

# NATIONAL NEWS

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## FUNDING FOR SERVICES CUT

Over the past number of weeks the six Companies of the Brothers of Charity Services have been receiving their Letters of Allocation from the HSE for 2010. At a recent meeting between the Local Companies and the National Company we agreed to write to the HSE, Government Departments and Ministers to give them an indication of the serious impact of the measures outlined in the Letters of Allocation on our ability to be efficient and effective as an organisation and to respond to the aspirations hopes and dreams of those we support. Despite previous cutbacks in the Health Services, we felt that we were able to use the resources we had to continue to develop flexible and innovative services which were responsive to the individual needs of people an with intellectual disability. However in 2010 the cutbacks, including principally the Moratorium Cut, will have the impact of reducing our budget by €9.7 million (excluding cuts in staff pay) and will have a serious impact on our ability to respond to the personalisation agenda which is at the very core of our mission. This is all coming about despite the Government's intention to protect the disability sector from the worst of the funding reductions and to maintain the integrity of the National Disability Strategy.

Due to the current economic climate our expectation was that our allocation would be reduced to take account of the reduction in salaries as provided under the Financial Emergency Measures in the Public Interest (No 2) Bill 2009 and also an additional 2% Value for Money reduction. We accept that due to the seriousness of the current financial realities the disability sector, like all other sectors of the public services, must play its role in the Government's strategy for economic recovery. We took the view that we should accept these cuts and take all necessary measures to ensure that the impact on frontline services would be kept to the minimum. However, in addition to the 2% VFM cut the allocations included what has been entitled a "Moratorium Cut". This related to the non replacement of salaries for posts of staff who retired in 2009 and was entirely unexpected and a very significant blow.

In 2009 the Brothers of Charity Services used the opportunity provided by retirements and resignations to re-structure services, change skill-mix and realign services to offset the 2009 VFM cut. This approach helped the Services to keep to the very minimum the negative effect on frontline services. Taking away that funding in 2010 therefore negates the efforts made in 2009 to absorb the VFM cut while protecting those services.

The Moratorium as it is now applied reduces our flexibility to determine alternative and innovative options for people. Quite simply larger numbers of people with a disability living together with less staff support leads to increases in challenging behaviour and puts these vulnerable people and staff at risk This is directly contrary to best practice, to the de-segregation objective of the State and to the whole choice and control agenda. We are constantly attempting to find different ways of delivering supports to vulnerable people that are cost effective and less institutional. In order to succeed in this area there is an absolute need to secure the National Disability funding in its entirety. 2011.

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## Funding for Services Cut continued from front page..

There is also an urgent need to achieve derogation from the Moratorium on Recruitment to ensure that disability service providers can replace frontline staff that retire or resign, and that the funding for such retirements and resignations is not removed as a Moratorium Cut in 2011.

We hope that by setting out to the Government, as we experience it on the ground, the impact of the measures that are being imposed we may help to alert the sector to the complexities that must be taken into account in seeking to achieve true and lasting efficiencies and effectiveness that will enhance the life situations of those we all wish to see adequately supported.

Winifred O'Hanrahan, National Chief Executive

All Rates are in Euro:

- Disability Allowance was 204.03 now 196 (personal rate)
- Disability Allowance was 399.90 now 326.10 (person with qualified adult)
- Carers Allowance was 220.30 now 212 (under 66)
- Carers Allowance was 239 still 239 (over 66) - no change.
- Carer's Benefit & Constant Attendance Allowance was 221.20, now 213.
- Respite Care Grant—no change will remain at 1,700 annually.
- Domiciliary Care Allowance—no change will remain at 309.50 monthly.

### NEW RATES FOR ALLOWANCES BUDGET 2010

#### HSE Service Plan 2010

The Annual National Service Plan (NSP2010) setting out the type and volume of health and personal social services to be provided by the Executive during the period, was approved by the Minister for Health and Children on 5th February 2010. This plan reflects the strategic direction and key objectives outlined in the HSE Corporate Plan 2008 – 2011. The NSP is the basis on which the Minister for Health and Children evaluates the performance of the HSE and their annual progress in meeting their legislative obligations.

NSP2010 is framed within the context of health service reform, a rapidly changing economic environment and a climate of reducing resources. Prioritization is targeted at continued investment in community services, emergency services, the National Cancer Control Programme and the shift to day services. See full text of HSE Service Plan 2010 on: <http://www.hse.ie/eng/services/Publications/corporate/NSP2010.html>

Tuesday February 9, 2010

Opening Statement By Professor Brendan Drumm, Chief Executive Officer, Health Service Executive to the Joint Committee on Health and Children.

Professor Drumm delivered a long statement in which he stated that from a service point of view we (the HSE) will continue to reorient services away from bringing people into hospital for the care they should get on a day case basis and in community facilities.

The only statement he made on Disability Services was that “2009 service levels will be maintained and we will be completing day care and residential facilities for people with disabilities. Additional funding of €19.5m will be available to develop 100 more residential places, 400 more day places and 140,000 additional Personal Assistant hours.” He made no distinction between Intellectual Disability, Physical or Sensory Disability. (Ed)

# HSE - Primary Care Teams – February 2010

The HSE has identified 530 Primary Care Teams and 134 Health and Social Care Networks to be developed by 2011. Additional funding of €52m in total has been provided to the HSE since 2002. 222 teams are currently at advanced functioning stage i.e. holding clinical team meetings to discuss and plan integrated care for individual client cases. Reconfiguration of existing staff and reorganisation of existing structures and working arrangements is underway with the aim of providing “the right care, in the right place, at the right time”.

## Background

The key objective in primary care policy (*Primary Care: A New Direction, 2001*) is to develop services in the community which will give people direct access to integrated multi-disciplinary teams including general practitioners, nurses, health care assistants, home helps, occupational therapists and others. This is an essential component of the health service reform process and has been characterised as providing “the right care, in the right place, at the right time”. Each Team will be supported by a wider range of professionals including Pharmacists, Dieticians, Psychologists and Chiropractors who will form part of a Primary Care Network, with each such Network supporting a number of Primary Care Teams.

## Targets

The HSE has identified 530 Primary Care Teams and 134 Health and Social Care Networks to be developed by 2011. The overall target is to have a total of 394 teams holding clinical team meetings by the end of 2010 with a further 136 teams in development.

## Resources

Since 2002, the Government has provided significant new funding to enable the Primary Care Strategy to be rolled out - €52m in total. Membership of primary care teams and networks are drawn from existing professional and other staff working in primary, continuing and community care services as well as from new frontline staff. To date, over 2,794 HSE allied health professionals, including 600 new frontline professionals have been assigned to PCTs and are providing services. 1,500 of these professionals are working in teams which are holding clinical team meetings. Some 755 GPs are involved in the development of Teams.

## Key Outputs

222 teams are currently operating i.e. holding clinical team meetings to discuss individual client cases. A further 31 teams are holding clinical team meetings among HSE staff but GPs are not participating. To date, over 2,794 HSE allied health professionals, including 600 new frontline professionals have been assigned to PCTs and are providing services. 1,500 of these professionals are working in teams which are holding clinical team meetings. Some 755 GPs are involved in the development of Teams. Mapping and profiling of the HSE’s national geographic area has been undertaken taking account of GP/GMS patterns, travel distances, areas of deprivation, age profiles and other indicators. Approval was given for €780k for ICT in primary care teams and a process has been initiated to purchase the necessary equipment with this funding. Work is ongoing in relation to developing a secure email solution for the Public Sector which is being progressed by the Department of Finance. A proposed draft structure for Clinical Governance and Management of Primary Care Teams has been drawn up and consultation has taken place with the relevant groups working in the HSE. Further work is currently taking place on This proposal to allow it to be brought to the partnership forum for consultation. A Health Needs Assessment is currently being piloted in three locations Tallaght, Castlereagh and Ballinacorney. New performance measurements for PCTs have recently been agreed and will be introduced in 2010. Progress is ongoing in relation to agreeing the referral pathways and shared care arrangements between Primary Care Teams and Specialist services and Teams. A joint initiative between the HSE’s Primary, Community and Continuing Care directorate (PCCC) and the National Cancer Control Programme is currently being progressed which involves direct linkages between the hospital consultant and oncology team and the primary care team. An education and training programme has been prepared for nurses who work in the community to facilitate them in managing patients living in their area who have/had cancer. To date 120 nurses have received this training. Plans are in place to roll out to all teams the Chronic Disease Management programmes in relation to Diabetes, Asthma and COPD which are currently run in a number of primary care teams. These programmes involve integrated service provision between PCCC and the hospitals and will result in managed care programmes for patients reducing considerably the incidence and complexity of presentations at hospitals.

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## Challenges

Challenges which the HSE is working to address include potential shortage of particular professionals, IR issues relating to changes in work practices for existing staff and geographic spread and overlap of GP patient populations in some urban areas. The requirement on the HSE to manage its overall resources may also impact on the pace of appointment and reconfiguration of additional personnel.

## Next Steps

The HSE target for 2010 is to roll out up to a further 180 teams to the stage where they are holding Clinical Team Meetings by year end and commence the development of another 136 teams.

Source: [http://www.dohc.ie/fact\\_sheets/pcts\\_factsheetfeb2010.pdf?direct=1](http://www.dohc.ie/fact_sheets/pcts_factsheetfeb2010.pdf?direct=1)

## WHY IS IT IMPORTANT TO BE ABLE TO COMPLAIN AND BE LISTENED TO?

We all have a right to accessible and adequate complaints procedures. Being denied access to complaints procedures may well be considered a breach under Article 6 of the Human Rights Act, in particular the right we all have to a fair, timely and independent hearing of our complaint is of the utmost importance. The ethos of the Brothers of Charity Services is bound in the eight defining characteristics, which include the right to self-expression, dignity, independence, autonomy, high standards of care, and empowerment.

People who rely on services are also those who face the biggest barriers to being heard. They rely on others, including friends, family carers, advocates, key workers and other people who support them to ensure their complaint is heard.

**It is very important that every staff member and volunteer within the Brothers of Charity Services is aware of the various complaints procedures and their own role in listening to, recording and ensuring that the complaint is brought to the attention of the person most likely to be able to address the complaint.**

It is also our duty as staff to follow up with the person who made the complaint to us and ask them if they have received a satisfactory answer, response, or a change in relation to the complaint they made. If they have not, you must bring the complaint to the notice of the next most appropriate person outlining the situation to date. It is not up to us to decide if a complaint is trivial or unimportant. The complaint is important to the individual making it and we must treat this with respect and follow the relevant procedures.

The key with regard to dealing with a complaint is Listening, Recording, Responding & Doing something to Improve the situation.

(Ed 2010)

# PERSONAL SUPPORT SERVICE LIMERICK

The personal support services were set up in 2005 as a pilot project and initially funded by the services. The pilot project primarily focused on individuals living in the Bawnmore residential campus.

The aim of this service is to support people's individual personal outcomes as named within their P.C.P. and not to provide or take the place of an already funded service.

The provider of this service are the Rural Community Care Network (RCCN) Limited which is a non-profit making company, limited by guarantee, with no share capital, enjoying Charitable Status. It provides a range of community care services in Limerick, North Cork and parts of Tipperary and this was a new innovative venture for the RCCN which was embraced willingly. A partnership committee was established between the Brothers of Charity and RCCN and agreed terms of reference was established. Following the success of the initial pilot discussions took place on maintaining and developing this service into the future.

## How is it Funded Today:

Each person, through their P.C.P. who wish to have this personal support service pay approximately €20 per hour.

There is no cost incurred by this organization as all the administration is covered by the RCCN.

People's quality of life is enhanced as a direct result of having this personal support and the service is now extended to some people living within the community services.

## Outcomes approach:

It is a flexible service so individuals can access it at a level that suits particular support needs. Half hour/one hour to full day sessions: One to one or two people going together.

The types of service supported include: going out for coffee, shopping, visit friends, going to the movies, swimming, clubs, pubs, shopping for personal items, meals out, and day trips away to Dublin and Cork.

Teresa Ryan (Limerick -Mar 2010)

## **HUMAN RIGHTS REPORT CONTINUED FROM PAGE 6.... Read back page first.....**

- The proposed move to community group homes we should work with the Parent group to ensure that appropriate consultation and consent to any planned moves occurs, with concrete steps being taken to guard against isolation and to ensure that the individual is at the centre of service provision in the new setting. A qualitative survey of the individuals who have already moved to group homes should take place in order to inform the ongoing process.
- Any individual residing in a community group home should be provided with an appropriate tenancy agreement.
- We should continue to engage with the parents of the individuals. New protocols should be devised to ensure accessible and transparent communication between management, care staff and the parents which may include a more formal approach of meetings and consultations to supplement the informal approaches which are already working. Parents should be clearly informed in relation to their opportunities for engagement in relation to decisions concerning their children. Where parents or advocates engage in supporting individuals in decision making or where necessary substituted decision making occurs, the process of decision making should be approached in a consultative and engaged manner and be documented where possible.

In her speech at the launch of the report Anne Geraghty, Acting Chief Executive, Galway Company thanked the Irish Human Rights Commission (IHRC) for their very thorough and professional enquiry, and for the sensitive nature of how they conducted the process. She paid tribute to the families who went to IHRC with the questions in the first place; and to the staff of the Brothers of Charity Services Galway, for their dedicated commitment and their flexibility, which she said enable the services to maximise what they can achieve within the allocated resources.

(Ed)

## BROTHERS OF CHARITY

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We would love to hear from you  
suggestions/ articles

### NOTICE BOARD

Look out for the following  
Governance Statements and Policies  
which have been developed  
Nationally and will be Ratified  
shortly.

- Protection and Welfare of Children
- Whistle Blowing Policy
- Safe Recruitment
- Intimate Care

See article on page 4 entitled "Why it is important to be able to complain and to be listened to" which outlines your role as a staff member.

Keep your eye out for the  
National Annual Report  
2009 due out Shortly.

If you have any articles you wish to publish Nationally please do not hesitate to forward them by e-mail to me (Ed).



*Love & Respect in Every Action*



**Keep up to date on [www.brothersofcharity.ie](http://www.brothersofcharity.ie)  
Each Local Company is developing their own section of the National Web Site within agreed protocols. The National pages will shortly be given a new look -Let us know what you think? (Ed)**

### IRISH HUMAN RIGHTS COMMISSION REPORT ON HUMAN RIGHTS ISSUES ARISING FROM THE OPERATION OF A RESIDENTIAL & DAY CARE CENTRE FOR PERSONS WITH A SEVERE TO PROFOUND INTELLECTUAL DISABILITY

The Brothers of Charity Services welcomed this very important report that has significant things to say about the human rights and the needs of people who have severe to profound intellectual disability and we believe that it will influence future policy and service delivery to this population. It is the goal of the Brothers of Charity Services to support people using our Services to be valued citizens in their local communities; to have ordinary life experiences; to remain closely connected to their families and friends, and to provide them with quality services that meet their individual needs.

The main concerns of the Parent Group focus was its view that historic underfunding and lack of support for the Centre, consequent overcrowding, inadequate staffing, and lack of occupational and other activities and therapies, most notably speech and language therapy have impacted negatively on their adult children. They also expressed concern about how decisions affecting their adult children in the Centre are taken and the accountability of State authorities.

Of the 41 recommendations coming out of this report 7 related directly to the Brothers of Charity Services as follow.

- Pending the introduction of protocols matching individualised assessments to funding for the individuals in the centre, we should explore ways of identifying individual needs, possibly through the personal outcome plan process. These individual needs and the quantum of funding associated with same should be drawn to the attention of the HSE as part of its annual service arrangements.
- Pending the introduction of mental capacity legislation, we should formalise a system of supported decision making for each individual and where necessary any substituted decision making by parents for individuals in appropriate forms and that consent to medication and medical treatment continue to be regularly recorded in this manner.
- In relation to multidisciplinary services, we should follow up with the HSE in respect of the specific recommendations made concerning speech & language therapy, occupational therapy and psychiatric services made in the report.
- In relation to individuals' accounts managed by us we should introduce a more formalised consent procedure to govern our handling of individual monies, to promote the autonomy and self-determination of the individuals concerned, in the context of the introduction of mental capacity legislation..

Continued on page 5.....←