

SOUTH WESTERN AREA HEALTH BOARD

Minutes of the proceedings of the meeting of the South Western Area Health Board held in the Board Room, South Western Area Health Board H.Q., Oak House, Millennium Park, Naas, Co. Kildare, on Tuesday, 1st April, 2003, at 2.00 p.m.

Present

Mr. P. Aspell
Cllr. C. Byrne
Cllr. T. Cullen
Dr. M. Gueret
Ms. A. Harris
Cllr. C. McGrath
Ald. M. Mooney
Cllr. J. Reilly
Cllr. D. Tipping

Dr. S. Barry
Cllr. E. Byrne
Mr. J. Fallon
Dr. K. Harkin
Ms. M. Hoban
Cllr. M. Miley
Dr. B. Murphy
Cllr. T. Ridge

Non-Voting Members

Mr. G. McGuire

In the Chair

Cllr. T. Ridge

Officers in Attendance

Mr. P. Donnelly, Chief Executive Officer
Mr. D. Lyons, A/Assistant Chief Executive
Mr. J. Leech, A/Director of Finance
Ms. P. Daly, A/Director of Communications
Mr. M. Rogan, Director for Mental Health & Addiction Services
Ms. M. Clear, Director, Childcare Services
Ms. B. Manning, Operations Manager, Childcare
Mr. R. Kavanagh, Senior Manager, Operations
Ms. C. Bergin, Senior Manager, Operations
Mr. R. Healy, Board Secretary
Ms. P. Dempsey, Administrative Support, C.E.O.'s Office
Ms. A. Farrell, Administrative Support, C.E.O.'s Office

35/2003

CHAIRMAN'S BUSINESS

Members were invited to join with the Chairman in standing for a minute's silence to express sincere sympathy to those whose names were included on the list of condolences.

The Chairman thanked Board Members and the Executive for their good wishes during her recent illness.

The Chairman noted that Cllr. Jim Daly has been appointed to our Board to replace Deputy Charlie O'Connor who resigned recently and officially welcomed him to the Board.

The Chairman also advised members of the following:-

1. *Child Care Advisory Committee*

I wish to advise the relevant members that the next meeting of the Child Care Advisory Committee will be held on Friday, 11th April, 2003, at 10.00 a.m. here in the Board Room in Oak House.

36/2003

MINUTES OF PROCEEDINGS OF BOARD MEETING HELD ON 4TH MARCH, 2003

The minutes of the proceedings of the Board Meeting held on 4th March, 2003, having been circulated, were confirmed on a proposal by Mr. P. Aspell, seconded by Dr. B. Murphy.

37/2003

QUESTIONS TO THE CHIEF EXECUTIVE OFFICER

On a proposal by Cllr. D. Tipping, seconded by Cllr. M. Miley, it was agreed to answer the questions which had been lodged.

1. Dr Kieran Harkin

“Could the C.E.O. please confirm the nature of the service available to patients on methadone treatment in the Board's drug treatment centres? Could the C.E.O. please make specific reference to the provision of the following medical services (including the prescribing of medication): alcohol dependence, benzodiazepine dependence, depression, anxiety, and family planning?”

Could the C.E.O. please describe what steps have been taken to avoid duplicate treatment by the drug treatment clinics and General Practitioners?”

Reply:

The South Western Area Health Board provides a wide range of services to clients attending the Board's Addiction Centres. These services include medical and psychiatric services, nursing, counselling, pharmacy and community welfare services.

Many of the clients attending the Board's services present with the problem of polydrug misuse. Following appropriate assessment, the multi-disciplinary team

determines a particular course of treatment with the client. This treatment regime deals with all aspects of their drug misuse and associated problems. More specifically, in relation to depression and anxiety, this can be managed by the doctor (addiction services) in the first instance. This doctor can refer patients to the addiction services Consultant Psychiatrist, as necessary.

Currently, there are two G.P. Co-ordinators employed by the Board to link and liaise with G.P.s in the wider community. The Board fully supports good communication with these general practitioners and would see this as an integral part of the overall patient management. In this regard, I enclose a sample of documentation used by our clinics in communication with general practitioners:-

Appendix A – Notification of commencement of treatment

Appendix B – Client Consent Form

Appendix C – Progress Report

The Board does acknowledge that the level of communication varies from clinic to clinic and is currently seeking to remedy this matter. In this regard, I have asked the Area Operations Manager to meet on a regular basis with the G.P. Co-ordinators to review this matter on an ongoing basis, including the introduction of standardised documentation. I also understand that Ballyfermot/Clondalkin, Inchicore and Kilmainham have been identified as areas where a number of issues have arisen. I have asked the G.P. Co-ordinator for these areas to address these matters.

As part of our medical service we are providing some service in relation to Family Planning. I have asked the G.P. Co-ordinator to review this practice with clinicians within our service.

2. Dr Siobhán Barry

Re: Children's residential services within the South Western Area Health Board:

“Could the C.E.O. comment on the inspection process of facilities within the South Western Area Health Board or used by the South Western Area Health Board for child or young person placement with particular reference to the inspection status of those that are subject to The Irish Social Services Inspectorate, and inform the Board on the standing of those that might have other assessment criteria?”

Reply:

The inspection services for children's residential centres in the South Western Area Health Board are provided as follows:

The South Western Area Health Board has thirteen regular residential centres, one high support unit and one special care centre (National) and the Irish Social Services Inspectorate inspects these. To date, ten centres have been inspected and one is due to be inspected this month. The high support unit has not been inspected as yet and the special care unit has already been inspected twice and is due for further inspection this month.

The five voluntary and the eight private centres are inspected through the Health Board Inspectorate which is based in the Northern Area Health Board. These have all been inspected and registered, although there are a number of minor issues to be

addressed before they are fully registered. These units have been given temporary registration in the meantime.

A Monitoring Officer for Residential Services was appointed to the South Western Area Health Board in December 2002. The core function of the post is to provide an independent review on the quality of services for children in residential care, both statutory and non-statutory, excluding special care. The post is primarily a monitoring one to ensure compliance with child care regulations and to promote best practice in the provision of services for children in residential care.

3. **Dr Siobhán Barry**

Re: The Community Alcohol Awareness Pilot Project (Kilcock, Co Kildare):

“Could the C.E.O. give a 6-month update on this pilot project, and inform the Board on the outcome measures employed to determine its progress?”

Reply:

The Kilcock Community Alcohol Awareness Project was a pilot health-promoting project using a Community Mobilisation Model.

The project had five principle aims;

1. To enable a community to make conscious and informed choices on alcohol consumption.
2. To strengthen community action around alcohol awareness by adopting a partnership approach to planning, implementing and evaluation of this initiative.
3. To support the development of an alcohol policy in all settings i.e. community, workplace and schools.
4. To create supportive environments for those who identify problems in themselves or others.
5. To increase the capacity of the community to identify and deal with alcohol related problems and deploy the available appropriate support.

The project has succeeded in many of its stated objectives and has greatly added to our understanding of the *Community Mobilisation Model*.

(1) To enable a community to make conscious and informed choices on alcohol consumption.

During the active phase of the project, key messages were communicated through various media to heighten public understanding of the issues related to safe alcohol use. In terms of awareness-raising, 73% of those asked in a random telephone survey were aware of the project and its objectives. 37% had retained and understood the project slogan ‘*Think before you drink - Less is More.*’

(2) To strengthen community action around alcohol awareness by adopting a partnership approach to planning, implementing and evaluation of this initiative

The project was planned, developed and evaluated in conjunction with members of the local community. Our staff worked closely with a wide range of stakeholders

including local community leaders, voluntary and sporting agencies, commercial interests, Gardaí, fellow statutory agencies and the Department of Health & Children.

The challenge for this type of project is to fully engage with the community. Given the ambivalent attitude to alcohol use in Ireland, this proved to be a difficult target to reach. Also the changed lifestyle and community structure in modern Irish satellite towns limited the extent of community engagement. This has been a useful learning experience and must be considered when planning future project formats.

(3) To support the development of an alcohol policy in all settings i.e. community, workplace and schools.

Project participants across a range of settings were supported in developing appropriate policies on alcohol tailored to local needs.

Supportive environments were achieved through the synergy of multiple disciplines. This project has been a collaborative involvement with the South Western Area Health Board and the local community. There have been numerous stakeholders involved in this health promotion project, each adding their own expertise and skills.

(4) To create supportive environments for those who identify problems in themselves or others.

Training modules were designed to increase the capacity of the community to identify and deal with alcohol-related issues. Greater awareness and understanding encouraged members of the community to access available supports. Clear health promoting messages promote self care and aid the community in making informed choices about alcohol consumption. Bar staff availed of the 'Responsible Serving of Alcohol' programme which was provided locally.

(5) To increase the capacity of the community to identify and deal with alcohol related problems and deploy the available appropriate support.

The capacity of the community to recognise alcohol-related problems was increased through Training and Skills Development. This training provided the participants with knowledge for dealing with alcohol and the problems associated with excessive drinking. Provision of a locally promoted telephone Information Line proved useful in meeting information needs.

As stated earlier, this project was designed to be a pilot utilising a Community Mobilisation Model. We have gained many insights into the benefits and limitations of this format. The Department of Health & Children funded the project evaluation under seven separate headings. These will be presented shortly in a detailed report to Standing Committee.

See following the Appendices relating to Question 1.

(Ref: Questions to the C.E.O. (April 2003) – Question No. 1)

APPENDIX A

SAMPLE

NAME: _____

ADDRESS: _____

D.O.B. _____

Dear Doctor,

The above patient has commenced on a Methadone Treatment Programme today
____/____/____ at _____ Clinic (include address).

Signed:

(Ref: Questions to the C.E.O. (April 2003) – Question No. 1)

APPENDIX B

SAMPLE

RELEASE OF INFORMATION

THIS IS TO CERTIFY THAT I, _____
GIVE PERMISSION TO THE PERSON(S) OR AGENCY NAMED BELOW,

TO RELEASE THE FOLLOWING INFORMATION ABOUT ME:

TO THE FOLLOWING PERSON(S) OR AGENCY:

SIGNED: _____ DATE: _____

WITNESSED: _____

COUNSELLOR/NURSE _____

(Ref: Questions to the C.E.O. (April 2003) – Question No. 1)

APPENDIX C**SAMPLE****SIX MONTH PROGRESS REPORT:** **DATE:** ____/____/____**Name:** _____**Address:** __________
_____**Date of Birth:** _____**Community G.P.****Name:** _____**Address:** __________

Stable <input type="checkbox"/>	Stabilising <input type="checkbox"/>	Unstable <input type="checkbox"/>	Destabilised <input type="checkbox"/>
Unprescribed Benzodiazepine Misuse Yes <input type="checkbox"/>			No <input type="checkbox"/>

Benzodiazepine evaluation if done**Comment:** _____**Cocaine Use:** Yes ☐ No ☐**Alcohol Misuse:** Yes ☐ No ☐**Prescribed Medication:** Yes ☐ No ☐Benzodiazepines Yes ☐ No ☐ If Yes: _____Antidepressant Yes ☐ No ☐ If Yes: _____Anti Psychotic Yes ☐ No ☐ If Yes: _____Hypnotic Yes ☐ No ☐ If Yes: _____Anti retroviral Yes ☐ No ☐ If known: _____

Other medication: _____

H.I.V. status (+) ☐ (-) ☐Attending G.U.I.D.E. Clinic: If Yes Regular ☐ Irregular ☐Hepatitis C (+) ☐ (-) ☐

PCR (+) ☐ (-) ☐

Hepatology referral made: Yes ☐ No ☐

If yes, appointment kept by patient: Yes ☐ No ☐

Biopsy: Yes ☐ No ☐

Treatment: Yes ☐ No ☐

Hepatitis A anti-bodies: Yes ☐ No ☐

If no, vaccinated: Yes ☐ No ☐

Hepatitis B status core (-) ☐ core (+) ☐

If (+) ve E antigen (+) ☐ (-) ☐

If (-) vaccinated Yes ☐ No ☐

Vaccination in progress: _____

Post vaccination antibodies: Yes ☐ No ☐

If yes, level _____

Hospitalised: Yes ☐ No ☐

If yes, reason _____

Social Services contact: Yes ☐ No ☐

Forensic Charges: Yes ☐ No ☐

38/2003

PRESENTATION – BREASTCHECK PROGRAMME

Mr. Tony O'Brien, Director, BreastCheck, gave a slide presentation to members outlining the work of the National Breast Screening Programme to date. Mr. Ronan Kavanagh, Communications Manager for BreastCheck, was also in attendance.

Members thanked Mr. O'Brien for his presentation. Discussion followed to which Ms. A. Harris, Cllr. E. Byrne, Dr. K. Harkin, Dr. B. Murphy, Cllr. T. Ridge and Dr. M. Gueret contributed and to which Mr. O'Brien responded as follows:-

- Medical Consultants, Radiographers, etc. employed by BreastCheck are shared appointments with the acute hospitals in which the “static” BreastCheck units are based.
- Links have been established with the Cancer Registry to assist in identifying/monitoring incidences of interval cancers. At present, it is too early in BreastCheck's period of operation to be in a position to comment in this regard.
- Primary treatment for positive cases identified is carried out by BreastCheck personnel and results are notified to the patient's general practitioner.
- Any abnormality detected during the screening process is followed up.
- Patients are informed of positive results through a counselling process provided by BreastCheck.

- The difference between symptomatic screening and BreastCheck screening was clarified.
- Efforts are being made to address the issue of lack of uptake of screening in certain areas.
- The key elements of the second round of screening which is due to commence in the Kildare area later in the year were clarified.
- The proposed expansion of the screening programme to other areas of the country is being planned in conjunction with ensuring that the facilities available in these areas are sufficient.

The presentation was noted by members.

39/2003

C.E.O.'S REPORT

The C.E.O. read Report No. 4/2003 to members [copy filed with official minute].

Areas covered in the report are set out below:-

- Public Accounts Committee
- New Health Service for Homeless People
- St. Mary's, Naas - Update
- Severe Acute Respiratory Syndrome (SARS)
- Migraine Association of Ireland
- Food Safety Authority of Ireland – Annual Report 2001
- Pre-Hospital Emergency Care Council – Strategic Plan
- Mental Health Services
- Launch of Book “Child Protection Work: Beyond the Rhetoric”
- National Patient Perception Survey
- Review of Adoption Legislation

Discussion followed to which Dr. S. Barry, Cllr. D. Tipping, Mr. G. McGuire, Cllr. M. Miley, Dr. K. Harkin, Ms. M. Hoban, Cllr. E. Byrne, Cllr. T. Ridge and Dr. M. Gueret contributed and to which the C.E.O. and Mr. M. Rogan responded as follows:-

- It was agreed to arrange for a presentation of “The Stark Facts” Report by the Irish Psychiatric Association to a Standing Committee meeting.
- It was agreed to amend the C.E.O.'s Report to acknowledge the Irish Psychiatric Association as the authors of “The Stark Facts” report.
- Issues relating to the operation of the medical card scheme for persons over 70 years were outlined. Members were advised that our Board, along with all the other health boards nationally, is reviewing the database/record of clients registered on the G.M.S. Scheme.
- The procedure regarding payment to general practitioners for patients on their G.M.S. lists was clarified.
- The position regarding the proposed acquisition of the St. Mary's (Kildare County Council) premises was further clarified.
- It was confirmed that the pilot project based in the Dublin Simon Community Hostel in Ushers Island for homeless people with an alcohol problem will be fully assessed/evaluated.

The C.E.O.'s report was noted.

40/2003**MATTERS FOR MENTION/MATTERS ARISING FROM THE MINUTES**

Cllr. D. Tipping raised an issue concerning the Board's nominations to the Executive of the Association of Health Boards. Following lengthy discussion, it was agreed that the Chairman of the Board, the Chairman of the Protocol & Procedures Committee, the C.E.O. and the Board Secretary would discuss the matter further with a view to seeking a resolution regarding the issue raised.

41/2003**PROGRESS REPORT FROM STANDING COMMITTEE MEETING**

On a proposal by Mr. P. Aspell, seconded by Dr. B. Murphy, the progress report from the Community Services and Continuing Care Standing Committee meeting dated 13th March, 2003, was adopted.

42/2003**CORRESPONDENCE**

The items of correspondence, as referred to in the C.E.O.'s report, were noted by members.

43/2003**SCHEDULE OF VISITS FOR BOARD MEMBERS AND COMMITTEE MEETINGS
(APRIL 2003)**

The schedule of visits for Board Members and Committee meetings for April 2003, which had been circulated with the agenda papers, was noted by members.

44/2003**DATE AND TIME OF NEXT MEETING**

The May meeting of the Board will be held on Tuesday, 6th May, 2003, at 6.00 p.m. in Baltinglass District Hospital, Baltinglass, Co. Wicklow.

CORRECT:

P. DONNELLY
CHIEF EXECUTIVE OFFICER

CHAIRMAN