

28<sup>th</sup> August, 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 5.30pm on Monday, 9<sup>th</sup> September, 2002.** Tea is arranged for 5.00 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) Annual General Meeting held on Thursday 10<sup>th</sup> July, 2002
    - (i) Matters arising
  - (b) Monthly Board Meeting, Thursday 10<sup>th</sup> July, 2002.
    - (i) Matters arising
3. Questions to the Chief Executive
4. Chief Executive's Report (to be circulated at meeting)
5. Progress Report on Orthodontic Service (to be circulated at meeting)
6. G.M.S. Payments Board, Annual Report, 2001  
*Report No 32/2002*
7. Report on Dental Services in Special Needs Primary Schools  
*Report No 33/2002*
8. Report on Preliminary Census, 2002, Northern Area Health Board  
*Report No 34/2002*
9. Report from Standing Committees
  - (a) Community Services and Continuing Care
  - (b) Acute Hospitals and Primary Care

10. Motion

**10.1 Cllr D Murray**

“That the Board Members of the Northern Area Health Board calls on the Chief Executive to provide office space and all the necessary facilities for the two Counsellors who are attempting to provide a Drug Addition Service for the Balbriggan area. As this is a healthcare issue such a facility should be sited on lands in the ownership of the Health Board”

**10.2 Cllr. C Burke**

“That the Board calls on the Eastern Regional Health Authority to provide funding for the young chronic sick in Private Nursing Homes”.

**10.3 Cllr M O’Donovan**

“That the Chief Executive report on the progress of the James Connolly Hospital Project, and also state if approval has been received for further phases of this Project”

**10.4 Cllr M O’Donovan**

“That the Chief Executive give an up-to-date report on our plans for a temporary Orthodontic Unit at Ashtowngate”

11. Correspondence

12. 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 Headquarters, Swords Business Campus  
Balheary Road, Swords, Co. Dublin  
On Monday, 9<sup>th</sup> September, 2002, at 5.30pm**

### *Present*

Cllr. C. Burke  
Mr M. Cowley  
Cllr. L. Creaven  
Ms. N. Harvey  
Cllr. D. Heney  
Dr. M. Laffoy  
Mr. P. Ledwidge  
Mr. G. McGuire  
Cllr. D. Murray  
Cllr. E. O'Brien  
Cllr. M. O'Donovan  
Mrs. C. Quinn  
Dr. J. Reilly  
Mr. L. Tuomey

### *In the Chair*

Deputy Dr. D. Fitzpatrick

### *Apologies*

Cllr. A Devitt  
Dr. B. Murphy  
Ms. M. Windle, Chief Executive

### *Officers in Attendance*

Mr. M. Walsh, Acting Chief Executive  
Ms. L. Mc Guinness, Acting Asst. Chief Executive  
Mr. S. McGrath, Acting Director of Communications  
Mr. S. Mulvany, Acting Director of Finance  
Mr. K. O'Doherty, Acting Director of Human Resources  
Mr. J. Murphy, Board Secretary  
Ms. O. Treacy, Director of Primary Care  
Ms. J. Ebbs, Operations  
Mr. G. Hanley, Operations  
Mr. A. Mullen, Operations  
Mr. J. Sheeky, Finance  
Ms. B. Kelly, Secretariat  
Ms. D Kelly, Secretariat

**87/2002**

**CHAIRMANS 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: -

- Special Board Meeting  
Monday 30<sup>th</sup> September, 2002 at 6.00pm
- Finance and Property Committee Meeting  
Monday 30<sup>th</sup> September, 2002 at 11.30am
- Official Opening Woodlands Park, JCMH,  
Thursday 12<sup>th</sup> September, 2002 at 11.00am  
(by the President, Mary McAleese)

**3. Apologies**

Apologies have being received from the following-  
Dr. Bernard Murphy  
Cllr Anne Devitt

**4. Welcome**

I would like to take this opportunity to welcome Mr Paul Ledwidge,  
Representing the Voluntary Service Providers, as a new member to our Board.

**5. Correspondence from Ivor Callely, T.D.**

I wish to advise members that Ivor Callely T.D. Minister for service for Older People has acknowledged a request from our Board to meet and discuss current and future developments in services for Older Persons in our Boards area. A date for this meeting has yet to be proposed, and members will be contacted in this regard.

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On a proposal by Cllr Burke, seconded by Cllr O'Brien, and following agreement of the members present, Standing Orders were suspended to deal with the following motion, which was agreed.

“that approval be granted to fund a maximum of 7 Board members to attend the Association of Municipal Authorities of Ireland Conference 2002, to be held in Westport from September 12<sup>th</sup> to September 14<sup>th</sup> 2002”.

**88/2002**

**MINUTES OF PROCEEDINGS OF ANNUAL GENERAL MEETING**

held on 10<sup>th</sup> July, 2002

On a proposal by Cllr C Burke and seconded by Mr McGuire, the minutes of the Annual General Meeting held on 10<sup>th</sup> July, 2002 were agreed.

**89/2002**

**MINUTES OF PROCEEDINGS OF MONTHLY BOARD MEETING**

held on 10<sup>th</sup> July, 2002.

On a proposal by Mr McGuire, seconded by Cllr O'Brien, the minutes of the Board Meeting held on 10<sup>th</sup> July, 2002 were agreed.

**90/2002**

**QUESTIONS TO THE CHIEF EXECUTIVE**

On a proposal by Mr McGuire and seconded by Cllr O'Donovan it was agreed to answer the questions which has been lodged.

**1. Cllr D Murray**

**“To ask the Chief Executive of the Northern Area Health Board for a detailed report as to why no improvements have been seen on the ground in relation to the provision of the Drug Addiction services in the Balbriggan area despite a recent allocation of €12697.38 (£10,000.00) for such improvements”.**

**Reply:**

Drug outreach and counselling services are provided at Balbriggan Health Centre. Our Board provided funding of £10,000 in 2002 towards a general up-grading and refurbishment of the health centre. The work undertaken included internal building alterations; electrical up-grade; painting and decorating; floor covering and window installation. This refurbishment work has resulted in an overall improvement of the general ambience and environment of the health centre for the benefit of the general public and all staff.

A Drugs Counsellor who was assigned to the Balbriggan area on a sessional basis in May 2002 provides services at Balbriggan Health Centre one afternoon each week. An outreach worker for the Balbriggan area has access to shared accommodation at Balbriggan Health Centre. As there is no additional space available at the Centre the Drug Addiction Service in consultation with Community Services Area 8 are exploring the availability of suitable accommodation elsewhere.

**2. Cllr D Murray**

**“To ask the Chief Executive of the Northern Area Health Board for a detailed report on the Board’s Drug Addiction Counsellors availability for those who wish to avail of this service within the catchment area of Balbriggan”.**

**Reply:**

There are currently 5 Counsellors assigned to Community Care Area 8. One counsellor works specifically in the Swords/Balbriggan area providing counselling service from Balbriggan Health Centre each Tuesday between 11.00a.m. and 5.00p.m. Contact can also be made with the Counsellor at 45 Main Street, Swords. Where necessary a domiciliary counselling service is arranged by appointment.

55 clients have been referred to the Counsellor since June 2002. Referrals are made to this service by the Outreach Staff, GP's and the Helpline.

It is hoped to expand this service to 2½ days per week at an early date depending on suitable accommodation within the area being sourced. Discussions are on-going with other service providers in Community Care Area 8 to locate alternative accommodation.

**3. Cllr D Murray**

**“To ask the Chief Executive of the Northern Area Health Board to report on the last meeting the officials of the Board had with the Balbriggan Drug awareness group”.**

**Reply:**

The Balbriggan Drug Awareness Group meetings takes place once a month. There are no meetings during the months of July and August.

Our Drug Outreach staff attend these meetings.

The June 2002 meeting of the group incorporated the group's annual general meeting. In addition to the election of officers for the coming year and the presentation of reports on activities and finances for the previous year, there was also a lengthy discussion on drug related issues affecting the Balbriggan area. Following the presentation of an overview of service activity by the Outreach Staff, a general discussion took place on means and strategies for drug prevention in the area.

The Drugs Education Officer also attends meetings of the Balbriggan Drugs Awareness Group from time to time. At the February 2002 meeting of the group, the Education Officer presented a detailed overview of the Drug Services Prevention/Education Strategy and addressed questions pertaining to a wide range of prevention education issues.

4. **Cllr M O'Donovan**

**“To ask the Chief Executive of the Northern Area Health Board to report on the working of the Treatment Purchase Scheme in the Northern Area Health Board area.**

**Reply**

The National Health Strategy was launched by Minister Micheal Martin in November 2001. The overall policy objective for the reform of acute hospitals is improved access for public patients. The reform involves increasing capacity through further investment, strengthening efficiency and quality of services, and working in closer partnership with the private hospital sector.

The Strategy places a new emphasis on waiting times for in-patient/day case treatment. The target set is that all public patients commence treatment within a maximum of three months of referral from an out-patient department. The intermediate targets to achieve this aim are:

by the end of 2002, no adult will wait more than 12 months, and no child more than 6 months for treatment;

by the end of 2003, no adult will wait more than 6 months, and no child more than 3 months for treatment; and

by the end of 2004, no public patient will wait more than 3 months for treatment.

Within the Strategy a commitment was given to develop a new Treatment Purchase Fund (TPF) to purchase treatments for public patients who have waiting times longer than the targets set. The TPF is an initiative involving a multidisciplinary project team having overall responsibility nationally for the TPF and the delivery of the initiative's objectives and targets. The first treatments under the TPF commenced in a number of Dublin private hospitals in June 2002 with a concentration on those patients who have waited longest, consistent with clinical need and the provision of purchased treatment being to the highest clinical and patient care standards. 177 patients from waiting lists in the ERHA region have been treated under the TPF Scheme up to the end of August 2002.

The implementation of this initiative in the Eastern region is being co-ordinated by an inter-agency group involving our Board, the ERHA and hospital service providers. ERHA liaise directly with the TPF project team in the Department of Health and Children regarding the implementation of the scheme. At present there is a concentration on providing treatments to patients on waiting lists in excess of twelve months. In James Connolly Memorial Hospital (JCMH) the majority of patients waiting over twelve months are in General Surgery and Plastic Surgery. The Surgeons involved are agreeable in principle to participate in the Treatment Purchase Fund. In this regard arrangements are being put in place via the TPF project team to have patients treated. The TPF have negotiated arrangements with private hospitals in the area.

It is envisaged that treatment for persons on JCMH's waiting list will be provided in the Bon Secours Hospital, Glasnevin. Patients will be offered the option of treatment under the scheme upon conclusion of the Surgeons

arrangements with the hospital. Treatments will be scheduled following patient consent.

Within the allocation for the TPF initiative a sum of €m nationally has been ring-fenced for the provision of orthodontic treatment. In our Board's area this will facilitate the provision of an additional 277 treatments. Our Board is in active discussions with Orthodontists from neighbouring Health Boards to purchase treatment programmes for patients prioritised. It is anticipated that all places will be allocated within these arrangements. However, if the quota is not secured, arrangements will be made with private orthodontists to provide treatment.

**5. Cllr M O'Donovan**

**“To ask the Chief Executive of the Northern Area Health Board to report on the procedures for the use of the Form E112, and will the Chief Executive state whether there has been a take-up of this service in the Northern Area Health Board area.**

**Reply**

**(a) Eligibility Criteria**

Persons may be authorised to receive medical treatment which is considered necessary, and which is not available in Ireland, in other European Union (EU)/European Economic Area (EEA) member states. Health boards may provide such authorisation by issuing model form E112, to persons ordinarily resident in their administrative areas. Application for the issue of model form E112 should be made by, or on behalf of, a patient in sufficient time to enable the health board to assess the application both from the point of view of determining the entitlement of the patient under the appropriate regulations, and his or her medical requirements. It is necessary for the health board to establish that these requirements cannot be met locally or in any other centre within the country.

The patient applies to the Board by completing an “ application form for assistance towards the costs of medical treatment outside the State” and submits it to the Board together with a letter from the referring hospital consultant. The referring hospital consultant must certify that:

- The treatment required is not available in this country.
- There is an urgent medical necessity for the treatment.
- There is a reasonable medical prognosis.
- The treatment is regarded as a proven form of medical treatment.
- The treatment abroad is in a recognised Hospital or Institution.
- The Hospital or other Institution abroad will accept EU/EEA model form E112 (IRL) to cover the treatment costs.

The Hospital outside the state must be a public hospital available to National Health agencies for public patients in the country. The onus is on the referring hospital/other institution to ascertain from the hospital/institution abroad what the cost of the treatment will be and to assist the patient in completing the application to the Board.

### **Assessment – Regarding costs of treatment**

When a completed application is received by the Board, the referring hospital consultant's letter is sent to the Board's Director of Public health for his/her recommendation.

Subject to the recommendation of the Director of Public Health model form E112 (IRL) is issued when the patient submits proof of an out-patient appointment date or in-patient admission date.

#### **A small number of cases may be referred to:**

(i) Non-EU/EEA countries where such medical treatment is not available in EU/EEA member states or,

(ii) Where the treatment is only available in a private institution in an EU/EEA country.

The procedures to be followed are similar to model form E112 (IRL) cases except that the patient (and referring consultant) are notified that a means tested grant will be made to assist with a certain percentage of the treatment costs.

Copy of application form in the minutes.

A total of eleven applications for treatment overseas were received from residents in the Northern Area Health board area from 1<sup>st</sup> January, 2002.

Of these eleven applicants, eight persons were approved for treatment under E112 (i.e. in EU Public Hospitals), while three persons were approved for funding towards cost of treatment overseas outside the scope of this scheme (i.e. two in the United States, and one in a private hospital overseas.)

**91/2002**

### **CHIEF EXECUTIVE'S REPORT SERVICE MATTERS**

#### ***Financial Position***

The Acting Chief Executive gave a report outlining correspondence received from the Eastern Regional Health Authority, (Copy filed with Official Minute), dated 15<sup>th</sup> August, 2002, advising of a reduction in our Board's Budget allocation in the amount of €693m.

It is the responsibility of the Board, under the Health (Amendment) (No 3) Act 1996, to ensure that services are provided in any given year, within the notified allocation.

Negotiations are ongoing with the Eastern Regional Health Authority on the final allocation for 2002. A meeting of our Board's Finance and Property Committee has been scheduled for Monday 30<sup>th</sup> September, 2002, at 11.30am, to discuss the Financial Management Plan, to the end of 2002.

On a positive note I would emphasize that our Board will in the current year expend close to half a billion Euro on the provision of health and personal social services in our area which represents an increase of approximately 12.5% over 2001 expenditure

### *Crannóg Nua - update*

Crannóg Nua is a new High Support Unit situated in Portrane, Co. Dublin. It is a large purpose built residential facility comprising three eight bed residential units, an education unit and recreational and administrative facilities. While the service comes under the direct remit of the Northern Area Health Board it is a regional facility of the Northern, South Western and East Coast Area Health Boards.

This 'Open' Centre will deliver specialist residential care to 24 children and young people, male and female, aged 12 to 17 years, experiencing emotional and behavioural difficulties arising as a consequence of Trauma, Neglect or Deprivation.

Trauma is defined as: Events, which overwhelm the ordinary adaptations to life. Unlike commonplace misfortunes, traumatic events generally involve threats to bodily integrity. They often bring the individual into contact with the extremities of helplessness and terror (Herman, 1992)

Neglect is defined as: A severe and persistent lack of attention to the child's basic needs resulting in significant harmful impairment of health and development or the avoidable exposure of a child to serious danger, including cold or starvation (Children First, 1999).

Deprivation is defined as: Psychological neglect by the primary care giver of a child's emotional and developmental needs.

The needs of traumatised children and young people are not different to other children and young people but they are amplified. As a result of their experiences many of the children and young people in Crannóg Nua will manifest difficulties in a number of key areas including states of hyperarousal, which will manifest in 'fight, flight or dissociation'. Insecure attachment will be evident in the child or young persons difficulty feeling trust, security and safety.

The development of this High Support Unit is seen as a response to the needs of a minority, but highly troubled, group of children and young people who require intensive support away from home, cannot be supported in mainstream residential care facilities, and therefore require specialist residential care. The service reflects the Northern; South Western; and East Coast Area Health Boards commitment to strengthening the 'Continuum of Care Service' for children and young people as part of an integrated Regional Childcare Framework.

## NATURE OF CRANNÓG NUA

| Crannóg Nua High Support Unit                                  | Admission Criteria   | Placement in Crannóg Nua is not appropriate where young person:                                       |
|--|--|---|
| Open Unit  | Open to Male and Female  | Is assessed as High Risk requiring a Secure Setting or Detention                                      |
| Child Centred Practice   | Aged 12 – 17   | Requires medical detoxification for drug misuse   |
| Specialist Residential Care                                    | Emotional/Behavioural Difficulties   | Has acute psychiatric illness requiring intensive medical intervention                                |
| Restrictive Care Environment <sup>1</sup>                      | Moderate Risk - High Need  | Has history of persistent criminal/offending behaviour  |
| Referral via Multidisciplinary Admissions /Discharge Group     | The risk behaviour of the child/young person poses a real risk to his/her health, safety, development and welfare unless placed in a High Support Unit | Has moderate/severe learning disability   |
| Admission via Child Care Act, 1991                             | Cannot be supported in Mainstream Residential Care   | Has an established history of absconding from Care Placements and therefore requires a Secure Setting |
| High Staffing Ratio  | Client has named Social Worker and full Care Plan  |   |
| Ongoing Assessment   | Young Person has a willingness to engage with the High Support Unit  |   |
| Intensive Support through Programme of Care                    | All alternative care settings have been considered   |   |
| Multidisciplinary Mater Support Team on Site                   |  |   |
| Education on Site  |  |   |
| Close Monitoring and Supervision                               |  |   |
| Administrative Oversight by Special Residential Services Board |  |   |
| Bi Annual Inspection by Social Services Inspectorate           |  |   |
| Oversight by Health Board Monitor                              |  |   |
| Length of Stay determined by Needs                             |  |   |

## INTEGRATED MODEL OF SPECIALIST RESIDENTIAL CARE

The multidisciplinary team at Crannóg Nua delivers an Integrated Model of Specialist Residential Care through which young people experience a highly supportive care environment, a highly supportive emotional environment, intensive therapeutic intervention and educational opportunities in a safe physical environment.

The work undertaken at Crannóg Nua will enable children and young people to progress physically, socially, morally, emotionally, cognitively and educationally. Having done so young people are able to move beyond the need for a High Support setting.

## MANAGEMENT STRUCTURE AND STAFFING

A Director and two Deputy Directors manage Crannóg Nua. Each residential unit has a Manager and Deputy Manager. Under their direction and guidance there are 22 Residential Care Staff in each of the three residential units providing 24-hour care. There are also relief workers, cooks, housekeepers, campus assistants, administrative staff and sessional staff consultancy.

## Special School

Crannóg Nua Special School is integral to the complex. The School, funded by the Department of Education and Science, has an Administrative Principal, four teachers and sessional teachers.

### PARTNERSHIP INITIATIVES

At Crannóg Nua a number of innovative partnership initiatives have been developed in order to augment the quality of the service delivered to young people.

#### Partnership: Crannóg Nua - Mater Support Team

Specialised therapeutic interventions are provided on site through a multi disciplinary team headed by the Clinical Director at the Mater Child and Adolescent Psychiatric Service. In Crannóg Nua the Care and Therapy teams work in partnership and share expertise in order to produce a consistent approach across disciplines. The Mater Support Team comprises:

- Senior Clinical Psychology
- Senior Social Work with experience in Family work
- Senior Speech and Language Therapy
- Counselling Therapists
- Sessional Psychiatry
- allied therapies as required

#### Partnership: Crannóg Nua - CSER

The Integrated Model of Specialised Residential Care will be independently researched and evaluated by the Centre for Social and Education Research at D.I.T. The research is both formative and evaluative. The formative focus aims to describe the process involved in programme implementation. The information gathered is regularly fed back into the organisation over the term of the research thereby contributing to on-going refinement. In evaluation terms, the research will focus on whether 'theory failure' or 'implementation failure' occurs, i.e. whether there is a flaw in the model itself or whether in its implementation due, say to, lack of training, lack of resources, lack of institutional support, and whether any of these result in the programme not having the intended/anticipated effects.

#### Partnership: Crannóg Nua - D.I.T.

A pilot in staff training and development has been developed with D.I.T. This is funded directly by the Department of Health and Children. A Short Course in working with Trauma and Specialised Residential Care has been developed. A Short Course Award will be made to staff that successfully complete this course. The course will be delivered 'on site' as part of the induction programme. The pilot will be evaluated; if successful it can be rolled out to other Centres. It is intended that further modules will be developed leading to a Certificate in Residential Care.

## SCHEDULE FOR OPENING

On August 12<sup>th</sup> 2002, the Centre commenced planning the admission of two young people, these young people will take up residence by 2nd September, 2002.

It is planned to open each unit to 50% capacity (4 beds) sequentially and then to build each unit to full capacity following that. Opening beds is contingent on the ability to recruit the required number of staff, it is hoped at least the following can be realised:

Unit 1 - 25% August/September 2002

- 50% November 2002

- 100% February 2004

Unit 2 - 25% February 2003

- 50% May 2003

- 100% June 2004

Unit 3 - 25% August 2003

- 50% Nov 2003

- 100% Nov 2004

## RECRUITMENT

A total of 66 permanent care staff and 9 relief staff are required for Crannóg Nua. There is a national shortfall in trained and experienced care staff. The ongoing development of new High Support and Special Care Units increases demand for trained and experienced residential care workers. Furthermore with the sector moving towards professionalisation and registration the shortfall is accentuated. This is because there is a requirement to provide third level training for unqualified staff that are already in employment and this means replacement or substitution levels in their current workplace increases.

Crannóg Nua is working in partnership with HR in the NAHB and Recruitment in EHSS to coordinate recruitment and recruitment strategies. Irish campaigns are ongoing. In addition an agency has been contracted to assist with recruitment from Europe and Canada. Job applicants from other European Countries have been brought to Ireland by the agency for interview. Managers from Crannóg Nua have recently returned from interviewing in Canada.

### *Industrial Action – Hospital Attendants*

SIPTU representing Attendants engaged in a one-day strike action on 22<sup>nd</sup> August 2002 in St Ita's Mental Health Service, St Marys Hospital and St Brendans Hospital.

SIPTU engaged in similar strike action in locations in the East Coast and South Western Area Health Boards.

The background to the dispute was that SIPTU had sought the extension of an agreement in 1998 with the Health Service Employers Agency in respect of Ward Attendants employed in the six major Acute Hospitals in Dublin. SIPTU pursued the matter with the HSEA and a subsequent Labour Court hearing recommended that the claim be dealt with under the parallel benchmarking process for non-nursing grades. The report of this body is due in November 2002.

The Labour Court invited SIPTU and the HSEA to talks on 2<sup>nd</sup> September 2002 to assist in resolving the dispute. At the meeting the Court reaffirmed that if there are any outstanding issues unresolved in negotiations under the parallel benchmarking process that these can be referred directly back to the Court for a recommendation.

SIPTU have suspended their industrial action pending discussions with their members on the Court's findings.

***Back to School Clothing and Footwear Scheme.***

I outline below details on the expenditure on the Back to School Clothing and Footwear Scheme, up to 31<sup>st</sup> August, 2002, for the three Area Boards in the Eastern Region, with comparisons for the same period in 2001.

|                        | <b>2002 (at 31<sup>st</sup> August)</b> | <b>2001 (at 31<sup>st</sup> August)</b> |
|------------------------|---|---|
| Total Claims Processed | 17,874                                  | 16,721                                  |
| Total Expenditure      | 3,501,200                               | 3,016,578                               |

Both the value of the allowance, and the income limits governing eligibility have increased significantly in 2002, as outlined below.

| <b>Value of Allowance</b> | <b>2002</b> | <b>2003</b> |
|---------------------------|-------------|-------------|
| Child 2 years –11 years   | €80         | €80         |
| Child 12 years and over   | €120        | €99.04      |

| <b>Income Limits</b>    | <b>2002</b> | <b>2001</b> |
|-------------------------|-------------|-------------|
| <b>Couple with</b>      |             |             |
| 1 child                 | €14.70      | €246.80     |
| 2 children              | €34.00      | €266.14     |
| 3 children              | €53.30      | €285.44     |
| 4 children              | €72.60      | €304.70     |
| <b>Lone Parent with</b> |             |             |
| 1 child                 | €16.40      | €157.45     |
| 2 children              | €38.00      | €179.03     |
| 3 children              | €59.60      | €200.62     |
| 4 children              | €81.20      | €222.20     |

### ***Mobile Day Hospital Service***

The Mobile Day Hospital for older persons has operated for 17 years in the Northern and South Western Area Health Boards. It has specific set down points at Balbriggan, Swords, Carbury and Maynooth.

In our Boards area 100 people attend the Day Hospital, which provides medical, nursing and chiropody services to patients. There is also a warfarin clinic operated by this service and 25 patients attend this clinic.

The patients who avail of the Mobile Day Hospital services attend at different frequencies i.e.

20% attend every 2-4 weeks

18% attend weekly

10% attend every 6-8 weeks

9% attend monthly

A number of patients have already been identified as requiring day care services as opposed to day hospital services.

The Board fully recognises the service that the Mobile Day Hospital has provided over the years, however the Board is committed to enhancing existing services and further developing local services to meet the needs of clients in our Boards area.

The service provided by the Mobile Day Hospital is currently being reviewed in the context of the development of the day care facilities at the new Community Unit for the Elderly in Lusk. This unit has purpose built state-of-the-art day care facilities, which will include medical, nursing, physiotherapy, chiropody, occupational therapy and personal care services. This facility will be developed in conjunction with the Geriatric Department in Beaumont Hospital.

The service remains in operation providing a full range of services to the people who avail of it. There is ongoing consultation between Senior Management and the staff of the Mobile Day Hospital and the staff at Lusk Community Unit to ensure the smooth transition of patients and services from the Mobile Day Hospital to Lusk.

When formal arrangements have been finalised clients will be fully informed of the new arrangements for the provision of this service and they will be reassured and supported in every possible way during the changeover period.

### ***Update on Home Births; Legal Position***

The recent decision handed down in the High Court clarifies the obligation on health boards under section 62 of the 1970 Health Act to provide maternity services, and clearly states that there is no obligation to provide home or domiciliary birthing services under the Act. This claim has underpinned all of the legal actions taken against the Area Boards over the last two years by midwives and their clients seeking full payment of fees and associated costs for women who opt for home births.

The situation at present is that within this Board, we have refunded on an ex-gratia basis a sum of €1300 to clients who engage a midwife and have a home birth. Legal advice from our law agents has been that we should not do so unless a form of

assessment of the client's suitability has been carried out, the criteria being those set out in the NMH's DOMINO home birth outreach programme. The ECAHB and SWAHB have applied these criteria and have in general been refusing support to women who do not conform with these criteria, usually on the grounds of distance from a fully staffed maternity unit. In our Board's area, we have continued to pay the grant on an ad-hoc basis when applications are received after the birth.

We are currently negotiating with the independent midwives in our area with a view to introducing a system whereby they will submit their assessment of potential clients to our PHN service at an early stage. Our PHN service will review and recommend whether the client is then suitable for consideration for support financially. A further meeting is scheduled for mid-September, at which it is hoped to agree the format and protocols for submission and review of these assessments. I would expect that it will now be more likely that the agreement of the independent midwives will be forthcoming as the Health board is coming from a position of offering a facility to support choice by expectant mothers, rather than defending its failure to meet its statutory obligation. I will update you further after outcome of September meeting is known.

### ***Smoking Policy, St Ita's Hospital.***

I have circulated this evening, as requested at the last meeting of our Board, the final report from the Review Committee on Smoking/Tobacco Policy at St Ita's Hospital.

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Following discussions to which Cllr. Murray, Dr Reilly, Mr McGuire, Cllr O'Brien, Cllr Burke, Cllr Heney, Mr Crowley and Cllr O'Donovan contributed, and to which the Asst. Chief Executive responded, the report was noted.

### **92/2002**

#### **Report No 35/2002**

#### **REPORT FROM ORTHODONTIC SERVICES – PROGRESS REPORT SEPTEMBER 2002**

On a proposal by Mr McGuire, seconded by Cllr Creaven, Report No 35/2002 was referred to the Standing Committee for Acute Hospitals and Primary Care.

### **93/2002**

#### **Report No 32/2002**

#### **GENERAL MEDICAL SERVICES (PAYMENTS) BOARD – ANNUAL REPORT 2001**

On a proposal by Cllr Burke, seconded by Cllr O'Brien, report No 32/2002 was referred to the Standing Committee for Acute Hospitals and Primary Care.

### **94/2002**

#### **Report No 33/2002**

#### **THE DENTAL HEALTH OF CHILDREN IN SPECIAL NATIONAL SCHOOLS IN THE EASTERN REGIONAL HEALTH AUTHORITY AREA – 1999/2000**

On a proposal by Cllr O'Brien seconded by Cllr O'Donovan, it was agreed to refer report No 33/2002 to the Standing Committee for Community Services and Continuing Care.

**95/2002**

**Report No 34/2002**

**PRELIMINARY CENSUS, 2002**

Presented by Acting Chief Executive. Following discussion to which Mr Ledwidge, Dr Reilly, Mr Harvey and Mr Crowley contributed, the report was noted.

**96/2002**

**PROGRESS REPORT FROM STANDING COMMITTEES**

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

On a proposal by Mr McGuire, seconded by Cllr Creaven, the report from Community Services and Continuing Care Committee was agreed.

(b) *Acute Hospitals and Primary Care Committee*

On a proposal by Cllr Creaven, seconded by Mr McGuire, the report from Acute Hospitals and Primary Care Committee was agreed.

**97/2002**

**MOTIONS**

**10.1 On a proposal by Cllr Murray, seconded by Dr Reilly, the Chief Executive response to the following motion was noted.**

“That the Board Members of the Northern Area Health Board calls on the Chief Executive to provide office space and all the necessary facilities for the two Counsellors who are attempting to provide a Drug Addition Service for the Balbriggan area. As this is a healthcare issue such a facility should be sited on lands in the ownership of the Health Board”

**Reply**

There is one Drug Counsellor providing services to the Swords/Balbriggan area as follows:

| <b>Location of Service</b> | <b>Catchment Area</b> | <b>Frequency of Service</b>        |
|----------------------------|-----------------------|------------------------------------|
| 42 Main Street, Swords     | Swords/Balbriggan     | 3 days per week                    |
| Health Centre, Balbriggan  | Balbriggan            | 11.00a.m. – 5.00p.m. every Tuesday |

*A domiciliary counselling service is provided where necessary by appointment*

There is no additional space available at the health centre Balbriggan to facilitate an expansion of the level of counselling services provided from that location. However, subject to the availability and sourcing of suitable accommodation in the Balbriggan area, it is our intention to increase the level of counselling service provided in the Balbriggan area to 2½ days each week.

Suitable accommodation is currently being sought in the area by our Drug Addiction Services in consultation with Community Services Area 8.

Discussions are at an advanced stage with Senior Management in Fingal County Council regarding the provision of a site for a major primary care centre in Balbriggan. Discussions are also on hand with ERHA regarding funding for this facility.

## 10.2

**The Motion in the name of Cllr Burke, was at his request moved for report.**

## 10.3

**On a proposal by Cllr O'Donovan, seconded by Mr McGuire the Chief Executive's report (copy filed with official minutes), in response to the motion was noted.**

“That the Chief Executive report on the progress of the James Connolly Hospital Project, and also state if approval has been received for further phases of this Project”

### **Reply**

The current capital development project at James Connolly Memorial Hospital is progressing on target and within approved budget. The building works are scheduled to be completed by end of January, 2003. The first two levels of the Ward Block will be completed by the end of October, 2002 with the remainder due for handover by end of January 2003.

Each handover will be followed by a twelve to fourteen week period for equipping and commissioning. It is envisaged therefore that the Ward Block will be fully developed by April. A funding submission is with the Authority in respect of refurbishment and decantment capital funding requirements in relation to buildings to be retained for services.

The detailed brief for the remainder of the hospital departments not included in Phase 1 will be completed by the end of September, 2002. When the brief is completed, a submission will be made to the Eastern Regional Health Authority and the Department of Health and Children to proceed with the planning and design process.

## 10.4

**On a proposal by Cllr O'Donovan, seconded by Dr Reilly, the following motion was agreed, and the Chief Executive's Report (copy filed with official minute) was noted.**

“That the Chief Executive give an up-to-date report on our plans for a temporary Orthodontic Unit at Ashtowngate”

## **Reply**

The Department of Health and Children has allocated €64,000 for the provision of a temporary Orthodontic Suite. Following an extensive search for suitable premises the Ground Floor, Block A, Ashtowngate, Dublin 15 was proposed.

At the meeting dated 20<sup>th</sup> June 2002 our Board approved the acquisition of these premises for the above Unit.

These premises were chosen as the most suitable for the following reasons:

- Ease of access for clients by virtue of being situated on the Navan Road with a regular bus service on the QBC and suburban rail service.
- A new building with high quality finish, which includes full air conditioning and raised floors which will facilitate the fit out.
- Value for money.

As Planning Permission for Change of Use is required for this Unit, specifications were drawn up by the Architectural, Structural and Engineering Department of the Eastern Health Shared Services. The planning application has been recently lodged and the outcome is expected at the beginning of December.

While the planning process is ongoing the AS&E Department is engaged in the preparation of Tender Documents for the fit out of the Unit. The Central Purchasing Department of the Eastern Health Shared Services is engaged in the preparation of the Tender Documents for the provision of equipment for the Unit. The Tendering process can proceed and contracts can be agreed subject to the receipt of the necessary Planning Permission. This will enable the fit out and equipping to commence immediately on the receipt of the permission. It is estimated that the fit out and equipping will take 16 weeks.

The meeting concluded at 6.50pm.

**M. WALSH**  
**ACTING CHIEF EXECUTIVE**

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**DEPUTY DR DERMOT FITZPATRICK**  
**CHAIRMAN**

**9<sup>th</sup> September, 2002**