

10<sup>th</sup> August, 2001

**Do Gach Comhalta den mBord**

A Chara,

I wish to inform you that, at the request of the Chairperson, the September Board Meeting has been re-scheduled for ***Tuesday 18<sup>th</sup> September, 2001, at 5.00pm in The Boardroom, Northern Area Health Board Headquarters, Swords Business Campus, Swords, Co. Dublin***

Agenda papers will be issued to you in due course.

Karen Fagan,  
Chief Executive's Office

## **NORTHERN AREA HEALTH BOARD**

**Minutes of proceedings of monthly Board Meeting  
of the Northern Area Health Board  
held in the Boardroom, NAHB Headquarters, Swords Business Campus,  
Balheary Road, Swords, Co. Dublin**

**On Tuesday, 18<sup>th</sup> September, 2001, at 5.00pm**

### *Present*

Cllr. C. Burke  
Ald. I. Callely, T.D.  
Cllr. L. Creaven  
Mr J. Fallon  
Cllr. D. Heney  
Mr G. McGuire  
Dr B Murphy  
Cllr D.Murray  
Cllr. E. O'Brien  
Dr P. O'Connell  
Cllr. M. O'Donovan  
Mrs C. Quinn  
Cllr R Shortall  
Mr L Tuomey

### *In the Chair*

Cllr. Anne Devitt

### *Apologies*

Mr M. Cowley  
Dr J. Reilly

### *Officers in Attendance*

Ms M. Windle, Chief Executive  
Mr M. Walsh, Asst, Chief Executive  
Mr J. Lamont, Asst Chief Executive  
Mr P. Dunne, Asst Chief Executive  
Ms L. McGuinness, Director of Finance  
Ms N. Byrne, Director of Communications  
Mr K. O'Doherty, Act Dir of Human Resources  
Mr G. Hanley, Operations  
Ms. K. Fagan, Secretariat  
Mr S. McGrath, Communications Dept  
Mr J. Murphy, Board Secretary

**68/2001.**

**CHAIRPERSONS BUSINESS**

**1. Minutes Silence**

I am sure Members will join with me in observing a minute silence, in memory of those who died in the tragic events in the United States last week.

The Eastern Regional Health Authority will hold an inter-faith service in the Great Hall of Stewart's Hospital at 3.30pm next Thursday, September 20, as an expression of solidarity and grief with our United States colleagues who work in our health services and with the people of the United States, following last week's appalling disasters.

Invitations to this Service have been extended to the Chairpersons of the Area Health Boards. In addition, an invitation has been extended to every US citizen on our staff.

**2. Condolences**

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

**3. Schedule of meetings / visits**

I wish to welcome members back following the Summer break.

A copy of a schedule of forthcoming meetings and visits has been circulated to Members

**4. Official opening by Mr Micheal Martin, T.D. Minister for Health & Children**

I wish to advise Members that the Minister for Health & Children, Mr Micheal Martin, T.D. will officially open the Clonmethan Village Complex, Oldtown Health Centre and the Northern Area Health Board Headquarters on Thursday 18<sup>th</sup> October, 2001, at 2.30pm.

**5. Monthly Board Meeting, NAHB, October.**

As the monthly meeting of our Board is scheduled to be held on this date, it is proposed to re-schedule the next monthly meeting of our Board to Tuesday 16<sup>th</sup> October, 2001.

**6. Special Board Meeting, Child Care**

It is also proposed to hold a Special Meeting of our Board on Tuesday 30<sup>th</sup> October, on the Adequacy of Child Care Review / Child Care Strategy

**69/2001**

**MINUTES OF PROCEEDINGS OF ANNUAL GENERAL MEETING held on Thursday, 19<sup>th</sup> July, 2001**

On a proposal by Mr McGuire, seconded by Cllr Murray, the minutes of the Annual General Meeting, held on Thursday 19<sup>th</sup> July, 2001 were agreed.

**70/2001.**

**MINUTES OF PROCEEDINGS OF MONTHLY BOARD MEETING HELD on Thursday 19<sup>th</sup> July, 2001, were agreed.**

On a proposal of Cllr Burke, seconded by Cllr O'Brien, the minutes of the monthly Board Meeting held on Thursday, 19<sup>th</sup> July, 2001, were agreed.

Deputy Shortall request that motions not reached within the time allowed for the meeting, should be automatically carried over to the next meeting was agreed, Standing Orders to be amended.

**71/2001**

**MINUTES OF PROCEEDINGS OF SPECIAL BOARD MEETING, held on Tuesday 24<sup>th</sup> July, 2001.**

On a proposal by Cllr Burke, seconded by Mr McGuire, the minutes of the Special Board Meeting held on 24<sup>th</sup> July, 2001, were agreed.

**72/2001**

**QUESTIONS TO THE CHIEF EXECUTIVE**

On a proposal by Cllr O'Brien, seconded by Cllr O'Donovan, it was agreed to answer the questions which had been lodged.

**1. Cllr Sen Dr D Fitzpatrick**

**“Can the Chief Executive Officer tell the Board what progress has been made in the removal of sectoralisation of the psychiatric services ?”**

**Reply:**

Sectoralisation has been a fundamental component of the psychiatric service from the time community services were first established in the former Eastern Health Board and the policy in relation to sectoralisation was formalised with the introduction of government policy on psychiatric services – i.e. 'Planning for the Future' in 1984 – and the delivery of services through the multi-disciplinary team.

'Planning for the Future' described sectoralisation as the process of providing a comprehensive service for a population of known size normally resident within a clearly defined district. The recommended population for a sector is 25,000 – 30,000.

Throughout the country, psychiatric services are organised in sectors in the model recommended in the report – ‘Planning for the Future’.

The main policy issues set out in ‘Planning for the Future’ were:-

- The provision of acute inpatient services in specialised units in general hospitals.
- The provision of a comprehensive range of community services in the community.
- The phasing out of the large psychiatric hospitals.

In relation to community services, the proposal was that services would be delivered in sectors of 25,000 – 30,000. These services to be led by a Consultant Psychiatrist supported by a multi-disciplinary team, consisting mainly of community nurses, occupational therapists, social workers, psychologists and care staff as appropriate. This policy was adopted by the former Eastern Health Board in 1986 – “Towards the Development of a Community Based Psychiatric Service”.

Most services in the former Eastern Health Board were sectorised prior to 1986. The process has continued since then and with the population growth, some sectors have been split with the introduction of second teams – e.g. Blanchardstown (and Finglas taking place at present).

The advantage of the sector approach is that there is continuity of care at all times in the community and also between the community and the hospital. All Consultant Psychiatrists have sessional commitments to both the community and the hospital, thus allowing the consultant to follow his/her patient into the hospital setting and manage his/her care programme there. Likewise, the consultant is involved in the discharge process and overseeing the re-establishment of the care programme in the community.

It must be appreciated that a considerable number of patients require treatment and support by the psychiatric service for long periods in their life and in many instances patients require continuous treatment for life from the time of diagnosis. Treatment involves a care plan implemented by a Consultant Psychiatrist and appropriate members of his/her multi-disciplinary team together with the need for clear and precise communication at all times. The sector model is considered to be, and has proven to be, the most appropriate over the years. From time to time an individual patient may consider it necessary to seek a referral to an alternative consultant for personal reasons. Such requests are accommodated.

The disadvantage of a sectorised approach is that the patient does not have a choice of consultant as happens in other specialities. However, psychiatry differs significantly from other specialties in as much as a patient's encounter with a consultant (medical/surgical) is usually once-off, whereas patients with enduring mental illness require on-going intervention by the Consultant Psychiatrist. There is a further disadvantage in sectorisation – i.e. sub-specialisation of psychiatrists. This however, is being overcome by the creation of sub-specialist posts – eg. Liaison, forensic, addiction, old age, psychotherapy, child and adolescent and intellectual

disability. These consultants are generally area based and in many instances are involved in joint care plans with the sector consultant, as appropriate.

A feature of psychiatric services is the tendency of patients with psychiatric illness to drift into homelessness. As far as is practical, the sector consultant and his support team endeavour to match the housing/social needs of their client group with housing options in the community, both public, and private and also within the Boards hostel programme for those who need specialist care and support.

## **2. Cllr D. Heney**

**“To ask the CEO in relation to orthodontic services will she please give statistics for the number of patients being treated in any recent month or quarter for which statistics are available, also the number of staff in the service, the number of patients per staff member, per day receiving attention, the numbers of persons assessed and put on waiting list per week or month. In view of the huge waiting lists will the CEO comment on the level of activity in the orthodontic clinic which, in the opinion of the few patients who are given appointments seems as though it is not moving at full throughput and if she will make a statement on the matter”.**

### **Reply**

In June 2001 1,100 patients were treated in the regional Orthodontic Unit, St. James's.

**“Number of clinical staff in the Service”.**

### **Reply**

Consultant Orthodontist	=	4	(2 Full time) (1 Part time) (1 Sessional)
Orthodontists (Specialists)	=	7.5	W.T.E.
Dentists	=	2.5	W.T.E.
Orthodontist (Vacancies)	=	6	W.T.E.

Additional posts have been approved for the future provision of services in the N.A.H.B. Orthodontic Unit – Consultants and Specialists.

**“The number of patients per staff member, per day receiving attention”.**

### **Reply**

Approximately 100 appointments per day were issued on a given week – non attendances/cancellations averaged 30%. Because of the range of duties per clinician and the variety of clinical interventions the number of patients seen per clinician per day would not give a true reflection of workload without a detailed examination.

**“The number of persons assessed and put on waiting list per week/month”.**

**Reply**

Referral to assessment waiting list by Primary Care Dentists (N.A.H.B.)=55  
per month

Assessments and referral to Category I treatment Waiting List (N.A.H.B.)  
= 7 per week (approximately)

***The following initiatives are being undertaken by the Northern Area Health Board to increase the number of public treatment places:***

- Discussions are ongoing between our Board and clinicians from a neighbouring board regarding the provision of additional sessional input. Additional sessions are also being offered to Health Board Orthodontists. It is proposed in the short term, with these additional staffing resources, to avail of the Primary Care Dental facilities at Roselawn Health Centre as an interim base for the provision of Orthodontic Services on an out of hours basis i.e. evenings and Saturday, in order to address the orthodontic treatment waiting list.
- In the short to medium term it is proposed to acquire a suitable property to accommodate the provision of an Orthodontic Service for the Northern Area Health Board pending the building of the Orthodontic Unit on the site at James Connolly Memorial Hospital.
- In addition services will continue to be provided by the Regional Orthodontic Unit at St. James’s Hospital. At present we are discussing the projected capacity for the provision of services for patients from the Northern Area Health Board.

***Review of Orthodontic Assessment Waiting List Initiative:***

It is proposed to address the Category 11 Orthodontic Assessment Waiting List by means of reviewing models and radiographs. The Primary Care Dental Service will be responsible for the provision of the models and radiographs, which will be reviewed by a Consultant Orthodontist.

This exercise will have a two-fold effect i.e.

- Prioritising patients on the waiting list on the basis of need for treatment
- Validating the waiting list.

Discussions are ongoing between the Manager of Orthodontic services and the Principal Dental Surgeons in our Board to advance this initiative. It is envisaged that this review process will be determined by the availability of treatment places and funding for public private mix.

**Recruitment:**

Following the advertisement of the post of permanent Consultant Orthodontist, the Local Appointments Commission have informed our Board that they are unable to recommend a candidate as the result of the recent competition.

Our Board also advertised to fill the post in a temporary capacity. Two applications were received, one applicant did not possess the recognised qualifications and the other applicant was not eligible for registration with the Irish Dental Council.

We are currently arranging to advertise this post and the posts of Specialist Orthodontist.

Following completion of the assessment process the additional clinical sessions as mentioned earlier will be deployed providing treatment to those assessed in line with medical priority.

The Manager of Orthodontic Services in the Northern Area Health Board took up duty in August 2001.

**ACTIVITY REPORT**

	April 2001	June 2001	August 2001
Category I assessed and awaiting treatment total	160	119	195
Northern Area Health Board			58*
Category II assessed and awaiting treatment total	870	736	687
Northern Area Health Board			392*
Category I assessment waiting list total	387	1	16
Northern Area Health Board	142	0	5
Category II assessment waiting list total	11,254	11,498	11,672
Northern Area Health Board	4,757	4,876	4,984

\*Figures in these categories for Northern Area Health Board only available for August 2001

3. **“To ask the CEO of the NAHB to report on nursing homes in the NAHB area and say**

- (1) how many nursing homes and bed spaces are currently run by the Board**
- (2) how many private or voluntary nursing homes and bed spaces exist in the NAHB area**
- (3) are there any additional homes or bed spaces provided by other organisations**
- (4) give details of projection requirements and say what plans exist in the next 3/5/10 years to provide additional nursing homes by the board, privately or voluntary groups**
- (5) if the NAHB has any formal arrangements with other health boards to provide bed spaces in the general Leinster area**
- (6) how many contract beds in private nursing homes are currently paid for by the NAHB and if Dept of Health approval is necessary to take contract beds**

**Reply:**

1. The following number of beds are provided in Hospitals and Homes for Older persons run by our Board.

<b>Names of Home/Hospital</b>	<b>Number of Beds.</b>
St Mary’s Hospital	337
St Clare’s Home	63
Sean Chara Home	50
Cuan Ros Community Unit	45
Unit 9, JCMH	110
<b>Total</b>	<b>605</b>

2. There are currently 25 voluntary/private nursing homes in the Northern Area Health Board area providing a total number of 1,010 beds.
3. There are Alzheimer’s patients in both St Monica’s and Bloomfield Hospital, however these are included in the places shown at (2) above.
4. The “Ten Year Action Plan for Services for Older Persons 1999 – 2008” was adopted by the Eastern Health Board and a number of developments were identified to increase the number of beds for older persons. As a review of that report, a further report of the working group on the short and medium term service needs for Older Persons and the Young Chronic Disabled in the Northern Area Health Board was adopted by our Board in July 2001. One of the important features of this report is that it builds on the concepts of the “10 Year Action Plan”.

This report is an action plan to put in place short-term solutions that can be achieved over the next twelve months with minor capital/equipment/revenue

and staffing implications. It should result in an additional 197 beds/places and 130 home care packages in the homes of older persons. The report also identifies the number of non acute beds in the Northern Area Health Board at a current date and shortfalls are based on the premise that 50 beds are required for each 1000 of the population aged 65 and over as set out below:-

	<b>Respite</b>	<b>Long stay</b>	<b>Welfare</b>	<b>Convalescent</b>	<b>Contract Bed</b>	<b>Total</b>	<b>Pop Aged 65+</b>
<b>NAHB</b>	31	502*	94	33	393	1,053	43,616

\* includes beds for manageable Alzheimer's patients in community units and Bloomfield Hospital.

The ratios of non acute beds to Older persons for the Northern Area Health Board is 1 – 41.42. This would seem to indicate that there is a minimum requirement to provide almost 500 non acute beds to bring the Northern Area Health Board up to an acceptable level in the provision of non acute beds.

5. The Northern Area Health Board are currently contracting 204 beds in the East Coast, South West Area Health Boards and the North Eastern Health Boards region.
  6. The Northern Area Health Board are paying for 432 contract beds in private nursing homes, funding is received directly from the Eastern Regional Health Authority. The number of beds which we contract in private nursing homes is governed by the funding made available for this purpose. Contract beds are only taken out in nursing homes that are approved under the Nursing Homes Regulations.
- 4. Cllr M. O'Donovan**

**“Will the CEO report on our plans to cut the waiting lists for orthodontic treatment through a public / private mix ?”**

**Reply**

The proposed new orthodontic scheme is optional and accordingly it is difficult to determine what effect it will have on waiting lists. It is dependant on the up-take and can only be monitored when the scheme commences.

I attach herewith copy of “Outline of proposed Orthodontic Scheme” for your information”.

## **Proposed Orthodontic Scheme**

- A patient, who following assessment by a Consultant Orthodontist in accordance with guidelines issues by the Department of Health and Children, is listed as requiring non urgent/routine treatment (category 2), will be given the option of:
  - (i) availing of treatment from a private consultant Orthodontist or
  - (ii) availing of treatment within the public health service system at an early date.
- A patient (non medical card holder) who chooses to arrange for treatment directly with a private orthodontist will be paid a grant of £1,000 by the Northern Area Health Board towards the cost of the treatment.
- A grant of £2,000 will be paid in each case of medical card holders.
- Payment of the grant is subject to verification that prescribed orthodontic treatment is being undertaken.
- The contract for treatment will be between the client/patient and the Consultant Orthodontist. Accordingly, the cost of treatment is subject to agreement between the client/patient and the private orthodontist.
- Patients/parents would, in most cases, be in a position to avail of tax credits on the balance of the treatment costs.
- Private Orthodontist's participating in this scheme must be listed on the Specialist Registrar maintained by the Irish Dental Council and be practicing in the Republic of Ireland.
- The operation of this scheme will be monitored and reviewed on an ongoing basis by named representatives of the Orthodontic Society of Ireland and the Northern Area Health Board.

Our Board is committed to giving support and assistance as necessary to ensure the successful and effective operation of this initiative. Subject to a favourable outcome from an evaluation and review of the initiative after 12 months in operation, our Board will seek the retention of the scheme.

Our board will have equitable access to orthodontic services provided by the South Western Area Health Board and East Coast Area Health Board in the centres in St. James's Hospital and St. Columcille's Hospital Loughlinstown.

## **5. Cllr M. O'Donovan**

**“Will the CEO report on the progress of our plans for a Regional Orthodontic Unit at Blanchardstown ?”**

### **Reply**

The Regional Orthodontic Unit for the Northern Area Health Board's area, was originally planned for the Beaumont Hospital site. The site at Beaumont Hospital is almost at full capacity and in order to develop two Rehabilitation Units for both Older Persons and Psychiatry respectively, it was necessary to re-locate the site from Beaumont to the J. C. M. H Campus.

An outline planning brief has been prepared, based on the brief for the Orthodontic Unit, St. Columcille's Hospital, Loughlinstown, and this is now with design teams for the JCMH Capital Development. As there is already a major capital development project under way at JCMH, it is extremely important to ensure that the unit is planned in such a way that it integrates well with the overall hospital development, and that its construction causes no delay to the completion of Phase 1 of the JCMH project.

The design team for the JCMH project are currently examining the brief with a view to recommending a solution to its overall location and phasing into the project. The consultants have indicated that their report, incorporating a cost plan, will be available before the end of September.

## **6.Cllr M. O'Donovan**

**“Will the CEO report on the progress of work at J. C. M. Hospital, Blanchardstown ?”.**

### **Reply**

Approval was received in July 2000 to proceed with Phase 1 of the Capital redevelopment of James Connolly Memorial Hospital, Blanchardstown, at a cost of £74.9m. A substantial portion of the funding for the project will come from the sale of lands at the hospital, which are due to be handed over to the purchaser on a phased basis during the lifetime of the construction works.

Following the completion of tendering procedures, the main contractor, Messrs Michael McNamara & Son commenced on site on 2<sup>nd</sup> October, 2000, with a 36 month schedule.

Works included in phase 1 include:-

- New Ward Block
- New Main Entrance
- Accident and Emergency Unit
- Surgical Day Unit
- Mortuary and Post Mortem
- ICU
- Waste Marshalling Yard
- New Hospital Concourse
- Refurbishment of Existing Wards – level 1 & 2
- OPD (shell only)
- Department of Physical Medicine (shell only)

The contract has also necessitated the erection of a large number of temporary buildings, and the relocation of a number of services on site in order to allow the hospital to continue to function during the construction works.

The main contractor is currently 11 months into the project and is on target to meet deadlines for completion. The Project Manager reports that progress is good, and the structure for the main ward block is nearing completion, while the roof slab for the block is currently being cast. This building is critical to allow hand-over of lands, and is on target for completion.

The structure of the other blocks, Main Concourse, A & E, Physical Medicine, and O.P. D. have all commenced and are progressing as planned.

The first hand-over of completed departments, Medical Records and Mortuary/Post Mortem, will take place on Saturday 29<sup>th</sup> September, 2001. These departments are currently being fitted-out and equipped, and will be ready for occupation during October, 2001. A number of roadways and car parks have also been completed and will be handed over shortly, thus relieving a great deal of the traffic congestion and parking problems which have arisen at the hospital during the contract. Work is also progressing satisfactorily on off-campus projects to relocate archiving facilities, addiction and psychiatric day services off the JCMH campus.

**7. Cllr Christy Burke**

**“To ask the Chief Executive to report on the closure of the Homeless Unit in Charles Street West. Also make known when an alternative venue will be in place given that the free phone number for homeless people was non-effective.”**

**Reply**

In mid July last Community Welfare Officers assigned to the administration of services for homeless persons at Charles Street West withdrew their services on the grounds of health and safety issues pertaining to the working environment at Charles Street.

A health and safety audit carried out last year at Charles Street recommended a schedule of works to be undertaken. As the sale of these premises to Dublin Corporation was being concluded, by way of agreement, Dublin Corporation agreed to source alternative accommodation for the provision of services to homeless persons.

Two new premises, at Wellington Quay and James Street, have been identified by Dublin Corporation for the delivery of services to homeless persons. Both of these premises need to be adapted and refurbished. Pending their availability in October, services for homeless persons are currently being provided from premises made available to us by the Office of Public Works at 77 Upper Gardiner Street.

A free-phone service, which was put into place following the withdrawal of staff from Charles Street will remain in place. This facility has been substantially upgraded to include a queuing and monitoring system and continues to operate seven days a week.

Officers of our Board are continuing to meet on a regular basis with Officials of Dublin Corporation and the Homeless Agency to ensure that the facilities being developed at Wellington Quay and James Street are ready for occupation in October and that services are made more accessible and user friendly.

**73/2001**

**CHIEF EXECUTIVE'S REPORT  
SERVICE MATTERS**

*Medical Card Eligibility for Persons aged 70 or over*

Agreement was reached between the Health Services Employers Agency and the Irish Medical Organisation on 28<sup>th</sup> June 2001 on matters relating to automatic medical card eligibility for persons aged 70 years and over (effective from 1<sup>st</sup> July 2001) and other matters pertaining to the General Medical Services Scheme.

A simplified medical card application form for persons applying under the ‘automatic eligibility’ criteria has been devised and is available from local medical card offices. The following are details of the number of applications received and approved in respect of automatic medical card eligibility for persons aged 70 years and over:

***Northern Area Health Board - Details at 31<sup>st</sup> August 2001***

Community Care Area	Total No. of applications received	No. of applications approved
Area 6	1,908	1,859
Area 7	2,312	2,216
Area 8	2,539	2,469
<b>Total</b>	<b>6,759</b>	<b>6,544</b>

*Homeless Persons Unit*

Reports dated 16<sup>th</sup> August and 5<sup>th</sup> September 2001 were issued to members in relation to:-

- (a) action taken by community welfare staff located at the Homeless Persons Unit, Charles Street West, resulting in a withdrawal of their services from that location and
- (b) detailing measures put into place to facilitate the delivery of services to homeless persons.

Over the counter services to homeless persons re-commenced from a premises at 77 Gardiner Street with effect from Monday 10<sup>th</sup> September 2001. This facility will be used as a temporary base for the delivery of services pending the availability of two new dedicated facilities being developed at Wellington Quay and James Street. These premises should be available for occupation in October. A free-phone service, which was put into place following the withdrawal of staff from Charles Street West will remain in place. This facility has been substantially upgraded due to the heavy demand for the service and is now operating seven days a week from 10.00a.m. to 1.00p.m. and from 2.00p.m. to 1.00a.m. the following morning.

Additional Community Welfare Officers are assigned to the homeless service, with effect from 17<sup>th</sup> September 2001, following completion of a six week induction training course. In addition a new ‘Outreach’ Community Welfare Service will commence on 17<sup>th</sup> September for hostels in the south city area.

Officers of our Board are continuing to meet on a regular basis with officials of Dublin Corporation and the Homeless Agency to ensure that the facilities being developed at Wellington Quay and James Street are ready for occupation in October and that services are made more accessible and user friendly and that additional places are provided by the Corporation/Local Authorities to meet the growing demand for services.

*Drugs Treatment Service – North Road Finglas*

The provision of drug treatment services at the North Road, Finglas commenced on

1st August, 2001. There are currently 8 clients attending the Centre each Wednesday afternoon. This will increase to 10 clients by the end of this month.

Services provided include :

- General Practitioner Services
- Nursing Services
- Outreach Services

Service activity will be increased at the centre as soon as the psychiatric day centre at North Road relocates to new premises which have been sourced at St. Margaret's Road, Finglas. The purchase of this property was approved by the Board at the July meeting and approval and funding has been sought from the Eastern Regional Health Authority.

We are continuing to liaise with local residents.

#### *Suicide – The Development of Structures and Strategies*

A Resource Officer for suicide was assigned to our Boards Services on a full time basis in January 2001. Prior to that date this Officer held a regional brief for the three Area Boards in the Eastern Region. The role of this post is as follows: -

- Facilitate research into suicide and parasuicide and their consequences.
- Act as an information resource for health board staff.
- Act as a contact person with voluntary sector groups concerned about suicide.

During the course of this year the following structures / initiatives have been put in place in our Board's area: -

- A multi-disciplinary steering group has been established.
- Three working groups – involving health board and voluntary sector staff have been established to develop strategies in relation to (i) general population prevention; (ii) high risk groups including parasuicide and (iii) support following suicide.  
It is expected that strategies will have been identified by the end of this year.
- A directory of voluntary and statutory services that provide support to vulnerable persons will be completed by December 2001.
- A post of Research Nurse has been established to investigate cases of 14 to 24 year old persons who have engaged in parasuicide.
- A training initiative for staff working in the A & E Department of James Connolly Memorial Hospital is currently being evaluated. In addition, a three day suicide awareness training programme for healthcare professionals will be evaluated by the end of the year.
- Support and funding has been provided to:
  - Community based listening services for people bereaved by suicide.
  - A community based education course.
  - 'Facing up to Suicide' which is a six week course run twice each year.
- Our Resource Officer has consulted with educational and youth representative bodies with regard to the operation of suicide awareness guidelines in schools.

- Our Resource Officer has collaborated with Resource Officers in other health boards in producing an information leaflet titled ‘Concerned about Suicide’ which is due to be launched next month by the Minister for Health & Children for World Mental Health Day.

#### *St. Joseph’s Hospital*

I attach herewith with agenda papers for this meeting, copy of statement from Mr Donal O’Shea, Chief Executive, ERHA, which was circulated to each Member of the Authority. The current position is that subsequent to that statement being issued, the Authority were contacted by the Hospital with a view to re-opening discussions.

Both the NAHB and the Authority are currently back in discussions with St. Joseph’s and are committed to closing the sale.

#### *St. Bricin’s Hospital*

Our Board has only in the last day or so received the Consultant’s Feasibility Study on the up-grading requirements at St. Bricin’s Hospital. The reports are currently being examined and evaluated, particularly in relation to the work which will need to be undertaken on the ventilation and engineering services (i.e. mechanical and electrical).

It is estimated that there is a substantial amount of up-grading to be completed before services can be delivered from St. Bricin’s.

#### *St. Brendan’s Hospital*

Following a meeting in the Taoiseach’s office on 6<sup>th</sup> September, 2001, we were advised that the Consultants engaged are expected to provide a report to the Ad Hoc Group within 2/3 weeks.

The Eastern Regional Health Authority are planning to have a Finance & Property Committee Meeting next week to bring Members up-to-date.

#### *Report on temporarily closed beds for the Elderly, Northern Area Health Board*

I wish to advise members of the updated position in relation to the re-establishment of beds for older people in our Board’s region.

Details of bed occupancy at present is as follows:

<b>Hospital/Unit</b>	<b>Bed Compliment</b>	<b>Beds Open</b>	<b>Beds Closed</b>
St. Mary’s Hospital	289	247	42
Cuan Ros Community Unit	45	45	Nil
Sean Chara Community Unit	50	50	Nil
St. Clare’s Home	63	63	Nil

The re-establishment of these beds has been facilitated over the last few months by a number of initiatives including the proactive overseas recruitment drive by our Board to recruit nursing staff in the Philippines which has succeeded in providing 83 additional nursing staff to date. These staff have been placed in St. Mary's Hospital, Cuan Ros, Sean Chara and St. Clare's Home. 14 of these nursing staff commenced work in St. Mary's Hospital this week. A further group of 20 nurses arrived on Friday 14<sup>th</sup> September 2001 and these nurses are undergoing training at the moment and will be ready for duty in six weeks time. Another group of 20 are expected at the end of October. These nurses will be placed in the various facilities for older persons in our Board's region.

The first intake of Filipino Attendants is scheduled for 8<sup>th</sup> October. These attendants will be allocated to the wards following one week's orientation.

16 additional contract beds were commissioned to facilitate the discharge of older persons requiring extended care from Rehabilitative beds. To date 8 such admissions have taken place. Work is on-going to place patients in the remaining 8 beds. It is intended to commission an additional 14 beds in private nursing homes as part of this initiative and as this resource becomes available the beds for older persons in our services are being occupied by Rehabilitative patients discharging from acute hospitals.

In addition to re-establishing existing beds for older persons our Board commissioned 6 additional beds at St. Clare's which provided additional capacity in our services for older persons requiring extended care.

*Mr John Lamont, Assistant Chief Executive*

On my own behalf, and on behalf of all Management and Staff, I wish to extend congratulations to Mr John Lamont on his promotion to the position of Chief Executive, Beaumont Hospital, and extend our best wishes to him in his new job.

I wish to acknowledge John's commitment and hard work during his time in our Board, to thank him for the valuable contribution he has made as Assistant Chief Executive, Planning and Development.

The position has been advertised, and interviews are schedule to be held within the next few weeks.

*Recent Openings / Launches*

I have circulated with agenda papers for this meeting details of openings/launches in our Board since January, 2001

**PRESS RELEASES**

*Assistance Given by the Department of Health & Children to the Planning and Management of the Special Olympics World Summer Games, 2003.*

I have circulated with agenda papers for this meeting, copy of press release from Mr Michael Martin, Minister for Health and Children, announcing the agreement by his Department to meet the costs associated with the secondment of seven health services employees to work with Special Olympics World Summer Games 2003 in the planning and management of both the Pre-Games in 2002 and the Summer Games in 2003.

*Minister Martin launches report on future supply and demand for Physiotherapists, Occupational and Speech and Language Therapists.*

I have circulated with agenda papers for this meeting copy of press release dated 25<sup>th</sup> July,01 from the Minister for Health & Children Mr Micheal Martin, T.D., launching a Report on “Current and future supply and demand conditions in the Labour Market for certain professional therapists”. The study was commissioned by the Minister in response to severe labour shortages affecting the therapy professions at the present time.

*Publication of the new Public Health (Tobacco) Bill, 2001*

I have circulated with agenda papers for this meeting, copy of press release dated 1/8/01, from Mr Micheal Martin, T.D., Minister for Health & Children, announcing the publishing of a new comprehensive Public Health (Tobacco) Bill to give effect to the proposals in the Government’s policy document “ Towards a Tobacco Free Society”.

## **CORRESPONDENCE**

*S.I. No 344 of 2001 – Health (Miscellaneous Provisions) Act, 2001.  
(Commencement) Order (No 2) 2001 Amendment of Tobacco (Health Promotion and Protection) Act, 1988*

I have circulated with agenda papers for this meeting copy of the above Regulations which were signed by Mr Micheal Martin, T.D., Minister for Health & Children. Section 2 of this Act shall come into operation on the 1<sup>st</sup> day of August, 2001.

\* \* \* \* \*

Following discussions to which Cllr. Devitt, Dep Shortall, Cllr Burke and Mr McGuire contributed and to which the Chief Executive responded the report was noted.

Following a query raised by Mr McGuire, the Chief Executive agreed that a progress report on the minor capital and maintenance budget allocation and expenditure would be brought to a future meeting of our Board.

**74/2001**

**REPORT FROM THE SUB-COMMITTEE OF THE NATIONAL CONJOINT  
CHILD HEALTH COMMITTEE**

**Report No 22/2001**

It was agreed to refer Report No 22/2001 to the Community Services and Continuing Care Standing Committee

**75/2001**

**REPORT FROM THE GENERAL MEDICAL SERVICES (PAYMENTS)  
BOARD**

**Report No 23/2001**

It was agreed to refer Report No 23/2001 to the Acute Hospital and Primary Care Standing Committee

**76/2001**

**REPORT FROM REGIONAL TOBACCO CONTROL STRATEGY**

**Report No 24/2001**

It was agreed to refer Report No 24/2001 to the Community Services and Continuing Care Standing Committee

**77/2001**

**REPORT FROM DEPARTMENT OF HEALTH & CHILDREN  
FOSTER CARE SERVICES**

**Report No 25/2001**

It was agreed to refer Report No 25/2001 to the Acute Hospital and Primary Care Standing Committee

**78/2001**

**PROGRESS REPORT FROM STANDING COMMITTEES**

**(i) *Community Services and Continuing Care Standing Committee***

On a proposal by Cllr Devitt, seconded by Mr Fallon, the report from the Standing Committee on Community Services and Continuing Care, was agreed.

The following matters were dealt with in the report.

- 1.1** Members noted the report - *Research Project on People Evicted from Dublin Corporation Housing Units in 1997 and 1998 for Anti-Social Behaviour.*

1.2 Mr. Walsh agreed to present a report to the Committee, which would include details of:

- the follow-up services provided to evicted persons by our Board
- the monies spent per annum on the housing of people evicted from local authority dwellings;
- the total per annum paid for rent to private landlords.

2. Members noted report - *Report from the Joint Committee on Family, Community and Social Affairs - Teenage Parenting, Contemporary Issues.*

3. Members noted report - *Report from the National Advisory Group on the Implementation of Children First - Child Protection Notification System Guidance Notes.*

4. Members noted report - *A Review of the Inter-Country Adoption Process.*

**(ii) *Acute Hospitals and Primary Care Standing Committee***

On a proposal by Mr McGuire, seconded by Cllr Devitt, the report from the Standing Committee on Acute Hospitals and Primary Care was agreed.

The following matters were dealt with in the report

1. Members noted the report on developments in the North Inner City of Dublin Partnership in Primary Care

**79/2001**

**MOTIONS**

**8.5 (Carried over from previous meeting) proposed by Cllr R Shortall and seconded by Cllr Burke**

“That the Chief Executive undertake to complete a review of the Social Work services in this Board area in view of the unacceptably long waiting lists where 686 children are waiting to be assigned social workers; and in view of the vulnerability of many of the children concerned, that a special package of measures be put in place to tackle this urgent problem”.

The Chief Executive presented a report (copy filed with official minute) on the updated position in relation to service developments and current staffing in the Social Work Services, and the recruitment campaign for child care staff. Following discussion to which Dep Shortall, Cllr Burke, Cllr Devitt contributed, and to which the Chief Executive and Asst Chief Executive responded the report was noted. A further up-date would be brought to the Board at the Special Board meeting, scheduled for 30<sup>th</sup> October, 2001.

**8.7 (Carried over from previous meeting) proposed by Cllr R Shortall and seconded by Cllr O'Brien**

“That the Chief Executive report on the operation of the Baby Clinics and Child Development Tests at each of our area’s Health Centres and report on the staff complement and percentage of babies/children reached and the adequacy of the present provision to ensure satisfactory levels of screening”.

The Chief Executive presented a report, (copy filed with official minute) which highlighted the difficulties in recruiting Medical and Public Health Nursing Staff, and outlined a new initiative by GP’s in the North Inner City to carry out Child Developmental Clinics.

Following discussion to which Dep Shortall, Cllr Devitt, Dr O’Connell contributed, and to which the Chief Executive and Asst Chief Executive responded, the report was noted.

**10.1 On a proposal by Cllr Burke and seconded by Mr McGuire and following discussion to which Cllr Burke, Cllr Devitt and Mr McGuire contributed, the following motion was agreed.**

“That this Board agrees to investigate a number of complaints from local residents at Rathdown Road, Dublin 7 – re problems at Orchard View in relation to alleged anti-social behaviour from some residents at Orchard View House”.

**10.2 On a proposal by Cllr O’Donovan and seconded by Dep Shortall and following discussion to which Cllr O’Donovan, Cllr Devitt, Dep Shortall contributed the following motion was agreed.**

“That the Chief Executive report on the procedures for assessing people for foreign adoptions, and also report on the time-scale for the completion of such assessments”.

**10.3 On a proposal by Cllr Burke and seconded by Cllr Devitt the following motion was noted.**

“That the Board agrees to demolish the three houses at Orchard View, Dublin 7 and to erect a memorial in honour of the two women who lost their lives at above houses, in accordance with local residents request.”

The meeting concluded at 7.00pm

**M. WINDLE  
CHIEF EXECUTIVE**

**18<sup>th</sup> September, 2001**

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**CHAIRMAN**