Minutes of Meeting of Regional Health Forum West
held on Tuesday 27th March, 2007
at 2.00pm in Room 1 Education Centre,
Health Service Executive West, Merlin Park, Galway
Montuairiscí cruinnithe an Phóraim Réigiúnach Sláinte, an tbaartha
a tionóladh ar an 27 Márta, 2007 i Seomra 1, an tIonad Oideachais,
Feidhmeannacht na Seirbhísce Sláinte, Páirc Mheirlinne, Gaillimh

Chairperson/Cathaoirleach
Councillor Declan Bree who presided.

Members Present/Comhaltaí i Láthair
Councillor David Alcorn  Councillor Joe Hennessy (Dr.)  Councillor Patsy O’Brien
Councillor Patsy Barry  Councillor John Hogan  Councillor Tim Quinn
Councillor Ciaraan Brogan  Councillor Charlie Hopkins  Councillor J.J. Reid
Councillor Bill Chambers  Councillor Michael Hourigan  Councillor Gerry Reynolds
Councillor Aidan Colleary  Councillor Colm Keaveney  Councillor Denis Ryan
Councillor Josie Conneely  Councillor Donal Lyons  Councillor Noreen Ryan
Councillor Padraigh Conneely  Councillor Sean McEniff  Councillor Eddie Staunton
Councillor Joe Cooney  Councillor Sean McGowan  Councillor Lily Wallace
Councillor Catherine Connolly  Councillor Bernard McGuinness  Councillor Kieran Walsh
Councillor Leonard Enright  Councillor Tomás Mannion  Councillor Tony Ward
Councillor Aodh Flynn  Councillor Brian Meaney  Councillor Bridie Willers
Councillor Fidelma Healy Eames  Councillor Eugene Murphy

Apologies/Leithscéalta
Councillor Richard Butler
Councillor Brigid Teefy

Absent/As Láthair
Councillor Pat Daly
Councillor Austin Francis O’Malley

In Attendance/I láthair freisin
Dr. Seán Conroy, Director, Regional Health Office, HSE West
Mr. Alan Moran, Hospital Network Manager, HSE West
Mr. Seamus McNulty, Asst. National Director, PCCC, HSE West
Ms. Jacky Jones, Functional Manager Health Promotion, HSE West
Ms. Caitríona Meehan, Area Communications Manager, HSE West
Mr. Ray Bonar, Chief Ambulance Officer, HSE West
Dr. Mary Hynes, Asst. National Director, National Hospitals Office-Quality, Risk &
Customer Care
Dr. Diarmuid O’Donovan, Director of Public Health, HSE West
Dr. Noel Scott, Primary Care Development Manager, HSE West
Mr. Seamus Gallagher, Senior Administrative Officer, Regional Health Office, HSE West
Ms. Shirley Murphy, Acting Section Officer, Regional Health Office, HSE West

Apologies/Leithscéalta
Ms. Elaine Murphy, Hospital Network Manager, HSE Mid West
83/08/07 Welcome/Fáilíú
The Chairman welcomed Councillor Josie Conneely, who had been nominated as a representative for Galway County Council as a replacement for Councillor Seamus Walsh who had resigned from the Forum. The Chairman, on behalf of the Forum, warmly welcomed Councillor Conneely to his first meeting of the Forum.

84/08/07 Minutes/Míontuaiscí
The minutes of the last meeting held on the 23rd January, 2007 were proposed by Councillor David Alcorn, seconded by Councillor Bill Chambers and adopted.

85/08/07 Membership for Forum Committees/Bailiúchtaí Coistí an Fhóraim
The Chairman referred to the application at the last Regional Forum meeting from Councillor Ciaran Brogan, to transfer from the PCCC Committee to the Hospital Committee. This proposal was unanimously agreed.

86/08/07 Matters Arising/Níthe ag éirí
Councillor Catherine Connolly referred to a number of Motions, which had been adopted by the Forum, which had asked that reports be submitted by the HSE to the Forum. She requested reports on the following:
- the present status of the Home Births Scheme,
- the public health services being provided by the Galway Clinic.
It was agreed that such reports would be forwarded to Councillor Connolly before the next meeting. It was also agreed that members would outline, to the Director, the adopted Motions on which they requested a report.

87/08/07 Presentation on Hospital Hygiene Audits/Léargas ar an Iníuchadh faoi Ghlaineacht na notharlanna
Dr. Mary Hynes, Assistant National Director, National Hospitals Office – Quality, Risk & Consumer Affairs made a presentation on the Hospital Hygiene Audits. The presentation dealt with the following:
- Setting up of a Working Group by the National Hospitals Office on Hygiene in Acute Hospitals
- Facilitation of a National Hygiene Audit
- Appointment of independent consultants to undertake a Hygiene Audit on the 53 Hospitals in Ireland
- Terms of Reference used for the audits including methodology
- Two Audits were carried out, one in the summer of 2005 and the second in spring of 2006
- Details of the scores in both audits
- Major improvement reported in the second audit
- Hospitals in the Good Category increased from 5 to 32
- Hospitals in the Fair Category reduced from 33 to 19
- Hospitals in the Poor Category reduced from 26 to 2
- Details in relation to the score in both Audits of all Hospitals in the HSE West Area
- General findings from both Audits
- National recommendations, general and hospital specific
- Progress to date in implementation and the development of National Hygiene Service Standards for Ireland
- Hygiene Services Assessment Scheme with possibility of Awards
- Supporting documentation
- Education and training of staff

Following her presentation the members raised a number of issues and questions, as follows:
- Members welcomed the considerable improvement in hygiene in a short period of time
- Hospital hygiene had to be placed in the context of the issue of MRSA in Hospitals
- Difficulties with older buildings, which did not facilitate the development of proper hygiene standards
The debate regarding the standard of service provided by contract cleaning versus in-house staff
The need for regular un-announced spot checks and ongoing checks in relation to hygiene
The standards now being applied to hospitals had been in place for a number of years in other sectors such as Hospitality, pubs, restaurants etc
There was a need to review the adverse affect of the revised visiting arrangements, due to hygiene regulations, on patient recovery versus the smooth operation of hospital services
Serious issue of Hygiene and MRSA was due to the lack of investment by the Government in the public health services
The need for specific manager designated to be responsible for Hygiene and Infection Control in all Hospitals
The Hygiene Audit should be extended to PCCC Health Centres and Psychiatric Services
Overcrowding in wards made it very difficult to maintain hygiene and other standards
Lessons to be learned from the Foot & Mouth Disease should be used for a similar serious issue such as hygiene
Was the extra resources being provided in order to implement and follow-up of recommendations for the improvement of hygiene
Need to extend hygiene to theatre, kitchen and other areas of hospitals
Need to develop towards modern buildings with single room accommodation, which would greatly enhance the measures to prevent infection, patient privacy etc
Cleaning staff who participated in training programmes receive certification
Concern that Management within the HSE had allowed this situation to arise and what other issues would arise in the future
Difficulty in ensuring that health staff comply with hand washing protocols.
Need to provide proper cleaning facilities for staff
Need to provide proper cleaning facilities for members of the public when visiting patients in hospital
Public are afraid to visit hospitals due to fear of picking up infection
Some concerns were raised regarding the prior notification to management of inspection visits. Dr. Hynes confirmed that they were very strict in relation to non-announcement of visits on the basis of speculation regarding inspection of a particular hospital and that she had no reason to believe there was an issue in this regard.

Dr Hynes responded to the issues raised and pointed out that extra resources were provided to implement the recommendations. She referred to the full commitment from all involved in hospital services to the improvement of hospital hygiene. However, there were often difficulties in implementing policies during periods of infection such as Winter Vomiting Bug, as some members of the public were unwilling to adhere to the hospitals restricted visiting arrangements.

The Chairman, on behalf of the members, thanked Dr. Hynes, most sincerely for her in-depth presentation and for dealing with the various issues raised.

88/08/07 Presentation on GP Out of Hours Scheme for the HSE West Area/Léargas ar an Scéim dochtúir “tar éis gnáthaireanta oibre”

The Chairman, on behalf of the Forum, asked that, due to time constraints, that his item be deferred to the next meeting of the Forum. He apologised to Mr. Scott, Primary Care Development Manager and asked that he would present this at the next meeting of the Forum.

89/08/07 Future Presentations/Cur i láthair sa todhchaí
It was agreed that in the future, presentations would be limited to one per meeting of the Forum.
The Chairman stated that all members of the Forum were aware of the present difficulties in relation to the public water supply in the Galway City and County Area. As a result, he had arranged with the Director for a presentation from Dr. Diarmuid O’Donovan, Director of Public Health.

The presentation dealt with a description of the parasite called Cryptosporidium, where it is found, Cryptosporidiosis and its effect on humans, number of cases over the last number of years and numbers in the first three months of this year, which at this point were in the region of 110, actions undertaken by the HSE in consultation with the Galway City and Galway County Council and the Environment Protection Agency in establishing the source of the contamination, sampling of the water, site investigations etc. In the interest of public safety and while the matter is under investigation the HSE has put in place a Boiled Water Notice. This would remain in place until there is a decline in human disease and there is a consistently safe and good quality water supply available.

Following his presentation, a number of matters were raised as follows:

- The major inconvenience including cost to elderly, children and businesses in the Galway City and County area due the boil water notice
- The likelihood that this boiled notice will be in place for a considerable length of time
- The dangers posed to those who are at greater risk due to other illnesses lower immune systems
- The need to establish, as quickly as possible, the source of the contamination.
- The concern regarding the fact that members of Galway City Council were not being kept abreast of developments similar to that in Galway County Council.
- The concern that the contamination in the water supply was highlighted through the public health notification system and not an automatic signal from a water monitoring service.
- The urgent need to provide proper filtration of all public water supplies.
- The lack of investment in the public water and sewerage systems while there are major developments in housing, industry etc
- The need to have a regular Standing Committee of the Local Authorities, HSE and Environmental Protection Agency in place to review and monitor the quality of the public water supply
- The need for the public to continue boiling water until there is a serious reduction in the level of incidents and consistent improvement in the water levels in the Galway City and County area.
- Boiled water is safe and it is not necessary to use bottled water
- Important that the learning lessons and recommendations from this incident would be passed on to all Local Authorities in Ireland

The Chairman, on behalf of the Forum, thanked Dr. O’Donovan sincerely for his comprehensive presentation on the matter and wished him and all staff involved well in coming to a conclusion of establishing the source of the difficulty.

The Chairman referred to the Dexa Bone Scanner, which had been donated to Sligo General Hospital in April 2005. It had come to his attention recently that this machine had been lying idle for almost two years. This resulted in patients in the Sligo area having to travel to Manorhamilton, Dublin and Galway to have bone density tests carried out for osteoporosis. It was unacceptable that this machine was unavailable despite the fact that there is a waiting list in place for such tests.

Mr. Alan Moran Hospital Network Manager stated that this machine had been donated to a Research Group in Sligo General Hospital and was not on the list of priorities for the hospital. However, discussions were ongoing with staff and management in the hospital on the identification of a suitable area within the hospital and on allocation of appropriate staff for its use. He also stated that such a service was available in Our Lady’s Hospital,
Manorhamilton which had recently installed new equipment, which resulted in an increase in activity and a reduction in the waiting list to three months. He expected that there would be agreement shortly so that the Dexta Bone Scanner would be in operation in Sligo General Hospital, very soon.

**South Park, Galway/Páirc an Deiscirt, Gaillimh**

The Chairman referred to the fact that this matter had been discussed at the PCCC Committee Meeting at which it was agreed that documentation would be circulated to the Galway members of the Forum.

Mr. Seamus McNulty then reported on the up to date position regarding the on-going discussions between the Environmental Protection Agency, Health Services Executive and Galway City Council on the matter. A number of members, welcomed the report from Mr. McNulty, but expressed their concern and annoyance that despite assurances given at the last PCCC Committee Meeting, they were not in possession of all the relevant documentation.

It was agreed that the documentation would be provided to the Galway members of the Forum before the next meeting of the PCCC Committee.

**Services for the Elderly/Seirbhísí don aosach**

During discussion on the Chairman’s Business, a number of members raised difficulties regarding the provision of appliances for the elderly and also considerable waiting times for assessments for other services for elderly patients living in the community. It was unacceptable that there would be any delays in assessments for services for the elderly and it was important that such services would be provided immediately.

In reply, Mr. Seamus McNulty stated that extra resources were being provided for such services through development funding in Services for Elderly and in the development of additional Primary Care Teams through out the area. This was providing improvements in all community services including elderly. If members had any particular cases, they could refer them directly to him.

A number of members from Roscommon complimented the staff in the Elderly Services in their area for the prompt response to service demands. However other members pointed out, that there was no uniformity in the services and responses through the region.

**91/08/07 HSE Update/ An scéal is déanai ón bhFSS**

Dr. Conroy stated that the Update was considerably increased in this edition. It outlined positive developments and initiatives in the Health Services throughout the entire HSE West. He asked that the Forum members and the Press would review it and further information, clarification would be provided on any item, if required. He also referred to the fact that the report gave the updated position in respect of Items No. 10 and 11, i.e. Radiotherapy, Cervical Screening and Breast Check, Sexual Assault Unit.

The Update contained the following items:

**Population Health W8 U74**

- SPHE
- Physical Activity
- Healthy Living for Young Children
- Cook it
- Mental Health First Aid Pilot Launched

**Ambulance Service W8 U75**

- Review of Activity and Developments (HSE North West) 2nd half 2006
- Thurles & Nenagh Ambulance Stations

**Primary Continuing and Community Care W8 U76**

- Nursing Home Subvention Scheme
- North Tipperary/East Limerick
- Galway
Hospitals W8 U77
- Galway University Hospitals
- Mayo General Hospital
- Roscommon County Hospital

National W8 U78
- Mental Health First Aid Pilot launched
- ‘Getting it Together’ Resource Pack on Emotional Health and Young People launched
- Health Service Executive – Emergency Departments – Patient Profiles, Experiences & Perceptions
- Michael Littleton Memorial Lecture 2006 – delivered by Professor Brendan Drumm
- HSE Publishes New Mental Health Resource Pack for GP’s
- Chairman of the Hospital Development Board of the new National Paediatric Hospital Appointed
- Message for staff on steps being taken by the HSE to address Health Care Associated Infection (HCAI)

Regular Updates W8 U79
- National Cancer Screening Services
- Cervical Screening
- Breast Check
- Radiotherapy
- Sexual Assault Unit

92/08/07 Reports from Chairs of Health Forum Committees/Tuairiscí ó Chathaoirleach na gCoistí Fóraim
It was agreed that in future, approved Minutes of Committee Meetings would be circulated with the agenda for the Forum meeting.

93/08/07 Questions/ Ceisteanna

W7Q60
Cllr. Fidelma Healy Eames
“Since 90% of what determines health lies outside the health sector (see slide), can I ask what is the current state of these determinants in the HSE West and nationally”

HSE Reply/Freagra an FSS
Please see reply at PAGES 18-38.

W8Q73
Cllr. Brian Meaney
“I request a list of all the elderly day care centres in the HSE west area. I request a break down by centre, of the numbers attending and the funding made available / given, to each centre for the years of 2005 and 2006 identifying the sums paid in each year. I request a break down of the number of staff working in each centre. The reply to identify all sums made available through the section 26 process”

HSE Reply/Freagra an FSS

<table>
<thead>
<tr>
<th>County</th>
<th>Name of Day Centre</th>
<th>ATTENDANCES</th>
<th>FUNDING</th>
<th>STAFFING</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIMERICK</td>
<td>Alzheimers (Adare Day Care Centre)</td>
<td>V</td>
<td>2333 2421</td>
<td>€89,083 - Inclusive of once off funding</td>
</tr>
<tr>
<td></td>
<td>Dromcollogher Day Care Centre</td>
<td>V</td>
<td>3723 3751</td>
<td>€33,000.00 - All staff are funded by FAS</td>
</tr>
</tbody>
</table>

MinutesRHFW27.03.07(Agenda1)
<table>
<thead>
<tr>
<th>Organisation</th>
<th>Type</th>
<th>Code</th>
<th>Invoice Code</th>
<th>Amount (€)</th>
<th>Funded Amount (€)</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broadford Voluntary Housing</td>
<td>V</td>
<td>1325</td>
<td>1447</td>
<td>€7,000.00</td>
<td>€7,000.00</td>
<td>Funding provided to partially fund the revenue costs towards 2 paid personnel for catering and cleaning &amp; 7 volunteers</td>
</tr>
<tr>
<td>Drombanna Day Care Centre</td>
<td>V</td>
<td>3883</td>
<td>4711</td>
<td>€53,312.00</td>
<td>€58,912.77</td>
<td>Funding provided to partially fund the revenue costs of 1 remunerated cook and 2 assistant cooks. Fas staff as follows, 3 general Assistants and 1 Bus Driver</td>
</tr>
<tr>
<td>Mount Mercy Day Care Centre</td>
<td>V</td>
<td>2705</td>
<td>2518</td>
<td>€36,000.00</td>
<td>€36,000.00</td>
<td>Funding provided to partially fund the revenue costs towards 1 paid personnel for catering and cleaning and 13 volunteers</td>
</tr>
<tr>
<td>St. Ita's Voluntary Housing</td>
<td>V</td>
<td>9696</td>
<td>10259</td>
<td>€8,000.00</td>
<td>€8,000.00</td>
<td>Funding provided to partially fund the revenue costs towards 1 paid staff member. 4 FAS Staff members and 14 volunteers</td>
</tr>
<tr>
<td>Dawn Court Housing Project</td>
<td>V</td>
<td>4254</td>
<td>5288</td>
<td>€119,559.00</td>
<td>€123,055.00</td>
<td>Funding provided to partially fund the revenue costs of 1 cook/cleaner, 1 full time nurse/night warden and 1 part-time bus driver</td>
</tr>
<tr>
<td>Ballylanders Day Care Centre</td>
<td>V</td>
<td>2455</td>
<td>4947</td>
<td>€20,000.00</td>
<td>€45,000.00</td>
<td>Funding provided to partially fund the revenue costs of 1 remunerated cook</td>
</tr>
<tr>
<td>Glin Homes for the Elderly</td>
<td>V</td>
<td>5373</td>
<td></td>
<td>€6,000.00</td>
<td>€6,000.00</td>
<td>FAS Staff</td>
</tr>
<tr>
<td>Desmond Ability Day Centre</td>
<td></td>
<td></td>
<td>20 people x 2 days a week since 05/12/06</td>
<td></td>
<td>€12,500.00</td>
<td></td>
</tr>
<tr>
<td>Templemore Day Centre, Bank Street, Templemore, Co. Tipperary</td>
<td>Voluntary</td>
<td>1968</td>
<td>2196</td>
<td>124,500</td>
<td>134,000</td>
<td>Care Attendant 20 hrs Care Attendant 33 hrs Mini Bus Driver - 16 hrs Manager - 29 hrs Manager 39 Hrs Care Attendant 35 Hrs Care Attendant 30 Hrs</td>
</tr>
<tr>
<td>Thurles Day Centre, Parnell Street, Thurles, Co. Tipperary</td>
<td>Voluntary</td>
<td>840</td>
<td>864</td>
<td>155,000</td>
<td>158,000</td>
<td>Manager 39 Hrs Care Attendant 35 Hrs Care Attendant 30 Hrs Manager 39 Hrs Care Attendant 35 Hrs Care Attendant 30 Hrs</td>
</tr>
<tr>
<td>Nenagh Day Centre, Aske Road, Nenagh</td>
<td>Voluntary</td>
<td>1608</td>
<td>1560</td>
<td>268,000</td>
<td>281,000</td>
<td>Mini Bus Driver 39 Hrs Care Attendant 39 Hours x 3 Staff Nurse 23.5 Hours Staff Nurse 15.5 Hours Cook 20 Hours Cook 20 Hours Clerical Officer 9 Hours Manager 39 Hours Manager 39 Hrs Care Attendant 39 Hrs Care Attendant 30 Hrs Staff Nurse 23.5 Hours Staff Nurse 15.5 Hours Cook 20 Hours Cook 20 Hours Clerical Officer 9 Hours Manager 39 Hours</td>
</tr>
<tr>
<td>Newport Day Centre, Church Road, Newport</td>
<td>Voluntary</td>
<td>2424</td>
<td>1932</td>
<td>206,000</td>
<td>231,000</td>
<td>Staff Nurse 32 Hrs Staff Nurse 8 hrs each x 2 Care Assst 23hrs x 2 Care Assst 24 Hrs Care Assst 18 Hrs x 2 Care Assst 10 Hrs Care Assst 12 Hrs Mini Bus Driver 39 Hrs Manager 40 Hrs Staff Nurse 32 Hrs Staff Nurse 8 hrs each x 2 Care Assst 23hrs x 2 Care Assst 24 Hrs x 2 Care Assst 16 Hrs Care Assst 24 Hrs Mini Bus Driver 39 Hrs Manager 40 Hrs</td>
</tr>
<tr>
<td>Dear Maxwell Day Centre, Roscrea, Co. Tipp</td>
<td>HSE</td>
<td>1248</td>
<td>1392</td>
<td></td>
<td></td>
<td>Core funding Core Funding</td>
</tr>
<tr>
<td>Cappamore Day Centre (St. Michael’s), Cappamore, Co. Limerick</td>
<td>Voluntary</td>
<td>1464</td>
<td>1464</td>
<td>130,500</td>
<td>137,000</td>
<td>Nurse 17 Hrs Care Att 12 Hrs x 2 Care Att 20 Hrs Care Att 28 Hrs Chef 20 Hrs Mini Bus Driver 24 Hrs Nurse 17 Hrs Care Att 12 Hrs x 2 Care Att 20 Hrs Care Att 28 Hrs Chef 20 Hrs Mini Bus Driver 24 Hrs</td>
</tr>
<tr>
<td>Milford Day Centre</td>
<td>Voluntary</td>
<td>2856</td>
<td>2808</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good Shepherd Day Centre, Pennywell Road, Limerick</td>
<td>Voluntary</td>
<td>876</td>
<td>852</td>
<td>74,000</td>
<td>91,000</td>
<td>Manager 24 Hrs Attendant 12 Hrs Hairdresser 9 Hrs Chef 12 Hrs Clerical Officer 8 Hrs Mini Bus Driver 24 Hrs</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Alzheimer Society Day Centre, Grattan Street, Limerick</td>
<td>Voluntary</td>
<td>0</td>
<td>324</td>
<td>245,000</td>
<td>262,000</td>
<td></td>
</tr>
</tbody>
</table>

**CLARE**

<table>
<thead>
<tr>
<th>Kilrush Day Centre</th>
<th>HSE</th>
<th>2760</th>
<th>1764</th>
<th>Core funding</th>
<th>Core funding</th>
<th>2</th>
<th>2.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSE Raheen, Tuamgraney, Co. Clare</td>
<td>HSE</td>
<td>2700</td>
<td>2700</td>
<td>Core funding</td>
<td>Core funding</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>HSE Ennistymon, Ennistymon, Co. Clare</td>
<td>HSE</td>
<td>2328</td>
<td>2436</td>
<td>Core funding</td>
<td>Core funding</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Stella Maris Lisdoonvarna - Open Oct 05 Lisdoonvarna, Co. Clare</td>
<td>Vol</td>
<td>312</td>
<td>600</td>
<td>€49,192.00</td>
<td>€79,747.00</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Kilmealey, Kilmealey, Co. Clare</td>
<td>Vol</td>
<td>564</td>
<td>564</td>
<td>€114,000.00</td>
<td>€116,281.00</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Clarecastle, Co. Clare</td>
<td>Vol</td>
<td>2880</td>
<td>2880</td>
<td>€314,000.00</td>
<td>€333,391.00</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>Alzheimer Society, Ennis, Co. Clare</td>
<td>Vol</td>
<td>60</td>
<td>60</td>
<td>€136,455.00</td>
<td>€141.45</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Miltown Malbay, Miltown Malbay, Co. Clare</td>
<td>Vol</td>
<td>576</td>
<td>576</td>
<td>€19,315.00</td>
<td>€20,050.00</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

**MAYO**

<table>
<thead>
<tr>
<th>Sacred Heart Home</th>
<th>HSE</th>
<th>11,700</th>
<th>14,300</th>
<th>€200,000.00</th>
<th>€260,000.00</th>
<th>4</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Hospital, Swinford</td>
<td>HSE</td>
<td>7,800</td>
<td>10,400</td>
<td>€160,000.00</td>
<td>€180,000.00</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Dalton C.N.U</td>
<td>HSE</td>
<td>2,496</td>
<td>2,496</td>
<td>40,000</td>
<td>43,000</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>McBride C.N.U.</td>
<td>HSE</td>
<td>2496</td>
<td>2496</td>
<td>40,000</td>
<td>43,000</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>St. Augustines C.N.U.</td>
<td>HSE</td>
<td>2496</td>
<td>2496</td>
<td>40,000</td>
<td>43,000</td>
<td>0.5</td>
<td>0.5</td>
</tr>
</tbody>
</table>

**GALWAY**

<table>
<thead>
<tr>
<th>Ballinasloe Social Services</th>
<th>Vol</th>
<th>4032</th>
<th>403.2</th>
<th>138,337</th>
<th>135,000</th>
<th>13</th>
<th>13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glenamaddy Comm Care</td>
<td>Vol</td>
<td>4416</td>
<td>4416</td>
<td>55,000</td>
<td>63,358</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Dunmore Social Services</td>
<td>Vol</td>
<td>3120</td>
<td>3120</td>
<td>4,000</td>
<td>4,000</td>
<td>5 Volunteers</td>
<td>5 Volunteers</td>
</tr>
<tr>
<td>North Connemara Social Services (Clonbur)</td>
<td>Vol</td>
<td>1920</td>
<td>1920</td>
<td>25,000</td>
<td>26,818</td>
<td>2 Part-time</td>
<td>2 Part-time</td>
</tr>
<tr>
<td>Portumna Social Services</td>
<td>Vol</td>
<td>4560</td>
<td>4560</td>
<td>24,117</td>
<td>34,617</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Eyrecourt-Killimor Day Centre</td>
<td>Vol</td>
<td>3840</td>
<td>3840</td>
<td>36,858</td>
<td>36,000</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Athenry &amp; District Social Services Centre</td>
<td>Vol</td>
<td>2880</td>
<td>2880</td>
<td>36,045</td>
<td>35,000</td>
<td>3 Part-time</td>
<td>3 Part-time</td>
</tr>
<tr>
<td>COPE - Sonas Day Centre (Mervue)</td>
<td>Vol</td>
<td>5040</td>
<td>5040</td>
<td>37,000</td>
<td>38,000</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>St. Franco CNU, Newcastle</td>
<td>HSE</td>
<td>2912</td>
<td>2912</td>
<td>Core funding</td>
<td>Core funding</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Aras Mac Dara, Tuam</td>
<td>HSE</td>
<td>1664</td>
<td>1664</td>
<td>Core funding</td>
<td>Core funding</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>Arus Mhuire, Tuam Islands</td>
<td>HSE</td>
<td>2340</td>
<td>2340</td>
<td>Core funding</td>
<td>Core funding</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>St. Brendan's, Longdown</td>
<td>HSE</td>
<td>3640</td>
<td>3640</td>
<td>Core funding</td>
<td>Core funding</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Aras Ronan, Aran Islands</td>
<td>HSE</td>
<td>1248</td>
<td>1248</td>
<td>Core funding</td>
<td>Core funding</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**ROSCOM MON**

| Sacred Heart Hospital, Roscommon | HSE | 7280 | Core funding | Core funding | 5 | 5 |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Plunkett Home, Boyle | HSE | 6500 | Core funding | Core funding | 2.5 | 2.5 |
| Aras Mathair Pol | HSE | 3120 | Core funding | Core funding | 1.1 | 1.1 |
**W8Q74**  
**Cllr. Brian Meaney**  
“How many basic grade speech and language therapists are graduating in the HSE west area in 2007?  
How many basic grade speech and language therapists are graduating in the HSE west area in 2008?  
How many basic grade Speech and language therapists are to be employed in the HSE west area in 2007?  
How many basic grade Speech and language therapists are to be employed in the HSE west area in 2008?”

**HSE Reply/Freagra an FSS**  
In 2007, forty-eight basic grade Speech and Language Therapists are due to graduate in HSE West, with a further fifty graduating in 2008 as per figures obtained from the National University of Ireland Galway and University Limerick.

<table>
<thead>
<tr>
<th>LHO Area</th>
<th>The number of basic grade Speech &amp; Language Therapists to be employed in HSE West in 2007</th>
<th>The number of basic grade Speech &amp; Language Therapists to be employed in HSE West 2008</th>
<th>Any other information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Galway</td>
<td>1 Senior Speech &amp; Language Therapist post as part of the Home Care Package Funding for 2007 and this will be backfilled by a basic grade Speech &amp; Language Therapist</td>
<td>No allocation to date in respect of 2008</td>
<td>Galway PCCC has been allocated 2.3 WTE basic grade Speech &amp; Language Therapists for 2006 through Disability</td>
</tr>
<tr>
<td>Galway</td>
<td>1 Senior Speech &amp; Language Therapist post as part of the Home Care Package Funding for 2007 and this will be backfilled by a basic grade Speech &amp; Language Therapist</td>
<td>No allocation to date in respect of 2008</td>
<td>Galway PCCC has been allocated 2.3 WTE basic grade Speech &amp; Language Therapists for 2006 through Disability</td>
</tr>
<tr>
<td>Mayo</td>
<td>3 temporary Speech &amp; Language Therapists to cover maternity leave</td>
<td>Allocation for 2008 not yet available</td>
<td>None</td>
</tr>
<tr>
<td>Roscommon</td>
<td>7.45 Speech &amp; Language Therapist posts</td>
<td>Allocation for 2008 will be available in late 2007</td>
<td>There are currently 2.5 positions waiting to be filled, one of which is a senior position and the other is 1.5 of development posts.</td>
</tr>
<tr>
<td>Donegal</td>
<td>2 Speech &amp; Language Therapist posts</td>
<td>1 Speech &amp; Language Therapist posts</td>
<td>2007 and 2008 developments have not yet been approved. Our figures are based on allocations that we have received to date. This is an estimate as there is no guarantee that existing basic grades will be successful at forthcoming Senior Speech &amp; Language Therapy competitions.</td>
</tr>
<tr>
<td>Sligo/Leitrim</td>
<td>2 Speech &amp; Language Therapist posts</td>
<td>1 Speech &amp; Language Therapist posts</td>
<td>None</td>
</tr>
<tr>
<td>Clare</td>
<td>1 Speech &amp; Language Therapy post</td>
<td>No allocation received as of yet</td>
<td>None</td>
</tr>
<tr>
<td>Limerick</td>
<td>2 senior are expected to take up duty in 2007 and these will be backfilled by basic grade Speech &amp; Language Therapists</td>
<td>No allocation received to date in respect of 2008</td>
<td>The scope for the employment of basic grade therapists in PCCC areas is limited due to rational agreements on this issue</td>
</tr>
<tr>
<td>North Tipperary/East Limerick</td>
<td>2 seniors are expected to take up duty in 2007 and these will be backfilled by basic grade Speech &amp; Language Therapists</td>
<td>No allocation to date in respect of 2008</td>
<td>Our complement is 11, not including 2 Seniors under Primary Care at present</td>
</tr>
</tbody>
</table>

**W8Q75**  
**Cllr. Fidelma Healy Eames**  
“How many people with Intellectual Disabilities are currently waiting for residential places in Galway city and county? How much would it cost to clear the waiting list within a five year period? In the view of the HSE what are the best ways to deal with the long waiting list for residential places for people with Intellectual Disabilities?”
Using information recorded on the National Intellectual Disability Database, I am informed that there are currently 129 people in Galway with intellectual disability who are awaiting residential places.

A Multi Annual Investment Programme of €75 million has been provided in the current year of which €2.165 million has been allocated to Galway PCCC. This will fund additional services as follows:

- Respite Services 5 places
- Day Services 29 places
- Residential Services 15 places

Those awaiting residential places are provided with respite and day services pending the provision of residential places.

W8Q76
**Cllr. Fidelma Healy Eames**

“*How many people are waiting for cardiac surgery in Galway city and county? Please specify the number awaiting by-passes, valves and/or any other form of cardiac procedure?”*

**HSE Reply/Freagra an FSS**

The new cardiothoracic service at University Hospital, Galway, is being commissioned and will include 2 dedicated theatres, 6 ICU beds, 4 HDU beds and 10 ward beds. An active waiting list for cardiac surgery will be held in UHG once the cardiac surgery commences in this hospital. Currently, patients requiring cardiac surgery (CABG, Valve and other procedures) continue to be referred to the Mater Hospital and St. James Hospital, Dublin, and they would hold waiting list data for their respective hospital. We have asked for the waiting list information in respect of Galway patients from the Mater and St. James’ and will communicate this to you when received.

W8Q77
**Cllr. David Alcorn**

“*Could I have the latest update on the new proposed Health Centre for Glenties, Co. Donegal?”*

**HSE Reply/Freagra an FSS**

The HSE have recently finalised the purchase of the School House site from the local Parish Council in Glenties for the development of a Primary Care Centre. The development of a Primary Care Centre was submitted for inclusion in the 2007 – 2011 National Development Plan, however, Glenties PCC was not included in the final Plan. The proposal will be re-submitted again in 2007 as part of the annual review of the National Development Plan.

W8Q78
**Cllr. David Alcorn**

“*From what source do the local Radio Stations get their figures for people on trolleys in Letterkenny Hospital daily, and are these figures accurate?”*

**HSE Reply/Freagra an FSS**

I understand that figures for patients in A&E are supplied by the INO to the local radio stations. The INO uses a different method for recording patients on trolleys than the HSE and we therefore cannot verify their accuracy.

W8Q79
**Cllr. Aodh Flynn**

“*I will ask what training and supervision is provided for home helps?”*

**HSE Reply/Freagra an FSS**

A range of training is provided for personnel employed in the Home Help services. The main issues which are included in training programmes include:
- Manual handling and lifting
- Hygiene
- Infection Control
- Health and Safety
- Providing care for older people

In addition to the above, further training programmes may be undertaken in certain circumstances. For example, if special equipment is used, training may be given by the appliance providers. e.g. hoists.

Home Help supervisors provide supervision for home helps. In addition, many clients in receipt of the service would have regular visits from other healthcare professionals, in particular public health nurses, who provide additional support.

**W8Q80**
Cllr. Aodh Flynn

“What are the limitations on the work to be carried by home helps?”

**HSE Reply/Freagra an FSS**
The Home Help service provides a range of services for people living in their own homes. These include the preparation of meals, shopping, washing of clothes and cleaning of surroundings. In addition, depending on the needs of the client, the Home Help service may provide personal care to include assistance getting in and out of bed, going to the toilet, bathing, dressing etc. The Home Help service is not designed to provide nursing or medical care and it is generally limited to the functions described above.

**W8Q81**
Cllr. Aodh Flynn

“Is the HSE satisfied with the quality and level of home help given to Elderly People?”

**HSE Reply/Freagra an FSS**
The Home Help service was introduced in Ireland in 1972. It is recognised as one of the central services in trying to maintain older people in their own homes/communities. Though the services primarily target older people, other care groups also avail of the service e.g. clients with disability and children.

The HSE is satisfied with the quality of the Home Help service. The National Council on Ageing and Older People produced a report in 1998 entitled “The Future Organisation of the Home Help Service in Ireland” In that publication, the NCAOP stated that:

“It is widely acknowledged, not only in Ireland but internationally, that home help is one of the key services in the community care of older people”.

There is an increasing emphasis in trying to maintain older people in their own homes/communities for as long as possible. As the numbers of older people continues to increase, the demands on the Home Help services continue to rise. Significant additional funding has been allocated to the Home Help services over the years, particularly in 2006 and 2007. In addition, the government has provided substantial funding towards the Home Care Packages Scheme and additional Home Help hours are provided under this scheme.

**W8Q82**
Cllr. Bridie Willers

“Would the HSE indicate if it has any plans to provide a Primary Care Centre in the town of Gort to replace the totally inadequate premises and if it has please indicate a time frame when this might be expected?”

**HSE Reply/Freagra an FSS**
Galway PCCC has previously identified the need to develop a Primary Care Centre in Gort. It was included as a capital priority under The Major Capital Development list. We have been unable, to date, to find a suitable site in the Gort area which would aid the processing of this development. However, it was not included the Capital Programme 2006 – 2010.
It has been submitted again for the Capital Plan 2007 - 2011 and we are awaiting approval to same.

**W8Q83**

Cllr. Bridie Willers

“Since the criteria for the appointment of Design Teams for Community Nursing Units has to now comply with EU procurement regulations will the HSE indicate when they expect to appoint a design team for the design of the 40 bed Community Care Unit at St Brendan’s Hospital, Loughrea, the appointment of which was promised in 2006?”

**HSE Reply/Freagra an FSS**

As previously conveyed to the Forum, under the HSE Capital Programme 2006 to 2010, St Brendan’s CNU, Loughrea, was approved for the development of a 40 bed CNU to replace the current facility which was constructed in the 1840s and to provide enhanced day care for the Loughrea catchment area. The project planning design for this development was informed by the project team, which included clinical user group, consumer group and other consultative groups insuring inclusiveness and set out the statement of need, philosophy of care, operation policy, schedule of accommodation and design. An allocation of €14.8 million has been approved for this development under our Capital programme.

The project brief for this development was signed off in 2006. You are aware that the design team appointment for the development is required to comply with EU procurement and, in conjunction with our Technical Services colleagues, a Framework from which to select the design team has been established. It is intended to tender for the design services for St Brendan’s CNU by the end of May 2007. The design team will be appointed by July 2007.

**W8Q84**

Cllr. Catherine Connolly

“Further to the written reply (dated the 28th November 2006) to a question tabled by Cllr Connolly in November 2006 on the position re cardio-thoracic surgery in GUH and the confirmation received that one Surgeon had taken up his post on the 1st October 2006 and another surgeon was due to take up his position on the 1st January 2007 and that procedures were to commence in early January can it not be clarified that the required and necessary team is in place and that procedures have in fact commenced, how many and since when?”

**HSE Reply/Freagra an FSS**

The new cardiothoracic service at University Hospital, Galway, is currently being commissioned and will include two dedicated theatres, 6 ICU beds, 4 HDU beds and 10 ward beds. There are currently 2 Consultant Cardio-Thoracic Surgeons in place and the hospital has already recruited a complement of highly trained staff. While a number of thoracic operations have already taken place, some additional specialist cardiac theatre nurses are still required in order to commence full service. UHG has been intensively seeking to fill these places since funding for the service was confirmed in 2006, and we are hopeful that the recruitment drive will have them in place in the near future.

**W8Q85**

Cllr. Catherine Connolly

“Further to the written reply dated the 22nd May 2006 in relation to question submitted by Councillor Connolly on the Dental Service to schools in Galway and the confirmation at that stage that 34 schools in Galway were not in receipt of HSE Dental Services due to difficulties filling vacant Dental Surgeon posts can it now be clarified what progress if any has been made since that time in providing dental services to these school.”

**HSE Reply/Freagra an FSS**

There are currently 12 Dentists and 1 A/Principal Dental Surgeon providing dental services in Galway PCCC. In addition, there is 1 Vocational Trainee Dentist based in Shantalla Clinic and one Hygienist based in Merlin Park Hospital.
You will be aware that there has been significant ongoing difficulties in relation to the recruitment of Dentists in Galway for some time. However, a recent competition for General and Senior Dental Surgeons in December 2006 proved very successful and we have placed the 4 successful applicants on a panel since the end of January 2007. Two of these dentists have accepted the positions offered and are now employed permanently. The first of these dentists is based in Merlin Park Hospital where a vacancy arose following the dentist based there being promoted to a Senior Special Needs post. The second dentist has been assigned permanently to Ballinasloe where she was working temporarily previously. The two remaining successful applicants are being offered posts in the Carna/Clifden area and the Headford area where there are currently two vacancies.

W8Q86
Cllr. Declan Bree

“That the Health Forum be provided with up to date details, including the identity of each property rented by the HSE in Sligo and Leitrim, the purpose for which each property is used by the HSE, the annual rent paid for each property, and the date on which the rental agreement was entered into in respect of each property, and to ask the Director if he will make a statement on the matter?”

HSE Reply/Freagra an FSS

Similar information was requested in relation to Sligo last year and this was provided in June 2006.

Since then the details in relation to Sligo have changed only minimally, and mainly in relation to rent reviews, although a number of rentals have been terminated, in some cases being replaced by alternative properties. These changes are being collated at present and will be provided to you within the next few days.

The attached table lists the properties rented in Leitrim. Rents paid are aggregated so as to preserve the negotiating position of HSE with regard to levels of rent paid to individual property owners.
<table>
<thead>
<tr>
<th>Service Location</th>
<th>Description</th>
<th>Amount</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>XtraSpace Cabin</td>
<td>Office Accommodation St. John’s Hospital &amp; Community OT</td>
<td>€ 13,200</td>
<td>1/1/2001</td>
</tr>
<tr>
<td>St. Francis, The Mall, Sligo</td>
<td>Acute Hospital Nurse Education Unit, Personnel Department</td>
<td>€ 31,085</td>
<td>1/6/2005</td>
</tr>
<tr>
<td>No. 10, The Mall, Sligo</td>
<td>Offices - Internal Audit Unit</td>
<td>€ 19,065</td>
<td>4/12/2002</td>
</tr>
<tr>
<td>JFK House, JFK Parade, Sligo</td>
<td>Offices - CWO: Physical &amp; Sensory; NCBI: Children’s Services; Primary Care Development Unit; Capital Projects; Learning Disabilities; Health Promotion; Physiotherapy; Occupational Health; Management Services; PPARS Local; Speech &amp; Language Therapy, and Social Work Care Plan Reviewer</td>
<td>€ 316,165</td>
<td>3/1/2002</td>
</tr>
<tr>
<td>Ardaghowen, Sligo</td>
<td>Offices - Personnel &amp; Regional Counselling Services</td>
<td>€ 40,000</td>
<td>6/20/2003</td>
</tr>
<tr>
<td>406 + 407 Millbrook, Sligo</td>
<td>Assistive Technology Unit</td>
<td>€ 36,873</td>
<td>5/24/2001</td>
</tr>
<tr>
<td>68 John St, Sligo</td>
<td>Offices &amp; Counselling - Regional Counselling Service</td>
<td>€ 17,000</td>
<td>8/1/2006</td>
</tr>
<tr>
<td>Unit 3, Finisklin Business Park, Sligo</td>
<td>Office Accommodation - Purchasing Secretariat &amp; Materials Management</td>
<td>€ 30,728</td>
<td>7/1/1999</td>
</tr>
<tr>
<td>Waterfront House, Bridge St, Sligo</td>
<td>Office Accommodation - Property Management, Risk Management, TSO, IT</td>
<td>€ 54,500</td>
<td>12/13/1999</td>
</tr>
<tr>
<td>1A - 3A Custom House Quay, Sligo</td>
<td>Offices, Training &amp; Counselling - NDP; Social Work/Mental Health; Regional Adoption Service, and Mental Health Cognitive Behavioural Therapy</td>
<td>€ 54,929</td>
<td>10/18/2001</td>
</tr>
<tr>
<td>Bundoran Road, Sligo</td>
<td>Office Accommodation - Regional Superannuation Service</td>
<td>€ 20,000</td>
<td>1/8/2001</td>
</tr>
<tr>
<td>Bridgewater House, Bridge St, Sligo</td>
<td>Office Accommodation - Public Health</td>
<td>€ 34,283</td>
<td>5/5/2001</td>
</tr>
<tr>
<td>Water Lane, Sligo</td>
<td>Offices &amp; Counselling Service</td>
<td>€ 16,312</td>
<td>4/1/2001</td>
</tr>
<tr>
<td>Duck St, Sligo</td>
<td>Office Accommodation - National PPARS Project &amp; IPMS</td>
<td>€ 198,850</td>
<td>9/1/2004</td>
</tr>
<tr>
<td>1A Ballytivnan, Sligo</td>
<td>Autism Treatment Room</td>
<td>€ 9,360</td>
<td>9/1/2004</td>
</tr>
<tr>
<td>Charter House, Sligo</td>
<td>Mental Health Office &amp; Counselling Accommodation</td>
<td>€ 27,040</td>
<td>1/2/2003</td>
</tr>
<tr>
<td>1 Roskeeragh, Ardaghowen, Sligo</td>
<td>Acute Hospital Services Locum Accommodation</td>
<td>€ 9,100</td>
<td>2/5/2003</td>
</tr>
<tr>
<td>Old Medi Centre, Kempten Parade, Sligo</td>
<td>Offices - Orthopaedic Fitting Service, NDP &amp; Down’s Syndrome Assoc &amp; Storage - Community Services &amp; CPR</td>
<td>€ 51,000</td>
<td>12/20/1999</td>
</tr>
<tr>
<td>Lisscarney, Pearse Road, Sligo</td>
<td>Mental Health Clinic Service/Day Centre</td>
<td>€ 45,720</td>
<td>1/2/2004</td>
</tr>
<tr>
<td>Ardaghowen, Sligo</td>
<td>Office Accommodation - EHO Centre</td>
<td>€ 10,030</td>
<td>6/7/2001</td>
</tr>
<tr>
<td>48 Yeats Heights, Sligo</td>
<td>Community Group Home - Learning Disabilities</td>
<td>€ 7,800</td>
<td>2/7/2005</td>
</tr>
<tr>
<td>Jude Robe, Ballinode, Sligo</td>
<td>Community Group Home - Learning Disabilities</td>
<td>€ 12,480</td>
<td>1/9/2005</td>
</tr>
<tr>
<td>Banada, County Sligo</td>
<td>GP Surgery</td>
<td>€ 7,800</td>
<td>1/3/2002</td>
</tr>
<tr>
<td>Ballintogher Enterprise Centre, Co. Sligo</td>
<td>CWO Service Clinic</td>
<td>€ 1,500</td>
<td>1/1/2003</td>
</tr>
<tr>
<td>Address</td>
<td>Service Description</td>
<td>Cost</td>
<td>Date</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>--------------------------------------------</td>
<td>--------</td>
<td>------------</td>
</tr>
<tr>
<td>Teach Cairde, 3 Kease Road,</td>
<td>CWO Service Clinic</td>
<td>€ 7,020</td>
<td>11/1/2004</td>
</tr>
<tr>
<td>Ballymote, Co. Sligo</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Keash Road, Ballymote, Co.</td>
<td>Community Group Home - Mental Health</td>
<td>€ 7,080</td>
<td>5/1/1997</td>
</tr>
<tr>
<td>Sligo</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Rock, Ballymote</td>
<td>Day Centre - Mental Health</td>
<td>€ 6,603</td>
<td></td>
</tr>
<tr>
<td>Ballymote Community Centre</td>
<td>Mental Health Service Clinic</td>
<td>€ 3,600</td>
<td></td>
</tr>
<tr>
<td>12 Keenanagh Crescent, Ballymote, Co. Sligo</td>
<td>Community Group Home - Mental Health</td>
<td>€ 7,140</td>
<td>8/3/2003</td>
</tr>
<tr>
<td>O'Connell St, Ballymote</td>
<td>Community Group Home - Mental Health</td>
<td>€ 4,495</td>
<td>1/4/1997</td>
</tr>
<tr>
<td>Ballynaboe, Ballymote, Co. Sligo</td>
<td>Community Group Home - Learning Disabilities</td>
<td>€ 8,060</td>
<td>11/7/2005</td>
</tr>
<tr>
<td>Sligo</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sligo</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Pearse Crescent, Sligo</td>
<td>Offices and Drop In Centre - Childcare Service</td>
<td>€ 7,800</td>
<td>7/1/2005</td>
</tr>
<tr>
<td>21 &amp; 22 The Meadows, Grange</td>
<td>Community Group Home - Mental Health</td>
<td>€ 15,000</td>
<td>7/1/2006</td>
</tr>
<tr>
<td>No 9 Quay Side</td>
<td>Service User Accommodation - Learning Disabilities</td>
<td>€ 5,980</td>
<td>8/2/2006</td>
</tr>
<tr>
<td>35 Highfield, Tubbercurry</td>
<td>Day Centre - Learning Disabilities</td>
<td>€ 7,020</td>
<td>1/1/2007</td>
</tr>
<tr>
<td>Unit 3, Abbeyville, Sligo</td>
<td>Storage - Sligo General Hospital</td>
<td>€ 32,500</td>
<td>6/1/2006</td>
</tr>
<tr>
<td>8 Churchfield, Dromahair</td>
<td>Health Centre - Primary Care</td>
<td>€ 9,000</td>
<td>4/1/2004</td>
</tr>
<tr>
<td>16 Ox Crescent, Tubbercurry</td>
<td>Residential House - Primary Care Service</td>
<td>€ 7,124</td>
<td>1/26/2004</td>
</tr>
<tr>
<td>St Brigid's, Ballinamore, Co.</td>
<td>Group Home - St. Vincent de Paul</td>
<td>€ 3,809</td>
<td>4/1/1994</td>
</tr>
<tr>
<td>Leitrim</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cluainin Centre, Manorhamilton,</td>
<td>Offices - Management Services/Helpdesk &amp; Archive Space</td>
<td>€ 36,469</td>
<td>1/1/2002</td>
</tr>
<tr>
<td>Co. Leitrim</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leitrim Lakes Hostel, Kilcymnogher, Co. Leitrim</td>
<td>Day Centre - Mental Health</td>
<td>€ 14,720</td>
<td>1/1/2000</td>
</tr>
<tr>
<td>2 Upper Main St, Manorhamilton,</td>
<td>Community Group Home - Mental Health</td>
<td>€ 7,200</td>
<td>11/1/2004</td>
</tr>
<tr>
<td>Co. Leitrim</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 - 8 Willow Grove, Carrick-on-Shannon, Co. Leitrim</td>
<td>Offices - Community Services</td>
<td>€ 25,935</td>
<td>7/1/2000</td>
</tr>
<tr>
<td>3 &amp; 4 Willow Grove, Carrick-on-Shannon, Co. Leitrim</td>
<td>Offices - Community Services</td>
<td>€ 12,697</td>
<td>10/1/2001</td>
</tr>
<tr>
<td>Hilldram House, Carrick-on-Shannon, Co. Leitrim</td>
<td>Offices - Finance &amp; Mental Health</td>
<td>€ 8,492</td>
<td>2/4/2002</td>
</tr>
<tr>
<td>Now Doc, Inver Gael, Carrick-on-Shannon, Co. Leitrim</td>
<td>Medical Centre</td>
<td>€ 27,550</td>
<td>5/1/2004</td>
</tr>
<tr>
<td>32 Oaklands, Carrick-on-Shannon, Co. Leitrim</td>
<td>Ambulance Base</td>
<td>€ 7,800</td>
<td>8/20/2003</td>
</tr>
<tr>
<td>2 The Beeches, Summerhill, Carrick-on-Shannon</td>
<td>Occupational Therapy Assessment Unit</td>
<td>€ 7,800</td>
<td>10/1/2005</td>
</tr>
<tr>
<td>Shannon Lodge, Carrick-on-Shannon, Co. Leitrim</td>
<td>Community Group Home - Learning Disabilities</td>
<td>€ 13,205</td>
<td>4/1/2005</td>
</tr>
<tr>
<td>Spa Brae, Linclogher, Co. Leitrim</td>
<td>Health Centre</td>
<td>€ 8,604</td>
<td>3/1/2005</td>
</tr>
<tr>
<td>Newtowngore</td>
<td>Health Centre</td>
<td>€ 12,000</td>
<td>4/7/1998</td>
</tr>
<tr>
<td>Castle Street, Mohill, Co. Leitrim</td>
<td>Community Physio</td>
<td>€ 7,262</td>
<td>Pre-2000</td>
</tr>
<tr>
<td>5 Portroosc, Rooskey, Co. Leitrim</td>
<td>Community Group Home - Learning Disabilities</td>
<td>€ 7,800</td>
<td>12/20/2004</td>
</tr>
</tbody>
</table>
“That the Health Forum be provided with a report outlining the role the Health Promotion Department and other HSE Departments and HSE staff play in providing services to asylum seekers in each county in the region.”

HSE Reply/Freagra an FSS
Galway University Hospitals is a member of the National Intercultural Hospitals Initiative (formerly the Migrant Friendly Hospital Initiative). As part of this initiative, Health Promotion Services provides Introduction to Cultural Diversity Training, and training on why and how to use interpreters.

Our aim for 2007 is to provide an inter-faith prayer room in University Hospital Galway, to be more inclusive of people from different backgrounds or faiths, and to avoid any potential discrepancy in the service provided.

Health Promotion Services are represented on the National Intercultural Hospitals Initiative Group, which is currently producing a prototype interpreter's resource file for hospitals (which may also be useful in a community setting). This is being done in conjunction with the Social Inclusion Care Group.

A Multidisciplinary Committee has been established in each Direct Provision Centre in Galway City, which includes representation from Health Promotion Services (HSE), Women's Health Co-coordinator (HSE), Public Health Nurse (HSE), Digital Enterprise Research Institute (DERI), The Galway Refugee Support Group (GRSG), residents from the relevant centres, management of the centre and a representative from the Galway City Council. The objectives of the committee are:

- To empower the Asylum Seekers to become more involved in their own and their children’s personal development and integration into both the Asylum Seeker community and that of the wider Galway City community.
- To seek to normalise the upbringing of their children by trying to match more closely the lives and experiences of fellow Irish children in their schools and community.
- To positively influence health and wellbeing through physical activity, nutrition, language and social skills development and so help alleviate the stress of living in Direct Provision accommodation.
- To organise activities.

The following activities took place in 2006; Cinema trips for adults and children, a trip to ‘Monkey Business’ (a soft indoor play area for toddlers and older children) and while the children were supervised the Mums participated in a nutritional information session, participation at a Women’s Health Conference in Westport, Co. Mayo, a Heritage guided tour of Medieval Galway, participation in locally run Summer Camps for Children, Halloween and Christmas parties, a Home Management Course and a Stress Management Course. It is envisaged that these activities will be repeated in both Centres in Galway city in 2007. Please see our website www.galwayasylumseekers.blogspot.com

Planning is in progress to set up a similar committee in the Direct Provision Centres in Ballyhaunis and Kiltimagh in Co. Mayo. Some financial support is donated from Health Promotion Services to the Community Development Project in Ballyhaunis for activities there.

Asylum Seekers are encouraged to participate in Walking Leaders Courses run annually by the Irish Heart Foundation and funded by Health Promotion Services

Research has recently been carried out by Health Promotion Services on the Mental Health Promotion Needs of Asylum Seekers and Refugees. A working group will be formed to work on the recommendations of the report.

Health Promotion Services is represented on all committees, partnerships, working groups etc pertaining to Asylum Seekers in HSE West
The Health Promotion Team in Limerick works with Ethnic Minority and Migrant Worker Groups rather than specifically Asylum Seekers.

Research is being carried out through An Assessment of Health and Personal Social Service Needs relating to Ethnic Minority Groups within the Mid-West.

An Ethnic Minority Health Strategy and Action Plan for the mid-west will be developed when this research is completed. Health Promotion Services facilitates and supports the rolling out of a pilot project focussing on the development of migrant friendly primary care settings in the Mid-West. Work is ongoing with local migrant workers group in Glin to develop their capacity to promote health.

Positive Parenting course was held in Sligo Family Resource Centre for 22 Asylum Seekers from Globe House last year. It started 5th October 2006 and ran for 6 weeks. The following themes were included in the course - Exploring parenting issues, communication/listening, communication/talking, self-esteem for children, managing children's behaviour and self-esteem for parents.

A programme has been delivered in three of the largest schools in Letterkenny where a Drama facilitator has been working with the language teachers and the class teachers where there are children from Foreign National families. Some of these children would be included in the Asylum Seeker and Refugee group. The aims were to increase the children's fluency and confidence in using English, to support the schools in recognising and celebrating interculturalism and to support the families in integrating in the school community. During the first year of the programme some 70+ foreign national children participated and each school held a multicultural evening, which was attended by parents. In the second year of the programme the focus shifted to Anti-racism, the Rights of the Child and Fair Trade. Over 500 children participated in the lessons that helped them appreciate the nature of globalisation and gave them some understanding of how the Rights of Children and Human Rights are not promoted throughout the world. This year we are developing a resource pack that will be made available to all primary schools and we will also run training for teachers on interculturalism.

Parent Stop, a parent advice and drop-in centre in Letterkenny has increasing numbers of Foreign National parents accessing services here. Regular courses are run to help parents with schooling issues and it also acts as a signposting service for parents to other sources of support.

W7Q60
Cllr. Fidelma Healy Eames

“Since 90% of what determines health lies outside the health sector (see slide), can I ask what is the current state of these determinants in the HSE West and nationally”

HSE Reply/Freagra an FSS
See PAGES 18 – 38.

Introduction

What determines health? What determines that your health will be good and mine will be poor? Many factors outside the healthcare system significantly affect people’s health. These are often beyond the control of the individual.
This “rainbow” of factors that impact on our health lie mainly within social factors such as the quality of social and community networks, access to and the quality of employment, level of disposable income, access to education, availability of housing and the safety of the environment.

Internationally, Figure 1 shows the “rainbow” of factors that influence our health.

**Figure 1: Determinants of Health**

The determinants of health for the people living in the West as are given in Box 1.

**Box 1: Determinants of Health for people living in the West of Ireland.**

- Education level attained by the individual
- The home setting, including the emotional environment
- Income, for example financial stress, debt
- Employment/Unemployment
- Environment/Neighbourhood
- Crime, security and personal safety
- Transport
- Nutrition, including food availability and breastfeeding
- Chronic health problems
- Access to Health Services
- Individual behaviour
- Genetics

**1. Education Levels Attained by the Individual**

Health Status improves with level of education. Education increases opportunities for income and job security and gives people a sense of control over their lives – key factors which influence health.
In 2005, 12% of Irish people aged 18-24 were early school leavers i.e. highest education level attained was lower secondary or below.

- Males were more likely to leave school early than females (14.5%: 9.3%) and were more likely to be unemployed than females (18.1%: 13.3%)
- 57% of early school leavers were in employment, 16% were unemployed and 27% were classified as not being economically active.

Table 1 shows the numbers of 15 year olds who completed formal education at lower secondary school level or below, in the West. ¹

**Table 1: Percentage of all persons aged 15 years classified by the highest level of education attained by county**

<table>
<thead>
<tr>
<th>County</th>
<th>Primary</th>
<th>Lower Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limerick City</td>
<td>18</td>
<td>19</td>
</tr>
<tr>
<td>Limerick County</td>
<td>21</td>
<td>20</td>
</tr>
<tr>
<td>Limerick</td>
<td>16</td>
<td>19</td>
</tr>
<tr>
<td>North Tipperary</td>
<td>19</td>
<td>21</td>
</tr>
<tr>
<td>Clare</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Galway City</td>
<td>18</td>
<td>15</td>
</tr>
<tr>
<td>Galway County</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Leitrim</td>
<td>24</td>
<td>20</td>
</tr>
<tr>
<td>Mayo</td>
<td>25</td>
<td>19</td>
</tr>
<tr>
<td>Roscommon</td>
<td>23</td>
<td>21</td>
</tr>
<tr>
<td>Sligo</td>
<td>19</td>
<td>17</td>
</tr>
<tr>
<td>Donegal</td>
<td>28</td>
<td>21</td>
</tr>
<tr>
<td>National</td>
<td>18</td>
<td>18</td>
</tr>
</tbody>
</table>

The International Adult Literacy Survey found that about 25% of the Irish adult population aged 16-64 years were found to be functionally illiterate. The survey also showed early school leavers, older adults and the unemployed as being most at risk of literacy difficulties. ² General literacy levels affect health literacy which also determines health status.

**What are we doing at regional level?**

- A network of Health Promoting Schools has been developed in partnership with the Department of Education and Science in the Mid-West.
- Work is ongoing implementing the SPHE (Social Personal and Health Education) programme at Junior Cycle level in all post primary schools in HSE West, this work is done in partnership with the Department of Education and Science through the SPHE Support Service partnership. It involves in-service training for teachers and other key school staff members, whole school staff development and training days and policy development work with schools. At primary level, we have worked with Breaking the Cycle/Giving Children an Even Break Co-Ordinators and the School Completion Teams.

**What are we doing at national level?**

- The SPHE (Social Personal and Health Education) support service post-primary is a national partnership between Department of Education and Science, Department of Health and Children and the HSE. The primary aim of this partnership is to insure the...
implementation of SPHE at junior cycle level within the context of a Health Promoting School. Junior cycle is a crucial period in the life of school-going children and it is essential that young people in our schools at this time have a sense of belonging and nurturing. The ethos of SPHE and the Health Promoting School aspires to and works towards creating this nurturing environment for the whole school community.
2. The Home Setting/Social Supports

Support from families, friends and communities are key influences on health.

A HSE West Survey *The 2004 Irish Smoking Ban - Is there a Knock on Effect on Smoking in the Home* found that half of the respondents allowed smoking either everywhere in the house or in selected rooms in the house as shown in Figure 2.³

**Figure 2: Proportion of Households Allowing Smoking in the home in 2002 and 2005**

This shows a welcome improvement because studies have shown that children whose parents disapprove of smoking are five times less likely to smoke than those parents whose parents have no objection.⁴

**What are we doing at regional level?**

- Work is ongoing towards developing a population health approach to reduce the exposure of children and adults to second hand smoke in the home, in partnership with the National Smoking Campaign Group.
- The Homeless Persons Centre in Limerick City is the first of its kind in the country with a multi-disciplinary/interagency team in place, operating from the one building.
- A partnership between Mayo Mental Health Services and Mayo Mental Health Association has been developed to help provide standard accommodation for people who are homeless and/or suffering from a disability.
- A recent study *A Picture of Health* which looks at the Health Status and Health Promotion needs of Homeless People in the West was produced the Health Promotion Services and highlights the disadvantage experienced by homeless people in terms of health and wellbeing.⁵ The report contains 25 recommendations, which are being addressed through the Galway City Homeless Forum Action Plan.
• Community Courses for adults in their communities on issues such as Lifestyle, Assertiveness and Stress Management

What are we doing at national level?
• Services for Older People nationally aim to support older people to remain at home for as long as possible, or where this is not possible, in an alternative appropriate residential setting. A range of services is provided in partnership with older people themselves, their families, carers, statutory, non-statutory, voluntary and community groups.
3. Income/Poverty

Health status improves as higher income levels affect living conditions, such as safe housing and the ability to buy sufficient good food.

During the year 2000 the Public Health Alliance of Ireland (PHA) published a document *Health in Ireland - An Unequal State*. This report gathered together baseline information on health inequality in Ireland. Many areas were highlighted as shown in Box 2.

**Box 2: Health Inequality in Ireland**

- Between 1989 and 1998 the death rate for all causes of death were three times higher in the lowest occupational class than the highest.
- The death rate for all cancers among the lowest occupational class is over twice as high as for the highest class. It is nearly three times higher for strokes, four times higher for lung cancer and six times higher for accidents.
- Perinatal mortality is three times higher in poorer families than richer families.
- Chronic physical illness has been found to be two and a half times higher for the poor than the wealthy.
- The rate of hospitalisation for mental illness is more than six times higher for people in lower socio-economic groups as compared to those in higher socio-economic groups.
- In 2003, 39% of people surveyed identified financial problems as the greatest factor preventing them from improving their health.

The findings of the PHA Report indicate that Ireland’s poverty problem has serious implications for health because of the clear international evidence of the links between poverty and ill health. Poverty also limits access to affordable healthcare and reduces the opportunity for those living in poverty to adopt healthier lifestyles. Therefore those in lower socio-economic groups have a higher percentage of both acute and chronic illnesses.

**What are we doing at regional level?**

- Two Limited Companies (commercial) were established in Ballina, a partnership between Mayo Health Services and Pobail and are now in their fifth year. These companies provide suitable employment opportunities, social and economic benefits for people with mental illness, disability or from a disadvantaged background by the establishment of a Dry Cleaning and Laundry business, which provides a service to the public and local industries and also a wreath making business which supplies local businesses.
- The HSE provides a substantial welfare service though it’s Community Welfare Service and it’s participation in the MABS (Money Advice and Budgeting Services).
- The HSE is involved with initiatives such as RAPID to enable resources to be targeted more effectively in disadvantaged areas.

**What are we doing at national level?**

- The HSE works in partnership with the National Anti-Poverty Strategy Group to work across government departments to address poverty as a key determinant of health.
- The HSE is represented on the Women’s Health Council to promote women’s health and to target specific areas of disadvantage by informing government and health policy nationally.
- *A National Action Plan for Social Inclusion 2007 – 2016* was launched in February 2007. The Government has identified a number of high level strategic goals in certain key
priority areas in order to achieve the overall objective of reducing consistent poverty. Both this plan and the National Development Plan 2007-2013 Transforming Ireland – A Better Quality of Life for All, highlight the following key areas:

- Ensuring children reach their true potential
- Supporting working age people and people with disabilities, through activation measures and the provision of services to increase employment and participation
- Providing the type of supports that enable older people to maintain a comfortable and high-quality standard of living
- Building viable and sustainable communities, improving the lives of people living in disadvantaged areas and building social capital
4. Employment/Unemployment

Unemployment, under-employment and stressful work are associated with poorer health. Those with more control over their work and fewer stress-related demands on the job are healthier. Table 2 shows the rates of unemployment by region and the percentage change in employment between 2000 and 2005.\(^9\)

Table 2: Unemployment rates by region and percentage change in employment 2000-2005

<table>
<thead>
<tr>
<th>Region</th>
<th>Unemployment Rate 2005 (quarter 2)</th>
<th>% Change in Employment 2000-2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dublin</td>
<td>4.2</td>
<td>8.7</td>
</tr>
<tr>
<td>Mid East</td>
<td>2.7</td>
<td>22.1</td>
</tr>
<tr>
<td>East</td>
<td>3.8</td>
<td>12.1</td>
</tr>
<tr>
<td>South East</td>
<td>5.6</td>
<td>17.6</td>
</tr>
<tr>
<td>Midland</td>
<td>4</td>
<td>24.1</td>
</tr>
<tr>
<td>South West</td>
<td>4.2</td>
<td>14.9</td>
</tr>
<tr>
<td>Mid West</td>
<td>4.7</td>
<td>12.7</td>
</tr>
<tr>
<td>West</td>
<td>3.7</td>
<td>21.3</td>
</tr>
<tr>
<td>Border</td>
<td>4.9</td>
<td>20.5</td>
</tr>
<tr>
<td>National Average</td>
<td>4.2</td>
<td>15.4</td>
</tr>
</tbody>
</table>

What are we doing at regional level?

- The Workplace Health Partnership (West / North west region) was established in 2002 and includes members from the Occupational Health Nurses Association of Ireland, Health & Safety Authority and Health Promotion Services HSE-West. The mission of the group is to provide an integrated approach, providing support to protect and enhance health & well-being at work.

- In conjunction with Roscommon County Enterprise Board a Workplace Health support service has been provided to small and medium enterprises (SMEs) in County Roscommon. This provides support to develop health promoting workplaces focusing on organisational issues in the workplace, workplace environment and support for employees to develop healthier lifestyles. The learning from this project is being extended to Counties Galway and Mayo.

What are we doing at national level?

- Health Promotion Services, HSE-West are the Irish partner on ‘Healthy Together’ a European funded project developing training on workplace health promotion for SMEs in rural communities and addressing areas such as mental health promotion, safety behaviour, work postures, exercise promotion & nutrition.

- Unemployment is one of the key areas identified for action under the current National Action Plan for Social Inclusion 2007 – 2016.\(^7\)
5. Environment/Neighbourhood

Physical factors in the natural environment (e.g. air, water quality) are key influences on health. Factors in the human built environment such as housing, workplace safety and community and road design are all important influences as shown in Figure 3.¹⁰

What are we doing at regional level?

- The Environmental Health Service within HSE West provides a range of services including, water quality monitoring, inspection of dwellings, health proofing of new plans for new developments, inspection of pre-school and nursing homes, investigation of public nuisance complaints, enforcement of Tobacco Control Legislation etc.
- Work is ongoing with Local Sports Partnerships to create supportive environments that promote physical activity
- Plantathons and Bulbathons in Terryland Forest Park provide a healthy outdoor amenity for the people of Galway City.
- The Galway Healthy Cities project is focusing on the issue of Healthy Urban Planning and Health Impact Assessment in Galway City

What are we doing at national level?

- The Environmental Health Service aims is to ensure the development, adoption and implementation of policies, including a national environmental health plan, that will deliver

Figure 3: The Determinants of health and well-being in our neighbourhoods

a national, comprehensive, cohesive and integrated food and environmental control service. The fostering of relationships between statutory and voluntary agencies and communities is an integral part of this process.

- In February 2006, the project entitled “Enhancing Human Health Through Improved Water Quality” was successful in being awarded a grant of €1.1 million from the Environmental Protection Agency (EPA). This grant is funded by the Irish Government under the National Development Plan. The project is an interdisciplinary programme and consists of 7 work packages involving scientists, doctors and engineers from the Environmental Change Institute, NUI Galway, University College Dublin and the Health Service Executive West’s Public Health Department.

The influence that the built environment and its many components have on health is illustrated in Figure 4.10

**Figure 4: How the built environment influences health.**
6. Crime/Security

The values and rules of a society affect the health and well-being of individuals and populations. Social stability, recognition of diversity, safety, good relationships and cohesive communities provide a supportive society which reduces or removes many risks to good health.

In 1988, the Department of Sociology and Social Policy, University of Durham carried out a literature review exploring the impact of crime on health and health services. It highlighted four key areas in which crime can have an affect on health:

- **Physical health** – Violent crime may result in temporary or permanent disability and, in some cases, death. People who have experienced violent crime have also shown to have higher rates of cigarette smoking, alcohol and drug abuse, risky sexual behaviour and eating disorders.
- **Psychological health** – Post Traumatic Stress Disorder (PTSD), depression and anxiety and sleeping difficulties. Secondary victims, such as close relatives, witnesses of crime and communities experiencing violence, may also suffer from the psychological affects of crime.
- **Fear of crime** – The fear of crime can alter people’s lifestyles. For example, they may be less likely to use public spaces, may withdraw from social life and avoid going out, especially at night.
- **Impacts on health services** – In the UK, crime-related trauma has been shown to be linked to an increase in the demand for both physical and psychological health care.

**What are we doing at regional level?**

- Through our voluntary network, we regularly arrange information sessions on crime and security. Our Special Housing Aid for the Elderly also deals with security issues in older people’s homes e.g. locks on doors and windows etc.
- Our Children Services work with young people who have fallen outside mainstream education and may have come to the attention of the Garda Siochana.
- Within the Social Work Service, we work with An Gardai Siochana in relation to various case conferences etc.

**What are we doing at national level?**

- *A Crime Prevention Strategy for Ireland: Tackling the Concerns of Local Communities*, National Crime Council, 2003 outlines how best to enhance a partnership response to tackling crime and its causes. This follows from our *Consultation Paper Tackling the Underlying Causes of Crime: A Partnership Approach* and consideration of the submissions to the Council on that Consultation Paper. The HSE are one of a number of partners working toward the implementation of this strategy at national level.
7. Transport

Transport is one of a range of social, environmental and economic factors outside the healthcare sector, which are known to influence health. For example, transport policy can promote access to shops selling fresh, nutritious food, or public transport can be used to facilitate walking and cycling and therefore have a positive effect on health. Alternatively, traffic can be a hazard to all road users leading to accidents, and busy roads can divide communities and form barriers to social contact, damaging people’s health. Injuries from road traffic accidents are an important cause of death and disability. The damage to health caused by road traffic injuries shows a clear social class gradient with the poorest suffering most. Road traffic injuries are associated with long-term psychiatric consequences in children and adults, with studies suggesting this happens in approximately a third of cases. Accidents also affect the wider community. Poorly perceived road safety may act as a potential barrier to healthy forms of transport (walking and cycling). It may also inhibit the use of outdoor space for play by children, and access to family, friends and services.

The report “Road Collision Facts 2004” was compiled from information supplied by An Garda Síochána and provides extensive analysis of road accident data. The report includes the following information as shown in Box 2.

**Box 3: Road Collision Facts 2004**

- A total of 374 people were killed in 334 fatal accidents on Irish roads in 2004. The number of fatalities is up 12% from 2003, but remains the second lowest recorded number of fatalities since 1970.
- The number of car user fatalities increased by 36 to 208 in 2004.
- The number of pedestrians killed increased by 6 to 70 in 2004.
- Motor cycle fatalities decreased by 5 to 50 in 2004.
- The number of pedal cyclists killed showed no change with 11 in 2004.
- The statistical breakdown of fatalities in 2004 is as follows: car users 208 (56%), pedestrians 70 (19%), motorcyclists 50 (13%), pedal cyclists 11 (3%) and other road users 35 (9%).
- Men accounted for 69% (259) of all fatalities in 2004. (Note: Gender of victim was not specified in all cases on accident report forms.) A total of 167 male and 42 female drivers were killed in 2004.
- 35 young drivers between the ages of (18-24) were killed in road accidents in 2004. (Twenty eight of these drivers were male.)
- Ireland’s rate of road deaths in 2003 (the latest year for which comparable statistics are available), is 8.4 per 100,000 population. Ireland is ranked seventh out of the 15 earlier EU Member States.

**What are we doing at regional level?**

- Work is ongoing with the Galway Cycling Campaign to promote active transport. Signage has been erected on most poles at traffic junction in Galway City.
- The HSE is represented on Road Safety Working Together groups across the region and is working in partnership with key stakeholders on the development and implementation county-based road safety strategies.
What are we doing at national level?
• The HSE will work in partnership with the Road Safety Authority and other relevant agencies to implement the recommendations of the National Road Safety Strategy (due to be published at the end of March 2007).
8. Nutrition/Food Availability

Access to affordable, safe, nutritious, high quality and appropriate food is an important determinant of health, development and wellbeing for individuals, families and groups throughout the life cycle.

A Combat Poverty Agency Survey *The Financial Cost of Healthy Eating in Ireland* found that healthy eating is not currently feasible among certain groups on social welfare benefits or minimum wages. The study aimed to determine the cost of healthy eating over the course of a week for low-income households comprising two parents with two children, lone parents with one child and single older people.

Figure 5 shows the cost of a food basket (based on purchasing patterns combined with dietary recommendations of the Irish food pyramid) as a proportion of weekly social welfare entitlements.

![Figure 5: Food Basket Cost as a Proportion of Weekly Social Welfare Entitlements](image)

It is clear, from the results of this study, that poor people are likely to find it very difficult to follow food pyramid guidelines.

What are we doing at regional level?

- A Community Organic Garden was established by the Galway City Development Health Forum in the RAPID area of Ballybane, Galway City in 2006 and a second organic garden will be developed in Westside in 2007. This project was based on ‘Growing in Confidence’ a community food project initiated in the North West in 2004 which has expanded to 6 sites in Counties Sligo/Leitrim and Donegal in 2007. These projects will help to increase knowledge, awareness and skills in relation to fruit and vegetable production, food preparation and consumption as well as help to increase availability of health food products to disadvantaged communities.
• Healthy Food Made Easy, a practical hands-on nutrition and cookery course is provided by trained tutors to a variety of community groups including parents, disabilities services, mental health services, women’s groups etc in counties Donegal, Sligo, Leitrim.
• Breastfeeding Support Groups are led by Public Health Nurses in the local community. Breastfeeding has been shown to have substantial health, social and economic benefits including lower infant and young child morbidity and mortality. Breastfeeding promotes health and prevents disease in the short and long-term for both babies and their mothers.
• Community Courses for adults on healthy lifestyles and one to one sessions to enable people to make changes to their lifestyle.

What are we doing at national level?
• The HSE is represented on the Food Safety Promotion Board – to work in partnership on an all island basis to promote food safety and nutrition with a specific focus on food poverty and health inequality
• The HSE is represented on the Food Safety Authority of Ireland and is Chair of the Folic Acid Health Promotion Working Implementation Group to raise awareness among key stakeholders such as health professionals and the general public regarding food fortification.
• Healthy Food for All Initiative. This initiative is a response to the growing awareness of food poverty as a structural constraint on food consumption and dietary intake among low-income groups. Combat Poverty, Crosscare (Catholic Social Care Agency of the Dublin Diocese) and the Society of St Vincent de Paul initiated the Healthy Food for All Initiative to strengthen the response to food poverty at policy and implementation levels. Other partners in the initiative include Safe Food, the Food Safety Authority and the Department of Social and Family Affairs. There is an advisory committee for the initiative which includes a wide range of stakeholders from the public, private and community/voluntary sectors including HSE.
**Chronic Health Problems**

Chronic diseases account for 80% GP consultations, and 60% of acute hospital bed days. Two thirds of admissions are due to exacerbations of chronic disease. The causes of the chronic disease burden are well established and largely lie outside the health sector. These include poverty, lack of education and unhealthy environmental conditions, which are the focus of national government policy. The most important modifiable risk factors at an individual level are an unhealthy diet, physical inactivity and tobacco use but these are also influenced by sectors outside health, such as transport, agriculture and trade. These causes are expressed through the intermediate risk factors of raised blood pressure, raised glucose levels, abnormal blood lipids and overweight and obesity. The major modifiable risk factors, in conjunction with the non-modifiable risk factors of age and heredity, explain the majority of new events of health disease, stroke, cancers and chronic respiratory diseases. The diagnosis and management of these diseases is an increasing challenge to the healthcare system.

What are we doing at national level?
A national project to develop a framework for the prevention and management of chronic illness is currently being rolled out. Key objectives of the project are:

- Set out the determinants of chronic disease, the causes of disease progression and reduced symptom control-related inequalities across sub-populations, public policy opportunities to opportunities to support healthier choices.
- Develop a model framework for chronic disease prevention and management across key sectors, both non-health, and within the healthcare system.
- Ensure a standard approach to HSE Service models for chronic disease
- Establish the roles and responsibilities of frontline staff for health promotion, prevention and monitoring of health status.
- Outline and implement a model for additional patient support and education.
- Specify and commission evaluation of the utility of the framework.
10. Access to Health Services

Health Services, particularly those that maintain and promote health, prevent disease and restore health contribute to population health.

What are we doing at regional level?
- Increasingly, the focus of Health Services across all Local Health Offices and Hospital Networks is geared towards improving access by ensuring provision of services in the most appropriate settings and perhaps the most relevant in relation to this are the development of Primary Care Teams. Primary Care Teams will be the unit of service delivery for non-acute care and will be assigned to populations between 7000 and 15000 people. They will be made up of a number of health professionals working along-side General Practitioners.

What are we doing at national level?
- Ireland has the highest percentage in the EU of children and young people in the population. Evidence shows that early childhood development will have a significant impact on the health outcomes achieved by adults. Immunisation is one of the most cost effective ways of reducing childhood morbidity and mortality.
- The development of services for people with disabilities is informed by the National Disability Strategy 2004\textsuperscript{17}, which provides a framework of new supports for people with disabilities. The Strategy builds on a strong equality framework, which is reflected in several pieces of equality legislation. It puts the policy of mainstreaming of services for people with disabilities on a legal footing.
11. Individual Behaviour and Lifestyles

Social environments that enable and support healthy choices and lifestyles, as well as people’s knowledge, behaviours and skills for dealing with life in healthy ways are key influences on health.

**Sexual Health:** Research both in Ireland and internationally has shown that levels of both premature mortality and poor health vary across the socio-economic scale. People of lower income, education or social class are far more likely to suffer poor health. Living standards, life chances and the lifestyles of different socio-economic groups have a strong effect on general health. These differentials apply just as strongly in the area of sexual health.

**Obesity:** Obesity is a major public health problem for both Ireland and our European neighbours, and is described by the World Health Organisation as a ‘global epidemic’. Approximately 39% of Irish adults are overweight and 18% are obese. Annually, approximately 2,000 premature deaths are attributed to obesity, at an estimated cost, in economic terms, of €4bn to the State. Levels of obesity are higher in lower socio-economic groups as can be seen in Figure 6.\(^{18}\)

**Figure 6: Distribution of obesity among different social groups**

![Graph showing distribution of obesity among different social groups](image)

(Source: SLÁN, 2003)

**Physical Activity:** The social determinants of physical activity include factors such as socio-economic status, education level, gender, family and peer group influences as well as individual perceptions of the benefits of physical activity. The environmental determinants include geographic location, time of year, and proximity of facilities such as open spaces, parks and safe recreational areas generally. The environmental factors have not yet been as well studied as the social ones and this research gap needs to be addressed. Clearly there is a public health imperative to ensure that relevant environmental policies maximise opportunities for active transport, recreational physical activity and total physical activity. Figure 7 shows the percentages of adults engaged in regular exercise by age group.\(^{18}\)
What are we doing at regional level?
- The HSE provides advice and support to individuals seeking to make changes in health behaviours through provision of services such as; Clinical Dietetic Services, Smoking Cessation Services and Assertiveness Training Courses.
- We provide training for health and social care professionals to support health behaviour changes with patients and clients through Brief Intervention Training, Cultural Awareness Training, Group Facilitation Skills Training and Sexual Health Promotion Training etc.
- Physical activity programmes are delivered to various population groups in many settings such as preschools, primary schools, teenagers, adults, older people, women's groups, college students, travellers, disabled groups and Asylum Seekers.
- Community Education courses are delivered to members of the public on topics such as healthy lifestyle, parenting, stress management etc.
- In counties Sligo and Leitrim the HSE, in partnership with the local county childcare committees, are involved in an Early Years Health Promotion project in day-care, preschools and after-schools setting through the development and implementation of both healthy eating and physical activity policies in these settings.

What are we doing at national level?
- Addressing obesity is a priority of the EU’s Public Health Action Programme for 2003-2008. The programme is funding a five-year EU-wide Nutrition and Physical Activity network to facilitate collaboration on obesity prevention strategies. In March 2004 the Minister for Health and Children, Micheál Martin TD, established the National Taskforce on Obesity (NTFO).
- The HSE works in partnership with the Irish Sports Council to promote policy and strategy development in the area of physical activity and sport with a focus on disadvantage and health inequalities.
- A new Sexual Health Strategy is being drafted at present at national level.
12. Genetics

Most of the more common diseases, such as heart disease and diabetes, also have a genetic component. An individual’s susceptibility to these diseases is determined by a combination of genetic factors and environmental factors such as lifestyle and diet. The chances of someone developing a multifactorial disease are not nearly so clear-cut as with single gene disorders. A few tests already exist, but they have low predictive power and have not been used outside research settings. For example, a variation in the ApoE gene is associated with the development of Alzheimer’s disease – but only a proportion of people with this mutation go on to develop Alzheimer’s. And not everyone who develops Alzheimer’s has this variation. This indicates that many factors are involved. Over the next decade, however, it should be possible to identify more genetic factors that increase the likelihood of people developing a given disease. There will then be the option to test people for a predisposition to that disease, or a higher-than-normal risk. Preventive and monitoring services could then be tailored to an individual’s needs.

What is happening at regional level?

- The National Centre for Medical Genetics hold specialist genetic counselling clinics, and specialist clinics for hereditary cancers, and Huntington’s disease. In addition, there are regional clinics in Cork (about 8 clinics per year), Limerick (about 6 clinics per year) and Galway (about 8 clinics per year). These clinics provide a service to individuals and their families who are affected by, or at risk of a disorder, with a significant genetic component:
  - Families are frequently referred to the department following:
  - The detection or birth of a child with developmental and or physical problems.
  - A stillborn infant.
  - Recurrent miscarriages.
  - The diagnosis of a hereditary disease in the family, for example, cystic fibrosis, Huntington disease or familial cancer.

What is happening at national level?

- The National Centre for Medical Genetics provides a comprehensive service for all patients and families in the Republic of Ireland affected by or at risk of a genetic disorder. The Centre, under the directorship of Professor Andrew Green, is based in Our Lady’s Children’s Hospital, Crumlin, Dublin. The Centre comprises three integrated units, a Clinical Genetics service, a Cytogenetics laboratory and a Molecular Genetics laboratory. The Centre provides a service for both children and adults, and has clinic facilities designed with adults as well as children in mind. There is a strong research element to the unit; the University College Dublin Department of Medical Genetics is based in the Centre. Strong links are maintained with the Conway Institute of Biomolecular and Biomedical Research and the Dublin Molecular Medicine Centre.
Conclusion
It is clear that people on low incomes in this country have poor health outcomes. They tend to have lower levels of education than those on higher incomes. Many receive little more than primary education. This leads to fewer job opportunities. People from disadvantaged backgrounds are more likely to be unemployed, underemployed or, if working, tend to work in jobs that are less secure.

The Regional Health Forum, HSE West, needs to work in partnership with all other sectors to address the wider determinants of health such as education, income/poverty, employment etc. as they have a very significant impact on the health of our population in the West.

References

94/08/07 Notices of Motion/Fógraí Rúin

Due to pressure of time, it was agreed that all Notices of Motions would be deferred to the next meeting of the Forum and that they would have priority in the discussion at that meeting.

A number of Motions had been passed by the Forum, which asked that reports would be provided by the HSE to the Forum. It was also agreed that members would outline, to the Director, the adopted Motions on which they requested a report.

95/08/07 Radiotherapy, Cervical Screening, Breast Check/Radio-teiripé, Scrúduithe Brollaigh/Ceirbheach

The Director informed the meeting that the up to date position on each item was included in the HSE Update W8 U79 on pages 17 to 18.

96/08/07 Sexual Assault Unit/Aonad Ionsaithe Gnéis

The Director informed the meeting that the up to date position on this item was included in the HSE Update W8 U79 on page 19.

97/08/07 Date and Time of Next Meeting/Dáta agus Am an Chéad Chruinnithe Eile

The Chairman referred to the fact that the next meeting may coincide with the upcoming General Election. It may be necessary to alter the time of the meeting in order to facilitate a number of members who will be candidates in the Election.

The next meeting of the Forum will be held on Tuesday 22nd May, 2007 at 2.00pm in the HSE Offices, Room 1, Education Centre, Merlin Park, Galway.

This concluded the business of the meeting.

Signed: 

Cathaoirleach/Chairman

Adopted at Regional Health Forum Meeting on Tuesday 29th May 2007