

12th December, 2001.

Do gach Comhalta den mBord

A Chara,

The monthly meeting of the Northern Area Health Board will be held in **The Bracken Court Hotel, Balbriggan, Co. Dublin on Thursday 20th December, 2001, at 6.00pm followed by Christmas Dinner at 7.30pm.**
Tea/Coffee will be available at 5.45 pm.

Hereunder is the agenda.

Mise, le meas,

M. Windle

PRIOMH FEIDHMEANNACH

CLAR

1. Chairpersons Business
2. Minutes of proceedings of
 - (i) Monthly Meeting held on Thursday, 15th November, 2001
[copy herewith]
 - (ii) Special Meeting held on Tuesday 4th December, 2001
[copy herewith]
 - (a) Matters arising
3. Questions to the Chief Executive
4. Chief Executive's Report
5. Progress Report from Standing Committees
 - (a) Community Services and Continuing Care Committee
 - (b) Acute Hospitals and Primary Care Committee

6. Notices of Motion

6.1. Cllr C. Burke

“That this Board agrees that funding be made available for a new Health Centre at Quarry Road, Cabra, Dublin 7 as with the growing population in this area such a centre would be in need.”

6.2 Cllr. Roisin Shortall, T.D.

“That the CEO report on the provision made for carrying out essential building work at the Carmichael Centre in view of the large number of voluntary organisations that operate from these premises.”

6.3 Cllr R Shortall, T.D.

“That in view of the severe shortage of Health Nurses in this board area, and our inability to provide an acceptable level of service, that the CEO examine the proposal from the Acting Director of Public Health Nursing in Area 6 (enclosed) and use this as the basis for setting up a training course as a matter of urgency” .

7. Correspondence

NORTHERN AREA HEALTH BOARD

**Minutes of proceedings of monthly Board Meeting
of the Northern Area Health Board
held in the Bracken Court Hotel, Balbriggan, Co. Dublin**

On Thursday, 20th December, 2001, at 6.00pm

Present

Cllr. C. Burke
Ald I Callely
Mr M. Cowley
Mr J. Fallon
Ms N Harvey
Mr G. McGuire
Dr B Murphy
Cllr D Murray
Cllr. E. O'Brien
Cllr. M. O'Donovan
Dr James Reilly

In the Chair

Cllr. Anne Devitt

Apologies

Mrs C. Quinn
Cllr R. Shortall

Officers in Attendance

Ms M. Windle, Chief Executive
Mr M. Walsh, Asst, Chief Executive
Mr J. Cahill, Asst Chief Executive
Mr P. Dunne, Asst Chief Executive
Ms M. Kelly, Director of Human Resources
Ms L. McGuinness, A/Asst Chief Executive
Mr S Mulvaney, A/Director of Finance
Ms A Kerrigan, Asst Chief Executive
Ms K. Fagan, Secretariat
Mr J. Murphy, Board Secretary

CHAIRMANS BUSINESS

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 Visits

A copy of schedule of forthcoming meetings/visits has been circulated to all members.

3. Chairman of Protocol & Procedures Committee

I wish to advise members that Mr Gerry McGuire has been elected as Chairman of our Board's Protocol and Procedures Committee, at its meeting held on 18th December, 2001.

4. NAHB JOURNAL

The Chairman referred to the publication of the NAHB Journal, and thanked and congratulated all those involved in the production and particularly the staff of the Communications Department.

106/2001

MINUTES OF PROCEEDINGS OF MONTHLY BOARD MEETING held on 15th November, 2001

On a proposal by Cllr Devitt and seconded by Cllr Murray, the minutes of the monthly Board Meeting, held on 15th November, 2001, were agreed.

107/2001

MINUTES OF PROCEEDINGS OF SPECIAL BOARD MEETING held on 4th December, 2001

On a proposal by Cllr Devitt and seconded by Cllr Murray the minutes of the Special Board Meeting, held on 4th December, 2001 were agreed.

Matters arising – The Chairman advised members that following a meeting of the Protocol & Procedures Committee held on 18th December, 2001, it was agreed to include “Items for Mention” as an agenda item at future Board Meetings. Items raised would be mentioned only, i.e. when the issue is of a strategic urgent nature and there is no other opportunity for raising the matter under existing items on the agenda. There should be no discussion or debate, or decision of the Board resulting from this agenda item.

108/2001

QUESTIONS TO THE CHIEF EXECUTIVE

On a proposal by Cllr Devitt, seconded by Mr McGuire, it was agreed to answer the questions which had been lodged.

1. Cllr D. Heney

“To ask the Chief Executive to outline the Board’s funding and involvement in services provided by Gheel Services, Fairview for autistic adults and say if she will examine the service and staffing levels as parents seem unhappy with the proper development of services in that some facilities including the recreational area are not being fully utilised due to lack of staff and that academic and vocational training are lacking, if the matter can be reported on, structure of board outlined, if a parents representative can be added to the board and if the CEO can make a statement on the matter”.

Reply

Gheel Autism Services Ltd is funded by Section 65 of the Health Act, i.e. it is funded by the Health Board as a voluntary service provider and received a budget of £1.8m in 2001. Gheel services budget is managed by the East Coast Area Health Board because the Headquarters are based in Milltown.

The Department of Health, in conjunction with the Eastern Regional Health Authority, has agreed to carry out an independent service review of the Gheel service, which is due to take place early in 2002. Mr Joe Wolfe from Evaluating, Training, Consulting Ltd (an independent company) has been commissioned by the Department to carry out this review.

The present structure of the Gheel Board has equal representation between three Health Board nominees and three parents nominated by the Irish Society for Autism. The proposed review of the Gheel service will include a review of the Board and Management structure, to ensure its appropriateness to meet the changing needs of the organisation.

Our Board works locally with Gheel in the context of developing services in our Board’s area.

In 2001, revenue funding of £75,000 and capital funding of £200,000 was agreed to develop 6 places in the community for adults with autism. Gheel are in the process of identifying suitable property but as the development has not yet commenced, funding has not been drawn-down.

Our Board is also in discussion with Gheel in the context of further service developments in 2002 together with the enhancement of existing service. These proposals will be considered together with proposals from other service

providers, in the context of our Board's allocation for intellectual disability services in 2002 and priority needs as identified within the region.

2. Cllr E. O'Brien

"To ask the Chief Executive if she would provide me with the following information re the Ballymun catchment area.

How many drug users are known to reside in the area ? Giving ages and genders.

How many are receiving methadone treatment through Domville House and how many attend the methadone bus.

Is there a waiting list in the area for treatment ?

Can she provide the known number of drug related deaths in the Ballymun catchment area – giving genders and ages.

Finally can she provide me with some general information on how the Ballymun Drugs Task Force and the NAHB co-operate/co-ordinate activities ?

Reply

*How any drug users are known to reside in the area? Giving ages and genders
How many are receiving methodone treatment through Domville House and how many attend the methadone bus?*

The number of drug users residing in the area is not known, however, there are 376 clients receiving treatment in the Ballymun area. The breakdown of this is as follows:

Domville House: 249 clients (154 males / 95 females).

18 & Under:	0.
18 – 19 Years:	1 Male / 7 Female.
20 - 24 Years:	37 Male / 32 Female.
25 – 29 Years:	54 Male / 37 Female.
30 - 39 Years:	51 Male / 17 Female.
40+ Years:	11 Male / 2 Female.

Mobile Clinic (Ballymun):

Nos. Attending: 15 clients (4 females / 11 males).

Under 20 Years	0 Male / 0 Female
20 – 24 Years	5 Male / 0 Female
25 – 29 Years	3 Male / 2 Female
30+ Years	3 Male / 2 Female

Attending GPs agreed Protocol 112 clients

Nos Attending (approx breakdown)

35 Females and remainder males

majority of clients would be in the 21 – 30
age bracket

In addition to the numbers receiving treatment, a number of drug users avail of
the **Needle Exchange Programme**

25 on weekly basis (7 female / 18 male).

(Ages ranging from 16 – 40+ years)

Is there a waiting list in the area for treatment?

There is 1 female on short-term waiting list for Domville House for Young
Persons Programme.

*Can she provide the known number of drug related deaths in the Ballymun
catchment area – giving genders and ages*

The specific figure in relation to the known number of drug related deaths in
the Ballymun catchment area is not available. Figures available from the
Central Statistics Office (1998 Annual Report) give a breakdown of deaths in
each county and county borough (i.e. Fingal / Dun Laoghaire / Rathdown Co.
Council, etc) (extract from CSO Annual Report attached)

The cause of death is not broken down specifically into drug related deaths.
This category has a very wide definition i.e. toxic alcohol, drugs, poisonings,
accidental death, etc.

*Finally can she provide me with some general information on how the
Ballymun Drugs Task Force and the NAHB co-operate/co-ordinate activities ?*

Our Board is represented on the Management Committee of the Ballymun
Drugs Task Force, by the Deputy Area Operations Manager for Opiate
Addiction Services. Other staff of our Board are members of sub-committees
of the Task Force – including the Rehab/Treatment sub-committee and the
Treatment/Prevention sub-committee.

Our Board also funds, through Section 65 funding, a number of projects
initiated and supported by the Ballymun Drugs Task Force, including the
Ballymun Youth Action Project, Le Cheile, Star Rehabilitation Project

3. Cllr R Shortall

“Will the Chief Executive outline the current position regarding Orthodontic
Care in the Northern Area Health Board area and

1. Report on the progress of recruiting a public orthodontist for the area
2. Provide details of the number of persons currently
 - (a) awaiting assessment
 - (b) awaiting treatment

3. Provide details of the number of places contracted this year with private orthodontists
4. Provide details of the number of places which will be contracted with private orthodontists next year.
5. Provide details of the current salary on offer to a public orthodontist to take up a position in the Northern Area Health Board”.

Reply

1. Interviews were initially held by the Local Appointments Commission in October, 2000 to fill the two permanent Consultant Orthodontist posts – one in the East Coast Area Health Board and one in the Northern Area Health Board. The post in our Board was not filled.

The post in our Boards area was subsequently re-advertised and following interviews in July/August, 2001, we were advised by the Local Appointments Commission that they are unable to recommend a candidate for the post.

In September, 2001 the Local Appointments Commission were again requested to re-advertise the post. The Commission is considering where and how it might re-advertise this post in order to improve the chances of attracting suitable candidates. Attempts to fill the post on a temporary basis have also been unsuccessful to date.

However, agreement has now been reached at the Health Services Employment Agency on the creation of the Specialist Dentist in Orthodontics grade in the Orthodontic Service. The introduction of this Specialist post which is permanent and pensionable will enhance the existing grading structure in the public dental services and as such it is expected that it will attract interest from qualified persons nationally and internationally.

2. Waiting List

		As at <u>Nov 01</u>	As at <u>Dec 01</u>
Category I	Assessed and awaiting treatment	32	5
Category II	Assessed and awaiting treatment	358	240
Category I	Assessment waiting list	0	5
Category II	Assessment waiting list	5,095	5,154

3. There were approximately 33 patients from the Northern Area Health Board referred to private Orthodontists. The Board agreed to fund the treatment of these patients who had previously been in treatment in the Regional Orthodontic Unit, St. James’s Hospital – which had been interrupted, due to the difficulties there.

Our Board has recently commenced treatment sessions to provide additional public treatment places for up to 300 clients on the current orthodontic waiting list through the employment of Consultant Orthodontist and Specialist Orthodontist employed in neighbouring Health Boards.

Our Board has identified accommodation in Blanchardstown with a view to providing an orthodontic suite there. The Manager for Orthodontic Services met with technical staff on 20th December, 2001. They have confirmed that the accommodation is suitable for adapting to an orthodontic suite. A project group will be meeting early January, 2002, to agree a plan for progressing this initiative. Costings should be available in mid-February, 2002 and it is hoped that the suite will be ready for use in June. Equipment purchased for this suite will be transferable to the Unit planned for James Connolly Memorial Hospital

We are also running an on-going recruitment campaign to fill the posts of Consultant Orthodontist and Specialist Orthodontist's (full-time and sessional) whose services will be dedicated to the delivery of orthodontic treatment in our Board's area. It is intended that the primary task of all successful candidates will be to provide services for the clients on the current orthodontic waiting list

4. The use by our Board of Private Orthodontists next year is contingent on the level of funding made available in the letter of Allocation 2002.
5. The revised salary rate for public Orthodontist will be £77,715.

4. Cllr R Shortall

“To ask the Chief Executive the progress to-date on

- (a) the new Health Centre, and
- (b) the district Headquarters in Ballymun;
if agreements have been signed with Ballymun Regeneration Ltd, and when work is expected to commence.”

Reply

The construction of the Civic Building at Ballymun which will accommodate the Board's Area 7 Headquarters and the main Primary Care (Health) Centre for Ballymun commenced in June and is progressing satisfactorily with a scheduled completion date of December, 2002.

The Board's technical advisors are liaising with the developers, Ballymun Regeneration Ltd and their main contractors, Chessbridge Ltd. to ensure that the finished building meets the Board's requirements. The proposed arrangements for the development are that the Civic Building, when completed, will be leased to Dublin Corporation and this Board will sub-lease a substantial portion of the building. The financing of the building assumes that this Board and Dublin Corporation will enter into a lease-purchase

arrangement over a 14-year period from completion, following which each public body will own the freehold of its portion of the building.

B R L have supplied the Board with preliminary indicative costs, but the final financial and legal package to cover the acquisition of the premises will be negotiated during 2002.

While no formal legal agreement has yet been signed, pending firm costing information from BRL agreement in principle, on the lease purchase arrangements outlined above, has been given by our Board to BRL.

Ms Laverne McGuinness, Acting Assistant Chief Executive, has replaced Mr John Lamont on the Board of BRL.

5. Cllr R Shortall

“To ask the Chief Executive to outline the proposals for a primary care centre in the Finglas West area as proposed by the RAPID area implementation team”.

Reply

The RAPID (Revitalising Areas by Planning, Investment and Development) programme is a government sponsored initiative aimed at maximizing the positive impact of State service provision in disadvantaged urban communities.

Rapid is based on the hypothesis that increased co-ordination, consultation, co-operation and integration between organizations in the State funded sector and between this sector and local communities will better address the needs of people in disadvantaged urban communities. One third of the targeted national population for the RAPID programme falls within the boundaries of the Northern Area Health Board

Finglas West is one of the areas covered by the RAPID programme. The various state service providers are currently devising a short-term and long-term plan for the purpose of addressing the specific requirements of the local community. From a Health Board perspective, part of that plan is looking at a more integrated way of delivering health services. The plan will identify the need for the establishment of a Primary Care Unit which would incorporate all the main disciplines currently delivering services in the Finglas area. The Primary Care Unit would also endeavour to incorporate other service providers including G.P.'s.

We have had discussions with the Mercer Foundation for some months on how they might become involved in health service developments similar to their involvement with the former Eastern Health Board in Jobstown.

In line with these discussions we have agreed to carry out a health needs assessment in Finglas and this work has commenced under the guidance of

Trinity College. With this information we can then plan for the requirements of the centre and plan how we can effectively deliver service requirements as identified. This work will also inform the Mercer Foundation on the level of their involvement in this development.

This needs assessment will outline needs among the different care groups and how best we can meet those needs in an integrated centre in the area.

109/2001
CHIEF EXECUTIVE'S REPORT
SERVICE MATTERS

Sale of Tobacco Products

Following discussion at the last monthly meeting of our Board, I outline below extract from the proceedings of the Monthly Meeting of the Eastern Health Board, held on Thursday 2nd September, 1999.

“106/1999

Notices of Motion

5. ***“The following motion was proposed by Dr Marie Laffoy:***

That the Eastern Health Board bans the sale of cigarettes at all of its acute and other hospitals”

The motion was seconded by Cllr E Byrne, and following discussion to which Dep Mitchell, Cllr Byrne, Cllr Reilly, Mrs Boner, Dr Reilly, Dr O’Connell, Cllr Vance, Dr Harkin, Mr McGuire and the Chairman (Ald Callely) contributed, and to which Dr Laffoy and the Chief Executive Officer replied, was agreed.

Health Boards Executive (HeBE) Director

I wish to advise members that Mr Denis Doherty, Chief Executive of the Midland Health Board has accepted an invitation to become the first Director of the Health Board Executive (HeBE).

This Executive, (set up under the Health Act, 1999), is the legal entity which allows formal and conjoint activities to be undertaken by Health Boards. The Minister for Health & Children, in the National Health Strategy, has indicated that HeBE will be established and operational in early 2002.

Appointment of Consultant Microbiologist

I wish to advise members of the appointment of Dr Anne Gilleece, Consultant Microbiologist on 8th October, 2001, providing 9 sessions weekly at James Connolly Memorial Hospital and 2 sessions per week at Beaumont Hospital.

Review of Adequacy of Child Care, 2000

I have circulated with papers for this meeting the Review of Adequacy of Child Care, 2000, for our Board, incorporating the additional information and amendments proposed at the Special Board Meeting held on 4th December, 2001

Automatic Medical Card Eligibility for Persons Aged 70 Years and Over.

The Secretary General of the Dept. of Health & Children has written to the Chief Executives of Health Boards highlighting the fact that the number of automatic medical cards actually issued to persons aged 70 years and over is greater than the number initially estimated. The number of cards issued nationally at November, 2001 was in excess of 52,000, while the initial estimate of eligible persons was 39,000 (national).

Our Board estimated that approximately 17,000 person in our Boards area should be eligible for an automatic medical card and projected that 12,000 of these card could be issued by 31st December, 2001.

Community Care Area	Number issued at 30 / 11 / 01
6	2,515
7	3,382
8	5,680
Total	11,572

Measures have been put in place to ensure that medical cards issued to those over 70, are in accordance with guidelines issued by the Department of Health & Children in relation to the schemes.

Orthodontic Services – Waiting List Initiative

Members have been advised that arrangements were made for the provision of additional public treatment places for patients in our Board's area by a Consultant Orthodontist and Specialist Orthodontist, commencing on 10th November, 2001.

In order to ensure efficient and effective use of this additional resource, a "Mailshot" to all persons on the treatment list was arranged, requesting a response (pre-set on mailshot) by 31st October, so that appointments for the first clinic, on 10/11/01 could be arranged..

It was originally planned to complete this mailshot via registered letters. However, at that time, there were considerable delays in the postage system due to Anthrax scares, and as delivery and return of responses could not be guaranteed, it was decided to deliver the notices by courier, to all persons on the Treatment Waiting List. This was done to ensure that valuable treatment slots would not be lost.

The validation of the waiting list showed the following

- Only 2 Responses from the first 13 patients on the Waiting List were received in time for referral to the Orthodontic Clinic on 10/11/01
- 13 Appointments issued for the Clinic 10/11/01 issued from No 1 to No 45 on the Waiting List
- To get Category 1 patients for clinic on 24/11/01 patients ranged up to no 400 on Waiting List

Due to the communication strategy adopted, our Board ensured that :

- Appointments were scheduled only for patients who had indicated they still required treatment
- Patients were given as much notice as possible of their appointment
- Patients are engaging in active treatment in a very short period following initial contact by our Board
- This exercise has seen that treatment slots are maximised for patients on the validation list in need of treatment.

It should be noted that there has been an attendance rate of over 90% at these additional clinics put in place since 10/11/01.

Orthodontic treatment services commenced on 10th November 2001. 6 Clinics have been held since then.

- 133 patients from the treatment waiting list have been scheduled for treatment to date

- there has been an overall 90% attendance rate at these 6 clinics.

Services continue to be provided by the Regional Orthodontic Unit at St James's Hospital. As advised in September, 20 patients from the Our Board's treatment waiting list commenced treatment, and a further 36 patients from this list will commence treatment there, between now and the end of January 2002.

Our Board is satisfied that we can double the number of sessional Orthodontists in our area immediately. Our capacity to engage them will be determined by the availability of funding. It is intended that the primary task of these additional Orthodontists will be to provide services for clients on the current orthodontic ASSESSMENT waiting list.

ORTHODONTIC WAITING LIST REPORT
POSITION AT: 17/12/01

	August, 2001	November 2001	December 2001
TREATMENT			
Category I assessed and awaiting treatment Northern Area Health Board	58	32	5
Category II assessed and awaiting treatment Northern Area Health Board	392	358	240
ASSESSMENT			
Category I assessment waiting list Northern Area Health Board	5	0	5
Category II assessment waiting list Northern Area Health Board	4,984	5,095	5,145

SUMMARY REVIEW 2001

BOARD BUSINESS

During 2001, a total of 17 Board Meetings were held, 11 Monthly Board Meetings and 6 Special Board Meetings (3 Meetings on Childcare and Families, 1 Meeting on Services for the Elderly, 1 Meeting to Adopt the Annual Financial Statement, and the Provider Plan, 2001, and 1 meeting to adopt the year 2000 Annual Report)

I have circulated for members information a report (copy filed with official minutes) of the business dealt with by the Board Members during 2001.

SERVICE REVIEW 2001

I have circulated for members information a report (copy filed with official minute) on the major achievements by Care Group in our Board's area during 2001

Clinical Waste Disposal

I have circulated for members information a report (copy filed with official minute) on our Board's policy and procedures on the disposal of waste. Our Board disposes of approximately 213,000kg of clinical waste annually, at a total cost of approximately £225,000.

Appointment of Director of Public Health, ERHA

I wish to advise members that Dr. Marie Laffoy has been appointed the new Director of Public Health with the Eastern Regional Health Authority. I wish, on my own behalf, and on behalf of the Management Team, to congratulate Dr Laffoy on her appointment, and to extend best wishes to her on this new role.

CORRESPONDENCE

Additional Allocations

I wish to advise members that the following additional allocations have been advised by the ERHA

- (1) £504,041 in respect of refurbishment and upgrading of building at Cabra Health Centre, Quarry Road
- (2) £150,000 in respect of essential repair works to Carmichael House
- (3) £150,000 towards the development of Palliative Home Care Services in the Dublin 15 area.

Following discussions to which Cllr Devitt, Dep Callely, Cllr Burke, Cllr Murray contributed, and to which the Chief Executive and Asst Chief Executive (Operations) responded, the report was noted.

110/2001

PROGRESS REPORTS FROM STANDING COMMITTEES

(i) Community Services and Continuing Care Standing Committee

On a proposal by Cllr O'Brien, seconded by Mr McGuire, the report from the Standing Committee on Community Services and Continuing Care, was agreed. The following matters were dealt with in the report.

1. Members noted and welcomed *Report of the Working Group on Patients' Comforts*.
2. It was agreed to include the *Report on Mental Health Services* on the agenda of the next Standing Committee Meeting for further discussion.
3. It was agreed to defer discussion on *Report on Services for Persons with Autism Spectrum* to the next Standing Committee meeting.

(ii) Acute Hospitals and Primary Care Standing Committee

On a proposal by Mr McGuire and seconded by Cllr Burke, the report from the Acute Hospitals and Primary Care Standing Committee was agreed. The following matters were dealt with in the report.

1. *Report of the National Advisory Committee on Palliative Care*

Members noted the report.

Members noted that interviews have been held for a second Consultant in Palliative Care; the successful candidate will take up duty in the New Year.

2. *Report on Meningococcal C Vaccination Programme*

Members noted the report.

Members noted the 71% reduction in the number of Meningococcal C cases since the implementation of the programme.

Member acknowledged the major programme that had been implemented in such a short period.

3. It was agreed that the next meeting of the Standing Committee will take place in January 2002.

111/2001

MOTIONS

6.1 On a proposal by Cllr Burke, seconded by Cllr O'Brien, the following motion was noted.

“That this Board agrees that funding be made available for a new health centre at Quarry Road, Cabra, Dublin 7 as with the growing population in this area such a centre would be in need.”

Reply

Cabra Health Centre caters for persons in the Cabra and adjoining Navan Road / Blackhorse Avenue / Phibsboro areas, which has resulted in pressure on its limited accommodation. The Board plans to develop a new Primary Care Unit at the Grangegorman site on the North Circular Road that will serve as a multi-purpose polyclinic for the wider area including Cabra. This will allow for the more appropriate redevelopment of Cabra Health Centre as a satellite clinic to complement the new Primary Care Unit.

An amount of €640,000 (£504,041) was allocated in the recent budget for the refurbishment of Cabra Health Centre. Plans are being finalised to ensure these works are undertaken as soon as is possible. Architects drawings are being finalised and tenders for agreed works will then be invited at the earliest possible date. The temporary relocation of services during building works will also be required and alternative temporary premises have been identified.

6.2 The motion in the name of Dep Shortall was in her absence, and at her request, proposed by Cllr Devitt, seconded by Cllr O'Donovan and noted.

“That the CEO report on the provision made for carrying out essential building work at the Carmichael Centre in view of the large number of voluntary organisations that operate from these premises.”

Reply

Carmichael House is owned by the Eastern Regional Health Authority and is located in the Northern Area Health Boards geographic area. Carmichael

House was assigned under licence in 1990 to the Carmichael Centre for Voluntary Groups by the former Eastern Health Board and provides umbrella accommodation / secretarial / administrative support services to a wide range of national voluntary organisations operating in health, welfare, community and associated activities.

The Carmichael Centre made a submission to the Northern Area Health Board in respect of a schedule of works which totalled £1,059,000.00. Of these works, the roof work and electrical rewiring totalling £400,000 were deemed the most urgent.

The urgent capital works required by the Carmichael Centre is included in this Board's submission to the Eastern Regional Health Authority for minor capital funding and is being pursued by the Authority with the Department of Health and Children. This Board is still awaiting its minor capital allocation. *

Carmichael Centre has since received funds from the Dept of Environment and Local Government (£20,000) and also from Dublin Corporation (£20,000). The recent budget also allocated a sum of €150,000 (£118,135) from the Dept of Social, Community & Family Affairs to the Centre. This funding has enabled the Centre to carry out the re-roofing phase of its priority works.

* The ERHA have advised today (20th December, 2001), that an allocation of £150,000 has been approved in respect of Carmichael House, thus bringing total funding to £308,135. Our Board's Technical Services Staff will examine the level of works that can be undertaken from this allocation.

6.3 The motion in the name of Dep Shortall was in her absence, and at her request, proposed by Cllr Devitt, seconded by Cllr O'Brien and noted.

“That in view of the severe shortage of Health Nurses in this board area, and our inability to provide an acceptable level of service, that the CEO examine the proposal from the Acting Director of Public Health Nursing in Area 6 (enclosed) and use this as the basis for setting up a training course as a matter of urgency”

The former Eastern Health Board entered into an annual arrangement with UCD for the sponsorship of Student Public Health Nurses. The sponsorship consisted of a grant of £4,000 but with effect from the year 2001 Student Public Health Nurses are now being sponsored by the three Area Boards on a nationally agreed salary -£18,619. On successful completion of the course they are entitled to be appointed as permanent Public Health Nurses with the sponsoring Board and there is an expectation that they will remain with the sponsoring Board for a minimum of two years. Our experience in the past shows that a number of people sponsored returned to take up posts in the Health Boards outside the Eastern Region.

Currently the three Area Health Boards are sponsoring 23 Student Public Health Nurses – 21 in UCD and 2 in UCC. The Northern Area Health Board sought 44 places for the current programme. However, the total number of applications for the region was less than this number and of the 23 in sponsorship 9 are for the Northern Area Health Board.

The report received from Ms Mary Martin, Director of Public Health Nursing is timely. Our Director of Human Resources will be pursuing same with the appropriate personnel. However, it must be noted that in the current year with a salary and appointment on qualifying, the numbers of applicants were reduced. On a regional basis the Directors of HR of the Area Health Boards are meeting representatives of the Directors of Public Health Nursing to review the new training arrangements and to ensure that these are structured to attract maximum gain.

There is also the need to look at the role of Public Health Nurses in the overall context of care as part of a multidisciplinary team in the community. In recent years there has been considerable changes in the focus of service delivery brought about by the

- Appointment and funding of practice nurses in Primary Care
- The transfer of a range of clinical nurses from public health to primary care-immunisation
- A greater integration and streamlining of services with the acute sector – community care/primary care/hospital partnership, strategy in service delivery for the elderly, Home First, Mater Med etc.
- Development of community ward teams
- Further development of multi-discipline teams including the development of general trained nurses.

The role of the Public Health Nurse is very specific from an epidemiological and clinical perspective. We are now reviewing the roles in the context of recent developments as outlined so as to ensure that the surgical training and skill base of the PHN is used to the maximum so as to ensure the higher quality of service and a high level of job satisfaction for the Public Health Nurse.

A formula which will be all inclusive and which will be acceptable to the professions as a whole is being drawn up to review service needs and will be submitted as part of our Boards provider plan for 2002.

The meeting concluded at 7.00pm

**M. WINDLE
CHIEF EXECUTIVE**

20th December, 2001

**CLLR A. DEVITT
CHAIRMAN**