



northern area
health board
bord sláinte an
limistéir thuaidh

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12th February, 2002

Do gach Comhalta den mBord

A Chara,

The monthly meeting of the Northern Area Health Board will be held in **The Boardroom, Northern Area Health Board Headquarters, Unit B, Swords Business Campus, Balheary Road, Swords, Co. Dublin on Thursday 21st February, 2002, at 5.00pm.** Tea is arranged for 4.30 pm.

Hereunder is the agenda.

Mise, le meas,

M. Windle

PRIOMH FEIDHMEANNACH

CLAR

1. Chairmans Business
2. Minutes of proceedings of
 - (i) Monthly Board Meeting held on Thursday, 17th January, 2002
(copy herewith)
 - (a) Matters arising
 - (ii) Special Board Meeting held on Tuesday 5th February, 2002
(copy herewith)
 - (a) Matters arising
3. Questions to the Chief Executive
4. Chief Executive's Report

5. Report of the Review of the Cancer Nurse Co-ordinator Role in the Eastern Region
Report No 5/2002. (attached)
6. Progress Report on Cardio Vascular Strategy
Report No 6/2002 (attached)
7. Progress Report on James Connolly Memorial Hospital
Report No 7/2002 (to be circulated)
8. Progress Report on Services for Persons with Intellectual Disabilities, St. Joseph's, Portrane
Report 8/2002 (to be circulated)
9. Progress Report from Standing Committees
 - (a) Community Services and Continuing Care
 - (b) Acute Hospitals and Primary Care
10. Notice of Motion
11. Matters for mention
12. Correspondence

NORTHERN AREA HEALTH BOARD

**Minutes of proceedings of monthly Board Meeting
of the Northern Area Health Board held in the
Boardroom NAHB Headquarters, Swords Business Campus
Balheary Road, Swords, Co. Dublin**

On Thursday, 21ST February, 2002, at 5.00pm

Members in Attendance

Cllr. C. Burke
Mr M Cowley
Mr J. Fallon
Cllr Dr D Fitzpatrick
Cllr D Heney
Cllr D Murray
Cllr M O'Donovan
Mrs C Quinn
Mr Larry Tuomey

Observers in Attendance

Dr B Murphy

In the Chair

Cllr. Anne Devitt

Apologies

*Ms N Harvey
Dr M Laffoy
Mr G McGuire
Cllr E O'Brien*

Officers in Attendance

Ms M. Windle, Chief Executive
Mr M. Walsh, Asst, Chief Executive
Mr J. Cahill, Asst Chief Executive
Mr P. Dunne, Asst Chief Executive
Ms M. Kelly, Director of Human Resources
Ms L. McGuinness, A/Asst Chief Executive
Ms N Byrne, Director of Communications
Mr S Mulvaney, Acting Director of Finance
Mr G Hanley, Operations
Mr J. Murphy, Board Secretary

12/2002

CHAIRMAN'S BUSINESS

1. Condolences

I am sure members will join with me in expressing sincere sympathy with those whose names have been included on the list of condolences, which has been circulated to members.

2. Schedule of Meetings/Visits

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

I wish to draw members attention to the change in date for the meeting of the Standing Committees :-

The Acute Hospital and Primary Care Standing Committee will meet at 4.00pm on Monday 25th February, 2002 at Darndale Health Centre

The Community Services and Continuing Care Committee will meet on Thursday 28th February, at 10.00am in the Board Room, NAHB HQ., Swords.

3. Special Board Meeting – Annual Financial Statement

Section 11 (3) of the Health Act, 1996 states that

“The Annual Financial Statements shall be adopted by the Health Board on or before the 1st day of April in the year following the financial year to which they relate”

A Special Board Meeting may be called in late March, to adopt the Annual Financial Statement for 2001.

4. The Chairman, on behalf of the Board, welcomed the new Board Stationery.

13/2002

MINUTES OF PROCEEDINGS OF MONTHLY BOARD MEETING

held on 17TH January, 2002

On a proposal by Cllr A Devitt and seconded by Mr J Fallon, the minutes of the Board Meeting held on 17th January, 2002 were agreed.

Matters Arising

Cllr M. O'Donovan, raised the question re the de-regulation of Pharmacies and the threat of Pharmacists refusing to fill prescriptions for Methadone Users. Cllr Burke stated it was a very serious situation whereby Pharmacists were using a very vulnerable section of the community to further their own agenda. The Chief Executive

said that the I P U had advised that no new clients would be taken onto the Community Pharmacy Maintenance Programme and that the situation will be monitored very closely to determine the impact on clients.

Following discussion to which Cllr O'Donovan, Dr Fitzpatrick, Cllr Devitt, Mr Fallon, and to which the Chief Executive responded, it was agreed to bring an updated report to the Community Services and Continuing Care Standing Committee to be held on 28th February, 2002.

14/2002

MINUTES OF PROCEEDINGS OF SPECIAL BOARD MEETING

held on 5TH February, 2002

On a proposal by Cllr A Devitt and seconded by Cllr C Burke the minutes of the Special Board Meeting held on 5th February, 2002 were agreed.

15/2002

QUESTIONS TO THE CHIEF EXECUTIVE

On a proposal by Cllr A Devitt and seconded by Mr Fallon, it was agreed to answer the questions which had been lodged.

1. Cllr C Burke

“To ask the Chief Executive if it can be arranged to carry out an inspection of the old folks home at 59 Old Cabra Road.”

Reply

Regular inspections are carried out of Churchview Nursing Home. 56 / 61 New Cabra Road, by an Inspection Team from Community Care Area 6. The last inspection was conducted in December, 2001. Recommendations for improvements were made to the Proprietor of the Nursing Home. The Inspection Team are waiting for a technical report from our technical advisor and on receipt of this they will be in further contact with the proprietor of Churhview.

The suggested improvements are currently being put in place.

2. Cllr R Shortall

“Will the Chief Executive set out the policy in relation to the grant aiding of home births; will she provide all details of legal advice given to the Health Board in respect of the recent decision to postpone grant allocations; and will she outline if/when grant-aid is likely to be restored.”

Reply

Section 62 of the 1970 Health Act requires health boards to provide “medical, surgical and midwifery services without charge” to all expectant mothers, and

while the Act is not specific in relation to domiciliary births, it has been interpreted as giving some entitlement to assistance with home births to those women who opt for this type of confinement.

Following discussion between DOH&C and the Chief Executive of Health Boards a scheme was introduced in the early 1990s whereby mothers who wish to have a home delivery engage the services of a private, independent midwife and can claim a partial refund of fees (currently set at a maximum of €1300) after delivery. This scheme also addressed a request from the Ombudsman's office to introduce consistency of approach to the matter between health boards nationally.

A growing number of women began to seek this option from 1990 onwards. The number of women taking this option has grown from 2-3 per annum in 1992 to over 100 per annum in the eastern region at present.

An Expert group set up by the Chief Executive in 1997 to make recommendations on the future of home birth services recommended the establishment of pilot schemes. Subsequently two pilot schemes were identified and set-up. The Domino scheme based at the National Maternity Hospital, and the community midwifery scheme based in County Cork. The former scheme was evaluated at the end of 2001 and recommended mainstreaming of the service. An evaluation is planned shortly for the Cork scheme.

During 2001 a number of clients initiated litigation against the three Area Boards, seeking to have the full cost of their home delivery, including extras such as travel etc. paid by the Health Boards. Effectively the legal action is a joint action by both clients and independent midwives seeking to have the Health Boards accept full financial responsibility for the cost associated with a home birth.

Following on from a judgment given in 1992 by the High Court (Spruyt V Southern Health Board) which stated that a Health Board could not discharge its duty of care to an expectant mother who wanted a home delivery by payment of a grant we sought legal advice. Our legal advice is that the Boards should assess applicants for home births as to their suitability (medically, obstetrically and socially) before agreeing to give financial support.

To give effect to this advice, a working group of experts in the field of childbirth was set up, with a view to developing guidelines on best practice in managing and supervising home births and the activities of independent midwives. The Group includes senior medical and nursing staff from the National Maternity hospital, Public Health Nursing Directors, Nursing and Midwifery advisors from the 3 Area Health Boards, General Managers and our Women's Health Development Officer. This group is chaired by one of our Assistant Chief Executive Officers.

Addressing the issues involve the consideration of a very complex set of medico-legal concerns around issues such as liability, best practice in

community midwifery, and supervision and management of midwifery services in the community.

In the meantime a number of cases have arisen where clients have engaged a midwife and had a home confinement, in good faith and in the expectation of payment. The Board has made ex-gratia payments of €1300 in those cases and any similar cases, which arise, will be dealt with sympathetically, pending clarification and the finalisation of agreed protocols for the future operation of the scheme.

3. Cllr R Shortall

“To ask the Chief Executive in relation to charges for nursing home places and nursing home care

- (1) If all Health Board homes currently charge patients after 30 days stay, and if so
 - (a) the precise statutory instrument on which this charge is based,
 - (b) if the charge is in compliance with recent Ombudsman rulings

- (2) If all patients in contract beds are charged after 30 days stay, and if so
 - (a) the precise statutory instrument on which this charge is based and
 - (b) if the charge is in compliance with recent Ombudsman rulings.”

Reply

1. (a) The Health (Charges for In-patient Services) Regulations 1976 and the Health (Amendment) Regulations 1987 empower the Health Boards to levy charges for maintenance, on those of our patients with no dependants, who are in receipt of income and who have been in hospital for thirty days or for periods amount to thirty days within the previous twelve months.

- (b) The Ombudsman is of the view that anyone who requires in-patient services (including long-stay care) and is covered by a medical card should have these services free of charge. However, it is the policy and practice of health boards to withdraw Medical Cards from persons admitted to a long-stay public bed as health boards provide for the total medical nursing, medicine and other needs for these patients. Accordingly, maintenance charges are levied on eligible persons as described above.

The view of the Ombudsman, in this regard is disputed by the Department of Health and Children. The Department of Health and Children are of the view that the Health Act, 1970 distinguishes between the terms “eligibility” and “entitlement” and that the former, in the context of the Health Act, provides for eligible people to avail of services. The Health (Charges for In-patient Services) Regulations 1976 were issued to health boards at that time accompanied by letter dated 6th August, 1976 from the Department of Health which states –

“It will be noted that in accordance with section 53(2)(a) of the Act, the regulations do not relate to ‘persons with full eligibility’.

However, in this respect, the precise definition of a person with full eligibility in section 45 (1) (a) of the Act should be carefully noted. **A person who, while he was providing for himself in his own home, was deemed to have full eligibility could be regarded as not coming within that definition when he is being maintained in an institution where the services being provided include medical and surgical services of a general practitioner kind, with consequential liability for charges under the regulations”.**

The Ombudsman has advised health boards and the Department of Health and Children that his office is continuing to examine this issue.

2. (a) As contract beds are fully funded by Health Boards they are deemed to be the equivalent of public beds. For this reason the principles of the Health (Charges for In-patient Services) Regulations 1976 and the Health (Amendment) Regulations 1987 are used in raising maintenance charges.
- (b) Patients in contracted beds are currently allowed to retain their medical card as the private nursing homes do not supply residents with medication.

16 /2002

**CHIEF EXECUTIVE’S REPORT
SERVICE MATTERS**

Flooding – East Wall / North Strand

Members will be aware of the extensive flooding which occurred in the East Wall / North Strand area on Friday 1st February, 2002.

At 2.30pm on Friday 1st February, the Major Emergency Plan was put into operation for both the East Wall / North Strand and the Irishtown / Ringsend areas, which

experienced considerable flooding. Our Board's Community Welfare Officers, and the Ambulance Service, worked with the other emergency services in evacuating and re-locating a number of residents in both areas. A total of approx 400 houses in the East Wall / North Strand areas were affected by the floods, with over 60 houses having to be evacuated.

A total of 74 persons were provided with emergency accommodation, and urgent needs payments (i.e. non-means tested) were made, totalling €48,500, to 340 adults and 153 children. Community Welfare Officers were on duty until 3.00 am on Saturday 2nd February, and again all day Saturday and Sunday, while extended clinics were operated all week to deal with those affected by the floods.

Our Health Centre at East Wall was affected by the floods, and is not operational at present. I would like to extend thanks to the Community Centre at St. Mary's Road, East Wall, which was placed at our disposal to operate the emergency C. W. O. Service. I would also like to thank the staff and management of the Refugee Reception and Integration Agency, and the Baleskin Reception Centre for their co-operation in responding to this emergency.

Members may be aware that the Government have set up a special Humanitarian Aid Scheme to assist those affected by the floods, to be administered by the Irish Red Cross.

Legal Services

Since establishment day our Board had a carry-over arrangement basis with the Solicitors of the former Eastern Health Board.

Our Board went to tender in October, 2001 for legal services. A public advertisement for the provision of legal services to our Board was placed in the national newspapers and the law library inviting tenders. The closing date was 15th October, 2001.

There were nineteen applications in all. Information packs were made available to each of the firms including an outline of our Board's legal requirements.

Each of the nineteen firms were invited to attend an interview and presentation. Two firms declined the invitation and the remaining seventeen attended over a schedule of four days in November and December.

The selection panel concluded the process in January and selected two firms namely, Roger Greene & Sons and McCann Fitzgerald. Each of the 17 firms were individually notified of the result in January. We are currently in the process of drawing up our business arrangements with the successful firms concerned.

Psychology Training Programme

The former Eastern Health Board, in conjunction with Trinity College and the St. John of Gods operated a psychology Training Programme, with an agreed intake of 6 trainees per year. In recent years, due to difficulties experienced, there has been no intake of trainees for two years.

With the establishment of the 3 Area Health Boards, our Board took over responsibility for the Psychological Services on a regional basis. Our Board have been in discussions with Trinity College, on re-organising this programme, with a broader multi-disciplinary input and broader training base reflecting current priorities in service delivery.

Consultations between our Board and Trinity College have been successfully concluded, and a new management structure for the scheme has been put in place. The requirements of the British Psychological Society have been met, and the training course has re-commenced, with intake increased to 12 trainees

Community Welfare Service for Homeless and Asylum Seekers

I wish to advise members that the Community Welfare Services for Homeless Persons has been transferred from the temporary location at Upper Gardiner Street to new premises at Wellington Quay (Women and Families), and James's Street (Single Men).

Welfare Services to Homeless Persons will be now delivered mainly by "Outreach" service, i.e. the Community Welfare Officer will visit hostels and other emergency accommodation facilities regularly to deal with applications for welfare services from residents.

Access to the service may also be made via the freephone service (1 800 724 724), which will operate from 10.00am to 1.00pm, and from 2.00pm to 1.00am, seven days per week, for persons who require a service outside the "Outreach" clinic times.

The division of the service between women and families and single men, and the development of the outreach services will result in a better quality service to users, in particular by eliminating the need for service users having to travel to the city centre to avail of the service.

This development in services to Homeless Persons, has also resulted in facilitating the transfer of services for Asylum Seekers from Timberley House, Mount Street, to Gardiner Street from Monday 18th February, 2002.

St. Bricin's Hospital – Update

I have circulated with papers for this meeting a report on the "Outcome from Proposal for Access to St. Bricin's Military Hospital for Selected Elective Procedures"

Progress Report on St. Joseph's

I am also circulating progress report on St. Joseph's Hospital for this meeting

Allocation 2002

I had a preliminary meeting with the Director of Planning and Commissioning, ERHA on 13th February, 2002 on our Board's allocation for 2002. The Authority expect to be in a position to advise on our allocation 2002 by next week.

Community Unit for the Elderly – Lusk

The Lusk Community Unit which has a 50-bed capacity opened on 19th December 2001. To date, 12 respite beds have opened which are all currently occupied. The Unit was closed to further admissions and visitors for a 10-day period up to 19/2/02, as eight patients contracted the “winter bug”. The Unit has now re-opened for respite admissions and visitors.

Current Staffing Levels:

- 1-Director of Nursing.
- 1-Clinical Nurse Manager
- 14-Nurses
- 5-Care Attendants
- 2-Ward Domestics
- Chef Grade I
- 2-Catering Assistants
- 1-Grade V
- 1-Grade III
- 2- Porters

Appointments to the posts of Physiotherapist, Dietician and an additional Clinical Nurse Manager II are also being processed at present.

Subject to the staffing coming on stream, every effort will continue to be made to open additional beds as quickly as possible.

Interviews were arranged and advertised, to fill the post of Medical Officer for the unit.

Update on Immunisation

I am circulating for information of members, information pack which was compiled by the Action Group on MMR Uptake, which is a sub-group of the Immunisation Committee established in June, 2000.

It contains information and research related to the debate on the safety of the MMR vaccine, addressing parents concerns and research on the use of the 3-in-1 or separate single vaccines.

Also included is a map of the ERHA geographical area showing % uptake of MMR by DED.

PRESS RELEASES

Forum for Accident and Emergency Services

I have circulated with agenda papers for this meeting, copy of press release, dated 13th February, 2002 from Mr Micheal Martin, T.D., Minister for Health & Children, announcing the establishment of a special forum to identify measures which can be taken to enhance Accident and Emergency Services.

Participants will include all relevant stakeholders: hospital management, members of the medical and nursing professions, para-medical and non-nursing personnel, staff representative associations and unions, patient advocacy groups and other interested parties.

Ombudsman for Children Bill

I have circulated with papers for this meeting, press release, dated 14th February, 2002, from Ms Mary Hanafin, T.D., Minister for Children, announcing the publication of the Ombudsman for Children Bill.

The Ombudsman will have two main functions

- (1) To promote the rights and welfare of children
- (2) To examine and investigate complaints against public bodies and against schools and voluntary hospitals

The bill provides for the Ombudsman for Children to be appointed by the President. The Ombudsman for Children will be independent in performing the functions which will be assigned.

People with Disabilities

I have circulated with agenda papers for this meeting, copy of press release, dated 18th February, 2002 from Mr Micheal Martin, Minister for Health & Children, reaffirming Government commitment to people with disabilities and outlining details of funding of €179m provided since 1979.

Medical Card Holders

I have circulated with agenda papers for this meeting, copy of press release, dated 20th February, 2002 from Mr Micheal Martin, Minister for Health & Children, which confirms medical card holders will not be disadvantaged by increases in social welfare payments.

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Cllr C Burke praised the Community Welfare Officers for their quick response to the Flooding in East Wall and Nth Strand and to extend his gratitude and that of the people of North Strand to the people involved in helping them.

An up-date on the Community Unit at Lusk is to be brought to the Standing Committee Meeting on the 28th February, 2002.

17/2002

**Review of the Cancer Nurse Co-Ordinator
Report No 5/2002**

On a proposal by Cllr Devitt and seconded by Mr Fallon, report No 5/2002, Review for the Cancer Nurse Co-ordinator Role in the Eastern Region was referred to the Acute Hospitals and Primary Care Standing Committee.

18/2002

**Progress Report on Cardio Vascular Strategy
Report No 6/2002**

On a proposal by Cllr Devitt and seconded by Mr Fallon, report No 6/2002, Progress Report on Cardio Vascular Strategy, was referred to the Acute Hospitals and Primary Care Standing Committee

19/2002

**Progress Report on James Connolly Memorial Hospital
Report No 7/2002**

The Report was presented by the Chief Executive. Following discussion, to which Cllr Devitt, Cllr O'Donovan, Mr Fallon, Cllr Burke contributed, and to which the Chief Executive responded, the report was noted. A copy of this report is to be sent to all Public Representatives in the Blanchardstown area.

20/2002

**Progress Report on Services for Persons with Intellectual Disabilities,
St. Joseph's, Portrane
Report No 8/2002**

This report has been deferred to the next monthly Board Meeting

21/2002

PROGRESS REPORT FROM STANDING COMMITTEES

(i) Community Services and Continuing Care Standing Committee

On a proposal by Cllr A Devitt, seconded by Mr J Fallon. the report from the standing Committee on Community Services and Continuing Care, was agreed. The following matters were dealt with in the report

1. *Report on Services for Persons with Autism Spectrum*
 - 1.1 Members questioned whether the service should be developed and managed by the Section 65 funded limited company as

proposed or directly run by the Board or an existing voluntary agency.

- 1.2 Mr. Walsh referred to the number of stakeholders involved and the need to involve those stakeholders. For this reason the Section 65 funded limited company was agreed as the mechanism to involve all of the stakeholders.
- 1.3 Members noted and supported the report.
2. *Annual Report from the Food Safety Authority of Ireland 2001*
 - 2.1 Members noted the difficulties health boards will experience in meeting the proposed requirements of the Service Contracts with the Food Safety Authority of Ireland in relation to the inspection of food premises due to current staffing levels and overall need for significant increases in staff complements.
 - 2.2 Mr. Walsh agreed to pursue the enforcement of non-smoking areas/smoke extractors in public houses with the relevant Authority/Department and to report back to the Committee at a later stage.
 - 2.3 Members noted the report.
3. Members welcomed and noted the report - *Adult Homeless - Health and Social Developments 2002.*

(ii) Acute Hospitals and Primary Care Standing Committee

On a proposal by Cllr A Devitt and seconded by Mr J Fallon, the report from the Acute Hospitals and Primary Care Standing Committee was agreed. The following matters were dealt with in the report.

1. *Annual Report of National Disease Surveillance Centre 2001 - Report No. 1/2002*
2. *Report on Developments of Primary Care in Community Care Area 8*

**22/2002
MOTIONS**

No Motions were presented

23/2002

MATTERS FOR MENTION

City & County Development Boards – to next meeting

Cllr Devitt informed the Board that €300m was available for the sole purpose of setting up new crèches. She requested that we investigate the possibility of our Board accessing some of this funding for crèches in our Board's area. This funding is with the Department of Justice, Equality & Law Reform.

Cllr M O'Donovan, congratulated our Board on the way in which the Public Meeting was organised at Church View, Blanchardstown.

Meeting concluded at 7.00pm

M. WINDLE
CHIEF EXECUTIVE

21ST February, 2002

CHAIRMAN