



**EASTERN REGIONAL HEALTH AUTHORITY**

**Minutes of proceedings of Board Meeting  
held in the Board Room, Dr Steevens Hospital, Dublin 8,  
on Thursday 3<sup>rd</sup> July 2003 at 6.30pm**

*Present*

Mr. Paddy Aspell	Dr Siobhan Barry
Cllr. Christy Burke	Cllr. Larry Butler
Cllr. Catherine Byrne	Cllr. Eric Byrne
Cllr. Liam Creaven	Cllr. Tommy Cullen
Cllr Jim Daly	Cllr. Anne Devitt
Cllr. Jane Dillon Byrne	Mr. John Dolan
Ald. Joe Doyle	Cllr. Andrew Doyle
Cllr. Tony Fox	Cllr. Pat Hand
Dr Ray Hawkins	Cllr. Deirdre Heney
Ms. Maria Hoban	Dr Marie Laffoy
Cllr. Colm McGrath	Mr. Gerry McGuire
Cllr. Martin Miley	Cllr. Olivia Mitchell TD
Dr. Mick Molloy	Ald Mary Mooney
Dr. Bernard Murphy	Cllr. Dermot Murray
Cllr. Eamonn O'Brien	Cllr. Dr. William O'Connell
Cllr. Michael O'Donovan	Cllr. Fiona O'Loughlin
Dr. James Reilly	Cllr James Reilly
Cllr. John Stafford	Cllr. Don Tipping

*In the Chair*

Alderman Senator J Doyle

*Apologies*

Ms Ann Harris, Mr Paul Ledwidge, Mr Michael Murphy, Cllr Therese Ridge,  
Ms Noeleen Harvey

**In Attendance**

Mr Michael Lyons, Mr Jim Breslin, Mr. Martin Devine; Ms. Angela Fitzgerald;  
Mr. Liam Woods, Ms Sile Fleming, Ms. Maureen Browne, Mr. Dougie Beaton,  
Ms. Ruth Ryan , Ms. Helen Stokes, Ms. Patricia Mannion

## **Opening Prayer**

**03/07/62 Chairman's Business**  
*Agenda Item No. 1*

### **Condolences**

The Chairman, on his own behalf and on behalf of the members, expressed sympathy to Cllr Catherine Byrne on the recent death of her sister-in-law Frances Gibbons RIP and Carol Ivory ERHA, on the recent death of her father Pierce Ivory RIP.

### **Nominations to the Sub- Committee on Advocacy**

The Chairman advised that at a recent meeting of the Protocol Committee it was agreed that a sub group be set up to discuss the role of board members in developing the advocacy framework for the region. Members were advised that the first meeting of this sub group will take place on Friday 4<sup>th</sup> July at 2.00pm in the Boardroom, Dr Steevens' Hospital and a further meeting will take place in early September. Members are invited to attend this meeting.

### **Forthcoming Meetings**

- The next meeting of the Finance & Property Meeting is scheduled for 25<sup>th</sup> July 2003 at 11:00am.
- The next meeting of the Acute Hospitals & Primary Care Committee is scheduled for Monday 21<sup>st</sup> July 2003 at 6.00p.m. in the Board Room, Dr Steevens' Hospital. This meeting will discuss alcohol policy for the eastern region.
- The next meeting of the Continuing Care & Social Services Committee is scheduled for Monday 7<sup>th</sup> July 2003 at 11.00 a.m. in the Board Room, Dr Steevens' Hospital This meeting will discuss Community Mothers.
- The next meeting of the Board of the Authority is scheduled for Thursday 4<sup>th</sup> September 2003 at 6.00 p.m. in Dr Steevens' Hospital.

### **Meeting with Minister for Health & Children**

The Chairman advised the members that the meeting with the Minister has been rescheduled and confirmed for Wednesday 9<sup>th</sup> July at 4.30pm here in the Board Room, Dr Steevens'.

In order for members to be familiar with the presentation and to formalise questions to the Minister, it was agreed that members attend at 3:30 pm.

**03/07/63 Minutes of Previous Meetings**  
*Agenda Item No. 2*

*The draft minutes of the meeting of the Board held on the 1<sup>st</sup> June 2003 (copy appended to the official minute), having been circulated, were proposed for adoption by Cllr Jane Dillon Byrne, seconded by Dr Ray Hawkins and agreed.*

**03/07/64 Questions to the Chief Executive Officer**  
*Agenda Item No 3*

*On the proposal of Cllr. Jane Dillon Byrne, seconded by Cllr. Christy Burke, the questions were moved for reply by the Chief Executive.*

**3.1 Cllr Deirdre Heney**

*To ask the CEO if in respect of each of the Hospitals under the Boards control if he will give details for the length of time delay for an MRI scan and to say if this sort of information is made regularly known to GPs to that they can send their clients to hospitals which have the least or a manageable list.*

**Reply:**

MRI facilities are available at six public hospitals in the Region. In four of the hospitals, the services have been developed since the establishment of the Authority. Approval was conveyed by the Minister to the development of an MRI service at Our Lady's Hospital Crumlin in 2002, and a Project Team has been established to oversee the planning and implementation of this service. In addition the three private hospitals in the region have MRI facilities which are also used by the public hospitals for public patients.

The waiting times for MRI scans for each of the hospitals is set out in the table below:

<b><u>Agency</u></b>	<b><u>Waiting Times</u></b>
<b>AMNCH</b>	Urgent cases seen immediately 8-10 weeks for Brain Scan 8 Weeks for Routine Orthopaedic Scan 16 Weeks for Routine Lumbar Spine
<b>BEAUMONT</b>	Urgent Cases seen immediately Eight months for brain scan Ten months for body scan
<b>MATER</b>	Urgent cases seen immediately 14 weeks for routine out-patient MRI scans
<b>ST. JAMES</b>	Urgent cases seen immediately In-patient – 1-2 days Outpatients – 2-12 weeks Depending on urgency

<b>CAPPAGH</b>	Urgent cases seen immediately Approximately 2 weeks
<b>TEMPLE STREET</b>	Urgent scans are within one day to one month. Non-urgent cases are seen between 2 weeks to 2 months depending on the urgency and requirements.

Urgent cases are seen immediately and with the exception of Beaumont Hospital the average waiting times for routine scans vary between 2-14 weeks. In relation to Beaumont Hospital, the long waiting times for routine scans are linked to its role as the National Neurosurgical Centre and the demand for MRI services in this specialty and in related clinical areas. In the context of its national role it is important to consider the impact of both emergency in-patient referrals and routine out-patient referrals on waiting times for MRI scans. It is understood that Beaumont Hospital is looking at a number of options for increasing its capacity in its MRI service.

In relation to the issue of making information available to GPs about waiting times, the Authority strongly supports this principle and has targeted the areas of inpatient waiting times as a starting point in this regard. On the specific issue of GP access to waiting times for MRI services, it should be noted that as referrals are typically made by consultants rather than GPs, the issue of making information available to GPs is not as critical in this area of care as in others.

**3.2 Cllr. Olivia Mitchell**

*To ask the Chief Executive Officer what discussions have taken place or are planned around the future training of clinical psychologists and if clinical psychologists managers and course directors will be involved in discussions?*

**REPLY:**

A sub-group of the health boards' Directors of Human Resources group together with the Department of Health and Children is prioritising support for the implementation of a key recommendation of the Report of the Joint Review Group on Psychological Services in the Health Services relating to human resource planning through the provision of a substantial number of additional post-graduate training places in clinical psychology.

The group remains committed to working on an ongoing basis, with health agencies, educational providers and the education authorities to ensure adequate provision of training places in clinical psychology, consistent with the medium-term human resource requirements of the health services as detailed in the important recommendations on investment in training and education detailed in the Action Plan for People Management published in November 2002.

The group is currently examining the current model for post-graduate psychology training with the objective of supporting training provision on a planned and sustainable medium-term basis.

### 3.3 Dr. Siobhan Barry

*Re: Services for those with Intellectual Disabilities in the ERHA*

*Could the CEO update the Authority on the progress being made in addressing the specialist service deficits e.g. in the areas of Mental Health Problems, Autistic Spectrum Disorders etc. referred to the ERHA Annual Report 2002 (page 60)?*

*Is the Commissioning Principle enunciated for this group in the Annual Report 2002 being met?*

#### **Reply**

The reference in the ERHA Annual Report 2002 draws attention to the challenges facing those providing intellectual disability services: *“some clients require specialist services, particularly those with intellectual disability and mental health problems, autistic spectrum disorders, alzheimers or multiple physical disabilities”*.

The need for a responsive service to meet the needs of people who engage in severe challenging behaviour and/or psychiatric illness was a key priority for the Regional Provider Planning Forum following the establishment of the Authority in March 2000. A sub group of this Forum was established in November 2001 to:

*‘Propose to the Regional Planning Forum an implementation plan for the development of regional services for persons with an intellectual disability who present with or develop severe challenging behaviour’*

This process resulted in an action plan for the region to develop specialist services for persons with an intellectual disability and severe challenging behaviour and/or psychiatric illness. In cognisance of the commissioning principle for this care group the action plan emphasised the need for a:

- Client and family centred approach with delivery of the service in or as close as possible to the user’s primary service;
- Commitment to community based outreach and support strategies;
- Multi agency approach based on a partnership approach between the voluntary and statutory sectors;
- Commitment to supporting and developing current services rather than duplicating or replacing them;
- Admission to residential care for specialist services to be an option of last resort with the intention of discharging as soon as it is appropriate.

The action plan recommended that each Area Health Board should have a:

- Dedicated multi disciplinary outreach and assessment team;
- Residential unit comprised of assessment beds, residential beds with associated day services and rehabilitation beds (the numbers of these to depend on the population in each area).

Funding available in 2002 allowed the Authority to progress roll-out of this service initially in the South Western Area Health Board (SWAHB).

The National Disability Authority has just completed a consultation process looking at access to psychiatric services for persons with a learning disability. Information and actions will be available shortly from this process and will assist the development of a response of this module at the implementation stage.

In addition to the above, during 2002 the Authority completed a *Review of services for persons with Autistic Spectrum Disorder in the Eastern Region*. The recommendations of this report set out the range and direction for service development in the coming years. The Review identifies the need to develop autistic specific services within the intellectual disability services and to identify any reorganisation within services that could facilitate this.

An example of progress to date in this area relates to St. Joseph's Learning Disability Services, who have planned to provide for 2 x 6-bed bungalows for persons with Autism and for a Day Service. This proposal is currently at Stage 5 (pre-tender cost check).

Other developments in this respect are:

- the provision of funding (capital and revenue) for 2 respite houses provided through St. Paul's Hospital, Beaumont, for children of the NAHB.
- two properties have been purchased in the SWAHB for similar respite provision
- the Beechpark services have had an additional €0.600M allocated in 2003 to continue the respite service provided in Wicklow.

These services are provided in the main for children who have a primary diagnosis of Autism only, i.e. not intellectually disabled.

The development of an implementation pathway based on the recommendations in the Review has commenced internally in the ERHA in the first instance.

The Service Planners for Mental Health and Intellectual Disabilities have been working with a Senior Commissioner to map out key deliverables in a

prioritised manner and identify the key responsible players in the various agencies who need to be involved in the process.

Initially, additional resources for both of the above care groups will have to be identified to the Department of Health & Children to progress the recommendations in the Review.

It is intended to advance this in September through the Child & Adolescent Psychiatric Services Advisory Group and the Regional Provider Planning Forum and from that to establish a small core team to advance the recommendations in a co-ordinated way.

### **Commissioning Principles:**

The principle stated is the basis on which the Authority will evaluate present service provision and purchase future services.

That we are observing this principle can only be judged setting it in context against where we have come from in relation to a historical stigmatised and institutionalised service. Progress – and excellent progress at that - has been made in specific areas but that level of excellence remains to be achieved in others. The 2002 Annual Report, for example, outlines our commitment to standard setting in residential care in conjunction with the National Disability Authority (NDA).

The planned de-institutionalisation of the St. Joseph's Service, outlined above, is a testament to the move towards "*the least restricting environment and which promote the greatest possible inclusion of persons with an intellectual disability in society*"

**03/07/65** Report No. 23/03 – Revised Audited Annual Financial Statements of the Authority for Year Ended 31<sup>st</sup> December 2001 – *(copy appended to the official minute)*  
*Agenda Item No. 4*

**On the proposal of Cllr Michael O'Donovan, seconded by Dr Ray Hawkins, Report No 23/03 - Revised Audited Annual Financial Statements of the Authority for Year Ended 31<sup>st</sup> December 2001 was adopted by the Board.**

**03/07/66** Report No 24/03 - Proposed disposal of property at 31, Castle Street, Dalkey, Co Dublin for approval.  
*Agenda Item No. 5*

The Chief Executive presented Report No. 24/03 – With reference to the proposed disposal of lands at former 31, Castle Street, Dalkey, Co Dublin *(copy appended to the official minute)*. **On the proposal of Cllr Michael O'Donovan, seconded by Cllr Jane Dillon Byrne, the Board resolved unanimously that the land be disposed of under the terms and conditions specified in the Section 89 notice as circulated.**

**03/07/67 Report No 25/03 - Sub lease of land at St James's Hospital for approval.**

*Agenda Item No. 6*

The Chief Executive presented Report No. 25/03 – With reference to the proposed sub lease of lands at St James's Hospital (*copy appended to the official minute*). **On the proposal of Cllr Michael O'Donovan, seconded by Cllr Jane Dillon Byrne, the Board resolved unanimously to Sub lease of land at St James's Hospital under the terms and conditions specified in the Section 89 notice as circulated.**

**03/07/68 Chief Executive's Report**

*Agenda Item No. 7*

The Chief Executive congratulated Alderman Joe Doyle and Cllr Laurence Butler on their appointment as Chairman and Vice Chairman of the Authority. He thanked them both for their support and help over the last year and looked forward to working with them during the coming year.

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

- Treatment Purchase Fund
- Mental Health Strategy
- Advance Building Rehabilitation Unit officially opened at St. Loman's Hospital, Palmerstown
- Mater & Children's Hospital welcomes approval for Hospital Development
- Minister Opens Refurbished Ward at Beaumont Hospital

There followed a discussion on the Chief Executive's Report to which the following members contributed:- Cllr E Byrne, Cllr M Mooney, Dr M Molloy, Cllr M O'Donovan & Dr Ray Hawkins. The following issues were raised:-

- The role of the Authority in paediatric services in the region
- Referrals on Treatment Purchase Fund from James Connolly Memorial Hospital.
- The need for consultation with various bodies in relation to the Mental Health Strategy.
- the need to review GP referrals and hospital appointments

In response the CEO advised members that under legislation the Authority has a role to play in paediatric services in the eastern region along with Comhairle na nOispideal and the Department of Health & Children.

In regard to the Treatment Purchase Fund figure for James Connolly Memorial (JCMH), the CEO mentioned that JCMH is primarily driven by A&E services and does not have the capacity to carry out a significant amount of planned surgery.

With regard to GP referrals, Ms Angela Fitzgerald explained that the national focus is on inpatient referrals at the moment. However she advised that the Authority will be



piloting referrals in the academic hospitals over the next 3 months. They will identify the barriers in the current system and review three main areas:-

- the length of time it takes to get into the system
- length of time a patient has to wait for an appointment
- length of time a patient is in the system before he/she is discharged

She also agreed to bring the results back to the Board.

*On the proposal of the Chairman, seconded by Dr Ray Hawkins, it was agreed to bring the pilot findings of GP referrals to the Continuing Care and Social Services Committee in the first instance and then to the Board of the Authority.*

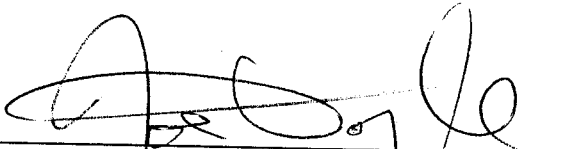
**03/07/69      Date & Time of Next Meeting**

*The date and time for the next meeting was agreed for Thursday 4<sup>th</sup> September 2003 at 18:00 in the Board Room, Dr. Steevens' Hospital.*

The meeting concluded at 19.15.

**CORRECT**

**Michael Lyons**  
**Regional Chief Executive**

  
ALDERMAN Joe Doyle  
Chairman

  
DATE