Bord Sláinte an Oir Thuaiscirt

North Eastern Health Board

North Eastern Health Board
Bord Sláinte An Oir Thuaiscirt

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To/ Chairman and Members of the Board

20 May 1996

The next meeting of the North Eastern Health Board will be held in the Boardroom at Head Office, Kells, Co. Meath, on **Monday, 27th May, 1996 at 3.00 p.m.**

Please arrange to attend.

DONAL O SHEA,
CHIEF EXECUTIVE OFFICER.

AGENDA

1 Chairman's Business.

2 To Adopt Minutes of Meeting held on 22nd April, 1996. *Index 1*

3 To note Report of Chief Executive Officer.

4 To consider Report on Women's Health in the North East (Report from Chief Executive Officer and Report of The Expert Advisory Group enclosed). *Index 2*

5 To consider response to "Putting Children First" - Discussion Document on Mandatory Reporting of Child Abuse. (Discussion Document previously circulated; report from Chief Executive Officer enclosed) *Index 3*

6 To consider Reports on Family Planning Services in the North Eastern Health Board: *Index 4*

(a) Report on Family Planning Services Surveys - presented by Director of Public Health

(b) Report on Implementation Programme - presented by Deputy Chief Executive Officer.

7 To consider Submission to the Task Force on Suicide established by the Minister for Health (Report from Director of Public Health enclosed). *Index 5*

8 To consider Report on Surgical Services in Cavan/Monaghan (Report from Programme Manager Acute Hospital Services enclosed, *Deferred from April Board meeting*). *Index 6*

9 **DISPOSAL OF PROPERTY** *Index 7*

Dispensary Residence, Callystown, Clogherhead, County Louth.

Statutory Notice, pursuant to Section 83 of the Local Government Act, 1946, (No. 24 of 1946), having been circulated on 15th May, 1996 is recirculated herewith, together with Explanatory Note.

10 To note Date and Time of next Meeting - **Monday 24th June, 1996 at 3.00 p.m.**

Circulated for information:

- *Minutes of Hospital Services Committee Meeting held on 11th April, 1996.*
- *Minutes of Community Services Committee Meeting held on 10th April, 1996.*
- *Health Fact Sheets 1/96 and 2/96 on the Implementation of the Health Strategy 1: Key Policy Developments issued by the Institute of Public Administration.*
- *Health Fact Sheets 3/96 and 4/96 on Population Projects 1 and 2 issued by the Health Services Development Unit, Institute of Public Administration.*
- *Fruit & Vegetables Magazine issued by the Health Promotion Unit at the Department of Health.*
- *"Challenging Attitudes" - An Age & Opportunity Newsletter (Spring/Summer '96).*

North Eastern Health Board / Bord Slainte An Oir Thuaiscirt

MINUTES OF MEETING OF NORTH EASTERN HEALTH BOARD HELD IN THE BOARDROOM, HEAD OFFICE, KELLS, ON 22nd APRIL, 1996, at 3.00 p.m.

MEMBERS PRESENT:

Dr. H. Dolan, Chairman
Mr. J. Leonard, T.D., Vice-Chairman
Dr. F. Bereen
Mr. D. Brady
Mr. D. Breathnach
Mr. P. Conaty
Mr. J. F. Conlan
Sen. J. Farrelly
Ms. S. Faulkner
Mr. E. Feeley
Mr. B. Fitzgerald, T.D.
Mr. B. Hughes
Dr. W. G. Hyland
Mr. T. Kelly
Mr. M. Lynch
Mr. G. Marry
Ms. M. Martin
Mr. N. Mc Cabe
Dr. P. Mc Carthy
Mr. H. Mc Elvaney
Mr. T. Murphy
Mr. F. O'Dowd
Mr. P. O'Reilly
Mr. P. Savage

Apologies: Dr. E. Hartmann, Mr. J. Mangan, Mr. A. O'Brien, Mr. T. Scannell and Dr. P. Wahlrab.

OFFICIALS PRESENT:

Mr. D. O Shea	Chief Executive Officer
Dr. A. Mc Loughlin	Deputy Chief Executive Officer and Programme Manager Community Care
Dr. S. Ryan	Programme Manager Acute Hospital Services
Mr. L. Walsh	Programme Manager Mental Health Services
Mr. S. O'hAodha	Finance Officer
Mr. T. Egan	Technical Services Officer
Mr. R. Bruton	Senior Executive Officer
Ms. M. Flanagan	Secretary

VOTES OF SYMPATHY:

Votes of Sympathy were passed with the following

Mr. Sean Keelan, former Hospital Administrator of Our Lady's Hospital, Navan, on the death of his mother.

Ms. Fidelma Mc Cole, Environmental Health Services, County Meath, on the death of her father.

Mrs. Bridget Coogan, Navan Infirmary, on the death of her husband.

On behalf of the Board's staff, and on his own behalf, the Chief Executive Officer associated himself with the votes of sympathy which were passed, all present standing in silent prayer.

1. CHAIRMAN'S BUSINESS.

2. MINUTES OF PREVIOUS MEETING.

The Minutes of the Meeting held on 25th March, 1996, were adopted by the Board on the proposal of Mr. Brady seconded by Mr. Mc Cabe.

3. CHIEF EXECUTIVE OFFICER'S REPORT.

The Chief Executive Officer read his Report (copy appended to the official minute) which was circulated to the members and which dealt with:-

3.1. Additional Allocations:
3.2. Cootehill Health Care Unit:
3.3. Monaghan Local Health Care Unit:
3.4. St. Oliver Plunkett Hospital, Dundalk:
3.5. St. Christopher's, Cavan:
3.6. Virginia and Ballyconnell:
3.7. National Lottery:
3.8. Housing Aid for the Elderly - Meath Area:
3.9. The Registration of Valid Marriages in Irish Law - Family Law Act 1995:
3.10. Changes to Health Insurance Regulations:
3.11. Public Education Programme on Immunisation:
3.12. Task Force on Suicide:
3.13. Opening of Ballivor Health Centre:
3.14. Tobacco (Health Promotion and Protection) Regulations, 1995 Smoking Restrictions in Restaurants, Canteens, Cafes and Snack Bars:
3.15. New Adoption Legislation:
3.16. Healthy Eating Week 12th - 18th May 1996:
3.17. Cardiac Ambulance Services:
3.18. Donations:

The Chief Executive Officer also informed the members that under Section 16 of the Health Act, 1970, he had delegated responsibility for the removal of non-officer grades under Section 23 of the Health Act, 1970, to the Programme Managers.

The Chief Executive Officer responded to and clarified comments and queries from the Board Members.

The report was noted by the Board.

4. REPORT ON REVIEW GROUP ON ROLE OF SWA IN RELATION TO HOUSING.

The Deputy Chief Executive Officer presented a report (copy appended to the official minute) in relation to the above.

The Report was noted by the Board.

5. REPORT ON CODES OF PRACTICE FOR SAFETY AT SPORTS GROUNDS AND AT OUTDOOR MUSICAL EVENTS.

The Chief Executive Officer presented a report (copy appended to the official minute) in relation to the above.

The report was noted by the Board.

6. REPORT ON ADEQUACY OF CHILD CARE SERVICES IN THE NORTH EASTERN HEALTH BOARD, 1995.

The Chief Executive Officer presented a report (copy appended to the official minute) in relation to the developments in the child care services in the region in 1995.

In replying to members comments, the Chief Executive Officer agreed with the views of the members that parenting skills were extremely important in the area of child care and that the Board would continue to improve child care services in the region.

The report was unanimously adopted by the Board.

7. REPORT ON COMMUNITY WELFARE SERVICES IN THE NORTH EASTERN HEALTH BOARD 1995.

The Deputy Chief Executive Officer presented a report (copy appended to the official minute) outlining the community welfare services available in the region.

The report was adopted by the Board.

8. REPORT ON SURGICAL SERVICES IN CAVAN/MONAGHAN.

It was agreed to defer this Item to the May meeting of the Board.

9. DATE AND TIME OF NEXT BOARD MEETING.

It was agreed that the next Meeting of the Board would take place on Monday, 27th May, 1996, at 3.00 p.m.

SIGNED: _____
CHAIRMAN

DATE: _____

BORD SLAINTE AN OIR THUAISCIRT

NORTH EASTERN HEALTH BOARD

BOARD MEETING - MONDAY, 27 MAY, 1996

AGENDA ITEM NO. 4

Re/ ***Expert Advisory Group on Womens Health Issues***

To/ Chairman and Each Member of the Board

Early in 1995 I established, under the chairmanship of Dr. Sheelah Ryan, Programme Manager of Acute Hospital Services an Advisory Group on Womens Health Issues.

I asked the Advisory Group to advise me on all aspects of womens health and womens services in the North East region. The Terms of Reference for the Group were:-

To ensure that:

- Womens health needs were identified and planned for in an integrated and comprehensive way.
- Services women receive are appropriate and responsive to their needs, accessible when they need them and delivered in a manner that respects their privacy, dignity and individuality.
- Women are consulted at local level regarding their health and welfare needs.

The Advisory Group have now reported to me and I am circulating a full copy of the report for the information and consideration of members of the Board.

I would suggest that in view of the many important suggestions contained in the report of the Advisory Group that they should be considered initially by each Standing Committee of the Board with a view to returning to a full meeting of the Board with recommendations as to how the report should impact on future Board policy.

I would like to express my thanks to Dr. Sheelah Ryan, who chaired the Advisory Group, to each member of the Group and to the women of the region who generously responded to the invitation issued to them to contribute to the deliberations of the Advisory Group.

Donal O Shea,
CHIEF EXECUTIVE OFFICER.

27 May, 1996.

BORD SLAINTE AN OIR THUAISCIRT

NORTH EASTERN HEALTH BOARD

BOARD MEETING - 27th May, 1996.

AGENDA ITEM NO. 5

PUTTING CHILDREN FIRST - A DISCUSSION DOCUMENT ON MANDATORY REPORTING

I am circulating herewith a document which has been prepared by Dr. Mc Loughlin which reflects the outcome of the extensive consultation that took place with the Board's Child Care staff and which also incorporates the views of the Board's Child Care Advisory Committee and the Board's Standing Committees.

Overall, the picture which emerges is that nobody would oppose the introduction of mandatory reporting if it could be clearly seen to contribute in any way to the further protection of children or to the prevention of child abuse. However, there are deep concerns regarding the immediate introduction of mandatory reporting without clear understanding of its extent, its effects on professional relationships and its overall effects on the Board and outside agencies. These concerns are detailed in the document.

What does emerge from the consultation process is a very strong desire and commitment to strengthen and improve current practices, procedures and services within the Board and procedures and practices for co-operation and collaboration with other agencies and an openness to introducing any change which can be clearly seen to improve our service and our practice.

DONAL O SHEA,
CHIEF EXECUTIVE OFFICER
21 May, 1996.

BORD SLAINTE AN OIR THUAISCIRT

NORTH EASTERN HEALTH BOARD

BOARD MEETING - 27th MAY, 1996

AGENDA ITEM NO. 5

A RESPONSE TO "*PUTTING CHILDREN FIRST*" A DISCUSSION DOCUMENT ON MANDATORY REPORTING OF CHILD ABUSE.

INTRODUCTION

Following the publication of the discussion document on mandatory reporting by the Minister of State, Mr Austin Currie, T.D., a full consultative process was carried out within the North Eastern Health Board. The Child Care Advisory Committee and the Board's standing committees gave careful consideration to the document. This response has been prepared to inform the debate and to identify the core issues that need further consideration. The document reflects the discussions that took place and the wide ranging nature of the views on mandatory reporting.

- There is a tendency to become polarised in for or against positions when mandatory reporting is debated in public. There is a view that adopting a position in favour of mandatory reporting signals a clear pro-child care message and conversely, that being anti mandatory reporting is linked with being less than fully committed to the protection of children . These simplistic arguments are emotive and lead to polarisation in what should be a rational debate with thorough analysis of the key issues and reflection on what is the best process for our children and future generations.

- Arising from the extensive debate it is clear there is very strong support for anything that will ensure the protection and safety of children. Some concerns have been expressed about the possibilities of difficulties with the implementation process. These concerns related to the following:-

- The current lack of operational definitions of child maltreatment or abuse.

- The current child care system could be overburdened by trivial reporting.

- Additional resources will be required to support the mandatory reporting process and a probable increase in reporting.

- The lack of research into the causes and contributory factors to child maltreatment or abuse in Ireland.

- The impact of mandatory reporting on the practice of the professionals such as G.P.s psychologists, social workers, nurses, teachers and those in the welfare system.

NEHB CONTEXT

Child abuse is a problem that affects all sections of our society and is a matter that needs to be addressed by all child care agencies and by the community in general. The numbers of cases reported in the region continue to rise and the number of referrals to our social work departments are a source of concern to the Child Care Advisory Committee and the health professionals in the Board. The Board has been engaged in the development of its care, preventive and treatment services and this development will continue over a number of years. The existing reporting system has generated the following statistics:-

THE NUMBER OF CHILD ABUSE AND NEGLECT CASES REPORTED TO THE NEHB

	1993		1994		1995	
	Received	Confirmed	Received	Confirmed	Received	Confirmed
Physical abuse	47	28	44	30	95	33
Sexual abuse	143	63	158	71	201	71
Emotional abuse	73	27	82	30	53	17
Neglect	276	90	292	100	289	101
Total	539	208	576	231	638	222

These figures show an increase of 10% per annum since 1993. There is a 3% per annum increase of confirmed cases since 1993. A significant number of these reports were made anonymously.

In April 1995 a new set of procedures were introduced for the notification of cases of suspected child abuse and neglect between the health boards and the Gardai. The numbers of notifications in the NEHB area from the introduction of the procedures to the end of 1995 are provided below.

Community Care Area	Notifications sent to Gardai	Notifications received from Gardai
Cavan/Monaghan	61	30
Louth	52	52
Meath	47	27
Total	160	109

This Board's officers and the Gardai have been working closely and effectively together. A joint working group has been established to review the working of the notification system. There are also regular meetings between health board officers and members of the Gardai to facilitate the maximum level of co-operation in respect of individual cases. Joint training programmes have been commenced and further collaboration will continue through 1996. The North Eastern Health Board has published a comprehensive set of child protection guidelines which have been made available to all the relevant professions and disciplines. Close liaison has been developed with the education sector through the Stay Safe Programme which has had a high level of acceptability within the region. The Board welcomes the recent initiatives of the Minister for Education to introduce programmes on Relationships and Sexuality Education throughout the education system.

The consensus of all involved in the consultative process is that the Board should continue to strengthen and improve its current practices, procedures and protocols. Many were strong advocates of improved inter and intra agency communication, (i.e. the Gardai, the education system, the welfare system and the probation service), including the development of more formal pathways for exchange of vital information. Many felt that better information for the general public would improve the existing system and that increased training opportunities should be afforded to those engaged in voluntary work with children and other community groups who support children and adolescents.

REVIEW OF "PUTTING CHILDREN FIRST" A DISCUSSION DOCUMENT

Mandatory reporting

Section 4.2 ***Should all types of abuse be reported?***
It was agreed that there should be an effort to arrive at an operational definition of abuse. Many felt that the grounds for reporting should be sexual harm, serious physical harm, or serious impairment of physical/mental condition due to neglect. The use of expansive definitions with little guidance to reporters is fraught with difficulties. Abuse should be defined by a clear set of circumstances. It is recognised that much research needs to be undertaken, particularly with regard to the behavioural signs of abuse.

Section 4.3 ***Criteria for reporting***
The consensus would be in favour of using the recommendations of the Kilkenny Incest Inquiry that the existence of a suspicion be sufficient for reporting. It is recognised that this can result in variations in reporting. The *good reason* approach recommended by the Law Reform Commission is not deemed to be sufficient without further clarification.

Section 4.4 ***Underage sexual activity***
It was deemed to be important that the professionals should be allowed to make judgements on whether underage sexual activity should be reported.

Section 4.5 ***Could mandatory reporting damage the trust in professional relationships?***
It was felt that mandatory reporting will almost certainly damage that trust, though some felt that this could be overcome in time. All the professionals are deeply concerned and feel that the special relations they have with families will be damaged unless adequate guidance is provided to the public.

Section 4.6 ***Mandatory reporting could challenge the whole aim of therapeutic counselling services***

Real fears have been expressed by some professionals about the effect of mandatory reporting on therapeutic counselling, both in terms of the professional practice and of the impact on the numbers of people deterred from seeking such services.

Section 4.7 ***Should mandatory reporting apply where an adult alleges abuse during his/her childhood?***

There was no consensus on this issue, some are of the view that the reporting by adults is very important in protecting younger children and adolescents who may be at risk from the same source of abuse.

Section 4.8 ***Should mandatory reporting only apply to cases which come to light after its introduction?***

The view is that mandatory reporting if introduced, should apply from a prospective date when all the necessary supports are in place.

Section 4.9 ***Could mandatory reporting act a deterrent to seeking professional help on the part of perpetrators?***

Difficulties may be experienced if mandatory reporting is introduced. Perpetrators may not come forward for counselling and professional help. This has to be balanced against the argument that perpetrators should be identified quickly and effectively for processing by the criminal system.

Section 4.10 ***To whom should reports be made, should reports be notified to families?***

The view is that discretion should be exercised in reporting to families. This discretion should be exercised by the Director of Community Care/Senior Social Worker. The existing reporting procedures to the Director of Community Care/Senior Social Worker should continue.

Section 4.11 ***Should mandatory reporting extend to certain adult client groups? e.g. the elderly and the handicapped.***

It is felt that the same arrangements must apply to such groups.

Section 4.12 ***Legal position of mandated reporter***

The view is that state immunity should be afforded to mandated reporters. They should be fully indemnified in the event of civil actions for defamation.

Section 4.13 ***Should the alleged perpetrator be informed that a report has been made?***

The precepts of natural justice will have to be followed in full. The alleged perpetrator will have to be informed not only about the report but it is the strongly held view of those consulted that the alleged perpetrator will be entitled to have the name of the mandated reporter presented to him/her.

Section 4.14 ***Who might be mandated to report cases of child abuse?***

The consensus is that all health professionals without exception should be mandated to report cases of child abuse. Teachers and those involved in the probation/judicial system should also be mandated to report any abuse.

Section 4.15 ***Legal protection for non mandated reporters***

It was felt that legal immunity should only be available to those mandated to report

Section 4.16 ***Feedback to person who made report***

It was felt to be desirable that a person who takes the decision to report should be given details of the action taken and they should be made aware of the outcome of each case.

Section 4.17 ***Should a third party be informed of the report?***

There was agreement that employers and registration authorities should only be informed when clear evidence of abuse or neglect is available, and when failure to notify employers or registration bodies would very clearly leave children or adolescents at serious risk.

SUMMARY

- One of the assumptions underpinning mandatory reporting is that it will lead to accurate and relatively complete reporting of child abuse. Another assumption is that mandatory reporting will facilitate early detection of symptoms and the prevention of more serious injuries and fatalities. There are concerns amongst the professionals in the North East and the Child Care Advisory Committee that these assumptions may not be valid. Accordingly they are of the view that there is a need to review critically the experience in the United States and in other countries that have introduced mandatory reporting. The views expressed suggest a need to avoid vague mandatory reporting laws, vague definitions of abuse and the need to provide the necessary resources to support mandatory reporting.

- Our readiness in terms of service, structures, processes and societal attitudes and values are also of serious concern to those consulted. They argue that it is not enough to identify mandatory reporting as an option for our society and they argue it would be disastrous to adopt it, pass it into law and not take into consideration all the issues which must be addressed first. The discussion document does address some of these issues but not all of them.

- The operational definitions of child abuse in current practice are inadequate, further clarification is needed to ensure that all disciplines have a common and shared knowledge as to what constitutes child abuse.

- In the current debate there appears to be an over emphasis on child sexual abuse, other forms of child abuse such as neglect, physical and emotional abuse demand equal consideration in all child protection work. Some critical questions have also been raised:-

1. How will mandatory reporting serve the child's needs?
2. Will children benefit from mandatory reporting as distinct from the present day de facto reporting process?

- There is concern that service delivery may change to focusing resources exclusively on the identification of at risk children. There is concern that this could have an adverse effect on the delivery of preventive and therapeutic interventions.

Many professionals have major reservations about the introduction of mandatory reporting at this time. They have concerns about privacy, trust and respect. They argue that their relationships with their patients will be qualitatively different after the introduction of mandatory reporting. They argue that there is a conflict between the role of the professional and that of a mandated reporter, between a value system which emphasises confidentiality and the requirement to obey the law. Mandatory reporting is viewed as an ethical dilemma for many professionals. Professionals see the potential for a dysfunctional system if all of their concerns are not addressed. Without carefully thought out and prepared procedures processes and protocols, without carefully thought out implementation processes and without an effective evaluation criteria being identified they fear serious consequences for all involved in child care. The Child Advisory Committee and the professionals consulted also share concerns about the level of the resources available to the present judicial system to deal with the introduction of mandatory reporting. Changes in the legal system will be required to facilitate mandatory reporting. More child care professionals will need to be employed to support the Gardai and the judicial system. In the end of the day difficult choices have to be made by all involved. What can be said of the consultative process is that everybody was in favour of introducing whatever measures are necessary to ensure the protection and safety of children.

The following are a list of recommendations to the Board:-

- That clear operational definitions of the various forms of child abuse be developed.
- An evaluation of the current child care system be undertaken to determine its efficacy and efficiency.
- A commitment be given to the continuing development of child and family support services in this country.
- Adequate resources for the treatment and prevention be provided and protected so that investigation and reporting is not over emphasised.
- Resources are provided for indicative research into the causes of child abuse in Ireland.
- Health service staff must receive adequate training about child abuse and neglect.

Dr. Ambrose Mc Loughlin,
Deputy Chief Executive Officer and
Programme Manager Community Care.

20th May 1996

BOARD SLAINTE AN OIR THUAISCIRT

NORTH EASTERN HEALTH BOARD

BOARD MEETING - MONDAY 27th MAY 1996

AGENDA ITEM NO. 6(a)

Report on Family Planning Services Surveys in the North Eastern Health Board

Under the Health Family Planning Act, 1992 and Health (Family Planning) Regulations, all Health Boards are obliged to make available a comprehensive family planning service for their respective regions. Within the North East region, significant pieces of research have recently been carried out to inform the debate as to the level of service required and the most appropriate forum for delivering that service. This research was presented to the health board standing committees on the 8th/9th May 1996. The main findings of the research are outlined below.

1. A survey carried out in 1994 amongst GPs in the region to ascertain the extent of family planning services provided by GPs.

Of the 134 doctors surveyed, 119 (89%) replied. The high response rate gives significant validity to the findings of the survey. Only 42 (36%) doctors have the Family Planning Certificate. 83% give instruction in natural family planning, 96% prescribe oral contraceptives, 86% prescribe post-coital contraception, 34% fit diaphragms and 14% fit intrauterine devices(IUD). Only 2.5% perform male sterilisations. Of those who do not fit diaphragms or IUDs, practically all of them stated that they would refer the patient to a colleague if required. As to who should provide Family Planning Services, up to 90% felt it should be the GP for natural family planning or oral contraception, with this number falling to 64% for fitting diaphragms to 49% for IUDs, to 38% for male sterilisation. Family Planning Clinics were the preferred option for most of the remainder.

In conclusion, a significant number of GPs have no formal qualification in family planning. Most of the GPs surveyed provide basic family planning services such as, natural family planning and oral contraception. Only a minority fit diaphragms, IUDs or do male sterilisations.

2. A consumer survey of 1,002 women(16 - 45 years) on aspects of family planning services available.

The findings of this survey can be summarised in 3 sections:

a) Understanding of family planning and the use of contraception.

Only 60% of women were aware of the time when a woman is most likely to become pregnant. 85% claim to be sexually active, with 64% stating that they use

contraception when they have sexual intercourse. The principle reason for using contraception was to prevent pregnancy (86%), only 16% stated that they used contraceptives to protect against the risk of infection. The most popular forms of contraception are oral contraceptives (45%), followed by condoms (44%). Natural family planning is used by 10%, and less than 3% use either diaphragms, IUDs, spermicidals, or other methods. The main reasons for an individuals choice in the method of contraception used was ease of use (50%), effectiveness (38%), lack of side effects (34%), easy to obtain (27%) and doctors advice (27%). For those using oral contraceptives, effectiveness, ease of use and doctors advice scored highest.

b) Experience of family planning services

60% of respondents go to their own GP for family planning services. Those that do attend felt that the information provided was good. However, nearly 50% said that availability of family planning services was poor or very poor in their area and overall 25% stated that they could not access the family planning services they required locally.

c) Satisfaction with family planning services

The vast majority of those using contraception were satisfied with the courtesy and respect they received when availing of the services. In addition they were also satisfied with the information they received, the length of time given to discuss their needs and the respect shown to their privacy and confidentially. Whilst only 12% were unhappy about the suitability of visiting times available from their local GP for Family Planning purposes, 41% would prefer a 10 - 12 am time slot and 25% would prefer the evening 6 - 8 pm slot. The majority of women believe that advice on natural methods and oral contraception was available from their local GP. Most were unsure of the availability of other contraceptive methods. 98% of women said that they had never been referred by their GP to other GPs for Family Planning Services. 51% of women felt that a female doctor was the ideal person to provide Family Planning Services. This figure was highest among 16 - 21 year olds. One third were not concerned about the doctors sex. 39% of females felt that the most significant improvement that could be made to Family Planning Services was to provide them locally.

This study has highlighted some important issues, in the first instance there is an obvious lack of information as to the need to use contraception when sexually active. Condoms and the oral contraceptive pill are by far the preferred method of contraception. Whilst many respondents were very complimentary to those who do provide a service, there was a very strong feeling that the availability of family planning services in the region was far from satisfactory. In addition, despite the fact that individuals were satisfied with the level of service that they were receiving, if given the option, most women would prefer a female GP.

3. The N.E.H.B. Expert Advisory Group on women's health issues.

The above research is complemented by the findings of the North Eastern Health Board Expert Advisory Group on women's health issues. The primary issue raised by women during the consultations on family planning services related to the lack of

information of what services are available and who provides them. During the consultation process women outlined the difficulties they had experienced in gaining access to a full range of family planning services in specific geographic areas.

In discussing GP services in the field of family planning, women said that their preference is to consult directly with a female GP or practice nurse. This option was not always available. Most women wanted specific Well Woman Health Clinics which would include family planning.

The Advisory group also noted that, in addition to family planning, many women felt that the information available on the menopause and the management of the menopause was very deficient.

CONCLUSION

The above 3 pieces of research throw considerable light on the state of play with respect to family planning services in the region. The survey of GPs outlines the range of services provided. The survey of over 1000 women and the consultative process adopted by the Advisory group provide quantitative and qualitative data on how women feel about the services provided. The findings from the studies underpin and strengthen each other.

Perhaps the most important thing to note from the research is that the preferred methodology of contraception used by sexually active people are oral contraceptives and condoms. Practically all GPs provide this service. The demand for alternative methods of contraception is quite low. Hence, it would be very difficult for an individual GP to develop and maintain skills for his/her own patient population on other methods of contraception.

Most GPs stated that they would refer a patient if required and most women state that they have never been referred. Whilst initially this appears to be contradictory on closer inspection it is not surprising. The reality is that most women are using methods of contraception that do not require referral, and this is likely to remain so.

Another issue to emerge from the research is the very strong desire on the part of women to access a female GP for family planning services. Indeed the Advisory group on women's health issues would have received very strong support from women for specific well woman health clinics, dealing with all aspects of issues pertaining to women

This research will contribute to the development of a comprehensive Family Planning Service for the North Eastern Health Board.

Dr Rosaleen Corcoran
Director of Public Health

20th May 1996

BORD SLAINTE AN OIR THUAISCIRT

NORTH EASTERN HEALTH BOARD

BOARD MEETING - 27th MAY, 1996.

AGENDA ITEM NO. 6 (b)

REPORT ON FAMILY PLANNING SERVICES IN THE NORTH EASTERN REGION - IMPLEMENTATION PROGRAMME

Policy Implications:

- The preferred methodology of contraception used by sexually active people in this region are oral contraceptives and condoms. Practically all G.P.s provide this service. There is a very strong desire on the part of women to access a female G.P. for family planning services. There is strong support within the region for specific Well Women Health Clinics dealing with all aspects of health relating to women.

- We have commenced a dialogue with a number of organisations including G.P.s about the provision of specialist Well Women Clinics. Obviously the whole issue is an area that has generated a lot of debate amongst G.P.s themselves. The Irish College of General Practitioners has produced two policy documents relating to the development of Family Planning Services. The I.C.G.P. state "the provision of Family Planning Services to a community is one small but important area of total health care. To be effective and comprehensive, health care must be provided in a holistic manner and the G.P. is best place to provide such a service in a setting of continual medical care".

- The Irish College of General Practitioners do recognise that some contraceptive problems encountered need more expertise than may be available locally. They have agreed that referral to Specialist Clinics may be necessary in these instances. The Irish College of General Practitioners have also recognised that the Health Boards should establish special services for family planning services within each local area. The I.C.G.P. is engaged with the Board in training exercise for all G.P.s in the area, some 60% of all practices could be covered by that training programme in 1996.

- The biggest problem facing General Practice in this Board is the paucity of female G.P.s in the region. Analysis of the situation shows that the ratio of female to male doctors within the G.M.S. is 1 to 5.5. Many G.P.s now have taken on female Assistants in their practices.

This is likely to facilitate a solution to the accessibility to female G.P.s in the short term. There is however an obvious need to recruit more female G.P.s as circumstances permit.

- We are presently engaged in a consultative process with G.P.s to ensure that comprehensive family planning services are available in the North East. The objectives of this dialogue are to put the findings of recent research to our G.P.s and more importantly to allow G.P.s to bring their skill and knowledge to the fore in ensuring that whatever decisions are taken are in the best interests of all concerned.

- There is a need to move the debate forward and to ascertain what men think about their responsibilities in family planning and the family planning services available to them. We will now consider carrying out a similar exercise to determine what attitudes men have to family planning.

I attach herewith a brief outline of existing services within the region, together with recommendations for consideration by the Board's on how to improve family planning services across the region.

Outline of existing services within the region.

Review of the provision of Family Planning Services by General Practitioners.

Description	Total by GP's		
	Provide/ Prescribe	Refer	Don't provide/refer
Natural Family Planning	83%	15%	2%
Prescribing of Oral Contraceptive Pill	96%	2%	2%
Prescribing of emergency contraceptive pill	86%	8%	5%
Instruction/Fitting of Diaphragms	34%	60%	2%
Instruction/Fitting of I.U.D.	14%	77%	4%
Provision of Female Sterilisation	0%	81%	3%
Provision of Male Sterilisation	3%	92%	3%

Review of the provision of Male/Female Sterilisation in Hospitals.

Hospital Location	Female Sterilisation	Male Sterilisation
Navan	available	not available
Dundalk	available	not available
Drogheda	not available	not available
Cavan	available	available
Monaghan	available	available

Review of provision of Contraceptive Items from Pharmacies, Community Pharmacies.

Item	Total
Natural family planning kits	(95%) of Pharmacist's
Oral contraceptives	(96%) of Pharmacist's
Condoms	(83%) of Pharmacist's
Condoms - open shelf display	(67%) of Pharmacist's
Spermicidal jelly	(67%) of Pharmacist's

Recommendations

The Board's arrangements for family planning services should be an integral part of general practice and general practice should support any arrangements for specialist clinics in the region.

- Encourage the employment of female general practitioners so as to provide a choice to women who would prefer to attend a female GP for family planning and women's health services.

- Continue to encourage and promote the employment of practice nurses by general practitioners.

- Encourage general practitioners to have information displayed in their surgeries relating to the full range of family planning services available.

- Ensure that general practitioners have relevant and up-to-date information on the availability of services such as vasectomy and sterilisation.

- The Board to improve its information service so as to provide details on family planning services available to the public in the region. The Board should advertise publicly arrangements for family planning services in the local media.

- A comprehensive training programme should be established in the region for GP's and their practice nurses. This should be run in conjunction with the Irish College of General Practitioners. This programme could benefit 60% of practices this year.

- A management review group comprising of representatives of GP's and other interested parties should be formed to oversee the implementation of a comprehensive family planning service plan.

  This plan should include -

  - Developing an acceptable protocol for the inter-referral of female patients between general practices to ensure easy access to female general practitioners when required.
  - The establishment of designated posts in family planning and women's health services within the region.
  - Assessment of the feasibility of introducing family planning clinics where required.

- The role which certain family planning methods can play in health gain and disease prevention should be recognised, as they contribute to the prevention of sexually-transmissible diseases, such as HIV/AIDS and Hepatitis B.

Dr. Ambrose McLoughlin,
Deputy Chief Executive Officer and
Programme Manager Community Care.

20th May 1996

BORD SLAINTE AN OIR THUAISCIRT

NORTH EASTERN HEALTH BOARD

BOARD MEETING - MONDAY 27th MAY 1996

AGENDA ITEM NO.7

Submission to the Task Force on Suicide established by the Minister for Health

The Minister for Health, Mr Michael Noonan T.D., established a task force on suicide in November 1995 because of the growing concern regarding the significant increase in suicides mainly among young and middle-aged men.

The terms of reference of the task force are:-

i) To define numerically and qualitatively the nature of the suicide problem in Ireland.

ii) To define and quantify the problems of attempted suicide and para-suicide in Ireland, including the associated costs involved.

iii) To make recommendations on how service providers can most cost effectively address the problem of attempted suicide and para-suicide.

iv) To identify the various authorities with jurisdiction in suicide prevention strategies and their respective responsibilities.

v) To formulate, following consultation with all interested parties, a national suicide prevention strategy.

Individuals from a range of backgrounds are represented on the task force including Coroners, Garda Siochana, nursing, public health doctors, psychiatry, psychology and the voluntary organisations. It is hoped that the deliberations of the task force will make a significant contribution towards the formulation of a suicide prevention/reduction strategy.

The national task force has met on three occasions and an interim report will be presented to the Minister for Health in July 1996, detailing analysis of all existing data relating to suicide. A major consultative exercise is presently being undertaken by the task force and it is now inviting the views of the North Eastern Health Board.

RECOMMENDATIONS

Following presentations to the Community Care and Hospital Committee meetings the following are the recommendations which were agreed by the committees:-

1. **To establish the incidence and associated factors of suicide nationally and by Health Board in order to develop a regional strategy for a suicide prevention programme that is relevant to the North Eastern Health Board.**

This will be achieved by the study initiated by the Chief Executive Officers of the eight Health Boards and piloted in the North Eastern Health Board, whereby:-

- all deaths enquiring an inquest are notified by the Coroners and Gardai to the Directors of Public Health.
- confidential questionnaires are completed by general practitioners and/or psychiatrists involved in each case of suicide.
- close collaboration will take place with Coroners, Gardai, general practitioners, pathologists, psychiatrists, public health doctors as well as with the relevant government departments in order to validate the notification process and to determine whether death was due to suicide in equivocal cases.
- analysis and evaluation of the study will be carried out by the Department of Public Health.

2. **To ensure that accurate and timely information on the incidence of suicide is available to the North Eastern Health Board on an ongoing basis.**

This could be achieved by:-

- examination of the present system of reporting of suicides to the Central Statistics Office including the procedures and policies in place with recommendations for modifications. The confidential Gardai reporting system for suicides should be examined with a view to expanding the information that is available. Gardai at senior level should be given responsibility for ensuring that this information is returned to the Central Statistics Office in a timely manner. Gardai should formally notify the Director of Public Health of all acute deaths at the same time as notifying the Coroner. Close collaboration should take place with all involved in suicide prevention and notification, in order to validate the notification process.
- Examination of the Coroners Act and the legislation governing their work with reference to the responsible agencies. Particular emphasis should be placed on the length of time for inquests to be held following a suicide. Assurance should be given to Coroners when returning suicide verdicts to protect them against litigation.

- Ongoing evaluation of the Central Statistics Office recording practices. A multi-disciplinary group should be set up to adjudicate on equivocal cases of suicide.
- Training for all key people.

3. **To identify the correlation between suicide, attempted suicide and para-suicide nationally and in the North Eastern Health Board and to make recommendations for the most cost effective interventions to address the problem.**

In order to achieve this the following is required:-

- the promotion of multi-disciplinary audit of attempted suicides and para-suicides throughout the health board.
- a comprehensive literature review based on national and international literature and on evidence based medicine needs to be carried out in order to identify, if possible, the high risk groups for suicide at health board level in order to inform a suicide prevention strategy on a regional basis.
- A Registrar in Public Health Medicine should be made available to the Task Force to carry out the above literature review and to review the best practices from centers of excellence nationally and internationally.

The Committees also made the following points:-

- the importance of placing suicide in the socio-economic context as well as the medical one, particularly in relation to societal changes and influences such as the rising unemployment, illegitimate and crime rates as well as the increase in substance abuse.
- they stressed the need for support for families following a suicide as well as for the victims of attempted suicide.
- the responsibility of the Department of Education to provide comprehensive life skills programmes in schools and to make time available on the curriculum for the inclusion of this important topic.
- they also felt that the bereaved were a particularly at risk group and in need of special attention.

Dr Rosaleen Corcoran
Director of Public Health
20th May 1996

BORD SLAINTE AN OIR THUAISCIRT

NORTH EASTERN HEALTH BOARD

BOARD MEETING - 27th May 1996

AGENDA ITEM NO. 8

Developments at the Department of Surgery

Cavan/Monaghan Hospital

To/ Chairman and Each Member of the Board

General

Since the introduction of the two new surgeons in May, 1995, the department of surgery at the Cavan/Monaghan Hospital has now a full complement of five consultant surgeons. Three of these are generalists providing a broad range of services; the remaining two in addition to providing a general service have also sub-specialised in the areas of vascular and gastro-intestinal surgery. The benefit of this is that there is now a more comprehensive surgical service available to the people of Cavan and Monaghan. Prior to this, patients with vascular problems or requiring "keyhole" gastro-intestinal surgery had to travel to Dublin.

Training/Structure

The practice of surgery has seen many changes in the past two decades and so has the organisation of surgical training. The end point in both instances has been to deliver the best surgical services to the general public. The day of the generalist surgeon is now virtually gone. All general surgeons coming out of training or being appointed to surgical posts are either pure specialists working in a sub-speciality area or they are generalists with a sub-speciality interest in one specific area. Pure specialists mainly work in the regional hospitals or tertiary centres while the model preferred for the large general hospital is to have a range of surgeons, who can cover the emergency work while on call, but also address more complex problems in their sub-speciality area, for which they have been specifically trained. The ideal department, therefore, is one that has a number of surgeons sharing the general emergency on-call roster and at other times they carry out work in a variety of sub-speciality areas, each of which is complementary to the other. In this way, there is a comprehensive range of

surgical services available within a department and the on call emergency commitment is less onerous on individuals.

Benefit of New Services

With the first six to seven months of the new surgical activity complete, it is already apparent that there has been a major change in the surgical activity profile in the Cavan/Monaghan Hospital. There has been a huge increase in the volume of work done and a change in the level of complexity. The provisional end of year statistics show that there was an increase of 51% in the number of new patients seen at out-patients. Up to now the majority of these were being referred outside the catchment. Surgical work carried out appropriately on a day basis had increased by 37%. The total number of surgical procedures carried out was in excess of 3,000 for the full year and within this, there was a 20% shift in the complexity of work being carried out. The full year effect of these developments in 1996 will be even more impressive. Specific activity targets for in-patient, out-patient and day-case work are now being agreed with individual surgeons and it is estimated that the percentage increases planned for surgical work by the end of 1996 will be in the region of 12 - 14%.

We are now moving towards a target of having a fully comprehensive local surgical service for the people of Cavan and Monaghan. There is new confidence and pride in the service being provided and the support of general practitioners and feed back from patients has been tremendous. The success story, however, must be attributed to the forward thinking and vision of the North Eastern Health Board in devising a unique and very successful policy for the development of acute hospital services in the region.

What has Changed?

Vascular Surgery -

Arterial occlusive disease (commonly called "hardening of the arteries") is the commonest type of vascular problem seen in Ireland and generally occurs in older people due to a combination of factors, which include poor lifestyle, bad diet, lack of exercise and increasingly related to smoking. Progressive narrowing of the arteries can occur anywhere in the body particularly the bowel, the brain and most commonly the legs. If untreated, the narrowing can progress to a full blockage causing gangrene of the bowel or of the legs, a stroke or even death. If the disease is caught in time, and appropriate treatment provided such as bypass surgery or stretching of the artery with a balloon, more lives are saved and the quality of that person's life is greatly improved. It must be remembered that saving a limb not only affects a person's whole lifestyle, but also has a major cash saving when compared to the ongoing care of nursing and rehabilitating an amputee.

Aneurysm -

An aneurysm is an abnormal dilatation or ballooning out of an artery and most commonly affects the main artery in the abdomen. This is often referred to as the "silent killer" because the aneurysm can grow in size without causing major symptoms until it eventually ruptures. Untreated, patients with ruptured aneurysms usually die; even when treated, approximately 50% or more may die in hospital. The main effort, therefore, must be directed to detecting these aneurysms before they rupture as the outcome following elective surgery is very good when compared to emergency surgery. A screening programme for abdominal aneurysms is now the accepted practice in many hospitals, especially when there is a vascular surgeon on the team. Dealing with aneurysms is a significant issue in the Cavan/Monaghan catchment because of the older population and the fact that we can expect approximately 6% of people over 65 to develop an aneurysm.

Disease of the Veins -

Varicose veins are another common ailment that frequently require surgery either because they cause severe discomfort or they are unsightly. If they remain untreated for many years, leg ulcers may develop and these are very difficult to heal. They are also very costly to treat and it is estimated that the yearly cost of treating a varicose ulcer is in the region of £5 - £10,000. A vascular surgeon has the expertise to advise on early treatment of leg ulcers, but also to operate on these patients, improving the blood supply or grafting new skin on the ulcers to promote healing.

One cannot set up a vascular service by simply appointing a vascular surgeon. Most of the technology used in vascular surgery is by its nature very expensive and so are the operative materials and grafts used. Comprehensive assessment of the patient before operation is critical to a successful outcome. To assist in this vascular surgeons rely heavily on special x-rays, which can show the flow of blood through the arteries (angiography). This particular service is not yet developed in Cavan/Monaghan and patients who require the service have still to travel to Dublin or the Midland Health Board vascular department before they can have their surgery. It is planned to progress the development of vascular angiography at Cavan/Monaghan with the Department of Health as a capital priority need for 1996.

Gastro-Intestinal Surgery -

A range of gastro-intestinal surgery has been carried out at Cavan/Monaghan over the years by general surgeons using traditional operative approaches to the removal of gallbladders, repair of hernias, etc. Major work on bowel resections, colostomies etc. have usually been transferred to Dublin hospitals.

A new approach to gastro-intestinal surgery involves laparoscopic or "keyhole" surgery, also called "minimally invasive surgery" because it does away with large surgical incisions and the cutting of muscles. This has many advantages for patients; post-operative pain is usually much less than with conventional open surgery and many studies have shown that people can return to work and full leisure activity sooner. Many laparoscopic procedures are now performed on a day-case basis or with just one or two overnight stays enabling the most efficient use to be made of expensive hospital resources. Laparoscopic surgery is available at both Cavan and Monaghan sites. Both hospital theatres are equipped with the most modern of high tech laparoscopic video equipment capable of being used now, not only by the gastro-intestinal surgeon, but also in modern gynaecology surgery.

The development of these new surgical services has been supported by the development of full intensive care facilities on both sites. Further developments in the department of surgery at Cavan/Monaghan are planned for 1996. The next objective is to introduce a general surgeon with a special interest in urology. The opportunity to pursue this will arise later this year with the anticipated retirement of a general surgeon at Monaghan. This will then bring a comprehensive range of sub-speciality interests in the surgical services at Cavan/Monaghan and significantly reduce the need for patients to be referred out of the catchment.

This report is an interim one, following the setting up and part year operation of a new department of surgery across Cavan and Monaghan. It is planned to provide the Standing Committee with an ongoing update as developments progress and the full effect of the Board's policy comes to fruition.

This report was presented to the Hospital Services Committee on the 8th February 1996. The Committee welcomed the report and praised the developments in surgery at the Cavan/Monaghan Hospital.

Dr. Sheelah Ryan,
PROGRAMME MANAGER ACUTE HOSPITAL SERVICES.

May 1996

BORD SLAINTE AN OIR THUAISCIRT

HEALTH ACT 1947

STATUTORY NOTICE

Notice is hereby given pursuant to Section 83 of the local Government Act, 1946 (No. 24 of 1946) that it is proposed to dispose of the property below described and which is no longer required for the purpose of the powers and duties of the Board.

STATUTORY INFORMATION

1. Dispensary Residence, Callystown, Clogherhead, County Louth.

2. The property was transferred from Louth County Council with the passing of the Health Act 1970 to the North Eastern Health Board.

3. It is now proposed to sell the property to Mr. and Mrs. R. Harrington, 77 Pembroke Road, Dublin 2.

4. The consideration in respect of the disposal is **£90,000**.

At a meeting of the Board to be held after the expiration of ten clear days from the date of the sending of this Notice, the Board may resolve as follows:-

(a) That the disposal shall be carried out in accordance with the terms specified in the resolution, or

(b) That the disposal shall not be carried out.

If the Board resolve that the disposal shall be carried out in accordance with the terms specified in the resolution, the disposal may, with the consent of the Minister, be carried out in accordance with these terms.

If the Board resolve that the disposal shall not be carried out, then the disposal shall not be carried out.

If the Board does not pass a resolution, the disposal may, with the consent of the Minister, be carried out.

Dated this 15th day of May One Thousand Nine Hundred and Ninety Six

Signed: Donal O Shea,
CHIEF EXECUTIVE OFFICER.

To/ **Chairman and each Member of the North Eastern Health Board**

NORTH EASTERN HEALTH BOARD

BOARD MEETING ON 27TH MAY 1996

AGENDA ITEM NO. 9

DISPOSAL OF PROPERTY

DISPENSARY RESIDENCE, CALLYSTOWN, CLOGHERHEAD, COUNTY LOUTH.

Consideration **£90,000**

The property was transferred from Louth County Council to the North Eastern Health Board with the passing of the Health Act 1970.

This property is no longer required by the Board as we intend to provide a health centre in a more suitable location in Clogherhead.

The sale of the property was extensively advertised and was offered for sale by Public Auction. Following a number of bids the sale price of **£90,000** was reached. This is considered an acceptable price and is in excess of the valuation office value.

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CIRCULATED FOR INFORMATION

OF

BOARD MEMBERS

North Eastern Health Board

Minutes of the Meeting of the Hospital Services Committee

held at

Monaghan General Hospital

on

Thursday 11th April 1996 at 6.00 pm

Members Present: Mr. P. Conaty, (Chairman)
Mr. B. Fitzgerald,
Mr. H. Mc Elvaney,
Dr. H. Dolan,
Mr. D. Brady,
Mr. A. O'Brien,
Mr. J. Leonard,
Ms. M. Martin,
Mr. P. Savage,
Dr. E. Hartmann,
Dr. F. J. Bereen,

Apologies: Mr. D. Breathnach,
Mr. T. Kelly.

As Mr. J. Farrelly was not in attendance, Mr. P. Conaty was in the Chair.

In Attendance: Dr. S. Ryan, Programme Manager Acute Hospital Services.
Ms. A. M. Hoey, Section Officer Acute Hospital Services.
Mr. R. Bruton, Senior Executive Officer, Chief Executive Office.

Tour of Hospital

The Committee were given a tour of new developments at the hospital including the upgraded ward facilities and scope room.

Minutes

The Committee unanimously agreed to adopt the minutes of the Hospital Services Committee meetings held on Thursday, 8th February, 1996 and Thursday, 14th March, 1996.

Report of the Programme Manager

Dr. S. Ryan, Programme Manager Acute Hospital Services advised the Committee that planning permission for the capital development of the new medical ward at Our Lady's Hospital, Navan will be placed in the newspaper on Friday, 12th April, 1996. All documentation in relation to the project will be submitted to the Department of Health and Local Authority within the next two weeks.

Phase two of developments at Louth Co. Hospital are near completion including the new medical records department and office accommodation. Application has been made to the Department of Health to proceed with phase three of the development.

Two person crewing on accident and emergency ambulances and full cardiac ambulance services commenced at the Dundalk station on 7th April, 1996.

In response to a query raised at the last Hospital Services Committee meeting regarding the investment in new developments at the Cavan/Monaghan Hospital, Dr. Ryan advised the Committee that in excess of £1M was spent in 1995 on equipment and an additional thirty nine posts were approved by the Department of Health to support the new consultants at the hospital. The Consultant Physician with a special interest in Geriatric Medicine is due to take up duty on 1st July, 1996 and a further infrastructure of twelve posts for the Department of Geriatric Medicine will be put in place.

Presentation by Dr. V. Russell, Consultant Psychiatrist, Cavan General Hospital

Dr. Russell made a presentation to the Committee on acute day hospitalisation as an alternative to in-patient treatment. The presentation was based on a project carried out by Dr. Russell in a hospital in Ottawa. The presentation outlined the purpose of the study, the methodology used and the findings, which were successful. Dr. Russell said that he is

interested in implementing this method of treatment at the Acute Psychiatric Unit at Cavan General Hospital in the long term.

Report on Ophthalmology Services

Dr. Ryan presented to the Committee a report on the organisation of ophthalmology services for the North Eastern Health Board region. The committee agreed to recommend to the Board that a regional service be developed for the North East in the long term and in the mean time, arrangements with the Eye Department at the Mater Hospital are to be formalised, with efforts made to develop consultant outreach clinics within the Board's area.

Report on Health Promoting Hospitals

The Cavan/Monaghan Hospital has recently been accepted for inclusion in the National Network of Irish Health Promoting Hospitals. This report set out the health promoting projects which are currently being undertaken at the hospital.

Date, Time & Venue of Next Meeting

It was greed to meet again on Thursday, 9th May, 1996 at 6.00 p.m. in Cavan General Hospital.

Please note a visit has been arranged to see the G.P. Casualty service in Longford on the 13th June, 1996.

Signed: _____ ***CHAIRMAN***

Date: 9/5/96

North Eastern Health Board
Bord Slainte An Oir Thuaiscirt

HEAD OFFICE
KELLS
CO. MEATH

BOARD MEETING - MONDAY, 27th May, 1996

ITEM 3: CHIEF EXECUTIVE OFFICER'S REPORT

3.1. Additional Allocations:

Louth County Hospital - Proposed Extension and Alterations Phase III.
The Department of Health have given approval for the Design Team to proceed to tender for phase III of Louth County Hospital and tenders have now been received and are currently being assessed. This phase will involve the provision of new improved physiotherapy, occupational therapy, x-ray department and pharmacy services.

Phases I and II of the alterations have already been completed and include the provision of carparking, extension to medical records together with associated modifications to adjacent rooms and extension to the accident & emergency department.

It is anticipated that phases III and IV will be completed this year. Phase IV includes roadways, parking and traffic control The Department of Health will be providing up to £1M to improve facilities at the hospital.

Child Care Act, 1991.
I have been informed by the Department of Health that an additional allocation of £150,000 equivalent to £300,000 in a full year for the further development of child care services. This allocation will enable us to expand the child protection service including the recruitment of 3 social work team leaders, provide for the increase in foster allowances to £61.80 per week for children aged 12+, additional funding for Meath Women's Refuge for £25,000 and increased funding for family support services along with the expansion of the Board's Residential Care Services including the establishment of an out of hours service. In addition £200,000 has been allocated for the Family Resource Centre in Navan. This family resource centre which is to be based on the

Commons Road will enable the Board to provide a wide range of services to families and their children in difficulties.

Dental Treatment Services Scheme.
This scheme which was introduced in 1994 sought to give emergency treatment to all eligible persons aged 16 years and over and routine treatment to all eligible people over 65 years of age. With effect from 1st June this year this scheme is being extended to all eligible people aged between 16 and 34 years of age. The Board has received an allocation of £159,000 to implement the scheme this year.

3.2. Increase in Foster Care Allowances:

The Department of Health have informed us of increases in the standard rates of allowance payable in respect to children fostered by Health Boards. The standard rates will increase by 3% with effect from the 5th June 1996. The standard allowance payable in respect to children under 12 will increase from £42.20 to £45.60 per child per week and for children over 12 will increase from £60.00 to £61.80 per child per week.

3.3. Back to School Clothing & Footwear Scheme 1996:

The purpose of this scheme is to assist eligible categories with the cost of school clothing and footwear. The allowance is to be paid in respect of eligible children between the ages of 2 and 17 (i.e. children of pre-school to secondary school age in respect of whom a child dependent allowance is being paid) and eligible children between the ages of 18 and 22 (i.e. those in full term education in respect of whom a child dependent allowance is being paid).

The scheme will operate from the 1st June to the 31st September 1996. The main change this year is that the rates of allowance to be paid under the scheme will be by reference to the child's age instead of their attending primary or secondary school. In addition the following changes have also been made:-

a) An increase of £3.00 to each rate of payment;

b) The income limits for the scheme (Survivors Contributory Pension + £5 and Contributory Old Age Pension + £5) have been increased in line with the social welfare increases coming into effect in June 1996.

c) The list of qualifying payments have been extended to include unemployability supplement.

The rates of allowance payable in respect of each child are as follows:

a) £43.00 in respect of children aged between 2-11 by 1st October 1996;

b) £58.00 in respect of children aged between 12-17 by 1st October 1996;

c) £58.00 in respect of children aged between 18-22 by 1st October 1996.

3.4 Inter-Departmental Committee on the transfer of the administration of SWA rent and mortgage supplementation to local authorities:

The policy document "A Government of Renewal" contained a commitment that "all forms of social housing assistance will be administered by the local authority". Subsequently the Government's housing policy document "Social Housing - The Way Ahead" indicated that the major issues involved in transferring the administration of rent and mortgage supplementation to the local authority will therefore be examined by the Department of the Environment, Social Welfare, Finance and Health.

An inter-departmental committee has been established with the following terms of reference:

"To consider the issues arising in the transfer of the administration of rent and mortgage supplementation under the Supplementary Welfare Allowance Scheme to local authorities and to make recommendations".

This Board is being invited to make submissions to this committee by the 7th June 1996 and we are in the process of doing so.

3.5 Status of Doctors on the Medical Register:

The concerns raised at a previous meeting of this Board requesting information on the status of doctors on the Medical Register were conveyed to the Department of Health. I have now been advised by the Department that these concerns are being examined in the context of the

review of the Medical Practitioners Act, 1978 and the Minister for Health has indicated that he hopes to be in a position to publish a Bill amending the 1978 Act by the end of the year.

3.6 Implications for certain rates of payment of disabled persons maintenance allowance resulting from high court decision:

I have recently been informed by the Department of Health that the Minister for Health has decided not to appeal the High Court decision of 31st July 1995 which had the effect of striking down Article 6 of the Disabled Persons Maintenance Regulations, 1991, which provided for the payment of a reduced DPMA to couples where each partner was in receipt of a DPMA. In his judgement in the High Court Mr. Justice Barron had found that the Article was ultra vires.

The Department has indicated that all married and cohabiting couples, covered by the definition of spouse under the DPMA regulations, who in their own individual right are eligible for DPMA should in the future be each eligible to receive the full personal rate. Where such couples already exist then both partners should now receive the full rate and arrears on this basis should be backdated to the date of the decision from the High Court, namely 31st July 1995 or the date of their entitlement of DPMA if later than 31st July 1995.

It has been indicated that the costs involved in implementing this decision will be met by the Department of Social Welfare which has responsibility for funding the scheme and will be reimbursed through the usual DPMA payment arrangements. On foot of this direction arrangements will now be made to review these cases and the necessary changes made.

3.7 Blacklion Health Centre Site:

Blacklion which is in the West Cavan area is included in the North Western Health Board's programme for the development and upgrading of primary care centres and day centres. The existing Health Centre premises in Blacklion is to be extended and negotiations have been concluded for the purchase of a site to the rear of the Health Centre to facilitate the expansion of the centre. Planning permission has been granted and tenders for the work will be sought with a view to undertaking construction work later this year.

3.8 Treatment of Hepatitis C compensation for the disabled persons maintenance allowance:

The Department of Health has indicated that compensation awards made by the Compensation Tribunal established by the Minister for Health on 15 December 1995, is to be disregarded for the assessment of means for persons applying for DPMA or who are currently recipients of DPMA. This is retrospective to the 15 December 1995.

3.9 Europe Against Skin Cancer - "I love the sun and I protect my skin":

A major information campaign is to take place throughout the European Union this summer to raising awareness of the excessive exposure to the sun. Information leaflets and posters have been prepared for use in all member states and will be available shortly. In launching the campaign the Commissioner for Employment Mr. Padraig Flynn on Friday last said that the emphasis on skin cancer prevention in this year's Europe against Cancer programme is due to the growing incidence of this form of cancer throughout Europe. It is estimated that 1 out of every 10,000 people get skin cancer. There has been a dramatic increase in skin cancer cases in the last 10 years and the major risk factor is recognised as over exposure to the sun. The campaign advises people to take the following precautions:

- Use clothing such as t-shirt, a hat with a brim and good quality sunglasses;
- Avoid noon day sun;
- Be particularly careful to avoid sunburn in children especially those under 3;
- Use a broad spectrum sun screen with high protection factor.

The central message of the campaign will feature the "I love the sun and I protect my skin".

3.10 Bealtaine Arts Festival:

Bealtaine is a celebration of creativity in older age. During the month of May an Arts Festival was held throughout the region. Exhibitions were held in a number of our hospitals including St. Joseph's Trim, St. Felim's in Cavan, Oriel House in Monaghan. The Cottage Day Hospital in Drogheda held an exhibition in the Art Centre for 2 weeks earlier this month. The aim of Bealtaine is to encourage arts, venues and organisations to reach out to older people. Age & Opportunity and the many national local and arts groups throughout the country have organised the festival and are to be commended for the commitment to older people's participation in the arts not just during May but throughout the year.

3.11 Approval of Consultant Posts:

Approval has been received from the Department of Health to the replacement of 4 consultant posts in Louth/Meath.

(i) Consultant Orthopaedic Surgeon (Our Lady's Hospital Navan/Monaghan);

(ii) Consultant Pathologist (International Missionary Training Hospital/Our Lady's Hospital Navan);

(iii) Consultant Obstetrician & Gynaecologist (International Missionary Training Hospital/North Eastern Health Board, Co. Meath);

(iv) Consultant General Surgeon (International Missionary Training Hospital/Louth County Hospital).

The latter 3 posts were full time posts at International Missionary Training Hospital and in accordance with Board Policy on acute hospitals and co-operation between hospitals, these new appointees will now be on a shared basis between the Louth/Meath Hospitals. The services resulting will strengthen surgery at Louth County Hospital, pathology services at Our Lady's Hospital Navan and provide outreach obstetric and gynaecological services to the people in Co. Meath.

Approval has been received from the Department of Health to fill a replacement post of Consultant Surgeon at the Cavan/Monaghan Hospital. This appointee will replace Mr. Moloney who is due to retire

in Autumn this year. The new surgeon will provide emergency general surgical services at Monaghan and we are applying to Comhairle na nOspideal to have a sub-speciality interest of urology designated to the post in accordance with Board policy and the need to complement the existing range of sub-speciality interests within the Group. This appointment will ensure that an active role in the provision of acute hospital services is provided by Monaghan within the Cavan/Monaghan Hospital and it will also avoid the need for patients to travel to Dublin hospitals for a service which is now locally available.

3.12 Drogheda Healthy Cities Project:

The Healthy Cities Project aim to promote a co-ordinated approach to improving the physical, social, cultural and mental well-being of urban dwellers by a partnership of local government, health agencies, other statutory bodies, the voluntary and commercial sector. Agreement has been reached between representatives of Drogheda Corporation and North Eastern Health Board to develop a Healthy Cities Project in the Drogheda area.

Many cities and towns throughout Europe have embraced the Healthy Cities ethos and a successful initiative in Drogheda will be of major benefit to the people of the town. Initially Drogheda Corporation and North Eastern Health Board hope to identify common areas of need from both a public health and environmental prospective and develop a range of collaborate responses to same.

Other sectors will be involved as the process gains momentum and ultimately it is hoped the project will become a medium through which a range of health, environmental and ancillary issues in the area can find expression and be resolved through an integrated approach.

3.13 National Healthy Eating Week - 12th - 18th May 1996:

During the very successful promotion of National Healthy Eating Week, the Board's hospitals took part in an internal competition for the best provider of healthy food. The judges advised that each hospital made an outstanding contribution to the success of the week: all catering departments excelled with displays, menus and food on par with the best standards. The winner of the award was Louth County Hospital, on the basis that every department within the hospital became involved in the effort. Each hospital will be presented with a certificate of participation.

3.14 Organ Donation:

The Board would like to extend their sympathy to the family of a young girl who was killed in Cavan recently following a road traffic accident. Despite this tragedy, new hope of life has been given to others because of her family's tremendous generosity in allowing organ donation. Medical Teams from U.K. and Dublin Hospitals carried out transplants, including heart and lungs who were given to a 15 year old boy, a kidney which was given to a 14 year old girl and a liver which was received by a 45 year old woman. The services provided at the Cavan/Monaghan Hospital were greatly praised by the family of the late girl, and particular comment was paid to the sensitivity with which our staff managed the entire process during what was a very difficult time for all concerned.

3.15 Capital Infrastructure - Progress Report:

Dunshaughlin Healthcare Unit:
Planning permission for the Healthcare Unit has been granted and tender documentation has been submitted to the Department of Health for their approval. It is anticipated that tenders will be sought within the next two weeks.

Drogheda - St. Mary's Hospital:
Tender documentation will be completed by the end of May and will be submitted to the Department of Health for their comments. We anticipate an early start on the site.

Ballyconnell & Virginia:
Preliminary planning work has started on both Virginia and Ballyconnell units. Outline drawings of both developments will be available at the next meeting of the Board's standing committees.

Oldcastle:
Agreement has been reached with Meath County Council for the transfer of a site for the new Health Centre and preliminary design has started.

3.16 Official Opening of Cardiac Service - Cavan/Monaghan:

On Tuesday 14th May two new rooms to provide an Echocardiography Service and an Exercise ECG Testing Service were officially opened at Monaghan site of Cavan/Monaghan Hospital. These facilities are

essential to the carrying out of a wide range of cardiological investigations for the people of the Cavan/Monaghan catchment. It is planned to extend the cardiology service further into such areas as cardiac rehabilitation.

The new rooms are now part of the Day Services Unit and along with the Endoscopy Suite and Day Surgical Ward, provide a comprehensive package of day services in a dedicated area.

The provision of these new facilities affords better conditions for patients and staff and the hospital is also now in a position to provide this service to patients from the Cavan area.

3.17 New Campaign to bring clean air to 'smoke-filled' committee rooms:

Local voluntary, political, sporting, arts and commercial organisations are being asked to 'sign-on' to a new national campaign which, if successful, will make smoke-filled committee rooms a thing of the past.

The primary objective of the campaign, which will be launched tomorrow (Tuesday, May 28) by Mr. Brian O'Shea, TD, Minister of State for Health Promotion, is to reduce further the incidence of passive smoking, and its effects on non-smokers. As a first step, local organisations are being asked to back the "Going Smoke-Free - The Popular Choice" campaign by voluntarily adopting a policy which will make their regular meetings 'smoke-free'.

Target date for commencement of the campaign will, appropriately, be May 31st, the date designated by the World Health Organisation as 'No Tobacco Day'. On that day, Arts and Sports organisations around the world are being asked by the WHO to join the effort to reduce smoking.

3.18 Donations:

I wish to acknowledge receipt of the following donations which will be used towards patient comforts at St. Mary's Hospital, Castleblayney.

- £2,500.00, proceeds of musical evening concert organised by the Monaghan Choral Society and Brass Band towards the new EMI Unit.

- £350.00 from Drum Bowling Club;

- £134.60 from Mr. Pat Duffy, Drummond, Inniskeen.
- £50.00 from Ballyalbany Bowling Club.
- £300.00 from the family of Mrs. Ellen Bradley, R.I.P.
- £155.00 from Mrs. Emma Wylie, Ballybay.
- £40.00 from Eric Mackarel, Clones.
- £100.00 from Mrs. Florence Graham, Smithborough.
- £50.00 from Ms. Joan Conlon, Carrickmacross.

I wish to acknowledge receipt of a donation of £797.70 from Mary K. Rushe, Ballyconnell, for use towards patient comforts in St. Felim's Hospital, Cavan.

Donal O Shea,
CHIEF EXECUTIVE OFFICER.

27th May, 1996.

MINUTES OF MEETING OF THE COMMUNITY SERVICES COMMITTEE OF THE NORTH EASTERN HEALTH BOARD

Held in
Markievicz House, Barrack Street, Sligo

At 3.00 p.m. on Wednesday 10th April 1996

Members Present:
Dr. H. Dolan, Chairman.
Councillor J.F. Conlan.
Mr. Eddie Feeley.
Dr. W.G. Hyland.
Councillor Michael Lynch.
Mr. J. Mangan.
Dr. P. Mc Carthy.
Mr. P. O'Reilly.
Mr. G. Marry
Mr. B Hughes
Mr. J. Leonard
Mr N. McCabe

Officials Present:
Dr. Ambrose Mc Loughlin, Deputy Chief Executive Officer and Programme Manager Community Care.
Mr. Nicholas Smyth, Senior Executive Officer, N.E.H.B. Kells.

Apologies:
Ms. S. Faulkner.
Dr. P.M. Wahlrab.
Councillor T. Murphy.

1. <u>Chairman's Business</u>

The Chairman, Dr Dolan, thanked Mr Michael McGinley, Programme Manager, North Western Health Board, Tom Kelly, Senior Executive Officer, Sligo/Leitrim and Lucy Devanney for their presentation on and tour of Markievicz House which had taken place before the meeting.

Dr Ambrose McLoughlin, Deputy Chief Executive Officer & Programme Manager Community Care, issued a short briefing to the members on the Minister's Discussion Document "Putting Children First" - a Discussion Document on Mandatory Reporting of Child Abuse. The members agreed that an extension of time should be sought to deal with this Discussion Document and that it should be raised again at the next Committee meeting.

2. **Minutes of Previous Meeting.**

On the proposal of Michael Lynch, seconded by Jimmy Leonard, the minutes of the meeting held in the Boardroom, Regional Child & Family Centre, Drogheda, at 4.00 p.m. on Wednesday 13 March 1996 were adopted.

3. **Deputy Chief Executive Officer/Programme Manager's Report.**

Dr Ambrose McLoughlin, Deputy Chief Executive Officer and Programme Manager Community Care presented his report to the Committee which dealt with the following:

- Housing Aid for the Elderly - Co Meath

  Dr McLoughlin informed the meeting that a sum of £200,000 was being made available to Meath under this scheme in 1996. The members unanimously agreed with this suggestion and agreed that this should be put to the North Eastern Health Board.

Other Developments

- Planning permission for the Resource Centre at the Commons Road site, Navan.
- EMI Unit, St Mary's Hospital, Castleblayney.
- New Day Hospital, Castleblayney and Trim.
- New EMI Unit St Joseph's, Trim.
- Request for additional funding, Cottage Hospital, Drogheda.
- Negotiations on Clogherhead and Carlingford developments.
- Development of St Joseph's Convent in Navan. It was agreed that a visit to the new facilities at St Joseph's Convent would be arranged and that the Meath members would come up with a new name for the development at the former St Joseph's Convent.

4. **To consider a report on Review of Child Care and Family Support Services 1995.**

Dr Ambrose McLoughlin, Deputy Chief Executive Officer & Programme Manager Community Care, presented this report to the Committee. The Community Services Committee recommended this report to the Board.

5. **To consider a report on Communty Welfare Services.**

Dr Ambrose McLoughlin, Deputy Chief Executive Officer & Programme Manager Community Care, presented this report to the Committee. It was agreed that the Committee would get a briefing on the new ISTS project, at the June Committee meeting. The Community Services Committee recommended this report to the Board.

6. **To consider a report on SWA Regulations, 1995.**

Dr Ambrose McLoughlin, Deputy Chief Executive Officer & Programme Manager Community Care, presented this report to the Committee. The Committee recommended this report to the Board.

7. **To consider a report on Review Group on the Role of Supplementary Welfare in relation to Housing.**

Dr Ambrose McLoughlin, Deputy Chief Executive Officer & Programme Manager Community Care, presented this report to the Committee. The Committee recommended this report to the Board.

8. **Date and Time of Next Meeting:**

It was agreed that the next meeting of the Committee would be held in the Boardroom, Our Lady of Lourdes Hospital, Drogheda on Wednesday 8th May at 4.00 p.m.

Signed: _____ **Date:** 8/5/96.
CHAIRPERSON