

AN ROINN SLAINTE AGUS LEANAI

**DEPARTMENT OF
HEALTH AND CHILDREN**

ANNUAL REPORT 2008

Published by the Department of Health and Children September 2009

ISSN: 1649-573X

PRN: A9/0936

Available from:

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Government of Ireland 2009

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Foreword by the Minister

I welcome this Annual Report which sets out the progress made in 2008 in implementing the Department's new Statement of Strategy for the period 2008 – 2010.

Even in the short period since our new Statement of Strategy was published the economic context in which health services must be delivered has changed radically, with resources now certain to be severely constrained for at least several years to come.

However it is our job to ensure that those who depend on our health and personal social services continue to be cared for, that standards are maintained and enhanced, and that our people can continue to have confidence in our health system.

Much good has been achieved in the Irish health sector in recent years. Life expectancy has increased significantly. There have been significant reductions in major causes of death, such as circulatory disease. Our health professionals are trained to the highest level and operate with extraordinary integrity. With flexibility and creativity, we can continue to develop and improve, and to make better use of the very substantial resources that will still be available.

I am deeply appreciative of the work of those within my own Department, and of all those throughout the health sector, and have every confidence that they can meet the challenges now facing them.

Mary Harney, T.D.
Minister for Health and Children

Introduction by Secretary General

I am pleased to introduce this Annual Report on the first year of the Department's Statement of Strategy 2008 – 2010.

This year's report outlines the mission, mandate and functions of the Department. It also summarises the progress achieved during 2008 towards the high level objectives in our Statement of Strategy.

The Irish health system is of critical importance to all those living in the State and that importance does not in any way reduce in times of economic scarcity.

It is our responsibility to craft advice and policies which protect service delivery and standards to the maximum extent possible in these difficult times, and which prepare us to benefit when circumstances improve.

The Department is constantly working to improve and deepen our co-operation with the HSE and other relevant agencies and to ensure that by working together we can deliver a top-class health and personal social service.

I would like to acknowledge the dedication and hard work of the staff in the Department and to thank them for their contribution towards achieving our objectives in 2008. With their continued commitment and support, we will continue to meet the new challenges that we face in future years.

Michael Scanlan
Secretary General

Our Mission

Mission Statement

To improve the health and well-being of people in Ireland in a manner that promotes better health for everyone, fair access, responsive and appropriate care delivery, and high performance.

Mandate

The Minister for Health and Children is politically accountable for developing and articulating Government policy on health and personal social services, and for the overall performance of the health service. Our mandate is to support the Minister and the Ministers of State by advising on policy development and implementation, evaluating the performance of existing policies and service delivery, preparing legislation, and working with other Government departments, the social partners and international organisations.

Our functions include:-

- To develop policy across the full spectrum of health and personal social services, with a focus on quality, equity, access based on need, consistency and outcomes, and to support implementation of Government policy.
- To negotiate and report on the Health group of votes and analyse financial and service outturns, including value for money and adherence to governance and accountability standards.
- To ensure compliance with Government policies on public service pay and industrial relations, employment control, and modernisation.
- To undertake medium and long-term planning, including workforce planning.
- To provide a legislative and regulatory framework that helps protect the interests of service users and supports practitioners in working to the highest standards.
- To work with colleagues in other Government departments and the social partners to ensure that the aim of improving health and social well-being is advanced effectively in other parts of the public service.
- To develop and refine a system of performance evaluation which helps the Minister to assess the performance of the health system.
- To support the Minister and Ministers of State in fulfilling their parliamentary duties.
- To ensure the fullest possible involvement by Ireland in the work of the European Union, the World Health Organisation and other international bodies in the area of health and children; to progress closest possible co-operation with Northern Ireland.

- To ensure we have the internal capacity, in terms of structures, people, systems etc. to equip us to meet our objectives.

Resources

At the end of December 2008 there were a total of 475 staff (all figures are in “whole time equivalent terms) employed in the Department of Health and Children. This includes 57 staff working in the offices of the Minister and the four Ministers of State and a further 55 staff working in the Office of the Minister for Children.

The figure includes 52 staff employed in the Adoption Board, Office of the Ombudsman for Children, the Disability Appeals Office and Health Repayment Scheme Appeals Office.

The gross provisional outturn for the Department in 2008 under vote 39 was in the region of €498 million. However, the bulk of this (some €315 million) was allocated to more than 20 agencies such as the National Treatment Purchase Fund, the Crisis Pregnancy Agency, the Office of the Ombudsman for Children, the National Cancer Screening Service, the Mental Health Commission, the Health Information and Quality Authority (HIQA) and the Health Research Board. The allocation also included over €138 million for compensation payments for people affected by Hepatitis C, statutory and non-statutory inquiries and legal fees and the payments to the State Claims Agency. The balance of some €45 million represented the Department’s Administrative Budget and a number of other elements.

The Office of the Minister for Children has its own Vote, (Vote 41) which provided approximately €93 million towards the provision of certain services in respect of children in 2008. Of this, over €480 million was expenditure in respect of the Early Childcare Payment.

The organisational chart for the Department is at Appendix 3.

Parliamentary Affairs

The Department worked throughout the year to facilitate and support democratic accountability, and to improve our communication with stakeholders and the general public. A new communications unit was established in mid-year and a communications plan was formulated and is being implemented.

The Department issued 145 Press Releases/Statements, the Press and the Communications Office received an average of 2,500 queries by email and 3,500 phone calls. Replies were prepared for 6,139 Parliamentary Questions. This is the highest number of questions put down to a Government Department. In addition 188 responses were prepared for Dáil Adjournments and 48 for Seanad Adjournments. The Minister /Ministers of State received 8000 representations. A number of Oireachtas Committees were also serviced by the Department.

High Level Objectives

The following sections are broken down by “High Level Objectives” which are the strategic pillars on which the Departments Statement of Strategy 2008-2010 is based. The Department has set seven High Level Objectives, as follows.

1. Policy and Corporate Support

To provide policy, performance, legislative, planning and governance support to the Minister which helps to ensure that high quality and effective health and social services are delivered within available resources and in accordance with Government policies in a way which gives people fair access to services and other supports which meet their needs.

2. Children and Families

To promote and protect the health and well-being of children and families.

3. Primary Care

To ensure the provision of a broad spectrum of integrated, locally-based accessible services as the first point of contact for people with the health system and which, combined with improvements in income, employment, education and housing will deliver significant health improvements and reduce health disparities over the longer term.

4. Cancer Control

To reduce cancer incidence, morbidity and mortality relative to other EU countries and to support the provision of quality assured cancer services by the Health Service Executive (HSE).

5. Acute Hospitals

To ensure that patients who need acute care can access it as rapidly as possible, in the most appropriate setting at local, regional, or national level, that they receive safe care, and that the outcomes are the optimum that can be achieved for such patients.

6. Disability and Mental Health

To help people with disabilities to achieve their full potential including living as independently as possible. To promote mental health and provide appropriate support to and interventions for people with mental health problems.

7. Care of Older People

To enhance the quality of life of older people and to support them in their homes and communities for as long as possible and, where this is not possible, to provide them with access to appropriate residential accommodation.

This Annual report is structured around these objectives.

High Level Objective 1: Policy and Corporate Support

Quality and Patient Safety

Report of Commission on Patient Safety and Quality Assurance

The Commission on Patient Safety and Quality Assurance, established in January 2007 to develop clear and practical recommendations to ensure that safety and quality of care for patients is paramount within the health care system. Their Report – *Building a Culture of Patient Safety* was published in August 2008 and approved by Government in January 2009.

The report contains 134 recommendations including proposals on:-

- legislation on licensing of all public and private healthcare providers;
- mandatory adverse event reporting;
- policy of open disclosure on patient safety incidents and all clinicians to participate in national programme of clinical audit;
- leadership and accountability throughout the service through new governance, management and reporting structures with legal duty for patient safety assigned to CEOs and Boards of Management;
- improved research, education and training on patient safety;
- patient involvement in service review and planning.

An Implementation Steering Group (ISG) was established with representation from the Department, Health Service Executive (HSE), Health Information and Quality Authority (HIQA), Mental Health Commission, Professional Regulatory Bodies, Colleges of Surgeons, Physicians, Psychiatrists and General Practitioners. A representative of patients, the airline industry and the former Chair of the Commission are also on the ISG. The group is chaired by Dr Tony Holohan, the Department's Chief Medical Officer.

The role of the ISG will be to oversee the implementation of all the recommendations of the *Commission on Patient Safety and Quality Assurance Report* and to ensure, that they are implemented as effectively and efficiently as possible in an appropriate timeframe. This will include the provision of leadership to drive the implementation process in all relevant organisations throughout the sector. This will help ensure the building of a culture of patient safety in our health service as envisaged by the Commission Report. The Group will report quarterly to the Minister on progress achieved in that task. Work to facilitate implementation of the Commission's recommendations within an 18 month framework is ongoing.

Health Information and Quality Authority (HIQA)

Established in May 2007 as part of the Government's overall Health Service Reform Programme, HIQA's mandate is to improve the quality and safety of the public health and social care services. It regulates healthcare providers chiefly through the setting and monitoring of standards. During 2008, the Minister approved HIQA's Corporate Plan for the period 2008–2010, its Business Plan for 2008 and its Code of Governance.

The Authority continued to develop its functions during 2008. Major achievements during the year included the completion of two investigations into care failures and commencement of an investigation into the quality and safety arrangements at the Mid-Western Regional Hospital, Ennis. In addition 2008 saw completion by the Authority of the development of new National Standards for the Prevention and Control of Healthcare Associated Infections, draft National Quality Standards for Residential Care Settings for Older People and continuing development of National Standards for Residential Services for People with Disabilities. A Hygiene Services Quality Review of 50 acute hospitals was also completed.

Greater detail is available in the Authority's Annual Report 2008 which can be downloaded at http://www.hiqa.ie/media/pdfs/HIQA_Annual_Report_2008.pdf

Protected Disclosures of Information (S.I. No. 27 and 268 of 2009)

The Department finalised arrangements in 2008 with the HSE, public health service providers and other relevant bodies for the introduction of the Protected Disclosure provisions contained in Section 103 of the Health Act 2007 (legal protection for 'whistleblowers'). These provisions were legally commenced by Orders of the Minister with effect from 1st March 2009 for the main provisions of that section and from 1st August 2009 for those relating to protected disclosures to the Chief Inspector of Social Services.

The purpose of this legislation is to facilitate employees to disclose matters of concern to them to an authorised person and to provide statutory protection against penalisation in their employment and against civil liability. This procedure applies to all employees of the HSE and agencies funded by the HSE as well as bodies established under the Health (Corporate Bodies) Act 1961, e.g. the Crisis Pregnancy Agency, National Treatment Purchase Fund and others.

The subject matter of such disclosures would include reasonable grounds for believing there is:-

- a risk to the health or welfare of a person in receipt of health or personal social services;
- a risk to the health or welfare of the public;
- failure or likely failure to comply with any legal obligations to which the relevant body or person is subject in the performance of their functions; or
- a misuse or likely misuse or substantial waste of public funds.

Transfer of the International Society for Quality in Healthcare (ISQua) from Australia

Founded in 1985, ISQua is a non-profit, independent organisation with members in over 80 countries. The ISQua works to provide services to guide health professionals, healthcare service providers, researchers, agencies, policy makers and consumers to achieve excellence in healthcare delivery to all people, and to improve continuously the quality and safety of care.

In 2007 the Department of Health and Children made a bid to host the Secretariat of ISQua in Dublin; the Organisation's HQ had been located in Melbourne, Australia. The bid was successful and ISQua has been headquartered in Dublin since mid-2008. ISQua is scheduled to hold its annual conference in Dublin in 2009 and this puts Ireland in the position of being a key location from which leadership in developing the quality and safety agenda worldwide can be fostered.

Department's Protocol on Patient Safety

Following a number of reports on serious incidents in the health service, the Department introduced a new Patient Safety Protocol for dealing with correspondence received by the Minister or the Department relating to patient safety concerns, to clarify and strengthen arrangements for managing these communications and to ensure an appropriate strategy for the management of patient safety issues generally across the system. Engagement with the relevant bodies is well established and ongoing.

Health Insurance

Decision of Court of First Instance of the European Community

The European Court of First Instance issued its judgement in July 2008 confirming the Commission's original decision approving Ireland's risk equalisation system for the private medical insurance sector. It dismissed the challenge to this decision by private health insurer BUPA.

The judgement was the result of a challenge by BUPA Ireland to the decision of the EU Commission in 2003 not to raise objections to the introduction of a risk equalisation scheme in the Irish health insurance market.

Voluntary Health Insurance (Amendment) Act 2008

The Voluntary Health Insurance (Amendment) Act 2008 was enacted. The Act stipulates that VHI Healthcare should obtain an insurance licence and be regulated by the Financial Regulator with effect from 1st January 2009.

Initiative to Support the Cost of Health Insurance for Older People

In July 2008, the Supreme Court struck down the Risk Equalisation Scheme for health insurance. This led to concerns that older people would effectively face higher health insurance premium costs than younger people. Accordingly, on the joint proposal of the Ministers for Finance and Health and Children, the Government decided to put in place an interim, three-year measure to stabilise the health insurance market.

The Department intends to prepare a new risk equalisation scheme that will be robust, transparent and effective.

Workforce Issues

Consultants' Contract 2008

In 2008 new contractual arrangements for medical consultants were agreed with their representative organisations after four years of protracted negotiations. This is the largest redesign of the consultants' contract for 30 years. The new contract is designed to meet the needs of a modernised health service, working seven days a week, with assured quality standards and a much fairer balance for public patients. There are important provisions on team working, the appointment of Clinical Directors, restrictions on private practice, increased availability of consultants and equity of access to services.

Employment Control

The Department continued to strengthen its control procedures for overseeing the numbers employed in the public health service. The Employment Control Framework was reviewed in order to develop and improve accountability mechanisms. During 2008, data on employment in the public health service were monitored against the employment ceiling for 2008, which was set by the Department of Finance. The HSE's quarterly Health Service Personnel Census reports and monthly employment control reports were analysed and appropriate action was taken, when necessary.

In addition, the Joint Employment Control Monitoring Committee, which is composed of representatives of this Department, the Department of Finance and the HSE, met regularly, during 2008, to monitor compliance with the Employment Control Framework and any issues arising. Measures were also taken to ensure that public health service recruitment was in line with existing Government policy on the prioritisation of certain development areas, and to assist in the reorientation of health employment to services delivered in primary and community care. By the end of the year, employment in the public health service was below the overall approved employment ceiling of 111,500 (whole time equivalents).

Workforce Planning

Progress continued to be made during 2008 on the development of workforce planning for the health service. The Department's overall approach to workforce planning has been to strengthen the co-ordination of workforce planning and integration with financial and service planning. Health service employment levels are now a central element of both service planning and the annual estimates process.

In addition, work began in 2008 on improving our evidence for workforce planning. The Skills and Labour Market Research unit in FÁS commenced the preparation of the report *A Quantitative Tool for Workforce Planning in Healthcare* for the Expert Group on Future Skills Needs. The Expert Group's function is to advise the Irish Government on current and future skills needs of the economy and on other labour market issues that impact on Ireland's enterprise and employment growth. The report will provide a valuable evidence base for workforce planning decisions in respect of the twelve health care occupations covered by the study. It is due to be published in 2009.

The next phase of strengthening workforce planning will be supported by the Workforce Planning Strategy, a joint exercise between the Department and the HSE, on which work also commenced in 2008. The Strategy will outline four workforce planning principles to be applied: (1) patient/client focus; (2) sustainability; (3) availability; and (4) flexibility.

Nursing

Consultation on Proposed New Nurses and Midwives Bill

The main objective of the Bill is to protect the public in its dealings with the professions of nursing and midwifery, and to ensure the integrity of these professions through the promotion of high standards of professional education, training and practice and professional conduct.

A public consultation on proposed new legislation for nurses and midwives was concluded in February 2008. A total of 213 submissions were received from members of the public, key stakeholders and other Government Departments. The Department of Health and Children held a number of meetings with identified key stakeholders. The submissions were examined in detail and following this the draft Heads of Bill were revised.

Commission to Examine how a 35 Hour Working Week can be Achieved for Nurses and Midwives

The Commission, which was established as a result of a recommendation of the National Implementation Body (NIB) to produce an independent assessment of how a 35 hour week for nurses and midwives can be achieved, commenced its work in March 2008.

Implementation of Nurse Prescribing

Following on from the introduction of legislation in 2007, a total of 44 nurses and midwives from a range of clinical areas across the country have registered with An Bord Altranais and have the authority to prescribe medicinal products.

Forensic Nursing

The Higher Diploma in Nursing (Sexual Assault Forensic Examination) programme was established to support the role out and development of the Sexual Assault Treatment Units (SATU's) nationally. Eight students were sponsored by the HSE to undertake the Higher Diploma in Nursing (Sexual Assault Forensic Examination) in the RCSI. All eight successfully completed the programme and are now working in their sponsoring SATU areas providing holistic care to the victims of sexual assault.

North-South Co-operation

The Nursing Policy Division is continuing its collaboration work on the All-Ireland Cancer Nurses Working Group (NWG). The work of the NWG is part of the *Ireland – Northern Ireland – National Cancer Institute Cancer Consortium*.

Personnel Injury Insurance Scheme

In 2008 the Government approved the establishment of a Compensation Scheme for nurses injured while employed in the mental health services. A personal accident policy was established to provide a fixed tariff of compensation for physical injuries incurred by nurses employed in the public mental health services. In addition, the HSE also purchased the insurance required to provide defined compensation in the case of a nurse suffering Post Traumatic Stress Disorder (PTSD) in certain, exceptional circumstances where that nurse had suffered a serious assault by a patient.

Education, Training and Research

First National Therapy Research Strategy

The National Therapy Research Strategy 2008–2013 was published in November 2008. In promoting the therapy research agenda, the Government has already allocated funding for both clinical therapy research fellowships and a study to determine “*Therapy Research Priorities*”, which is due to be completed in 2009.

Medical Education and Training

The Department continued its active participation in:-

- an Interdepartmental Policy Steering Group on Medical Education and Training, which is chaired jointly by the Department of Education and Science, with representation from the Department of Finance, the HSE and the Higher Education Authority;
- the National Committee on Medical Education and Training (NCMET). The NCMET has an oversight and consultative role in implementing the medical education and training reform programme.

EU Directive 2005/36/EC

Directive 2005/36/EC on the recognition of professional qualifications, applies to all EEA nationals seeking to practise their professions in European countries other than their own. The aspects of this Directive relating to nurses, midwives, pharmacists, dentists and health and social care professionals were transposed into Irish law by Statutory Instruments Nos. 164, 166, 167 and 263 of 2008. (The Medical Practitioner’s Act 2007 transposed provisions related to Medical Practitioners and General Practitioners).

Health Information and Health Promotion

Public Consultation on Proposed Health Information Bill

The Minister launched a major public consultation exercise on the proposed Health Information Bill in June 2008. The process was very successful and attracted a large number of quality submissions from a diversity of interests across the health sector as well as consumer groups. The Bill will deal with the collection, use, sharing, storage, disclosure and transfer of personal health information as well as the rights of individuals to control and access their health information. The views expressed in the consultation process have been very carefully considered in preparing the Bill. The Bill is expected to be published in 2010.

Health Information

Good information is fundamental for planning, development, delivery and evaluation purposes. Recognising the value and importance of a good evidence base and with a view to advancing the information agenda, a number of initiatives were set in train and advanced during 2008:-

- a joint HSE/Department performance information structure to map out existing information sources and to develop an agreed set of performance data to meet the needs of the HSE and the Department was established;
- the Health Information Inter-agency Group, chaired by the Department and with representatives from the HSE and HIQA, was set up. This body is charged with ensuring that health information and ICT developments are pursued in a planned and coordinated way.

The growing data requirements of international organisations (EU, WHO and OECD) have been met. This data facilitates international comparisons and provides a good indication of how Ireland is performing across range of measurements.

The pilot project to implement the OECD System of Health Accounts is ongoing and should be completed in 2009. It is intended that the outcome of the pilot will inform the future direction for development of the Systems of Health Accounts in Ireland.

Health Promotion

The Department continued its activities in the health promotion area, to inform, educate and encourage behaviour that allows people to stay healthy.

Throughout the year the Department worked to communicate important messages including the facts on tobacco use, appropriate use of alcohol, diet and the importance of physical activity.

Eligibility and Accountability

Eligibility for Health and Personal Social Services Bill

Work continued during 2008 on a new legislative framework to provide for clear statutory provisions on eligibility and entitlement for health and personal social services. The aim is to produce a clear set of statutory provisions that ensure equity and transparency and to bring the system up to date with developments in service delivery and technology that have occurred since the Health Act 1970. The legislation will define specific health and personal social services more clearly; set out who should be eligible for what services, as well as criteria for eligibility; establish when and in what circumstances charges may be made and provide for an appeals framework. It is expected that proposals will be brought to Government during 2009.

Medical Practitioners Act 2007

A new Medical Council, with a majority of members who are not medical practitioners, took office in July 2008. A range of new, modern governance provisions in the Medical Practitioner's Act 2007 were commenced along with provisions governing an updated Fitness to Practise system, allowing for a non-medical majority on the Fitness to Practise Committee and for Fitness to Practise inquiries to be held in public for the first time.

As part of the health reform process, Part 12 of the Medical Practitioners Act, 2007, provided for the dissolution of the Postgraduate Medical and Dental Board (PgMDB). The Board was dissolved on 31st December 2008 and its functions, along with €9.6million in funding, transferred to the HSE with effect from 1st January 2009.

Preparations for the commencement of the remaining provisions governing registration of medical practitioners, medical education and training and maintenance of professional competence continued during the year.

Health Service Executive (HSE) Accountability Framework

Many of the High Level Objectives of the Department as set out in the Department's Statement of Strategy are linked to the effective organisation and delivery of services by the HSE.

Central elements of the current statutory accountability arrangements within which the HSE operates are: the Annual National Service Plan, the Annual Report and Financial Statements, the three year Corporate Plan and the Code of Governance. During 2008 in line with legislative requirements the Minister approved:-

- the HSE Code of Governance;
- the HSE Corporate Plan 2008-2011. A biannual corporate performance measurement report will report an overview of trends and progress against the high level objectives contained in the Plan;

- the HSE National Service Plan 2009. Significant improvement was made during 2008 to the format and content of the HSE National Service Plan 2009. In particular the Plan includes closer links between funding provided, staffing numbers and service delivery. An improved set of measures used to monitor service delivery was also developed and are reported on through monthly performance reports on the Plan;
- the HSE Annual Report and Annual Financial Statements, 2007 were laid before the Houses of the Oireachtas in June 2008.

During 2008, the Department and the HSE worked collaboratively under the auspices of the joint HSE/Department Performance Information Group to streamline and simplify collation and presentation of performance information, and to provide more capacity for better use and analysis of data.

Performance Evaluation

It is part of the Department's mandate to develop a system of Performance Evaluation which helps the Minister to assess the performance of the health system. Performance Evaluation is a cornerstone of the improvement and more efficient delivery of health services. The Department is committed to further developing the measurement of performance within the health system.

During 2008, the Department and the HSE worked collaboratively under the auspices of the Joint HSE/Department Performance Information Group to streamline and simplify collation and presentation of performance information, and to provide more capacity for better use and analysis of data.

Value for Money (VFM)

The Department focussed in 2008 on improved monitoring of VFM against targets in the context of the HSE service planning process. In addition, two reviews were progressed in 2008 under the auspices of the Government's Value for Money and Policy Review Initiative as follows: (i) Review of the Utilisation of Funding in Acute Services in the Southern Hospitals Group and (ii) Review of the Efficiency and Effectiveness of Long Stay Residential Care for Adults in Mental Health Services.

Administration of the Department

External Stakeholder Survey

In March 2008 the Department commissioned an external stakeholder survey to establish how those with whom we deal rate our service, efficiency and effectiveness and to use the results to improve how we do our business.

The methodology adopted was:-

- to advise on a survey questionnaire, and to circulate the questionnaire to approximately 200 stakeholders;
- to carry out up to 20 interviews with key stakeholders;
- to analyse the results of the survey;
- to recommend how the Department should respond.

Business Planning

We revised our business planning methodology to improve the clarity of how we set priorities, deadlines and clear links with our risk management system.

Risk Management

The process of making Risk Management an integral part of the Department's day to day management continued. We established a structured link between risk management and business planning and increased the delegation of risk management to line Units of the Department.

Training

The Department continued to develop its training function so that staff have the skills and knowledge to do their work effectively, with an appropriate level of specialist skills.

The Department adopted a three year training plan which outlines the key elements of the Department's training programme for this period. Implementation of the plan began in 2008, and during the year training was provided in:-

- managing staff with mental health issues for managers in compliance with the Disability Act 2005, and the Department's Sectoral Plan;
- Health Economics.

Funding continued to be provided to staff to undertake third level courses.

Business Skills, User IT and Specialist IT training courses were provided for staff. In addition staff attended seminars and conferences covering a broad range of relevant topics.

Internal Support Services

The ICT Internal Systems, Freedom of Information and Records Management Unit continued to provide various support services to the core Department and certain satellite offices during 2008. Significant progress was made in improving IT systems at the Adoption Board. There was also an increased emphasis on system security.

Freedom of Information

Over 227 Freedom of Information requests were received in 2008.

Annual Output Statement 2008

The Annual Output Statement 2008 for the Health Group of Votes was discussed by the Select Committee for Health and Children and laid before the Houses of the Oireachtas in May 2008.

High Level Objective 2: Children and Families

This Objective is aimed at promoting and protecting the health and well-being of children and their families with emphasis on responsive programmes and services based on best practice and delivered in partnership with children and their families, carers, local communities and non-statutory, voluntary and community groups.

Key activities undertaken by the Office of the Minister for Children and Youth Affairs (OMCYA) to facilitate the achievement of this Objective during 2008 included:

Improvements in Children and Young People's Participation

- a series of consultations with teenagers on mental health was undertaken;
- the first comprehensive review on the operation of Comhairle na nÓg was completed as part of the evaluation of the Comhairle na nÓg Development Fund 2007-2008. The report found significant improvements in the operation of Comhairle na nÓg in many parts of the country;
- the hosting of Dáil na nÓg and other children's participation initiatives;
- children and young people from Inclusion Programme for seldom-heard children effectively integrated into Children and Young People's Forum (CYPF) and other participation structures and outcomes evaluated;
- the Report "*Teenagers Views on Solutions to Alcohol Misuse*" was published on 15th April 2008 following a national consultation with teenagers.

Improvements in Understanding, Knowledge and Data Management in Respect of Children's Lives

- the continued roll-out of 'Growing Up in Ireland': the National Longitudinal Study of Children and the Children's Research and Fellowships Programmes took place over the year;
- the second biennial '*State of the Nation's Children Report*' was published in December 2008;
- ongoing development of www.childrensdatabase.ie; and
- continued development of the National Data Strategy on Children's Lives.

Developments on National Play and Recreation Policies

- The role of the National Play Resource Centre was expanded to include the promotion of both play and recreation for children and young people. The centre was renamed the National Play and Recreation Resource Centre and a new website www.nprrc.ie was developed;
- The Playbus Measure, developed by the OMCYA was introduced under the Dormant Accounts Programme. Funding was provided to six projects to provide interventions that support the family unit, particularly those parents and children experiencing social exclusion, through play development and parenting development outreach services in disadvantaged and isolated areas.

National Children's Strategy Implementation Group and Children's Services Committees

- The National Children's Strategy Implementation Group oversaw the development of work plans by the initial four interagency Children's Services Committees (CSC) in Dublin City, South Dublin, Limerick City and Donegal. Expansion of the initiative is underway. Implementation of these multi-agency work plans commenced. Applications were invited from all Health Service Executive (HSE) local health managers to establish a CSC within their area.

Youth Cafés

- A report on Youth Café Development was prepared for the National Children's Advisory Council by the Child and Family Research Centre (CFRC) in NUI Galway. The CFRC also prepared a Toolkit to support groups setting up youth cafés. The OMCYA expects to publish the Youth Café Report and Toolkit as part of advancing the Youth Café Programme in 2009.

Prevention and Early Intervention

- The OMCYA, in collaboration with The Atlantic Philanthropies, hosted a forum on Prevention and Early Intervention for Children and Youth in May 2008. The aim of the forum was to support pioneers in this field and also to cross-fertilise ideas and solutions and to pave the way for a change of thinking across a wide range of stakeholders.
- Following on from the launch of the Prevention and Early Intervention Programme for Children in 2007 to support and promote better outcomes for children in disadvantaged areas through innovation, effective planning, integration and delivery of services, the recruitment of staff in all three project sites was complete by end of 2008 and the majority of programme activities had commenced. In parallel with these developments, the commissioning of appropriate evaluation frameworks for each site was nearing completion, with support and input from an international panel of experts, the OMCYA and Atlantic Philanthropies.

Child Welfare

- The area of Child Welfare and Protection was identified as a priority area by the Minister for Children and Youth Affairs in 2008.
- The Child Welfare and Protection Policy Unit (CWPPU) supports the Minister in this key role and continues to develop the policy and legislative framework for care services for children. The HSE is responsible for ensuring the implementation of the policy and the delivery of services to those children and their families who require support and assistance at vulnerable times in their lives.

- The OMCYA undertook a national review of compliance with Children First: National Guidelines for the Protection and Welfare of Children. Three documents were launched in July 2008 outlining the results of the national review. The Minister will be publishing revised Children First Guidelines in 2009 taking into account the findings of the review of the guidelines and recommendations of various reports on child protection issues.

Childcare

- The National Child Care Investment Programme 2006–2010 (NCIP) continued to roll forward. The Programme is part of the National Childcare Strategy 2006-2010 which commits to continuing the development of a quality infrastructure for childcare.
- The Community Childcare Subvention Scheme (CCSS) under the NCIP has an allocation of €160 million over the period 2008-2010. The CCSS supported community-based childcare providers reducing childcare fees for disadvantaged parents using a tiered system based on ability to pay.
- The Working Group on National Childcare Standards which was established by the OMC in late 2007 to develop a set of National Childcare Standards for service users and providers in accordance with the Regulations met regularly during 2008 with the objective of completing its work by the end of 2009.
- The rate of payment for the Early Childcare Supplement (ECS) was increased from €1,000 per annum to €1,100 per annum with effect from January 2008. Changes to the scheme were announced in Budget 2008 and are effective from January 2009.

Policy/Legislative Framework

- Preparation of the Adoption Bill for publication in early 2009 was advanced.
- Preparation of the Child Care (Amendment) Bill for publication in 2009 was progressed.

In signalling that a focus on young people will be a particular priority for the Government, the Taoiseach announced an expanded role for the Office of the Minister for Children upon the appointment of the Government in May 2008. The title of the Office changed to the Office of the Minister for Children and Youth Affairs with responsibility for Youth Affairs in the Department of Education and Science and the Young Persons' Facilities and Services Fund in the Department of Community, Rural and Gaeltacht Affairs being integrated into the Office. The necessary preparatory work to give effect to this change and broaden the focus of the OMC was carried out during the latter half of 2008.

High Level Objective 3: Primary Care

Primary Care Teams

The development of Primary Care Teams (PCTs) continued during the year. The aim is to provide an integrated and comprehensive primary care service delivered through multi-disciplinary teams and networks. At the end of 2008, 93 PCTs were in place. This was achieved primarily by assigning existing professional and other staff working in the community to PCTs. By the end of 2008, up to 300 new staff had also been appointed to PCTs.

Medical Cards

The number of medical cards at the end of 2008 was 1,352,120, representing an increase of 75,942 over the figure at the beginning of the year. Taking GP visit cards into account, the percentage of the population with free access to GP services at the end of 2008 was 32.51%.

Commencement of Pharmacy Act 2007

The Minister brought further sections of the Pharmacy Act 2007 into operation with effect from 28th November 2008. The main provisions involved:-

- a new registration regime for pharmacists and retail pharmacy businesses;
- the removal of the derogation which prevented non-Irish qualified pharmacists from owning, operating, or managing pharmacies which are less than 3 years old.

These provisions introduce a modern and robust regulatory regime, including new requirements relating to the linguistic and forensic competence of pharmacists and the control and supervision of the activities of pharmacists within retail pharmacy businesses.

Independent Body on Pharmacy Contract Pricing

In February 2008 the Minister appointed an Independent Body to recommend a new, interim community pharmacy dispensing fee for the General Medical Service (GMS), Drugs Payment Scheme (DPS) and other community drug schemes.

The Body received a total of 76 submissions, the majority of which were from, or on behalf of, community pharmacists. The Independent Body heard evidence from the Health Service Executive (HSE), the Irish Pharmacy Union and the Pharmaceutical Distributors Federation.

The Body's report was published on the Department's website in June 2008.

Cost of Drugs and Medicines

As part of the ongoing review of the costs of drugs and medicines under GMS and community drugs schemes, the HSE reduced the wholesale margin from 17.66% to 8% from 1st March 2008. This reduction was set aside by the High Court in September 2008. In doing so, the Court held that any reduction in the levels of remuneration paid to community pharmacists under the Community Pharmacy Contract could only be initiated after the Minister had consulted with the Irish Pharmacy Union (IPU). In December 2008, the Minister advised the IPU of her intention to conduct such a consultation process early in 2009.

Medicinal Products

Regulations relating to the prescription and supply of medicines were amended in 2008 to update the list of medicinal products that may be administered by advanced paramedics, paramedics and emergency medical technicians in the course of their work in pre-hospital emergency care. The Regulations also clarified controls applicable to certain liquid preparations containing paracetamol.

Cosmetic Products

The Department is the Competent Authority for Cosmetic Products. Two sets of Regulations were made during 2008 in relation to the manufacturing, marketing and sale of cosmetics and controls on the use of certain substances in cosmetics. These Regulations transposed eight European Commission Directives into Irish law.

The Department issued over 500 Certificates of Free Sale to companies wishing to sell Cosmetic Products outside the EU.

Under the RAPEX system, the Department works with the National Consumer Agency and the HSE to ensure that cosmetic products which are in breach of cosmetics legislation are removed from sale. In 2008, a number of RAPEX alerts were raised following the discovery of non-compliant cosmetic products.

Advanced Therapies

The European Commission introduced a new Regulation to ensure the free movement of advanced therapy products within Europe, to facilitate access to the EU market and to foster the competitiveness of European companies in the field. Amendments were made to four national Regulations (dealing with Medicinal Products Manufacture, Wholesale, Placing on the Market and Clinical Trials) to facilitate the operation of this Regulation.

EU Deliberations Relating to Medicines and Cosmetics

During 2008, the Department took an active part in the following committees and groups at EU Commission and Council level:-

- Standing Committee on Cosmetic Products
- Working Group on Cosmetic Products
- PEMSAC (Cosmetics Surveillance Authority)
- Standing Committee on Medicinal Products for Human Use
- Pharmaceutical Committee
- Working Group on Pharmaceuticals and Medical Devices
- Medical Device Expert Group

Significant matters under discussion during 2008 included proposals for new regulation on Cosmetic Products, Counterfeit Medicines, Pharmacovigilance and Information to Patients.

Food Safety

Six Statutory Instruments were made during 2008 relating to food additives and labelling.

During 2008, the Department was involved in extensive discussions at EU Working Group level relating to proposed legislation on Food Labelling, Food Supplements, Nutrition and Health Claims and Novel Foods.

In addition, the Department contributed to the finalisation of proposals relating to the Food Improvements Agents Package (FIAP) which had the effect of harmonising legislation on food enzymes and upgrading rules on flavourings and additives. This resulted in the publication of four EU Regulations in December 2008 which aid to protect the consumer and boost public confidence in the food produced with these substances.

Food Safety Incidents

During 2008, the Department's Food Unit was involved in dealing with two major food safety incidents; one relating to dioxins in pig meat and the other relating to salmonella agona. In addition, the Unit worked with the Food Safety Authority of Ireland (FSAI) in relation to the production of a report on microbiological safety and quality of bottled water.

High Level Objective 4: Cancer Control

In accordance with *A Strategy for Cancer Control in Ireland*, the National Cancer Control Programme continued the development of eight designated cancer centres, each serving a population of approximately 500,000 people in four managed cancer control networks.

Achievements and activities in 2008 include:

- the number of hospitals providing breast cancer diagnostic and surgical services reduced from 33 in mid 2007 to 12 at the end of 2008;
- additional radiation oncology capacity was provided at St Luke's Hospital, Dublin and the contract was agreed for Phase 1 of the National Plan for Radiation Oncology at St James's and Beaumont Hospitals, Dublin which will be completed by end 2010;
- BreastCheck, the national breast screening programme, was provided in 21 counties, with 90,335 women screened;
- CervicalCheck, the national cervical cancer screening programme commenced on 1st September 2008, with the aim of screening 240,000 women per year;
- a total of 1519 patients were on clinical trial studies.

A number of reviews were undertaken between 2007/2008. The Reports of these reviews were published in 2008:-

- a review of symptomatic breast cancer services in Portlaoise;
- an investigation into the circumstances surrounding the provision of care to Rebecca O' Malley in relation to her Symptomatic Breast Disease, the pathology services at Cork University Hospital and Symptomatic Breast Disease Services at the Mid Western Regional Hospital, Limerick;
- pathology services at University College Hospital Galway,
- radiology services in the North East.

The Health Service Executive (HSE) set out an implementation plan for the recommendations in these reviews and continues to monitor progress on implementation.

The report of the Independent Review of Symptomatic Breast Care Services at Barrington's Hospital in Limerick was also published in 2008.

The Department's Cancer Policy Unit played a key role in shaping the Departmental protocol on patient safety.

High Level Objective 5: Acute Hospitals

Acute Hospitals

The Health Service Executive (HSE) commissioned reviews of acute hospital services in the HSE South and in the Mid-West. The reviews will inform decisions on the reconfiguration of services in the regions concerned. Reconfiguration involves concentrating the more complex cases in a smaller number of more specialised hospitals while also developing smaller hospitals to provide a much greater proportion of less complex care.

The Department continued to work closely with the HSE on the reconfiguration programme in the North East region. The focus is on reconfiguring services by moving acute and complex care from five to two hospital sites and on ensuring that services in the region are organised in a way which optimises patient safety.

The HSE published an independent review of acute hospital bed capacity requirements until the year 2020. The report reaffirmed the need to develop an integrated health system, with a strong emphasis on the provision of hospital care on a day basis and as much as possible of people's care needs being met at primary and community care level.

Work continued to reduce the average length of stay in hospitals and to increase the proportion of surgery undertaken on a day basis. Day case activity was up by 8% compared to 2007, while inpatient discharges fell by 1.6%.

Investment under the National Development Plan continued during 2008 to allow for the provision of further new acute beds in the acute hospital system. In some instances these replaced existing facilities which were no longer appropriate for modern purposes.

Significant progress was made in advancing the implementation of the policy on the development of co-located hospitals. In 2008, the Board of the HSE approved preferred bidder status for the development of six of the co-located hospital sites. Project Agreements for four of the sites were also signed and planning permission was granted for three of these.

The development of the new National Paediatric Hospital is being overseen by the National Paediatric Hospital Development Board which was established in May, 2007, in conjunction with the HSE.

The Board appointed a business service team in July 2008 to support its executive in managing the development of the hospital. The procurement of the Project Management Service Team was finalised in December. The legal requirements to enable the transfer of the site for the hospital to the HSE were also agreed in 2008. A Chief Officer, Medical Director and Finance Officer were also appointed.

Waiting Lists and Waiting Times

The National Treatment Purchase Fund (NTPF) was established to tackle the issue of excessive waiting times for hospital treatment for public patients. The Fund has been very successful in fulfilling this remit and arranged treatment for over 36,000 patients in 2008. The total number of patients treated since 2002 to end 2008 is almost 136,000 patients.

On average, public patients are now waiting 2.6 months for their operation, down from two-to-five years before the NTPF was established. A significant reduction in the numbers of people waiting for surgical procedures has been achieved over the years, from 7.4 per 1,000 population in 2002 to 4.3 per 1,000 in 2008.

New Munster Regional Blood Transfusion Centre at Cork University Hospital

The Minister announced on 16th December 2008 a €17 million investment programme to provide a new purpose-built Munster Regional Blood Transfusion Centre at Cork University Hospital (CUH).

The new centre in CUH will provide all of the services currently available in Cork, other than laboratory testing which can now be provided safely and cost effectively for the whole country at the National Blood Centre, Dublin.

The estimated total capital cost of the project is €17 million, of which €5 million will be provided by the Irish Blood Transfusion Service (IBTS) from its own resources. The Minister will meet up to €12 million within the existing capital funding available to her Department. There will be no additional running costs for the Exchequer.

High Level Objective 6: Disability and Mental Health

Disability

Office for Disability and Mental Health

The Office for Disability and Mental Health was established in January 2008 to support the Minister of State comprising areas of responsibility in four Government Departments – Health and Children; Education and Science; Enterprise, Trade and Employment and Justice, Equality and Law Reform. The four Government Departments work closely within the framework of the new Office on all relevant issues to ensure maximum return from this whole of Government approach.

National Disability Strategy

Actions were taken in 2008 to progress the implementation of the Disability Act 2005 including:-

- working Group on the assessment of need process to develop guidelines in best practice for those involved in the assessment of need process;
- appointment of a permanent Disability Appeals Officer in August 2008;
- performance indicators for the assessment of need process;
- co-ordination and collaboration of the health and education sectors in relation to the provision of services from children with disabilities.

Multi-Annual Investment Programme

Additional funding was provided to the Health Service Executive (HSE) in 2008 as part of the National Disability Strategy's Multi-Annual Investment Programme for the provision of additional and enhanced service places and supports for people with a disability.

National Standards for Residential Services for People with Disabilities

The Department continued to participate in the Standards Advisory Group established by the Health Information and Quality Authority (HIQA) to develop a national framework for quality, safe services for people with disabilities in a residential setting.

Supporting Employment Opportunities for People with Disabilities

In November 2008 the Office for Disability and Mental Health confirmed to the Department of Enterprise, Trade and Employment that the Department of Health and Children would extend the arrangement whereby people with disabilities who are employed under the terms of the Wage Subsidy Scheme (WSS) retain their medical card for a period of three years from the date of their commencement on the Scheme, or in the case of persons already on the WSS, would retain their card for a further period of three years.

Rehabilitation Policy/Strategy

The Department in conjunction with the HSE set up a working group to develop a policy/strategy for the provision of integrated neuro-rehabilitation services in Ireland. The working group began its work at the end of 2008 and will produce its report in 2009.

Allowances

The Department is leading on the project to transfer allowances, including the Domiciliary Care Allowance, from the HSE to the Department of Social and Family Affairs. Proposals and plans were developed to transfer new applicants for Domiciliary Care Allowance to the Department of Social and Family Affairs with effect from 1st April 2009 and all recipients of the allowance to transfer in September 2009.

Mental Health

‘A Vision for Change’ the Report of the Expert Group on Mental Health Policy

- an interim implementation plan which identified six priorities for the implementation of ‘A Vision for Change’ in 2008 and 2009 was agreed with the HSE;
- a Value for Money Review of the Efficiency and Effectiveness of Long-Stay Residential Care for Adults within the Mental Health Services was completed;
- *WISDOM*, a web-based mental health information system which records inpatient and community care activity was developed jointly by the HSE and the Health Research Board (HRB) and is being piloted in Donegal;
- second Annual Report of the Independent Monitoring Group for ‘A Vision for Change’ was published in June 2008.

Child and Adolescent Mental Health Services

- the development of eighteen additional child and adolescent in-patient beds was progressed – four beds commissioned in St Anne’s Galway, a six bed unit completed in St Vincent’s, Fairview, Dublin and an eight-bed interim unit completed in St Stephen’s Hospital, Cork;
- construction commenced on 2 x 20 bed units in Bessboro, Cork and Galway;
- the development of 8 additional Child and Adolescent Mental Health Teams (CAMHTs) was progressed.

Forensic Mental Health Services

- design brief for the new Central Mental Hospital (CMH) progressed;
- bed capacity at the CMH increased from 83 to 88;
- the CMH provide a psychiatric Prison In-Reach Service for prisons within reach of Dublin and a Court Liaison Service at Cloverhill remand prison.

Suicide Prevention

- targets to reduce the incidence of suicide and deliberate self-harm monitored;
- actions identified in *Reach Out – the National Strategy for Action on Suicide Prevention* progressed, including the development of the 'Please Talk' campaign which promotes help-seeking among third level students; completion of an evaluation of the 2007 awareness campaign; development of online counselling for lesbian, gay, bisexual and transgender young people through the 'Belong To' website; consultation with young people seeking information on attitudes to mental health and suicide to inform the development of an awareness campaign aimed at young people;
- commencement of a pilot project with Coroners to improve data collection and the development of a national research strategy;
- innovation funding secured for the development of the Technology for Wellbeing Project which aims to provide accessible information and support through a set of technology-driven projects, to young people in emotional crises or experiencing mental health difficulties;
- work on all island actions on suicide prevention progressed.

Mental Health Legal Framework

- Mental Health Amendment Act 2008 enacted;
- Report of the Operation of Part 2 of Mental Health Act 2001 completed and published by the Mental Health Commission;
- Annual Report of Commission and Inspector of Mental Hospitals was published on 29th May 2008 and laid before each House of the Oireachtas;
- Annual Report of National Office for Suicide Prevention was published on 5th September 2008 and laid before each House of the Oireachtas.

International

- EU Pact on Mental Health agreed;
- International Initiative on Mental Health Leadership (IIMHL) Conference 2010 (Killarney) progressed.

High Level Objective 7: Older People

The key strategies adopted to deliver on this objective include:-

- to develop appropriate home and community based services such as Home Care Packages, Home Help services and day services as a key support for older people;
- to improve the quality and availability of affordable residential care for older people who can no longer live at home;
- to develop a new positive ageing strategy;
- to review *Protecting Our Future: the Report of the Working Group on Elder Abuse* so as to inform future policy and action;
- disestablishment of the National Council on Ageing and Older People and mainstreaming of staff into Department.

These strategies are consistent with the principles agreed by the Government and the social partners in *Towards 2016*.

Office for Older People

The Government announced the establishment of a new Office for Older People on 30th January 2008. The Office supports the Minister of State for Older People in exercising her responsibilities within the Departments of Health and Children; Social and Family Affairs; and Environment, Heritage and Local Government. The Office is located within the Department of Health and Children and supports the development of comprehensive, joined-up policy in relation to older people.

Work is ongoing on the disestablishment of the National Council on Ageing and Older People and mainstreaming of staff into the Department.

Home and Community Services

Over €200 million in additional funding was provided between 2006 and 2008.

In 2008:

- 4,700 Home Care Packages were provided benefiting approximately 8,700 people at any one time or over 11,000 people per annum;
- 11.96 million Home-Help hours were delivered benefiting nearly 55,000 people;
- 21,300 day care places were provided benefiting an estimated 80,000 to 100,000 people;
- 700 designated Respite Care Beds benefiting 19,000 people in 2008 (based on an average length of stay of two weeks per person).

A request for Tender for the evaluation of Home Care Packages was issued and successful tenderer was selected. The evaluation will commence in early 2009.

Residential Care Beds

Under the Fast-Track Initiative, 860 additional public long-stay beds are being made available during the period 2007-2010. By the end 2008, 273 additional long-stay beds had been made available under the Initiative.

In addition subvention was provided to over 9,000 patients on average with almost 5,000 people receiving enhanced subvention per month. Nursing Home Subventions increased from €171 million in 2007 to €202 million in 2008.

Nursing Homes Support Scheme

The Nursing Homes Support Scheme Bill and Regulatory Impact Assessment (RIA) were published in October 2008 and the Bill commenced its passage through the Oireachtas. This Bill provides the legislative basis for the new Nursing Homes Support Scheme - *A Fair Deal*. The new scheme will provide uniform financial support for people in public and private nursing home beds. Every person will make a contribution to the cost of their care, based on their means. Its aim is to ensure that nursing home care is affordable for each person and fair to all. An important principle of the scheme is that no person currently in care will be disadvantaged in any way by these changes.

The Future Funding of Long -Term Care

In 2008 the Working Group on Long-Term Care published its report on *the Future Funding of Long Term Care*. The group will continue to meet with particular emphasis on dealing with future funding of long term-care and evaluation of home care packages.

New Residential Standards

The *Fair Deal* is only one component in the overall Government commitment to the development of policy on services for older people in line with the principles agreed under “*Towards 2016*”. This also includes the introduction of new standards for residential care settings.

In 2008 the Board of the Health Information and Quality Authority (HIQA) approved the draft *National Quality Standards for Residential Care Settings for Older People* and submitted them for the approval of the Minister for Health and Children, as required under section 10(2) of the Health Act 2007.

The RIA on the draft Standards and the Regulations required to underpin them commenced in 2008. In addition a consultation session on the Regulations was held in Dublin Castle.

Positive Ageing Strategy

In line with the *Programme for Government 2007-2012*, a Cross Departmental Group led by the Office for Older People has been established to develop a new Positive Ageing Strategy.

Elder Abuse

At the request of the Office for Older People, in December 2008 the National Council on Ageing and Older People commissioned an independent review of the existing policy on elder abuse contained in the 2002 report *Protecting our Future*.

The Elder Abuse National Implementation Group met during 2008 to monitor the implementation of elder abuse policy. Key issues discussed included financial abuse of older people and the development of a public awareness campaign by the Health Service Executive (HSE).

Irish Longitudinal Study on Ageing (TILDA)

In late 2008, the Department of Health and Children agreed to become one of the funders of the Irish Longitudinal Study on Ageing (TILDA). TILDA is a ten-year study which aims to produce a significant improvement in the quantity and quality of data relating to older people and ageing in Ireland.

Health Repayment Scheme

The Health (Repayment Scheme) Act 2006 provides a legal framework to repay recoverable health charges for publicly funded long term care. The repayment of health charges under this Act is continuing. A cumulative total of 19, 281 offers of repayment had been made up to the end of 2008 resulting in 16,013 payments valued at €346.8 million at that stage.

The Health Repayment Scheme Appeals Office Annual Report for 2007 was submitted to the Minister for Health and Children in 2008 and laid before the Houses of the Oireachtas. A total of 3,902 notices of intention to appeal were received up to the 26th December 2008 and 2,235 decisions were issued during the year.

The National Oversight Committee, representative of service users, which was appointed by the Minister in August 2005 continues to monitor the operation of the scheme to ensure that it is being implemented in the most equitable and effective way possible.

Appendix 1

Legislation Enacted in 2008

Health Act, 2008 (No. 21 of 2008)

Voluntary Health Insurance (Amendment) Act, 2008

Mental Health (Amendment) Act, 2008

Statutory Instruments

S.I. No.	Title
4	Infectious Diseases (Shipping) Regulations 2008
6	European Communities (Cosmetic Products) (Amendment) Regulations 2008
23	Medical Council (Election of Registered Medical Practitioners) Regulations 2008
24	Medical Practitioners Act 2007 (Commencement) Order 2008
34	European Communities (Additives, Colours and Sweeteners in Foodstuffs) (Amendment) Regulations 2008
40	European Communities (Food Additives other than Colours and Sweeteners) (Amendment) Regulations 2008
44	Mental Health Act 2001 (Period Prescribed under Section 72(6)) Regulations 2008
57	Health Act 2007 (Commencement) Order 2008
59	European Communities (Additives, Colours and Sweeteners in Foodstuffs) (Amendment) (No.2) Regulations 2008
94	European Communities (Purity Criteria other than Additives and Sweeteners in Foodstuffs) (Amendment) Regulations 2008
164	Recognition of Professional Qualifications - Nurses & Midwives
166	Recognition of Professional Qualifications (Health and Social Care Professions) (Directive 2005/36/EC) Regulations 2008
167	European Union (Recognition of Professional Qualifications relating to Pharmacists) Regulations 2008
171	VHI (Amendment) Act 2008 (Commencement) Order 2008
179	European Communities (Quality and Safety of Human Blood and Blood Components) (Amendment) Regulations 2008
212	Health (Repayment Scheme) (Further Functions of Connected Persons) Regulations 2008
228	Risk Equalisation (Amendment) Scheme 2008
231	Medical Practitioners Act 2007 (Commencement) (No.2) Order 2008
255	EC(Manufacture, Presentation & Sale of Tobacco Products) (Amendment) Regulations 2008
263	Recognition of the Professional Qualifications of Dentists (Directive 2005/36/EC) Regulations 2008
364	Hep C Compensation Tribunal (Insurance Scheme for Relevant Claimants) 2008
369	EC (Additives, Colours & Sweeteners in Food) (Amendment) (No.3) Regulations 2008
370	EC Cosmetic Regulations No.2 2008
393	EC Recognition of Bulgarian & Romanian Medical Qualifications 2008
404	Tobacco (Amendment) Act 2002 (Commencement) Order 2008
405	Public Health (Tobacco) (Amendment) Act 2004 (Commencement) Order 2008
424	European Communities (Labelling, Presentation and Advertising of Foodstuffs) (Amendment) Regulations 2008
487	Pharmacy Act 2007 (Commencement) Order 2008
488	Regulation of Retail Pharmacy Businesses Regulations 2008
489	European Communities (Recognition of Professional Qualification of Pharmacists) (No2) Regulations 2008
511	Poisons Regulations 2008
512	Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 2008
519	Health Services Regulations 2008
521	Health (Charges for In-patient Services) (Amendment) Regulations 2008
542	Irish Medicines Board (Fees) Regulations 2008

543	Health (In-patient Charges) (Amendment) Regulations 2008
544	Health (Out-patient Charges) (Amendment) Regulations 2008
554	Medical Practitioners Act 2007 (Commencement) (No 3) Order 2008
555	Medical Practitioners Act 2007 (Transfer Day) Order 2008
579	VHI (Amendment) Act 2008 (Appointment of date pursuant to subsection (5)(b) of section 2 of the VHI (Amendment) Act 1996) Order 2008
580	Maintenance Allowances (Increased Payment) Regulations 2008
581	Infectious Diseases (Maintenance Allowances) Regulations 2009

Appendix 2

Publications in 2008

Second Report of Independent Monitoring Group on '*A Vision for Change*'

Alcohol Marketing, Communications and Sponsorship Codes of Practice

Building a Culture of Patient Safety - Report of the Commission on Patient Safety and Quality Assurance

Department of Health and Children Consolidated Salary Scales effective from 1st September 2008

Department of Health and Children Consolidated Salary Scales effective from March 2008

Department of Health and Children Annual Output Statement 2008

Department of Health and Children Annual Report 2007

HIV and AIDS Education and Prevention Plan 2008 - 2012

Health Bill 2008

Immunisation Guidelines for Ireland 2008

Medical Card for Over 70s: Fees payable to General Practitioners (Sullivan Report)

National Office of Suicide Prevention Annual Report 2007

National Therapy Research Strategy 2008-2013

Report of the Department of Health and Children to the Oireachtas under Section 2 (5) of the European Union (Scrutiny) Act, 2002, January - June 2008

Report of the Implementation Group on Alcohol Misuse

Report of the Independent Body on Pharmacy Contract Pricing

Report of the Interdepartmental Working Group on Long Term Care, 2006

Report of the National Health Consultative Forum 2008

SLÁN 2007: Dietary Habits of the Irish Population

Second Report of the Alcohol Marketing Communications Monitoring Body 2007

SLÁN 2007: Survey of Lifestyle, Attitudes and Nutrition in Ireland

Statement of Strategy 2008 - 2010

Tackling Chronic Disease - A Policy Framework for the Management of Chronic Diseases

Visit www.dohc.ie/publications to download copies of 2008 publications.

Appendix 3

Organisation Chart for the Department of Health and Children (2008)

