



EASTERN REGIONAL HEALTH AUTHORITY
Minutes of proceedings of Board Meeting
held in the Boardroom, Dr Steevens' Hospital, Dublin 8
on Thursday 7th November 2002 at 18:00

Present

Cllr. L. Butler	Dr. R. Hawkins
Cllr. C. Burke	Cllr. D. Heney
Dr. S. Barry	Ms. M. Hoban
Cllr. C. Byrne	Mr. P. Ledwidge
Cllr. E. Byrne	Cllr. C. McGrath
Mr. M. Cowley	Ald. M. Mooney
Cllr. T. Cullen	Mr. M. Murphy
Cllr. J. Dillon-Byrne	Cllr. D. Murray
Mr. J. Dolan	Cllr. E.O'Brien
Cllr. P. Doran	Cllr. Dr. W. O'Connell
Ald. J. Doyle	Dr. P. O'Connell
Cllr. A. Doyle	Mr C. O'Connor TD
Mr. J. Fallon	Sen. S. Fearghail
Dr. J. Fennell	Dr. J. Reilly
Cllr. T. Fox	Sen. T. Ridge
Dr. M. Gueret	Cllr. R. Shortall TD
Dr. K. Harkin	Cllr. D. Tipping
Ms. N. Harvey	Mr. L. Twomey

In the Chair

Ald. J. Doyle

Apologies

Mr P. Aspell, Cllr. Dr. D. Fitzpatrick, Ms. A. Harris, Mr. G. McGuire,
Dr. M. Molloy.

In attendance

Mr M. Devine, Mr L. Woods, Dr M. Laffoy, Ms A. Fitzgerald, Ms M. Browne,
Ms. A. Flynn, Mr D. Beaton, Mr D. O Shea, Ms C. Ivory, Ms J. Fitzpatrick,
Ms B. Lawless, Mr A. Graham

Opening Prayer

11/02/86 Chairman's Business

Agenda item No. 1

Details of Forthcoming Meetings

- The next meeting of the Acute Hospital & Primary Care Committee is scheduled for Monday, 18th November at 6:00pm in the Boardroom, Dr Steevens' Hospital.
- The next meeting of the Finance & Property Committee is scheduled for Friday 22nd of November at 2:00 pm – venue to be decided.
- The next meeting of the Continuing Care & Social Services Committee is scheduled for Monday, 2nd December at 11:00am in the Boardroom, Dr. Steevens' Hospital, Dublin 8.
- The next meeting of the ERHA Board is scheduled for Thursday, 5th December in the Boardroom, Dr. Steevens' Hospital, Dublin 8 at 6:00pm

11/02/87 Minutes of Previous Meetings

Agenda item No. 2

The draft minutes of the meeting of the Board held on 3rd October 2002 (*copy appended to the official minute*) having been circulated, were proposed for adoption by Cllr. C O Connor, seconded by Cllr. C Burke and agreed.

11/02/88 Questions to Chief Executive

Agenda item no. 3

3.1 Dr Siobhan Barry

Re: The Homeless Programme for the Mentally Ill

Could the CEO elaborate on the comprehensive management programme for the homeless mentally ill (ERHA service Plan 2002, page 117) with particular emphasis on the number and adequacy of hospital and community beds to cater for the treatment needs of approximately 1,300 homeless mentally ill people in the Eastern Region?

Reply

The full reference to the comprehensive management programme in the Service Plan 2002 relates to the aim of the service and is as follows:

“The aim of the Homeless Programme for the mentally ill in the region is to develop and implement a comprehensive management programme for the homeless mentally ill in collaboration with existing psychiatric sector services and with other statutory and voluntary organisations caring for the homeless with mental health problems.”

Rehabilitation

- Step down facilities from NRH
- Increase in Young Chronic Sick
- Producing reliable information on intellectual, physical & sensory disabilities.
- Review of grants to disabled
- Different categories of need.

Mental Health

- Recruitment and retention of staff
- Child & Adolescent Psychiatry
- Implementation of recommendations of Inspector of Mental Hospitals.
- Mental Health Services for Older People
- Mental Health needs across care groups
- Strategic Plan for Mental Health

Capital Expenditure

- Capital investment in primary care and services for older persons.
- Linkage between capital and revenue expenditure in development of services.
- Lack of Capital Investment in Mental Health Services

Dental Services

- Expansion of oral and maxillo-facial services
- The disposal of clinical waste
- Out of hours services
- Dental Services for special needs categories
- Services in the community
- The importance of dental facilities in Accident and Emergency Departments.

Intellectual Disability Service

- The importance of reliable information on waiting lists
- Process for dealing with emergency placements
- Autism Services
- Impact of the review of social housing by Department of Environment
- Requirement for Multi-annual Budgeting.
- Psychiatric Services for those with learning disabilities.

Following the discussion, the Chief Executive assured members that all of the issues raised and the points made in the course of the meeting had been noted and would be taken into account in preparing the draft Service Plan 2003.

The meeting concluded at 20:25hrs.

CORRECT
Donal O Shea
Chief Executive


Alderman Joe Doyle
Chairman

DATE

is also demonstrated in the annual activity reports from the Health Research Board and the acute bed study which reveal that homeless people with psychiatric symptoms do access acute beds locally, although the problems in accessing such services are well recognised.

The relationship between homeless services and mainstream mental health services means that a full response to the mental health needs of the homeless cannot be delivered without adequate services and facilities to cater for the mental health needs of the overall population.

The Development of New Service Responses

The report "Homelessness in the Eastern Health Board" drawn up in 1999 by a multidisciplinary group recommended that two Primary Care Teams be established to serve the needs of the homeless within the city. The two Primary Care Teams have been established, for the North Inner City and South Inner City. Attached to these teams is a community psychiatric nurse whose role is as outlined in the report (page 11).

In addition, the Authority has allocated funding towards the establishment of two specialist psychiatric teams to work on a dedicated basis with the homeless and to support mental health needs identified through the Primary Care Teams. This initiative is in line with best available advice on effective models of care for the homeless e.g. the Irish Division of the Royal College of Psychiatrists (1998) advises that "*this group needs an assertive, outreach approach which demands a specialised team approach*" (Page 26). The provision of specialist teams should assist in the efficient use of core secondary care services but also, importantly, in working closely with Primary Care Teams and reaching into accommodation facilities ensure that people requiring primarily psychological / counselling services for mental health issues are not pushed into a psychiatric model of care where a primary care model can provide appropriately for their needs.

It is intended that these two psychiatric teams, when in place, will provide Primarily for the Dublin Corporation (Dublin City Council) area initially. This is where 95% of all homeless persons are located.

Additional proposals for further development of mental health services for homeless people are also receiving consideration in the context of available resources. In this regard, Cluain Mhuire services have made a detailed proposal for the development of an East Coast area service involving prevention, treatment and rehabilitation.

3.2 Dr Siobhan Barry

Re: The Youth Homeless Programme. Could the CEO inform the Authority of

- *The number of young people accessing the out-of hours (emergency service) with particular reference to those who have continuously been using this service for more than 3 months?*
- *The average number of young people, who on a weekly basis, are not being placed due to insufficient available accommodation?*

Reply

The Out of Hours Service is one part of the Crisis Intervention Services. The Crisis Intervention Services (CIS) is a specific spectrum of services for young people who are "out of home". It is made up of an Out of Hours (8pm – 6am 7 day a week) Social Work Service provided by 3 social work teams. The CIS also includes a Reception Centre, a range of residential units and day services.

The information requested is set out in the tables attached. Recent evaluation of the CIS made a number of recommendations to improve services for young people and these are being implemented. The Authority is working closely with the Area Health Boards and the Voluntary Sector to implement these changes. In this regard, the totality of the work to address the issue of Youth Homelessness was set out in the Youth Homelessness Action Plan (Report 07/02) and is updated for this Board meeting in Report 27/02.

Foremost amongst the recommendations regarding the CIS was that the residential units be reviewed as to the tier of service and accommodation they provide – e.g. provision of a discrete range of residential units for "newly" homeless young people. The opening of a new residential unit St Jude's in May began the transition to providing separate services for new and existing homeless young people. Parkview, an existing unit, has also moved into service provision for the newly homeless. Alongside these changes, young people presently in the residential units are being assessed as to their long-term needs so that appropriate accommodation and care plans are put in place. All 3 Area Health Boards are working on this and specific Youth Homeless Posts are or have been put in place in each Area Health Board. This will produce very positive outcomes for young people in relation to the links between the CIS and the local areas and will provide for the reintegration of young homeless people in the city centre back to appropriate services.

Further, the other residential units within the CIS spectrum of services will be changing to provide long-term placements for young people so that the practice of one-night placements will cease. The other important dimension to these changes is that a review is taking place of the "barring" policy amongst the residential units.

3.3 Cllr. Christy Burke

Re: Would the CEO please give details of the funding update for Carmichael House, Dublin 7

3.4 Cllr. Eric Byrne

Will the CEO agree to respond in a sympathetic manner to the request for funding from the Carmichael Centre and will he make a statement on this request?

Reply to Questions 3.3 and 3.4

Carmichael House is a centre for 43 small voluntary organisations working in the area of health, social services, community and the arts. A report commissioned on the condition of the buildings identified works estimated at €1,345,000. Phase 1 of these works totaling €455,000 has been completed with funding contributions from the

ERHA / NAHB (€190,500), Department of Social Community and Family Affairs (€175,400), Dublin Corporation €50,800 and the Department of the Environment €19,000 in 2001.

The ERHA has recently received representations from members concerning Phase 2 works at Carmichael House and will incorporate this into its listing of capital works for which funding is sought under the NDP. The ERHA will liaise with the Northern Area Health Board on the matter and keep the Board advised as to any progress. The ERHA is prohibited from making further commitments under the NDP pending the completion of the review of the NDP being undertaken by Government.

3.5. Kieran Harkin

Would the CEO please comment upon the practice of commercially sponsored nurses working in public hospitals? Would the CEO please advise as to the number of nurses working at St James' Hospital, Dublin 8, who are sponsored by commercial companies and name the companies who sponsor the nurses and the departments in which they work?

Reply

The Authority is advised by St. James's Hospital that all nursing staffs at the Hospital are either employed and paid directly by St. James's Hospital or are employed and paid from an Education and Research Fund. Education and Research Funds draw grants from a variety of sources. The Authority is further advised that St. James's has ongoing arrangements in place to ensure the probity of all such practices.

Regarding the practice regionally and the Authority's position, at this point in time the Authority has not developed and agreed a policy on this matter. The matter has been one for individual providers to oversee in the context of their own responsibilities. The Authority would propose to work with providers to develop such a policy and have a common approach implemented based on good practice.

3.6 Dr. Maurice Gueret

Could the CEO please detail to members the current waiting times for first Dermatology Outpatient Appointments at each providing Hospital in the Eastern Region?

Reply

The ERHA asked each of the acute hospitals in the Eastern Region to provide us with the next available new patient Dermatology Out Patient appointment broken down by clinical priority. The table below summarises the responses:

First available Dermatology Out Patient appointments by clinical priority in Eastern Region**

Hospital	Urgent	Soon	Routine
AMNCH	Within 2 weeks	4- 6 weeks	Approx 12 weeks
Beaumont	End November 2002 to Beginning January 2003	Beginning January 2003 to June 2003	
Crumlin	January 2003	February/ March 2003	July 2003
Hume St	18th November 2002	2nd December 2002	8th September 2003 or 20th November 2003
Mater	Within 2 months	Within 6 months	5th February 2004 to 6th September 2004
St James's***	1-4 weeks	4-6 weeks	6-8 months
St Vincent's	January to March 2003	January to March 2003	August 2003
Temple St	29th November 2002	3rd December 2002	10th December 2002

** Will vary depending on Consultant

*** In addition to normal clinics St. James's provides a once monthly outpatient clinic specifically dealing with urgent referrals. This clinic caters for up to 20 patients.

New Out Patient attendances at Dermatology clinics have remained largely unchanged in 2002 (total of 8,193 until end of September as compared to 8,266 in the same period in 2002). However, there has been an increase in both In Patient and Day Case Dermatology activity during 2002. The number of Day Case discharges has increased by approx 29% and In Patient Discharges by approx 13%.

While activity information is routinely available regarding Out Patient attendances at regional level, waiting lists and waiting times for OPD appointments have not been routinely captured to date. This is an area we are now focusing on following on from the work on In Patient and Day Case Waiting List Information. The Authority is currently funding an ICT project which is being undertaken by the DATHs which will include collection and reporting of Outpatient waiting list information. This project will allow for more comprehensive analyses of Out Patient waiting times by specialty in each of the hospitals in the Eastern Region.

It has been acknowledged that there is a need to review capacity in Dermatology Services both regionally and nationally. In this context the ERHA, in consultation with providers in the region, is participating in a national review of Dermatology Services that is being undertaken by Comhairle na nOspideal. Consultant manpower is one of the issues which will be considered as part of this review.

TABLES FOR QUESTION 3.2 DR S BARRY

(I) Number of young people regularly using the service

Information below relates to August-October

Number of referrals

	All	>5 times in 3 months	>10 times in 3 months	> 20 times in 3 months
August	355	288	204	125
September	301	217	141	65
October	407	326	269	127
Total	1063	831	614	317

Number of Young People

	All	>5 times in 3 months	>10 times in 3 months	> 20 times in 3 months
August	62	20	10	5
September	67	16	8	3
October	75	20	14	5
Total	204	56	32	13

(II) The average number of young people, who on a weekly basis are not being placed.

Information below relates to October

October	Week 1	Week 2	Week 3	Week 4
Dates	30/9 to 6/10	7/10 to 13/10	14/10 to 20/10	21/10 to 27/10
Did not accept service provided	0	3	2	3
Not placed beds full	2	3	2	1
Not placed, barred from all OHS beds	0	1	2	1
Not placed barred from OHS	0	0	0	0

11/02/89 Matters for Mention

Agenda item no.4

Cllr C Burke, Cllr E O'Brien, Cllr J Dillon Byrne and Cllr L Butler raised concerns about the situation relating to water pollution in Wicklow. The Chief Executive outlined the respective roles of the local authorities and the area health boards relevant to this matter. It was agreed that the Chief Executive would inform the Chief Executives of the Area Health Boards of the concerns raised by members at the meeting.

11/02/90 Report No 27/02 – Youth Homelessness – Update on Action Plan Implementation – Report from Director of Planning, Commissioning and Change.

Agenda item no. 5

Mr Jim Breslin, Director of Planning, Commissioning and Change presented Report No 27/02 – Youth Homelessness – Update on the implementation of the Action Plan (*copy attached to the official minute*). He advised the members that the purpose of the report was to provide an update on progress against the actions identified in the Report No 07/02 - Youth Homelessness Action Plan which was presented to the Board in March 2002.

There followed a discussion to which the following members contributed: Cllr J Dillon Byrne, Cllr C Burke, Cllr R Shortall, Dr S Barry, Cllr M Hoban, Cllr T Ridge, Dr J Reilly, Mrs C Quinn, Cllr C Byrne, and Cllr A Doyle. The following issues were raised:-

- Concern over the availability of places
- Accessibility of out of hours services and staff recruitment for these services
- Care planning and after care for children returning to the community
- Appropriateness of hostel accommodation for young children.
- Services for newly out of home differ from those need by those out of home long term
- Role of schools in identifying children at risk
- Progress on new developments
- Impact of reduction in CE Schemes
- Overlap between adult homeless and youth homeless and services available for the transition.

Mr Jim Breslin clarified the position in respect of these issues and undertook, at the request of the Chairman, to ensure that the issues raised by the members would be incorporated into the preparation of the Service Plan 2003.

On the proposal of Cllr. C Burke, seconded by Cllr. E O Brien, Report No. 27/02 was noted.

11/02/91 Report No. 28/02 - Eastern Regional Health Authority Response to the Inspector of Mental Hospitals Report.

Agenda Item No. 6

Ms Angela Fitzgerald, Director of Monitoring and Evaluation presented Report No 28/02 – Eastern Regional Health Authority Response to the Inspector of Mental Hospitals Report (*copy appended to the official minute*).

There followed a debate to which the following members contributed: Dr. S. Barry, Dr. J. Reilly, Mr. P Ledwidge, Dr M Gueret, Mr. J Dolan, Mr. J Fallon, Cllr C Burke, Cllr D Heney and Mr. M Cowley. The following issues were raised:-

- Absence of physiotherapy services for intellectual disability agencies
- The management of St Joseph's intellectual disability service, Portrane.
- The role of peer advocacy
- Role of primary care services
- Disparity of funding of services across the region
- Role of ICT in planning services
- Requirement to implement the recommendations of the Inspector which are not resource dependent
- Mental Health as an important factor in the measurement of health status

Ms Angela Fitzgerald advised members that a comprehensive Strategic Framework for Mental Health Services was being developed which would incorporate the issues which members had raised including the primary care strategy, evaluation of current services and the recommendations of the Inspector of Mental Hospitals. This Framework would be

presented to the March meeting of the Board. Ms Fitzgerald mentioned the pioneering work in the region on advocacy and its particular relevance for people with mental health problems.

On the proposal of Cllr J Dillon Byrne, seconded by Cllr C Burke, Report No. 28/02 was noted.

11/02/92 MOTIONS
Agenda Item No.7

7.1 Cllr. Róisín Shortall T.D.

That the CEO report on alarming increases in the use of cocaine in the ERHA area and report on the plans for providing appropriate treatment for such drug-users.

The Chief Executive had circulated to the members a report on the use of cocaine in the region (*copy appended to the official minute*). Cllr R Shortall, T.D., in moving her motion for debate, said that the increasing use of cocaine in the region had been raised as an issue with her as a member of the local drugs task force. She also asked for clarification around the Citywide project mentioned in the report. In seconding the motion, Cllr C Burke mentioned his own concerns in this regard. In response, Mr Jim Breslin clarified the nature of the Citywide project for members and advised them that he was in the process of collecting information in relation to the use of cocaine in the region and he undertook to revert to members with the information when available.

On the proposal of the Chairman, seconded by Cllr C Burke, the report on the motion was noted.

7.2 Cllr. Róisín Shortall T.D.

That, in relation to the operation of drug treatment centres, the CEO outline the current policy in respect of

- a) the contract entered into by clients*
- b) the practice in relation to dirty urine tests*
- c) the practice in respect of clients who sell on their methadone*
- d) the practice in respect of anti-social congregation in the vicinity of such centre*
- e) the practice in respect of the residency requirement in the local area and will he undertake to review all the above in view of concerns about current practice.*

The Chief Executive had circulated to the members a report on the operation of the drug treatment centres (*copy appended to the official minute*). Cllr R Shortall, T.D., in moving her motion for debate, said that she had been a supporter of these centres in the past but that she had concerns about their current operating procedures. In seconding the motion, Cllr J Dillon Byrne echoed Cllr Shortall's concerns. There followed a debate to which the following members contributed:- Cllr Shortall, Cllr C Burke, Cllr J Dillon Byrne, Dr K Harkin and Ms N Harvey and the following issues were raised:-

- Protocols in respect of the operation of the drug treatment centres
- Anti-social behaviour
- Review of efficacy of methadone programme

In response, Mr Jim Breslin undertook to review the service in the context of the service planning process.

On the proposal of the Chairman, seconded by Cllr C Burke, the report on the motion was noted.

7.3 Motion from Continuing Care Committee 7th October 2002

That this Committee seek the fulfillment of the commitment made by the CEO on 3rd January 2002 that a presentation on the Mental Health Services in the region be made to the Board, and that this happen before the end of this year.

The Chairman invited Cllr J Dillon Byrne as chair of the Continuing Care Committee to move the motion for debate. In moving the motion for debate, Cllr J Dillon Byrne said that some members of the Committee were concerned that a report on the Mental Health Services had not come before the Board. The motion was seconded by Dr S Barry and the motion was moved for debate.

The Chief Executive explained that, at the meeting of the Board to review the Service Plan 2002 in September, he had given an undertaking to the Board that a Strategic Framework for Mental Health Services would be brought before the Board in the Spring and this had been agreed. The Chief Executive reiterated that undertaking.

On the proposal of the Chairman, seconded by Cllr J Dillon Byrne, the motion was noted.

11/02/93 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:

- Launch of First Patient Project
- Presentation of certificates in Community Care Practice, St Michael's House
- ERHA Seminar – Acute Chest Pain Assessment in the Eastern Region
- Project Team for the redevelopment of the Central Mental Hospital
- Neonatal Intensive Care Unit in the Rotunda Hospital
- New Member nominated to Board of ERHA
- Action Plan for People Management in the Health Service
- Irish Times Special Supplement
- Reports received.
- Expiry of term of office of Regional Chief Executive

On a proposal by Cllr Eric Byrne, seconded by Cllr Tony Fox, it was agreed that Councillor John Stafford, who was nominated by Dublin City Council to replace Alderman Ivor Callely, TD as a representative of Dublin City Council on the Board of the Authority, be appointed as a member of the Northern Area Health Board.

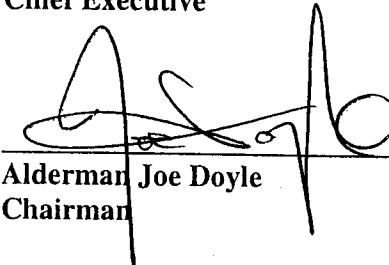
On a proposal by Cllr Eric Byrne, seconded by Cllr Tony Fox, the Chief Executive's Report as circulated was noted.

11/02/94 Date & Time of Next Meeting
Agenda Item No. 9

The date and time for the next meeting was agreed for Thursday 5th December 2002 at 18:00 in the Board Room, Dr. Steevens' Hospital.

The meeting concluded at 21:25hrs.

CORRECT
Donal O Shea
Chief Executive



Alderman Joe Doyle
Chairman

DATE