

11<sup>th</sup> April, 2003.

**Do gach Comhalta den mBord**

A Chara,

The monthly meeting of the Northern Area Health Board will be held in **The Boardroom, Northern Area Health Board, Swords Business Campus, Balheary Road, Swords, Co. Dublin, on Thursday, 17<sup>th</sup> April, 2003 at 5.00pm.** Tea is arranged for 4.30pm.

Hereunder is the agenda.

Mise, le meas,

**M. Windle**

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**PRÍOMH FEIDHMEANNACH**  
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**CLAR**

1. Chairmans Business
  
2. Minutes of proceedings of
  - (a) Monthly Board Meeting held on Thursday, 20<sup>th</sup> March, 2003
    - (i) Matters arising
  
  - (b) Special Board Meeting held on Monday, 24<sup>th</sup> March, 2003
    - (i) Matters arising
  
3. Questions to the Chief Executive
  
4. Chief Executive's Report (*To be circulated*)
  
5. Report on The Community Welfare Services  
*Report No 9/2003 (herewith)*
  
6. Evaluation of the Pilot Drug Court  
*Report No 10/2003 (herewith)*
  
7. Action Plan for People Management in the Health Service

*Report No 11/2003 (herewith)*

8. Report from Standing Committees
  - (a) Community Services and Continuing Care
  - (b) Acute Hospitals and Primary Care

9. Motions

- 9.1 Cllr Christy Burke**

“To ask the Chief Executive if she would appoint a member of the Northern Area Health Board to consult with the senior citizens committee in relation to hot meals at the East Wall Community Centre”.

- 9.2 Cllr R Shortall**

“That the Chief Executive report on the current position regarding respite beds in Cuan Ros, Seanchara and St. Clare’s; the number of beds available in each and if she will give an undertaking that these beds will remain open during the current year in view of the high demand from surrounding area”

- 9.3 Cllr R Shortall**

“That the Chief Executive outline the policy in relation to the listing of elderly hospital patients for nursing homes beds and if the policy is now not to list patients for beds if no such needs are available to the hospital; and that she outline the number of beds available to hospitals in the Northern Area Health Board and how this compares with a year ago.”

10. Correspondence

11. Matters for Mention

## **NORTHERN AREA HEALTH BOARD**

### **Minutes of Proceedings of Monthly Board Meeting of the Northern Area Health Board held in The Boardroom, NAHB, Swords Business Campus, Balheary Road, Swords, Co. Dublin On Thursday 17<sup>th</sup> April, 2003 at 5.00pm.**

#### ***Present***

Cllr C. Burke  
Mr M. Cowley  
Cllr L. Creaven  
Ms N. Harvey  
Cllr. D. Heney  
Dr. M. Laffoy  
Mr P. Ledwidge  
Mr G. McGuire  
Cllr D. Murray  
Cllr E. O'Brien  
Cllr M. O'Donovan  
Dr. J.Reilly  
Cllr R. Shortall  
Mr. L. Tuomey

#### ***Non-Voting Participants***

Dr B. Murphy

#### ***In the Chair***

Deputy Dr D. Fitzpatrick

#### ***Apologies***

Cllr A. Devitt

#### ***Officers in Attendance – Management Team***

Ms. M. Windle, Chief Executive  
Mr. M. Walsh, Asst. Chief Executive  
Mr. J. Cahill, Asst. Chief Executive  
Mr P. Dunne, Asst Chief Executive  
Ms A. Kerrigan, Asst Chief Executive  
Ms. L. McGuinness, Asst. Chief Executive  
Mr. S. McGrath, Director of Communications  
Ms M. Kelly, Director of Human Resources  
Mr S. Mulvany, Director of Finance  
Mr J. Murphy, Board Secretary

#### ***Other Officers in Attendance***

Mr G. Hanley, Operations  
Ms J. Ebbs, Operations  
Ms M. Farrell, Operations  
Ms B. Kelly, Secretariat  
Ms D. Kelly, Secretariat

**35/2003**

**CHAIRMAN'S BUSINESS**

**1. 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.

**2. Schedule of Meetings/Visits**

A copy of schedule of forthcoming meetings/visits has been circulated to all members.

Please note that a Special Meeting of the Board has been scheduled for 9.30am on Tuesday 13<sup>th</sup>, May 2003.

Please note a visit to the Reception Centre for Asylum Seekers, at Baleskin, Co. Dublin, has been arranged for **Tuesday 24<sup>th</sup> June, 2003 at 2.00pm.**

**3. Diary Date: -**

**Workshop for Board Members**

The Eastern Regional Health Authority in partnership with the three Area Health Boards, are in the process of organising a half day workshop for Board Members on "Governance of State Bodies". This workshop is likely to be scheduled for Friday 16<sup>th</sup> May, 2003, in conjunction with the Institute of Public Administration.

Further details will be circulated, when available.

**4. Apologies**

Cllr Anne Devitt

**36/2003**

**MINUTES OF PROCEEDINGS OF MONTHLY BOARD MEETING**

held on Thursday, 20<sup>th</sup> March, 2003.

On a proposal by Cllr O'Donovan and seconded by Cllr Burke, the minutes of the Monthly Board Meeting held on 20<sup>th</sup> March, 2003 were agreed.

**37/2003**

**MINUTES OF PROCEEDINGS OF SPECIAL BOARD MEETING**

held on Monday, 24<sup>th</sup> March, 2003.

On a proposal by Cllr Heney and seconded by Cllr Burke, the minutes of the Special Board Meeting held on 24<sup>th</sup> March, 2003 were agreed.

**38/2003**

**QUESTIONS TO THE CHIEF EXECUTIVE**

On a proposal by Cllr Burke, and seconded by Deputy Firzpatrick it was agreed to answer the questions lodged.

**1. Cllr C Burke**

“To ask the Chief Executive that this Board agrees to provide a Chiropodist for the new Cabra Health Centre as at present some senior citizens have to go to the south side of the city?”

**Reply**

Our Board does not employ Chiropodists in any of our Health Centres. Medical Card holders, aged 65 years and over are entitled to two Chiropody treatments per year. An eligible person is referred to a Chiropodist, of their own choice, from a list of approved practitioners, who are paid on a “fee-per-item” basis, in accordance with an agreed schedule of fees.

At present, there is a shortage of practicing Chiropodists within the Dublin area. However, applicants for services are referred to chiropodists within the local area – Persons in Community Services Area 6 are served by Chiropodists located at Berkley Street (2), Roselawn (2) and Finglas (1) or Fairview(1), in the first instance.

In addition, where a client is unfit to travel, a domiciliary visit may be arranged. Persons, with certain medical conditions may also receive additional treatments.

**2. Mr G McGuire**

“To ask the Chief Executive if she has any plans to sever the connection of the water supply to the houses at the Grey Square, Portrane from the main St Ita’s Hospital system and to connect them to the main water supply as was the intention when these houses were sold off a number of years ago? Is she aware that if any repairs have to be carried out in one house or the hospital system that all houses are shut down and will she make a statement of the matter?”

## **Reply**

The premises at "Grey Square" were formerly dependant on the main hospital water supply i.e. the water tank system. In June 1999, Fingal County Council, terminated the hospital supply to Grey Square and a feed from the main council supply from the main road was installed coming through "Red Square" into the "Grey Square" pipework. However, our Board's technical staff will check with Fingal County Council to ensure that works carried out within the hospital are not affecting supply to either estate.

### **3. Cllr R Shortall**

"To ask the Chief Executive to report on the operation of the new high support unit in Portrane; the number of places available for use at present; the actual number of children resident there at present; and will she outline the precise criteria/guidelines for admission of clients?"

## **Reply**

Crannog Nua is a purpose built high support residential facility comprising three eight bed units, an education unit and recreational and administrative facilities. The service comes under the direct remit of the Northern Area Health Board and is a regional facility for the Northern, South Western and East Coast Area Boards.

There are currently 4 children in residence with one child on a day education programme. A further child has been approved for admission, subject to the recruitment of the required number of staff. The opening of further units is also subject to this proviso. There are 25 childcare staff currently employed.

The Board has been actively attempting to progress the recruitment of the required staff via local and international recruitment methods. At present there are 17 candidates placed on 3 recruitment panels, 1 formed locally and 2 formed from recruitment drives in the U.K. and Europe. It is anticipated that these candidates will be taking up duty from late April onwards. All new staff are required to undergo an 8 week induction training programme before becoming fully operational. Further recruitment campaigns are planned.

In the interim, a study has been commissioned to examine the feasibility of utilizing one of the 8 bed units for the provision of related residential care pending its commissioning for High Support. The study will include a critique of the need for high support places, all aspects and elements of the planned commissioning schedule; the options to consolidate individual and other special care arrangements into such a unit; the possibilities for addressing the needs of adolescents on the mental health spectrum; other possible uses, if any, and a plan to effect the alternative use. The initial feasibility study should be completed by the end of April, 2003.

The following are the current approved admission criteria/guidelines for Crannog Nua:

### **THE REFERRAL PROCESS**

Young People have the right to be appropriately placed. It is therefore necessary to ensure that the needs of the young person referred can be met by the facilities and programmes offered in Crannóg Nua. To this end the following procedure has been identified regarding applications and the criteria for placement so that neither the young person nor the Centre is set up for failure even before intervention begins.

#### **Admission Criteria**

The following admission criteria are essential:

- Child/young person is aged 12-17 years on admission.
- Has a history of care arrangements that have broken down.
- The risk behaviour **and** level of need of the child/young person poses a real risk to his/her health, safety, development and welfare unless placed in a High Support Unit.
- The level of risk is moderate
- The level of need is high
- Young person has a history of emotional and behavioural difficulties.
- Young person cannot be supported in mainstream residential care
- It can be clearly demonstrated by the referring agency that consideration has been given to all alternative care settings and there is no alternative setting in which the child/young person's needs can be met.
- The child/young person has a willingness to engage with the High Support Unit.

#### **Making a Referral**

An application for placement in Crannóg Nua, High Support Unit must:

- Have a named Social Worker who will have ongoing involvement with, and ongoing responsibility for the young person referred.
- Include the detailed Care Plan.
- Specify what is hoped will be achieved by this placement.
- Specify the nature of the post High Support placement plans, that will be pursued by the referring Social Worker.
- Include a comprehensive needs assessment.
- Include a comprehensive and up to date social history, including details of family history, key relationships, education, health, interests, hobbies and special needs.
- Include detail of Risk Behaviour.
- Include detail of young persons history of emotional and behavioural difficulties.

- Include a care placement history outlining all personal social service interventions.
- Include a current psychiatric report from a consultant psychiatrist familiar with High Support.

**Area Management must countersign each application thereby certifying that admission criteria are fully met.**

In the extraordinary event of an emergency admission the above requirements must be met within three working days.

### Admission and Discharge Group

The Admission and Discharge Group meets monthly, or more frequently if deemed necessary. Decisions of this group are available within 48 hours of meeting. The group consists of:

- Independent Chairperson
- Director (Crannóg Nua)
- Deputy Director (Crannóg Nua)
- School Principal (Crannóg Nua)
- A representative from the Northern Area Health Board
- A representative from the East Coast Area Health Board
- A representative from the South Western Area Health Board
- Clinical Director, Child and Adolescent Psychiatry
- Representative from Community Psychiatric Nursing, NAHB
- A representative from An Garda Síochána.

When considering referrals the group must adhere to the stated admission criteria.

All referrals are considered taking into account the needs and placement plans of those young people already residing in the unit.

The referral group prioritises referrals in the absence of immediate vacancies. Approved referrals will be placed on a waiting list. The referral group will review the waiting list monthly. The review of the waiting list will consider all up to date information available about the young person. Therefore information arising subsequent to an application should be reported promptly. Re-prioritisation may occur if new referrals are received which are considered to be more urgent.



An essential element of each Area Health Board representative's remit, as part of the Admission and Discharge Group, will be to ensure that the ongoing 'Outreach' elements of Individual Placement Plans are fully facilitated in their local Area. Additionally each Health Board representative is key in ensuring that 'Through Care' and 'Exit Strategies' for young people referred by their Area Board are fully facilitated and honoured.

### Duration of Placement

All cases recommended for discharge will be reviewed by the Admission/Discharge Group with a view to ensuring that appropriate plans have been put in place to meet the needs of the young person who is moving on. The length of stay is determined by the need of the young person for a high support service.

### **WHEN PLACEMENT IN CRANNÓG NUA IS NOT APPROPRIATE**

Placement in Crannóg Nua is not appropriate where a child/young person:

- Requires Secure Setting.
- Has a high risk level.
- Has a history of persistent criminal/offending behaviour.
- Has moderate/severe learning disability.
- Requires medical detoxification for drug use.
- Has acute psychiatric illness requiring intensive medical intervention.
- Has an established history of absconding from care placements (i.e. absconding is part of their behavioural profile rather than a response to situational stressors).

### **PRE-ADMISSION PROCESS**

Being admitted to a High Support Unit can be a very stressful time for young people. For some young people being admitted to High Support may in itself prove to be a 'traumatic' experience. Therefore, in order to reduce stress and anxiety, it is recommended that the young person will have at least three visits to the centre before being admitted. These visits give the young person opportunity to familiarise themselves with the physical layout of the unit, the other residents, the staff, the programme and the routines.

In order that the best opportunity of success is offered to the young person for their stay at the centre a number of issues will be addressed by both care staff and the young people during these visits. For instance:

- What does the young person hope to achieve by staying at the centre?
- How long do they feel they need to stay?
- What are their hopes, fears and concerns about the centre?
- What kind of things do they enjoy doing?
- What kind of things do they find difficult?

The young person is given an outline of the programme of the centre:

- That every person is encouraged to attend therapy.
- That the young people meet as a group each day to discuss any issues which have arisen.
- Each young person is also made aware that the centre will work with them and their families on an ongoing basis.

It is also important that the young person knows they will be safe in the centre and it needs to be clearly outlined how this is achieved.

A preliminary programme of intervention is then outlined in order that when the young person arrives for their stay there is a clear structure of care from the outset. Furthermore it is made clear to the young person the nature of the progress they must make before moving on is possible.

As part of the NAHB commitment to ensuring the safety of young people, in the event of a young person going missing:

- A photograph of the young person is taken within 48 hours of admission, and is kept on their file.

#### **CRANNÓG NUA AND SOCIAL WORKER PARTNERSHIP**

The importance of the partnership between the referring Social Worker and Crannóg Nua cannot be overemphasised. The success of placements to Crannóg Nua is highly dependant upon detailed placement and care plans and clear information from referring social workers. The importance of building and maintaining positive relationships with families is also key in preventing a split between the young person and the family and this requires ongoing input of a social worker.

A social worker making a referral to Crannóg Nua must be confident that the Centre will carry out the therapeutic task and maintain open communication. Additionally, young people need to be secure in the knowledge there are arrangements in place among the professionals for ensuring their rights, needs and wants are heard, recognised and responded to. A vital aspect of the work will be to avoid a situation where a young person is in the position of 'not knowing' what will be happening to them in the future. For this reason the question of

where it is intended the young person will move to, and when, are first addressed by the social worker at the referral stage.

Once the Admission Group has accepted a referral the team at Crannóg Nua and the Social Worker will share the following goals, with each role complementing the other. Either party can refer to their line manager. The contract of care entered into, as a condition of admission, must be complied with in full.

### GOALS OF CRANNÓG NUA AND SOCIAL WORKER PARTNERSHIP

	Goal	Crannóg Nua Responsibility	Social Worker Responsibility
1.	Each young person will have a detailed and up-to-date Care plan.	To pass on any relevant information to social workers and keep a copy of the Care plan safe and confidential on campus.	To complete a Care Plan prior to admission, retain responsibility for its overall management and update, and review it twice a year.
2.	Each young person will have an up-to-date Placement plan. (Initial and follow on plans)	Partner in developing, implementing and evaluating Placement plans and involving young person in all aspects of the plan. To update social workers of progress and adjustments.	Partner in developing and implementing Placement plans and evaluating, attend six weekly reviews and maintain ongoing communication with the young person and their family, to advise and encourage progress.
3.	Each young person will have facilitated contact with his or her family as agreed in their Placement plan.	To accommodate the family in maintaining agreed contact and avoid marginalising the young person.	To have main responsibility for informing the centre and the family of dates, times and expectations of visits and encourage telephone contact. To review the level of contact with the family and young person at Placement reviews.
5.	Children will have weekly contact with their social worker and fortnightly visits.	To schedule visits as part of activities and Placement planning and to liaise with social worker during visits.	To maintain agreed communication and visit schedule, to be responsibility for meeting agreements
6.	Each young person will have six weekly reviews of their Placement plan.	To schedule, invite relevant parties, chair and minute the review, and keep the meeting child centred. To send social worker written information a week before and prepare the young person for the review.	To be present at all Placement plan reviews, to provide written reports, and to facilitate family involvement as agreed in the Placement plan.
7.	Each young persons best interests will be secured in the event of unauthorised absences.	To inform all relevant parties (as per Crannóg Nua policies and procedures) including social work team. To maintain daily contact with above.	To maintain contact with Crannóg Nua daily to monitor developments and provide information.
8.	Each young person will have access to a detailed complaints procedure and have support when using it.	To follow Crannóg Nua and Health Board policies during complaints. To advise support and educate the young person in dealing with grievances. To inform the social worker and significant others of any complaints and maintain appropriate communication during the complaint process.	To provide support to the young person and their family, to maintain the flow of information, and where necessary mediate on behalf of the young person with the centre or other agencies.

9.	Children will be well prepared and informed regarding their aftercare plans for leaving Crannóg Nua.	To accommodate and facilitate the young person's transition to their new placement. To support the young person through emotional difficulties around leaving Crannóg Nua. To develop Placement plans which will prepare the young person for moving on. To assist them to develop bonds with their new carers.	To have primary responsibility for through care. To have an identified placement and set this up for the young person prior to admission and to avoid the difficulties associated with indeterminate placements. To keep the young person, family and Crannóg Nua updated regarding post-Crannóg Nua placement, facilitate moving on and arrange visits and exit plan. To share this information at six weekly reviews.
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#### **4. Cllr R Shortall**

“To ask the Chief Executive to report on the new health centre and district head quarters in Ballymun; if funding has been secured for the fit-out of these two facilities; when the fit-out will take place and when she expects each of these facilities to be operational?”

#### **Reply**

Our Board and its predecessor, the Eastern Health Board, has worked in partnership with Ballymun Regeneration Ltd and Dublin City Council since the inception of the Ballymun Renewal Scheme with a view to providing a Primary Care Centre and Community Services Headquarters in the Civic Offices Building at Ballymun.

The construction phase of this project was completed in December 2002 and the building was handed over to Ballymun Regeneration Ltd. Our Board has completed the process of tendering for the fit-out of our portion of the building. The proposed acquisition arrangements for the building consist of a 14-year lease-purchase agreement. We are awaiting approval from the Eastern Regional Health Authority to allow us to sign off on the lease purchase agreement, and we have also sought approval for the capital costs of the fit-out. The fitting-out contract will take approximately eight to nine months to complete

The Primary Care Centre will incorporate a multidisciplinary team of General Practitioner, Nursing, Social Welfare, and Para Medical Staff and also has capacity for radiology and minor surgery.

A multi-disciplinary project steering group has been set up to over see transition of services.

A number of working groups also are being put in place, which includes representatives from Voluntary Providers and Community Groups in planning the service which will be delivered from the new location.

This work is ongoing pending the allocation of funding.

**39/2003**

## **SERVICE MATTERS**

### ***James Connolly Memorial Hospital – Capital Funding Allocation***

I wish to advise members that the Eastern Regional Health Authority today received confirmation from the Department of Health and Children of an additional allocation of €5million, towards the outstanding works necessary to allow the final phase of land transfer to the Developer/Purchaser, at James Connolly Memorial Hospital.

### ***Cabra Health Centre***

Tenders for the redevelopment of Cabra Health Centre have been received and the tender analysis is currently underway. A meeting of the Project Team is scheduled for this week and it is expected our Board will be in a position to sign contracts with the successful company next week. The construction work is scheduled to commence week commencing 28<sup>th</sup> April 2003 and the development is expected to take six months to complete.

### ***Orthodontic Unit, Ashtowngate***

The building and fit-out work on the site is due to be completed by 25<sup>th</sup> April 2003.

The dental chairs and x-ray equipment are currently being installed. The remaining equipment will be delivered and commissioned week commencing 28<sup>th</sup> April 2003.

### ***Audiology Services- Devolution***

The National Audiology Service formerly administered by the National Rehabilitation Board was transferred to the Eastern Health Board in March 2000, and subsequently to our Board following on the dissolution of the National Rehabilitation Board. The service, which consists of providing hearing tests, prescribing and supplying hearing aids, and providing a technical, medical support and repair service, remained under our Board's management up to January 2003.

A committee with representatives of each Health Board, under the chairmanship of Mr. Joe Cahill, Assistant Chief Executive Officer, Special Projects, has overseen the devolution of responsibility for Audiology Services in its own functional area to each individual Board.

As part of this process, the clinical staff, consisting of Audiologists and Audiological Scientists, along with locally based clerical staff, were transferred to the appropriate local Health Boards with effect from January 2003. The budget required to employ and support these staff, totalling €1.47 million, was also transferred.

A number of support services, including I.T, purchasing and repairs, have remained under our Board's management, as it would not be feasible, under their present structure, to divide them amongst the ten Health Boards.

A monitoring committee has now been established to oversee the transition of this service to each of the Health Boards.

### ***Immunisation Programme***

I am please to advise you that there has been an increase in the level of uptake between quarters 3 and 4 2002 within our Board.

#### **Men. C uptake at 12 months**

	3 <sup>rd</sup> Quarter 2002	4 <sup>th</sup> Quarter 2002
NAHB	69.76%	72.76%
ERHA	68.8%	74.2%
National	76%	Not available

#### **MMR uptake at 24 months**

	3 <sup>rd</sup> Quarter 2002	4 <sup>th</sup> Quarter 2002
NAHB	63.3%	66.4%
ERHA	64.2%	68.5%
National	73%	Not available

#### **Polio uptake at 12 months**

	3 <sup>rd</sup> Quarter 2002	4 <sup>th</sup> Quarter 2002
NAHB	71.9%	73.83%
ERHA	70.3%	75.2%
National	77%	Not available

#### **Polio uptake at 24 months**

	3 <sup>rd</sup> Quarter 2002	4 <sup>th</sup> Quarter 2002
NAHB	75.46%	79.7%
ERHA	76%	79.3%
National	82%	Not available

**Notes:**

- Polio Completed course of 3 Polio vaccinations.
- Men C at 12 and 24 months, completed course of 3 Meningococcal C vaccinations.
- MMR Related to single shot of MMR at 15 months

**Northern Area Health Board Immunisation Committee**

As previously reported, our Board has, formulated a number of actions to encourage greater uptake. An awareness campaign has been ongoing and all G P surgeries, schools, crèches and playschools have been provided with information leaflets and posters.

Our Board's Immunisation Committee continues to meet on a regular basis. In the recent past it has been concerned with the importance of increasing the uptake of MMR. The difficulty in recruiting PHNs has impacted on the ability of the Board to provide full service in respect of Immunisation. The negative publicity in respect of the MMR vaccine is also thought to have impacted on uptake rates.

In an effort to promote awareness of the importance of immunisation among the non-national population within our Board's area, organisations supporting asylum seekers and refugees were written to and provided with leaflets and posters promoting the uptake campaign. It is the intention of the Board to follow up with the provision of translations of the MMR information leaflet into a number languages.

***Public Health Doctors – Industrial Dispute :- Update*****Background**

The Health Service Employers Agency, together with representatives of the Department of Health and Children and the Department of Finance attended talks on 14<sup>th</sup> March 2003 at the Labour Relations Commission to attempt to find a resolution to the dispute with Public Health Doctors. Talks broke down without any further progress being made.

**Effect on Services**

Due to the Strike action being taken by Public Health Doctors since last Monday 14<sup>th</sup> April 2003, routine public health medical services have not been available since that date. The services affected include BCG Clinics, Child Development Clinics, School Immunisation Clinics and Infectious Disease Surveillance.

**BCG Clinics**

All BCG clinics are cancelled for the duration of the strike.

### Child Development Clinics

Pre-planned development screening clinics for young children are also suspended for the duration of the dispute. As these clinics are held by appointment, parents have been notified of the cancellation of appointments.

### School Immunisation Programme

The school immunisation programme has also been cancelled for the duration of the dispute.

### Infectious Diseases

Individuals presenting with infectious disease such as meningitis, T.B., measles etc. will continue to be treated as heretofore. However, where follow-up and contact tracing is required in relation to a family or close contacts and where it is considered that the matter is of an urgent and high risk nature, such cases will be managed in accordance with contingency arrangements which are in place.

### Monitoring Arrangements

The Department of Health and Children have established a National Incident Room in the Department to monitor issues presenting at health board community care offices and health centres which would normally receive the attention of a Public Health Doctor. Daily progress/update reports are forwarded to the Department of Health and Children.

### Emergency Cover/IMO National Strike Committee

The Irish Medical Organisation has informed the Health Service Employers Agency that emergency cover will be provided by their members in circumstances where a real and immediate risk to human life is apparent, as adjudged by the medically – qualified members of the Organisations National Strike Committee. This service will be available on a contracted hours basis only – i.e. Monday to Friday, 9.00 a.m. to 5.00 p.m. The Health Services Employers Agency has sought clarification from the IMO in relation to the provision of emergency services. The Agency has specifically requested the IMO to give serious and immediate consideration to the withdrawal of the instruction to Public Health Doctors not to provide their essential function in dealing with SARS and to return to dealing with this matter in the appropriate manner.

### ***“Counting on Foster Care”***

Our Boards “Counting on Foster Care” report was formally launched by Brian Lenihan, Minister for Children, on Friday 4<sup>th</sup> April.

The report was a three part study on foster care in the Eastern Region. It represents the most comprehensive profile of foster care ever undertaken in the Eastern Region, and has yielded valuable pointers on future direction for the foster care service and will be of benefit in future planning and delivery of foster care.



### ***Fire at “Back Lane” Shelter for Homeless***

A fire broke out in a shelter for the homeless, located at Back Lane near Christchurch, which provided shelter for seventy five men, managed by the Society of St Vincent de Paul.

Our Boards Community Welfare Service, in co-operation with the Local Authority, The Society of St Vincent de Paul and the Salvation Army, responded by helping locate alternative accommodation for those evacuated. Urgent Needs Payments, averaging €100 were paid to residents, as many could not access the I.D. cards, and therefore would not access their weekly SWA payment through the post office (payment due today). All those who presented as having a requirement for accommodation were provided with alternative accommodation.

An examination of the premises at Back Lane by Dublin City Engineers and Fire Department Staff is ongoing, so it is difficult to predict when this facility will re-open.

Of the seventy-five residents, two received minor injuries during the evacuation.

### ***NAHB Journal***

I have circulated for Members a copy of the Spring 2003 NAHB Journal.

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Following discussions to which Dr Laffoy, Cllr Burke, Dr Reilly, Mr Tuomey, Cllr Heney, and Deputy Fitzpatrick contributed, expressing concern on the impact of the Public Health Doctors dispute on communicable disease control, contact tracing, screening of asylum seekers, and on our Boards ability to meet immunisation uptake targets, to which the Chief Executive, Assistant Chief Executive (Operations), the Director of Human Resources and Director of Finance responded, the report was noted.

It was agreed that a letter from our Board would be forwarded to the Minister for Health and Children, exhorting that every effort be made to bring about a speedy resolution to the Public Health Doctors dispute, in the interest of public health.

The Chief Executive advised the members that she planned to carry out a review of the use of “High Tech” medicines in our Boards area, in conjunction with Acute Hospitals, Community Services and the GMS Payments Board, to be brought to a future meeting of our Board.

**40/2003**

**REPORT NO 9/2003**

**Report on The Community Welfare Services**

On a proposal by Deputy Fitzpatrick, seconded by Cllr Burke report **No. 9/2003** was referred to the Community Services and Continuing Care Standing Committee.

**41/2003**

**REPORT NO 10/2003**

**Evaluation of the Pilot Drug Court**

On a proposal by Deputy Fitzpatrick, seconded by Cllr Murray Report **No 10/2003** was referred to the Community Services and Continuing Care Standing Committee.

**42/2003**

**REPORT NO 11/2003**

**Action Plan for People Management in the Health Services**

On a proposal by Deputy Fitzpatrick, seconded by Cllr Heney, Report **No 11/2003** was noted.

**43/2003**

**PROGRESS REPORT FROM STANDING COMMITTEES**

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

On a proposal by Cllr Heney seconded by Cllr Burke, the report from Community Services and Continuing Care Standing Committee meeting, held on 31<sup>st</sup> March, 2003 was noted.

(b) *Acute Hospitals and Primary Care Committee*

On a proposal by Cllr O'Brien seconded by Cllr Heney, the report from Acute Hospitals and Primary Care Standing Committee, held on 27<sup>th</sup> March, 2003 was noted.

**44/2003**

**MOTIONS**

**9.1 Cllr Christy Burke**

On a proposal by Cllr Burke, seconded by Dep. Cllr Shortall, the following motion was agreed.

“To ask the Chief Executive if she would appoint a member of the Northern Area Health Board to consult with the senior citizens committee in relation to hot meals at the East Wall Community Centre”.

## **9.2 Cllr R Shortall**

“That the Chief Executive report on the current position regarding respite beds in Cuan Rós, Sean Chara and St. Clare’s; the number of beds available in each and if she will give an undertaking that these beds will remain open during the current year in view of the high demand from surrounding area”

On a proposal by Dep Cllr Shortall, seconded by Cllr Burke, and following discussion to which Dep Cllr Shortall, Cllr Burke, Mr McGuire, Cllr Heney, Dr Reilly, Mr Cowley, Dr Laffoy, Ms Harvey and Mr Ledwidge contributed and to which the Chief Executive and Director of Human Resource contributed, the Chief Executive response (copy filed with official minute), was noted.

## **9.3 Cllr R Shortall**

“That the Chief Executive outline the policy in relation to the listing of elderly hospital patients for nursing homes beds and if the policy is now not to list patients for beds if no such needs are available to the hospital; and that she outline the number of beds available to hospitals in the Northern Area Health Board and how this compares with a year ago.”

On a proposal by Dep Cllr Shortall, seconded by Cllr Burke, the response of the Chief Executive (copy filed with official minute), to the motion was noted.

## **45/2003**

### **CORRESPONDANCE/MATTERS FOR MENTION**

It was noted that a visit for our Board, scheduled for 12<sup>th</sup> May, was clashing with an ERHA Standing Committee meeting and a deferral of this visit was requested, and agreed.

The meeting concluded at 6.40pm.

**M. WINDLE  
CHIEF EXECUTIVE**

**17<sup>th</sup> April 2003.**

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**DEPUTY DR D. FITZPATRICK  
CHAIRMAN**