

Circular 100/99

14 September 1999

Mr John Byrne  
Personnel Officer  
Mid-Western Health Board  
31/33 Catherine Street  
Limerick



DEPARTMENT  
OF HEALTH AND  
CHILDREN  
AN ROINN  
SLÁINTE AGUS LEANAÍ

Spairtí a  
deirne future

**Re: Remuneration of Addiction/Alcohol Counsellors - Mid-Western Health Board**

Dear Mr Byrne

I refer to the agreement reached between the Health Service Employers Agency and IMPACT concerning the pay of Counsellors in the Mid-Western Health Board.

The sanction of the Minister for Health and Children can be assumed for the implementation of the arrangements set out in the attached circular.

Any queries regarding the implementation of same can be addressed to Pearse Costello, Health Service Employers Agency.

Please note that your Board's allocation has been adjusted to take account of this agreement.

Yours sincerely

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PE/IMP/00/15978

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**Terms of Agreement (HSEA/EHB/IMPACT/PNA/INO/SIPTU) on the Pay and Conditions of Addiction Counsellors/H.I.V. Counsellors/Alcohol Counsellors/Outreach Workers etc. as provided for in Clause 2 (iii) of Annex 1 of the Programme for Competitiveness and Work (P.C.W.)**

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**1. Pay**

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- (i) **Addiction Counsellor**  
**H.I.V. Counsellor**  
**Outreach Worker (existing)**

The salary scale for the grade of Counsellor and assimilation arrangements, from 1<sup>st</sup> April 1997, are at Appendix A.

- (ii) **Alcohol Counsellor**

The salary scale for the grade of Counsellor and assimilation arrangements from 1<sup>st</sup> July 1998 are at Appendix B.

Assimilation to the revised scale is on the basis that staff are eligible for registration with I.A.A.A.C.

- (iii) **Outreach Worker**

The salary scale below will apply to future appointees to the grade of Outreach Worker. Such staff will not have a counselling requirement.

£15,282 - 16,013 - 16,721 - 17,674 - 18,367 - 19,066 (1 April 1998)

- (iv) **'Trainee' Counsellor**

Successful applicants for the Eastern Health Board I.A.A.A.C. training programme will be paid 90% of the minimum of the Counsellor salary scale for the duration of the programme.

(v) **General**

It is agreed that with the application of the terms of this agreement, any existing pay relationships will no longer continue to exist. Any future examination of the pay/terms and conditions of staff will be conducted in accordance with Public Service Pay Policy.

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**2. Flexibility and Change**

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A significant feature of this agreement is the extent of real changes and payroll savings achievable in the context of the implementation of the items listed below. This will go towards offsetting pay costs and maintaining the terms of the agreement within P.C.W. parameters.

Staff agree to co-operate with the introduction of the measures listed below.

(i) **E.H.B. Training Programme (I.A.A.A.C.)/Development of new services**

Staff agree to co-operate with the introduction and continued operation of the E.H.B. I.A.A.A.C. training programme, together with the development of new services by the Board.

(ii) **“Generic” Counsellor Grade**

(a) **Outreach Workers/Counsellors**

All existing staff will co-operate with EHB training programmes to introduce a minimum standard of eligibility for registration with I.A.A.A.C. as and when required by the Board. On successful completion, these staff will be re-titled as Counsellors except where their assignment does not change.

All existing staff to co-operate as generic Counsellors and accept assignments to specific areas, e.g. substance abuse, alcohol, HIV etc.

All existing staff to undertake specific training programmes identified as a result of international research, best practice, changing demands etc. in order to improve the quality of service provided.

The delivery of services is under constant review and change with the objective of improving the quality, efficiency and effectiveness. This will necessitate existing staff undertaking a broader casemix in the future, e.g. Addiction Counsellors may have a caseload which will include HIV and/or alcohol clients.

Future intakes for the outreach service will not have a counselling requirement and will be graded as Outreach Workers. A separate scale will apply. (Paragraph 1(iii) also refers).

(b) Addiction Counsellors  
Alcohol Counsellors  
H.I.V. Counsellors

All staff to co-operate as generic Counsellors and accept assignments to specific areas, e.g. substance abuse, alcohol, HIV etc.

All staff to undertake specific training programmes identified as a result of international research, best practice, changing demands etc. in order to improve the quality of service provided.

The delivery of services is under constant review and change with the objective of improving the quality, efficiency and effectiveness. This will necessitate staff undertaking a broader casemix in the future, e.g. Addiction counsellors may have a caseload which will include HIV and/or alcohol clients.

All existing staff will be re-titled as Counsellors. The minimum standard for recruitment of Counsellors for the future is that all applicants must be eligible for I.A.A.A.C. registration.

(iii) Standard 35 hour week

Existing and new staff agree to the introduction of a standard 35 hour week (applies to staff whose current standard week is less than 35 hours).

Individual contractual arrangements will be required to give effect to (ii) and (iii) above. Application of the pay terms of this agreement is contingent on advance written acceptance by staff to these arrangements.

(iv) Full co-operation with and commitment to implementing the Health Strategy – Shaping a Healthier Future

It is accepted that the aims of the Health Strategy can only be achieved with the co-operation of staff. It is agreed that to achieve such co-operation will require the trust and goodwill of all parties through ongoing discussions and consultations.

(a) Evaluating Patient Satisfaction

The Health Strategy refers to user satisfaction and participation and states that the health and personal social services exist to serve the patient or client and that this has not been sufficiently highlighted in the past. It also states that the services must therefore be consumer-orientated. It is anticipated that Health Boards will introduce various methods by which the users of services and their

families can participate in the planning and delivery of the services and it is further expected that the Eastern Health Board will also introduce various consumer feedback mechanisms. Staff will co-operate with these aspects of service improvements.

(b) Quality of Service Initiatives

Staff agree to participate in initiatives to improve the quality of all aspects of their service. Staff agree to co-operate with the Eastern Health Board to introduce Joint Audit.

(c) Ongoing monitoring and evaluation of the effectiveness of services being provided – costs, outcomes and accountability

Initiatives to improve the quality of service and particularly the introduction of audit will be processed to evaluate the effectiveness of services being provided. Evaluating effectiveness requires the determination of expected outcomes from treatment and the setting of objectives and priorities. In accordance with the contents of the Health Strategy, staff agree to co-operate with the setting of agreed objectives and high standards and to be accountable for their achievement.

(d) 'Value for Money' Initiatives

Staff agree to co-operate with the development of value for money structures and programmes designed to achieve improvements in the efficiency and effectiveness of the service.

(v) Co-operation and flexibility with the re-organisation of management structures in Community Care

Following agreement between the Department of Health and the Irish Medical Organisation, a Department of Public Health is being established in each Health Board and the posts of Directors of Community Care/Medical Officer of Health are being abolished. The management of services function at Community Care area level which was carried out by the Directors of Community Care will be undertaken by the holders of posts which are to be newly established.

Staff agree to co-operate fully with the introduction of this new post of General Manager and the associated change of reporting relationships, etc. which will be required.

(vi) Personal Performance and Development

Both parties are committed to the introduction of changes which promote a positive attitude to organisational and personal performance and development. These changes will include the introduction of systems to develop and encourage such performance and development. These changes will include the introduction of systems to develop and encourage such performance and development.

(vii) **Flexibility**

It is recognised that changing work requirements and the need to provide better services to the public necessitate greater flexibility in traditional attendance patterns and work practices. Services are required on a much extended basis, i.e. it is not adequate to provide services over the normal working hours, Monday to Friday, 9 a.m. to 5 p.m. Staff will see benefits in a system which would allow them to fulfill their work obligations in a more flexible way. In this regard, where the need is demonstrated, staff agree to co-operate with such flexibility and atypical employment arrangements and agree to the more flexible reporting relationships to allow for greater flexibility of response to the needs of the public. Management agrees to prior consultation in such instances.

(viii) **Technology**

Staff agree to co-operate with all aspects of the design, installation and operation of new technology. Management agree to full consultation with staff on technological change.

Staff agree that no technology-related claims will be made in the future.

The Eastern Health Board are committed to the development of the necessary skills and knowledge for their efficient use of new technology. Every effort will be made to encourage staff to familiarise themselves with new technology by way of training organised by the employing authorities to meet local needs.

The Eastern Health Board are committed to drafting a policy for the internal and external training of staff involved with new technology as appropriate.

(ix) **Monthly Paypath**

Staff agree to the introduction of monthly/4 weekly paypath (at the discretion of the employer) from 1 January 1997, with staff having the option of a mid-monthly 'basic' advance payment.

Consultations will take place with IMPACT/PNA/INO/SIPTU on the administrative details of these changes and to address such issues as the timetable for change.

Briefing sessions will take place involving the banks, at which they will address the issue of bank charges, etc.

## APPENDIX A

### Addiction Counsellor/H.I.V. Counsellor/Outreach Worker (Existing)

#### Counsellor

	<u>01.01.97</u> £	<u>01.04.97</u> £	<u>01.07.97</u> £	<u>01.04.98</u> £	<u>01.07.98</u> £
1.	16,429	17,086	17,347	17,513	17,907
2.	16,946	17,709	17,970	18,152	18,560
3.	17,465	18,338	18,599	18,796	19,219
4.	17,978	18,967	19,228	19,441	19,878
5.	18,498	19,608	19,869	20,098	20,550
6.	19,017	20,348	20,609	20,857	21,326
7.	19,532	20,997	21,258	21,522	22,006
8.	20,045	21,849	22,110	22,395	22,899
9.	20,561	22,720	22,981	23,288	23,812
10.		23,545	23,806	24,134	24,677
11.		24,370	24,631	24,979	25,541
L.S.I.		25,370	25,631	26,004	26,589
*					

\* After 3 years satisfactory service on maximum.

#### Assimilation

Years service on maximum at 30 March 1997	Assimilation to	Future service required for progression to L.S.I.
1 year	10 <sup>th</sup> point	4 years
2 years	11 <sup>th</sup> point	3 years
3 years	11 <sup>th</sup> point	2 years
4 years	11 <sup>th</sup> point	1 year
5 years +	L.S.I.	

Otherwise, assimilation will be on the basis of corresponding points.

## APPENDIX B

### Alcohol Counsellors

#### Counsellor

	01.01.97	01.04.97	01.07.97	01.04.98	01.07.98	(P2000) 01.07.98
	£	£	£	£	£	£
1.	14,045	14,817	15,078	15,187	17,513	17,907
2.	14,692	15,663	15,924	16,055	18,152	18,560
3.	15,340	16,440	16,701	16,851	18,796	19,219
4.	15,985	17,219	17,480	17,649	19,441	19,878
5.	16,639	18,016	18,277	18,466	20,098	20,550
6.	17,285	18,812	19,073	19,282	20,857	21,326
7.	17,938	19,623	19,884	20,114	21,522	22,006
8.	18,583	20,431	20,692	20,942	22,395	22,899
9.	19,274	21,298	21,559	21,830	23,288	23,812
					24,134	24,677
					24,979	25,541
L.S.I.		21,724	21,985	22,267	26,004	26,589
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\* After 3 years satisfactory service on maximum.

#### Assimilation

Point on existing scale (1.4.98)	Assimilation to revised scale (1.7.98)
1 <sup>st</sup>	1 <sup>st</sup>
2 <sup>nd</sup>	1 <sup>st</sup>
3 <sup>rd</sup>	1 <sup>st</sup>
4 <sup>th</sup>	2 <sup>nd</sup>
5 <sup>th</sup>	3 <sup>rd</sup>
6 <sup>th</sup>	4 <sup>th</sup>
7 <sup>th</sup>	6 <sup>th</sup>
8 <sup>th</sup>	7 <sup>th</sup>
9 <sup>th</sup>	8 <sup>th</sup>
L.S.I.	9 <sup>th</sup>