12 th Mar	ch, 2004.
----------------------	-----------

Do gach Comhalta den mBord

A Chara,

The monthly meeting of the Northern Area Health Board will be held in The Boardroom, Northern Area Health Board, Swords Business Campus, Balheary Road, Swords, Co. Dublin, on Thursday, 18th March, 2004 at 5.00pm.

Hereunder is the agenda.

Mise, le meas,

1.

M. Windle ----PRIOMH FEIDHMEANNACH

CLAR

- Chairmans Business
- 2. Minutes of proceedings of
 - (a) Monthly Board Meeting held on Thursday 19th February, 2004 (i) Matters arising
- 3. Questions to the Chief Executive
- 4. Chief Executive's Report (to be circulated)
- 5. Report on Mental Health Services

 Report No 3/2004(carried over from meeting held on 19th February, 2004)
- 6. Report from Standing Committees
 - (a) Community Services and Continuing Care
 - (b) Acute Hospitals and Primary Care
- 7. Motions

7.1 Cllr Eamonn O'Brien

"In the interests of a comprehensive health prevention strategy, will the Chief Executive open discussions with the Mater Hospital's Genetic Testing Laboratory services at Eccles Street to ensure that medical card holders can be referred there for genetic testing where it is deemed appropriate by their General Practitioner."

8. Correspondence/AOB

NORTHERN AREA HEALTH BOARD

Minutes of proceedings of Monthly Board Meeting of the Northern Area Health Board held in the Boardroom, NAHB Headquarters, Swords Business Campus, Balheary Road, Swords, Co. Dublin

On Thursday, 18th March, 2004

Present

Cllr. C. Burke Mr. M. Cowley Ms. N. Harvey Cllr. D. Heney Mr. P. Ledwidge Dr. B. Murphy Cllr. D. Murray

Cllr. G. McGuire Cllr. M. O'Donovan

Dr. J. Reilly

In the Chair

Cllr. L. Creaven

Apologies

Cllr. A. Devitt Cllr. E. O'Brien

Officers in Attendance

Ms. M. Windle, Chief Executive
Mr. M. Walsh, Deputy Chief Executive
Mr. P. Dunne, Asst Chief Executive
Ms A. Kerrigan, Asst Chief Executive
Ms.M. Kelly, Director of Human Resources
Mr. S. Mulvany, Director of Finance
Mr S McGrath, Director of Communications
Mr. J. Murphy, Board Secretary

Other Officers in Attendance
Ms. J. Ebbs, Group Service Manager
Ms M. Farrell, Operations
Mr. G. Hanley, Group Service Manager
Mr. T. Leahy, Director of Mental Health & Addiction
Ms. B. Kelly, Secretariat
Ms D. Kelly, Secretariat

19/2004

1. Condolences

I am sure members will join with me in expressing sincere sympathy with those whose names have been included on the list of condolences, which has been circulated to members.

2. Schedule of Meetings/Visits

A copy of the schedule of forthcoming meetings/visits has been circulated.

Please note the following:

Special Board Meeting, 22nd March at midday – **Deferred**

Board Meeting, 31st March, at midday – A.F.S. & Annual Report 2003.

Community Services and Continuing Care Standing Committee, meeting at **2.00pm** on Monday 22nd March, 2004

Acute Hospital and Primary Care Standing Committee, schedule for 25th March at 10.00am, will be held at James Connolly Memorial Hospital.

It is proposed to defer the April meeting of our Board for one week, i.e. to Thursday 22^{nd} April, at 5.00pm.

Note – It was agreed by the members present that the April meeting of our Board would be held on **Wednesday 21^{st} April at 5.00pm.**

3. Association of Health Boards

Reminder - I wish to advise members that the Annual Conference of the Association of Health Boards will take place on Friday 26th and Saturday 27th March, 2004 in the Bridge House Hotel, Tullamore, Co. Offaly.

4. Apologies

Cllr Anne Devitt

20/2004

MINUTES OF PROCEEDINGS OF MONTHLY BOARD MEETING

held on Thursday, 19th February, 2004.

On a proposal by Cllr Burke and seconded by Cllr Creaven, the minutes of the Monthly Board Meeting held on 19th February, 2004 were agreed.

21/2004

QUESTIONS TO THE CHIEF EXECUTIVE

On a proposal by Cllr McGuire, and seconded by Cllr Burke it was agreed to answer the questions lodged.

1. Cllr Mary Murphy

"To ask the Chief Executive if she will give details of the number of people waiting for Occupational Therapy assessments in the Dublin West area; when will the Health Authority advertise to fill the vacant Occupational Therapy positions; what other steps are to be taken to improve the quality of service in particular to the elderly and if she will make a statement of the matter?"

Reply

Assessment

There are currently 26 people on the waiting list for Occupational Therapy assessment in Dublin 15, and 49 people on the list for Dublin 11. The waiting time for assessments for non-urgent averages 6-10 weeks, urgent cases are usually seen within one week.

Community Occupational Therapy Service

Our Board's Community Occupational Therapy offers a client focused service which enables individuals with a functional, physical, sensory or intellectual disability maximise their independence and quality of life within their environment.

Clients and the environment in which they live are assessed to determine their needs in self-care, productivity and leisure. Based on the outcome of assessment, therapeutic interventions are implemented in consultation with the client and family. These may address the following: -

- Activities of daily living
- Adapting or modifying the home environment
- Use of enabling equipment and appliances
- Pressure management
- Cognitive assessment
- Advice to carers to facilitate the management of the client
- Positioning and seating
- Safety awareness
- Leisure or work
- Onward referral to Day Care, other therapies and services

Any other intervention deemed necessary following assessment

Referrals for assessment are prioritised and urgent cases are normally seen in one week. Currently there are 75 persons on a waiting list for Occupational Therapy assessments in Dublin North West and Dublin West. Waiting time for non-urgent cases is from 6weeks to 3 months.

A recruitment drive is underway, the closing date for applications for the post of Community Occupational Therapist was February 13th 2004, and the interview board are convening at the end of March 2004 and arrangement are being made to hold interviews in mid-April 2004.

Home First

The Home First model pilot in 2002 between Beaumont and Community Care Area 8 has led to flexible and responsive interventions, assessments, care plans and care organisation, which has enabled older people to continue living at home. The service includes assessment of clients by a multi-disciplinary team in the community (including Occupational Therapy).

This is a significant development, which will become an integral part of the development of care management for older person.

Home Care Packages

Home Care Packages were pioneered in the Northern Area Health Board in 2001/2002, to meet the needs of clients who wished to remain in their own homes by offering Home Care Packages as a real alternative to Nursing Home Care. The Northern Area Health Board's Home Help Service currently provide home care packages, they provide the services such as Care Attendants, community nursing, day care, paramedical services, including Occupational Therapy.

2. Cllr Deirdre Heney

"To ask the Chief Executive to refer to my previous question regarding the practice of Chiropodists charging medical card holders a top up fee of €10 per visit. Has any progress been made on this issue. Please outline what steps the Chief Executive has taken to date to see that Chiropodists desist from this practice"?

Reply

As outlined previously, Chiropodists who provide services to medical card holders are paid in accordance with a scale of fees approved by the Department of Health and Children. The existing fees effective from 1st of October 2002 are as follows:-

Treatment fee - €3.31 Surgery Visit - €18.32 Domiciliary - €27.55

While these are approved rates, they are not contractual and accordingly there is no mechanism available to health boards to prevent private Chiropodists charging a top up fee.

Private Chiropodists are under no obligation to treat medical card holders. Some practitioners have, in recent times, discontinued the provision of services to medical card holders and the vast majority of practitioners no longer provide a domiciliary service.

The Department of Health and Children have been investigating this matter and we have been advised that correspondence will issue to health boards in this regard shortly. The content of same will be considered and examined as soon as it is received.

3. Cllr Deirdre Heney

"To ask the Chief Executive to refer to case as per details attached who is awaiting orthodontic treatment since primary school, was assessed in 2003 and is now being told that there is no definite date for her treatment. Please give an explanation as to why this young lady is on the list for over 8 years, is suffering seriously with the condition of her teeth and gums, was assessed in 2003 and yet no appointment date can be given. Please explain why, after the investment that has gone into orthodontics in recent times, this situation still prevails in orthodontics. Will the Chief Executive now undertake to arrange an appointment date for this young lady so that she can get on with her life without further damage to her self- confidence.

I am informed by the Manager of Orthodontic Services that a review of the waiting list is being carried out at present. Please let me have a detailed break-down of how and what exactly is happening in this review. Are patients being dropped from the list and if so, how many and under what criteria.

Reply

Following our Board's orthodontic assessment initiative patients were prioritised on the treatment waiting list based on the outcome of their assessment. These assessments were carried out in accordance with clinical guidelines set by the Department of Health and Children.

This client was clinically assessed, in accordance with guidelines, on 16th September, 2002, and was placed on the Category 3 waiting list. Patients on the Category 1 waiting list are clinically deemed to be most in need of treatments, and are being referred to current treatment places.

At August, 2001, there ware a total of 5,313 patients in our Board awaiting assessment for orthodontic services. At December 2003 this figure stood at 179, which represents patients who have been offered an assessment appointment, and have not replied to date.

A total of 540 patients were in treatment in our Boards services at 31st December, 2003 and a further 207 patients from our Boards area are receiving treatment under the Treatment Purchase Fund.

As you are aware our Board opened a new orthodontic unit at Ashtown gate in 2003. This development along with the provision of weekend surgeries in the primary care dental clinics, led to a dramatic reduction in our Boards orthodontic assessment waiting list from over 5,000 clients in 2001 to under 200 today. The waiting time for an assessment appointments been reduced from >6 years to < 6 months for category 2 clients and from >1 year to <3 months for category 1 clients.

Treatment capacity in our Boards area will depend on the availability of consultant orthodontists. A recruitment campaign is currently underway, under the Local Appointments Commission. The consultant orthodontist position in our Board was advertised on 5th February 2004 with a closing date of 11th March 2004.

Arrangement are being made to carry our a re-assessment of this patient and contact will be made with the family with a view to arranging an appointment in early May.

22/2004 CHIEF EXECUTIVES REPORT

SERVICE MATTERS

Medical Card Guidelines

I attach for members information revised Medical Card Income Guidelines, based on the Consumer Price Index Increase at December 2003, and effective from 1st January, 2004.

Reception and Integration Agency

The Reception and Integration Agency was established in 2000, charged with the responsibility for the provision of accommodation for Asylum Seekers. I attach report from the Reception and Integration Agency, outlining the services provided, as at February 2004.

Mental Health Commission

I have circulated for members information a report on the implications of the New Mental Health Act, 2001.

Medical Cards

Arising from matters raised by members at our last Board meeting relating to the timelines in the issuing of medical cards in our Boards area, I have made arrangements to undertake a survey of medical card processing/production times by an independent surveyor.

A total of 91,033 medical cards were issued in our Boards area in 2003. The GMS (Payments) Boards have been requested to provide our Board with a random sample of 200 of the cards issued in 2003, with a proportionate number from each community service area, over the twelve months of the year.

Following receipt of this information an investigation and analysis will then be carried out on the sample from the receipt of the application to the issue of the medical card to the client. A report on this analysis will be brought to a future meeting of our Board.

Assignment of Assistant Chief Executive to Interim HSE

I wish to advise members that Ms Laverne McGuinness Assistant Chief Executive has been seconded full time to the interim Health Services Executive, with effect from Monday 15th March, 2004.

On behalf of management and staff of our Board, I would like to wish Lavern well on her assignment, and to thank her for her valuable contribution to our Board. Arrangements are in progress to appoint a temporary replacement. In the mean time Mr Michael Walsh will have responsibility for this portfolio.

Re-opening of Acute Medical Beds

James Connolly Memorial Hospital

32 beds closed JCMH in May 2003 as part of cost containment programme.

19 of the closed beds were re-opened on 16th February 2004, while the remainder were opened on 4th March 2004. A total of 27 staff have been recruited to facilitate the re-opening of these beds, at a cost of €1.5m for 2004.

Community Units and Units for the Elderly

Location	Bed's	Bed's	Phased Re-Opening	Staff Requirements
	Closed	Opened	Remaining Beds Time Scale	
St. Mary's Hospital	60	30 beds December 2003	30 beds estimated time scale end of March	15 Nursing Posts to be filled
St. Monica's	5	5 beds December 2003	None	Completed
Lusk	10	5 beds March 2004	5 beds estimated time scale mid April	2 Posts to be filled
St. Clare's	8	4 beds February 2004	4 beds estimated time scale mid April	5 Nursing Posts to be filled
Cuan Ros	9	None	9 beds dependant on recruitment of staff for key nursing posts.	15 Posts to be filled

Re-opening of beds is dependant on recruitment of additional nursing and care staff. A campaign is underway to recruit the additional staff required.

Winter Vomiting Bug St. Mary's Hospital

St. Mary's had one suspected case of the Winter Vomiting Bug starting on the 3rd March 2004. There have been 39 suspected cases of the bug, however only **1 confirmed case** to date. Of the 39 suspected cases, 31 are patients and 8 are members of staff. All staff members have recovered and have returned to work.

Dr. Feeley from Public Health chaired an infection control meeting on Friday 12th March 2004, to review the precautions that have been implemented at the hospital. Dr. Feeley and Dr. Evan Murphy informed the infection control committee that they are satisfied that all control measures are in place to contain and eradicate the outbreak.

St Ita's Hospital

I have circulated for member's information the 1st Draft on our Boards plan for the transfer of services for Mentally III and persons with Intellectual Disability at St Ita's hospital, to appropriate alternative care settings.

Following discussion, to which, Cllr McGuire, Mr Ledwidge, Cllr Heney, Cllr O'Donovan, Cllr Creaven, and Dr Reilly contributed, and to which the Chief Executive and the Deputy Chief Executive responded, the report was noted.

23/20004 REPORT NO 3/2004 Report on Mental Health Services

On a proposal by Cllr Creaven, seconded by Cllr McGuire, **Report No 3/2004 Report on Mental Health Services,** was referred to the Community Service and Continuing Care Standing Committee.

24/2004 PROGRESS REPORT FROM STANDING COMMITTEES

(a) Community Services and Continuing Care Standing Committee

On a proposal by Cllr McGuire seconded by Dr Reilly, the report from the Community Services and Continuing Care Standing Committee meeting held on 23rd February, 2004 was agreed.

It was agreed that the "Report on Age and Opportunity – Review of the First 12 years" was for noting, rather than for adoption.

(b)	Acute Hospitals and Primary Care Standing Committee
	On a proposal by Cllr O'Donovan, seconded by Cllr McGuire, the report from the Acute Hospitals and Primary Care Standing Committee meeting held on 26 th February, 2004 was agreed.
25/20 MOT	004 TIONS
	notion in the name of Cllr O'Brien was, in his absence, deferred to the next hly meeting of our Board.
The 1	neeting concluded at 5.50pm.
	VINDLE EF EXECUTIVE
	R LIAM CREAVEN IRMAN 18 th March, 2004