



NORTHERN AREA HEALTH BOARD

Bord Sláinte an Limistéir Thuaidh

9th June 2000

Do gach Comhalta den mBord

A Chara,

The monthly meeting of the Northern Area Health Board will be held in the **Great Southern Hotel, (Malton Suite 2) Dublin Airport** on **Thursday 15th June, 2000** at **5.00p.m.** Tea is arranged for 4.30pm.

Hereunder is the agenda.

Mise, le meas,

M. Windle

PRIOMH FEIDHMEANNACH

CLAR

1. Chairpersons Business
2. Minutes of proceedings of monthly meeting held on 18th May 2000 [copy herewith]
 - (a) Matters arising from minutes
3. Questions to the Chief Executive
4. Chief Executive's Report
5. Irish Psychiatric Services Activities 1998 – Report No. 21/2000 [copy herewith]
6. Orthodontic Services – Report No. 22/2000 [copy herewith]

7. Development of Ophthalmic Services for Children in Dublin, Kildare and Wicklow – Report No. 23/2000 [copy herewith]
8. Nursing – Report No. 24/2000 [copy herewith]
9. Child Care Advisory Committee – membership – Report No.25/2000 [copy herewith]
10. Acute Hospitals and Primary Care Committee - membership -- Report No. 26/2000 [copy herewith]
11. Community Services and Continuing Care Committee – membership - Report No. 27/2000 [copy herewith]
12. Progress Report from Standing Committees
 - (a) Community Services and Continuing Care Committee
 - (b) Episodic Illness and Primary Care
13. Notices of Motion
 - 13.1 Cllr. A. Devitt

“That the Chief Executive update members on the current state of the James Connolly Memorial development project. Have tenders been accepted, is the project within the time schedule”

13.2 Cllr. Chrísty Burke

“That the Northern Area Health Board review the present allocation of rent subsidies, given the high rents that landlords are requesting from both single persons, couples and married couples. Also is it policy for the Community Welfare Officer to suggest to applicants who seek accommodation, that they should seek cheaper accommodation, which is often of a lower quality.”

13.3 Cllr. Roisin Shortall T.D.

“That the Chief Executive report on the difficulties which arise because of lack of co-ordination between the drugs services and the psychiatric services and the dangers which this poses in respect of double prescribing and that a mechanism be put in place to ensure greater liaison and co-ordination between these two services.”

13.4 Cllr. Roisin Shortall T.D.

“That the Northern Area Health Board engage in discussions with meal providers in senior citizen complexes to ensure that there is cover on all year round basis, and that the health board provide adequate support and resourcing to make this feasible.”

14. Correspondence

NORTHERN AREA HEALTH BOARD**Minutes of proceedings of 5th Board Meeting of the Northern Area Health Board**

held in The Great Southern Hotel, Dublin Airport.

On Thursday, 15th June 2000 at 5.00p.m.

Present

Cllr. C. Burke	Ald. I. Callely, T.D.
Mr. M. Cowley	Cllr. A. Devitt
Mr. J. Fallon	Cllr. Dr. D. Fitzpatrick
Cllr. D. Heney	Dr. M. Laffoy
Dr. B. Murphy	Cllr. D. Murray
Cllr. E. O'Brien	Cllr. M. O'Donovan
Mrs. C. Quinn	Dr. J. Reilly
Cllr. R. Shortall, T. D.	Mr. L. Tuomey

In the Chair

Cllr. Anne Devitt

Apologies

Mr. G. McGuire
Ms. M. Hoban

Officers in Attendance

Ms. M. Windle, Chief Executive
Mr. M. Walsh, Assistant Chief Executive
Mr. J. Lamont, Assistant Chief Executive
Mr. J. Cahill, Assistant Chief Executive
Ms. M. Kelly, Director Human Resources
Ms. N. Byrne, Communications Manager
Mr. S. Mulvaney, Financial Accountant
Dr. B. Sweeney, Consultant Psychiatrist
Mr. J. Swords, Regional Materials Manager
Ms. O. Treacy, Board Secretary
Ms. M. Halpin, Secretariat

34/2000

CHAIRMAN'S BUSINESS

The Chairman read the following report.

1. *Condolences*

I am sure members will join with me in expressing sincere sympathy with those whose names that have been included on the list of condolences, which has been circulated to members.

2. *Special Information Day*

I would like remind members that the date agreed at our last Board meeting for a Special Information Day for members is Tuesday 27th June 2000. The meeting will take place in Conference Room 121, Dr. Stevens from 3.00p.m. to 5.00p.m.

3. *Episodic Illness and Primary Care Committee*

I would like to seek members agreement to change the name of the Episodic Illness and Primary Care Committee to Acute Hospital and Primary Care Committee which I feel will facilitate general understanding of the work of this committee.

4. *Next Board meeting*

I would like to seek members agreement to hold the next meeting of our Board on Thursday 20th July 2000 in the usual manner. In addition members agreement is sought to hold the next meeting after that on Thursday 21st September 2000 which will mean that there will be no Board meeting in August.

Members agreed to change the name of the Episodic Illness and Primary Committee to Acute Hospital and Primary Care Committee. The report was noted.

35/2000

MINUTES OF PROCEEDINGS OF MONTHLY MEETING HELD ON 18TH MAY 2000

On a proposal by Mr. J. Fallon, seconded by Cllr. D. Murray, the minutes of proceedings of monthly meeting held on 18th May 2000 were agreed.

36/2000

QUESTIONS TO THE CHIEF EXECUTIVE OFFICER

On a proposal by Cllr. A. Devitt, seconded by Cllr. D. Murray, it was agreed to answer the questions that had been lodged.

1. **Cllr. Anne Devitt**

"To ask the Chief Executive to give the Board an update on the provision of a drop-in clinic at Temple Street area."

Reply

Temple Street Hospital is centrally located within the community sector serviced by Summerhill Health Centre. The hospital is regarded as a primary care service by the local population. In order to facilitate the needs of the local community and to maximise attendances, the child developmental and welfare clinic had been located, for some considerable time, at Temple Street Hospital. This service is managed and provided by our Board and is staffed by Area Medical Officers and Public Health Nurses.

Due to overcrowding and on-going developments at Temple Street Hospital, it was necessary for this clinic to relocate to Summerhill Health Centre towards the end of 1999. These clinics are normally provided at the local health centre.

While there has been some fall off in attendance at the clinic since its relocation, every effort is being made to promote the services of the clinic and patients within the catchment area are being encouraged and advised through the local public health nursing service, in particular, to avail of the services at Summerhill Health Centre.

Our Board is currently planning the new primary care centre at Sean McDermott Street which will have a wide range of primary care services and facilities.

Close working relationships and protocols are now being developed between community and hospitals to ensure seamless delivery of services at every level.

2. **Cllr. Christy Burke**

"To ask the Chief Executive when works will commence and when they will be complete at the much needed secure units at St. Ita's Portrane, Co. Dublin."

Reply

The development of the high support centre was approved by the former Eastern Health Board in 1999. An amount of £7m was allocated from the Department of Health & Children for the development of a high support centre at St. Ita's, Portrane, co. Dublin. The tender process has

been completed and the building project is due to commence on Monday 26th June and has a planned work schedule of 60 weeks and will provide 24 places.

3. Cllr. Christy Burke

"To ask the Chief Executive if the new Northern Area Health Board will review the methadone distribution, throughout its area clinics as methadone is merely a substitute, not a cure."

Reply

Methadone is a substitute opiate, which is not fully curative of opiate dependency. It is clear from the literature review that opiate dependency itself is extremely difficult to cure. It is however a medical treatment, which would be on a par with the treatment of asthma with anti-asthma drugs or diabetes with insulin, in the sense that they are not cured but that there is a long-term medication indicated.

There is also evidence that methadone normalises the immune function and the hormonal cycles within the body. Consequently, it allows the patient to participate in normal lifestyle activities including family responsibilities and work activity. So though it is not an absolute cure, it does greatly improve the medical wellness of patients on this treatment.

Methadone is a highly evaluated treatment. Studies internationally have shown it to be a highly effective treatment for addressing HIV transmission, stabilising drug misuse and normalising health and social functioning in patients. An external review of services in the E.R.H.A. area in 1999 found our service procedures to be above the average international standards. Other forms of treatment, such as Buprenorphine, are being examined. However, these treatments have not yet been validated.

In addition the Area Health Boards are committed to providing counselling alongside methadone treatment so that patients have an opportunity to address the underlying issues in their lives and to begin to normalise their lifestyles. Our Board also provides nursing care, which includes vaccination and testing for viral illnesses, which leads to further follow-up and treatment as appropriate within the medical settings. Furthermore, primary care is delivered by our GP's within the clinic settings thereby further improving the overall level of healthcare that has been provided to this patient group.

Our Drug Service has also been piloting rehabilitation programmes such as Soilse and Saol, which are both placed in the North Inner City, and are catering for the Northern Sector patients, who are on methadone treatment. This is just a first step in the rehabilitative process for these patients. In addition, our Drug Service is expanding its rehabilitation

remit through the recent appointment of the rehabilitation project managers. It is hoped to further augment the rehabilitation aspect of our treatment centres as the rehabilitation blueprint, which was devised in 1999, is brought into place.

On top of this Our Drug Service are also very keen to offer detoxification to any patients who might successfully complete such and offer this both at an inpatient and outpatient basis. In particular we are offering young people Lofexidine detoxes, as an end stage of methadone detox to further enhance the possibility of positive outcomes. The Drug Service also provides inpatient detoxification through Cuan Dara (Cherry Orchard Hospital) and are currently in the process of commissioning our residential follow on treatment on the campus of St. Mary's Hospital, Phoenix Park. Our Drug Service also links with other voluntary agencies in the communities, such as Merchant's Quay Project and Coolmine, to ensure that those patients who wish to go abstinent and are prepared to go through residential treatment can do so.

4. Cllr. Christy Burke

"To ask the Chief Executive if the Northern Area Health Board would consider launching a campaign concerning under-age alcohol abuse."

Reply

Raising public awareness around alcohol issues is part of a comprehensive strategy to address issues of alcohol use in young people. The Area Health Boards through it's Health Promotion Department and Addiction Services support the delivery of the Department of Education and Science Substance Abuse Prevention Programme [SAPP] at post primary level as part of a lifeskills approach. This informs young people in the school environment about the dangers of alcohol misuse and provides them with skills to make healthy choices. The development of lifeskills within the school setting is proven to be effective in promoting healthy choices amongst young people.

The Health Promotion Department has also commenced a programme to build the health promoting capacity of health board staff who are supporting health programmes within schools. It has also developed a resource and information service stocked with materials on alcohol education for use with young people.

During recent years a number of studies have provided valuable data on the levels, patterns and age profile of young people who are using alcohol. This includes the Health Behaviour of School Children Report 1999 by the Health Promotion Department. This data has been widely disseminated to health board personnel and intersectoral parties including all post-primary schools in the Eastern region.

With the establishment of a Health Promotion Department in the Northern Area Health Board region in the near future there will be new opportunities to further develop holistic strategies to address the issue of underage drinking in this area. This approach would need to be an intersectoral one involving our own appropriate professional staff, including General Practitioners as well as the acute hospitals, the Department of Education, the Department of Sport and Tourism, the Gardai and other appropriate voluntary and community services.

5. **Cllr. Roisin Shortall T. D.**

"Will the Chief Executive provided details of the numbers of public health nurses in each of the Community Care Area, the number of vacant posts in each case, the case loads in respect of elderly patients and babies in each case and her views of the adequacy of the current provision."

Reply

The information requested is as follows:

<i>Community Care Areas</i>	<i>Approved Number of PHN Posts</i>	<i>Number of Posts Vacant</i>	<i>Average Caseload Elderly</i>	<i>Average Caseload Families</i>
Area 6	53	10	300	250
Area 7	47	8	150	100
Area 8	56.5	7.5	215	341

In addition to having a case load in respect of infants and children, most of our public health nurses have caseloads in respect of other community nursing needs such as the care of older persons.

The range of community services provided by public health nurses includes:

- support and advice to a parent or parents following the birth of a child, such a service may be provided from shortly after the birth of the child and, if required, continues until the child is of school going age;
- the delivery of school health services;
- providing personalised nursing care to patients who have been discharged to the home from hospital;
- providing a range of nursing services to the elderly and support for carers in the home;
- providing nursing services and support in the home for persons with a disability;
- health promotion.

An example of the development of the role of the public health nurse in recent years was the *Primary Health Care for Travellers Project* piloted by Pavee Point and the Eastern Health Board.

The number of existing vacant public health nurse posts certainly does hinder the ability of the public health nursing services to meet the growing needs in the community. We have been engaged in an intensive recruitment campaign for nurses generally over the last two years and these efforts to attract nurses into our services will continue. In this regard, we are competing with other agencies in both the public and private sector to attract whatever number of suitable nurses are available.

6. Cllr. Roisin Shortall T.D.

"Will the Chief Executive outline the policy in respect of community nursing advice and support for young babies and their mothers, the numbers of visits which the public health nurse makes to the home of each new baby, the desirable number of visits to the baby clinic, the appropriate new baby caseload which each public health nurse should have and will the Chief Executive report on the capacity to deliver this policy in each of the Community Care Areas."

Reply

It is the policy of this Board that every new-born infant is visited by the public health nurse within forty-eight hours of receiving notification of the infant's birth.

Each nurse makes a professional assessment as to the amount of support a mother needs with regard to the care of her baby. The nurse will also assess if other forms of support, such as the community mothers programme, home help or social work services, might be required. Accordingly, each visit by a nurse to the home of a new baby is needs based.

Where parenting skills or social environment are poor or for other health reasons, the nurse will visit the mother and baby as often as is necessary. In addition the nurse works with a large number of groups who have special needs such as traveller families; parents with drug addiction, parents with learning disabilities and multiple problem families. The nurse will manage the response required for these groups and intervene as appropriate.

If the mother is experienced, healthy, and coping well, the mother is encouraged to attend nurse advisory clinics as often as possible.

Following the initial visit(s) by the public health nurse, it is recommended that all children are offered screening at three, seven, twelve and eighteen months and again at 2 years and 3 years of age. The desirable number of visits by a public health nurse to a child's home, is

very dependent on the infant's wellbeing, the mother's ability to cope with the infant's needs, and the success of the nurse in gaining access to the home and achieving an effective home visiting regime. In order to maximise the use of the nurses time, which can be affected by traffic problems, travelling time and failed house visits, parents are actively encouraged to attend nurse advisory clinics.

The baby caseload which each public health nurse has is dependent on the number of births in a nurse's area and is influenced by the needs of the mother and child and the level of the other services in the area such as family support services and social work services.

The number of existing vacant public health nurse posts will impact on the ability of the public health nursing services to meet the growing needs in the community. We have been engaged in an intensive recruitment campaign for nurses generally over the last two years and these efforts to attract nurses into our services will continue. In this regard, we are competing with other agencies in both the public and private sector to attract whatever number of suitable nurses are available.

7. Cllr. Roisin Shortall T.D.

"Will the Chief Executive report on the up-to-date position regarding the provision of orthodontic services within the Board area, and provide details in respect of premises and staffing and will she indicate the timescale for this service to be operational."

Reply

The following are the arrangements for the delivery of orthodontic services within the Eastern Regional Health Authority area: -

Organisation of Service

Following the appointment of a Consultant Orthodontist, a Regional Orthodontic Unit was established on the campus of St. James's Hospital in 1996.

With the opening of the Regional Unit a "Consultant led" service was established and eligibility for orthodontic services was brought in line with the clinical guidelines laid down by the Department of Health and Children.

A number of dentists and appropriate support staff were assigned to work in the orthodontic service under the direction and supervision of the Consultant Orthodontist. Using this approach it has been possible to treat a large number of patients.

All referrals from Community Dental Services to the orthodontic service are processed through the Principal Dental Surgeons. Additional sources of referrals to the Regional Unit include Medical Specialists, Speech and Language Pathology Departments, the Dublin Dental Hospital, other Regional Orthodontic Services and Overseas Dental Schools.

While orthodontic services are provided on a regional basis from the Regional Orthodontic Department on the St James's Hospital Campus, services are also provided at satellite clinics, which in the case of the Northern Area Health Board are located at Kilbarrack and Finglas Health Centres.

Staffing Levels

The current staff complement of the orthodontic service is as follows: -

Consultant Orthodontist	1
Dentists with M.Orth qualification	5.5
Senior Dental Surgeons	7
Dental Surgery Assistants	17
Radiographers	1
Clerical Staff	6

Planned Service Developments

The following service developments are planned:

(i) The appointment of 2 additional Consultant Orthodontists. These posts were advertised by the Local Appointment Commission recently.

(ii) The development of a Regional Orthodontic Unit at St. Columcille's Hospital. Capital Funding of £1.065m was approved for this unit in late 1999. A Planning Brief has been completed and an application for planning permission has been lodged with Dun Laoghaire/Rathdown County Council. It is anticipated that a decision on the planning application will issue on 6th June 2000. Tender documentation in respect of this development was issued to building contractors on 10th April 2000 and construction work is targeted for commencement on 26th June 2000. It is anticipated that this Unit will be brought into operation in July/August this year.

(iii) The development of a Regional Orthodontic Unit on the campus of Beaumont Hospital. Capital Funding of £2.6m has been approved in respect of this building. A Planning Brief has been completed and application has been made to the Board of Beaumont Hospital for formal approval to the provision of a suitable site for this development. It is targeted to bring this Unit into operation by end year 2001.

37/2000

CHIEF EXECUTIVE'S REPORT

Following discussion on items five to which Dr. B. Murphy and the Chairman contributed and the Chief Executive, the report from the Chief Executive was noted:

1. *Back to School Clothing & Footwear Allowance Scheme*

I have circulated with agenda papers for this meeting copies of SAW Circular No 06/00 which outlines the details of the Back to School Clothing and Footwear Allowance Scheme.

2. *Addiction Services*

I have circulated with agenda papers for this meeting copies of my report concerning the current position in relation to the Addiction Services in our Board's region.

3. *Annual Report of the Ombudsman 1999*

I have circulated with agenda papers for this meeting copies of the Annual Report of the Ombudsman for 1999.

4. *Capital Development for the Health Services*

I have circulated with agenda papers for this meeting copies of press release dated 18th May 2000 in which Mr Micheál Martin, T.D., Minister for Health & Children announces details of the investment being made by the Government for the health services under the National Development Plan.

5. *Forum on Fluoridation*

I have circulated with agenda papers for this meeting copies of press release dated 29th May 2000 in which Mr Micheál Martin, T.D., Minister for Health & Children announces the establishment of a Forum on Fluoridation.

6. *Industrial Relations Audit*

I have circulated with agenda papers for this meeting copies of press release dated 29th May 2000 in which the Minister for Health & Children, Mr Micheál Martin, T.D., announces that an industrial relations audit of the health services is to be undertaken immediately to examine the problem of recurring industrial disputes in this sector.

7. *Child Prostitution*

I have circulated with agenda papers for this meeting copies of press release dated 31st May 2000 in which the Minister of State with special responsibility

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for children, Mary Hanafin, T.D., outlines the Government's commitment to addressing the problem of child prostitution.

8. *Directory of Service Providers*

I have circulated with agenda papers for this meeting copies of an updated Directory of Service Providers taking cognisance of additional staff appointments since the previous publication of this directory in March 2000.

9. *Expenditure Review on the Nursing Homes Subvention Scheme*

I have circulated with agenda papers for this meeting copies of letter dated 10th May 2000 from Dr. Eamon O'Shea from the National University of Ireland advising that the University has been commissioned by the Department of Health and Children and the Department of Finance to undertake an expenditure review on the Nursing Home Subvention Scheme.

10. *NCHD Industrial Action*

I have circulated with agenda papers for this meeting copies of my report appraising members of the up-to-date position regarding NCHD industrial action.

11. *Psychiatric Nurses Strike*

I have circulated with agenda papers for this meeting copies of a report which outlines the issues surrounding the deferred Psychiatric Nurses strike. The press release, dated 6th June 2000, issued by Mr Micheál Martin, T.D., Minister for Health & Children in this regard is also enclosed for information.

12. *Measles Outbreak*

I have circulated with agenda papers for this meeting copies of my report in relation to measles, mumps, rubella vaccination activity to week ending 26th May 2000. I am glad to say that there is a steady decline in the reporting of incidents throughout our Board's area and in particular from Temple Street Hospital.

I understand the Minister for Health and Children, Mr Micheál Martin, T.D., is launching a national promotional campaign with the Office of Health Gain next week.

13. *Association of Health Boards in Ireland*

I have circulated with agenda papers for this meeting copies of letter dated 31st May 2000 from Mr. Matt O' Connor, Secretary, Association of Health Boards which acknowledges accommodation and secretarial support provided by our Board to the Association of Health Boards in Ireland.

14. *Schedule of Visits*

I have circulated with agenda papers for this meeting copies of the Schedule of Visits for July 2000. With members agreement it is not proposed to hold arrange any visits during August 2000.

38/2000

IRISH PSYCHIATRIC SERVICES ACTIVITIES 1998

It was agreed to refer Report No. 21/2000 (copy filed with official minute) to the Community Services and Continuing Care Committee.

39/2000

ORTHODONTIC SERVICES

Following discussion on Report No. 22/2000 (copy filed with official minute) to which Dr. B. Murphy, Cllr. D. Heney, Dr. M. Laffoy, Mrs. C. Quinn, Cllr. R. Shortall, Dr. J. Reilly, Cllr. I Callely and the Chairman contributed and to which Mr. Walsh and the Chief Executive replied, report no. 22/2000 was noted.

It was also agreed that a contingency plan to deal with patients awaiting treatment would be presented at the September 2000 meeting of our Board. If the report is completed at an earlier date it was agreed to present same at the next scheduled Acute Hospital and Primary Care Committee meeting following completion.

40/2000

DEVELOPMENT OF OPHTHALMIC SERVICES FOR CHILDREN IN DUBLIN, KILDARE AND WICKLOW –

It was agreed to refer Report No. 23/2000 (copy filed with official minute) to the Acute Hospital and Primary Care Committee.

41/2000

NURSING

Ms. M. Kelly, Director of Human Resources presented Report No. 41/2000 (copy filed with official minute). A discussion followed to which Cllr. Quinn, Mr. Fallon, Cllr. Shortall, Mr. Cowley, Dr. Reilly, Cllr. Callely, Cllr. O'Brien and the Chairman contributed and to which the Director of Human Resources and the Chief Executive replied.

The report was adopted with a view to an action plan being presented to our Board in the near future to address identified issues.

42/2000

CHILD CARE ADVISORY COMMITTEE – MEMBERSHIP

Report No. 25/2000 from the Chief Executive was submitted (copy filed with official minute).

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Having noted and agreed the report, the following three members of our Board were proposed and seconded to be members of the Child Care Advisory Committee.

Proposer	Cllr. Shortall	Cllr. I. Callely	Cllr. D. Murray
Seconder	Cllr. A. Devitt	Dr. J. Reilly	Cllr. M. O'Donovan
Nominee	Cllr. E. O'Brien	Cllr. C. Burke	Cllr. D. Heney

It was agreed that the 1st item on the agenda for the first meeting of the Child Care Advisory Committee will deal with the election of chairman and Vice-Chairman of the committee.

43/2000

ACUTE HOSPITALS AND PRIMARY CARE COMMITTEE - MEMBERSHIP

On a proposal of Cllr. A. Devitt, seconded by Cllr. I. Callely, Report No. 26/2000 (copy filed with official minute) was agreed.

44/2000

COMMUNITY SERVICES AND CONTINUING CARE COMMITTEE - MEMBERSHIP

On a proposal of Cllr. I Callely, seconded by Dr. J. Reilly, Report No. 27/2000 (copy filed with official minute) was agreed.

45/2000

PROGRESS REPORT FROM STANDING COMMITTEES

(a) Community Services and Continuing Care Committee

On a proposal by Cllr. Callely, seconded by Dr. Laffoy, it was agreed to adopt the report. The following matters were dealt with in the report.

- The report - Homelessness - An Integrated Strategy
- The report on the Social Welfare Bill 2000
- Report on the provision of services to asylum seekers in reception centres
- The report - Needs Assessment for Specialist Palliative Care Services in the Eastern Health Board

(b) Episodic Illness and Primary Care

On a proposal by Dr. Laffoy, seconded by Cllr. Callely, it was agreed to adopt the report. The following matters were dealt with in the report.

- Report on James Connolly Memorial Hospital
- Home Accident Prevention Programme

46/2000

NOTICES OF MOTION

1. The following motion was proposed by Cllr. A. Devitt and seconded by Dr. M. Laffoy.

"That the Chief Executive update members on the current state of the James Connolly Memorial development project. Have tenders been accepted, is the project within the time schedule"

The Chief Executive gave a verbal report in relation to the up-to-date position of the James Connolly Memorial development project. Mr. John Swords, Regional Materials Manager appraised members of the Waste Management Project in the hospital which was instigated a number of years ago. Cllr. Callely acknowledged and complimented the work of Mr. Swords and his team with regard to the Waste Management Project. Further discussion followed to which Dr. Laffoy, Cllr. O'Donovan and the chairman contributed and to which the Chief Executive replied. The motion was noted.

2. The following motion was proposed by Cllr. Burke and seconded by Cllr. Devitt.

"That the Northern Area Health Board review the present allocation of rent subsidies, given the high rents that landlords are requesting from both single persons, couples and married couples. Also is it policy for the Community Welfare Officer to suggest to applicants who seek accommodation, that they should seek cheaper accommodation, which is often of a lower quality."

The Chief Executive gave a verbal report on this matter which included details of proposals to have a mid-year review of all rent supplements, and to increase the maximum level of rent supplement for three bed accommodation from £700 to £800 per month with effect from 1st July 2000. The motion was agreed.

During discussion on this motion the agreed meeting time expired. Cllr. Shortall proposal to extend the meeting in order to conclude the business was seconded by Cllr. Burke. The Chairman agreed to extend the meeting for fifteen minutes.

3. The following motion was proposed by Cllr. Shortall and seconded by Sen. Dr. D. Fitzpatrick.

"That the Chief Executive report on the difficulties which arise because of lack of co-ordination between the drugs services and the psychiatric services and the dangers which this poses in respect of double prescribing and that a

mechanism be put in place to ensure greater liaison and co-ordination between these two services."

The Chief Executive gave a verbal report outlining details of the consultation and liaison arrangements in place between Consultant Psychiatrists from the Mental Health and the Drug Addiction Services and our Board's protocol for prescribing methadone. It was agreed to bring back a report to the Board on the policy for prescribing methadone. It was also noted that the Department of Health and Children have formed a committee to formulate proposals for a protocol on prescribing other drugs and to look at prescribing of anti-depressant medicine.

A discussion followed to which Cllr. Shortall and Sen. Dr. Fitzpatrick contributed and the Chief Executive and Dr. Sweeney replied. It was agreed to have comments raised concerning Bensodiazepines brought to the attention of the Department of Health and Children committee.

3. As the agreed meeting time had elapsed the motion in the name of Cllr. Shortall concerning the provision of meals in senior citizen complexes was not heard.

The meeting concluded at 7.15pm.

CORRECT:

**M. WINDLE
CHIEF EXECUTIVE**

CHAIRMAN