

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 Thursday, 21st April, 2004

Present

Cllr. C. Burke
Mr. M. Cowley
Ms. N. Harvey
Mr. P. Ledwidge
Cllr M. Murphy
Cllr. G. McGuire
Cllr. E. O'Brien
Dr. J. Reilly
Cllr. S. Stafford

In the Chair

Cllr. L. Creaven

Apologies

Dr. B. Murphy

Officers in Attendance

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

Other Officers in Attendance

Mr E. Matthews, Director for Social Inclusion
Ms D. Kelly, Secretariat

Others in Attendance

Mr. J. Manning, Fingal Independent

28/2004

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 the schedule of forthcoming meetings/visits has been circulated.

Please note the following:

It was agreed to hold the Special Board Meeting on Thursday 29th April relating to the Review of Adequacy of Child Care, at 9.30am.

3. Health (Amendment) Bill, 2004

I have circulated for members information a copy of press release from Mr Micheál Martin, T.D., Minister for Health and Children, dated 16th April, 2004, announcing the publication of the "Health (Amendment) Bill, 2004", which will terminate the offices of the members of the Eastern Regional Health Authority, three Area Health Boards and seven Health Boards, and assigning the functions currently carried out by the member of the Boards to the Chief Executive Officers of the Boards and the Authority.

The Minister adds that he would shortly be bringing proposals to Government to address the issue of democratic input into the new health structures, to be included in legislation currently being prepared.

A copy of the Health (Amendment) Bill, 2004, has also been circulated for member's information.

4. Media

I would like to welcome Mr John Manning from the Fingal Independent to our meeting tonight.

29/2004

MINUTES OF PROCEEDINGS OF MONTHLY BOARD MEETING

held on Thursday, 18th March, 2004.

On a proposal by Cllr Burke and seconded by Cllr Creaven, the minutes of the Monthly Board Meeting held on 18th March, 2004 were agreed.

30/2004

MINUTES OF PROCEEDINGS OF SPECIAL BOARD MEETING

held on Wednesday 31st March, 2004.

On a proposal by Cllr McGuire and seconded by Cllr Burke, the minutes of the Special Board Meeting held on 31st March 2004 were agreed.

31/2004

QUESTIONS TO THE CHIEF EXECUTIVE

On a proposal by Cllr O'Brien, and seconded by Cllr McGuire it was agreed to answer the questions lodged.

1. Cllr Deirdre Heney

“To ask the Chief Executive if she will give details of the levels of resources employed by the Board in Drug Addiction over each of the last 5 years, to say if resources are decreasing as a percentage of overall expenditure, to say what percentage increase has been given for each of the last 5 years to :

Section 65 Projects

Mainstreamed Drug Task Force Projects

Board own Drug / Addiction services

and if she will comment on the perception if not reality of many community activists in the drugs field who feel the Board are not fully committed to Addiction Services particularly those mainstreamed from Drug Task Forces and she will clarify her commitment to the partnership model with the community ?”

Reply

Our Board recognises that the issue of problem substance use is multi-faceted and requires a multi-sectional and co-ordinated response. We work in partnership with service users, statutory agencies, voluntary providers and non-governmental organisations to provide and develop effective and sustainable services. Within this framework we have developed a range of education, prevention, treatment, rehabilitation and aftercare services.

The national drugs strategy envisages a model of service delivery in which statutory, voluntary and community sectors work closely together and deliver integrated services to those who require addiction related services. In this context a range of services provided by the voluntary and community sector are funded by our Board through mainstreaming and include: drop-in services, peer support services, family therapy support, family support, education

services, counselling services, rehabilitation and aftercare services, HIV/Aids support, training services and personal development training.

To deliver this range of services the Addiction Service directly employs 202 staff across 12 disciplines in 25 locations working wherever possible in multi-disciplinary teams and in collaboration with other stakeholders. Expenditure for this service in 2003 was €19.7m, including 5.8m for Voluntary/Community Service Providers. This represents a 3.7% increase on expenditure in 2002.

The total expenditure on Addiction services in our Board increased by 3.7% between 2002 and 2003, Expenditure of €19.7m represented 4% our Boards overall expenditure of €489m (excluding Demand Led Schemes).

In 2001, expenditure on Addiction services represented 4.2% of our Boards overall allocation. This marginal decrease in the % of our Boards allocation indicates that the allocation to our Board includes funding for new service developments, and once off funding (e.g. benchmarking arrears).

Addiction Services

Mission Statement

The Addiction Service provides a range of services for people and their families who have problems with drug misuse and problems associated with drug misuse. These services include prevention, treatment, rehabilitation and aftercare programmes. Services are provided in the Northern Area Health Boards' addiction centres and satellite clinics, which are located throughout the Board's area. There are currently 22 such locations.

The addiction service promotes a drug-free lifestyle, and, in partnership with other statutory and voluntary agencies, provides prevention, treatment, rehabilitation and aftercare programmes to minimise the harmful effects of substance misuse and prevent the spread of HIV and other infections. The service strives to encourage and facilitate the normalisation and re-integration of the individual within the generic health and personal social services.

The service aims to respond to the needs, symptoms, treatment and behaviours of persons who present with substance misuse symptoms throughout the Northern Area Health Board. The goal of the Northern Area Health Board is to promote a harm reduction ethos, a drug free lifestyle, build the capacity for choosing healthy options among individuals, families and communities and to provide quality assurance and excellence of care.

Services are provided through multi-disciplinary teams, which include Clinical Directors/Consultant Psychiatrists in Substance Misuse, General Practitioners (GPs), Pharmacists, Nurses, Education Officer, Counsellors, Outreach, Community Welfare Officers, Child Care Workers, Rehab/Integration, General Assistants and Administrative Staff.

Services Provided

The Northern Area Health Board provides a wide range of Addiction Services as follows:

- ❑ Information, Education and Prevention Services
- ❑ Helpline
- ❑ Emergency Services and Assessment
- ❑ Outreach Services
- ❑ Needle Exchange
- ❑ Counselling Services
- ❑ Viral Screening for HIV and Hepatitis
- ❑ Clinical Directors, / Consultant Psychiatrists in Substance Misuse
- ❑ Methadone Treatment
- ❑ In-Patient and Out-Patient Detoxification
- ❑ Aftercare and Rehabilitation
- ❑ Rehab/Integration Service
- ❑ Adolescents and Young Persons Programme
- ❑ Mobile Clinic
- ❑ Soilse
- ❑ Talbot Centre
- ❑ Drug Treatment Court
- ❑ Hep C Nurse
- ❑ DAIS (Drugs/AIDS Information System) Liaison Officer
- ❑ Liaison Midwife
- ❑ Gay Men's Health Project
- ❑ Women's Health Project

Grant Aided Services:- Voluntary and Community Agencies

In addition to services provided directly by staff of our Board, our Board also pays grants in excess of €6,000,000 to Voluntary/Community Agencies in 2004. (Appendix 1 list of agencies receiving Section 65 Grants).

Mainstreamed Projects

The term “mainstreaming” refers to the process by which responsibility for the funding and monitoring of a project transfers to the relevant State Agency. In this context mainstreaming means that Local Drug Force projects continue to be funded through a relevant agency, while retaining their independence and community & voluntary -based ethos. (Appendix 2 list of Mainstream Projects).

These agencies provide a broad range of services including

- ✓ Drop-in Services
- ✓ Peer Support Services
- ✓ Family Therapy Support
- ✓ Family support
- ✓ Education Services
- ✓ Counselling Services
- ✓ Rehabilitation and aftercare services
- ✓ HIV/Aids support
- ✓ Training Service
- ✓ Personal Development Training

The Board acknowledges the contribution played by the community-based organisations in the delivery of services. Located in the areas most affected by drug use the services developed have proven to be very effective. Our Board is committed to strengthening its relationship with the community and voluntary sector.

A list of agencies who received funding from our Board is attached.

For a number of years the Addiction service faced the challenge of rapid growth to meet an urgent presenting demand. The National Drugs Strategy set a national target of 6,500 methadone maintenance places during the lifetime of the Strategy. This target was achieved in 2003 and 2416 people were in the methadone maintenance programme in our Board’s service at the end 2003. The primary emphasis in service delivery is on maintaining the current level of service and responding to a continuing demand for increased services within a restrictive environment of budgetary constraint and an employment ceiling. Responsibility for funding and monitoring mainstream projects is one element of that work. Collaboration and conjoint working with other agencies in the statutory, voluntary and community sectors continues to be a high priority for the Addiction Service in line with the aims and objectives of the National Drugs Strategy.

Appendix 2

Mainstream Funding Grants
Northside Counselling
Parent Support Group, Darndale
Kilbarrack Coast Community Project
Donnycarney Youth Project
Darndale Drug Awareness Group
St. Monica's Community Council
Soilse / Rutland Rehab. Programme
Salesian Youth Enterprise Ltd.
Cavan Centre
Cabra Resource Centre
DICE-Finglas Cabra Community Drug Programme (St. Helena's)
Millennium Carving Project
Positive Living Year
Mulhuddart/Corduff Community Drug Team (€19,776 - Rent/Annum)
Blakestown/Mountview Community Drug Team
Hartstown/Huntstown Community Drug Team
Greater Blanchardstown Response to Drugs-Researcher
Blakestown/Mountview Neighbourhood Youth Project
DICE-Drug Information Community Education Blanchardstown
Greater Blanchardstown Response to Drugs Roadshow
Blakestown/Mountview Youth Initiative
Ballymun YAP Addiction Training for Adults -
Star Women Rehab. Project
Ballymun YAP Springboard Project
Ballymun YAP Aftercare Counsellor
Ballymun L.D.T.F Researcher / Development Worker

2. Cllr Deirdre Heney

“To ask the Chief Executive to comment on reports of rising misuse of cocaine and to say what services have been put in place for cocaine misuses, to give location, extent of same, resources employed and future plans of the Board to deal with problems caused by this illegal drug?”

Reply

Recent urinalysis within Trinity Court, which handles a large majority of the urine screening for the East Coast and Northern Area Health Board suggests that cocaine has been on the rise in Ireland in the last three years. Significant numbers of patients in treatment are having urines taken which are showing positive for cocaine. Overall in a number of our treatment centres this has now risen from a background level of around 2.5% to 10% misusing cocaine on any one week. This group falls into three categories, those who misuse cocaine very occasionally, those who are involved in more continuous use, but are not dependent and a third group who have become fully dependent on cocaine. This latter group are of considerable concern as they are often injecting cocaine, thereby experiencing a significant number of medical problems. These medical problems are impacting on general hospitals. In particular both the Mater and Beaumont Hospitals have witnessed a considerable increase in medical problems in patients who are injecting cocaine. This includes deep venous thrombosis, which is much more frequent in cocaine users because of the frequency of use and the direct effects of cocaine on the blood vessels. There is an increased number of pulmonary emboli. On top of this there has been an increase, which at present is only anecdotal, of septicaemias and sub acute bacterial endocarditis.

There has also been a perception of an increase in HIV transmission with as many as four sero conversions within one year in a cohort of 100 drug users attending treatment. This is in the chronic injecting group. There are considerable concerns about the potential rise in HIV transmission through this route.

Needle exchange centres are also reporting increased levels of cocaine misuse, with the outreach workers addressing this with the patients presenting for clean needles. Outreach workers have seen a small number of drug misusers attending for needle exchange who are not opiate dependent but whose primary drug of misuse is cocaine.

At present in the Northern Area Health Board a number of initiatives are in place to address these problems:

- Our outreach teams have been alerted to the problems of injecting drug use in cocaine users, either with or without opiate misuse and they are giving out very clear messages about HIV prevention and prevention of the medical problems which may arise from injecting cocaine.
- We are offering counselling services to those patients who present who are primary cocaine misusers as well as counselling to patients who are

harmfully using cocaine and those who have become dependent within treatment services.

It should be made clear however that counselling can only be of some limited value as often patients are reluctant to buy in to this initiative and will perhaps only attend on one occasion only. Some patients on the other hand have been doing well in this regard.

- We have provided in-depth education and training for staff within the Northern Area Health Board on cocaine misuse and its treatment. We have also rolled out this training to a number of voluntary agencies who have requested same, however we would acknowledge that there is a dearth of training overall for non-statutory services, which may need to be addressed at a more formal level.

There is no evidence of any efficacy for pharmacological interventions in cocaine misuse, however if there are underlying conditions that need treatment, such as depression then antidepressants are used. There is also a case that the substance misuse services in the Northern Area Health Board will address any co-morbid addiction problems, should this be alcohol misuse and dependence, opiate misuse and dependence, etc.

Occasionally a respite admission for those who are very chronic users of cocaine and have other health problems such as HIV, are utilised. However the numbers accessing such admissions are small and there is little evidence of this being of major benefit except in individual patients when they can have occasional significant impact.

Cocaine is the new epidemic, which brings considerable medical problems and in those who are vulnerable in society and are already addicted, the chance of becoming dependent on cocaine is high. It is the strategic plan of the Northern Area Health Board to continue to address cocaine use proactively. One of the key inputs would be the provision of a broad educational campaign, which is best delivered at a national and regional level. The Northern Area Health Board will imitate a smaller poster campaign within their own treatment centres and needle exchanges to highlight the medical problems associated with cocaine misuse and the possible transmission of viruses such as HIV, Hepatitis B and C, and the other medical problems that arise from injecting cocaine. We plan to keep the situation under constant review.

32/2004

CHIEF EXECUTIVES REPORT

SERVICE MATTERS

Medical Cards Survey

At the last meeting of the Board I advised members of arrangements to undertake a survey of medical card processing production times.

We requested the General Medical Services Payment Board to provide our Board with a random sample of 200 new medical cards issued in our Boards area during 2003, representing all three Community Services Areas.

This information has been received, and an independent surveyor has commenced the review on this sample, with a view to bringing a preliminary report to the next monthly meeting of our Board.

Directory of Services for Older Persons

I have circulated with agenda papers for this meeting a copy of our Boards “Directory of Services for Older Persons”, for members information. Copies of this comprehensive directory of the services available in our Boards area will be circulated to all General Practitioners in our area, and will also be available in our Health Centres, Area Headquarters and other locations providing services for Older Persons.

Rent Supplement Scheme

I have circulated for member’s information an information booklet, developed by our Boards Community Welfare Training and Development Unit. This booklet is a guide to the Rent Supplement Scheme as it operates in Dublin, Kildare and Wicklow, and provides information on the scheme, eligibility and qualification criterion, application and assessment process and general information about this scheme.

“Ireland’s Changing Heart”

Our Board, as part of “Ireland’s Changing Heart” carried out, a series of local initiatives in north Dublin city and county to promote healthy hearts.

The activities are part of the Northern Area Health Board’s participation in “Ireland’s Changing Heart”, a national 12-week campaign being undertaken by the Department of Health and Children’s Health Promotion Unit and all health boards, which runs until May 10th next.

Activities in north Dublin include:

- Distribution of a heart health newsletter at Dublin Airport creating awareness of the benefits of physical activity and nutrition in prevention of heart disease (Monday, April 5 until Monday, April 12).
- Display of winning entries in a schools art competition at Blanchardstown Shopping Centre to raise awareness of the problem of obesity and ways to prevent it happening (Wednesday, April 7)
- Activity by Health Promotion Officers at the Pavillions Shopping Centre, Swords promoting smoking cessation, physical activity and healthy eating.

Supermarket checkout screens will advertise the heart health message and selected fruit will be on special offer. (Thursday, April 8)

Our Board had received €4.7m Cardiovascular Strategy Funding over the past four years to advance heart health objectives.

Many new services had been developed,

- 39 New posts have been created, including Health Promotion Officers, Specialist Nurses, Nutritionists, Smoking 'Cessation' Officers
- 47 General Practitioners are involved in delivering the "Heartwatch" programme, aimed at high risk patients
- 79 ambulatory blood pressure monitors were provided to General Practitioner practices
- Training in Cardiac risk factor management was provided to our "Heartwatch" practice nurses
- CPR training was provided to all Psychiatric Nurses in 2003, and similar training for Public Health Nurses, Registered General Nurse's in the Community and Public Health Doctors is planned for 2004
- Next day ECG service for General Practitioner referrals
- Public Access Defibrillation programme at Blanchardstown Shopping Centre

The main risk factors linked to cardiovascular disease are tobacco use, raised blood pressure and cholesterol levels that are directly related to an individual's diet and physical activity levels. Other contributory risk factors associated with cardiovascular disease include obesity and diabetes.

Prevention, using a variety of approaches such as healthy eating, regular physical activity, quitting smoking, reducing cholesterol and blood pressure are key to combating cardiovascular disease.

Diabetes Shared Care Project (DiSC)

The North Dublin Diabetes Shared Care (DiSC) Project commenced in October 1999, as a research project involving Beaumont Hospital, General Practitioners, the Health Research Board and the Diabetes Federation of Ireland. Funding was provided by a number of pharmaceutical companies, including the funding for a Diabetes Specialist Nurse.

The research project was solely set up by Beaumont Hospital in agreement with the GP's involved in the trial. The aim of the research was to assess the feasibility, effectiveness and costs of diabetes shared care, and to improve the care of people with diabetes by enhancing the role of general practice teams in diabetes care.

In 2001, the research project ended, and funding from the pharmaceutical companies ceased. At that stage, a total of 187 patients were involved in the project. Our Board was approached by representatives of the General Practitioners involved for financial assistance. Following discussions, our Board agreed to fund the cost of the Diabetes Specialist Nurse. Our Board continues to fund this post and this is done within resources available for the project.

On the 4th February 2004 our Board received a letter from representatives of GP's involved in the project seeking a meeting to discuss 'support for the service.' In response our Board arranged a meeting for 5th March 2004 to discuss the issues arising. In attendance at the meeting were representatives from Beaumont Hospital, who take the lead role in this project, the General Practitioners involved in the project and officials from our Board. The General Practitioners advised at the meeting that they would discontinue their participation in the Shared Care Project unless substantial additional funding was made available.

It should be noted that the General Practitioners voluntarily became involved in the project. According to General Practitioner records the number of participants involved in the project has grown from 187 to 720. This increase in capacity has been sustained within the practices up to now. The case now being made by the GP's seeks capitation payments in respect of each patient involved in this project, a fee for each new patient, and a contribution toward other costs, including IT, training and equipment cost.

It is the view of our Board that this pilot project has expanded beyond planned activity. The level of finance now being sought by GP practices is beyond the norms of that provided for under the contract for the provision of services to patients with full and limited eligibility. Further analysis is required to include:-

- how the service has developed (having grown from 187 participants to 720)
- further discussions with Beaumont Hospital in relation to particular aspects of the service e.g. number of participants, capacity, quality of service etc
- the ongoing resource requirements

Following analysis an agreed framework will have to be put in place around which the service can be managed. We are currently liaising with Beaumont Hospital and will have further joint discussion with the ERHA regarding the project.

Re-opening of Beds Initiative Update

Community Units and Units for the Elderly

Location	Beds Closed	Beds opened	Phased Re-opening remaining beds Time Scale	Staff Requirements
St Mary's Hospital	30	30 (re-opened 27.3. 04)	Complete	15 Nursing posts to be filled *(see notes)

St Monica's	5	5 beds December 03	Complete	Budgetary No staff requirement
Lusk	10	5 beds March 04	5 beds dependant on recruitment campaign for Nursing Staff	3 posts A/DNO Nurse and Care Attendant
St Clare's	8	8 beds February & April 04	Complete	2 posts 1 A/DNO and 1 Nursing (filled with overtime and agency)
Cuan Ros	9	None	9 beds - dependant on recruitment campaign for Nursing Staff	15 posts to be filled

*St Mary's Hospital have reviewed their skill mix (sustaining progress) and introduced an extra shift in an effort to re-open beds as well as using some agency staff and overtime.

Our Board ran a recruitment campaign in January 2004 to recruit nursing staff the following number of candidates applied Lusk one only, Cuan Ros one only, St Clare's two only and St Mary' interviewed nine candidates. Our Board in an effort to speed up the recruitment campaign arranged interviews in the community units for candidates and requested candidates to complete Garda Clearance forms at interview. Our Board is awaiting Eastern Health Shared Services to process these candidates. A second advertisement for staff was run on Sunday 18th April 2004. Currently our Board is in discussions with the Eastern Regional Health Authority who have discussed the matter with An bord Altranis. There are a large number of registered nurses who have let their registration lapse. An bord Altranis in co-operation with the Eastern Regional Health Authority plans to write to these nurses to offer back to nursing courses and advise them of the recruitment campaign.

Smoke – Free Workplace Regulations

The regulations introducing smoke free workplaces came into effect on 29th March 2004. Under the regulations, which were introduced under the Public Health (Tobacco) Act, 2002, smoking is not permitted in any enclosed workplace.

Most workplaces are covered by the regulations, however, there are some exemptions as follows:-

- Outdoor places of work.

- Places of detention.
- Places that are similar to a private dwelling such as bedrooms in hotels, guesthouses.
- Some care institutions such as nursing homes, hospices, psychiatric hospitals and certain charitable institutions.
- Some outdoor locations such as beer gardens and smoking shelters provided they comply with the legislation.

Our Boards Environmental Health Officers in conjunction with the Office of Tobacco Control are responsible for the inspection of premises to ensure compliance with the regulations.

Summary of Complaints in Northern Area Health Board Area to-date:-

- The majority of premises in our Boards area are complying with the new legislation.
- Every public house (382) in the Board's area was visited by an Environmental Health Officer either immediately prior to or since 29th March 2004. These visits were conducted as a 'compliance building' initiative with premises Owners/Managers who were given advice and information leaflets by the Environmental Health Officers.
- Total number of complaints received between 29/03/04 and 21/04/04 = 60
- Total number of premises against which complaints were made = 27. These included:-
 - 24 Public Houses
 - 2 Restaurants
 - 1 Hotel
- All complaints have been investigated and appropriate advice and information has been given.
- Our Environmental Health Officers are satisfied that none of the premises against which complaints were made are deliberately refusing to be compliant with the Regulations.
- A night time survey of all public houses has commenced and a report on its findings will be available by mid May 2004.

Consultant Orthodontist

I have been advised by the office of the Local Appointments Commission that interviews for the post of Consultant Orthodontist in our Board have been scheduled for Thursday 13th May, 2004.

Following discussion, to which, Dr Reilly, Cllr Burke, Cllr McGuire, Cllr Murphy, Mr Ledwidge, Cllr Stafford, Cllr O'Brien, Cllr Creaven, Cllr Heney and Mr Cowley contributed, and to which the Chief Executive, Deputy Chief Executive and Director of Human Resources replied, the report was noted.

33/2004

REPORT NO 5/2004

Northern Area Health Board Annual Report, 2003

The changes proposed to the **Northern Area Health Board Annual Report, 2003**, have been incorporated into the report – Updated report was noted.

34/2004

REPORT NO 6/2004

Report on Social Inclusion

On a proposal by Cllr Creaven, seconded by Cllr Burke, it was agreed to refer **Report No 6/2004 Report on Social Inclusion** to the Standing Committee on Community Services and Continuing Care.

35/2004

REPORT NO 7/2004

Mental Health Commission, Strategic Plan 2004-2005

Report no 7/2004 was noted.

36/2004

PROGRESS REPORT FROM STANDING COMMITTEES

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

On a proposal by Cllr Burke seconded by Cllr Creaven, the report from the Community Services and Continuing Care Standing Committee meeting held on 22nd March, 2004 was agreed.

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

On a proposal by Cllr Burke, seconded by Cllr Creaven, the report from the Acute Hospitals and Primary Care Standing Committee meeting held on 25th March, 2004 was agreed.

37/2004
MOTIONS

The motion in the name of Cllr O'Brien was moved for report

The meeting concluded at 6.30pm.

M. WINDLE
CHIEF EXECUTIVE

CLLR LIAM CREAVER
CHAIRMAN

21st April, 2004