DEPARTMENT OF HEALTH AND CHILDREN

Outline Sectoral Plan under the Disability Bill 2004

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Preface by Minister for Health and Children

I am very pleased to publish this Outline Sectoral Plan in respect of the specific health and personal social services provided by the health services for people with disabilities.

This is very much an interim Plan, primarily designed to encompass a programme of work which is to be undertaken over the next 12 to 18 months. The main aspects of this programme are related to the provisions contained in the Disability Bill 2004, together with a strategic review of the services as a whole.

This review follows on a commitment given by the Government as part of ''Sustaining Progress''. It will examine the significant level of service provision which is already in place, focusing on specific issues which are of concern to people with disabilities and their families and will highlight both the strengths and weaknesses in the services. The review will provide people with disabilities and their carers, together with statutory and voluntary bodies in this area, with an opportunity to input into the planning and delivery of services over the coming years.

While the Disability Bill 2004 has implications for the public service as a whole, it also has very particular implications for the health services. A key focus of this interim Plan is to undertake, in consultation with the relevant stakeholders, the work necessary to assist me as Minister for Health and Children, and my Department in putting in place those regulations.

Other key actions contained in the Plan include:

- Measures to maximise access to existing assessment and other support services, including, where there are waiting times, procedures/criteria in relation to prioritisation of access which are transparent and readily available;
- Specific measures in relation to liaison with relevant government and non statutory bodies, complaint and appeals procedures, provision of information in accessible format and consultation and monitoring mechanisms.

I look forward to working with all interested parties over the coming months in progressing this work which will further enhance the level of support available from the health services to people with disabilities and their carers and provide an opportunity for all interested parties to contribute to a longer term Sectoral Plan.

Micheál Martin T D
Minister for Health and Children

Objectives of Plan

The philosophy which underpins the planning and delivery of services for people with disabilities is to give people with disabilities the opportunity to live as full a life as possible and to live with their families and as part of their local communities for as long as possible. In line with this philosophy the objectives of the Sectoral Plan are:

— To provide access to appropriate health and personal social services for people with disabilities;

— To provide services which are people-centred and which maximise participation and choice;

— To ensure access to information;

— To promote and facilitate participation by people with disabilities in decision-making processes;

— To encourage a high level of awareness amongst all health service personnel in respect of the particular needs of people with disabilities;

— To promote co-ordination between the health services and other statutory and non statutory bodies providing services for people with disabilities.

The principal aim of this Plan, which is an interim one, is to ensure that the main aspects of the preparatory work related to the provisions of the Disability Bill are completed, together with the strategic review of the services as a whole. These measures will inform the work of the Department in relation to subsequent progress in this area and will also provide an opportunity for all relevant interested parties to contribute to a longer term revised Sectoral Plan.

The Disability Bill sets out the statutory framework within which the provisions of that Bill are to be provided. While the Bill has implications for the public service as a whole, it also has very particular implications for the

health services which are set out in Part 2. Much of the detail of how those provisions are to be delivered will be provided for through regulations to be made by the Minister for Health and Children. A key focus of this interim Plan is to undertake, in consultation with the relevant stakeholders, the work necessary to assist the Minister and the Department in putting in place those regulations.

Background Information

There have been major changes in the planning and delivery of health and personal social services to people with disabilities over the years. The focus has changed from a largely institutional basis to the development of comprehensive community-based services which are integrated within the overall health services.

Reference to services for people with disabilities in the context of this plan refers to services for people with intellectual, physical or sensory disabilities, autism and those with a mental illness unless otherwise specifically stated. Relevant definitions in relation to disability, services, assessment etc. are those contained in the Disability Bill 2004.

This has resulted in the development of a broad range of support services which has over the years, endeavoured to become more person focused, with an emphasis on meeting the particular needs of the individual.

Key Policy Documents and Legislation

The key policy documents which are relevant to the area of disability are:

Health Strategy, ‘‘Quality and Fairness’’ (2001)

The report of the Review Group on Mental Handicap Services ‘‘Needs and Abilities’’ (1991)

NACTE Report (National Advisory Committee on Training and Employment) (December 1997)

‘‘Towards an Independent Future’’ (1996) — Report of the Review Group on Health and Personal Social Services for People with Physical and Sensory Disabilities

‘‘A Strategy for Equality’’ (1996) — Report of the Commission on the Status of People with Disabilities

Health Acts, 1947-2001

Mental Health Acts, 1945-2001

Establishment of Mental Health Commission in 2002

Planning for the Future (Report of a Study Group on the Development of Psychiatric Services) 1984

Good Practice Guidelines 1998 (Mental Health Services)

Principles

The Health Strategy ''Quality and Fairness'', which was published in November 2001, outlined the four key principles which continue to guide the development and delivery of health services. These principles, **Equity, People-centredness, Quality and Accountability** will also underpin the objectives of this Plan and those which will be prepared by individual health boards in relation to the implementation of the different elements of the Sectoral Plan.

Entitlement to Health and Personal Social Services

There are two categories of entitlement to health services in this country. Any person, regardless of nationality, who is accepted by the health boards as being ordinarily resident here is entitled to either full eligibility (**Category 1, i.e. medical card holders**) or limited eligibility (**Category 2**) for health services. Health boards normally regard a person as ‘‘ordinarily resident’’ in Ireland if he/she satisfies the health board that it is his/her intention to remain in Ireland for a minimum period of one year.

Medical card holders (persons in Category 1) are entitled to a full range of services including general practitioner services, prescribed drugs and medicines, all in-patient public hospital services in public wards including consultants’ services, all out-patient public hospital services including consultants’ services, dental, ophthalmic and aural services and appliances and a maternity and infant care service.

Under the Health Act, 1970, determination of eligibility for medical cards is the responsibility of the Chief Executive Officer of the appropriate health board. Medical cards are issued to persons who, in the opinion of the Chief Executive Officer, are unable to provide general practitioner, medical and surgical services for themselves and their dependants, without undue hardship. Since July 2001, all persons aged seventy years and over are automatically eligible for a medical card.

Persons in Category 2 (non-medical card holders) are entitled, subject to certain charges, to all in-patient public hospital services in public wards including consultants’ services and out-patient public hospital services including consultants‘ services. The current public hospital statutory in-patient charge is €45 per night, up to a maximum of €450 in any twelve consecutive months. Attendance at accident and emergency departments is subject to a charge of €45 where the patient does not have a referral note from his/her doctor. This charge applies only to the first visit in any episode of care.

There are a number of exemptions to the statutory charges, including medical card holders, women receiving services in respect of motherhood, children up to the age of six weeks and children referred for treatment from child health clinics and school health examinations. Also exempt, in respect of treatment for the particular condition, are children suffering from prescribed diseases i.e. intellectual disability, mental illness, phenylketonuria, cystic fibrosis, spina bifida, hydrocephalus, haemophilia and cerebral palsy.

Any person can also opt to be the private patient of both the consultant and the hospital. Private patients in public hospitals are liable for the appropriate hospital accommodation charges and consultants' fees in addition to the statutory charges from the time that they explicitly exercise their option to be treated as a private patient.

For those who do not qualify for a medical card, there are a number of schemes which provide assistance towards the cost of medication. Under the Long-Term Illness Scheme, persons suffering from one of a number of conditions can obtain without charge the drugs and medicines for the treatment of that condition. Under the Drug Payment Scheme, a person and his/her dependants do not have to pay more than €78 with effect from 1st January, 2004 in any calendar month for approved prescribed drugs, medicines and appliances.

Health Board Service Planning

Annual Health Board Service Plans are a mandatory requirement under the Health (Amendment) No.3 Act, 1996 — the accountability legislation. Under this legislation, health boards are required, within 42 days of receipt of their letter of determination, to adopt and submit an annual service plan to the Minister for Health and Children, outlining the planned activity which they will deliver for the funding they have received. The Health (Amendment) No.3 Act, 1996 was put in place to improve accountability in the health services and the resultant service planning framework has led to significant benefits in the management of health service delivery. In the *Value for Money Audit of the Irish Health System* completed by Deloitte & Touche (November 2001), the consultants consider service planning to have been a major advancement in the Irish health system, linked as it is to statutory accountability, and identify it as a mechanism to assist in bringing value for money to centre stage throughout the health system.

Service Planning under this legislation is a legal requirement and sectoral plans for persons with a disability will have to be implemented in the context of overall service plans, adopted by the health board concerned.

Services

The health services provided by the health boards, either directly or through non-statutory service providers, include a broad range of supports to people with disabilities. Access to these services is mainly through:

- General Practitioners;
- Community Care clinics;
- The Child Development Health Service;
- Referral from acute hospital services in the case of disabilities such as acquired brain injury;
- Self referral or in the case of children, referral by parents;
- Teaching staff in the case of children of school going age.

As already stated, since the 1970s, there has been an increased focus on services being delivered locally, enabling people with disabilities to continue to live with their families and/or local communities. Where this has not been possible, (mainly in relation to residential care services), alternative accommodation such as community-based housing, is the preferred option.

Developments since the 1970s include a range of residential options, including 5 or 7 day care, respite care, emergency care, shared care options, supported and independent living arrangements. Day services, specialist support for those who require a more intensive level of support and a more flexible approach to the provision of home support based on individual needs have also characterised service developments.

Overall Scope of Present Services for people with Disabilities

A broad spectrum of services are provided for people with disabilities, the main elements of which include:

- **Assessment and diagnosis;** the initial step required to indicate appropriate treatment and to predict outcome. These services involve, as appropriate, acute hospital services and/or community based teams.
- **Early intervention services;** the process of evaluating the extent of each child's ability/disability in cases where there is developmental delay so that an appropriate care programme can be put in place. It involves multi-disciplinary intervention with infants and young children. Disciplines involved may include paediatrician, psychologist, social worker, speech and language therapist, occupational therapist, physiotherapist, teacher, community nurse.
- **Multi-disciplinary support services;** multi-disciplinary services are provided by a team of professionals who work together to provide an integrated service to a person with a disability. The team can consist of a social worker, physiotherapist, speech and language therapist, occupational therapist, community nurse and psychologist. In the mental health services, teams will include psychiatrists. In the case of early services provided to children, the multi-disciplinary team will also include a paediatrician and a teacher. Other health care professionals may be involved in the team as and when required.
- **Residential services;** where it is not possible for a person with a disability to live with his or her family, either 5 day or 7 day care may be needed in residential services such as a community group home or centre based services.
- **Respite services;** temporary planned or emergency care which is usually residential. It may also refer to other support arrangements in the home which allow carers to take time off for themselves.
- **Day services;** a range of activities provided in a social, psychiatric or other centre which are designed to meet the needs and abilities of the

people who attend the services and which may include training in personal care, domestic tasks, social skills, communication skills, leisure and recreational activities and rehabilitation services.

- **Personal assistant service;** this involves the employment of personal assistants by people with disabilities to enable them to live as independent a life as possible. The PA provides assistance at the discretion of the person with the disability and this may involve providing assistance with tasks of everyday living such as personal care, household tasks and outside the home, whether in a work or social situation, thus promoting choice and independence for the person with the disability.

- **Homecare assistant (a personal care service);**
  the home care assistants provide personal support including washing, dressing and other activities of daily living, and facilitation in social, leisure and recreational activities.

- **Home help (assistance with household chores);**
  home helps currently provide domestic type support e.g. cooking/cleaning etc. but in many cases where home care assistants are not available the home help may also provide support of a personal nature e.g. washing or dressing.

The majority of the services outlined above are provided free of charge for people with disabilities. People with disabilities also access the generic services provided by the Boards, e.g. primary health care services (including General Practitioner services) and acute hospital and mental health services.

Mental Health Policy

Advancement in the standards of care for psychiatric patients remains at the heart of developing and improving psychiatric services as set out in the report **Planning for the Future**, published in 1984.

The thrust of this report recommended the establishment of a comprehensive, community oriented mental health service as an alternative to institutional care for persons with mental illness. The shift from a predominantly hospital based service to a service delivered to patients with the least disruption to their daily lives in the community has taken place with significant improvements in standards of patient care. Significant progress has been made in recent years in the modernisation of the mental health services.

Community Services

Substantial progress has been made in recent years in ensuring that those in need of mental health services receive care and treatment in the most appropriate setting. Health Boards have developed, and are continuing to develop, a modern comprehensive community-based mental health service. This has resulted in a continuing decline in the number of in-patients with a corresponding increase in the provision of a range of care facilities based in the community to complement in-patient services. In December 1984 there were 12,484 patients in psychiatric hospitals and units compared to 3,701 at 31st December 2002. There are now approximately 418 community psychiatric residences in the country providing over 3,210 places.

Mental Health Act, 2001

The Mental Health Act, 2001 was enacted in July 2001 and will significantly improve safeguards for mentally disordered persons who are involuntarily admitted for psychiatric care and treatment. The Act will bring Irish law in this area into conformity with the European Convention for the Protection of Human Rights and Fundamental Freedoms. The Act provides for the establishment of an independent agency known as the Mental Health Commission whose primary function is to promote and foster high standards and good practices in the delivery of mental health services and to ensure that the interests of detained persons are protected.

The Minister for Health and Children formally established the Mental Health Commission in April 2002.

Implementation of the Provisions of the Mental Health Act, 2001

The detailed work programme of the Mental Health Commission is a matter for the Commission itself to determine, in accordance with its statutory functions under the Mental Health Act. However, the Commission has indicated that one of its priorities is to put in place the structures required for the operation of the Mental Health Tribunals.

The Mental Health Tribunals, operating under the aegis of the Mental Health Commission, will conduct a review of each decision by a consultant psychiatrist to detain a patient on an involuntary basis or to extend the duration of such detention. The review will be independent, automatic and must be completed within 21 days of the detention/extension order being signed. As part of the review process the Mental Health Tribunal will arrange, on behalf of the detained person, for an independent assessment by a consultant psychiatrist and the Commission will also operate a scheme to provide legal aid to patients whose detention is being reviewed by a tribunal.

Inspector of Mental Health Services

A new Inspector of Mental Health Services has been appointed by the Mental Health Commission. Under the Mental Health Acts, the Inspector is required to visit and inspect all approved centres at least once a year. The Minister is empowered to make regulations specifying the standards to be maintained in all approved centres and these will be enforced by the Inspector. The Inspector's annual report and review of the mental health services will be published along with the Commission's annual report.

In addition to the development of new services, a specific programme has also been in place for a number of years to provide alternative and more appropriate accommodation for persons with intellectual disability who are currently inappropriately placed in psychiatric hospitals. As a result of this programme, the number of persons with intellectual disability or autism accommodated in psychiatric hospitals in May 2003 was 438, down from 970 in 1996.

Human Resources

The wide spectrum of services delivered by the health agencies requires an equally complex mix of personnel. In recent years, the number of persons and the range of professions has increased to meet the demands which are being made on all areas of the services, including services for people with disabilities. Issues such as availability of appropriately trained professionals, career structures, working partnerships between personnel within different areas of the services have all presented challenges to the services as a whole.

Public Service Ceiling

Under the revised arrangements for employment control issued by the Department, the Chief Executive Officer of each Health Board, who is responsible for the recruitment of staff and defining service priorities in his/her region, has latitude in line with the service planning process to prioritise services and to vary the staffing mix as appropriate. Health Boards, therefore, have the flexibility, within their overall approved regional employment complement, to fill any vacancies that arise/exist consistent with service imperatives through the appropriate management of human resources.

The current National Health Services employment ceiling stands at 95,800 at 31st December 2003. This ceiling is to be reduced by a further 200 per year for the next two years.

Measures Related to Recruitment/ Retention of Personnel

Given that a key factor in delivering health and personal social services is the availability of appropriately trained personnel, measures which assist in the recruitment and retention of personnel are vital to the future delivery of appropriate and accessible services.

In addition to the direct investment in services, other measures have also been taken to ensure the availability of appropriately trained personnel to support existing and future services.

These include:

(a) Increased availability of training places for key health professionals such as nurses, physiotherapists, occupational therapists, speech and language therapists, and psychologists;

(b) Specific measures to assist with the recruitment and retention of key professional staff including changes to career structures, introduction of clinical specialists, payment of fees in the nursing field for part-time degrees, courses in specialised areas of clinical practice and measures to encourage nurses to return to the workforce. Concerted overseas recruitment drives have also been undertaken. As a result there was, for example, a 73% increase in the number of occupational therapists, 33% in the number of speech and language therapists and 40% increase in the numbers of psychologists working in the health services between 1999 and 2002.

Other efforts that have been undertaken to improve staffing levels in the health and social care professional services include the introduction of a fast track working visa scheme for health and social care professionals and the streamlining of procedures for the validation of overseas qualifications for health and social care professionals.

It is envisaged that ongoing pay enhancements through the implementation of the recommendations of the Public Benchmarking Body should make a further contribution to attracting key personnel by increasing the attractiveness of employment in the health services;

(c) Work is also under way in relation to legislation in the areas of registration of various professions. A new Nurses Bill which will amend the Nurses Act, 1985 and address the recommendations of the Commission on Nursing is also in preparation.

Funding

Investment in services for people with disabilities has been prioritised in recent years by the Government. Additional revenue and capital funding amounting to €683m has been provided since 1997 for services to people with intellectual, physical, sensory disabilities, autism and mental illness.

Overall approximately €1,937.6m is spent annually by the health services on services for people with disabilities, including mental illness, as follows;

	€m
Disability programmes (including residential, day care, assessment and rehabilitation services);	1,230.6
Mental Health programme;	661.4
Domiciliary Care allowances and respite care grants for children with disabilities;	37.2
Blind welfare allowances;	5.5
Mobility allowances for persons with disabilities;	2.9
Total	1,937.6

Planning and Monitoring Mechanisms

Regional Planning and Development Committees

Regional planning structures are in place in the area of services for people with physical, sensory and intellectual disabilities and autism. Regional Co-ordinating Committees in the case of services for people with physical or sensory disabilities and Regional Consultative and Development Committees in the case of services for people with intellectual disability and autism, are in place in all health board regions. The committees are representative of the health boards, voluntary service providers, people with disabilities and their families. Their role is to work with the health boards to plan and co-ordinate service delivery and to identify priorities for service development.

National Monitoring Committee

The National Monitoring Committee is representative of the Department of Health and Children, the Health Research Board, the Chief Executives of the Eastern Regional Health Authority and the Health Boards, the National Federation of Voluntary Bodies Providing Services to People with Intellectual Disability, the National Association for the Mentally Handicapped of Ireland (NAMHI) and the National Parents and Siblings Alliance.

The Committee provides a forum in which the various national partners involved in the development programme for services to persons with an intellectual disability and those with autism are:

- Updated on a regular basis on the progress which is being made in relation to the implementation of both new and enhanced service developments;
- Kept informed of the monitoring processes which are being used to assess the impact of these service developments on the needs which have been identified for this group;
- Provided with an opportunity to discuss, where appropriate, areas where the Committee can be of assistance in the overall implementation of the development programme.

The Committee held its first meeting in June, 2000 and submits a report annually to the Minister.

National Intellectual Disability Database

The National Intellectual Disability Database was established in 1995 to ensure that information is available to enable the Department of Health and Children, the health boards and the Voluntary Agencies in Ireland to provide appropriate services designed to meet the changing needs of people with intellectual disability and their families. The database is intended to provide a comprehensive and accurate information base for decision-making in relation to the planning, funding and management of services for people with intellectual disability. It is increasingly used to monitor and comment on the level and type of current service provision, in addition to identified current and future needs of people with intellectual disability.

Each Health Board and the Eastern Regional Health Authority is responsible for the administration of the database in their region. The Authority and the Health Boards transfer their regional datasets, excluding personal details such as name and address, to the Department of Health and Children and this information is then merged to form the National Intellectual Disability Database. The Health Research Board manages the national dataset on behalf of the Department. The National Intellectual Disability Database Committee has, to date, published 4 annual reports.

The availability of the information from the database was a vital element in seeking the very significant additional resources which have been invested in the services in recent years.

National Physical and Sensory Disability Database

The Department, in conjunction with the Health Research Board, the Health Boards and the Voluntary Sector, is currently implementing a National Physical and Sensory Disability Database. The database will provide a picture of the specialised health and personal social service needs of people with a physical or sensory disability over a 5 year period and when fully implemented, will enable an efficiently planned and co-ordinated approach to the delivery of services to be achieved.

Complaints and Appeals Mechanisms

This interim Plan provides for complaints and appeals mechanisms at health board and service provider level. The need for comprehensive, easily accessible complaints and appeals mechanisms was one of the requisites identified in the Health Strategy in order to make the health services more ‘‘people centred’’. Legislation providing for a statutory complaints and appeals process for the health services is to be introduced by the Minister. When enacted, the Sectoral Plan for the services will reflect these provisions.

Strategic Review

In accordance with a commitment in "Sustaining Progress", the Social Partnership Agreement 2003-2005, this Department is required to carry out a strategic review of existing service provision, in consultation with relevant interests, with a view to enhancing health and personal social services to meet the needs of people with intellectual, physical, sensory disabilities and autism. This review is particularly timely for the following reasons:

- The period of time which has elapsed since the publication of the relevant policy documents in this area;
- Government policy in relation to mainstreaming of services for people with disabilities;
- The level of additional funding invested in the services in recent years;
- The publication in 2001 of the Health Strategy "Quality and Fairness — A Health System for You" and the Primary Health Care Strategy;
- The Health Services Reform Programme approved by Government and published in June 2003;
- The new legislative measures being introduced in the area of disability.

It is envisaged that the review will be completed by the end of 2005.

It is intended that the review will be comprehensive, with the aim of updating and clearly articulating national policy in relation to the provision of health and personal social services for people with disabilities. The review will have regard to current national and international thinking and the principles of Equity, Quality, Accountability and People-centredness, as outlined in the current Health Strategy, "Quality and Fairness".

The review will include consideration of the future direction of health related disability services against the backdrop of mainstreaming policy, forthcoming disability legislation and the restructuring of the health services in line with the Government Decisions of June 2003 on the Health Service Reform Programme. In particular, it is intended that the review would involve a critical examination of the present deployment of the substantial resources which are currently committed to disability services within the health system.

New National Policy Framework on Mental Health Services

The National Health Strategy, *''Quality and Fairness — A Health System for You'',* includes a commitment to prepare a national policy framework for the further modernisation of the mental health services, updating the 1984 policy document, *Planning for the Future.* An Expert Group on Mental Health Policy to prepare this policy framework for the further modernisation of the mental health services has been established. It is envisaged that the Expert Group will examine, *inter alia*, models of care, the respective roles of medication and complementary therapies, measures to reduce stigma and psychiatric services for specialised groups such as the homeless, prisoners and children/adolescents and the role of rehabilitation in mental health. The Group is expected to consult widely with interested parties and is currently examining submissions received as a result of requests for same advertised nationally in late 2003.

Moving Forward

Notwithstanding the very significant additional investment in the health services in recent years and in particular in services for people with disabilities, there are still many serious challenges to be met in delivering appropriate levels of support for people with disabilities.

The demographic profile of people with intellectual disability, for example, means that, because of the high birth rate and improved obstetric and paediatric care in the 1960s and 1970s and increased longevity, there is an ongoing demand for residential care in particular and a reduction in the number of places freed up through deaths. A steady increase in the proportion of persons with moderate, severe and profound intellectual disability over 35 years has been observed in each dataset from the National Intellectual Disability Database since 1996. In 1981 27% of this population were aged 35 years and over, increasing to 38% by 1996. In 2002 the proportion of this population aged 35 and over had increased to 45%. This changing age profile has the following major implications for service planning in the years ahead as this is where the demands on the health services are most acute:

- Increased pressure on residential services, which is reflected in the waiting lists for full time residential services;
- Improved life expectancy among adults with severe intellectual disability will place an increased demand on health services and pose new challenges to health care professionals;
- Ongoing pressure on day services in accommodating school leavers because the majority of the predominantly adult population will continue to require access to these services over the next 10 to 15 years.

Within the estimated 40,000 people with a physical and sensory disability, there are approximately 2,000 people with significant physical disabilities, including those with an acquired brain injury, who are inappropriately placed in acute hospitals or nursing homes for older people. These people require constant nursing care and/or supports in an appropriate setting or access to appropriate rehabilitation services.

There is also a need to further enhance access to sheltered work services to provide additional access to day services.

The implementation of the provisions of the Education for Persons with Special Educational Needs Act 2004 and the Disability Bill 2004 will also have wide ranging and significant additional funding implications for the health services.

While the strategic review of services mentioned above may result in a degree of re-prioritisation of existing resources, it is quite clear, given the identified needs of the various groups within this sector, that an ongoing programme of significant additional investment in these services is also urgently required. The Department will continue to work with all relevant parties in relation to the measures required to meet these needs over the coming years.

The Health Service Reform Programme

The existing health service structures have been in place for more than 30 years. In that time, major improvements in services have been implemented.

The core theme of the Health Service Reform Programme, approved and published by the Government in June 2003, is the need to modernise health structures so that they can deal with the demands placed on the system now and over the coming decades. Central to this is the ability to deliver a high quality of service for people on a consistent national basis.

The main elements of the reform programme include:

- Major rationalisation of existing health service agencies to reduce fragmentation. This includes the abolition of the existing health board/authority structures;
- Reorganisation of the Department of Health and Children, to ensure improved policy development and overview;
- Establishment of a Health Services Executive which will be the first ever body charged with managing the health service as a single national entity;
- Establishment of three core areas within the Health Service Executive — a National Hospitals Office, a Primary, Community and Continuing Care Directorate and a National Shared Services Centre;
- Establishment of a Health Information and Quality Authority;
- Complete modernisation of supporting processes (service planning; management reporting etc.) to improve planning and delivery of services, including maximising the impact of public funding.

These reforms are essential to the creation of a system that is accountable, effective, efficient and capable of responding to the emerging and ongoing needs of the public.

Action Plan

The principal aim of this Plan, which is an interim one, is to ensure that the main aspects of the preparatory work related to the provisions of the Disability Bill are completed, together with the strategic review of the services as a whole. These measures will inform the work of the Department in relation to subsequent progress in this area and will also provide an opportunity for all relevant interested parties to contribute to a longer term revised Sectoral Plan.

1 Health Boards

1.1 Each health board will, within six months of enactment of the Disability Bill 2004, draw up an implementation plan containing details of the programme to fulfil the commitments contained in this draft Sectoral Plan.

2 Consultation

2.1 Health boards will consult with people with disabilities and their families in drawing up their implementation plans and will provide opportunities for them to have input into the plans.

2.2 Health boards will work with other relevant statutory bodies and service providers in drawing up their plans to ensure that arrangements are put in place which will maximise integration and co-operation in relation to service provision. In particular the health boards will work closely with the National Council for Special Education in relation to the needs of children with disabilities and with bodies such as FAS to maximise the training and employment opportunities available to adults with disabilities.

3 Assessment of Need

3.1 The Department will conclude a consultation process with the health boards, other service providers, people with disabilities and relevant representative bodies, which will form part of the preparation of the statutory regulations required in

relation to the proposed assessment of need process. (To be completed by June 2005).

3.2 Health boards will take appropriate measures to maximise access to existing assessment services for people with disabilities. These will include measures to ensure that procedures/criteria in relation to prioritisation of access to these services, where there are waiting times, are transparent and readily available. (To be completed within six months of the publication of this draft Sectoral Plan.)

4 Access to Services

4.1 With reference to services for people with intellectual, physical or sensory disabilities or autism, the Department will carry out a strategic review of existing service provision, in consultation with relevant interests, with a view to enhancing the present organisation and delivery of health and personal social services to meet the needs of people with disabilities. This is a commitment in Sustaining Progress, the Social Partnership Agreement 2003-2005. (To be completed in 2005).

4.2 A national policy framework for mental health services will be prepared by the Expert Group on Mental Health Policy which has been established by the Department. (To be completed in 2005).

4.3 The health boards will continue to provide either directly or through other service providers, a variety of day services for adults with disabilities. The Department of Health and Children and the Department of Education and Science will agree protocols to facilitate access, where appropriate, to adult education services by people with disabilities attending day services funded by the health sector.

4.4 Health boards will take appropriate measures to maximise access to existing services for people with disabilities. These measures should be designed to ensure that, where access is not immediately available, procedures/criteria governing prioritisation for accessing services are transparent and readily available. (To be completed within six months of the publication of this draft Sectoral Plan).

4.5 The prioritisation of needs should reflect the relative importance of each need in enabling persons to live as full a life as possible in line with the philosophy underpinning the planning and delivery of services.

5 Liaison with other relevant Government Departments and Public Bodies

5.1 Health boards will take appropriate action to ensure that effective liaison arrangements are in place with other relevant Government Departments and Public Bodies in order to assist in particular bodies such as local authorities to facilitate access by people with disabilities to appropriate housing.

5.2 Initial liaison arrangements will be put in place by health boards with the National Council for Special Education to facilitate the implementation of the provisions of the proposed Education for Persons with Special Educational Needs Act 2004. These will be further developed as the Council becomes fully operational.

6 Information

6.1 Health Boards will ensure that, as far as practicable, ready access to information provided by them and on their behalf will be available to people with disabilities in an accessible format by 31st December 2005. This would include ensuring that:

(a) Any published information in written form in relation to their services is made available, on request, in a format which makes the information accessible to persons with a visual impairment or learning disability;

(b) Any information in electronic form is made accessible, on request, to persons with a visual impairment;

(c) Any other information which would have implications for persons with hearing impairment is made accessible to them on request.

7 Disability Awareness

Disability awareness training will be made available, as appropriate, to personnel working within the health services.

8 Complaints/Appeals

8.1 Health boards will ensure that complaints/ appeals procedures are in place within their services and that information concerning these procedures, including identified personnel, is readily accessible.

8.2 Health boards will ensure that bodies providing services to people with disabilities on their behalf have procedures in place to deal with complaints/appeals and that information concerning these procedures is readily available.

8.3 The interim arrangements are outlined in 8.1 and 8.2. However, it is envisaged that this and subsequent Plans will be subject to the health legislative proposals for a statutory complaints framework.

9 Monitoring

9.1 The Department will establish procedures to monitor compliance with this draft Sectoral Plan. These procedures will include ensuring that the commitments outlined in the draft and subsequent Sectoral Plans are included and reported on in the Department's Strategy Statements and other relevant publications and at senior management level within the Department.

9.2 The Department will establish a system for monitoring progress on the implementation of this draft and subsequent Sectoral Plans by the health boards.

9.3 Each health board will establish procedures to monitor compliance with this draft Sectoral Plan in the services provided by them or on their behalf.