



EASTERN REGIONAL HEALTH AUTHORITY

**Minutes of proceedings of Special Board Meeting
held in the Boardroom, Dr. Steevens' Hospital
On Monday 24th May 2004 at 11.00am**

Present

Ald. Joe Doyle (Chairman)	Mr. Patrick Aspell
Dr. Siobhan Barry	Cllr. Christy Burke
Cllr. Catherine Byrne	Cllr. Eric Byrne
Cllr. Louise Cosgrave	Mr. Martin Cowley
Cllr. Tommy Cullen	Mr. John Dolan
Cllr. Jane Dillon Byrne	Cllr. Tony Fox
Dr. Kieran Harkin	Ms. Ann Harris
Ms Noeleen Harvey	Mr. Paul Ledwidge
Ms. Maria Hoban	Cllr. Colm McGrath
Cllr. Martin Miley (Jnr)	Ald. Mary Mooney
Dr. Bernard Murphy	Cllr. Eamonn O'Brien
Cllr. Mary Murphy	Cllr. Dr. Bill O'Connell
Cllr. Fiona O'Loughlin	Mrs. Catherine Quinn
Cllr. Therese Ridge	

In the Chair

Alderman Joe Doyle

Apologies

Mr. Christy Lynch, Cllr. Gerry McGuire

In Attendance

Mr. Michael Lyons, Ms. Maureen Browne, Mr Martin Devine, Mr. Jim Breslin
Dr. Marie Laffoy, Mr. Frank O'Leary, Mr. Dougie Beaton,
Ms. Mo Flynn, Mr. Mark Fagan, Mr. Pat Harrington,
Ms. Helen Stokes, Ms. Bernadette Crowe, Ms Patricia Perry.

Opening Prayer

04/06/39 Chairman's Business

Agenda Item No. 1

The Chairman advised members that he had received correspondence from Kildare County Council advising that at its meeting held on the 4th May 2004, Cllr. Martin Miley Junior, was nominated to the Board of the Authority in place of his father, the late Martin Miley Senior.

The Chairman invited Cllr. Miley to join the meeting.

Other

- The Chairman wished Cllr. Gerry McGuire, who is currently an in-patient in Beaumont Hospital, a speedy recovery.

04/06/40 Minutes of Previous Meetings

Agenda Item No. 2

The draft Minutes of the Board Meeting held on the 7th April 2004 (copy appended to the official minute), having been circulated, were proposed for adoption by Cllr. Jane Dillon-Byrne seconded by Cllr. Christy Burke and agreed.

The notes of the adjourned Board Meeting held on the 29th April 2004 (copy appended to the official minute), having been circulated, were proposed for adoption by Cllr. Tony Fox seconded by Ald. Mary Mooney and agreed.

The draft Minutes of the Special Board Meeting held on the 6th May 2004 (copy appended to the official minute), having been circulated, were proposed for adoption by Cllr. Eric Byrne seconded by Mr. Paul Ledwidge and agreed.

04/06/41 Questions to the Chief Executive

Agenda Item No. 3

On the proposal of Cllr. Jane Dillon-Byrne seconded by Dr. Bernard Murphy the questions were moved for reply by the Chief Executive.

3.1 Cllr. Deirdre Heney

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

Reply:

The latest research on cocaine use was published by the National Advisory Committee on Drugs during 2004. This research and other research reviewed indicates that:

- The lifetime prevalence rate (i.e. people reporting ever having tried cocaine) for cocaine was 3% and less than one per cent for crack cocaine.
- Lifetime prevalence was highest in the 15-24 year old group at 5.1%.
- Comparing the Slán survey data (between 1998 and 2002) shows that lifetime prevalence rates for cocaine use has increased for males from 1.8% to 3% and for females increased from 0.6% to 1.9%
- Data from the criminal justice system showed that the majority (62%) of cocaine related offences occurred in the Dublin Metropolitan area.
- However, drug treatment data shows that the numbers of persons presenting for cocaine use has remained consistent over the past number of years. Similarly, addiction services across the Boards have increasingly reported observing cocaine in use. However, demand for treatment services related to cocaine addiction has been reported as not being substantial.

Unlike heroin addiction, there is no physical withdrawal associated with the cessation of cocaine use. At present, there is no medical treatment for cocaine use. Treatment comprises of psychological support and counselling, symptomatic relief and the treatment of medical complications when these occur. Engaging cocaine-only drug users is a difficult task as has been found internationally, as there is no immediate medical interventions that can be offered. Below, I have detailed the services available in each Board for cocaine use. Please note that services provided by voluntary organisations are also involved in providing support to people with a cocaine use problem.

The use of crack cocaine results in much more serious difficulties for the user. However, the reported use of crack cocaine remains low.

Drugs prevention programmes in place across schools and the work of drug education officers in each Board should also be acknowledged in the prevention responded to cocaine. Such work is assisting in providing young people with alternative choices to drug use.

Following the report of the NACD, the Authority and Boards will continue to work the National Drug Strategy Team and Local Drug Task Forces and the DoHC on monitoring and providing services to respond to persons presenting for treatment for cocaine use.

SWAHB

The Addiction Services of the S.W.A.H.B. provide a range of services to those with drug problems including cocaine use. The services include education, harm reduction, outreach, treatment, counselling and referral services. The majority of services users presenting with cocaine misuse problems are those who are involved in poly drug use and their cocaine use is treated in the context of their overall treatment plan. Those who present with cocaine as their main problem drug are small and those individuals are offered appropriate counselling supports. Services commensurate with the scale of the problem are currently in place.

NAHB

Cocaine misuse is a major component of treatment interventions for 5-10% of opiate dependent substance users attending Northern Area Health Board treatment services and the number being treated in the past 18 months is on the increase. The treatment services for cocaine in the NAHB involve counselling, nursing and medical staff. Counselling can help some individuals and the Northern Area Health Board have been providing access to such counselling services for those presenting with cocaine-only substance misuse. Presently, there is a pilot project offering counselling in a stand-alone service in the north inner city but uptake of this service has been limited. The Northern Area Health Board are looking to re-design an alternative model of more holistic care to be piloted to attract more cocaine-only users to treatment services.

ECAHB

The experience of the ECAHB is that cocaine users are being encountered in increased numbers by the outreach service and are, in that setting being, offered referral to treatment services. However, very few of these individuals are presenting for treatment. ECAHB outreach teams are aware of the increased presence of the drug in the community and will continue to closely monitor the situation closely.

3.2 Cllr. Deirdre Heney

To ask the CEO to give details of the levels of resources employed by the Board in Drug Addiction Services over each of the last 5 years, to say if resources are decreasing as a percent of overall expenditure, to say what % increase has been given over each of the last 5 years to:

- 1) Section 65 Projects
- 2) Mainstreamed Drug Task Force Projects
- 3) Boards own Drug/Addiction services

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

REPLY:

The Addiction Services of the three Area Health Boards have been, and continue to be, fully committed to the partnership model of working with community projects in the field of drugs. This is demonstrated by the Boards' commitment to the Local Drug Task Force (LDTF) initiatives of which there are 13 in the region. In addition to contributing fully as members of the LDTFs the Addiction Service is the employer of the 13 LDTF coordinators and provides significant logistical supports to the LDTFs. Of all of the State Agencies involved in the National Drug Strategy, the Health Boards are the

main partners and channel of funds for the majority share in all National Drug Strategy/ Local Drug Task Force allocations.

The national drugs strategy envisages a model of service delivery in which statutory, voluntary and community sectors work closely together and deliver integrated services to those requiring addiction related services. In this context a range of services provided by the voluntary and community sector is funded by Boards including: drop-in services, peer support services, family therapy support, family support, education services, counselling services, rehabilitation and aftercare services, HIV/Aids support, training services and personal development training.

Staff of the Addiction Service meet with the voluntary and community groups in receipt of Section 65 / Mainstream funding to review the work of projects, discuss their financial position and to advise projects in relation to developments within the sector.

In the past year the South Western Area Health Board and the Northern Area Health Board have opened, in partnership with community projects, a number of additional syringe exchange services in the Tallaght, Blanchardstown and Darndale areas. These services are located within community facilities. In addition, joint training is being developed between the Boards and community groups in relation to cocaine.

For a number of years the Addiction service faced the challenge of rapid expansion to meet an urgent presenting demand and national commitment to the provision of 6,500 methadone maintenance places during the lifetime of the National Drugs Strategy. This target was achieved in 2003. The primary emphasis in service delivery during 2003 and 2004 has, of necessity been on maintaining the current level of service and responding to a continuing demand for increased services within a restrictive environment of budgetary constraint and an employment ceiling. Collaboration and conjoint working with other agencies in the statutory, voluntary and community sectors continues to be a high priority for the Addiction Service in line with the aims and objectives of the National Drugs Strategy.

Details regarding resources deployed for each sector are shown below for each Area Health Board. Information for years prior to 2001 - the first year of the Authority's operation - are not immediately available.

NAHB Funding

	2001	2002	2003
Sect 65	€2,267	€2,498	€2,549
Mainstream	€3,569	€3,473	€3,460
Direct service provision	€20,902	€20,547	€20,646

SWAHB Funding

	2001	2002	2003
Sect 65	€2,686	€2,872	€2,834
Mainstream	€2,795	€2,828	€2,845
Direct Service provision	€19,310	€20,870	€22,230

ECAHB Funding

	2001	2002	2003
Sect 65	€601,539	€716,616	€739,108
Mainstream	€552,338	€457,698	€506,925
Direct Service Provision	€1,043	€1,509	€1,230

3.3 Dr. Siobhan Barry

Re: Mental Health Services of the ERHA.

Given the Planning & Commissioning, Monitoring & Evaluation functions of the ERHA, could the CEO detail the progress the Authority has made in relation to the Mental Health Services since its inception in March 2000?

REPLY

The following are indications of the Planning & Commissioning and Monitoring & Evaluation functions and draws upon the Service Plans and Yearly Reviews during the past three years.

The Authority has prioritised the development of mental health services using its commissioning principles. Using the World Health Organisation's mental health report (2001) as a basis for its commissioning principles, the Authority has concentrated on:

- Ensuring that mental health services were planned, delivered and targeted at areas of greatest need (and deprivation)
- Developing capacity within the child and adolescent, adult and old age services
- Developing capacity within specialised and tertiary mental health services
- Ensuring that service users were at the heart of policy, planning and organisation of services
- Developing a performance assessment framework to ensure the delivery of quality services
- Ensuring the integration and seamless provision of health services with mental health services

Since 2001, the Authority's most notable progress has included:

- The publication of its Strategic Framework on Mental Health. This includes the development of the framework through a consultation process with both

service providers and service users and the current move toward implementation.

- Securing additional resources for mental health services from the DoHC, as follows:

Year	Revenue
2000	€2,893,400 (Ir£2,279,000)
2001	€4,075,400 (Ir£3,210,000)
2002	€7,736,000
2003	€2,535,000
2004	€1,000,000

Year	Capital
2000	€268,000
2001	€2,179,000
2002	€8,613,000
2003	€4,346,000
2004	TO BE AGREED

- Progressing the transitional mental health services from institutional care towards community care with a corresponding shift in the allocation of resources. As services were discontinued in the institutions every effort has been made to transfer staffing and financial resources to community services. Because of our particular stage of transition and the necessity to maintain large institutional buildings a disproportionate share of the mental health budget is required in the institutions. This requirement slows down the development of adequate community mental health services
- The development of an advocacy programme (run by the Irish Advocacy Network), which allowed more structured dialogue with service users on their needs and how services should be delivered.
- Initiating and developing the delivery of mental health services in primary care in conjunction with the Irish College of General Practitioners.
- The development of responses within communities to the issue of suicide and parasuicide.
- The development of specialised services such as the homeless services which allow more focused and local response to changing needs.
- The production of a development plan for the Central Mental Hospital which details the future provision and organisation of forensic mental health services.
- The commissioning of three additional acute psychiatric units and the sanctioning of the planning brief for a fourth, in line with government policy toward the decommissioning of stand alone psychiatric hospital beds.

Other notable progress of the Authority includes:

- Reviewing the mental health needs of older persons to identify the future service needs of our ageing population

- Expanding child and adolescent services, particularly in the community to ensure adequate available capacity: Blanchardstown, Darndale, Lucan, additional Day Hospital places, agreeing a Planning Brief for treatment beds.
- The move of alcohol treatment services to a more appropriate addictions framework
- The development of an information technology infrastructure to assist multi-disciplinary teams in geographical diverse locations delivering seamless care to patients
- Facilitating step down and continuing care facilities throughout the region to free up acute in-patient placements
- The development of rehabilitation services throughout the region through the commissioning of 4 new consultant rehabilitation posts with multi-disciplinary rehabilitation teams
- The development of liaison psychiatry services in all Dublin maternity hospitals
- The incorporation of data from a diverse set of information sources to assist in the improvement of services (e.g. Inspector of Mental Hospitals, Health Research Board, National Parasuicide Register, performance indicators, etc).
- The development of a mental health response to ethnic minorities through the Ethnic Minority Strategy.
- The finalisation of arrangements for the disposal of surplus lands at St. Loman's Hospital for decision by the Board of the Authority. Realisation of these proceeds will allow for their re-investment in modern mental health facilities.

In conclusion, it can be seen that significant progress has been made by the Authority in the development of mental health services and in the continuing emphasis of mental health as an important factor in overall health. The Authority, working with all service providers in the region, can consider as one of its important successes its re-orientation of the provision of mental health services toward the changing needs of Irish society. However, the Authority recognises that significant work still needs to be undertaken to ensure the adequate resourcing of mental health services in line with the substantial morbidity associated with mental ill health, both nationally and, more particularly, within the region.

3.4 Cllr. Christy Burke

Would funding be made available for a pilot scheme in the North Inner City to allow the detection of diabetes in individuals?

REPLY

Diabetes affects approx 30,000 people in the Eastern Region and is increasing at an alarming rate due to a number of factors including the increased population in the over 65 age group, changing risk factors and lifestyles and altered World Health Organisation criteria for detection of diabetes. Early detection and effective management are the keys to diabetes control and, while improved detection of the disease may add to costs in the short term, the total cost will stabilise or fall with earlier detection and prevention of complications.

Detection of disease, including diabetes forms part of routine prevention programmes in general practice, community nursing and secondary care. It has been recognised that "Prevention" needs to be enhanced and added impetus might be given to such efforts in future initiatives, e.g. contract negotiations with GPs and other professionals. The Eastern Region Heart Health Action Plan (2003) specifically targets prevention in high-risk populations in both the primary care and acute setting, through actions i.e.

- A programme of awareness raising among medical, nursing and pharmacy staff of the extent of undiagnosed diabetes
- A protocol of opportunistic pick up of diabetes in cardiac patients attending their GP (or other clinical environment such as occupational health)
- A schema of protocol driven diabetes care for all cardiac patients with diabetes

The Cardiovascular Health Strategy has specifically funded appointments such as Diabetes Nurses at Area Health Board level. A Regional Steering Group which produces an Annual Report oversees implementation of these actions.

3.5 Cllr. Christy Burke

Would the ERHA make funding available for dental personnel to provide services at Trinity Court Drug Unit, Pearse Street, Dublin 2?

REPLY

The provision of dental services to clients of the Drug Treatment Centre, as with any socially excluded group, is a priority for the ERHA in keeping with improving access to mainstream health services. The Authority is working with the relevant stakeholders to progress this initiative, as speedily as possible, with a meeting arranged to finalise matters this month. It might be noted that an integrated dental service has been developed by the SWAHB and Merchant's Quay for homeless clients with substance abuse problems. The intention is to provide a similar service in the Drug Treatment Centre. Capital funding has already been provided for this purpose and finalisation of the necessary staffing will be concluded shortly.

3.6 Dr. Siobhan Barry

Re: Mental Health Services of the South Western Area Health Board (SWAHB)

- Could the CEO Detail the formal concerted actions taken by the ERHA with the Department of Health & Children (DoH&C) to address the chronic under funding of mental health services in SWAHB?
- Confirm that the DoH&C has been informed by the ERHA of the service delivery crisis in many parts of the SWAHB area which, nationally has, the lowest per capita mental health funding, is among the highest in terms of levels of deprivation and has the most rapidly growing population?

REPLY:

From the inception of the ERHA, Mental Health Section of the Department of Health & Children received a bid of approximately £100m capital to contribute to their NDP process 2000-2006.

At the same time, supporting documentation relating to deprivation levels and existing capacity within the Eastern Region was conveyed to the DoH&C. This information compared the Eastern Region vis a vis the rest of the country's Mental Health services.

Thereafter, each year as discussions proceeded on priorities for new resources the Department's attention was drawn to the per capita mental health funding in the Eastern Region vis a vis the per capita funding for the rest of the country.

In 2002, officials of the, Mental Health Section, Department of Health & Children made an informal visit to one sector of the Kildare Mental Health Services and were briefed on demands and level of service pertaining in the area.

In 2003, the Assistant Chief Executive Officer with responsibility for Mental Health Services in the South Western Area Health Board attended a meeting between ERHA and Mental Health Section, DoH&C and identified the conditions that pertained in the South Western Area Health Board as set out in reports submitted to the Authority.

In addition, the Management Team of the Authority has in meetings with Department counterparts highlighted the ongoing shortfall between demand for mental health services and resources available and the consequent difficulties experienced within the region as a priority issue requiring urgent investment in the context of the acknowledged need for an accelerated programme of development nationally.

As regards capital funding, the Authority will be investing proceeds from the sale of the lands at St. Loman's into the development of the mental health services on the St. Loman's site and in other locations in the South Western Area Health Board.

04/06/42 Chief Executive's Report

Agenda Item No. 4

The Chief Executive's Report (*copy appended to official minute*) was circulated. The report dealt with updates on the following items: -

- Peamount Hospital
- Implementation of Report on Child Sexual Abuse Service
- Property
- National Treatment Purchase Fund

- Proposed 2004 Funding of Alcohol Action Plan
- Appreciation to Board Members

The Chief Executive informed the meeting that he would be please to continue to provide updates to any member who wished to be briefed, for the remaining period that the ERHA exists.

The Chairman, Chief Executive, Ms Angela Fitzgerald, and Mr Jim Breslin responded to the issues raised by the members as follows:

- The Chief Executive responded that in relation to a Consultation Framework for links between the Authority and Public Representatives, the Minister is examining various models. It is expected that the Minister will make an announcement regarding a formal process to be in place from the 1 January 2005. In the interim the ERHA have proposed a Forum for meetings between the Authority and Public Representatives which will take place on a monthly basis from September 2004 to December 2004. Ms Helen Stokes will be Co-ordinator of this group.
- In relation to Peamount the Chief Executive informed members that the Authority are meeting with the management of Peamount Hospital to discuss the second post of Respiratory Physician.
- Mr Jim Breslin commented that with regard to development of services on the St. Brendan's site the Master Plan will reflect the requirements of both stakeholders. The relocation of mental health services from this site is an opportunity to provide modern health services based on best practice models.
- Ms Angela Fitzgerald commented that in relation to the development of Child Sexual Abuse Services, significant developments have taken place. The profile of children referred to specialist units and the more effective use of community services have been examined and also the identification of skill requirements. The process has resulted in some internal restructuring in services.
- The Chairman stated that he was pleased to inform members that the sum of €1,050,000 was being made available to commence implementation of the Alcohol Action Plan.

On the proposal of Cllr. Therese Ridge and seconded by Mr. John Dolan, the Chief Executive's Report was noted.

04/06/43 Report 10/04 Section 18 Notice – Disposal of Lands at St. Loman’s Hospital, Palmerstown, Dublin 20

Agenda Item No. 5

The Chairman presented Report 10/04 outlining details of disposal of lands at St. Loman’s Hospital, Palmerstown, Dublin 20 (*copy appended to the official Minute*).

On a proposal of Cllr. Christy Burke and seconded by Cllr. Colm McGrath it was agreed to dispose of the lands at St. Loman’s Hospital, Palmerstown, Dublin 20.

04/06/44 Report 11/04 Protecting our Health – Report of Director of Public Health.

Agenda Item No. 6

Dr. Marie Laffoy gave a brief presentation to the Board on Protecting our Health – Report of the Director of Public Health of the Eastern Region (*copy appended to the official Minute*).

The Chairman thanked Dr. Laffoy for her presentation.

On a proposal of Mr. Paul Ledwidge and seconded by Cllr. Eamonn O’Brien Report 11/04 - Protecting our Health – Report of Director of Public Health was noted.

04/06/45 Motions to Chief Executive

Agenda Item No. 7

Motions to Chief Executive

- 7.1 Dr. Siobhan Barry; Cllr. Eric Byrne; Ms. Maria Hoban; Mr. Christy Lynch; Cllr. Colm McGrath; Cllr. Gerry McGuire; Ald. Mary Mooney; Dr. Bernard Murphy; Cllr. Fiona O’Loughlin and Cllr. Thérèse Ridge**

“That this Authority calls on the Minister for Health and Children to urgently address the chronic underfunding of the South Western Area Health Board Mental Health Services catchment area and, in particular, the Kildare/West Wicklow areas where services are either non-existent or in crisis and, in adopting this motion, the Authority notes that the South Western Area Health Board has by far the lowest per capita funding for mental health services of all the boards in the country.”

On a proposal by Cllr. Christy Burke and seconded by Dr. Barney Murphy the Motion was agreed.

7.2 Cllr. Jane Dillon Byrne & Cllr. Eric Byrne

"That this Authority is severely critical of the present position with regard to the guidelines and limits for the retention and allocation of Medical Cards, where the lowest level of full social welfare recipients are presently outside the eligibility levels to become entitled, or to retain their medical card entitlement."

Cllr. Jane Dillon Byrne spoke to the motion and highlighted inequalities in the provision of medical cards for individuals on low income who are outside the income guidelines for eligibility. Cllr. Dillon Byrne commented that individuals in receipt of social welfare should be entitled to a medical card and that the income eligibility levels should be increased to include those in receipt of such benefits.

The Chairman asked that the Chief Executive relay member's comments on this issue to the Minister and the Department of Health and Children.

On a proposal by Cllr. Christy Burke and seconded by Dr. Barney Murphy the Motion was agreed.

Following this, the Chairman opened the floor to give members an opportunity to say a few words on this occasion being the last meeting of the Board of the Authority.

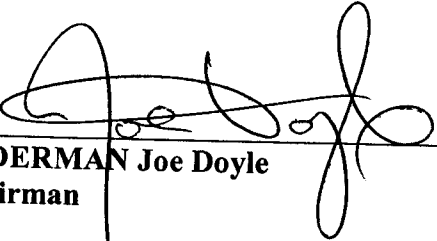
Members expressed their regret that this was the last meeting of the Board of the Authority. They paid tribute to the Chairman, the Chief Executive, the Management Team and to all support staff who had contributed to the work of the Board.

The Chairman thanked the members of the Board for their comments and for their contribution to the work of the Authority. He wished all members and staff of the Authority well for the future.

The meeting concluded at 1.00p.m.

CORRECT

Michael Lyons
Regional Chief Executive



ALDERMAN Joe Doyle
Chairman

DATE