

**EASTERN REGIONAL HEALTH AUTHORITY**  
**Minutes of proceedings of Board Meeting**  
**held in the Boardroom, Dr Steevens' Hospital, Dublin 8**  
**on Thursday 4<sup>th</sup> July 2 2002 at 18:00**

***Present***

|                             |                         |
|-----------------------------|-------------------------|
| Mr. Paddy Aspell            | Dr Siobhan Barry        |
| Cllr. Christy Burke         | Cllr. Larry Butler      |
| Cllr. Catherine Byrne       | Cllr. Eric Byrne        |
| Cllr. Maria Corrigan        | Cllr. Liam Creaven      |
| Cllr. Tommy Cullen          | Cllr. Anne Devitt       |
| Cllr. Jane Dillon Byrne     | Mr. John Dolan          |
| Cllr. Pat Doran             | Ald. Sen Joe Doyle      |
| Cllr. Andrew Doyle          | Mr. Joe Fallon          |
| Cllr. Tony Fox              | Ms. Ann Harris          |
| Ms. Noeleen Harvey          | Cllr. Deirdre Heney     |
| Ms. Maria Hoban             | Cllr. Colm McGrath      |
| Mr. Gerry McGuire           | Cllr. Martin Miley      |
| Cllr. Olivia Mitchell TD    | Dr. Mick Molloy         |
| Dr. Bernard Murphy          | Mr. Michael Murphy      |
| Cllr. Dermot Murray         | Cllr. Eamonn O'Brien    |
| Cllr. Dr. William O'Connell | Dr. Philip O'Connell    |
| Cllr. Charlie O'Connor      | Cllr. Michael O'Donovan |
| Senator Sean O'Fearghail    | Mrs. Catherine Quinn    |
| Dr. James Reilly            | Senator Therese Ridge   |
| Cllr. Roisin Shortal TD     | Cllr. Don Tipping       |
| Mr. Larry Tuomey            | Cllr. Jack Wall TD      |

***In the Chair***

Chairman Alderman Senator J Doyle

***Apologies***

Mr. Martin Cowley, Dr. John Fennell, Cllr. Dr. Dermot Fitzpatrick TD; Dr. Maurice Gueret, Dr. Kieran Harkin, Dr. Ray Hawkins, Dr. Marie Laffoy, Mr. Paul Ledwidge, Ald. Mary Mooney

***In Attendance***

Mr Donal O Shea, Mr Pat McLoughlin, Mr. Martin Devine; Ms. Angela Fitzgerald; Mr. Liam Woods, Ms. Maureen Browne, Dr. Joe Barry, Mr. Dougie Beaton, Ms. Carol Ivory, Ms. Helen Stokes, Ms. Joanne FitzPatrick

## **Opening Prayer**

**07/02/67**

*Agenda Item No. 1*

## **CHAIRMAN'S BUSINESS**

### **Condolences**

The Chairman expressed the sympathy of the members of the Board to Mrs. Anne Harris and her family on the death of her mother-in-law, Mrs. Bridie Harris RIP and to Cllr. Dr. William O'Connell on the death of his brother, Martin O'Connell RIP, who died last week in America.

### **Details of Forthcoming Meetings/Events**

- No ERHA Board or Committee meetings in August.
- Presentation of the report produced by Deloitte and Touche entitled "Value for Money of the Irish Health System" will take place on Friday, 12<sup>th</sup> July at the City West Hotel.
- The next meeting of the Acute Hospital and Primary Care Committee is scheduled for Monday, 15<sup>th</sup> July in the Boardroom, Dr. Steevens' Hospital, Dublin 8 at 6:00p.m.
- The next meeting of the Finance & Property Committee is scheduled for Friday, 26<sup>th</sup> July at 10:30am in the Boardroom, Dr. Steevens' Hospital, Dublin 8.
- The Mid Year Review, will take place on Wednesday, 31<sup>st</sup> July 2002 - All Day meeting.
- The next meeting of the Continuing Care Committee is scheduled for Monday, 2<sup>nd</sup> September in the Boardroom, Dr. Steevens' Hospital, Dublin 8 at 11:00a.m.
- The next meeting of the ERHA Board is scheduled for Thursday, 5<sup>th</sup> September, in the Boardroom, Dr. Steevens' Hospital, Dublin 8, which will commence at 6.00p.m.

## **07/02/68 MINUTES OF THE PROCEEDINGS OF MEETING HELD ON 6<sup>TH</sup> JUNE 2002**

*Agenda Item No. 2*

*The draft Minutes of the meeting held on the 6<sup>th</sup> May 2002 (copy appended to the official minute), having being circulated, were proposed for adoption by Cllr. Christy Burke, seconded by Cllr. Larry Butler and agreed.*

Cllr. Devitt sought clarification of the approval of Report No. 15/02 - Development of Day Surgery and Day Medicine in the Northern Area which was adopted at the June

meeting and she asked that the Board suspend the adoption of the report and refer it to the Northern Area Health Board for consideration.

In response the Chief Executive reminded members that **Report No. 22/01 – Day Surgery/Procedures in the Northern Area**, which was considered by the Board at its meeting on 6<sup>th</sup> September 2001 and adopted, had proposed to carry out a feasibility study and option appraisal to establish the best way of developing the capacity of the acute hospital system to meet the projected demands for day surgery and medical procedures up to the year 2011. The Report had also proposed that while the study would deal with the Northern area, its findings would inform plans for similar development in the South Western and East Coast areas. Following the adoption of the Report No. 22/01 by the Board, the Authority had initiated the project with the full participation and engagement of the management of the agencies involved including the Northern Area Health Board.

On completion of the feasibility study and option appraisal, **Report No. 15/02 - Development of Day Surgery and Day Medicine in the Northern Area** was brought for the consideration of the Board at its meeting of the 6<sup>th</sup> June 2002 and approved. The report was then submitted to the Department of Health & Children for consideration and funding. The Chief Executive said that if the Northern Area Health Board wished to submit further proposals on the report, he would be happy to take them into account.

**07/02/69      Questions to the Chief Executive**  
*Agenda Item No. 3*

Questions agreed to be put by the Board to the Chief Executive on the proposal of Cllr. Charlie O'Connor TD and seconded by Mr. Gerry McGuire.

**3.1.    Cllr. Jane Dillon Byrne**

Can the CEO inform the Authority members of the steps taken to introduce a screening programme for Chlamydia Trachomatis for young women, as agreed at the December 01 Authority Meeting.

**Reply**

Chlamydia trachomatis infection is the most common sexually transmitted bacterial infection in the western world. Chlamydia infection is asymptomatic in most cases and if untreated in the long-term can result in pelvic inflammatory disease, ectopic pregnancy and infertility. This infection can be successfully treated with appropriate antibiotics. Partner treatment and follow-up is also necessary to reduce the transmission of chlamydia.

Opportunistic screening of antenatal clinic and gynaecology clinic attendees in the UK revealed a prevalence of 4.6% and 4.8% respectively. The UK CMO's Expert Advisory Group on Chlamydia trachomatis, 1998 recommends opportunistic screening of sexually active women under 25 years, women >25 years with a new sexual partner and women who have had more than two sexual partners in the previous 12 months.

In 2001, the ERHA received a proposal from the Rotunda Hospital to pilot chlamydia screening among antenatal attendees, women with miscarriages and attendees at the infertility clinic (approx 9,000 attendees in total) for one year, costing £77,000. The ERHA through the Women's Health Unit, Northern Area Health Board have agreed to fund this pilot for one year. The project will then be reviewed.

**3.2 Cllr. Christy Burke**

"To ask the CEO if he would make a statement in relation to the financial crisis at the Mater Hospital and if the CEO has addressed the serious financial situation with the Minister of Health & Children and if so what was the outcome of that address".

**Reply**

The Authority has had many detailed meetings with the Mater hospital in relation to their financial outturn for 2001 and service delivery in 2002. The Authority has recently committed to additional funding of €3.2m under the waiting list initiative as well as additional funding for other costs in the amount of €1.935. Funding is currently being allocated to the hospital for pay awards, PRSI and superannuation and discussions continue with the hospital on further service funding. The ERHA has not commissioned any service reductions at the hospital. We continue to work with the hospital to address their issues in the context of reaching agreement for services in 2002.

**3.3 Dr. Siobhan Barry**

Re: The ERHA Youth Homeless Strategy (Report 07/02) presented to the ERHA Board, March 2002 stated that "The ERHA will take the lead role in implementing this strategy and will work with the Provider Forum on Youth Homelessness as a mechanism for co-ordination along with putting other co-ordination arrangements in place with both the statutory and voluntary sector " (page 14).

Could the CEO clarify for the Board who is responsible for meeting the target goals set out in that report? Should the primary responsibility rest with the ERHA and could the CEO confirm that he will provide information on these targets to the Board on a monthly basis in line with the targets outlined in Report 07/02 (ERHA amended minutes of Board meeting of April 2002 (04/02/34))?

**Reply**

As stated in the Youth Homeless Strategic Action Plan, the Authority has the lead role to implement the Youth Homeless Strategy. The Strategic Action Plan addresses the many issues connected with Youth Homelessness, thus providing leadership and working in partnership underpins how the Strategy can be accomplished. The timelines for the Action Plan extend over a two year period and the developments and work attached to the action points, as can be seen, is considerable. It is proposed to provide updates to the Board on a three monthly basis.

**Objective 1 ~ Action - To identify needs, in relation to young people at risk of homelessness, and plan for appropriate preventative responses.**

1.1 Assessment of need will be undertaken to identify families at risk including the risk of homelessness, measures that can be taken to prevent homelessness in local areas will be identified and piloted.

- Target Date / Status: September 2002.

1.2 Research into the use of "day services" by young people at risk of homelessness will be undertaken.

- Target Date / Status: July 2002.

1.3 Each Health Board will bring forward a plan for the phased development of local generic crisis intervention services.

- Target Date / Status: December 2002.

1.4 Pilot initiatives will be undertaken to further expand and develop the range of family support and preventative services.

- Target Date / Status: December 2002.

**Objective 2 ~ Action - Schools will actively support children at risk of homelessness e.g. truanting children and those who leave school early, using the structures proposed under the EWA.**

2.1 Links between Area Health Boards and programmes such as 8-15's Early School Initiative, the Stay in School Retention Initiative will be explicitly drawn and supported.

- Target Date / Status: December 2002.

2.2 Links between multi disciplinary teams, community development workers and Education Welfare Officers targeting young people at risk of homelessness will be developed.

- Target Date / Status: December 2003.

2.3 Working in partnership, a tracking system will be established of young people in the education system at risk of homelessness.

- Target Date / Status: December 2003.

2.4 The NEWB will be invited to be represented on the Youth Homeless Forum.

- Target Date / Status: December 2003.

**Objective 3 ~ Action - Local communities will be supported to assist children at risk of becoming homeless and their families.**

3.1 Resources will be strengthened to support links and co-ordination between Health Boards, Local Area Partnerships and Community Development Initiatives.

- Target Date / Status: Ongoing.

3.2 The structure and links of the Youth Homeless Forum will be reviewed to ensure it connects with local areas and young people.

- Target Date / Status: May 2002. Special meeting held in May.
- 3.3 Links with National Drugs Strategy Team (NDST) and the Local Drugs Task Forces will be supported and strengthened.
- Target Date / Status: December 2002.
- 3.4 Plans will be drawn up for the development of respite placements / accommodation for young people at risk of homelessness in their local areas.
- Target Date / Status: September 2002.

**Objective 4 ~ Action - Aftercare\* services for young people leaving foster care and residential care, and other services provided by health boards such as supported lodgings and for those leaving centres for young offenders, will be strengthened so that children are supported in making the transition to living independently or returning to their families. (\* young people who by agreement have left the care of the health board/agency but are still in need of support of different types. This would include young people who leave care on reaching eighteen years of age)**

- 4.1 Research will be commissioned in consultation with key stakeholders including young people to examine and analyse the types and scale of after care provision required in the ERHA. This will include needs in relation to accommodation, education, training and other supports with timelines for each young person.
- Target Date / Status: December 2002.
- 4.2 A data base will be set up within each Health Board to track all young people leaving care.
- Target Date / Status: September 2002.
- 4.3 The Region Childcare Framework will pilot needs assessment within the alternative care provision.
- Target Date / Status: September 2002.
- 4.4 An aftercare protocol will be drawn up to include the elements outlined in the Youth Homeless Strategy.
- Target Date / Status: September 2002.
- 4.5 An aftercare service with designated staff will be established within each Area Health Board to oversee the policy, practice, and protocols on aftercare, ensure staff receive training and support in this area, that each young person has an aftercare plan and that the system for tracking young people leaving care is robust.
- Target Date / Status: December 2002.
- 4.6 After care workers will be employed to provide the necessary preparation, advice, information and support for young people making the transition to independent living including linking with accommodation providers.
- Target Date / Status: Ongoing. Recruitment for these posts is ongoing.

- 4.7 Consideration will be given to the role that the IAYPIC can play strategically and locally to the development of an Aftercare Service.
- Target Date / Status: May 2002. IAYPIC has begun working with the Area Health Boards.

**Objective 5 ~ Action - Emergency responses will be provided promptly to children who become homeless; these services will be accessible and acceptable to this client group. Specialised 24 hour reception services will be provided in cities where appropriate.**

- 5.1 The number of dedicated youth homeless services outside of the City Centre is small, however, there are addiction outreach services which connect with young people out of home, youth-reach centres and outreach services, multidisciplinary teams, neighbourhood projects and community workers. How these services respond and identify young people out of home will be reviewed and assessed with a view to strengthening and enhancing their services and / or developing additional services.
- Target Date / Status: December 2002.
- 5.2 An alternative placement service for children aged 12 and under will be developed within each Health Board.
- Target Date / Status: December 2002.
- 5.3 Assessment on the number and range of emergency accommodation placements required locally outside of the City Centre will be undertaken.
- Target Date / Status: August 2002.
- 5.4 Areas such as Dun Laoghaire, Blanchardstown, Clondalkin and Tallaght will be supported in developing locally based services.
- Target Date / Status: December 2002.
- 5.5 Work on implementing the recommendations within the CIS evaluation will continue, with the next step being to reshape the existing residential and day services to the tiered model recommended.
- Target Date / Status: June 2002. Reshaping the existing residential units has begun and an additional unit for newly homeless young people has opened – St. Jude's.
- 5.6 The ERHA will convene a working group chaired by the Director of Homelessness to support, facilitate and monitor the changes in the CIS evaluation.
- Target Date / Status: May 2002. This group has been established and will be meeting on a monthly basis, chaired by Director of Homelessness.
- 5.7 An operational group will be convened to support the transition of young people from the city centre to the area based services.

- **Target Date / Status:** May 2002. This group has been established and chaired by the Assistant Chief Executive for Child Care of the Northern Area Health Board (NAHB).

**Objective 6 ~ Action - A comprehensive assessment of children who become homeless will be carried out as the basis for individual action/care plans for care management/key working with the young person where necessary.**

**6.1** In line with implementing the evaluation into the CIS, assessments will be carried out on young people presently in the CIS to identify the accommodation and support appropriate to their needs and enable places to be freed up and more appropriately used.

- **Target Date / Status:** September 2002.

**6.2** Assessments will be carried out within a multi disciplinary and multi agency model including the views of the young person and their family where appropriate.

- **Target Date / Status:** September 2002.

**6.3** Assessments will include the reason for homelessness, the potential to return home with support if necessary, the physical, social and psychological well being of the child/young person, the accommodation appropriate if a return home is not feasible and education and training needs. The assessment and care plan will be led by a key worker.

- **Target Date / Status:** September 2002

**Objective 7 ~ Action - A range of accommodation arrangements will be provided for children who are unable to return home as part of an integrated response to the child's needs.**

**Objective 8 ~ Action - A range of supports will be provided to meet children's health, educational and recreational needs based on each child's action/care plan and aimed at reintegrating the child into their community as quickly as possible.**

**7&8.1** The need for developing alternative accommodation including additional foster care placements, supported lodgings, after care placements and specialist supported accommodation for young people with particular needs will be assessed, mapped and begin.

- **Target Date / Status:** Ongoing. This mapping exercise has begun in detail.

**7&8.2** Research will be commissioned into the use of day services by young people out of home, particularly young people who may not be coming to the attention of the statutory services.

- **Target Date / Status:** July 2002.

**7&8.3** The partnership developed with Dublin City Council by the Provider / Youth Homeless Forum examining the feasibility of developing a range of accommodation for young people leaving care will be progressed.

- Target Date / Status: Ongoing. Dublin City Council are meeting with the Accommodation Sub Committee of the Youth Homeless Forum in early July.

**7&8.4** Accommodation for young people who are homeless and have substance abuse problems will be opened in the City Centre funded by the NAHB and operated by a voluntary body.

- Target Date / Status: September 2002.

**Objective 9 ~ Action - The ERHA is responsible for and will take the lead role in implementing the YHS in their area by putting in place effective arrangements for co-ordination with both statutory and voluntary service providers.**

**9.1** The Provider Forum will be the strategic body coordinating and overseeing the implementation of this action plan and the coordinated planning and monitoring of services for young people at risk of homelessness and those out of home. It will be renamed the Youth Homeless Forum, it's membership reviewed and structures put in place to ensure it can carry out it's role, include young people and connect with local areas.

- Target Date / Status: May 2002. A special meeting of the Youth Homeless Forum (YHF) was held in May to discuss role, terms of reference and membership. Established ways to connect with young people has also begun – this is being led by the IAYPIC who have suggested a model with the YHF will begin to action.

**9.2** Steps will be taken to include young people in the work of the YHF in a manner that is relevant, effective and respectful.

- Target Date / Status: May 2002. See above.

**9.3** Formal links will be strengthened with the Homeless Agency and other key bodies.

- Target Date / Status: Ongoing. Meeting has taken place with Homeless Agency.

**Objective 10 ~ Action - Each Health Board will facilitate ease of access to its youth homeless services through the development of multi access information points.**

**10.1A** Directory of Youth Homeless services will form part of the Adult Homeless directory. This can be reproduced separately if required.

- Target Date / Status: June 2002. This is completed and distributed.

**10.2** Working with the Area Health Boards and local area partnership for, information and advice for young people out of home will be expanded and strengthened.

- Target Date / Status: Ongoing. This is ongoing e.g. Blanchardstown conference and information booklet.

**10.3** Multi access points to youth homeless services will be part of the specification for services both in the city centre and in local areas.

- Target Date / Status: December 2003.

**Objective 11 ~ Action - Effective information systems on homeless young people will be developed including a database accessible to both voluntary and statutory service providers.**

11.1 The Crisis Intervention Data Base will be reviewed as to its applicability.

- Target Date / Status: September 2002.

11.2 Discussions will take place with the Homeless Agency and the DPA to consider the applicability of the system developed for use within the Adult Homeless Sector.

- Target Date / Status: December 2002.

11.3 Discussions will take place on core information that can be shared across the statutory and voluntary sector including crisis, residential and day services.

- Target Date / Status: September 2002.

11.4 Analysis of accommodation available for young homeless people by age, sex, tier of service, needs addressed and geographic location.

- Target Date / Status: December 2002.

**Objective 12 ~ Action - Ongoing evaluation will be conducted at both local and national levels of the effectiveness of interventions to prevent homelessness occurring and of the services to assist and support young people who become homeless.**

12.1 The Regional Childcare Framework Assessment of Need will be evaluated.

- Target Date / Status: December 2002.

12.2 A snapshot evaluation will be undertaken into outreach / crisis services for children and young people who may be visibly on the streets but may not be using "traditional day services".

- Target Date / Status: December 2002.

12.3 Research into identifying "hidden homeless young people" will be undertaken.

- Target Date / Status: December 2002.

12.4 An evaluation will be undertaken into the reconfigured accommodation within the Crisis Intervention Services.

- Target Date / Status: March 2003.

### 3.4 Dr. Siobhan Barry

Re: Unaccompanied minors who are refugees/asylum seekers.

Could the CEO inform the Board of its current policy and arrangements for psychiatric treatment when required of such children and advise if a social worker is routinely assigned to these children to act in loco parentis?

**Reply**

Arrangements for Psychiatric treatment for these children and young people are the same as for Irish children and young people. Those under 16 years of age are referred to the local Child Psychiatric service in the catchment area in which they live. Those aged 16 and 17 years referred to the adult service appropriate to their area.

Each child is assessed by a social worker on arrival. Family reunification is arranged whenever possible. Those not placed with family members are received into care. Children placed with foster or carer families or in children's residential homes are assigned a social worker. The more vulnerable young people placed in adult hostels are assigned a social worker on a priority need basis. The remainder of young people placed in hostels are linked with the projects worker assigned to that hostel. They can also access a social worker on an emergency basis if the need arises. Staff resources do not allow for a social worker to be assigned to each individual child and young person. All children and young people are accompanied by either a social worker or a project worker through each stage of the asylum process.

**3.5 Cllr. Charlie O'Connor**

To ask the CEO to confirm action he is taking to fund a proper response to the crisis with regard to Orthodontic Dental Treatment in our region; Will he outline his responses in the matter and make a statement?

**Reply**

In May 2000 the Authority, in conjunction with the three Area Health Boards, submitted a strategy to the Department of Health and Children to develop orthodontic services within the region. Implementation of this strategy in the intervening period has brought about the following service improvements:

- ◆ The 236 cases on the Category I treatment waiting list have been eliminated.
- ◆ Treatment has been restored to the 884 cases which unfortunately had their treatment suspended in the earlier period.
- ◆ The number of Category II cases waiting has been reduced from 10,940 in March 2001 to 9,812 in March 2002.

Achievement of the above reductions has been based upon:

- ◆ Recruitment of additional clinical staff;
- ◆ Provision of a new unit at St. Columcille's and 5 new surgeries at St. James's;

- ◆ Introduction of new training scheme in conjunction with the Dublin Dental School and Hospital.
- ◆ Initiative by the Northern Area Health Board to contract with orthodontists working with the North Eastern Health Board which will provide in excess of 300 treatments to patients on the NAHB waiting list.
- ◆ Recruitment of three orthodontic managers in the Area Health Boards to drive improvements and liaise with families; and
- ◆ Improvements in data timeliness and quality.

The most challenging element of the overall strategy has been the recruitment of the necessary clinical expertise. Having regard to the ongoing difficulties in recruitment a combined effort involving the Authority, the three Area Health Boards, the North Eastern Health Board, the South Eastern Health Board, the Department of Health & Children and the Dublin Dental Hospital & School resulted in a significant new development in the training of orthodontists. A revised joint training programme between the Boards and the Dublin Dental Hospital & School commenced in October 2001. As part of this programme four post graduate trainees selected by open competition began a three year Masters Degree in Orthodontics. These trainees are employees of the Area Health Boards and spend two days per week in the orthodontic units at St James's Hospital and St. Columcille's Hospital as part of their training under the supervision of the Boards' Consultant Orthodontists.

These trainees are treating between 400 - 500 additional cases in total from the public treatment list during the training period. A further expansion of the numbers in training is being planned with the relevant parties for Autumn 2002. On completion of the course the trainees will be eligible for the new position of Specialist Orthodontist within the health service and will be obliged to spend a minimum period of three years in the Boards' service in return for the financial commitment of the Boards during the training period. This initiative means that for the first time the service will have a guaranteed flow of qualified orthodontists into the future.

Over and above the above initiatives the following further measures are currently being put in train over:

- ◆ Provision of a dedicated orthodontic unit in the Northern Area Health Board. A capital sum of €864,000 is being made available by the Authority for this purpose and the unit will be operational this year. Provision of this new unit will facilitate the employment by the Northern Area Health Board of its own consultant and support team.
- ◆ The Authority has recently been advised that funding of £1.8 million is being made available to the Authority from the

Treatment Purchase Fund to source orthodontic treatment for public patients, including treatment in the private sector. This funding is part of a national initiative which will see funding from the Treatment Purchase Fund specifically targeted at patients on the orthodontic waiting list.

In conclusion, since its inception the Authority has made considerable efforts to address the unacceptable waiting lists for orthodontic services within the region. There has been significant achievement by the Area Health Boards to date. However, issues of recruitment remain problematic despite sustained effort. The East has taken the lead in developing new approaches to specialist training in order to seek to address this issue in the medium term. In the interim the involvement of the private sector will be pursued via the Treatment Purchase Fund.

**3.6 Cllr. Charlie O'Connor**

To ask the CEO to make a statement to the Board on the health implications for users of mobile phones drawing on recent reports suggesting dangers on health; will he appreciate the concerns of the public in this regard, state the views of his Public Health Department and give assurances.

**Reply**

In putting down this question Deputy O'Connor may have in mind a recent publication from Finland "Non-thermal activation of the hsp27/p38MAPK stress pathway by mobile phone radiation in human endothelial cells: Molecular mechanism for cancer- and blood-brain barrier-related effects." This study, which was conducted over two years, found that blood vessels grown in the laboratory behaved abnormally when bombarded with microwave emissions. The lead author of the research, Professor D. Leszczynski, stated that it was not in any way designed to find health effects and based on the study it is not remotely possible to speculate on the safety of mobile phones. Speaking on BBC Radio 4, he deplored the sensational treatment given to his work by certain sections of the media particularly in the UK. He stated that it was a quantum leap to suggest that the findings of his research had any health implications.

The authors did suggest however that these findings indicated a need for ongoing research in the area. There are major ongoing studies in this area, the results of which should become available within the next two years. There have been no indications thus far of any significant health effects from mobile phones when used in accordance with recognised guidelines with the exception of an increase in road traffic accidents. This increase in accidents has been found not only while driving but also within ten minutes of having used the phone.

**3.7 Mr. Paul Ledwidge**

Can the CEO confirm that all intellectual disability agencies in the Eastern Regional Health Authority including Section 65 agencies have been formally allocated their development monies for new service developments in 2002?

**Reply**

The ERHA has allocated all its intellectual disability development funds with the exception of resources for the challenging behaviour pilot project. Project proposals have been received from the 3 local consultative committees and a decision on a project is imminent.

We understand that the Area Health Boards are still in the process of allocating their 2002 section 65 intellectual disability development funds as they are still negotiating service agreements. This matter will be finalised through the Regional Forum.

**3.8 Mr. Joe Fallon**

Can the CEO advise the Board what monies are outstanding to intellectual disability agencies under the following headings?

- a) Pay awards
- b) Harmon/Bi-lateral funds
- c) Capital monies

**Reply**

- a) The Authority is now communicating with intellectual disability agencies following clarification in recent days of some issues from the Department of Health and Children relating to awards arising prior to the creation of the ERHA. In this context the total outstanding on pay awards is still under consideration but can be finalised shortly.
- b) The Authority has allocated all funds received from the Department of Health and Children under the heading "Harmon funding". The Authority continues to seek further Harmon funding for the Eastern Region to bring it into line with the rest of the country. This is a matter for the Department of Health and Children.
- c) The total amount of funds outstanding for capital projects in the intellectual disability sector is €327,000. This relates to one agency and is being addressed in the normal way with the Department of Health and Children. The Authority is not in position to make any commitments under the NDP pending the completion of the national review of NDP being undertaken by government.

**07/02/70      MATTERS FOR MENTION**  
*Agenda Item No. 4*

*There were no matters for mention.*

**07/02/71      REPORT 16/02 – STRATEGIC TASK FORCE ON ALCOHOL,  
INTERIM REPORT, MAY 2002**

*Agenda Item No. 5*

*On a proposal by the Chairman it was agreed that Report No. 16/02 – Strategic Task Force on Alcohol Interim Report, May 2002 be referred to the Acute Hospitals & Primary Care Committee for consideration at its next meeting.*

**07/02/72      REPORT 17/02 – ERHA ANNUAL REPORT 2001**

*Agenda Item No. 6*

*The Annual Report for 2001, as circulated, (copy appended to the Official Minute) was approved on the proposal by Cllr. Jane Dillon Byrne, seconded by Mr. Joe Fallon.*

**07/02/73      MOTIONS**

*Agenda Item No. 7*

**Mr. Paul Ledwidge, Mr. Joe Fallon and Mr. Michael Murphy**

That the Eastern Regional Health Authority shall urge the Department of Health to release immediately the funds necessary to enable the CEO to pay the monies outstanding in respect of agreed pay awards to intellectual disability agencies as was unanimously agreed at the meeting of the board on the 4<sup>th</sup> April 2002.

*On the proposal of Mr. Joe Fallon, seconded by Mr. Michael Murphy, the motion was moved for debate. The following members spoke to the motion:- Mr. Joe Fallon, Mr. Michael Murphy and Dr. James Reilly*

*The Chief Executive drew the attention of members to the statement on the financial situation in the Chief Executives Report. He explained that the Authority had been dealing actively with the Department of Health and Children on these issues with some positive results, specifically additional resources to address issues relating to Pay and PRSI. He said that the Authority were in the process of allocating additional resource and would be in contact with the agencies following receipt of formal approval.*

*On the proposal of Mr. Joe Fallon, seconded by Mr. Michael Murphy, the motion was agreed.*

**07/02/73      CHIEF EXECUTIVE'S REPORT**

*Agenda Item No. 8*

The Chief Executive's Report (copy appended to the official minute) was circulated. The report dealt with the following items.

- Orthodontic treatment under Treatment Purchase Fund

- Update of the Financial Situation
- Additional Monies for Waiting List Initiative
- 'All in a Day's Work' – Launch of Video
- Recent Publications

In addition, the Chief Executive advised members that he had been notified by the Department of Health and Children that a batch of BCG vaccines were being recalled due to the possibility of reduced effectiveness. He informed the Board that there was no health threat to persons who received vaccine from the batch other than they may not have received immunity. He further advised that the Acting Director of Public Health was currently monitoring the situation and was linking directly with the Area Health Boards. He said that he understood that the Department would issue a full briefing as soon as possible and that it would be circulated for the information of members on receipt.

Members asked for details regarding how people can receive Orthodontic Treatment under the Treatment Purchase Fund and Mr. Pat McLoughlin, Director of Planning and Commissioning agreed to write to members with this information.

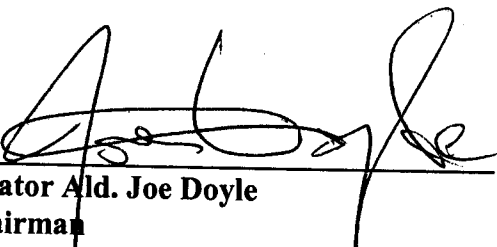
*On proposal of the Chairman, seconded by Cllr Jane Dillon Byrne the report of the Chief Executive was noted.*

**07/02/74      DATE AND TIME OF NEXT MEETING**

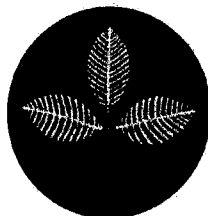
*Agenda Item No. 9*

*The date and time for the next meeting was agreed for Thursday 5<sup>th</sup> September 2002 at 18.00 hrs in the Board Room, Dr. Steevens' Hospital, Dublin 8.*

**CORRECT**  
**Donal O Shea**  
**Chief Executive**

  
**Senator Ald. Joe Doyle**  
**Chairman**

\_\_\_\_\_  
**Date**



## **CHIEF EXECUTIVE'S REPORT**

**4<sup>th</sup> July 2002**

### **Orthodontics and Treatment Purchase Fund**

The Government has allocated 5 million euro from the Treatment Purchase Fund (TPF) towards the treatment of persons on the orthodontic waiting lists. The funding for Orthodontics has been agreed on a strictly once-off basis for expenditure in 2002.

#### **General Principles**

This money is to be allocated on the basis of the following principles:-

- (i) Treatment for those clients longest on the waiting list in accordance with the severity of their treatment need,
- (ii) The allocation to provide measurable additional treatments over and above what is being provided in the normal way from the 2002 determination,
- (iii) Efficiency and value for money in the delivery of additional orthodontic services by health boards, and
- (iv) The equitable delivery of orthodontic services across the health board populations.

We are now in discussion with the Area Health Boards to ensure the patients who meet the criteria for the service are identified and treated as quickly as possible.

### **Financial Situation**

We are implementing the Boards Service Plan within the resources provided by the Department of Health and Children. The following is an update on resources available to the ERHA in 2002 to buy services:-

|  | <b>€m</b>    |
|--|--------------|
| 2001 Base funding at 1.1.2002                                  | 2,405        |
| 2002 Additional funding in letter of determination at 1.1.2002 | 322          |
| 2002 Additional Funding Received                               | 30           |
| <b>2002 determination at 30.6.2002</b>                         | <b>2,757</b> |

The key points are:-

1. This year the Authority can buy at least the same level of services as it did in 2001 in the context of meeting its statutory obligation to break even
2. In addition to this we are also supporting managed growth in targeted areas within the context of active management of expenditure by health agencies funded by the Authority.
3. There are significant cost pressures arising in both the acute and community services. These relate primarily to new drugs and technology (oncology, cardiology, rheumatoid arthritis, drug eluting stents and implantable defibrillators) as well as NCHD overtime and nursing costs, legal fees in childcare, insurance and costs of contract beds. The Authority will deal with these issues to the greatest extent possible in the context of 2002 and we have already made submissions on these issues to the Department of Health and Children as part of our normal preparation for 2003 service plan.
4. Restriction in the capital programme is putting pressure on day-to-day expenditure due to an absence of minor capital funding. This poses significant long-term health and safety issues.
5. The National Development Plan is heavily focused on the acute sector. There is an urgent need to invest in other services to support the integrated delivery of health care e.g. community, intellectual disability, physical disability and older peoples services.
6. The Authority does not have the resources to retrospectively buy additional unplanned activity; we can only buy services which are planned and commissioned. We have limited resource to pay for the intensification of costs of care.

#### **Financial performance to date during 2002**

For the five month period (January to May) agencies have utilised €1.131bn of the budget – which is slightly less than 5/12ths of our total available budget. The actual expenditure reported by agencies to the end of May is €1.160m which results in an excess of expenditure over budget of €23.5m (2% of budget year to date).

An additional €4.5m has been expended on recombinant blood product but this will be the subject of separate funding from the Department of Health and Children toward the end of the year as indicated in the letter of determination. This is a high cost manufactured blood product in use for the treatment of haemophilia.

The largest portion of the overspend year to date is in the acute hospital sector which accounts for €15.9m at the end of May. The ERHA has requested further information on these figures to more fully understand year to date expenditure.

In the context of fulfilling its legal obligations relating to the Service Plan 2002 the ERHA is communicating with all agencies following receipt of the May activity and finance data with a view to reaffirming the need to break even in the context of the

current year and to provide clarity to agencies relating to the availability of any additional funding during the course of 2002. Specifically we have been advised of additional resource to address issues relating pay and PRSI and are in the process of allocating same. This will be done over the course of the next week subject to formal approval being received.

### **Additional Monies for Waiting List Initiative**

The Department of Health and Children has allocated an additional €7.5 million waiting list initiative funding for 2002 to the Authority.

The total number of procedures commissioned to date under the waiting list initiative is 5,676. With the additional funding the Authority will be in a position to purchase some of the additional capacity available in the public sector. We are currently reviewing the bids that have been submitted under phase 2 funding and have asked the providers to identify any available additional capacity. Once all the bids are submitted a decision on how best to utilise the funding to purchase the additional capacity available will be made.

With the establishment of the Treatment Purchase Fund the Authority is working closely with the providers to maximise the potential of having patients on their waiting lists treated under this new initiative.

### **'All in a Day's Work'**

A video produced by the ERHA, in partnership with the three Dublin Maternity Hospitals to promote careers in Midwifery was launched this morning in the Boardroom in Dr. Steevens' Hospital in the presence of the Chairman and several Board members. It is an excellent production, which demonstrates the challenging and rewarding nature of the work done by midwives. It also shows to potential students the wide range of available career pathways, and the central role of the midwife in the provision of maternity care in Ireland. I would like to pay tribute to our own Nursing and Midwifery Planning Unit, particularly Sheila O'Malley, for their work on this project, and to the Directors of Nursing and Midwifery of our three Maternity Hospitals and their staffs for their co-operation and contributions.

### **Recent publications:**

The following reports and books were published recently. A copy of any of these publications is available to members.

#### **Annual Reports 2001**

1. Southern Health Board
2. St John of God Annual Report 2001
3. Office for Health Management Annual Report 2001
4. St Michaels House Annual Report 2001
5. Data Protection Commissioner Annual Report 2001
6. Office for Health Management Annual Report 2001
7. Southern Health Board Annual report 2001 (filed in CEO's Office)
8. Strategic Review of the Ambulance Service 2001
9. Health and Personal Social Services Annual Report 2001

**10. Midland Health Board Annual Report 2001**

**Additional Publications**

AMNCH Publication : People Living in Tallaght and their Health

North Eastern Health Board 2002 Service Plan

**Donal O Shea  
Chief Executive**

**4<sup>th</sup> July 2002**