

14<sup>th</sup> November, 2002

**Do gach Comhalta den mBord**

A Chara,

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

Hereunder is the agenda.

Mise, le meas,

**M. Windle**

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**PRIOMH FEIDHMEANNACH**  
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**CLAR**

1. Chairmans Business
2. Minutes of proceedings of
  - (a) Monthly Board Meeting held on Thursday 17<sup>th</sup> October, 2002
    - (i) Matters arising
3. Questions to the Chief Executive
4. Chief Executive's Report
5. Report of Finance and Property Committee Meeting of 5<sup>th</sup> November, 2002.  
*Report No F8/2002 (herewith).*
6. Report on Childhood Immunisation Services (Including Meningococcal C)  
*Report No 41/2002 (herewith)*
7. Report on Long Stay Bed Management System  
*Report No 42/2002 (herewith)*
8. Lisdeel Family Placement Evaluation Report  
*Report No 43/2002 (herewith)*
9. Progress Report on Day Surgery/Day Medicine  
*Report No 44/2002 (herewith)*
10. Report on the Epidemiology of Tuberculosis in Ireland 2002

Progress Report for the Northern Area Health Board.  
*Report No 45/2002 (herewith)*

11. Progress Report on St. Joseph's Hospital-Public/Private Mix  
*Report No 46/2002 (herewith)*
12. Report on Cancer Services  
*Report No 47/2002 (herewith)*
13. Report from Standing Committees
  - (a) Community Services and Continuing Care
  - (b) Acute Hospitals and Primary Care
14. Motions
15. Correspondence/Matters for Mention

**NORTHERN AREA HEALTH BOARD**

**Minutes of Proceedings of Monthly Board Meeting  
of the Northern Area Health Board held in  
The Boardroom, NAHB, Swords Business Campus,  
Balheary Road, Swords, Co. Dublin  
On Thursday, 21<sup>st</sup> November, 2002, at 5.00pm.**

***Present***

Cllr C. Burke  
Cllr L. Creaven  
Cllr A. Devitt  
Ms N. Harvey  
Dr M. Laffoy  
Mr P. Ledwidge  
Mr G. McGuire  
Dr B. Murphy  
Cllr E. O'Brien  
Mrs C. Quinn  
Cllr J Stafford  
Mr L. Tuomey

***In the Chair***

Deputy Dr D. Fitzpatrick

***Officers in Attendance – Management Team***

Ms. M. Windle, Chief Executive  
Mr. M. Walsh, Asst. Chief Executive  
Mr. J. Cahill, Asst. Chief Executive  
Mr P. Dunne, Asst Chief Executive  
Ms. L. McGuinness, Acting Asst. Chief Executive  
Ms M. Kelly, Director of Human Resources  
Mr S. McGrath, Acting Director of Communications  
Ms B. Kelly, Secretariat

***Other Officers in Attendance***

Ms O. Treacy, Director of Primary Care  
Mr J. Brehony, Manager Human Resources  
Ms J. Ebbs, Operations  
Ms D. Kelly, Secretariat

***Also in Attendance***

Dr B. Sweeney, Consultant Psychiatrist

## **110/2002**

### **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.

May I draw member's particular attention to the following: -

- Standing Committee Community Service and Continuing Care  
Monday 25<sup>th</sup> November, 2002, at 3.00pm
- Standing Committee Acute Hospitals and Primary Care,  
Monday 2<sup>nd</sup> December, 2002, at 3.00pm

#### **3. Apologies**

#### **4. New Appointment**

I would like to welcome Cllr John Stafford who was nominated by Dublin City Council to replace Alderman Ivor Callely T.D., as a representative on the Board of the Eastern Regional Health Authority.

It was agreed at the Board Meeting of the Authority held on the 7<sup>th</sup> November, that Cllr. Stafford be appointed to the Northern Area Health Board.

## **111/2002**

### **MINUTES OF PROCEEDINGS OF MONTHLY BOARD MEETING**

held on Thursday 17<sup>th</sup> October, 2002.

On a proposal by Cllr Burke and seconded by Cllr O'Brien, the minutes of the Monthly Board Meeting held on 17<sup>th</sup> October, 2002 were agreed.

## **112/2002**

### **QUESTIONS TO THE CHIEF EXECUTIVE**

On a proposal by Cllr Burke and seconded by Cllr O'Brien it was agreed to answer the question lodged.

**1. Cllr Christy Burke**

“To ask the Chief Executive if funding has been approved in total for works at Cabra Health Centre”.

**Reply**

Funding of €635,000 was made available in the 2001 budget for the refurbishment of Cabra Health Centre along with €254,000 to fund the relocation of services.

Our architects drew up a plan for the Health Centre to incorporate a number of features specified following consultation with local community representatives and staff in May 2002 with a cost estimate of €1.32m. In order to progress matters, planning permission was applied for while alternative funding was sought. The Dept. of Social and Family Affairs and the Dept. of Health and Children made additional funding available but a shortfall of circa €400,000 remains.

We have revised these plans further to bring the scope of any development within our Boards allocation.

Following representations to the Minister by local public representatives, the Minister for Health has indicated that a further €150,000 may be made available. However, we have notified the Department and the Authority that the total shortfall in order to proceed is of the order of €400,000, and we are currently awaiting a final decision regarding this before lodging a planning application in respect of the second option.

**2. Cllr Christy Burke**

“To ask the Chief Executive if the Northern Area Board will make a report to this Board in relation to an alternative to Methadone, as I understand a report on this issue is with the Department of Health”.

**Reply**

The main alternative treatment to methadone is drug free abstinence programmes. The Northern Area Health Board is providing this through our detoxification facilities and our residential facility Keltoi, where our Board provides a two month programme preparing people to return to the community abstinent from drugs. Our Board also provides rehabilitation through Soilse. Soilse provides a drug free community care approach. More recently our Board has set up a drug free counselling service for those who are abstinent and do not wish to attend our treatment centres for counselling. This is provided on the same site as the Soilse Project in Frederick Street.

Alternative substitute medications to methadone that are being looked at worldwide include Buprenorphine. Buprenorphine is at present being used in a very limited number of patients under specialist supervision. Our Board is providing this specialist development of protocols around Buprenorphine because of the risk of abuse of this substance. Our Board has tight programmes around methadone maintenance. In the past, there had been a Buprenorphine abuse problem in Ireland in the late 70s and early 80s which was known under the general name of temgesic. What is crucial to Buprenorphine delivery is its dispensing. Our Board is working on a protocol to ensure that dispensing of Buprenorphine will not allow leakage onto the street as it can become a drug of misuse when injected at sub-therapeutic levels. In essence Buprenorphine has a ceiling effect becoming an antagonist as well as a partial agonist of opiate receptors and at higher doses its antagonist action kicks in. This means that there is a ceiling level of Buprenorphine delivery to each patient. However, below this ceiling level it largely acts as an agonist and can be a drug of abuse.

On the 2<sup>nd</sup> October 2002 the US Government approved two new substances for substitute treatment. One of them included Buprenorphine and the second a combination of Buprenorphine and Naloxone. We in Ireland have been waiting for the delivery of this second combination tablet. Naloxone, when injected, completely blocks the action of Buprenorphine. On the other hand if you take this combination sublingually Naloxone is not absorbed in the body and the Buprenorphine can become active. This new combination should provide the best of both worlds with Buprenorphine being provided as a real alternative substitute to methadone and yet its abuse potential curtailed by this combination. It is planned that the Northern Area Health Board will shortly send a specialist to the US for further training in this new combination treatment.

In general terms the advantage of Buprenorphine are twofold. One that it can be dispensed every second day and thereby reduce clinic attendance and second that it has a ceiling effect and is in preliminary studies proving safer in overdose. This may reduce the mortality associated with combined polypharmacy and methadone as we have seen in the past. This is not to say that Buprenorphine does not have these disadvantages but they are lessened because of the ceiling effect of the antagonistic action of Buprenorphine.

### **3. Cllr Christy Burke**

“To ask the Chief Executive if a location for the Methadone bus at Empress Place, Dublin 1 has been identified, as a request by this Councillor was made to the Northern Area Health Board some time ago”.

## **Reply**

The Northern Area Health Board's Mobile Clinic is based at Empress Place in the North Inner City. There are currently 8 clients attending the clinic, which now provides an extended range of services to clients. A review of the service took place last year, which resulted in the methadone dose available to clients being increased from 20 mls. to a possible 50 mls. The local community are agreed that services available from the Mobile Clinic have substantially improved and are prepared to support its continued location in the North Inner City.

The Northern Area Health Board's has no difficulty with the current location of the Mobile Clinic, but is responding to a request by nearby residents to relocate the clinic to an alternative location. Our Area Manager has had discussions on this matter with the Local Drugs Task Force and the Community representatives to source a location for the clinic. Sites meeting the criteria for the locating of the mobile clinic are not readily available in the North Inner City. When a suitable new location is identified, relocation of the Mobile Clinic can be reassessed.

**113/2002**

## **CHIEF EXECUTIVE'S REPORT**

### **SERVICE MATTERS**

#### *Improvements in Management of the Addiction Services*

##### *"The Cocaine Course"*

Members will be aware of the reported increase in the use of cocaine in the Greater Dublin Area. It has been our experience, confirmed by laboratory analysis on sample tests that there has been a gradual increase in cocaine use over the past 18 months, in the Greater Dublin area. This is reflected in the fact that in most of our addiction clinics now, the number of cocaine positive urines has increased from approximately 2% to an average of around 5-6%, with a peak in some areas of up to 10%. There is very little evidence of increased use of crack cocaine, but there is strong evidence of increased injecting of cocaine.

Increased affluence in our society over the past number of years may be a factor and this has been noted in the UK in the 16-26 year age group.

There are no pharmacological interventions available at this time for cocaine use, which have shown evidence of efficacy. Counselling therefore is our Boards main approach to clients who present with cocaine dependency.

In response our Board has established as a piloted a special clinic, which will commence next week for those whose primary drug of abuse is cocaine. The programme, the 'Cocaine Course' is led by the counselling team, with participation of all disciplines including doctors, nurses, psychiatrist, pharmacist and out reach workers.

This pilot programme will run for eight week and will then be reviewed and evaluated and will inform the future direction of service provision for clients with cocaine dependency.

*Use of “sanction” in treatment*

We have recently revised our Sanctions Protocol in partnership with City Clinic, Community, Voluntary Groups and User Groups such as ICON, SAOL and UISCE. An integral part of the revised draft sanctions protocol involve the development of an appeals and complaints procedure. As part of this process a Pilot Sanctions and Advocacy Project commenced in City Clinic in June 2002. Two Complaints Officers have been appointed for City Clinic - one for the Day Programme and the other for the Young Persons Programme. Their role is to facilitate the process of complaints and appeals at local level and better management of the service at local level bearing in mind the needs of the individual and the community.

This project will be evaluated at the end of 2002 and implemented in all centres if successful.

*Adult Homelessness*

I have circulated copy of Report on Adult Homelessness (Copy held with official minute). When compared with our Board’s previous Report on activity in the year 2001 it can be seen that the level of homelessness continues to rise (based on projected figures up to the end of 2002 the level of homeless has increased by 44%).

Of particular concern is the fact that the numbers presenting arrive in Dublin from every county in the country as well as from Northern Ireland. Significant numbers are also presenting from England and other European countries. The fact that emergency accommodation for the homeless is provided primarily by Dublin City Council is a major concern for our Board in the context of pressures for accommodation in the Inner City, and our ability to provide quality health and therapeutic services in the context of the concentration of the homeless people in the Inner City.

The majority of these homeless people have significant health and social needs they also place undue pressure on the Inner City services provided by our Board, South Western Area Health Board.

As set out in the report the local authorities are obliged to provide accommodation for the homeless population in their respective areas under Section 10 of the 1998 Housing Act. The arrangements for the management of the homeless services are complex. Dublin City Council contribute 67% of this funding with the other three local authorities contributing 11% each. Our Board provides this service on behalf of the three Area Health Boards.

A range of health and social services are provided and specifically targeted at homeless persons through our multidisciplinary teams.



### *Post Graduate Training Programme in Psychology – Trinity College Dublin*

Members will be aware in my October Report to the Board I set out the background to the Post Graduate Training Programme involving our Board and Trinity College Dublin and funding issues related to the 2002/2003 graduate intake.

Since then we have been involved in a series of discussions with the ERHA, DOH&C, SWAHB, ECAHB. These discussions are now progressing satisfactorily. A further meeting for Friday 22<sup>nd</sup> November, when we expect to finalise our discussions.

### *Ballymun Primary Care Implementation Project*

I have attached, for members information, a report concerning the Ballymun Primary Care Implementation Project, which was presented to the Acute Hospital and Primary Care Standing Committee meeting on the 18<sup>th</sup> October 2002 (Copy filed with official minute).

The Primary Care Strategy document, *Primary Care a New Direction*, proposes the introduction of a new model of primary care provision. In the current year, €350m has been provided for the development of the new Primary Care Team element of the new model of primary care in Ballymun.

Presently in Ballymun, health and social services are delivered from the local health centre and from a variety of facilities in the old town centre and from various locations in the tower blocks. The following disciplines of staff provide services from the existing health centre - general practitioners, nurses, community welfare officers, social workers, dentists, home-helps, administration/clerical support together with the adult mental health team. These professionals are supported by other staff operating from sites other than the health centre – occupational therapist, physiotherapist, speech and language therapist, administration/clerical support together with the child & adolescent mental health team.

The Integrated Area Plan for Ballymun provides for a purpose built Civic Centre. The Civic Centre will incorporate a new Primary Health Care Unit ( Comprising 74,000 sq ft) together with headquarter accommodation for Dublin North Central Community Services. The Health Care Unit will have capacity for the full range of primary care service provision. The Centre will have the following facilities:

- General practice consulting rooms and support facilities for ten General Practitioners
- Dedicated facilities as follows:
  - X-ray
  - Physiotherapy
  - Occupational therapy
  - Minor surgery
- Individual clinic rooms to be used on a needs basis by visiting Consultants, Nurses, Therapists and Counsellors
- Child and Family Centre for the Mater Child Psychiatric Services
- A day hospital, day care facilities for psychiatry

- Dedicated facilities for social work, community welfare, home help, community ward teams, etc.

The Ballymun Primary Care Implementation Project is effectively a change management project and will:

- Reconfigure the modes operandi of existing primary care provision in the area in line with the Primary Care Strategy - *Primary Care a New Direction*, and the new National Health Strategy - *Quality and Fairness and Health System for You*.
- Manage and co-ordinate the physical transition of primary care service delivery from a number of sites to the new Health Care Unit thereby underpinning the new service delivery model.
- The ultimate objective is to have the full range of primary care services being delivered from the new Health Care Unit.

Key stakeholders will soon be participating in a consultative session to plan the way forward. The project will be managed by a Project Team which will include representatives from within our services together with representatives from the external environment e.g. acute hospitals, consumers etc.

I will keep members advised of progress on this project.

#### *Health and Social Services needs Assessment – Finglas*

I have previously advised our Board (Copy of report circulated, filed with official minute) that we have arranged an independent health and Social Services needs Assessment in the Finglas area, this work is now complete. The report on the overall assessment and the recommendations is currently being printed.

I will present the Report to our Board in early 2003.

#### *Recent Flooding*

Members will be aware of the extensive flooding which occurred in certain North City Communities adjacent to the banks of the River Tolka during the course of the latter part of last week. While many communities living within our Boards area were affected to some degree by the exceptional flooding, those most severely affected were communities living in the Richmond Road/Botanic Avenue and Millmount area of Drumcondra and Glasnevin as well as communities living in the general area of Ballybough and Clonliffe Road.

#### *Report on Flooding in James Connolly Memorial Hospital*

On Thursday the 14<sup>th</sup> November, 2002, a serious flooding situation occurred at James Connolly Memorial Hospital. At approximately 16.05pm a small tributary of the Tolka River burst its banks and flooded Units 8 East and 8 West.. Unit 8 East contains the Department of Respiratory Medicine and the Medical Day Ward. Both these areas were free of patients at the time. Unit 8 West is an acute medical ward and had 18 acutely-ill medical patients at the time.

Patients were re-located throughout the other wards in the hospital by staff with the assistance of the Emergency Ambulance Service. Hospital staff and particularly the staff in Units 8 East and 8 West are to be complimented on their speedy action to minimise the risks to acutely ill patients.

A major clean-up operation commenced on Friday 15<sup>th</sup> November 2002, patients moved back in on Tuesday 19<sup>th</sup> November 2002 and normal services were restored on Wednesday 19<sup>th</sup> November, 2002. A list of damaged items of equipment has been compiled and is currently being valued. An inspection by an insurance assessor is awaited.

Our Boards Community Welfare Officers and the Ambulance Service worked with other emergency services in evacuating and re-locating a number of residents from these areas. A total of 49 persons were accommodated at the Baleskin Reception Centre during the period Thursday 14<sup>th</sup> November to Monday 18<sup>th</sup> November. The most accommodated at any one time was 33 on the Friday night 15<sup>th</sup> November. Up to last night, 20<sup>th</sup> November, there were still 23 persons being accommodated at the Reception Centre. These people were mainly living in basement flats and many would have originally been housed through the Refugee Reception and Integration Agency.

Our Community Welfare Officers continued to provide services to those affected by the flooding during the course of Saturday and Sunday 16<sup>th</sup> and 17<sup>th</sup> November. Our Health Centre on Botanic Avenue, which was not affected by the flooding, remained open over the course of the weekend. Community Welfare Officers also attended at a "Drop-in-Centre" which was set up in the Cat and Cage public house on Saturday and Sunday. In the Richmond Road/Clonliffe Road and Ballybough areas, Community Welfare Officers provided services by calling door to door to houses affected as well as providing services from North Strand Health Centre. Services were also provided by Community Welfare Officers at Baleskin Reception Centre.

Urgent Needs Payments were made to a total of 259 adults and 68 children. Applications continue to be made for assistance towards the cost of replacing essential household items such as bedding, cookers and fridges. In addition, our Service Area Medical Officer in Community Care Area 6 arranged the provision of emergency drugs/medication to some residents who had to be evacuated from their homes and who had not brought their own supply of medication with them.

A humanitarian aid scheme, to be administered by the Irish Red Cross, has been established to assist those affected by the flooding

I would like to express my appreciation to all staff, in particular Community Welfare Officers, who made themselves available over the course of the last weekend. 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.

*Winter Vomiting Bug (SRSV)*

As agreed at last Board meeting I am circulating a background document on SRSV.

## *Residential facilities for the elderly*

### Lusk Community Unit

Following an intensive recruitment drive, we are now opening the remaining beds in the Lusk Community Unit; all 50 beds will be occupied within the next couple of weeks.

### Pressures on Acute Beds in General Hospitals

We have experienced significant pressure from the three acute hospitals - Mater, Beaumont, and James Connolly Memorial Hospital - with beds being occupied by elderly persons requiring long-stay care. We have been advised by the Authority of additional funding for 10 beds and also that ongoing funding will be available for 10 beds taken out in September to relieve pressure on Beaumont Hospital, particularly for the Winter Flu Bug. The combination of these beds, the availability of beds in Lusk (as referred to above) as well as some beds freed up from the rationalisation of contract beds in nursing homes, has allowed our Board to relieve pressure in each of the three hospitals in an equitable manner.

Concurrently with this initiative we are in the process of finalising bed provision for the elderly, particularly the new Old Age Psychiatric Service. I will be presenting a detailed report on this development at our December meeting.

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Following discussions to which Cllr Burke, Cllr Stafford, Ms N. Harvey, Dep Dr Fitzpatrick, Cllr O'Brien, Dr Murphy and Cllr Devitt contributed, and to which the Chief Executive, Assistant Chief Executive and Dr Brion Sweeney, Consultant Psychiatrist who was in attendance responded, the report was noted.

A discussion took place on adult Homeless in which Cllr O'Brien, Dr Murphy, Cllr Burke and Cllr Devitt contributed and to which the Chief Executive and Assistant Chief Executive responded. The report on adult homeless was referred to the standing committee for further discussion.

### **114/2002**

#### **REPORT NO F8/2002**

On a proposal by Cllr Devitt, seconded by Cllr O'Brien, the report of the Finance and Property Committee (Report **No F8/2002**) was noted and adopted.

### **115/2002**

#### **REPORT NO 41/2002**

#### **Report On Childhood Immunisation Services (Including Meningococcal C)**

Dr M Laffoy noted the low uptake of MMR and the need for extra resources and to which the Chief Executive responded. It was agreed to refer report **No. 41/2002** to the Community Services and Continuing Care Standing Committee.

**116/2002**  
**REPORT No 42/2002**  
**Report on Long Stay Bed Management System**

On a proposal by Deputy Fitzpatrick, seconded by Cllr Burke it was agreed to refer report **No. 42/2002** to the Community Services and Continuing Care Standing Committee.

**117/2002**  
**REPORT NO 43/2002**  
**Lisdeel Family Placement Evaluation Report**

On a proposal by Deputy Fitzpatrick, seconded by Cllr Burke it was agreed to refer report **No. 43/2002** to the Child Care Advisory Committee.

**118/2002**  
**REPORT NO 44/2002**  
**Progress Report on Day Surgery/Day Medicine**

On a proposal by Deputy Fitzpatrick, seconded by Cllr Burke it was agreed to refer report **No. 44/2002** to the Acute Hospital and Primary Care Committee.

**119/2002**  
**REPORT NO 45/2002**  
**Report on the Epidemiology of Tuberculosis in Ireland 2002**

On a proposal by Deputy Fitzpatrick, seconded by Cllr Burke it was agreed to refer report **No. 45/2002** to the Community Service and Continuing Care Standing Committee.

**200/2002**  
**REPORT NO 46/2002**  
**Progress Report on St. Joseph's Hospital- Public/Private Mix**

On a proposal by Deputy Fitzpatrick, seconded by Cllr Burke it was agreed to refer report **No. 46/2002** to the Acute Hospital and Primary Care Committee.

**201/2002**  
**REPORT NO 47/2002**  
**Report on Cancer Services**

On a proposal by Deputy Fitzpatrick, seconded by Cllr Burke it was agreed to refer report **No. 47/2002** to the Acute Hospital and Primary Care Committee.

## **PROGRESS REPORT FROM STANDING COMMITTEES**

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

On a proposal by Cllr Burke, seconded by Cllr Stafford, the report from the Community Services and Continuing Care Committee was agreed.

(b) *Acute Hospitals and Primary Care Committee*

On a proposal by Cllr O'Brien, seconded by Cllr Devitt, the report from the Acute Hospitals and Primary Care Committee was agreed.

### **202/2002**

#### **MOTIONS**

There were no motions presented.

### **203/2002**

#### **MATTERS FOR MENTION**

Cllr Burke expressed his appreciation to the Chief Executive for the prompt response of all staff to the recent flooding.

The meeting concluded at 6.30pm.

**M. WINDLE**  
**CHIEF EXECUTIVE**

**21<sup>st</sup> November, 2002.**

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**DEPUTY DR D FITZPATRICK**  
**CHAIRMAN**