

26th June 1998

Do gach Comhalta den mBord

A Chara,

The July meeting of the Eastern Health Board will be held in the Boardroom, Dr. Steevens' Hospital, Dublin 8, on Thursday 2nd July 1998 at 6.30 p.m.

Hereunder is the agenda.

Mise, le meas,

P J. Fitzpatrick

PRÍOMH OIFIGEACH FEIDHMEACHAIN

CLAR

1. Chairperson's Business
2. Minutes of proceedings of monthly meeting held on 4th June 1998 and of special meeting held on 16th June 1998 [copies herewith]
 - (a) Matters arising from the minutes.
3. Questions to the Chief Executive Officer
4. Chief Executive Officer's Report
5. Progress Report on Health Promotion - Report no. 39/1998 [herewith]
6. Report on Health Board Services on Ballymun - Report no. 40/1998 [herewith]
7. Births, Deaths and Marriages Services - Progress Report on Further Developments - Report no. 41/1998 [herewith]
8. Health Status. Health Service Utilisation and Barriers to Health Service Utilisation among the Adult Homeless Population of Dublin - Report no. 42/1998 [herewith]
9. Implementation of Strategy for Statistics 1993 - 1997 - Progress Report - Report no. 43/1998 [herewith]
10. **Progress Reports from Programme Committees**
 - (i) Health Promotion. Mental Health, Addiction and Social Development.
 - (ii) Services for Persons with Disabilities.
 - (iii) Acute Hospitals and Services for the Elderly.
 - (iv) Community Services and Services for Children and Families

11. Notices of Motion

(i) Cllr. J. Reilly and Cllr. S. Laing

"That this Board requests the Minister for Health and Children to put in place a Strategic Development Plan relating to Casualty Admissions Services within this Board's area, and beyond, in order to eliminate the present unmanageable situations which are on-going in our Hospitals." (Deferred from June meeting.)

(ii) Cllr. I. Callely.T.D.

"That the Eastern Health Board review current arrangements with regard to employment of contract nursing agencies and a detailed report be presented for discussion." (Deferred from June meeting.)

(iii) Sen. J. Doyle

"That the necessary arrangements be made for the provision of a safety handrail and a wheelchair ramp outside the Eastern Health Board Health Centre at Grangegorman Road/Rathdown Road".

(iv) Cllr. I. Callely, T.D.

"This Board agrees to review the procedures for asylum seekers and illegal immigrants who avail of Supplementary Welfare Allowance scheme, rent supplement, B&B and hotel accommodation, exceptional needs payments, clothing and footwear allowance, fuel allowance and other such payments."

(v) Cllr. C. O'Connor

" That this Board warmly congratulates the Eastern Health Board Management and staff on their involvement in the historic opening of the new Hospital at Tallaght and now calls on all concerned to ensure the early move to Tallaght of the St. Loman's Acute Psychiatric Services."

(vi) Cllr. J. Dillon Byrne

"That the Eastern Health Board organise an Education Open Day for potential and interested persons (Community Care Area 1) who may become Home Helps and Careers in this Area of great need."

12. Correspondence

13. Other Business

MEETINGS ARRANGED FOR JULY 1998			
DATE	PROGRAMME COMMITTEE MEETING	VENUE	TIME
9th	Health Promotion, Mental Health, Addiction and Social Development	Ballymun Partnership Office, Ballymun Shopping Centre, Dublin 11.	10.45 a.m.
10th	Services for Persons with Disabilities	Open Door, Bray, Co. Wicklow.	10.45 a.m.
16th	Acute Hospitals and Services for the Elderly	St. Mary's Hospital, Chapelizod, Dublin 20.	10.45 a.m.
23rd	Community Services, and Services for Children and Families	Area no. 10, (Glenside Road, Wicklow.)	10.45 a.m.

EASTERN HEALTH BOARD

**Minutes of proceedings of Monthly Meeting
held in
St. Vincent's Hospital, Athy, Co. Kildare
on Thursday 4th June, 1998 at 6.00 p.m.**

Present

Mr. P. Aspell	Cllr. M. Barrett
Mrs. B. Bonar	Cllr. G. Brady
Cllr. B. Briscoe, T.D.	Cllr. L. Butler
Cllr. I. Callely, T.D.	Cllr. T. Cullen
Sen. J. Doyle	Cllr. K. Farrell
Dr. J. Fennell	Ms. M. Hoban
Dr. D. Keane	Cllr. S. Laing
Mr. G. McGuire	Cllr M. McWey
Dr. P. O'Connell	Cllr. C. O'Connor
Cllr. C. Quinn	Cllr. K. Ryan
Cllr. R. Shortall, T.D.	Cllr. P. Vance

In the Chair.

Cllr. R. Shortall, T.D.

Apologies

Dr. S. Barry
Cllr. J. Connolly
Dr. K. Harkin
Dr. M. Laffoy
Cllr. Dr. B. O'Connell
Cllr. J. Reilly

Officers in Attendance

Mr. P.J. Fitzpatrick, Chief Executive Officer
Mr. P. McLoughlin, Deputy Chief Executive Officer
Mr. M. Walsh, Programme Manager
Mr. S. O'Brien, Programme Manager
Ms. M. Windle, Programme Manager
Ms. B. Clarke, Programme Manager
Ms. M. Kelly, Personnel Officer
Dr. B. O'Herlihy, Director of Public Health
Mr. M. Gallagher, Finance Officer
Mr. J. Curran, Technical Services Officer
Ms. M. Crowe, Management Services Officer
Ms. M. Browne, Communications Director
Mr. P. Doyle, Estate Management Officer
Mr. M. O'Connor, Secretary

78/1998
CONDOLENCES

On the proposal of the Chairperson votes of sympathy were passed with those whose names had been included on the list which was circulated to members.

79/1998

CHAIRPERSON'S BUSINESS

The Chairperson read the following report which was noted by the Board:-

1. Annual meeting of Board.

With the members' agreement it is proposed that the annual meeting of our Board will be held on Thursday 2nd July 1998 at 6.00 p.m. and that the monthly meeting will be held immediately following the annual meeting at 6.30 p.m. (approx.)

2. Special meeting of Acute Hospitals and Services for the Elderly Programme Committee.

I wish to advise members that a special meeting of the Acute Hospitals and Services for the Elderly Programme Committee will be held in the Boardroom, Dr. Steevens' Hospital, on Friday 19th June 1998 at 10.45 a.m.

3. Special meeting of Board

I wish to advise members that a special meeting of our Board will be held on Tuesday, 16th June 1998. at 6.00 p.m. in the Boardroom. Dr. Steevens' Hospital, to consider draft development plans for St. Brendan's and St. Ita's Hospitals and associated lands and to adopt the Annual Report for 1997.

4. Services for Disabilities Programme Committee

The June meeting of the Services for Disabilities Programme Committee will be held at 10.45 a.m. on Tuesday 23rd June 1998, in Moore Abbey, Monasterevan, Co. Kildare. Notice to this effect has been issued to each member."

80/1998
MINUTES OF PROCEEDINGS OF MONTHLY MEETING HELD ON 7th MAY 1998

The minutes of the proceedings of the monthly meeting held on 7th May 1998, having been circulated, were confirmed on a proposal by Cllr. O'Connor, seconded by Cllr. Barrett.

(a) Matters arising from the minutes

Cllr. McWey referred to the publicity which followed an unplanned and uninvited visit by a group of hospital consultants to Naas General Hospital, and, following a discussion to which Cllr. McWey, Cllr. Cullen, Cllr. Barrett, Ms. Hoban and Deputy Briscoe contributed, and to which the Chief Executive Officer replied, it was agreed that a letter should be sent to the Irish Hospital Consultants Association asking what prompted the visit to die Hospital, who organised the visit and the purpose of the visit.

Deputy Callely referred to minute no. 76/1998 and asked that it be recorded that motion no. (iv) in his name had been agreed.

81/1998

QUESTIONS TO THE CHIEF EXECUTIVE OFFICER

On a proposal by Deputy Callely, seconded by Cllr. O'Connor, it was agreed to answer the questions which had been lodged:-

1. Cllr. Dr. P. Upton, T.D.

"To ask the Chief Executive Officer to give the number of projects undertaken by Eastern Community Works for each relevant community Care area for each of the last five years that data is available; to give details for the size of the waiting list and average waiting time for each community Care area; if he has any plans to expand service provision in this regard and if he will make a statement on the matter."

Reply

The information requested is set out hereunder:-

1. Number of projects undertaken

Area	1993	1994	1995	1996	1997
1	9	16	9	16	12
2	10	24	28	28	29
3	18	20	20	11	22
4	27	12	16	22	35
5	52	20	31	27	32
6	31	52	53	30	39
7	49	87	89	88	89
8	15	27	27	30	28
9	21	14	55	33	37
10	8	33	41	32	31
Total	240	305	369	317	354

2. Number of applications on waiting list

Community Care Area	No. of Applications
1	24
2	47
3	55
4	134
5	89

2. Number of applications on waiting list (cont'd)

Community Care Area	No. of Applications
6	128
7	171
8	128

There are 129 approved projects about to commence which are not included in the above waiting list.

3. Average waiting time

The average waiting times for each Community Care area is as follows:

Urgent work	3 weeks - 3 months
Non-urgent work	6 months - 1 year
Painting and Decorating	6 months - 2 years

4. Developments

A major review of the operation of the scheme is currently under way with a view to increasing the throughput of work on approved applications. Discussions have taken place with FAS towards increasing the number of trainees and providing a wider range of skilled senior trainees. Late last year, a training base was established in the Crumlin area for a new FAS Community Youth Training Programme (CYTP) to cater for the large volume of outstanding applications in the Dublin south west city area. However, there are only 3 trainees currently assigned to the programme but it is expected that FAS will be able to considerably increase that number in the near future. Discussions have also taken place with some of the Area Partnerships outlining the employment opportunities inherent in the scheme. It is planned to meet some community-based organisations to explore opportunities for assigning some of the approved applications to them. It is also planned to have discussions with the Local Authorities in our Board's area to determine whether any assistance can be given by them under their various schemes in respect of approved applications.

2. Cllr. Dr. P. Upton, T.D.

"To ask the Chief Executive Officer to give details of the size of the waiting list an average waiting time for each category of the orthodontic treatment waiting list; to give details of any plans he has to expand provision and if he will make a statement on the matter"

Reply

The waiting lists and average waiting times for each category of patient for orthodontic services in September 1996 and in April 1998 were as follows:

Category	No. on waiting list		Waiting Periods	
	September 1996	April 1998	September 1996	April 1998
Category 1	647	43	NIL	3 - 4 months
Category 2	11,365	6,353	4 ½ years	42 months

Four additional suites were commissioned at our Board's Orthodontic Unit at St. James's Hospital at the end of 1997. Two additional Dentists are being assigned to the Unit at present. These developments will effect the further reduction in waiting time in line with progress made since the opening of the Unit.

Our Board and the Board of Beaumont Hospital have already identified a site within the campus of Beaumont Hospital as suitable for the construction of a second Regional Orthodontic Department.

There are very close links between Orthodontic Services and Oral Maxillofacial service with significant referrals being made to Oral Maxillofacial Surgery from the Orthodontic Service.

A review of Oral and Maxillofacial Surgery in our Board's area is currently undertaken. The report of the review committee will be available in the Autumn.

3. Cllr. Dr. P. Upton, T.D.

"To ask the Chief Executive Officer to give details of the number of registered heroin users by Community Care area for the latest date that data is available and if he will make a statement on the matter."

Reply

The information available to our Board on registered heroin users is based on data supplied on a voluntary basis to the central treatment list maintained by Trinity Court for people who are on treatment programmes.

There were a total of 3,049 persons registered on this list at the 30th April 1998. The breakdown by Community Care Area is as follows:

Community Care Area 1	180
Community Care Area 2	128
Community Care Area 3	286
Community Care Area 4	282
Community Care Area 5	357
Community Care Area 6	200
Community Care Area 7	634
Community Care Area 8	980
Community Care Area 9	45
Community Care Area 10	

The total with a confirmed Community Care Area breakdown is 2,210, leaving a balance of 839. We are seeking information from General Practitioners on the address of the remaining 839.

4. Cllr. I. Callely, T.D.

"To ask the Chief Executive Officer to outline the Eastern Health Board initiative to increase generic prescribing, will the Chief Executive Officer acknowledge the role of the multinational companies in our economy and in research and development, would the Chief Executive Officer agree it is vital to ensure the right balance is achieved between generic prescribing and branded products and will he make a statement on the matter."

Reply

A generic prescribing policy is in place in our Board's hospitals and homes. This policy is supported by Drugs and Therapeutics Committees who devise and monitor drugs formularies in each hospital and home.

General Practitioners from our Board's G.P. Unit are members of the Drugs and Therapeutic Committees in each of the General Hospitals in our Board's area; this is a very important development in harmonising patient treatment programmes between the hospital and the community and gives the general practitioners a facility to contribute to the development of the hospital drugs formulary. All doctors are free to prescribe such drugs and medicines- as they consider appropriate and there is no obligation on doctors to prescribe generically. Our Board's General Practice Unit places considerable emphasis on generic prescribing by general practitioners and also specifies that prescribing should be safe and cost effective.

It is important to note that generic equivalents of proprietary drugs are not available on the market for approx. 20 years following the production of a new drug which provides an opportunity for companies to recoup research and development costs.

5. Cllr. I. Callely, T.D.

"To ask the Chief Executive Officer if he is aware that due to the shortage of nurses in the system, some nurses employed by the health board are also engaged by contract nursing agencies to work on occasions in the same location as they are employed by the health board and will he make a statement on the matter."

Reply

All hospitals experience difficulties in the recruitment of nurses and, from time to time, avail of the services of "Agency Nurses" to substitute for nurses who unavoidably absent themselves from duty at short notice due to illness and/or to maintain staffing levels pending the filling of vacancies in a permanent capacity.

It is not our Board's policy to knowingly engage nursing staff from such agencies who are full-time employees of our Board.

A Review Group, which was established by our Board to consider the difficulties being experienced in the lack of availability of nurses at short notice to cover unavoidable nurse absences, has made recommendations which are being implemented and which will reduce the need for our hospitals and homes to employ agency nurses.

The creation of 195 additional places in nurse training schools nationally should lead to an alleviation in the current shortage of nurses in the health services.

6. Cllr. I. Callely, T.D.

"To ask the Chief Executive Officer to advise of the percentage increase of people who have tested positive for H.I.V. for the years 1990 to 1997, will the Chief Executive Officer give a breakdown of the grouping of people who have tested positive and will he make a statement on the matter."

Reply

Up to the start of the 1990's 908 people had tested positive for HIV. To the 31st December 1997 a total of 1,850 had tested positive. The percentage increase in the 1990's to date is 104%. The table below gives the number of positive tests in each major category up to the end of the 1980's and up to the end of December 1997.

Category	Number of positives 31st December 1989	Number of positives 31 st December 1997	Percentage increase
IV drug users	520	818	57%
Children	63	179	105%
Homosexual men	121	421	248%
Haemophiliacs	112	114	2%
Heterosexuals	67	306	357%
Others	25	56	124%
Total	908	1850	104%

7. Cllr. C. O'Connor.

"To ask the Chief Executive Officer to report further on plans to provide a Primary Care Unit at the Hospital at Tallaght, detailing the position and the schedule being followed and will he make a statement."

Reply

A Planning Group has been established which includes representation from our Board's management, the management of the Board of the Adelaide and the Meath Hospital incorporating the National Childrens Hospital, and representation from the General Practitioners in the area. The group is meeting on a regular basis and is finalising a brief and an operational policy for the proposed centre and associated services.

A project manager has been selected and is due to take up duty on 1st August. This development, together with the opening of Tallaght Hospital, will accelerate the development of the primary care centre and associated services.

8. Cllr. C. O'Connor.

"To ask the Chief Executive Officer if arrangements could be made for the elected members of South Dublin County Council to have access to the minutes of Eastern Health Board meetings, noting that this matter was raised recently at a Council meeting when members expressed their interest in the matter."

Reply

Arrangements have been made for the circulation of the minutes of meetings of our Board to the Secretaries of each of the local authorities in our Board's functional area for the information of their members.

9. Cllr. C. O'Connor.

"To ask the Chief Executive Officer to update the Board on plans to move the acute services at St. Loman's to the Hospital at Tallaght and will he detail the contacts he is maintaining with the Hospital Management Team in the matter and make a statement."

Reply

The Board of the Adelaide and Meath Hospital Dublin Incorporating the National Children's Hospital has agreed June 21st 1998 as the opening date for the new hospital at Tallaght. It is intended to work towards the transfer of the acute services from St. Loman's Hospital as near to this date as possible.

Officers of the St. Loman's Service and the new Hospital have prepared an action plan dealing with all matters relating to the transfer. They are actively working on the critical items that need to be addressed prior to the opening as follows:

Structural work: i.e. matters that must be addressed prior to the opening of the unit.

Employee relations: i.e. matters pertaining to the interests of staff involved in the transfer.

Negotiations on the transfer arrangements are on-going with the staff associations representing medical, clinical support, non-nursing and nursing staff involved with the transfer. The negotiations are being led by the Health Services Employers Agency and every effort is being made to conclude arrangements at the earliest date.

A formal arrangement is in place on a fortnightly basis where the Director of Programmes with responsibility for Psychiatry at Tallaght meets with the St. Loman's management team. Likewise the Chief Executive Officer of Tallaght Hospital and the Programme Manager meet with the Consultant Psychiatrists on a regular and formal basis.

10. Dr. K. Harkin.

"Could the Chief Executive Officer please outline the Board's policy on Hepatitis B Vaccination."

Reply

National policy in relation to vaccination is determined by the Department of Health and Children.

The current recommendations of the National Immunisation Committee of the Royal College of Physicians of Ireland are generally accepted. Vaccination is recommended for the following groups:

- Health care workers
- Security and emergency service personnel
- Susceptible members of high risk groups, including homosexuals and intravenous drug abusers
- Patients and family contacts, including the spouses, sexual partners, family and household contacts of carriers of Hepatitis B Virus if the potential recipient is Hepatitis B surface antigen negative.
- People with Haemophilia and those receiving regular transfusions
- Patients and carers in institutions for persons with a mental handicap, including those in day-care facilities.

11. Dr. K. Harkin.

"Could the Chief Executive Officer please advise regarding our Board's plans to supply general practitioners with Hepatitis B vaccines in order to immunise "at risk" patients under the General Medical Services Scheme."

Reply

Within our Board's area, selected vaccines are supplied to general practitioners (GPs) from individual Community Care Areas. Hepatitis B Vaccine should be supplied, where requested by GPs, for individually named GMS patients, where the GP certifies the reason vaccination is needed and where the proposed recipient of the vaccine falls within the recommendations as set out in the Immunisation Guidelines for Ireland (1996 Edition) published by the National Immunisation Committee of the Royal College of Physicians of Ireland.

The question of making Hepatitis B vaccine available to GMS patients is currently under consideration by the Department of Health and Children in the context of the Health Estimates for 1999 to 2001.

82/1998**CHIEF EXECUTIVE OFFICER'S REPORT**

The Chief Executive Officer read the following report which was approved by the Board:-

"1. Allocation for Health and Safety

I have circulated with the agenda papers for this meeting copies of letter dated 31st March 1998 from Department of Health and Children regarding our Board's allocation for health and safety for 1998 amounting to £215,700, including £10,000 for Peamount Hospital and £12,000 towards trauma courses for ambulance personnel.

It is proposed that the balance of £193,700 will be expended as follows:-

(i) Staff health and welfare	£47,000
(ii) Training	£31,000
(iii) Occupational Health	£22,000
(iv) Manual Handling	£46,700
(v) Improvements to buildings and equipment	£42,000
(vi) Dissemination of health and safety information	£ 5,000
	Total: <u>£193,700</u>

2. Revisions to our Board's 1998 Determination

I have circulated with the agenda papers for this meeting copies of letter dated 8 May 1998 from Department of Health and Children advising that our Board's 1998 determination should be revised to include the following:-

- (i) A sum of £250,000 for the development of the National Disease Surveillance Unit.
- (ii) £200,000 in respect of the proposal from the National Maternity Hospital to pilot a combined Domino and Hospital outreach homebirth service including a capital sum of £106,000
- (iii) £150,000 for the supply of consultancy support services to the dental services,
- (iv) A once off sum of £47,000 for upgrading of fluoridation equipment and upgrading/replacement of equipment in dental clinics.

3. Transfer of Acute Psychiatric Services from St. Loman's Hospital to the new hospital in Fallughit

I have circulated with the agenda papers for this meeting copies of letter dated 15th May 1998 from, the Department of Health and Children confirming that the Department is prepared to make the necessary resources available to enable our Board to provide and manage a 60 bed extender care facility with effect 21st June 1998, with a full year revenue cost of £1.6 million and capital cost million, in the context of the implementation of the agreed solution to the recent problem of accommodating the transfer of acute psychiatric services from St. Loman's Hospital to the new hospital in Tallaght.

4. Interim Cancer Plan

I have circulated with the agenda papers for this meeting copies of letter dated 18th May 1998 from the Department of Health and Children conveying approval to a number of developments to be funded under the National Cancer Strategy with costs in 1998 amounting to £186,500 , additional 1999 costs amounting to £236,000 (Total £422,500).

The developments to be funded include:-

- The employment of twelve additional cancer nurse specialists/ cancer liaison nurses
- The development of health information systems which will facilitate greater collaboration with the National Cancer Registry and the Regional Directors.
- A review of the adequacy of cancer counselling services, with presentation of findings in June 1999.
- The employment of three additional home care nurses in the areas which are single-handed at present (Counties Kildare and Wicklow).
- Research involving consultation and involvement of consumers with patients in relation to service delivery.

5. New Supplementary Welfare Allowance (SWA) Appeals Procedures

I have circulated with the agenda papers for this meeting copies of Department of Social, Community and Family Affairs Circular no. 2/98 regarding new SWA appeals procedures which came into effect on 6th April 1998.

Under Section 30 of the Social Welfare Act, 1996, a person who is dissatisfied with the outcome of certain SWA appeals as determined by Health Board Appeals Officers has a right of appeal to the Social Welfare Appeals Office (SWAO)

From 6th April 1998 any such person can lodge a further appeals to the SWAO in relation to determinations made on claims for SWA and supplements.

The new appeals procedures will deal with basic SWA payments and supplements initially. However, consideration will be given to extending the procedures to other aspects of SWA, including Exceptional Needs Payments, at a later date. The Back to School Clothing and Footwear Scheme is also excluded from the new appeals procedures.

6. Revenue Assist Scheme and other Secondary benefits issues

I have circulated with the agenda papers for this meeting copies of Department of Social, Community and Family Affairs Circular no. 3/98 regarding the Revenue Job Assist initiative introduced by the Minister for Finance to assist long-term unemployed persons and lone parents back to work.

It comprises a special tax allowance in the first year of employment of £3,000 for persons unemployed for one year or more who take a job, plus £1,000 for each child, tapering down over a three year period to £ 1,000 and £334 respectively in Year 3.

It also includes a double tax deduction for wages for employers who employ the person, lasting up to three years provided the person is still employed by them. In addition, participants in the scheme will retain their secondary benefits e.g. their medical cards for three years from the date they return to work. The scheme came into operation on 6 April 1998.

The Circular also includes details of changes to the Area Allowance Enterprise Scheme (also known as the Area Based Initiative and the back to Work Scheme), Youthreach and Starting Temporary Earnings Top-up Programme (S.T.E.P.)

7. Back-to-School Clothing and Footwear Scheme. 1998

I have circulated with the agenda papers for this meeting copies of Department of Social, Community and Family Affairs Circular no. 5/98 regarding the 1998 Back-to-School Clothing and Footwear Scheme.

The scheme will operate from 1 June to 30 September 1998.

The rates of allowance to be paid under this year's scheme remain unchanged i.e.:

- (a) £43 in respect of children aged 2 to 11 by 1st October 1998.
- (b) £58 in respect of children aged 12 to 22 by 1st October 1998.

Offices, staff and computer facilities have been arranged for the operation of the central office which processes the payments to eligible applicants.

Application forms for the 1998 Scheme have been posted to those persons who received payments in 1997. New applicants, or those who have moved address since the 1997 scheme, may obtain application forms from their local Community Welfare Officers.

Posters advertising the scheme have been distributed to local offices for display in the health centres.

The usual special clinics for the receipt of the applications for the scheme are being arranged and posters advertising these clinics will be placed in the health centres to notify the public.

The first payments under the scheme will issue during week ending 17th July 1998. It is intended to have between 35% and 50% of all payments issued on that date and to have the bulk of the payments made before 31st July 1998.

8. Measles. Mumps. Rubella (MMR) vaccine.

I have circulated with the agenda papers for this meeting copies of a press release issued by the Department of Health and Children on 19th May 1998 referring to recent media publicity concerning the alleged link between the MMR vaccine and inflammatory bowel disease and autism and stating that, on the basis of currently available information, the Department wished to emphasis that there is no evidence to support any link between the MMR vaccine and the subsequent development either of chronic inflammatory bowel disease or of autism and that there is no evidence that giving each of the component vaccines separately has any greater benefit than the combined vaccine.

The Department also states that the MMR vaccine is a highly effective vaccine and strongly advises parents to continue to have their children immunised with the MMR vaccine in accordance with current recommendations.

9. First Major National Lifestyle Survey.

I have circulated with the agenda papers for this meeting copies of a press release issued by the Minister for Health and Children on 20th May when he announced the first national survey of health and lifestyle needs undertaken in Ireland. Postal questionnaires are being mailed to 13,633 people across the country, making this the largest postal survey to date in Ireland. The Department's Health Promotion Unit has commissioned the Centre for Health Promotion Studies at University College, Galway to undertake the research and the analysis and report on the findings. This survey is called SLAN (Survey of Lifestyle Attitudes and Nutrition).

10. Diet Supplement and the 1998 Budgetary Increases.

I have circulated this evening, for the information of members, copies of Department of Social, Community and Family Affairs Circular no. 6/98 clarifying the position in relation to Diet Supplement and the 1998 Budgetary increases.

In the 1998 Budget personal rates are increased by either £3 or £5 per week and qualified adult allowance rate increases are either £1.20, £1.40 or £1.50 per week with effect from 1st June 1998.

Reference is made in the Circular to the complexity of the computation of the diet supplements and to the intention to review the scheme in time for the next budget to make it easier to calculate and to understand."

83/1998

REPORT OF BUDGET WORKING GROUP - FINANCIAL POSITION AT 31ST MARCH 1998 AND OTHER MATTERS

On a proposal by Deputy Callely, seconded by Deputy Briscoe, it was agreed to adopt Report no. F4/1998 (copy filed with official minute).

84/1998

10 YEAR ACTION PLAN FOR SERVICES FOR OLDER PERSONS - 1999 - 2008

Following an illustrated presentation by the Chief Executive Officer and a discussion to which the Chairperson, Deputy Briscoe, Mrs. Bonar, Sen. Doyle, Cllr. O'Connor, Mr. McGuire, Cllr. Barrett, Cllr. Quinn, Cllr. Ryan and Dr. O'Connell contributed, it was agreed, on a proposal by Mr. McGuire, seconded by Cllr. Barrett, to adopt Report no. 28/1998 (copy filed with official minute).

It was also agreed to launch the 10 year Action Plan on Monday 8th June 1998, at 2.30 p.m., in the Boardroom, Dr. Steevens' Hospital, Dublin 8, and to invite the Chairmen and Chief Executive Officers of the other Health Boards to the launch.

85/1998

**DEPARTMENT OF HEALTH AND CHILDREN, STRATEGY STATEMENT 1998 - 2001
"WORKING FOR HEALTH AND WELL-BEING"**

Report no. 29/1998 (copy filed with official minute) was noted.

/1998

"STRENGTHENING FAMILIES FOR LIFE" - FINAL REPORT OF THE COMMISSION ON THE FAMILY

Report no. 30/1998 (copy filed with official minute) was noted.

It was agreed when the full Final Report of the Commission becomes available it should be circulated for consideration at a special meeting of the Community Services and Services for Children and Families Programme Committee.

87/1998**FOOD SAFETY AUTHORITY OF IRELAND BILL, 1998**

Following a discussion to which the Chairperson, Cllr. Laing and Cllr. Quinn contributed, and to which the Chief Executive Officer replied, Report no. 31/1998 (copy filed with official minute) was noted.

88/1998**PROGRAMME COMMITTEES - MEMBERSHIP**

Report no. 32/1998 (copy filed with official minute) was noted.

89/1998**BUDGET WORKING GROUP - MEMBERSHIP**

Following a discussion on Report no. 33/1998 (copy filed with official minute) the following members were nominated for appointment to the Budget Working Group for the year 1998/1999:-

1. Cllr. Pat Vance
2. Mr. Paddy Aspell
3. Mr. Gerry McGuire
4. Mrs. Bernadette Bonar

90/1998**PROGRESS REPORT FROM PROGRAMME COMMITTEES****1. Health Promotion, Mental Health, Addiction and Social Development**

On a proposal by Cllr. O'Connor, seconded by Cllr. Barrett, it was agreed to adopt the report.

The following matters were dealt with in the report:-

- [a] Visit to City Clinic and report on North Inner City Drugs Services.
- [b] Progress report on developments in the Drugs/AIDS service since December 1997.
- [c] Provision of service in Loughlinstown Health Centre.

2. Services for Persons with Disabilities

On a proposal by Mrs. Bonar, seconded by Mr. Aspell, it was agreed to adopt the report. The following matters were dealt with in the report:-

- [a] Employment Challenges for the Millennium - NACTE Report.
- [b] Report on Physical and Sensory Disabilities Services - Community Care Area no. 10.
- [c] Overview of services provided by Ardeen Cheshire Home.

3. Acute Hospitals and Services for the Elderly

On a proposal by Mr. McGuire, seconded by Mr. Aspell, it was agreed to adopt the report.

The following matters were dealt with in the report:-

- [a] Report on services provided in Wicklow District Hospital.
- [b] Comptroller and Auditor General's Report on the Value for Money Examination of the Emergency Ambulance Service.
- [c] Progress reports on the development of James Connolly Memorial, Naas General and St. Columcille's Hospitals.
- [d] Progress reports on the provision of Community Units for the Elderly
- [e] Erection of a sculpture at St. Vincent's Hospital, Athy, to commemorate the Famine of 1847.
- [f] The introduction of a 24 Hour Ambulance Service from the new Arklow Ambulance Base with effect from 8th June 1998.

4. Community Services and Services for Children and Families

On a proposal by Cllr. Qninn, seconded by Cllr. Ryan, it was agreed to adopt the report.

The following matters were dealt with in the report:-

- [a] Report on Environmental Health Service.
- [b] Report on Rent and Mortgage Supplements.
- [c] Report on Services in Area no. 8.
- [d] Report on Services for Victims of Domestic Violence.

91/1998

NOTICES OF MOTION

- (i) & (ii) The notices of motion in the names of Cllr. Coffey and Deputy Mitchell were not moved.
- (iii) The motion in the name of Cllr.s Reilly and Laing was, at their request, deferred to the July meeting of our Board.
- (iv) The motion in the name of Deputy Callely was, at his request, deferred to the July meeting of our Board.
- (v) Deputy Callely stated that he would be happy to receive a letter regarding his motion in relation to the elimination of queueing for services at the Office of the Registrar, Births, Deaths and Marriages, Joyce House, Lombard Street Dublin 2.

92/1998

CORRESPONDENCE

Items of correspondence, as referred to in the Chief Executive Officer's Report, were noted.

The meeting concluded at 7.45 p.m.

**CORRECT: P.J. FITZPATRICK
CHIEF EXECUTIVE OFFICER**

CHAIRPERSON

EASTERN HEALTH BOARD

**Minutes of proceedings of Special Meeting
held in
the Boardroom, Dr. Steevens' Hospital, Dublin 8
on Tuesday 16th June, 1998 at 6.00 p.m.**

Present

Mr. P. Aspell	Cllr. M. Barrett
Dr. S. Barry	Mrs. B. Bonar
Cllr. I. Callely, T.D.	Cllr. J. Connolly
Cllr. T. Cullen	Cllr. A. Devitt
Sen. J. Doyle	Cllr. K. Farrell
Cllr. C. Gallagher	Ms. M. Hoban
Dr. D. Keane	Dr. M. Laffoy
Cllr. S. Laing	Mr. G. McGuire
Cllr. M. McWey	Dr. P. O'Connell
Cllr. C. O'Connor	Cllr. C. Quinn
Cllr. J. Reilly	Cllr. K. Ryan
Cllr. R. Shortall, T.D.	Cllr. P. Upton

In the Chair

Cllr. R. Shortall, T.D.

Officers in Attendance

Mr. P.J. Fitzpatrick, Chief Executive Officer
 Mr. M. Walsh, Programme Manager
 Mr. P. McLoughlin, Programme Manager
 Mr. S. O'Brien, Programme Manager
 Ms. M. Windle, Programme Manager
 Ms. M. Kelly, Personnel Officer
 Dr. B. O' Herlihy, Director of Public Health
 Mr. M. Gallagher, Finance Officer
 Ms. M. Browne, Communications Director
 Mr. P. Doyle, Estate Management Officer
 Ms. Siobhan Fitzpatrick, A/Secretary

93/1998**ADJOURNMENT OF MEETING AS A MARK OF RESPECT**

Cllr. Roisin Shortall, T.D., on behalf of the Board members, expressed their sympathy to Cllr. Catherine Quinn on the recent death of her father and Cllr. Iyor Calley. T.L). on the recent death of his father-in-law. Her proposal, which was seconded by I Mr. Barrett, that the meeting should be adjourned for 15 minutes as a mark of respect ,was agreed.

Cllr. Quinn's thanked the members and officers for their kind expressions of sympathy in her bereavement.

The meeting was adjourned for 15 minutes.

94/1998**CHAIRPERSONS BUSINESS**

The Chairperson read the following report which was noted by the Board:-

"The Taoiseach, Mr. Bertie Ahern, T.D., will be visiting the Cherry Orchard Community Centre on Monday next June 22nd June 1998, at 5.00 p.m. to launch the Cherry Orchard Pilot Project for disadvantaged children and to perform the official launch of 12 similar pilot projects".

95/1998**REPORT OF BUDGET WORKING GROUP**

On a proposal by Cllr. Barrett, seconded by Cllr. Gallagher, Report no. F5/1998, (copy filed with official minute) was adopted.

96/1998**DRAFT DEVELOPMENT PLAN FOR ST. BRENDAN'S HOSPITAL AND ASSOCIATED LAND**

Following an overview presentation by Mr. Philip Doyle, Estate Management Officer, and discussion on Report no. 34/1998 (copy filed with official minute) to which Mr. McGuire. Cllr. Connolly. Cllr. Devitt, Sen. Doyle. Dr. Laffoy and Cllr. Quinn contributed, and to which the Chief Executive Officer replied, it was agreed, on a proposal by Mr. McGuire, seconded by Cllr. Devitt, to adopt the Report.

97/1998**DRAFT DEVELOPMENT PLAN FOR ST. ITA'S HOSPITAL AND ASSOCIATED LAND**

Following an overview presentation by Mr. Philip Doyle, Estate Management Officer, and discussion on Report no. 35/1998 (copy filed with official minute) to which Mr. McGuire, Cllr. Connolly, Cllr. Devitt, Sen. Doyle, Dr. Laffoy and Cllr. Quinn contributed, and to which the Chief Executive Officer replied, it was agreed, on a proposal by Mr. McGuire, seconded by Cllr. Quinn, to adopt the Report.

The Chief Executive Officer stated that both Report no. 34/1998 and Report no. 35/1998 having been adopted by our Board could now be submitted to the Department of Health and Children as the Boards' Development Plans for St. Ita's and St. Brendan's Hospitals.

1998
ADOPTION OF ANNUAL REPORT FOR 1997

A proposal by Mr. McGuire, seconded by Dr. Keane, Report no. 36/1998 (copy filed with official) was adopted.

The Meeting concluded at 7.30 p.m.

CORRECT:

P .J. FITZPATRICK
CHIEF EXECUTIVE OFFICER

CHAIRPERSON

EASTERN HEALTH BOARD

Thursday 2nd July 1998

Questions to the Chief Executive Officer

1. Cllr. Dr. P. Upton, T.D.

"To ask the Chief Executive Officer to give details of the number of asylum-applicants receiving Health Board services at each of the Health Centres and if he will make a statement on the matter".

2. Cllr. Dr. P. Upton, T.D.

"To ask the Chief Executive Officer if he is aware of reports of Eastern Health Board rent allowance payments for the temporary housing for asylum-applicants and other recipients of rent allowance being allocated to unregistered landlords; if he will give details of what steps he will take to ensure that such temporary housing is arranged only with registered landlords and if he will make a statement on the matter".

3. Cllr. Dr. P. Upton, T.D.

- (a) "To ask the Chief Executive Officer to give details of the waiting time for the assessment of applicant parents for inter-country adoption from Rumania and Russia".
- (b) "To ask the Chief Executive Officer to give details of the time interval between the initiation of the assessment process for inter-country adoption, that is the first meeting with the prospective adoptive parents, and the completion of the application process".
- (c) "To ask the Chief Executive Officer to give details of the average length of time for each year since 1994 for the completion of an application for the inter-country adoption, that is from the date of application to a final decision on the application and if he will provide similar data from the other Health Boards".

4. Cllr. I. Callely, T.D.

"To ask the Chief Executive Officer to list the type of exceptional needs payments paid to asylum seekers and illegal immigrants, if they have needs which cannot be met from their weekly S.W.A. payments, will the Chief Executive Officer advise of the total monies paid out under the S.W.A. payments to date in 1998 and will he make a statement on the matter".

EASTERN HEALTH BOARD

THURSDAY 2ND JULY 1998

Chief Executive Officer's Report

1. Reciprocal Agreement on Medical Treatment for Temporary Visitors between Ireland and Australia

I have circulated with the agenda papers for this meeting copies of a press release issued by the Department of Health and Children on 28th May 1998, referring to a "Reciprocal agreement on Medical Treatment for Temporary Visitors between Ireland and Australia".

The Department states that an agreement was signed in September 1997, between the Governments of both countries.

This agreement entitles Australians visiting Ireland to receive emergency public hospital treatment and assistance towards the cost of prescribed drugs on the same basis as non medical card holders already resident in Ireland. The entitlements for Irish visitors to Australia are similar. They will be treated on the same basis as persons ordinarily resident in Australia.

2. Foster Care Allowances Increased

I have circulated with the agenda papers for this meeting copies of a press release issued by Mr. Frank Fahey, T.D., Minister of State at the Department of Health and Children, on 5th June, 1998, regarding an announcement that foster care allowances are being increased.

The allowance for foster children under the age of 12 is to increase from £57.75 per week to £60.25 per week.

The foster allowance payable for children over the age of 12 is being increased from £64.70 per week to £73.75 per week . This increase is to have immediate effect.

3. Minister Cowen Announces Commencement of Medical Manpower Initiative

I have circulated with the agenda papers for this meeting copies of a press release issued by Mr. Brian Cowen, T.D., Minister for Health and Children, on 29th May 1998, regarding the establishment a Forum on Medical Manpower to develop and monitor the implementation of a comprehensive manpower strategy for the acute hospital sector. The Forum held its first meeting on 29th May 1998.

The aim of this strategy is to provide the optimum level of care and to ensure every patient has equal access to this high level of care.

The Forum set out its strategy for action and established two Working Groups to be Chaired by the Chief Medical Officer at the Department of Health and Children. The Forum is to examine:-

- the future structure of the medical workforce in acute hospitals, and
- future objectives and organisation of postgraduate medical training.

The initial work of the Forum should be completed by the end of this year at the Minister's request.

Membership of the Forum is set out therein.

4. *Minister Cowen Opens £20m Development at St. Luke's Hospital*

I have circulated with the agenda papers for this meeting copies of a press release issued by the Department of Health and Children, on 11th June 1998, regarding Mr. Brian Cowen, T.D., Minister for Health and Children, officially opening the newly refurbished St. Luke's Hospital in Rathgar on 11th June, 1998.

The programme costs in excess of £20m. The final phase of equipping the facility is underway and will include the introduction of stereotactic radiosurgery - a new service for Irish patients.

This completes the implementation of a four year plan involving the transfer of patients from St. Anne's Hospital to St. Luke's Hospital; the establishment by the Daughters of Charity of a new in-patient palliative care facility at St. Francis Hospice, Raheny. The development of St. Luke's Hospital is of paramount importance to the National Cancer Strategy.

5. *Funding to Gay HIV Strategies Project*

I have circulated with the agenda papers for this meeting copies of letter dated 12th June, 1998, from the Department of Health and Children, advising that a sum of £50,000 has been approved by the Community Health Division for the continuation of this project for the year 1998.

6. *Minister welcomes opening of Hospital in Tallaght*

I have circulated with the agenda papers for this meeting copies of a press release dated 19th June, 1998, in relation to Mr. Brian Cowen, T.D., Minister for Health and Children, congratulating all those who participated towards the move to the new Hospital on the 21st June 1998.

The cost for construction of the new Tallaght Hospital and equipment is about £130m.

7. Social Welfare Rates of Payment 1998/99 (SW19)

I am circulating with the agenda papers for this meeting copies of Social Welfare Rates of Payment 1998/99, Booklet (SW19), for your information.

This booklet sets out the rates of payments provided by the Department of Social, Community and Family Affairs. It also sets out percentage rates of pay-related social insurance (PRSI) contributions for employees, employers and for self-employed people.

8. School of Nursing. St Ita's Hospital

I have circulated with the agenda papers for this meeting copies of a letter dated 5th June 1998, from the Department of Health and Children, approving capital funding of £200,000 to adapt and renovate Unit G in St. Ita's Hospital for use as a School of Nursing for the Mental Handicap Services.

Eastern Health Board

Report No. 39/1998

The Establishment of a new Health Promotion Resource Unit

The 1995 National Health Promotion Strategy identified the main causes of premature mortality in Ireland as cardiovascular disease, cancer and accidents. The Strategy outlined health promotion targets and goals for key risk factors, and for priority population groups, to reduce this premature mortality and associated morbidity. The Strategy also recommended the establishment of a dedicated health promotion function at a senior level under each health board to maximise the health promotion potential of all other health board staff.

The Health Promotion Resource Unit of the Eastern Health Board is now being established. A new Health Promotion Officer has been appointed and took up post on 2nd March 1998. The Health Promotion Officer will have responsibility for developing policy and strategy, facilitating and co-ordinating health promotion activities across the various programmes and functions. A Health Promotion Resource Unit is being established at present.

A Health Promotion Strategy for the Eastern Health Board

The Health Promotion Officer is currently leading on the development of comprehensive Health Promotion Strategy for the Eastern Health Board. The consultation process will begin over the next three months and it is hoped to deliver the final draft of the Strategy to our Board in October 1998. Our aim is to develop a strategic plan which is shared and owned by the wide variety of staff engaged in health promotion throughout the region.

The Strategy will provide a framework and establish key priorities to guide health promotion activity throughout the Board. Specifically, it will establish goals and targets to reduce premature mortality and morbidity in our region. It will also identify structures and procedures to deliver on these objectives. Finally, the Strategy will set out guidelines for implementation, and identify methods of evaluation to ensure that health promotion initiatives are held accountable to stated objectives.

Existing Health Promotion Activity

Health promotion activity takes place in all programmes and is implemented by a wide range of staff including our nursing, medical and outreach staff. Activities span the range of action for health promotion, from policy development, to advocacy for environments which support healthy choices, community development for health, the provision of skills training to groups in a variety of locations and increased attention to disease prevention and health promotion throughout our services. These activities include:

- **Dublin Healthy Cities:** this initiative aims to improve the health and the environment of Dublin's residents, and involves the four local authorities in Dublin, the Health Promotion Unit of the Department of Health, the Office of Health Gain and our Board. The first phase of the Dublin Healthy Cities plan was launched by the partners in July. The key strategies to be tackled are nutrition, alcohol, smoking, housing, accidents, drugs, environment and active living.
- **Health Promoting Hospitals:** James Connolly Memorial Hospital has been the lead hospital for the Irish network of Health Promoting Hospitals. The aim of this project is to expand health services provided, from the immediate problems of the patient to supporting behavioural change to improve health.
- **Smokebusters:** this programme, which aims to raise awareness of the health hazards of smoking among primary school students, was provided to 4,744 students in 76 national schools in the region during the school year.
- **Elderly:** our Board provides funding to a number of groups working to promote positive ageing, intergenerational understanding and to promote the independence of older people. Our Board initiated a pilot project in south-east Dublin in 1997 to improve home safety among the elderly.
- **Dental Health Promotion:** a team of dental health educators is employed with the specific remit of dental health promotion in the region. They are involved in school and communities based programmes and have also worked with mother and toddler groups, pre-natal classes and carer groups.
- **Food & Health:** this is a successful peer led nutrition project developed and piloted in disadvantaged areas of north-west Dublin, now taking place in three Community Care areas.
- **Schools Liaison:** our Board's staff, in particular Public Health Nurses and Area Medical Officers, were in regular contact with schools, providing advice and information on a wide variety of health matters. **Network:** a total of 100 schools in our region participate in this network.

Healthy Eating Week: a programme of activities is arranged in each Community Care area to promote healthy eating with particular reference to low fat eating.

Irish Heart Week: information leaflets, talks and local activities are implemented in Community Care areas to promote healthy heart activity and healthy eating.

Active Living Project: we collaborated with Fingal County Council on pilot active living project which aims to encourage all age groups to become more active.

Community Accident Prevention Initiative: In May, our Board and Dun Laoghaire-Rathdown County Council launched a pilot community accident initiative in the Dundrum/Ballinteer area. The aim of the initiative is to reduce accidents by creating a greater awareness and understanding of accidents, and providing knowledge and skills to avoid them.

- **Mental Health:** our Board participated in a national suicide study which has initiated to examine preventative measures to address this very serious problem
In 1997 we seconded three staff to the Mental Health Association of Ireland to further the aims of the MHA to help the mentally ill and promote positive mental health.
- **Alcohol Education:** through our Community Alcohol Services we continued to provide education and preventative programmes to community groups and health service providers.
- **Drugs Education:** six drugs Education Officers were employed in the course of the year. These officers are actively involved in substance misuse education, and prevention initiatives in liaison with voluntary, statutory and community groups in the region.
- **Contenance:** our Board's Contenance Promotion Unit, in collaboration with a number of professional organisations, produced a treatment and referral guide to bladder and bowel control following childbirth.

Health Promotion Infrastructure

There are three layers of Committees co-ordinating Health Promotion work in our Board.

At area level, there are *Local Health Promotion Committees*. Area health promotion representatives nominated by the Director of Community Care chair these committees. These are multidisciplinary and represent both professional and administrative staff. These committees implement important local initiatives in response to a variety of national health promotion campaigns. A number of Community Care areas have established sub-committees on specific issues.

2. A *Central Health Promotion Committee* was established in September 1995.
The functions of the committee are:
 - To advise the Health Board on health promotion in general and on the piloting of new initiatives.
 - To co-ordinate health promotion activities throughout the Board, to share information and to collate relevant information from the local areas.
 - To monitor, in co-operation with the Department of Public Health, the health promotion activities of the Board.
 - To develop health promotion materials for dissemination and use within the local areas.
3. The Chief Executive Officer appointed a multidisciplinary *Health Promotion Steering Committee* in July 1997 "to make recommendations on priorities for health promotion and to advise on health promotion policies and strategic plans." The Steering Committee meets regularly and has established priorities for in-service development which include: staff health promotion, information dissemination, accidents, schools, parenting and substance misuse.

Communication between these various committees will be improved by the establishment of a Health Promotion function. Such communication flow will ensure that health promotion work is coherent across the various areas, programmes and at every level in the organisation.

Due to various causes the Area Health Promotion Committees vary in character, size and dynamism. Our Board will be investing resources to develop the capacity of the Area Committees to ensure that they encompass all disciplines working at Area level on Health Promotion. The Local Committees will develop high quality initiatives in line with our Board's strategic framework for health promotion. These committees should also be actively identifying local needs and local health promotion priorities.

When the Area Health Promotion Committees are developed and more fully established, the Central Health Promotion Committee will no longer need to coordinate activities. Such co-ordination and guidance should be provided by the Board's *Health Promotion Strategy*, and through communication and policy information emanating from the Steering Committee.

The other main role of the Central Health Promotion Committee is to share information across the region. This is an important role of the Health Promotion Resource Department and the appointment of an Information Officer in the Department should accommodate this need. The Central Health Promotion Committee in its current context will be disbanded when Areas Committees are fully functioning and when the new instruments to facilitate information flow are in place.

New Appointments in the Health Promotion Department

The Health Promotion Department has employed a public health researcher on a one-year contract to conduct a lifestyle survey of school children in the region. This research will complement and build on the National Lifestyle Survey, which is currently taking place, co-ordinated by the University College Galway.

In partnership with the Irish Heart Foundation, the Board has appointed a Workplace Health Promotion Officer. This officer will be acting as Deputy Chair of the Workplace Health Promotion Committee. This officer will also be conducting canteen audits in Eastern Health Board premises this year. Recently the Workplace Officer held a physical activity seminar for Community Care staff, and staff from eight areas have signed up to participate in a 12 month "challenge" to increase their physical activity. Our Board aims to have 1,000 staff engaged in the physical activity challenge this year. Six new members of staff will be appointed by the end of the 1998.

The Service Plan allows for the appointment of two *Assistant Health Promotion Officers*. These officers will be recruited shortly to develop strategies for our work in post primary and primary schools. Their role will be to identify needs and coordinate, in collaboration with the Department of Education, training in social, personal and health education to teachers in the region. Our long term objective is to offer training for structural health education programme to teachers from 2nd class at primary level to 6th year at post-primary, giving priority to schools in areas of social deprivation.

has recently appointed two *Community Nutritionists* who will take up their duties in July. The nutritionists will work as trainers and provide support to some community groups and parents in support of our aims to reduce mortality morbidity from cardiovascular diseases among the disadvantaged. A temporary activities specialist will be appointed to work with the nutritionists to build a activity component into our nutrition education programmes.

Health Promotion Department will soon be appointing a Grade V *Information officer* who will oversee the development of our resource unit and dissemination of information. The Department aims to establish this Resource Centre for Board staff end of 1998.

; Resource Centre will provide information, materials and training to support staff meeting health promotion objectives as outlined in the annual service plans. A specialist will also provide small grants to support health promotion pilot projects developed by staff. The specialist staff in the Department will provide technical assistance to support these projects.

Health Promotion Activity since 2nd March - 20th June, led by the Health promotion Officer

The Health Promotion Forum:

On the 18th May the Health Promotion Department of our Board hosted a Health Promotion Forum to enable staff to share health promotion information across the programmes. A total of 55 staff attended the day, with 18 members introducing and making short presentations on their health promotion initiatives. From the discussions and evaluations of the day, three clear priorities emerged:

- Workplace health promotion initiatives.
- Staff training in health promotion.
- The establishment of a health promotion resource centre providing information, support and materials for staff.

Brief Interventions Training

The Health Promotion Department of our Board has been involved in two recent training initiatives in the "brief intervention methodology" which has been established as the most cost efficient method to influence client behaviour regarding smoking.

- We have provided, in collaboration with the World Health Organisation and the Department of Health, training for sixteen health professionals in brief interventions. This training took place over six days in April and May, and was co-ordinated by the Health Promotion Department.
- Through the Smoking Target Action Group (STAG) the Department is engaged in the training of four General Practitioners Fellows in the methodology and have appointed two Eastern Health Board representatives to co-ordinate the training in the region. This project aims to train over 120 G.P.s in our region each year in Brief Intervention.

The Workplace Health Promotion Committee

On the 21st April the Steering Committee on health promotion approved the establishment of a *Workplace Health Promotion Committee*. The first meeting of the committee took place on the 16th June. The group includes representatives from the directors of Nursing, the Chief Nursing Officers, the Public Health Nurses, Area Medical staff and Personnel. The committee will develop initiatives and plans to ensure that the Eastern Health Board promotes the physical, mental and social : being of staff, and promotes a healthy working environment. A representative from the Occupational Health and Safety Department chairs the committee. This committee will be developing a plan of work for the next two years, but one of its first priorities is to address and oversee the implementation of a smoking policy for the Eastern Health Board.

Dublin Healthy Cities

The Health Promotion Officer has been appointed to the Steering Committee and the Officer Group of Dublin Healthy Cities. In addition our Board is chairing the Working Group on Drugs, Nutrition, Alcohol and Tobacco. Our Board is also working with South Dublin County Council and the Clondalkin Women's Group to establish the agreed "pilot project" in the area.

Social, Personal, Health Education in Schools (SPHE)

In light of the guidelines on SPHE which are to be introduced by the Minister for Education in 1998, our Board is working with the Department of Education to establish a working group of key stakeholders to assess teachers needs and coordinate training in the region.

Healthy Eating Week

This year the theme of Healthy Eating Week (10th - 16th May) was "Go for Low Fat Eating". Through the Central Health Promotion Committee, the Board distributed 20.000 magazines and held over 70 local events. The Health Promotion Department provided financial and administrative support.

Health Promoting Health Centres

A proposal has been developed and approved to embark on a two year pilot project in partnership with the Southern Health Board. The aim of the project is to develop the criteria and components by which we can describe a health centre as "*Health Promoting*". Our goal is to develop health "centres of excellence" to stand as models of best practice in promoting, in partnership with the community, the health and well being of the community.

It is envisaged that we establish criteria and standards in reference to the following areas:

- Staff support and training.
- Building infrastructure.
- Relationship with the community.
- The development of healthy alliances with other health care providers in the locality.

The Officer for Health Gain Action Learning Project

Our Board is engaged with other Boards in the "Action Learning Project" established by the Office for Health Gain. Each Board is contributing a project which will be monitored and evaluated over a two year period. Our Action Learning Project is the "Breastfeeding Support Project" which aims to assess the effectiveness of the Eastern Health Board Breastfeeding Action Plan in Community Care Area 1. The project is a joint effort between the Health Promotion Department and key staff in Community Care Area 1 including the Superintendent Public Health Nurse and the Director of Community Care. Also collaborating is a Public Health Specialist from the Department of Public Health.

Health Promotion Costs

The total budget for 1998 is £230,000 of which £150,000 is the additional allocation for 1998 to develop services for health promotion. This will involve the appointment of four additional permanent members of staff.

The main budget cost this year is the development of the Department and the establishment of a Resource Centre. Total staff, resource and equipment costs in 1998 will be approximately £149,000.

Priority issues for health promotion in 1998 are smoking, diet and nutrition, and physical activity. (Total funds dedicated to these initiatives: £69,700) We engage in a number of initiatives under the umbrella of Dublin Healthy Cities (total cost £11,000).

26th June 1998

**P. McLoughlin
Deputy Chief Executive Officer &
Programme Manager**

Eastern Health Board

Report No. 40/1998

Report on Health Board Services on Ballymun

Introduction

This report arises from the proposed physical, social and economic regeneration of Ballymun through B.R.L. (Ballymun Regeneration Limited). Eastern Health Board services are central to the social regeneration of Ballymun, and hence vital for the overall success of the regeneration project. The purpose of the report is to examine services in Ballymun, any gaps there might be, anticipated future needs, resulting infrastructure and other requirements. It will also attempt to examine what is needed in overall good planning for the Ballymun Regeneration Project having regard to our Board's mission of health and social gain.

Summary

Ballymun is an area of high deprivation, with all of the neighbourhoods (DEDs) measuring 10 on the indicators of deprivation used in the Partnership areas. (1) as poorer people tend to be less healthy and die young (2) this leads to a high demand on Health Board's services. In Ballymun, while the absolute and relative scale of deprivation is extremely high, certain of the indicators show a deepening entrenchment of this deprivation. These indicators are; the increase in one-parent families, disadvantage in and disengagement from the labour market, and low education achievement across generations.

The present demographic structure imposes a high demand on our services, and changes resulting from the regeneration will effect future demand. The most salient points as detailed in the report are:-

- A new Health Centre is essential, and the design must have input from service providers and customers. The feasibility of certain services being delivered from satellite clinics should be examined.
- Child Care provision, with on-site child care facilities at point of delivery of service, needs expansion. *Emphasis should be on early intervention.*
- G.P. services and primary care generally need to be developed.
- There will be more demand for services for the elderly and disabled.
- The dislocation arising from the re-development may exacerbate the high demand on the mental health services.
- There is a need for integrated service delivery.
- Services should be delivered locally with emphasis on outreach.
- Consultation of service users and providers is the key to good planning and a mechanism for this should be structured within services.
- There is a need for low, medium and high support accommodation, hostels and houses.

- The project should be designed in such a way that it promotes good health.
- A Formal "needs assessment" of Health Board services in Ballymun should be carried out.
- The appointment of a local manager of sufficient senior status will be necessary to ensure the provision of seamless services for the Ballymun area.

Many of the problems in Ballymun which adversely affect health - property, low levels of literacy, early school leaving, truancy, crime - are not within the remit of our Board. Ballymun Regeneration provides a positive focus within which such problems can be addressed. The problems in Ballymun demand a co-ordinated cross-discipline and inter-agency approach to maximise the benefit from whatever resources are available. Without this the project will fail, the problems will be transferred, not translated, and our mission of health and social gain will be more difficult to achieve. A paradigm shift is demanded of ourselves, statutory and voluntary bodies and the public.

B.R.L. has submitted an Integrated Area Plan for approval under the Urban Renewal Scheme. Sites and uses designated under this scheme will attract a range of tax incentives through which Statutory and Voluntary bodies can benefit.

26th June 1998

P. McLoughlin
Deputy Chief Executive Officer &
Programme Manager

Eastern Health Board

Report No. 41/1998

**Births, Deaths and Marriages Services -
Progress Report on Further Developments**

Background

The Registration of Births, Deaths and Marriages transferred from Pearse Street to Joyce House, Lombard Street in 1986. The number of certificates issued increased by 114% from 59,875 in 1986 to 128,296 in 1997.

New legislation in relation to Births, Deaths and Marriages has also effected the workload in the service - examples include:

- (a) The Status of Children Act 1997. This Act revised the procedures for registration of non-marital births and has added to the Registrars workload in terms of explaining the requirements of the Act in detail to callers - the volume of non-marital births now constitutes approximately 20% of all births in the Dublin region.
- (b) The Family Law Act 1995. This Act places an obligation on the registrar to maintain a register of marriage notifications, to advise applicants of the effect of the new procedures, and involves a great deal of cross-referencing of marriage certificates and notifications. Approximately 5,000 new notifications were processed by the S.R.O. between the introduction of the Act on 1st May 1996 and June 1997 and the volume of notifications continues to grow.
- (c) The Registration of Births Act 1996. This Act requires that additional information be included on the Births Register to include the surname of the child, the profession of the mother and her home address. The Superintendent Registrar estimates that this requirement adds approximately 40% to the time required for registering births, and will also add to the time taken for issuing certificates subsequently.

In addition to the effect of legislation on the workload the increased demand for long birth certs as against the short cert has also had significant effect on workloads overall

	Short Cert	Long Cert
1996	50%	50%
1997	10%	90%

Staffing and Accommodation

The workload in the service is very labour intensive as all certs are written manually. The introduction of technology to the service is being reviewed on a national basis. Any change in this area will require legislation - it is unlikely therefore that there will be any change in the immediate future. Staffing levels over the years have increased from 18 - 30 at present. In the last two years it has been necessary to require staff to work a significant amount of overtime to deal with the workload.

In an average work day the service deals with approximately 300 callers as well as a large volume of post. This has led to long delays and queues as well as unavoidable delays in dealing with postal queries. The layout of the building with one large room, one interview room, safe (records) and manager's office means that many callers have to discuss highly confidential matters in shared offices or semi-public areas.

At its June '98 meeting our Board agreed to the lease of property (approximately 2,500 sq feet) adjoining Joyce House. This property will be available from July 1st - it will cost approximately £100,000 to fit out the building to our Board's requirements and to upgrade Joyce House. The additional costs (lease and fitting out) are being funded by the Department of Health.

The Department has also agreed to increase the staff compliment by 8 posts. The increased office space will allow the service to respond to the various needs of the customers with dignity and privacy. The additional staff will allow a more immediate response to our customers so that queuing will be eliminated.

Civil Marriages

Civil marriages are carried out on an ongoing basis by our Registrars in Kildare and Wicklow for several years - the carrying out of Civil Marriages for Dublin City and County will transfer to the Registrar in Joyce House from August 1st. This development will make significant demands on the service overall as it is anticipated that the Registrar will be required to conduct approximately 1,000 marriages per year.

Due to the volume of work both in conducting the services, pre registration and post registration there is a considerable space requirement. The former Trinity College lecture theatre at Sir Patrick Dun's Hospital has not been upgraded with the commissioning of the Hospital and Public Analysts Laboratory. The lecture theatre has seating accommodation for 70 - 80 patrons, has a large reception room and meeting room as well as toilet facilities. It was purpose built as a lecture theatre but is ideally suited for a ceremonial occasion such as a civil marriage. The facility has been inspected by our Board's Technical Services Officer as well as the Architectural Advisor from the Department of Health. The Registrar of Births, Deaths and Marriages has also inspected the facility. All three consider the facility as being very suitable for this particular service need; overall we are satisfied that it will fulfil our Board's policy with regard to customer needs.

As the facility has not been used for some years it will require upgrading and decorating; the electrical and mechanical fittings will also require upgrading. The Department of Health has agreed to make the necessary capital funding available for this work.

Eastern Health Board

Report No. 42/1998

**Health Status. Health Service Utilisation and Barriers to Health Service
Utilisation among the Adult Homeless Population of Dublin**

Introduction

The health of the homeless is an important public health issue. Their adverse health and social circumstances, coupled with the difficulty in meeting their health requirements, ensures that steps to improve their health will be challenging to all those who work with the homeless or as part of the health and social services. There is considerable potential for health and social gain in terms of increased life expectancy, reduced morbidity and enhanced quality of life among those who are homeless.

As a first step, this requires that information be made available for evidence based interventions and decision making in the framing of health policy. Our Board financially supported a study carried out by Dr. Tony Holohan, Specialist Registrar in Public Health Medicine, which provides that first step by providing the first empirical information about the health of the homeless population of Dublin. Much of the information that it contains will be of value in the planning of health services but research will be required to comprehensively investigate specific areas of health health services.

Equity is one of the three key principles of the Department of Health Strategy document entitled "Shaping a Healthier Future" (Department of Health, 1994). The pursuit of equity, it recommends, should extend to the examination of the health status of certain groups in society. Specifically, it states that disadvantaged groups should be given special attention.

The homeless provide an example of such a disadvantaged group whose health is profoundly affected by their homelessness or by the factors that caused them to become homeless in the first place. Anecdotal and empirical observations from around the world have confirmed this to be the case. What is also known is that the utilisation of health and related services is influenced by being homeless and by the presence of many barriers which limit equality of access to, and outcome from, encounters with these services.

There is a considerable lack of scientific information about the health of the homeless in Dublin or in Ireland. The research that has been carried out on homelessness in this country has mostly been of a sociological nature. This lack of information makes attempts to deal with whatever problems more difficult because there is little or no evidence to inform the health services planning process.

This study aimed to bridge the gap between information that is available and information that is required by investigating issues pertaining to the health and health service utilisation of the homeless. Being the first empirical study to do so in Ireland, it was broad and general in nature but it is hoped that it will help to facilitate and prioritise further research into this area.

The information that this study provides, as well as information from some of the future studies that it recommends, will help to inform the development and implementation of health policy in an evidence based way. This will help to produce health and social gain among the homeless in terms of morbidity and mortality prevented thereby ensuring consistent progress towards the principle of equity as outlined by the Department of Health Strategy.

The objectives of the study were as follows:

1. To describe the size and composition of the adult homeless population of Dublin.
2. To describe behaviour related health risk factors among the population.
3. To determine the health status of the adult homeless population by enquiring about health and current morbidity.
4. To determine the use of health and related services by the homeless.
5. To identify barriers that might exist to the use of such services.
6. To make recommendations for further research and for the health services based on the findings.

The study was a census of homeless people who met the definition of homelessness used here. The data was collected over a five day period of time at hostels, bed and breakfast institutions, food centres and on the streets by trained volunteer interviewers using a specially devised anonymous questionnaire.

The response rate was 64.4%. The population was heterogeneous but did allow some major sub-groups to be characterised. These are, firstly, older Irish males living in hostels who have been homeless for long time periods; secondly, younger females, often with young children, who live in bed and breakfast accommodation; thirdly, refugees, who also live in bed and breakfast accommodation and, fourthly, young Irish males who sleep rough on the streets. The reasons for homelessness, the health problems, the health risks and the utilisation of services all varied between these groups.

The population had many behavioural risk factors. Most spent much of their time outdoors irrespective of their health status or the fact that they might have young children. Almost 80% of them were smokers and almost 30% drank alcohol beyond recommended limits. A further 30% of them said that they had used illegal drugs.

Almost half of the respondents perceived themselves to be in poor health. Approximately one quarter of them felt that they were limited by their physical health in the previous month while a similar proportion said that they were limited by their mental health during the same time period. Almost 30% felt that their health had disimproved in the previous year.

Sixty six percent of people had at least one physical or psychiatric problem. At least one of a number of specific chronic diseases was reported by 41% of people. The reporting of individual health problems was found to vary with age, sex, duration of homelessness and the existence of behavioural risk factors such as cigarette, alcohol and drug consumption.

Close to half of all respondents did not have a personal medical card. Some subgroups, such as young males and rough sleepers had particularly low medical card ownership. The possession of such a card was not influenced by the existence of chronic disease. The utilisation of services varied according to age, sex and other demographic factors. Some groups, such as rough sleepers, used all services at low levels. Ancillary services, such as social work and community welfare, were mostly used by young women, often with children, and refugees.

Many barriers to service utilisation, such as the lack of a medical card, language difficulties, cultural differences, information barriers and the unacceptability of many of the existing services to homeless people were identified in the study.

The recommendations emphasise the importance of a co-ordinated and integrated response to the health problems of the homeless. Services are recommended which use an evidence-based multidisciplinary approach, which are acceptable and accessible to users and which reflect the social, as well as purely medical, circumstances in which the homeless find themselves.

Dr. Holohan was assisted in this study by staff of our Board and by the many voluntary organisations who provide services directly to the homeless population in Dublin. Their assistance was of great benefit in completing the study.

Our Board is appointing a General Manager with specific responsibilities for asylum seekers, travellers and the homeless population and a plan to provide an integrated and co-ordinated service for the homeless will be developed and brought to our Board for approval.

26th June 1998

**P. McLoughlin
Deputy Chief Executive Officer &
Programme Manager**

**PROGRAMME COMMITTEE FOR HEALTH PROMOTION, MENTAL HEALTH,
ADDICTION, & SOCIAL DEVELOPMENT**

PROGRESS REPORT

**Meeting held in Naas Hospital (Lakeview Unit) On
Thursday, 11th June 1998**

SUMMARY POINTS

1. Members noted report on Kildare Mental Health Service.
2. Members expressed concern regarding the bed situation at the Lakeview nit and requested that immediate action be taken to address this matter.
3. It was agreed to ask the Board to approve a motion requesting that new legislation be enacted as a matter of urgency to make provisions to adequately deal with non-compliant psychiatric patients living in the community.
4. The Programme Manager advised members that:
 - the Department of Health provided additional funding for the acquisition of premises in Newbridge for the development of a high support hostel;
 - the commissioning of the hostel is being delayed due to staff recruitment problems;
 - a group has been established by the Board, comprising of nursing and Personnel representatives, as part of a nurse recruitment drive in England and Scotland;
 - the Department of Health has increased the number of nurse training schools and nurse training places;
 - it is proposed to present the Board with a report, similar to the ten year plan for the elderly, in relation to mental health services in the future.
5. Members noted the main points of the Programme Manager's report as follows:
 - Ms. Breda Lawless will take up the post of Director of Care - Mental Health on the 15th June 1998;
 - work is continuing on carrying out the necessary infrastructural works on the new unit at Tallaght Hospital:
 - work is progressing rapidly to develop acute psychiatric services in Beaumont.
6. Statistics provided on the mental health service were noted by members.

EASTERN HEALTH BOARD

PROGRAMME COMMITTEE FOR HEALTH PROMOTION, MENTAL HEALTH, ADDICTION, & SOCIAL DEVELOPMENT

PROGRESS REPORT

**Meeting held in Naas Hospital (Lakeview Unit) On
Thursday, 11th June 1998**

1. VISIT TO LAKEVD2W UNIT, NAAS HOSPITAL, AND REPORT ON KILDARE MENTAL HEALTH SERVICES

Members were taken on a tour of the acute psychiatric unit at Naas Hospital (Lakeview Unit).

Following the tour, Mr. Tom Kelleher, Chief Nursing Officer, presented a report on the Kildare Mental Health Service.

Mr. Kelleher highlighted the current requirements of the Kildare Service as follows:

- the inadequacy of a thirty bed acute unit to meet the total needs of the Kildare/West Wicklow Service;
- the immediate need for the transfer of fourteen long-stay patients from the Lakeview Unit to high support accommodation in the community;
- the difficulty in opening a high support hostel in premises acquired by the Board in Newbridge, due to staff recruitment problems - members noted that the commissioning of this facility would help to alleviate some of the existing problems in Kildare;
- the need to provide an additional day hospital;
- the need to provide additional medium and low support hostels.

Members noted that the development of the health centre in Athy is progressing and that it is hoped that the sector headquarters for the South Kildare/West Wicklow sector will transfer from its present location at Abbeyview, Castledermot, to the health centre in Athy in the near future.

Members expressed concern regarding the bed situation at the Lakeview Unit and requested that immediate action be taken to address the matter.

Concern was also expressed regarding the suitability of the design of the nurses station. The Programme Manager agreed to review this issue.

A discussion took place regarding the question of whether psychiatric patients have fully integrated into the community.

The Programme Manager advised members that the results of a study into this matter would be brought before the Committee at a later date.

Concern was also expressed by members in relation to non-compliant patients in the community.

Deputy Callely requested that the Board urgently draw up protocols to address this matter.

The Programme Manager advised members that the Board and its consultant medical staff had to operate within the law on this issue and he advised members of the patient's civil rights in this regard.

On a proposal by Dr. D. Keane and seconded by Cllr. S. Laing, it was agreed to ask the Board to approve a motion requesting that new legislation be enacted as a matter of urgency to make provisions to adequately deal with non-compliant patients living in the community.

In relation to the Kildare Service, the Programme Manager advised members that:

- the Department of Health provided additional funding for the acquisition of premises in Newbridge for the development of a high support hostel;
- the commissioning of the hostel is being delayed due to staff recruitment problems.

In relation to staff recruitment difficulties, members noted that:

- a group has been established by the Board, comprising of nursing and Personnel representatives, as part of a nurse recruitment drive in England and Scotland;
- the Department of Health has increased the number of nurse training schools and nurse training places.

The Programme Manager also advised members that it is proposed to present the Board with a report, similar to the ten year plan for the elderly, in relation to mental health services in the future.

Members congratulated all staff concerned on the excellent service provided in Kildare.

Members acknowledged the commitment and dedication of Mr. Pat Bennett, Area Manager, to the development of the Kildare Service and wished him success in his new position as General Manager.

2. PROGRAMME COMMITTEE MEETING

2.1 *Programme Manager's Report*

- *Director of Care Post - Mental Health*

The Programme Manager advised members that Ms. Breda Lawless will take up the post of Director of Care - Mental Health, on the 15th June 1998. The Director will have an important role in such essential matters as identifying needs and planning future service developments. The Director will also perform an assurer role in relation to the quality and efficiency of existing services, statutory or voluntary, including standards, protocols, and procedures.

- *Transfer of Acute Psychiatric Services to Tallaght*

Members noted that work is continuing on carrying out the necessary infrastructural works on the new unit at Tallaght Hospital. While a final date is awaited from the builder, it is likely to be completed in mid to late July. Discussions are continuing with staff representatives to ensure that services transfer on completion of the modifications to the unit.

- *Developments of Acute Psychiatry at Beaumont*

Members noted that work is progressing rapidly to develop acute psychiatric services at Beaumont Hospital. The Project Team has been concentrating on finalising the brief and agreeing the most suitable location for the unit. A plan for the development of the unit will be considered by the Board of the hospital on 11th June 1998. The unit will take two and a half years to plan, build, and commission.

2.2 *Statistics - Service Plan - Mental Health Service*

Statistics provided on the mental health service were noted by members.

It was noted that while waiting lists were not a feature of the mental health services, there were deficiencies in service provision overall and that this matter would be addressed in the ten year plan proposed for mental health.

EASTERN HEALTH BOARD

**PROGRAMME COMMITTEE FOR SERVICES FOR PERSONS WITH
DISABILITIES**

**Meeting held in Sister's of Charity of Jesus & Mary, Moore Abbey,
Monasterevan, Co. Kildare.**

Summary Points

The following reports were considered and noted:

1. Programme Manager's Report on:

- (i) Progress Report on Emergency Placements (Mental Handicap)**
- (ii) Report on Access to Disabilities Services in Rural Areas**

Members recommended that representation should be made to the Minister for Finance in relation to holders of a Public Service Vehicle (PSV) licence providing a service to people with a disability.

The Programme Manager informed the committee that she had met with the Revenue Commissioners following the March Programme Committee meeting. An Interdepartmental Committee is examining the current scheme in relation to disabled drivers tax concessions. She will circulate this report as soon as it is available.

(iii) Report on Disabilities Services - CCA 9

The Programme Manager agreed to circulate details on waiting lists for disability services to the members.

The Programme Manager also agreed to prepare a report on "Home Support Services" for people with a disability for a future meeting.

EASTERN HEALTH BOARD

PROGRAMME COMMITTEE FOR SERVICES FOR PERSONS WITH DISABILITIES

**Meeting held in Sister's of Charity of Jesus & Mary, Moore Abbey,
Monasterevan, Co. Kildare.**

Progress Report

Progress Report on Emergency Placements (Mental Handicap):

The Programme Manager circulated an update report on emergency placements in the Mental Handicap Services. A detailed discussion followed.

The Programme Manager gave details of the type of individuals that present as emergencies in our Board's area. An amount of £0.600m has been set aside to deal with such emergencies in 1998. It is estimated that an additional £0.25m would be required to meet these needs to December 1998. based on current trend. The Department of Health have been advised of this position.

Report on Access to Disabilities Services in Rural Areas

The Programme Manager circulated a report on access to disabilities services in rural areas. A detailed discussion followed.

Members recommended that representation should be made to the Minister for Finance in relation to holders of a PSV licence providing a service to people with a disability.

The Programme Manager said she had met with the Revenue Complaints/Appeals+missioners following the March Programme Committee meeting. An Interdepartmental Committee has been set up to examine the current scheme in relation to disabled drivers tax concessions. She will circulate this report as soon as it is available.

Report on Disabilities Services - CCA 9

The Director of Community Care Area 9, circulated a report on the Mental

Handicap and Physical/Sensory Disabilities Services. A detailed discussion followed.

Members queried the integrity of the data held on the Intellectual Disability Database. The Programme Manager informed the committee that an update of all client details had been undertaken in June 1998. She agreed to circulate an update report on waiting list for disability services to all members.

The Programme Manager also agreed to prepare a report on "Home Support Services" for people with a disability for a future meeting.

4. Overview of Mental Handicap Services - Sisters of Charity of Jesus & Mary, Moore Abbey.

Mr. Joe Kelly, Chief Executive Officer, and Sr. Anne Lynch, gave an overview of the services provided by the Sisters of Charity of Jesus & Mary. They gave the history of the service and outlined the development plans for the organisation. Members welcomed this overview.

Cllr. Michael Barrett, Chairman.

23rd June 1998.

EASTERN HEALTH BOARD

Acute Hospitals and Services for the Elderly Programme

Progress Report

**Monthly Programme Committee Meeting
held in James Connolly Memorial Hospital
on Thursday, 18th June 1998.**

Summary Points

- Members noted and welcomed the very significant reduction in the incidence of MRS A at James Connolly Memorial Hospital.
- Members welcomed the implementation of a patient satisfaction survey in the out patient department of James Connolly Memorial Hospital and urged that such surveys be conducted in all our Board's hospitals.
- Members urged that the development of James Connolly Memorial Hospital and Naas General Hospital be progressed as quickly as possible.
- Members recommended that the recently completed draft planning brief for the potential future development of St. Columcille's Hospital be formally submitted to the Department of Health and Children for consideration.

EASTERN HEALTH BOARD

Acute Hospitals and Services for the Elderly Programme

Progress Report

Monthly Programme Committee Meeting held in James Connolly Memorial Hospital on Thursday, 18th June 1998.

1. VISIT TO THE HOSPITAL AND REPORT ON LOCAL SERVICES

The Committee was joined by Ms. K. Sheeran, Director of Nursing, Mr. S. O'Flanagan, Chairman of the Medical Board and Mr. T. Gorey, Hospital Manager who escorted the members on their visit to the new Education Centre at the hospital. Following the visit, the Annual Report for 1997 was presented and during the ensuing discussion the following points were made:

- Members noted and welcomed the very significant reduction in the incidence of MRSA at the hospital.
- Members welcomed the implementation of a patient satisfaction survey in the out patient department of the hospital and urged that such surveys be conducted in all our Board's hospitals.
- Members in noting agreement with regard to the sale of surplus lands at the hospital urged that the hospital development be progressed as quickly as possible.
- Members stressed the importance of the provision of pastoral care services in the hospital.

Members congratulated the management and staff of the hospital on the excellent service being provided for patients.

Members noted the many publications emanating from the staff of the hospital and asked that a letter of congratulation be sent to the Medical Board of the hospital in this regard.

Members noted that Mr. Hy Browne, Medical Administrator is due to retire in the near future and asked that their appreciation of his dedicated service to the hospital over many years, be conveyed to him.

- Members noted the contribution of the "Friends of Blanchardstown Hospital" to the welfare of patients in the hospital and asked that their appreciation be conveyed to the fund raising group.

2. PROGRAMME MANAGERS REPORT

2.1. James Connolly Memorial Hospital

Members noted that the Project Team and Design Team are continuing to progress the various aspects of the planning process for the development of the hospital.

In noting the agreement to the sale of surplus lands at the hospital members urged **that** the development of the hospital be progressed as quickly as possible.

2.2. Naas General Hospital

Members noted that a decision on our Board's application for planning permission in respect of the development of the hospital was expected in the near future and that in the interim the Design Team are continuing to progress the drafting of detailed departmental layouts in line with the Planning Brief.

2.3. St Columcille's Hospital

Members welcomed the completion of the draft planning brief for the potential future development of the hospital and recommended that it be formally submitted to the Department of Health and Children for consideration.

Members noted that the closing date for receipt of tenders in respect of the construction of an extension to the x-ray department at the hospital to accommodate the new CT Scanner is 26th June 1998.

2.4. Ambulance Services

Members noted the Programme Managers Report on the up to date position with regard to the on going industrial action in Wicklow and urged that every effort continue to be made to resolve the difficulties being experienced to the satisfaction of all concerned.

G. McGuire
Chairperson

18th June 1998

Eastern Health Board

Acute Hospital and Services for the Elderly Programme

Progress Report

Special Programme Committee Meeting held in St. Mary's Hospital on Friday 19th June 1998

Summary Points

- Members recommended that a survey on the inter-dependency of the complex factors influencing Accident and Emergency admissions be undertaken as recommended in the A & E Steering Group Report
- Members recommended that a letter be sent by our Board to the Department of Health and Children expressing concern at the possible impact of the seasonal bed closures in the acute hospitals over the coming months
- Members urged that funding be made available to provide appropriate levels of care for patients who have completed the acute phase of their medical treatment, thereby maximising the utilisation of the acute hospital bed resource

Eastern Health Board

Acute Hospital and Services for the Elderly Programme

Progress Report

**Special Programme Committee Meeting held in St. Mary's
Hospital on Friday 19th June 1998**

1. Accident and Emergency Steering Group - Annual Report 1997

The Chairperson welcomed the Chief Executive Officers of the major acute Dublin hospitals to the meeting and thanked them for their attendance.

The Programme Manager introduced the Accident and Emergency Steering Group Report for 1997 and in the ensuing discussion on the A & E Service and its impact on the overall delivery of acute hospital care the following points were made:-

- Members commented on the need to provide appropriate levels of care for patients who have completed the acute phase of their medical treatment and urged that funding be made available to facilitate the provision of such accommodation
- Members urged that a survey on the inter-dependency of the complex factors influencing A & E admissions be undertaken as recommended in the A & E Steering Group Report
- Members recommended that a letter be sent by our Board to the Department of Health and Children expressing concern at the possible impact of the planned seasonal bed closures in the acute hospitals over the coming months
- Members commented on the long waiting times being experienced by patients in A & E Departments
- The unpredictable nature of A & E services and the difficulties this causes in planning the overall delivery of acute hospital care was highlighted
- Members noted and welcomed the various initiatives undertaken in the A & E Departments to improve the service being provided

- Members commented on the need for an ongoing Public Education Campaign on the appropriate use of hospitals and in particular hospital A & E Departments
- The need to progress as a matter of urgency the development of Primary Care Centres to ensure the availability of an 'out of hours' General Practitioner Service was emphasised
- Members commented on the need to monitor the impact of the proposed extension of pub opening hours on A & E attendances and the health services in general
- Members stressed the need to appoint additional hospital A & E Consultants
- Members welcomed the opportunity to exchange views with the Chief Executives of the major Dublin general hospitals
- Members congratulated the A & E Steering Group on the production of an excellent and informative report

Gerry Maguire
Chairperson

19th June 1998

EASTERN HEALTH BOARD

Community Services and Services for Children and Families Programme Committee Progress Report

Meeting held on 25th June 1998

SUMMARY POINTS

The following reports were considered and noted:

- Report on Services in Area 9
 - the development of services for drug addicts in the area,
 - the elimination of Category 3.

- Report on Home Improvement Scheme for the Elderly
 - restructuring the management and operation of Eastern Community Works

EASTERN HEALTH BOARD

Community Services and Services for Children and Famines Programme Committee Progress Report

PROGRESS REPORT

1. Meeting held in Community Care Area 9, Naas General Hospital on 25th June 1998.
- 1.1 Mr M Walsh, Programme Manager Community Services **announced the** following staff appointments:

Mr Pat Bennett, General Manager, Community Care Area 5, Mr Kevin Ward, General Manager, Community Care Area 9, Mr Adrian Charles, General Manager, Community Care Area 8, Ms Sheila Marshall, Secretary to the Programme Committee.

Mr Walsh also informed the committee that the services for Dental, Environmental Health and Community Welfare are in the process of being decentralised.

The committee expressed their appreciation to Mr Bennett for his work and commitment to the area over the years and wished him well in his new assignment.

2. Report on Services in Area 9:

Dr A Murphy, A/Director of Community Care and Dr F Daly, Principal Dental Surgeon, presented detailed reports on services in the area which had previously been circulated to members. The following were the main points raised in the discussion which followed:

- the building of the new health centre in Newbridge has commenced,
- clarification was sought regarding the operation of the Hanen Programme. Dr Murphy explained that the Programme was developed for parents of children with disorders relating to phonetics and articulation whereby parents are prepared to work with their children in the home,
- difficulty in recruiting speech therapists,
- the incorrect perception that Kildare does not have a drug problem,
- the development of services for drug addicts in the area. Mr Walsh advised the committee that Mr Pat McLoughlin, Programme Manager has responsibility for the development of services for drug addicts and was monitoring the situation closely.
- dental services for the Travelling Community, and

- the elimination of Category 3. Mr Walsh stated that the waiting lists are being reviewed at present and should patients on the Category 3 waiting list be eligible for Category 2 they will be so included, otherwise the Category 3 list will be discontinued and those entered on the list will be notified accordingly.

Members noted the report.

3. Report on Home Improvement Scheme for the Elderly

The Programme Manager's Report on the Home Improvement Scheme for the Elderly was previously circulated to the committee. Mr Walsh presented the report and stated that the management and operation of Eastern Community Works is being restructured at present The waiting list is being reviewed and in addition, procedures and processes are being examined with a view to having the service respond more effectively to the needs presenting. The principal points raised in the ensuing discussion were:

- waiting list - Mr Walsh stated that all building contractors must be registered for tax,
- planning permission - difficulty for elderly completing application forms,
- applications for Local Authority Grants. The delay caused by applicants being required to access Local Authority Grants in advance of their application for this particular scheme, and
- the shortage of FAS trainees and difficulties in sourcing building contractors for the small projects in this scheme.

Members noted the report.

Cllr C Gallagher
Chairperson

26th June 1998

12 June, 1998

§
DEPARTMENT
OF HEALTH AND
CHILDREN

Mr P J Fitzpatrick
Chief Executive Officer
Eastern Health Board
Dr Steevens Hospital
Dublin 8

Funding to the GAY HIV Strategics Project

Dear Mr Fitzpatrick

In March 1997 £50,000 was added to your Board's base for Drugs and AIDS services to cover the costs of a one year phase of a Gay HIV Strategies Project which aimed to work with the gay community in creating a greater awareness of the issues relating to HIV and AIDS. The Project appointed Mr Kieran Rose as Project Director on 3rd June, 1997. Mr Chris Robson, Chairperson of the Project has written to me (see copy letter enclosed) requesting that the Project should continue for another year.

Mr Rose has submitted regular reports to the Department on the work of the Project. He is a member of the National AIDS Strategy Committee and has been reporting to this Committee on the Project's activities. I have also spoken to Mr Pat Mc Loughlin, Programme Manager who is satisfied that the Project merits support for a further year, as it has undertaken valuable outreach work among the gay community in your Board.

In anticipation of the project being successful in its first year in operation a sum of £50,000 continued in your Board's 1998 base. Therefore, provided that the Project has complied with accounting procedures and that the Health Board is satisfied with its operation, Community Health Division approves the granting of £50,000 to the Project, which will terminate on 2nd June, 1999, when the second year term of its Project Officer concludes.

Yours sincerely

Mary Jackson
Community Health Division

Hawkins House Dublin 2

GAY HIV STRATEGIES
Unit 12, Fumbally Court, Fumbally Lane, Dublin 8
Tel: +353 1 4730599 Fax: +353 1 4730597
E-Mail: gha@nexus.ie
Web Site:
<http://www.ioi.ie/nexus>

10th May 1998

Mary Jackson
Community Health
Department of Health and Children.

Dear Ms. Jackson,

You will recall that during our recent Board meeting which you attended, you indicated to us that it should be feasible that the project would be extended for a second year. We are now writing to you with a formal proposal that this should happen.

Many of the projects initiatives are now coming to fruition, and it has become clear to us the chosen approach was correct: that by strategic thought and action it would be possible to bring together the statutory authorities and others and the voluntary and commercial sectors of the gay community nation-wide in new and greatly more effective partnerships. It now seems to us equally clear that if Kieran can continue this work and this approach for another year, then existing programmes will be consolidated, and new initiatives can be built on these strengths.

The reports and documentation that you have regularly received form together the basis of a comprehensive record of our first years work, and other less formal contacts have, we hope, ensured that you have been kept fully informed as well about our plans as our thinking. The framework for our work continues to be HIV Prevention Strategies and the Gay Community. The following we would see as our priorities for the coming year:

- Continue to develop partnerships between Health Boards and gay community.
- Continue to build capacity of gay community to engage in HIV prevention work.
- Focus on initiatives and strategies for gay youth in partnership with mainstream youth service agencies and gay community.
- Focus on initiatives and strategies to respond to issues of disadvantage in cooperation with relevant agencies (such as area partnerships) and gay community.
- Continue to access EU programmes and resources.
- Draft gay health leaflet for joint publication with Health Promotion Unit.
- Continue to develop co-operative strategies with gay commercial sector.

HIV Prevention Strategies and The Gay Community: Phase Two

- Develop models of good practice in terms of health care workers such as nurses and doctors.
- Access HIV prevention opportunities as they arise e.g. joint initiative with Garda Siochana to combat violence against gay people.

Any other information or analysis that you might need will, of course, be provided

Yours sincerely,

Christopher Robson
Chairperson

MINISTER WELCOMES OP ,

OF HOSPITAL IN TALLAGHT

Mr Brian Cowen II), Minister for Health and Children, today (June 19th. 1998) congratulated everyone involved in this exciting project on their success in achieving their objective of moving to the new hospital on schedule on the 21st June.

He wished the patients and staff well on the last part of the journey from the Adelaide, Meath and National Children's Hospital to Tallaght on Sunday next.

"I am delighted that the long wait of the people of Tallaght, Clondalkin, Firhouse, Rathfarnham, Terenure and Tempcogue, West Wicklow and South Kildare for a hospital is finally over. The new hospital is a magnificent facility and represents an investment of sonic £130 million in building and equipment" said the Minister.

The Minister pointed out that the hospital will be bringing on stream immediately enhanced facilities including on site laboratory services, more sophisticated theatres, state of the art sterile services, a "best of breed" Information System/Information Technology System and an ultra modern filmless radiology system known as l'ACS (Picture Archiving Coinn...:r.ca¹-'i System)

T he Minister also placed emphasis on the bright and any design of the building v^ .. ;~,i,, -.,-allow plenty of natural lighting and ventilation

"The new hospital will also have a beneficial effect on the local economy in Tallaght and has been eagerly awaited by the local community. I wish everybody well in the move, particularly those patients for whom the move to Tallaght may prove difficult" said the Minister

The Minister again paid tribute to the hospitals transferring to Tallaght - the Adelaide, the Meath, the National Children's Hospital - Harcourt Street - and expressed his appreciation of the invaluable and constructive contribution of the Board of the new hospital under the chairmanship of Mrs Rosemary French, its management and staff The Minister also expressed

his appreciation of the role of the Tallaght Hospital Board chaired by Professor Richard Conroy which has been responsible for the construction and equipping of the hospital.

The Minister paid particular thanks to the staff of the transferring hospitals and of the Tallaght Hospital Board for their co-operation and hard work in preparing for the opening of the new hospital

The Minister expressed satisfaction that the acute psychiatric services of St Loman's Hospital would also be transferring to the new hospital and thanked the management and staff of the Hospital and Eastern Health Board for their contribution.

The Minister also thanked the Eastern Health Board, the other casualty hospitals in Dublin and the public for their assistance and forbearance during the transfer process.

Finally, the Minister said that he would like to support the new hospital's request that people stay away from viewing the hospital on Sunday so that the Management and staff are left to focus on the important transfer of patients to the new facility.



DEPARTMENT

5 June, 1998

**Mr P.J. Fitzpatrick
Chief Executive
Officer Eastern
Health Board Dr
Stevens' Hospital
Dublin 8**

Healthier Future

School of Nursing, St Ita's Hospital

Dear Mr Fitzpatrick

I wish to refer to previous discussions concerning the refurbishment of a unit in St Ita's Hospital to facilitate the School of Nursing.

I am to convey approval to capital expenditure of up to £200,000 to adapt and renovate Unit G in St Ita's Hospital for use as a School of Nursing for the Mental Handicap Services

Claims for payment of this grant : will be forwarded on Form A to the Hospital Planning Office. Department of Health and Children.

Yours sincerely

John Collins
Disability Services