthu ar fáil ann.

Seirbhísí sosa

Cuirimid seirbhísí sosa ar fáil atá bunaithe sa phobal. San áireamh beidh seirbhísí sosa atá eagraithe de réir coinne agus de réir na h-éigeandála. Beidh:

- Seirbhís sosa do dhaoine le riachtanais tacaíochta mhór, measartha agus atá ar bheagán riachtanais
- Beidh rogha ann maidir le seirbhís sosa cónaithe nó ina dtithe féin.
- Iarracht a dhéanamh chun na seirbhísí sosa áitiúil a leathnú.

Section 3
Context



Government plans major changes to health service

The Government plans major changes to the structure, organisation and delivery of Irish health services. These include introducing standards for disability services, and significant legislative change in the area of rights for people with disabilities.

The strategy we outline in this document reflects these planned changes. Our recommendations can be put into place by any health structures that emerge.

Recent disability reports and legislation

Key reports and guiding strategies

Many of the key strategies and reports published in the past 10 years contain recommendations that either have already impacted on the planning and delivery of services or will do so in the near future. The key strategies and reports that we referred to when writing this document are outlined below.

'UN Standard Rules'

The 'UN Standard Rules on the Equalisation of Opportunities for persons with Disabilities' (1993) deals with:

- awareness raising;
- medical care;
- rehabilitation; and
- support services.

The UN rules emphasise the need for people with disabilities to take part in the planning, implementation and evaluation of services.

'A Strategy for Equality'

The Commission on the Status of People with Disabilities produced a report called 'A Strategy for Equality' (1996). It defined people with disabilities as: 'Children and adults who experience any restriction in their capacity to participate in economic, social or cultural life on account of a physical, sensory, learning, mental health or emotional impairment.'

This report included three key principles:

- equality;
- maximising participation; and
- enabling independence and choice.

Under the principle of 'equality' people with disabilities 'must be recognised and treated as having equal status with all other citizens'.

'Towards an Independent Future'

The Review Group on Health and Personal Social Services for People with Physical and Sensory Disabilities published a report called 'Towards an Independent Future' (1996). This led to the setting up of co-ordinating committees for physical disability and sensory impairment services in each health board region. These committees include people both giving and using health board services.

'Madrid Declaration'

The 'Madrid Declaration' was developed by the European Disability Forum in advance of the European Year of People with Disabilities in 2003. The Declaration includes six key principles and a 'Programme for Action' at European, national, regional and local levels.

Disability Bill 2004

The Disability Bill proposes the right to an independent assessment of need and a statement of needs for every disabled person. The Bill also proposes access to a complaints officer in the event of a person not being satisfied with the statement of needs, with further redress possible through an independent statutory tribunal. The legislation reaffirms a commitment to mainstreaming of services and to the social model of disability.

'Education for Persons with Special Educational Needs Act' 2004

The principal health-related provisions of this Act include the following:

- A child (defined as not more than 18 years old) can enter mainstream schools unless an assessment shows that the child's needs would be best supported in special education; or that the child would adversely affect the education of other children in mainstream schools.
- The National Council for Special Educational Needs has the power to tell the Health Boards what needs to be done to provide adequate academic education for a person with a disability.

- The Health Board is responsible for carrying out assessments and providing services and supports to pre-school and non-school going children.
- The Department of Education and Science is responsible for providing assessments and services to school-going children, unless the National Council for Special Educational Needs considers that it falls under the remit of the Health Board.
- This legislation allows parents to be fully involved from the beginning of the assessment process.
- When the child has been assessed an 'education plan' will be drawn up.

National Disability Authority (NDA) Reports

'Towards Best Practice in Provision of Health Services for People with Disabilities in Ireland' (2003)

This report recommended that services should be community-based and led by the users. People with disabilities and their families should fully take part in the planning and monitoring of these services.

The report also emphasised the need for a greater role for health promotion and primary care.

'Towards Best Practice in the Provision of Further Education, Employment and Training Services for People with Disabilities in Ireland' (2003)

This NDA report included the following recommendations.

- People with disabilities need structured help so they can progress to getting a job on the open market.
- Senior managers in the health board who are responsible for rehabilitation training should have regular meetings with senior managers in the FÁS Employment Service so they can help people with disabilities move from one system to another.
- People with disabilities should be able to keep their medical card when their wages reach a higher level than they can now. They should also be able to keep their secondary benefits for a substantial period of time.
- The public sector should take action to reach its 3% quota for hiring people with disabilities.

National standards for disability services

In the planned national standards for disability services, the National Disability Authority and the Department of Health and Children will provide services that will meet the goals, needs, and stated preferences of people with disabilities.

The standards will outline how providers are responsible for running the services they offer. This will cover:

- management;
- staffing;
- training,
- information and communications systems; and
- safety.

Department of Health strategies and reports

'Quality and Fairness'

The first national health strategy of the Department of Health and Children was replaced in 2001 by a new strategy, 'Quality and Fairness'. This strategy contains four key guiding principles:

- equity;
- people-centredness;
- quality; and
- accountability.

The strategy identifies four national goals:

- better health for everyone;
- fair access;
- responsive and appropriate care; and
- high performance.

Follow-on reports

The 2001 strategy also identified key areas for change in the health services including strengthening primary care and how things were organised. This led to several reports being commissioned and to the imminent major changes in the organisation and delivery of health services. These reports included the 'Prospectus Report' on organisational reform, the 'Brennan Report' on the funding of the health services and the 'Hanly Report' on the acute hospital system.

National primary care strategy

Primary care is the first stage of treatment when someone needs care, and is usually provided at a community clinic, by some other person in the community or by a GP.

The National Health strategy gives primary care the central role for delivering health and personal social services in Ireland. It is the best way to meet 90-95% of all health and personal social service needs of the general public. It can prevent hospital admission and help someone to leave hospital earlier.

The 2001 Health Strategy proposed introducing team-based primary care services. The team includes:

- GPs;
- nurses;
- midwives;
- health-care assistants;
- home helps;
- physiotherapists;

- occupational therapists;
- social workers; and
- administrative personnel.

A wider primary care network of other primary care professionals such as speech and language therapists, community pharmacists, dieticians, community welfare officers, chiropodists and psychologists will also provide services for the enrolled population of each primary care team.

The model is to be implemented on a phased basis throughout the country.

Health Service 'Reform Programme'

In June 2003 the Government made key decisions about the reform of the Health Service. The Reform Programme was created to make sure the health care system could achieve the four national goals of the Health Strategy.

The Reform Programme aims:

- to improve the health delivery system; and
- to guarantee consistent national, regional and local patient-centred care.

It also aims to link needs, services and funding. It will introduce ways to measure the quality of services and to plan and manage services better.

It aims to provide a health system which maximises resources by delivering the right care in the right setting.

NEHB reports

'A Health Strategy for the People of the North-East'

We published 'A Health Strategy for the People of the North-East', in 2003. It outlined our vision for services in the region and reflected the national health strategy priorities.

It also responded to the health service reform programme in the Prospectus, Brennan and Hanly reports.

Intellectual Disability Services and Autism

Our 'Statement of Strategic Intent for Intellectual Disability Services and Autism' (2004 to 2007) is being completed in 2004.

Children's services, reports and legislation

Our policies for providing services to children and families are influenced by the following reports, strategies and legislation.

- The UN Convention on the rights of the Child (1992).
- National Children's Strategy: Our Children Their Lives (2000).
- National Childcare Strategy: Report of the Expert Working Group on Childcare (Department of Justice, Equality and Law Reform (1999).
- NEHB Family Support Policy/ Framework (2002).
- Health Status of the Population of the North East.
- Children First: National Guidelines for the Protection and Welfare of Children (1999).
- Child Care Act (1991).
- Children Act (2001).
- National Standards for Children's Residential Centres (2001).
- National Standards for Foster Care.

The above reports and legislation are reflected in 'Leaps and Bounds: A Strategy for Children and Families in the North-East 2004 to 2010', North Eastern Health Board (2004).

'Sustaining Progress – Social Partnership Agreement 2003-2005'

This Government and the social partners have a strong commitment to modernising the Public Service so they can deliver quality services. They have agreed to develop the Public Service so it:

- is quality, performance and results driven;
- achieves value-for-money;
- focuses on the needs of its customers;
- is accountable;
- responds flexibly and rapidly to change; and
- promotes equal opportunities.

Section 4

Demographic Change



Population is growing rapidly

The North-East has undergone significant change in the last 30 years, particularly since 1996 when the population has grown by 12.7% or 38,810 people. This significant growth particularly affects the two counties closest to Dublin, Meath and Louth.

Population growth between 1971 and 2002

- Meath 86.7%, with an increase of 22.1% between 1996 and 2002.
- Louth 35.8%, with an increase of 10.5% between 1996 and 2002.
- Cavan 7.5%, with an increase of 6.8% between 1996 and 2002.
- Monaghan 13.7%, with an increase of 2.5% between 1996 and 2002.

Age profile

The population age profile has also changed. Total births in the region have increased by 29% since 1999.

There has been a rise in Meath and Louth, with the Meath rise particularly significant.

In Cavan and Monaghan there was a steady decline in the number of births in the 1970s and 1980s, and the statistics have levelled off since 1990.

The rise in births in the total region since 2001 results from an increase in:

- the Irish population;

- asylum seekers;
- non-national mothers.

Impact of population changes

We made a submission to the Department of Health and Children in February 2004 showing what services were being affected by the growth in population. The services affected were:

- neonatal;
- diagnostic;
- public health nursing services.
- immunisations;
- Child Health Clinics;
- home support services; and
- accident and emergency.

The pressure on these services has led to a significantly increased demand for early intervention services.

Our report 'Deficiencies in services and infrastructure' (April 2004) highlighted similar effects.

It said the service deficits were particularly serious in Meath and Louth where the population continues to grow rapidly.

The report called for an immediate capital and revenue investment in the region.

See Appendix 5 for full 'Demographic Change Review'.

Section 5

How was this Report Prepared?



The production of this strategy was overseen by a steering group. (See Appendix 1). Before we wrote this document we:

- reviewed how our 1999 strategy 'Mapping the Shape of Future Services' worked;
- spoke to people with disabilities, their families and to the public;
- consulted statutory and voluntary organisations;
- considered submissions made to us by the public and groups;
- met key people from relevant groups;
- examined local information available in the 'Regional Physical and Sensory Disability Database'.

We consulted the public and local organisations

We held meetings to find out how people felt about our existing services and what areas they would like to see developed. We also asked people about how our services should be delivered.

- We consulted the public and local organisations at meetings in each of our three community care areas.
- Public consultation meetings were held in each of the four counties.
- Meetings with organisations were held in Meath, Louth and Cavan.

For a list of the organisations we met see Appendix 2.

Written submissions

We received 25 written submissions from people with disabilities and their families and from organisations.

1999 report identified gaps

We spoke to service managers and service user groups about gaps identified in 'Mapping the Shape of Future Services' 1999.

National Census

For the first time, the 2002 National Census included questions relating to disability.

Regional Physical and Sensory Disability Database

The 'Regional Physical and Sensory Disability Database' provides information on the number of people with physical and sensory disabilities residing in each area. It is an invaluable planning tool because it shows what future service needs are likely to be. By March 2004 1,795 people with a physical and sensory disability were included on the database.

A detailed summary of information from the Regional Physical and Sensory Disability Database about current services and services that will be needed in the next five years is contained in Appendix 6.

Section 6

Aims, Principles and Values



Mission statement informed this strategy

The mission statement contained in 'A Health Strategy for the People of the North-East' has informed this statement of strategy. It states:

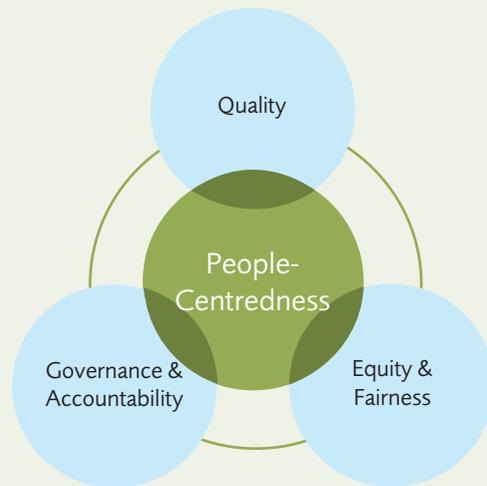
"Our purpose is to promote and contribute to improving the health and well-being of the people of the North-East. We will do this by treating you with respect and:

- providing services that are fair, there when you need them and that you can trust;
- listening to you when planning co-ordinated services to achieve the best possible outcome;
- enabling you to achieve your full health potential, by building on your strengths and those of your community; and
- working together with the wider community, agencies and groups to put health and well-being for the people of the North-East at the centre of public policy and decision-making."

Principles

The principles of the National Health Strategy as adopted in 'A Health Strategy for the People of the North-East' will inform this statement of strategy. These are:

- people-centredness;
- quality;
- equity and fairness; and
- governance and accountability.



Our core values

Our core values shape how we deliver our services. They are as follows:

Respect

We will treat all those in contact with disability services with dignity and respect.

Timely response

We aim to provide a timely and appropriate response to everyone who applies for disability services.

Confidentiality

We are committed to handling personal information with the highest level of professionalism and confidentiality as provided for in the Data Protection and Freedom of Information Acts.

Consultation

We will encourage people with physical disabilities and sensory impairments and anyone caring for them, including when

appropriate their families and advocates, to take part in all decisions about their care. This will include consulting people with disabilities about their needs, how their services should be planned and when they should be reviewed.

Strategic framework – our goals

Our strategic framework is guided by the goals in 'A Health Strategy for the People of the North-East'. These goals include the goals of the National Health Strategy with an additional goal of 'Partnerships and Valuing Communities'.

We are also committed to the social model of disability, to person-centred service delivery and to implementing the Disability Strategy.

Our goals are to:

- respond to people's needs for health and personal social services;
- take responsibility for the services we provide;
- provide high quality services;
- give everyone fair access to services;
- plan, deliver and monitor services in partnership with communities and with those using those services;
- consult our customers about any decisions that need to be made; and
- base our services on each person's assessment and statement of needs.

Section 7

Strategic Objectives



Strategic Objective One: How we will run and plan our services

How we will run and plan our services

- We will strive to provide quality services with an emphasis on efficiency and effectiveness; and
- We will keep the person with a disability at the centre of all decisions made.

Guides to monitoring standards and risks

Within health care, quality has been defined as doing the right thing consistently to ensure the best possible clinical outcome for patients, satisfaction for all customers, retention of talented staff and a good financial performance (Leahy, 1998).

The National Health Strategy, 'Quality and Fairness' (2001)

This included the development of a framework for quality as one of its key objectives (see earlier section on Department of Health strategies and reports.)

'A Health Strategy for the People of the North-East'

This places strong emphasis on quality outcomes and performance measurement (see appendix 4).

The Irish Social Services Inspectorate (ISSI)

The ISSI is responsible for the inspection of children's residential services managed by

health boards under the provisions of the Child Care Act (1991). It makes sure the National Standards introduced by the Department of Health and Children are achieved.

The draft National Standards for Disability Services

The National Disability Authority (NDA) and the Department of Health and Children has provided these standards so that a consistent standard of services can be provided nationally. They focus on:

- how to make sure people with disabilities get the services they need and want;
- how to organise services effectively; and
- what standards different services should reach.

Health and safety

The Health and Safety Authority is responsible for the promotion and enforcement of workplace health and safety in Ireland. The Authority monitors compliance with occupational health and safety legislation and takes enforcement action (including prosecution) where necessary.

'Performance indicators'

The introduction of performance indicators and service activity data will also help us to monitor performance and risk.

Key objectives and actions

What are we going to do to keep improving services?

- We will make sure that all disability services in the region are run to the agreed standards proposed in the 'National Standards for Disability Services'.
- We will consult everyone who is affected by our services about the standards of our care.
- We will promote initiatives recommended by the European Foundation for Quality Management (EFQM).
- We will make sure that children's residential services are run to the 'National Standards for Children's Residential Centres'.
- We will regularly review all organisations and departments providing disability services in the region to make sure they are complying with Health and Safety legislation and guidelines.

What is 'person-centred' planning?

The National Health Strategy and 'A Health Strategy for the People of the North-East' include 'people-centredness' as one of the key principles in their respective strategies. 'People-centredness' means:

- we will consult with people using our services about what they need and want;
- people using our services will be fully involved in planning care;
- we will deliver our care in a planned and co-ordinated way; and

- we will help people to take part in making decisions to improve their health and well-being.

NDA and DOHC plans national standards

The National Disability Authority and Department of Health and Children plans to introduce national standards that will apply to all disability services. These standards emphasise providing services that meet the goals, needs and preference of people using them.

Committed to quality

We are committed to placing 'Personal Outcomes Measures' of quality assurance at the centre of our planning services. We have introduced 'Person-centred planning' across the region.

We will implement the Personal Outcomes Measurement Quality System (POM) and the European Foundation for Quality Management System (EFQM) in the eleven pilot sites across the region.

We will listen to:

- service users;
- families;
- carers;
- communities; and
- staff.

We also advocate shifting the balance of power between service providers and users and giving people a chance to take part in planning their services. We undertake to develop a framework

for user participation including an 'Assurance Checklist' to make sure that this shift in the balance of power happens.

Key objectives and actions

How are we going to put 'person-centred' planning into place?

- We will consult individual service users or their families, carers or all three as appropriate about their needs and preferred choices.
- We will then use this information to plan, provide and review our services for each customer.
- We will continue to develop how we consult service users.

Focus on finance and accountability

There has been an increasing focus in recent key health reports on the need for performance measurement, financial accountability, and value for money when providing health-related services.

The Deloitte & Touche 'Value for Money' report commissioned by the Department of Health and Children, the Department's National Health Strategy, and the subsequent 'Prospectus Report' all addressed these issues.

What is 'Governance and Accountability'

We place a strong emphasis on the principle of 'Governance and Accountability'. 'Governance and Accountability' means taking responsibility for our services and how we run them. This means we focus on making sure the services we offer meet the needs of individuals and that our organisation is run effectively.

Our Strategy advocates the development of 'a framework for applying evidence-based practice in relation to the development and evaluation of service level agreements including clear definitions of the role of public and voluntary sectors in financing, provision and governance functions'.

We will increase our focus on performance measurement, value for money and financial accountability.

Key objectives and actions

How will we get value for money?

- We will use 'performance indicators' to assess new and existing services.
- We will regularly evaluate 'performance indicators' to see how accurately they show how well services are working.
- Our range of indicators will assess consumers' health and how they are fitting into the community. They will also assess our finances and the way we run our organisation.
- We will link individual and team performances to our strategic objectives.
- We will introduce service agreements to give us detailed information about the services we pay for. We also need to agree performance targets with all those whom we pay to provide services.
- We will integrate disability database and financial information.
- We will ask our service users about how well we are doing.

Strategic Objective Two: Fairness and equality

Fairness and equality

- We will plan and deliver disability services fairly; and
- We will foster a culture of equality and respect for diversity.

Fairness

We undertake to:

- target health inequalities;
- treat people fairly according to need; and
- involve people in planning and decision-making.

Key objectives and actions

How will we deliver a fair service?

We aim to make sure that disability services are delivered fairly throughout the region based on assessed need. We will do this by prioritising services for those in most need and involving people with disabilities in planning and decision-making.

Equality, diversity and equal opportunities

'A Health Strategy for the People of the North-East' commits us to taking positive action to promote an inclusive approach that respects difference. The Strategy states that we will:

- equality-proof policies, procedures and delivery systems in accordance with relevant legislation;
- develop programmes to strengthen awareness and understanding of diversity;
- make sure that all communication methods promote respect for diversity; and
- make sure that all services promote ease of access.

The 'Dignity at Work Policy for the Health Service', the 'Equal Opportunities/ Accommodating Diversity Policy' and 'Strategy Objectives for the Health Service' were launched in April 2004.

The Dignity at Work Policy will be the definitive policy for the health service for dealing with complaints of bullying, sexual harassment and harassment.

The 'Equal Opportunities/ Accommodating Diversity Policy' and 'Strategy Objectives for the Health Service' aims to make sure that everyone will be provided with equality of access to employment in the health service.

We are committed to complying with the provisions of the Employment Equality Act (1998) and the Equal Status Act (2000) as amended by the Equality Act (2004). These acts outlaw discrimination in employment, vocational training, advertising, collective agreements, the provision of goods and services.

We undertake to respect diversity irrespective of:

- gender;
- marital status;
- family status;
- sexual orientation;
- religion;
- age;
- disability;
- ethnicity; or
- race.

Key objectives and actions

How will we make sure everyone is equally treated?

- We will set up a steering group to assess the implications of the new Disability Strategy and prepare an action plan to respond to its provisions.
- We will also include employment equality and equal status clauses in all service agreements and regularly review their implementation.

How will we meet the needs of non-nationals and our multi-cultural population?

We need to make sure our staff are competent to work in a multicultural environment so that they can understand and meet the needs of people from different countries, cultures and religious backgrounds.

We will encourage staff to access programmes on multicultural and traveller awareness.

- We will make sure that our facilities and services promote ease of access for everyone.

Strategic Objective Three: Integration and co-ordination

Integration and co-ordination

- We will make sure that we plan and deliver our services using an integrated and co-ordinated approach.

'A Health Strategy for the People of the North-East' states: 'We will establish integrated service delivery and reduce fragmentation from first point of contact'. That Strategy says we will support and facilitate cross department services and that we will solve problems that impede integration.

That Strategy includes the following ways to integrate resources:

- sharing information;
- consultation;
- sharing objectives and ways of assessing services;
- joint management arrangements;
- joint service user interface;
- sharing budgets;
- joint teams; and
- merged structures and budgets.

We commit to making sure that the care for people with disabilities follows a logical clinical care pathway. It says we should:

- gather feedback from service users;
- keep developing common referral policies;
- use joint practice models;
- share team experience;
- promote multiple ways of referring people to services;
- measure the benefits of these referrals;
- develop and improve case management; and
- develop and improve care plans.

Partnerships

'A Health Strategy for the People of the North East' made a firm commitment to partnerships and valuing communities. It said: 'We will strengthen linkages and partnerships with key statutory, voluntary and community agencies to deliver better health outcomes for the people of the North-East'.

Successful partnerships

Examples of our successful partnerships have been:

- with Rehabcare at the Resource Centre in Dunboyne;
- with Enable Ireland through children's service developments in Meath, Cavan and Monaghan; and
- with the Irish Wheelchair Association through home support and respite service developments.

In addition, a partnership emerged between two voluntary agencies in the region resulting in the Regional Sensory Resource Centre run in Dundalk by a partnership between the National Association for Deaf People and the National Council for the Blind.

The Health Board Early Intervention and Community Teams have also been very successful.

Service provider and service user partnerships have been a feature of our annual regional conference, and the Personal Assistant Service Steering Group.

Recent disability services partnerships in the North-East have resulted in agencies and complementary services sharing staff and facilities. These meant people benefited from more user friendly services.

The Co-ordinating Committee for Physical Disability and Sensory Impairment Services has been working on planning and evaluating services. This has also helped the partnerships to develop.

Key objectives and actions

How will we further develop partnerships?

- We will encourage and promote the development of partnerships in all new service developments.
- We will review all existing services to examine partnership opportunities that might enhance the current services.
- We will assess the cross-Border partnership potential of all new proposed projects before projects are approved. When doing this we will consult with the physical and sensory disability sub-group of Cooperation and Working Together (CAWT), and look for access to available EU funding for all cross-Border co-funding projects.
- We will set up an inter-Health Board forum to examine the possibility of service partnerships to allow local access to services for people living in areas closer to services provided by an adjoining Health Board.

Primary Care

Primary care is the first stage of treatment when someone needs care, and is usually provided at a community clinic, by some other person in the community or by a GP. The National Health Strategy proposes the development of primary care services and we endorse this plan.

It will be vital that the expertise of existing community and early intervention disability teams is harnessed. We should also tap into other professional primary care team supports when needed.

Key objectives and actions

We aim to make sure that there is a logical and appropriate pathway of care and support for people with disabilities between:

- primary care;
- community care:
- continuing care; and
- acute care.

We aim to incorporate the needs of vulnerable people with disabilities, including people with an acquired brain injury and people with multiple disabilities.

We will make full use of the expertise of:

- existing disability service teams;
- people from the voluntary sector who provide services; and
- advocacy groups.

Team-based services

'A Health Strategy for the People of the North-East' makes a strong commitment to team working. In it we undertake to:

- strengthen team working through providing support for multi-disciplinary team working and cross-service, cross-site working;
- increase the capacity and skills of staff to engage in team and partnership working;

- invest in the development of team leaders;
- promote shared leadership;
- develop our inter-personal communication style;
- improve how we share information;
- support existing teams to evaluate how they work so that clients get the most benefit from team working;
- increase our ability to establish temporary teams, drawing from different services, to address particular needs and circumstances; and
- pay particular attention to team working when responding to clients with complex needs.

This commitment is supported in the National Health Strategy (2001) and the Primary Care Strategy (2002). In particular team working is considered to be the most effective approach when working with children with disabilities and their families. This is supported by international evidence. (*See Glossary for team-based services definitions*).

The Health Services Employers' Agency (HSEA) 'Action Plan for People Management in the Health Services' (2002) includes developing the partnership approach and investing in training, development and education of staff.

People with disabilities have given a universally positive response to team-based services in the recent review of 'Mapping the Shape of Future Services' and in the consultation process for this document.

The benefits of team-based services

Team-based services bring benefits to children and adults with disabilities because:

- an integrated team approach allows for the development of a greater pool of staff and equipment;
- it provides a 'one-stop' shop;
- there is a wider skill base within the team allowing for more flexible service delivery
- members of the team develop a range of skills rather than become specialist in one area; and
- if one person is missing from the team, the team continues to function because of the multi-disciplinary approach.

(See Glossary for team-based services definitions)

Team-based services also benefit the effectiveness of how our organisation is run.

These benefits include:

- easier recruitment and retention;
- spreading and sharing skills and workload;
- joint decision making in the team and with the service user;
- the team continues to function even if some members are missing;
- team members support each other;
- there is a clearer pathway of service delivery; and
- service users become a part of the team.

Key objectives and actions

We aim to place renewed emphasis on inter-disciplinary and trans-disciplinary ways of working, so that service users get maximum benefit from our broad skill mix.

- We will develop and locate teams in direct response to the need of current and projected future caseloads, and we will include cross-service and cross-site working.
- We will ensure that administrative structures are in place to support existing and new teams.

Working in partnership with Local Government

'A Health Strategy for the People of the North-East' commits to developing enhanced working relationships with local authorities and other regional statutory agencies to allow integrated and improved public services.

The reform of Local Government as outlined in 'Better Local Government – A Programme for Change' (1996) recommended that local government be widened. This led to the development of City and County Development Boards in all 34 Local Authorities.

All State agencies in each county including us are represented on their respective boards. There are two representatives from the community including the voluntary sector on each board. Other representatives come from employers, business and farmers, enterprise companies, elected members of councils, and the county manager.

Social inclusion

One of the underlying principles of the Local Government reform process is social inclusion. As a result three-five-year action plans have been developed in each local authority area to integrate the development and delivery of services, with an emphasis on social inclusion measures.

The Social Inclusion Measures (SIM) Board in each local authority area also endorses the plans of partnerships and community development projects before they are implemented.

County Councils require information on relevant NEHB services and activities to help the planning work of county social inclusion groups.

The County Childcare Committees in each of the four North-East counties are also appropriate groups to develop strong links with parents and service providers. These are inter-agency committees with responsibility for making sure that childcare is expanded, is of good quality, and is co-ordinated.

Key objectives and actions

- We will work in partnership with county development boards to make sure there is a co-ordinated approach to providing services.
- We aim to develop strong links and partnerships with local authority groups.
- We are committed to giving appropriate information on disability service plans and Community Care Services to local Social Inclusion Measures groups.

- We will set up partnerships with parents and disability service providers with each of the County Childcare Committees in the North-East.

Personal social services and supports

'A Health Strategy for the People of the North-East' acknowledges that we must provide proper support, consultation and monitoring systems to ensure that 'the most marginalised are included in a real way'. We are committed to reviewing current alliances, including those with community and voluntary organisations.

We currently fund many voluntary disability organisations in our region to provide personal services and supports for people with disabilities, their families and carers. Some organisations employ: family support workers; community resource and development workers; and information officers who organise a range of activities.

We also help the Disability Federation of Ireland to enhance the capacity of voluntary disability organisations and to boost our partnerships with them.

Who benefits?

Personal social services and supports achieve the following:

- They give individual support to people with disabilities, families and carers including guidance and advice on issues relating to their specific disability or medical conditions.

- They organise and help support groups including networks of people with specific disabilities and support groups for partners, families, and for carers of people with specific disabilities or medical conditions.
- They address the causes of policy failures and unsatisfactory statutory responses.
- They act as a link and advocate on behalf of individuals in their interaction with statutory agencies.
- They provide information for people with disabilities, their families and carers. This includes advice on health services and guidance in relation to social welfare.
- They provide information to others on specific disabilities and raising awareness to all in the community.
- They organise social and personal development opportunities including summer camps, training opportunities, social outings, dinners and trips away.

In order to address all the needs of people with disabilities we need to enhance and develop high quality services and supports framed within the social model of disability. This requires the provision of medical care and therapeutic services, but also a range of personal services and supports.

Key objectives and actions

- We are committed to enhancing the capacity of voluntary disability organisations to provide health-related services and supports for people with disabilities.
- We are committed to increasing the capacity of smaller voluntary disability

organisations under the umbrella of the Disability Federation of Ireland, to represent and advocate on behalf of their members.

- We will commission a report to review the health-related personal services and supports provided by voluntary disability organisations. This report will also identify existing gaps and future needs in consultation with people with disabilities, voluntary disability organisations and the Disability Federation of Ireland.

Making information available

Comhairle (<http://www.comhairle.ie/>) is the national support agency responsible for supporting the provision of information, advice and advocacy on social services, especially to people with disabilities.

We are committed to implementing a communication and information sharing policy and we will need to make considerable investments in Information Communication Technology systems and staff to implement it.

Our recent initiatives include:

- a services guide for GPs called 'Include Me In'; and
- an annual conference run by the regional disability office.

We are currently updating our Regional Directory of Disability Services 'Networks North East' in partnership with Comhairle and PWDI (People With Disabilities in Ireland).

Information and advice is part of the work carried out by community teams and early intervention service teams. We also operate a

regional information helpline. We fund the employment of the DFI's (Disability Federation of Ireland) regional support officer and part of their job is providing information.

Voluntary organisations with an information role include Multiple Sclerosis Ireland (MSI), Post Polio Support Group, Spinal Injuries Action Association, Enable Ireland, Irish Wheelchair Association (IWA), Brainwave, National Association for Deaf People (NAD), National Council for the Blind of Ireland (NCBI) and Headway Ireland.

Key objectives and actions

How will we get information to the people who need it?

- We will develop a strong partnership with relevant statutory and voluntary agencies to meet the information needs of people with disabilities and their families and carers.
- We aim to make sure that people have information in a language that they can understand and in an accessible format.
- We will develop co-ordinated information services in each county through the planned revamping of 'Networks North-East' the multimedia information package. It will contain clear information so that people with disabilities and their carers can easily see where to go for the services they need.
- We will make sure that all health professionals, administrative staff and others who have contact with people with disabilities or their carers or both, can either provide the required information or refer people to the best place to get it.

- We will make full use of Comhairle's service and share information with them.
- We will develop, produce and disseminate accessible information through a range of sources including our helpline, website and leaflets.

Transport

Transport is available to and from many day services in the region.

Key objectives and actions

We aim to address the transport needs of people with disabilities, including travel to services outside the region, for example the National Rehabilitation Hospital (NRH).

- We will plan to develop a coordinated transport service in partnership with local authorities, voluntary agencies, Bus Éireann and local rural transport providers.
- We will establish a transport forum in each area that represents the key statutory and voluntary agencies and people with disabilities.
- We will assess the needs of people with physical and sensory disabilities for transport and the available accessible transport.
- We will seek to coordinate service and hospital appointment times with transport service arrival and departure times.
- Service contracts with organisations providing transport will meet health and safety requirements for transporting people with disabilities.

Disability awareness raising

Our key role, along with other agencies and Government departments, in raising awareness of disability issues among the wider community was recognised in the 'Mapping the Shape of Future Services' Report. Some voluntary organisations also provide information.

We are committed to taking positive action to promote an inclusive approach that respects difference. We published the 'Include me in' booklet aimed at GPs and their practice staff.

Key objectives and actions

- We aim to keep on raising awareness about disability amongst service providers, and in the wider community.

Our Human Resources Department will make sure our induction programmes include disability awareness. We will encourage voluntary groups to include a similar module.

- We will use our role as a public body to prioritise the mainstreaming of disability awareness
- We will continue to work with voluntary organisations to provide disability awareness programmes.
- We will develop disability awareness presentations for primary and secondary school pupils.

Access and 'designing for inclusion'

We need to examine access in the region as recommended in 'Mapping the Shape of Future Services'. This report recommended that we should review communications systems, staff training and awareness in addition to physical infrastructure. An access audit was conducted in some services but has not been completed for all services in the region.

Key objectives and actions

Study will examine access

In partnership with people with disabilities we plan to carry out a comprehensive study to find how easy it is for people with disabilities to access:

- buildings and amenities; and
- communications systems.

We will also assess how aware people are about the need to provide access to people with disabilities.

- We will strive to ensure that all our premises and the premises of other service providers are fully accessible to people with physical and sensory disabilities.
- We will make our communications accessible to all people with physical and sensory disabilities.

Health promotion

'A Health Strategy for the People of the North-East' recommends that we prioritise a health promotion and preventative approach, and that we encourage people to take responsibility for their own health and well-being.

Key objectives and actions

We plan to develop an inter-agency health promotion strategy for people with disabilities as recommended in the 'Mapping the Shape of Future Services' report, in partnership with the Health Promotion Department.

- We will focus on preventing disabilities as a key component of the health promotion strategy.
- We will involve communities in the development, provision and review of local health promotion initiatives.
- We will target specific age groups for disability prevention programmes. For example, we will educate young people about post-accident disabilities; and people over 40 about strokes.

Strategic Objective Four: Children's services

Children's services

We will plan and deliver services and supports to children and families seeking to:

- maximise their potential;
- promote their independence; and
- achieve mainstream inclusion.

Services for children and families in the North-East are delivered through us and voluntary agencies. We deliver our services through community care, primary care, child care, disability services, health promotion, mental health services, and also in the acute hospital services.

Our response to children with disabilities, their families and carers adopts the vision, mission, principles and goals of 'Leaps and Bounds - A Strategy for Children and Families in the North East' (2004).

The Strategy vision states:

"We want children in the North-East to achieve their best potential as individuals, as family members and members of the community by having their needs as children met by people who care about them and by growing up in the best possible environment."

The Strategy Mission Statement states:

"Our purpose is to promote the health and well-being of all children in the region by providing a range of child-centred, high-quality, accessible, targeted, effective and responsive services for children.

- We will support families to provide the best environment for their children.
- Planning will involve children and families and will be based on the assessment of need.
- Early intervention will be promoted.
- We will work collaboratively with children, families, communities and other service providers to ensure that the needs of children in the North-East are met in the best possible way".

Core Principles

- Our services will be child centred.
- We will work in partnership with the people using and providing services
- We will take responsibility for the services we provide.
- We will respond to people's needs.
- We will promote high-quality services.
- We will provide services fairly.

Our Goals

- respect, listen to and support children and families in their communities;
- provide responsive and flexible services for children and families;

- develop high quality services for all children and families; and
- build alliances and partnerships both inside and outside the organisation to make sure services are integrated.

Early services (0 to 6 years)

Services for children in this age group and their families have been significantly improved in recent years by the establishment of dedicated teams and by innovative partnerships between Enable Ireland and our Early Intervention Services.

Each county now has teams that provide assessment, ongoing services and supports to children and families that seek to maximise their inclusion in their local communities. While teams are not yet fully developed in all counties significant progress has been made in the few years since these service were identified as a priority in the 'Mapping the Shape of Future Services' report.

Along with these services we are committed to providing ongoing support to every family that needs it including parents or carers and siblings. This support will include providing information, advice, counselling and respite services.

Key objectives and actions

We will plan transfers

- We will plan the transfer of children and their families to new services at six years of age.
- We will set up local and inter-board planning groups with the respective service

providers for children aged 6 to 18 years to plan the transition to new services for each child and family.

- We will plan for the transfer of children with complex needs from outside the region, and for the transfer of children between Health Board services

We will make specialist services available locally

We will provide specialist supports currently only available nationally on a regional basis. These include:

- access to seating;
- assistive technology;
- eating and drinking assistance;
- GAIT analysis;
- orthopaedics; and
- other required supports.

Education

- We will strive to ensure that everyone with young children has fair access to services through inter- and intra-agency co-operation, including the planned Department of Education regional support services.
- We will achieve inter- and intra-agency cooperation to ensure fair access to services in each area including mainstream schools.

Team services

- We will address the needs of children and families that have no team-based services.
- We will complete existing teams in each area to ensure that children and families have fair access to locally available services and supports including pre-school and school supports, and in-home respite services.

Services for children aged 6 to 18 years

Services for children aged 6 to 18 years and their families are provided in each area through a combination of our community services and the developing community teams.

These services focus on meeting the particular needs of adolescents and young adults which include support and advice on lifetime development needs, future housing and vocational options.

'A Health Strategy for the People of the North-East' states: "We will develop an appropriate continuum of services to meet the needs of the people of the region".

Key actions and objectives

We will plan transfers

- We will set up local planning groups with service providers for children aged 6 to 18 years and 18 years plus to plan the transition to the new services for each child and family.
- We will also make plans for children transferring from other Health Boards or between other services.

We will make specialist services available locally

We will provide specialist supports currently only available nationally on a regional basis. These include:

- access to seating;
- assistive technology;
- eating and drinking assistance;
- GAIT analysis;
- orthopaedics; and
- other required supports.

We will respond to the support needs of adolescents and young adults

- We will develop community-based team services and supports in each area for children with physical and sensory disabilities.
- We will provide team support to children attending their local schools.
- Providing ongoing supports to families will be an integral part of our services.
- We will develop appropriate respite services in each area, including in-home and out-of-home options.
- We will appoint a career or lifetime development planner to each team working with 6-to-18-year-olds to help identify the needs of adolescents and young adults, and to source placements with appropriate agencies.



Strategic Objective Five: Adult services in the community

Adult services in the community

- We will provide community services and supports to assist adults with disabilities to achieve maximum independence and inclusion within their communities.
- These services will be based on their choices.

Rehabilitation

The goal of rehabilitation is to enable an individual who has acquired a disability to reach the highest possible level of independence and be as productive as possible. Rehabilitation services seek to maximise the individual potential of people with disabilities and achieve their re-integration within their communities.

Regional or local rehabilitation services are not currently developed in the North-East. Services are only available through the National Rehabilitation Hospital (NRH) in Dun Laoghaire for people with an acquired brain injury or spinal injuries, and through acute hospitals such as Beaumont Hospital in Dublin.

'A Health Strategy for the People of the North East' advocates the development of continuing care including timely discharge from acute care to the most appropriate settings, and the improvement of community and home-based rehabilitation services in a range of settings.

Key objectives and actions

Local needs

We aim to respond to the regional and local rehabilitation service needs of people with a physical and sensory disability.

Rehabilitation unit

We aim to complement the rehabilitative work of the National Rehabilitation Hospital (NRH) and acute hospitals in the development of regional and local service responses.

- We will plan to develop a regional rehabilitation unit attached to one of the two regional hospitals to provide a local response to acute rehabilitation needs in partnership with the National Rehabilitation Hospital.

Home and community services

We will provide effective local rehabilitation services through the enhancement of teams in each area to provide a combination of home- and community-based services.

- We will develop this regional and local service response in partnership with the NRH, acute hospitals and relevant voluntary agencies.
- We will establish strong links with county councils and FÁS as part of the long-term rehabilitation strategy for individual service users.
- We will use our Occupational Guidance Service to support individuals in making choices.

Community adult teams

We have initiated community teams for adults with physical or sensory disabilities or both in each area following the recommendation in the 'Mapping the Shape of Future Services' report. Teams are now in place in both Meath and Louth and a team is being developed in Cavan/Monaghan. Existing teams are understaffed and must prioritise their service responses accordingly, so we are presently unable to develop rehabilitation services.

These teams currently comprise the following disciplines: physiotherapist, occupational therapist, speech and language therapist, and social worker. These teams should be developed to include psychologist, community nurse, resource workers, dietician and support workers.

Key objectives and actions

Team services

We aim to provide full team-based community services in each area. We will develop existing teams so that there are enough staff to address waiting lists for services and all relevant disciplines are represented on each team.

Our personnel will work in partnership with voluntary agency staff on community teams. The teams will be expanded to include: psychologist, community nurse, resource workers and social workers employed by voluntary agencies.

Community Teams will focus on identifying the support needs of people living at home and finding services to fulfil these needs.

Partnership with users

We need to address assessments, reviews and ongoing services through the teams in partnership with users.

- We aim to draw up individual plans in partnership with each service user using the 'person-centred' planning approach.
- We aim to provide a flexible service response.

Home support

We aim to support people with disabilities to live in their own home through assistance with some of their daily activities including transport and access to day services.

Access to medical services and technical aids

We aim to make sure that there is an appropriate and timely response to the dental, optical and chiropody needs of people with a physical and sensory disability. We will work with those providing these services in the community to strengthen our links and to provide services as needed to people with physical or sensory disabilities or both. We aim to develop our technical aids and appliances and assistive technology service for people with physical and sensory disabilities.

Day services

We work with voluntary agencies in each area to provide day services for people with physical and sensory disabilities. Some examples from across the region are:

Meath

Rehabcare and the NEHB worked in partnership to develop the Dunboyne Resource Centre.

The Irish Wheelchair Association (IWA) runs a day resource centre in Navan.

Louth

The IWA provides day resource centres in Drogheda (includes service users from east Meath) and Ardee.

Cavan/Monaghan

We provide a day resource centre in Castleblayney (includes service users from north Louth) and the IWA provide a day resource centre in Cavan.

Key objectives and actions

Day services should be local

Day services for people with a physical and sensory disability should be locally provided in community settings with an emphasis on achieving maximum access for users to local community services and supports.

We plan to develop locally based day resource services in each area to complement existing services. These new services will target gaps identified in north and east Meath, north Louth, north Monaghan and Cavan. They will be based in urban community settings close to social, educational, training and employment opportunities for service users.

Flexible services

Day services should be flexibly delivered and the planning should focus on the person who will make use of the service. We should give each person individual support.

Focusing on users' needs

We should have a clear plan focusing on the required outcome for each service user. The staff team should act in support of the service user who makes the key decisions about what they wish to achieve from attending the day service.

All services will be required to demonstrate that they provide outcomes based on the service user, and that they work in partnership with relevant statutory and voluntary agencies. They must also emphasise maximum community inclusion and transfer of skills acquired.

The number of days' service at each centre and the times of opening will be based on individual needs and agreed with individual service users.

Skills in the community

There should be a focus on the transfer of skills service users gain at the day service to the home and community environment. Day services should forge strong links with community providers of:

- education;
- employment;
- training; and
- social and leisure opportunities.

They should also work in partnership with:

- community teams;
- voluntary organisations;
- local partnerships; and
- rural transport providers.

Transport

Transport to day services will be directly or indirectly provided in partnership with Bus Éireann and rural transport initiatives.

Large and small groups

Facilities at day centres should provide space for large and small groups; for small meetings; and to enable age appropriate and other specific disability programmes.

Employment, training and education

Responsibility for vocational training and employment of people with physical and sensory disabilities was transferred to the Department of Enterprise, Trade and Employment in 2000 as part of the Government policy of mainstreaming services. FÁS, the national training and employment authority, now have operational responsibility for implementing the vocational training and employment policies of the Department. So people with physical and sensory disabilities now get their mainstream training and employment services through FÁS.

The Department of Health and Children have retained responsibility for rehabilitative training, sheltered work and supported work. Our rehabilitative training and occupational guidance

service provides support to people with disabilities who would benefit from development of their life skills, social skills and basic work skills to their individual levels of capacity.

We fund eight voluntary organisations in the region to provide rehabilitative training and there are currently 127 places on programmes that run for three-four years. Most of these places are not currently for people with physical and sensory disabilities.

Key objectives and actions

Employment, training and further education needs

We aim to make sure that the employment, training and further education support needs of people with physical and sensory disabilities are adequately addressed through a combination of mainstream and health board services and supports as appropriate, targeted at both people with high and low support needs.

We will set up co-operative action groups

We will establish a planning and action forum regionally and locally in each county between the Health Board, FÁS, Comhairle, the Department of Social and Family Affairs, relevant disability organisations and representatives of people with disabilities.

These groups will make sure that the employment, training and further education needs of people with physical and sensory disabilities are planned and responded to appropriately. We will include our local occupational guidance officer and the career/lifetime development planner on the Health Board planning and action teams as appropriate.

Employment and medical cards

We will positively target the attainment of the 3% quota for the employment of people with disabilities in the Health Board.

Within the medical card guidelines we will apply discretion positively to promote employment opportunities for people with disabilities.

Services for people with an acquired brain injury

Acquired brain injury (ABI) is a non-progressive acquired injury to the brain caused by external physical force, for example a road traffic or workplace accident, a fall, an assault or a sports injury. It may also occur due to internal events such as cerebrovascular accidents, tumours and infections. Acquired brain injury results in total or partial functioning disability or psychological impairments or both.

Locally based services for people with an acquired brain injury, their families and carers are largely undeveloped in the North-East. Community teams provide home support and other team services to people with an ABI but there are specific needs that community teams cannot meet due to the underdevelopment of teams and the specific team skills required for ABI services. Some generic day services in the region have provided places for some people with an ABI that do not meet their needs. Headway Ireland employs an outreach worker in the region.

A sub group of CAWT (Cooperation and Working Together) formed by the NEHB and the Southern Health and Social Services Board (SHSSB), found that preliminary analysis of the regional database and knowledge from local voluntary organisations and advocacy groups highlights that "people with

ABI nationally have been marginalised as a group, that their range of needs are not yet known and are largely not addressed".

Key objectives and actions

People with Acquired Brain Injury will have access to rehab services

We aim to include the needs of people with a traumatic or acquired brain injury in the regional and local rehabilitation services. We want to complement the work of the National Rehabilitation Hospital and acute hospitals in the development of regional and local services. We will:

- appoint a regional development officer for Rehabilitation Service (including brain injury);
- in conjunction with specialist providers we will plan to establish a regional residential and day rehabilitation unit providing a step-down, transition and outreach service as people with acquired brain injuries seek to move from hospital back to their home environments;
- provide effective local rehabilitation services by enhancing the teams in each area so they can provide a combination of home and community-based services; and
- develop these regional and local responses in partnership with the National Rehabilitation Hospital, acute hospitals and relevant voluntary agencies.

Community services

We hope to address the needs of people with an acquired brain injury within our community services.

Day services

We plan to develop local day services for people with an acquired brain injury in each area that focus on the transfer of skills acquired at the day service to the home and community environment.

- We will develop specific day services for people with acquired brain injury in both Meath and Louth initially, and we will link closely with other day services in the area.
- Day centres in Cavan and Monaghan will include provision for large and small group work and individual meetings or work to enable age-appropriate and disability specific programmes for people with an acquired brain injury.

Living opportunities

We plan to develop transitional living opportunities for people with acquired brain injury before they go back to living in their own homes or to live with families. We aim to make sure that supported and independent living options are developed to provide a flexible response to the needs of people with an acquired brain injury.

- We will develop assisted living options for people with an acquired brain injury in each area.
- We will make sure that the needs of people with an acquired brain injury are included in transitional housing developed in each area.
- We will ensure that the accommodation options developed respond to the needs of people with an acquired brain injury.

Staff training

We will provide the required training to all staff working with people with an acquired brain injury. And we will train Home Support workers so that they can meet the needs of people with disabilities in need of their services and supports, including the needs of people with an acquired brain injury and spinal injuries.

Specialised staff

We will appoint acquired brain injury case workers on each team to provide a specialised response from the team.

Strategic Objective Six: Adult services - living choices and supports

Adult services - living choices and supports

- We will work to make sure that adults with disabilities have a range of services, supports and accommodation in place so that they can make informed choices.

Home support services

Home support services work with people in the home who have physical and sensory disabilities to provide a mix of personal care and practical assistance which includes:

- home carers;
- home helps; and
- public health or community nurses.

The home care service is also used:

- to help with shopping; and
- to accompany people with disabilities to hospital appointments where service users cannot travel independently and if there is no family member available to go with them.

After the public health nurse or social worker assesses the needs of someone who has physical or sensory disabilities or both, home support services are provided by locally recruited home helps and home care assistants. Nursing support is also provided for people with physical or sensory disabilities to assist with some of their personal care needs.

The number of staff employed varies as needs fluctuate.

In 'A Health Strategy for the People of the North-East' we point out that we are committed to providing ongoing, integrated care that includes "working with local communities and agencies to enable people to receive care and support in their home or community environment".

Key actions and objectives

Assessment and referral

Each community team will assess the needs of individuals in their areas. They will also be responsible for organising referrals to the needed services, liaising with the team or agency delivering the service and monitoring that service.

We will set up a team to develop and be responsible for the co-ordination and delivery of home support services. They will also be responsible for recruiting and training staff.

We will offer the particular services that each person needs

Our team-based home support services will be flexible and will respond to each person's needs – they will provide nursing care when needed.

We will train home support workers so that they can meet the needs of people with disabilities in need of their services and supports, including the needs of people with acquired brain injuries and spinal injuries.

Personal Assistant services

Personal Assistants enable the service user to carry out every-day activities like bathing, dressing, going to the toilet, household chores, shopping, preparing meals and cleaning. Personal Assistants help the user at work, about town and on travel.

Personal Assistants Services are designed to meet the individual leader's needs (the leader is the person using the services), capabilities, life circumstances and aspirations.

- The individual leader exercises the maximum control over how the service is organised, who is to work, with which tasks, at which times, where and how.
- The individual leader recruits, trains, schedules, supervises, and, if necessary, dismisses his or her own assistants.

Our Personal Assistant Services are largely undeveloped. Personal Assistant services will begin to be developed in each area from 2005.

Key actions and objectives

We aim to provide a needs-led Personal Assistant Service in each area to support people with physical and sensory disabilities to maximise their independence.

We aim to develop Personal Assistant Services in line with the agreed regional service model.

We will recruit Personal Assistants

We will recruit and train Personal Assistants in each area in consultation with people with disabilities and in response to their needs.

Certified courses for Personal Assistants

We plan to develop strong links with the educational sector including Dundalk IT to develop local certified training courses for Personal Assistants. We will help them to develop the training programme.

Our Personal Assistant services will be designed to help people with disabilities to be independent at home, and to have control over their access to social, leisure, education, training and employment opportunities.

Supported and independent living and housing

People with physical and sensory disabilities need living choices and support services so that they can live as independently as possible within their homes or in supported accommodation.

There is no appropriate supported or independent living unit in the North-East for people with a physical or sensory disability or both. The only available residential provisions are three beds at Saint Christopher's Unit in Cavan. Residential options have had to be secured for people in nursing homes for the elderly, both health board and private, some of which have had to be sourced outside the region.

The needs of people on the housing list are assessed by the local authorities. The need for purpose-built accommodation can be planned in advance for individuals as can the provision of lifetime adapted housing. The local authorities in each county also work with the voluntary housing agencies under the capital housing scheme. People with special needs are specifically covered in these local authority schemes.

Everyone on the housing list and all applicants for Disabled Persons Grant are eligible for inclusion in the local authority schemes. The local authorities have established links with health board occupational therapists.

The occupational therapists contact the County Council about people on the housing list or who they feel should be on the housing list and the County Councils then make direct contact with the occupational therapy department for assessments to be carried out of each applicant's needs.

Further development of links between the local authorities and our occupational therapists will lead to improved joint planning of responses to individuals housing, access and equipment needs.

Key objectives and actions

Independent accommodation

We will provide a range of support services including Personal Assistant Services to support people with physical and sensory disabilities to live in their own homes.

- We will develop support services based on needs identified in partnership with service users.
- We will make sure that everyone who needs housing is on the appropriate list and that we assess and respond to their needs.

We will co-operate with other service providers

We aim to work with local authorities, housing associations and developers when responding to needs for supported accommodation, assisted living and housing.

We will set up a joint health board and county council housing needs group in each county to develop a joint planning approach. This will address building specifications, access and equipment issues together with the provision of lifetime adaptable housing. Each group will include representatives of the Health Board, key voluntary agencies, people with disabilities, and local authorities.

The groups will plan for and respond to individual applications from people with disabilities and simplify the application and follow-up process.

Mainstream housing developments

In conjunction with specialist providers, eg. Chesire Ireland, we will maximise mainstream supported accommodation and assisted living responses in planned housing developments in urban community settings close to social, leisure, employment and educational opportunities.

We will maximise opportunities under Part 5 of the Planning and Development Act (2000) to provide supported accommodation and assisted living for people with disabilities in mainstream housing developments in urban areas.

Centre-based accommodation

We will develop self-contained accommodation on sites in community settings, with appropriate supports.

Support at home

We will support independent living opportunities for people who can live at home or have their own accommodation.

Transitional living

We aim to develop transitional living opportunities for people before they return to live in their own homes or before they return to live with their families.

We will develop a minimum of one transitional house per area for people with physical and sensory disabilities.

Flexible response

We aim to make sure that our services provide a flexible response to the needs of all people with a physical or sensory disability or both.

We will make sure that the accommodation options that are developed respond to the needs of people with low, medium and high support needs, including the needs of people with an acquired brain injury.

Respite services

Respite services provide planned and emergency breaks for individuals and families in a variety of residential and non-residential settings. Respite options include in-home and out-of-home services, residential holiday breaks, activity-based breaks, summer camps and youth clubs.

Key actions and objectives

We plan that services will respond to people with low, medium and high support needs. We would like to provide residential and in-home respite options and to respond to the research showing what type of respite people with physical or sensory disabilities or both want.

- We will increase the number of available residential respite places in each area as needed according to our research findings.
- We will provide other respite options including direct choice and service brokerage that our research shows are needed.
- We will locate additional respite services in mainstream community locations close to social and leisure amenities.
- We will develop additional respite units in local areas to complement current available services in each area.
- We will provide a minimum of one high dependency residential respite unit in each area.
- We will include weekend respite options in each area.
- We will provide an emergency respite service response in appropriate accommodation in each area.
- We will plan residential respite breaks for people of different ages.

Section 8

Prioritisation of Key Actions



Regional priorities 2005 to 2007

1. We will develop a regional and local service response to **rehabilitation service** needs in partnership with the National Rehabilitation Hospital (NRH), acute hospitals and relevant voluntary agencies.
2. We will develop and **disseminate service information** through a range of accessible formats.
3. We will further develop our **planning and action forum** regionally between the Health Board, FÁS, Comhairle, the Department of Social, Community and Family Affairs, relevant disability organisations and representatives of people with disabilities.
4. We will develop **disability awareness** training programmes for the region in consultation with voluntary organisations.
5. We will **promote equity** across the region by prioritising our resources on the basis of a comprehensive needs' assessment.
6. We will make sure that all disability services in the region operate to the **National Standards for Disability Services** agreed by the Department of Health and Children and the National Disability Authority.
7. We will continue to build the capacity of services to **meet standards set** in legislation or codes of practice.
8. We will **analyse data** from disability databases, performance indicators, and activity data to plan and account for resources.
9. We will **consult with individual service users** and their families or carers about their needs and preferred choices and we will continue to develop citizen/user participation frameworks.
10. We plan to develop a range of **regional specialist services** including Gait Analysis, Assistive Technology, Personal Assistants, supported and independent living housing and key specialist support staff.
11. We will develop and oversee an **integrated service governance framework** (including quality measurement systems) across the region.
12. We will review and improve where necessary existing **planning and service evaluation structures or fora**.
13. We will develop a **framework for applying evidence-based practice** in relation to the development and evaluation of service level agreements including clear definitions of the role of public and voluntary sectors in financing, provision and governance functions.

Louth

Key actions 2005, Louth Community Services

1. We will enhance and complete existing **early services teams** to make sure that children and families have local access to services and supports.
2. We will further develop adult community teams so that there are enough staff to address **waiting lists** for services – all disciplines will be represented on each team.
3. We will make sure that there are **administrative structures** to support existing and new teams.
4. We will appoint **acquired brain injury case workers** to each team to provide a specialised response.
5. We will develop **centre-based accommodation** with the required supports for people with disabilities.
6. We will develop a resourced plan to **expand day services** in **Drogheda** and **Ardee**, Co. Louth.
7. We will provide **flexible team-based home support services** in response to each person's needs and this will include nursing services as required.
8. We will recruit and train **Personal Assistants** in consultation with people with disabilities in response to their needs.

9. We will appoint a **career or lifetime development planner** to each team working with 6-18 year olds to help identify the needs of adolescents and young adults, and to source placements with appropriate agencies.
10. We will establish a **planning and action forum** between the Health Board, FÁS, Comhairle, the Department of Social and Family Affairs, relevant disability organisations and representatives of people with disabilities.

Key actions 2006, Louth Community Services

1. We will develop **local day resource services** to complement existing services, these new services will target gaps identified in **north Louth**.
2. We will increase the number of available **residential respite places** in each area as needed according to our research findings. And we will provide other respite options as identified in the research.
3. We will provide **flexible team-based home support services** in response to each person's needs and this will include nursing services as required.
4. We will review the operation and funding of **Sruthan House** Respite Services.
5. We will develop **community-based team services for children** with physical and sensory disabilities.
6. We will develop specific **day services** for people with **acquired brain injury** and link closely with other day services in the area.

7. We will develop **centre-based accommodation** with the required supports for people with disabilities.
8. We will recruit and train **Personal Assistants** in consultation with people with disabilities in response to their needs.

Key actions 2007, Louth Community Services

1. We will develop a **regional rehabilitation unit** attached to one of the two regional hospitals so we can provide a local response to acute rehabilitation needs in partnership with the National Rehabilitation Hospital.
2. We will recruit and train **Personal Assistants** in consultation with people with disabilities in response to their needs.
3. We will provide **flexible team-based home support services** in response to each person's needs and this will include nursing services as required.

Cavan/Monaghan

Key actions 2005, Cavan/Monaghan Community Services

1. We will provide full **team-based community services**.
2. We will appoint a **social worker** to coordinate family support services to people with **acquired brain injury**.
3. We will develop local **day services** to complement existing services, these new services will target gaps identified in **north Monaghan**.

4. We will provide flexible **team-based home support services** in response to each person's needs and this will include nursing services as required.
5. We will recruit and train **Personal Assistants** in consultation with people with disabilities in response to their needs.
6. We will appoint a **career or lifetime development planner** to each team working with 6-18 year olds to help identify the needs of adolescents and young adults, and to source placements with appropriate agencies.
7. We will establish a **planning and action forum** between the Health Board, FÁS, Comhairle, the Department of Social and Family Affairs, relevant disability organisations and representatives of people with disabilities.

Key actions 2006, Cavan/Monaghan Community Services

1. We will develop **community-based team services** and supports for **children** with physical and sensory disabilities.
2. We will develop **additional respite units** in local areas to complement current services available.
3. We will recruit and train **Personal Assistants** in consultation with people with disabilities in response to their needs.
4. We will provide **flexible team based home support services** in response to each person's needs and this will include nursing services as required.

Key actions 2007, Cavan/Monaghan Community Services

1. We will develop a **regional rehabilitation unit** attached to one of the two regional hospitals so we can provide a local response to acute rehabilitation needs in partnership with the National Rehabilitation Hospital.
2. We will recruit and train **Personal Assistants** in consultation with people with disabilities in response to their needs.
3. We will provide **flexible team based home support services** in response to each person's needs and this will include nursing services as required.

Meath

Key actions 2005, Meath Community Services

1. We will **address the needs of children** and families that have **no team-based services** in areas of county Meath including Navan, Ratoath, Dunshaughlin and Ashbourne.
2. We will develop **community-based team services** and supports for **children** with physical and sensory disabilities.
3. We will further develop adult community teams so that there are enough staff to address **waiting lists** for services – all disciplines will be represented on each team.
4. We will provide flexible team-based **home support services** in response to each person's needs and this will include nursing services as required.

5. We will recruit and train **Personal Assistants** in consultation with people with disabilities in response to their needs.
6. We will appoint **acquired brain injury case workers** to each team to provide a specialised response.
7. We will appoint a **career or lifetime development planner** to each team working with 6-18 year olds to help identify the needs of adolescents and young adults, and to source placements with appropriate agencies.
8. We will establish a **planning and action forum** between the Health Board, FÁS, Comhairle, the Department of Social and Family Affairs, relevant disability organisations and representatives of people with disabilities.

Key actions 2006, Meath Community Services

1. We will develop local **day services** to complement existing services; these new services will target gaps identified in **north and east Meath.**
2. We will make sure that any new **accommodation** options developed respond to the needs of people with **low, medium and high support needs**, including the needs of people with acquired brain injury.
3. We will further develop existing community teams so there are enough staff to address **waiting lists** for services - all disciplines will be represented on each team.

4. We will enhance and complete existing teams to make sure that **children and families** have access to locally available services and supports.
5. We will develop **community based team services** and supports for **children** with physical and sensory disabilities.
6. We will develop **local assisted living options** for people with **acquired brain injury**.
7. We will provide **flexible team-based home support services** in response to each person's needs and this will include nursing as required.
8. We will recruit and train **Personal Assistants** in consultation with people with disabilities in response to their needs.
5. We will further develop existing community teams so there are enough staff to address **waiting lists** for services - all disciplines will be represented on each team.
6. We will enhance and complete existing teams to ensure that **children** and families have access locally to **services and supports**.
7. We will develop **community based team services** and supports for **children** with physical and sensory disabilities.
8. We will provide **flexible team-based home support services** in response to each person's needs and this will include nursing as required.
9. We will recruit and train **Personal Assistants** in consultation with people with disabilities in response to their needs.

Key actions 2007, Meath Community Services

1. We will provide one **high dependency residential respite unit**.
2. We will review and extend the **Brain Injury Community Programme**.
3. We will develop local **day services** to complement existing services; these new services will target identified gaps in **north and east Meath**.
4. We will make sure that any new **accommodation** options developed respond to the needs of people with **low, medium and high support needs**, including the needs of people with acquired brain injury.
10. We will develop a **regional rehabilitation unit** attached to one of the two regional hospitals so we can provide a local response to acute rehabilitation needs in partnership with the National Rehabilitation Hospital.

Section 9

Glossary of Terms



Activity Data	Information which gives a summary of the level and type of services provided in the region.
Assurance Checklist	Provides organisations with a comprehensive method for evaluating the effective and focused management of the principal risks to meeting their objectives.
Evidence based standards	Standards which incorporates the use of best available and appropriate evidence arising from research and other sources.
Joint Service User Interface	Joint collaboration between service users, and between service users and service providers on a shared agenda.
Joint Practice Models	Models of working together between different disciplines to share best practice, promote skill mix and meet the needs of service users.
People Centred	A people-centred health system identifies and responds to the needs of individual; is planned and delivered in a co-ordinated way; and helps individuals to participate in decision-making to improve their health and well-being.
Performance Indicators	The measurement of a piece of important and useful information about the performance of a programme expressed as a percentage, index, rate or other comparison which is monitored at regular intervals and is compared to one or more criterion.
Personal Outcomes Measurement	The Personal Outcomes Measure of Quality Assurance represents people's expectations for services and supports, and facilitates the establishment of individual priorities. Personal Outcomes are categories each offering an individual an opportunity to identify what their individual outcome is. An organisation implementing the measure uses it as a guide to explore with an individual his or her own priorities or meanings in each of the outcome areas.

Team Based Services:

Multi-disciplinary Multi-disciplinary services involve a combination of several disciplines and methods. It refers to a team or collaboration where members of different disciplines assess or treat patients or clients independently and then share the information with each other.

Inter-disciplinary The inter-disciplinary model of team working provides a formal structure of interaction and communication among team members and encourages them to share information.

Service users are assessed separately by each discipline and each team member is responsible for developing the goals relating to their professional discipline as well as contributing to the joint service plan.

Parents and family members are usually part of the team.

Trans-disciplinary A trans-disciplinary team crosses disciplinary boundaries so that all team members teach and learn the basic terminology and simple intervention procedures of the other disciplines represented on the team. Parents and families are always full members of the team and in many situations are allowed a lead role, thus acknowledging their ultimate decision-making authority.

The trans-disciplinary team assesses children as a team and draws up an integrated service plan. Often one team member is delegated to carry out the entire plan with the child and family. This approach attempts to solve avoid some of the confusion and interaction problems, which can result from members of a variety of disciplines working together.

Section 10
Appendices



APPENDIX 1

The production of this strategy was overseen by Mr Leo Kinsella, Director of Governance, Planning and Evaluation - Disability Services, in conjunction with a steering group established by the Co-ordinating Committee for Physical Disability and Sensory Impairment Services. The members of the steering group were as follows:

- Ms Jackie Barron, Project Manager, NEHB Louth Disability Services.
- Mr Barry Dunne, Project Manager, NEHB Meath Disability Services.
- Ms Mary Smyth, Regional Manager, Irish Wheelchair Association.
- Mr Gerard Mc Cartney, Database Officer, NEHB Regional Disability Services Unit.
- Mr Brendan Lennon, National Association for Deaf People.
- Mr James Doorley, Regional Support Officer, Disability Federation of Ireland.
- Ms Mary Fox, Director of Services, Enable Ireland.
- Consultant: Mr Ruaidhri O'Connor.

The Steering Group was supported in its work by Ms Therese Cunningham, Unit Manager, Regional Disability Services Unit, and the Unit Team.

APPENDIX 2

Key organisations and service providers that we interviewed:

- Central Remedial Clinic.
- Enable Ireland.
- NEHB Early Intervention Team.
- Irish Wheelchair Association.
- NEHB Meath Community Team.
- NEHB Louth Community Team.
- Peter Bradley Foundation.
- Headway Ireland.
- Rehabcare.
- FÁS.
- Irish Association for Spina Bifida and Hydrocephalus.
- CAWT (Cooperation and Working Together).
- NEHB Occupational Guidance Service.
- Meath Accessible Transport service.
- Royal Employment Service.
- Cheshire Ireland.
- Louth County Council Housing Department.
- Louth County Council Community and Enterprise Development Officers.
- Comhairle, the national information agency.
- Disability Federation of Ireland.
- NEHB Home Support Service Louth.
- NEHB Rehabilitative Training and Placement Service.

APPENDIX 3

Organisations and service providers we interviewed for the review of 'Mapping the Shape of Future Services' report:

- Enable Ireland Early Services Cavan/Monaghan.
- National Council for the Blind.
- National Association for Deaf People.
- Multiple Sclerosis Ireland.
- Brainwave.
- Headway Ireland.
- Post Polio Support Group Service.
- Spinal Injuries Action Association.
- Disability Federation of Ireland.
- NEHB Regional Disability Office.
- NEHB Area Managers Disability Services.
- NEHB Project Managers Disability Services.
- Irish Wheelchair Association Drogheda and Navan Day Resource Centres.
- NEHB Day Resource Centre, Castleblayney.
- NEHB Early Intervention Services Meath and Louth.
- Rehabcare/NEHB Dunboyne Day Resource Centre.

APPENDIX 4

Quality and risk management

Quality

The National Health Strategy included the development of a framework for quality as one of its key objectives. This quality framework focuses on providing enhanced services based on evidence based standards and the promotion of continuous quality improvement in all services. The strategy takes it as understood that quality is part and parcel of everyone's work in the organisation and it aims to make sure that the commitment to providing quality services is embedded in the health system and 'owned' by everyone.

The NEHB Strategy places strong emphasis on quality outcomes and performance measurement. The principle of Quality in our Strategy states that quality services as defined by the service user must be integral to all healthcare activity.

The Strategy states that we must:

- focus our attention on the needs of the people who use our services;
- set evidence-based standards in partnership with service users;
- promote a culture of continuous quality improvement, evaluation, accountability and performance measurement; and
- assure quality by making sure that services meet standards set – this will include a process of both continuous quality improvement and the use of external validation.

Risk management

Our Strategy states that risk management should consist of an organisational approach to improving quality of care, with special emphasis on the need:

- to reduce errors and their costs; and
- to identify and assess potential hazards and risks, including both clinical and financial risks.

APPENDIX 5

Demographic change

The preliminary results from the 2002 national census (Department of Public Health NEHB, 2003) show that the size and structure of the population of the North-East has undergone significant change in the last 30 years, particularly since 1996 when the region experienced accelerated growth of 12.7% or 38,810 persons.

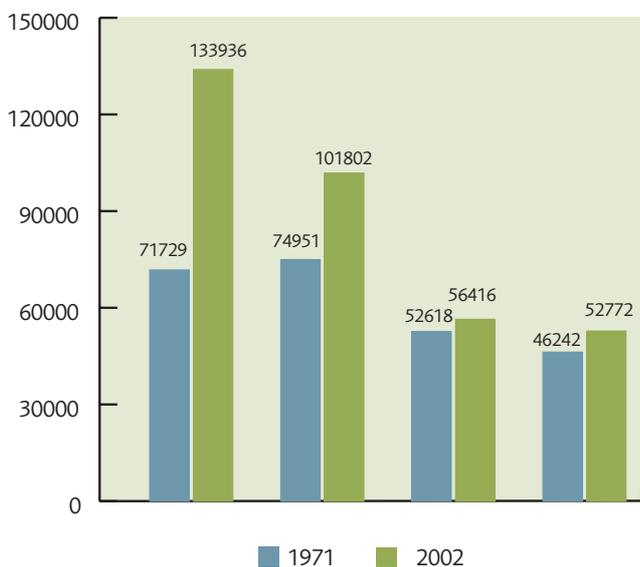
This significant population growth particularly affects the two counties closest to Dublin, Meath and Louth.

Population growth between 1971 and 2002

- Meath 86.7%, with an increase of 22.1% between 1996 and 2002.
- Louth 35.8%, with an increase of 10.5% between 1996 and 2002.
- Cavan 7.5%, with an increase of 6.8% between 1996 and 2002.
- Monaghan 13.7%, with an increase of 2.5% between 1996 and 2002.

The total population increase in the region from 1971 to 2002 was 99,386, comprising an increase of 62,207 in the population of Meath, 26,851 in Louth, 3,798 in Cavan and 6,530 in Monaghan.

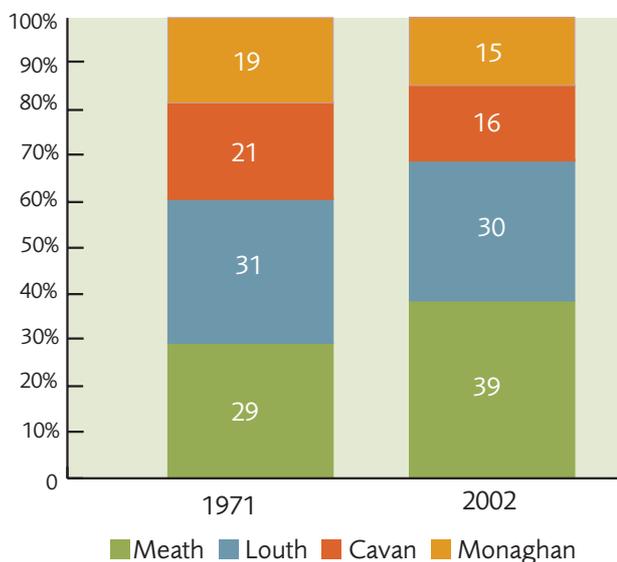
NEHB county pop, 1971 - 2002



The population of Meath now accounts for 39% of the total population within the region. The Meath population growth is particularly evident in the Dunshaughlin and Navan rural areas, with major growth also in both the Meath rural

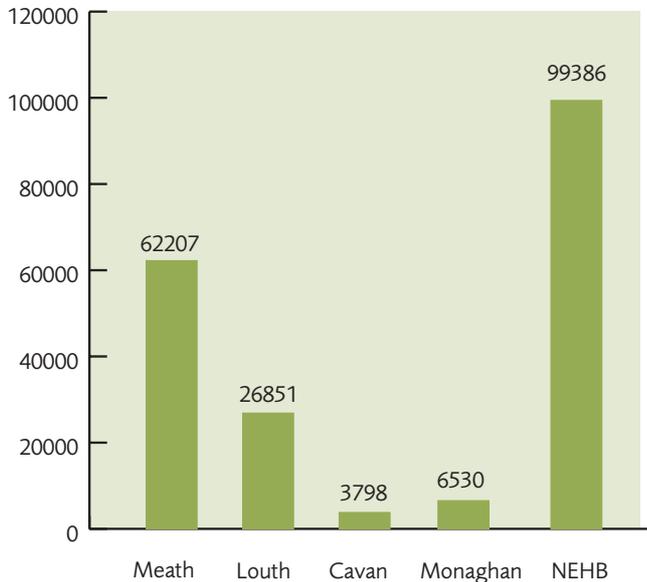
and Trim rural areas. The county populations as a percentage of overall NEHB population statistics demonstrate this change further. The Meath population has increased from 29% to 39% of the overall population between 1971 and 2002; Louth has experienced marginal change reducing from 31% to 30%; Cavan has decreased from 21% to 16%; and Monaghan has decreased from 19% to 15%.

County pop as a percentage of NEHB 1971 and 2002

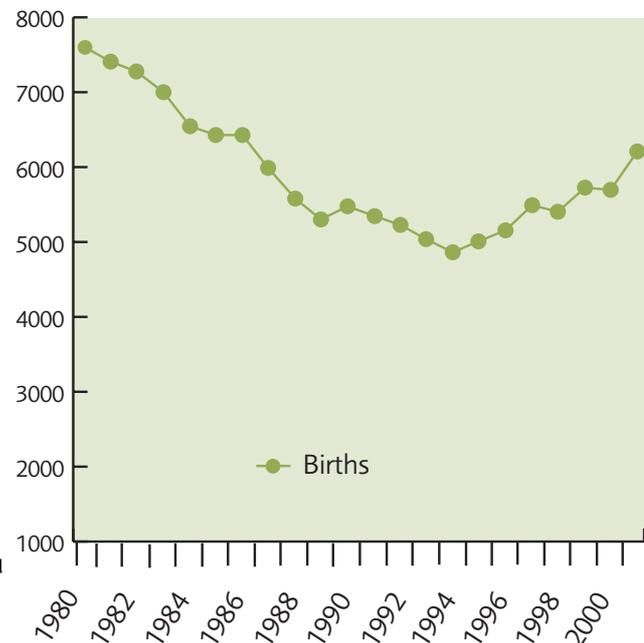


The population age profile has also changed with the age structure statistics reflecting the population growth in recent decades. A significant increase in the percentage of people in the 0 to 14 age group peaked in 1986 and has gradually declined since then. The population of those aged 0 to 4 years rose in the region by 26% or 5,732 between 1996 and 2002. The statistics for the 15-to-24 age group show no major change. In the 25-to-44 age group there has been a growth since 1971, and the 45-to-64 age group has increased since 1991. The statistics demonstrate that growth in these age groups was dominated by increases in Meath and Louth during this period.

**NEHB County pop, actual increase
1971 - 2002**



Births in NEHB 1980 - 2001



The number of births has shown a steady rise in both Meath and Louth, with the Meath rise particularly significant. In Cavan and Monaghan there has been a steady decline in the number of births in the 1970s and 1980s and the statistics have levelled off since 1990. The current birth rate for the region represents 20% of the national population increase in the 0-to-4 age group, with consequent staffing and cost pressures.

Total births in the region have increased by 29% since 1999. The significant increase in births since 2001 results from an increase in:

- the Irish population;
- asylum seekers;
- non-national mothers.

Births to non-nationals now account for 15% of total births in the region. The region has one of the highest populations of asylum seekers in Ireland with a substantial number accommodated at the Mosney Centre in Meath.

Impact of population changes

We made a submission to the Department of Health and Children in February 2004 that detailed the effect on our services of these increases to the population. Demand has grown for the following services:

- obstetrics and neo-natal;
- diagnostic;
- public health nursing;
- immunisations;
- Child Health and Developmental clinics;
- home support; and
- accident and emergency activity.

The increased demand for these services led to an increased demand for early intervention services.

APPENDIX 6

National Census and Regional and Local Database Information and Indicators.

Census information

The Census (2002) included questions relating to disability for the first time. Individuals were classified as having a disability if they answered 'yes' to the existence of the following.

- Blindness, deafness or a severe vision or hearing impairment.
- A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying.
- A physical, mental or emotional condition lasting six months or more that made it difficult to perform the following activities (this related to persons aged 5 years and over):
 - learning, remembering or concentrating;
 - dressing, bathing or getting around inside the home;
 - going outside the home alone to shop or visit a doctor's office (for persons aged 15 years and over); and
 - working at a job or business (for persons aged 15 years and over).

This classification of disability would include people with physical and sensory disabilities, people with intellectual disabilities and autism, people with mental health problems and people with learning difficulties such as dyslexia and attention deficit disorder.

National Physical and Sensory Database Information

The National Physical and Sensory Disability Database is currently being compiled and the first annual report is expected to be published in the next year. In the North-East more than 1,795 people are now included on the regional database.

This section of the report reflects information provided only by those who chose to be included on the database. We know that some disability groups may be under-represented on the database including the deaf community, people with epilepsy, and children in the 0 to 6 years age group. In addition, information about people with acute short-term palliative care needs is not included on the database. We have taken this into account when making our recommendations.

In the North-East there are 27,022 people with a disability according to this classification, this represents 7.8% of the population compared to 8.3% of the population nationally. However, the percentage of people with a disability in the region varies significantly by county:

- 8.8% of the population in Louth have a disability;
- 8.3% of the population in Cavan;
- 8.2% of the population in Monaghan; and
- 6.7% of the population in Meath.

There are 1,795 adults and children registered on the National Physical and Sensory Disability Database in the North-Eastern Region. This represents 0.5% of the total population in the region.

Section 11
Tables



Table 1: The number of people with a physical or sensory disability in the North-East living in each Community Care Area

Community Care Area	Number	%
NEHB Louth	697	38.83
NEHB Meath	655	36.49
NEHB Cavan/Monaghan	443	24.68
Total	1795	100

Table 2: The number of people with each type of physical or sensory disability

Type of disability	Number	%
Physical disability	1489	82.95
Visual impairment	156	8.69
Hearing impairment or deafness	86	4.79
Physical disability and visual impairment	37	2.06
Physical disability, and hearing impairment or deafness	19	1.06
Hearing impairment or deafness, and visual impairment	5	0.28
Physical, hearing impairment or deafness, and visual	3	0.17
Total	1795	100

Table 3: Physical and sensory disability services: the number of people currently receiving and who will require multi-disciplinary support services in the next five years

Type of multi-disciplinary support service	Number receiving services	Number requiring enhanced services	Number waiting for service (and waiting to be assessed)
Nutritionist	156	13	1 (+132)
Occupational therapy	515	114	28 (+419)
Physiotherapy	607	138	16 (+454)
Psychology	170	37	6 (+181)
Social work	211	22	7 (+108)
Speech and language Therapy	294	55	22 (+133)

Table 4: Physical and sensory disability services: the number of people currently receiving and who will require support services in the next five years

Multi-disciplinary support service	Number receiving services	Number requiring enhanced services	Number requiring services
Public Health Nurse	417	36	(176 to be assessed)
Community Resource Worker	354	18	1 (+57 to be assessed)
Chiropodist	146	73	(243 to be assessed)
Assistive technology or client technical service	127	45	7 (+120 to be assessed)
Orthotist or prosthetist	254	104	1 (+49 to be assessed)
Creative therapy	10	3	(112 to be assessed)
Peer support	50	1	1 (+99 to be assessed)
Driving instructor	10	0	1 (+83 to be assessed)
Continence advisor	48	7	(110 to be assessed)
Counsellor	44	10	3 (+177 to be assessed)
Play therapist	8	2	(43 to be assessed)
Complementary therapy	56	26	(225 to be assessed)

Table 5: Physical and sensory disability services: the number of people currently receiving and who will require support services relating to hearing impairments in the next five years

Multi-disciplinary support service	Number receiving services	Number requiring enhanced services	Number requiring services
Tinnitus retraining	2	0	2 (+10 to be assessed)
Sign language interpreter	10	10	12 (+12 to be assessed)
Speed text	9	8	12 (+13 to be assessed)
Lip speaking	3	1	7 (+18 to be assessed)
Audiologist	108	21	2 (+54 to be assessed)
Aural rehabilitation	11	2	(22 to be assessed)
Communication assistant	9	3	(23 to be assessed)
Sign language tuition	6	3	4 (+15 to be assessed)

Table 6: Physical and sensory disability services: the number of people currently receiving and who will require support services relating to visual impairment in the next five years

Multi-disciplinary support service	Number receiving services	Number requiring enhanced services	Number requiring services
Personal reader	8	1	(24 to be assessed)
Tape (library support)	93	9	2 (+27 to be assessed)
Braille (library support)	16	1	(6 to be assessed)
Large print (library support)	50	7	(41 to be assessed)
Guide dog service	12	0	1 (+18 to be assessed)
Sighted guide	17	4	(29 to be assessed)
Mobility or rehabilitation worker for the blind	34	11	(24 to be assessed)

Table 7: Physical and sensory disability services: the number of people currently receiving and who will require personal support services in the next five years

Personal support service	Number receiving services	Number requiring enhanced services	Number requiring services
Personal Assistant	68	16	3 (+207 to be assessed)
Home Help	198	28	4 (+248 to be assessed)
Home Assistant	83	14	1 (+121 to be assessed)
Twilight Nurse	9	2	(25 to be assessed)

Table 8: Physical and sensory disability services: the number of people currently receiving and who will require residential services in the next five years

Type of residential service	Number receiving services	Number requiring services
Dedicated high support with nursing care (elderly people)	6	0
Dedicated high support with nursing care (physical and sensory disability)	3	0
Dedicated high support with nursing care and therapy service (elderly)	1	0
Dedicated high support with nursing care and therapy service (physical and sensory disability)	3	8
Nursing home	10	2
Acute general hospital	4	0
Specialist hospital (for example the National Rehabilitation Hospital and Cappagh Hospital)	4	0
Living in community in agency accommodation with agency support	2	1
Welfare home	0	1
Independent unit in a dedicated complex with low support	0	2
Living independently in community with high support (>10 hours)	0	1
Living independently in community with high support (<10 hours)	0	3
Living independently in community house	0	1

Table 9: Physical and sensory disability services: the number of people currently receiving and who will require respite services in the next five years

Type of respite service	Number receiving services	Number requiring services
Planned home-based respite	8	85
Summer camps (residential)	30	75
Summer camps (day)	51	149
Planned residential respite with high support	60	96
Planned residential respite with low support	43	116
Breakaway and befriending schemes	20	75
Holiday respite placement	35	187

Table 10: Physical and sensory disability services: the number of people currently receiving and who will require day services in the next five years

Type of respite service	Number receiving services	Number requiring services
Rehabilitative training	48	26
Vocational training	21	26
Sheltered employment	5	10
Supported employment	9	22
Sheltered work	10	3
Resource centre for the elderly	8	0
Resource centre for intellectual disability	2	0
Resource centre for people with a physical or sensory disability	76	43
Social and recreational service for physical and sensory disabilities	4	68
Social and recreational service for elderly	0	1
Rehabilitative service (physical and sensory disability)	0	14
Specialised day service for people with head injuries	0	4

Notes

Notes

**Regional Disability Services Unit
North Eastern Health Board
Rooskey
Monaghan**

**Telephone: (047) 30841
Fax: (047) 30849
Website: www.nehb.ie**