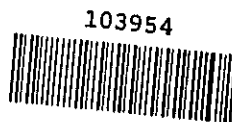


**Executive Board Meeting
December 2004**

northern area
health board
bord sláinte an
limistéir thuaidh



chief executive's office
swords business campus
balheary road, swords
co. dublin
tel (01) 813 1800
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9th December 2004.

The next meeting of the Northern Area Health Board Executive consequent to the Health Amendment Act 2004 will be held in **The Board Room, Northern Area Health Board on Thursday, 16th December 2004 at 10.00am.**

Hereunder is the agenda.

Mise, le meas,

M. Windle

PRIOMH FEIDHMEANNACH

CLÁR

1. **Minutes of proceedings**

Monthly Executive Meeting held on 18th November 2004.

(i) Matters arising.

Chief Executive Reports:- (herewith)

2. **NAHB Financial Report**
(Report F12/2004 herewith)

3. **NAHB Report – Human Resources**
(Report No. 36/2004 herewith)

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4. **NAHB Report – Mental Health Services**
(Report No. 37/2004 herewith)
 5. **NAHB Report – Claremount Complex**
(Report No. 38/2004 herewith)
 6. **NAHB Report – FOLD**
(Report No 39/2004 herewith)
 7. **NAHB Report – Health Initiatives 2005 – Improving Patient Experience of Health Care an particularly A&E Services**
(Report No. 40/2004 herewith)
 8. **NAHB Report – Medical Cards**
(Report No 41/2004 herewith)
 9. **General Matters**
-

NORTHERN AREA HEALTH BOARD

**Minutes of proceedings of Executive Meeting
Of the Northern Area Health board
Held in NAHB Headquarters, Swords Business Campus
Balheary Road, Swords, Co. Dublin**

On Thursday 18th November, 2004

Present

Ms. M. Windle, Chief Executive
Mr. M. Walsh, Deputy Chief Executive
Mr. J. Cahill, Assistant Chief Executive
Mr. P. Dunne, Assistant Chief Executive
Ms. A. Kerrigan, Assistant Chief Executive
Mr. N. Mulvihill, Assistant Chief Executive
Ms. M. Kelly, Direction of Human Resources
Mr. S. Mulvaney, Director of Finance
Mr. S. McGrath, Director of Communications

Other Officers in Attendance

Ms. B. Kelly, Secretariat

**MINUTES OF PROCEEDINGS OF NORTHERN AREA HEALTH BOARD
EXECUTIVE MONTHLY MEETING**

Minutes of the meeting held on Wednesday 20th October, 2004 were agreed for follow up and action.

Meeting noted.

REPORT NO 31/2004

Commissioning of new James Connolly Memorial Hospital

The transfer of services to the new hospital commenced on October 12th 2004. To date two surgical wards, the Intensive Care Unit and the Accident and Emergency Department have transferred. The Theatre Suite is scheduled for transfer later this month and the Acute Psychiatric unit is due for transfer later this month subject to discussions both on and off site.

An initial allocation of €10.7m has been allocated for the commissioning of the new hospital unit. The refurbishment of surgical blocks A& B will take place throughout 2005. Two new Consultants have taken up posts - Consultant Anaesthetist and a second Consultant in Accident and Emergency

REPORT NO 32/2004

National Lottery and Respite Scheme

Funding of €407,729 was allocated by the Eastern Regional Health Authority to our Board under the National Lottery and Respite Scheme 2004. A Committee was established to examine the 157 applications and to allocate the funding in accordance with established guidelines and criteria.

The Committee awarded 95 grants under the National Lottery Scheme, in the total amount of €326,183 and 14 grants under the Respite Scheme in the total amount of €81,546. A total of 48 applications that did not meet the criteria were refused.

REPORT NO 33/2004

Progress Report on Child Care Services

Under the Action Plan for Residential Care a survey was conducted with statutory and voluntary providers of Residential Child Care in our Board's area. This analysis of our practices will be used as a basis to develop and improve services in our Board's area.

The Management of Crannog Nua at the centre undertook an analysis of referrals to the service from August 2002 – August 2004. Spare capacity in this service is assigned to the therapeutic teams as provision had not been made for these teams when the centre was developed. The support teams provide in reach and out reach services, respite and therapeutic support which has proven very successful. There has been a review of the assessment care plans to inform the development of decision making.

There is a gap in the availability of services for 16-18 year olds and this has been identified and documented.

REPORT NO 34/2004

Community and Primary Care Services

The overall objectives of the dental services is to promote dental health status of the population of the Northern Area Health Board through preventative and treatment services to promote an environment conducive to good oral health, while maximising the efficient use of resources. Services are provided by health board staff working from twenty seven health board locations.

The Consultant/Specialist Orthodontists provide orthodontic treatment for those patients with the most severe and extreme orthodontic problems. The Consultant/Specialist Orthodontists work closely with the community Dental Surgeons to provide professional support in their referral of patients to the orthodontic services, and to enable the delivery of combined orthodontic/dental treatment services at primary care level, i.e. combined school screening and early intervention. We have been successful in filling the post of Consultant Orthodontist and he will take up duty on a phased basis commencing November 2004. We have also recruited a full-time Specialist Orthodontist, Radiographer and Hygienist.

Our Boards environmental health service provides effective programmes for the provision, detection and control of environmental hazards, which affect human health. A major element of the service is the provision of advice and guidance to the food industry and the implementation of food safety control legislation on the basis of a service contract with the Food Safety Authority of Ireland.

REPORT NO 35/2004

Capital and Estate Management

An allocation of €1.5m has been made for minor capital in 2004, to include €250,000 for Accident and Emergency services and €400,000 for Mental Health Services. A sum of €50,000 has been allocated for urgent fire precautions at a number of premises and health and safety issues have been emphasised in many allocations of funding.

The disposal of Glencourt, (Lr Gardiner Street) premises has been completed, having achieved €1,015,000. The funding will be applied towards the cost a new Primary Care Facility to be constructed as part of the Sean McDermott Street Civic Centre development. The arrangements for the disposal of Verville Retreat, Clontarf has commenced.

REPORT NO F11/2004

Financial Report

The Financial Performance report covers the period 1st January to 30th September 2004. The reported deficit for the period to 30th September amounts to €12.1m. The full year effect of the deficit is actively being addressed between the NAHB and the Authority.

At the most recent IMR meeting with the Authority on 1st November 2004 our Board was advised that details of the final funding levels for 2004 should be available within 2-3 weeks and the Authority was confident sufficient funding should be available to substantially address current year funding issues on a once-off basis to achieve financial break even at year end.

REPORT NO 30/2004

Human Resources Report

Our Board was advised by a letter from the ERHA dated 4th May 2004 of a revised employment ceiling for 2004 of 5563.66 WTE and reduction of 26.55 WTE. This reduction is against the background of the requirement to reduce the WTE employment in 2003 by 194. We are now at a critical point in relation to the ceiling overall and remaining within the employment ceiling for the remainder of the year will require strict and prudent management including taking on board service pressures presenting.

GENERAL MATTERS

Noted

Chief Executive's Report No. F12/2004.

NORTHERN AREA HEALTH BOARD

Financial Performance Report Ten Months Ending 31st October 2004

Financial Performance

This Financial Performance report covers the period 1st January to 31st October 2004

Summary details of the financial position and commentary as at 31st October 2004 are set out hereunder.

Financial Outturn

Actual expenditure for period to 31st October 2004 was €529.2m versus a formal ERHA allocation of €498.0m.

Factoring in the effect of Agreed and Anticipated funding not yet formally allocated to our Board the reported deficit for the period to 31st October amounts to €13.9m.

Expenditure / Deficit as at 31st October 2004

The reported expenditure for the first ten months of 2004 is substantially in line with the position as reported in monthly IMR commentaries and other correspondence with the Authority and as discussed at a number of IMR and Provider Planning meetings.

The full year effect of the €13.9m deficit is actively being addressed with the Authority.

Forecast Expenditure 2004

Based on a detailed review of expenditure to the end of September our projected spend for the full year is €639.4m which is substantially in line with previous forecasts.

2. Management of Overdraft / Indebtedness Level

Our Board's overdraft limit is notified each year by ERHA. To date in 2004 we have substantially achieved this objective and arrangements are in place to manage our cash position to ensure we remain within this limit.

Our Boards level of indebtedness is set at 8% of our notified determination and, after allowing for agreed and anticipated funding, this limit has been substantially achieved in the current year. It is important to stress that this particular measure is dependant on the level of approved allocation.

Conclusion

Ongoing cost pressures together with increasing expectations in respect of service delivery have presented a considerable challenge during 2004 in achieving our statutory obligation to operate within allocated resources.

Significant cost pressures in 2004 include:

- JCMH Acute Hospital Services
- St Mary's Hospital
- Childcare – Legal Fees, Special Care Arrangement's and Child Psychiatry

We have been advised by ERHA that funding up to the level of our projected expenditure of €639.4m to 31/12/2004 will be allocated to our Board in the current year.

On the basis of this advice I am satisfied that our Board will reach substantial financial breakeven by the year-end.

It should be noted that most of the additional funding which will be allocated to our Board to enable this breakeven is expected to be once-off in nature as has been the case in recent years.

This is despite the fact that the underlying cost pressures being managed by our Board are primarily of a recurring nature and this will continue to present challenges that will need to be addressed during 2005.

M Windle
Chief Executive

14th December 2004

Chief Executive Report No 36/2004

NORTHERN AREA HEALTH BOARD

Employment Control Report November 2004

At the commencement of 2004 our employment ceiling was set at 5474.21 with an adjustment upward of 116 in respect of St Joseph's Hospital, Raheny giving a total of 5590.21. However, the Department of Health & Children in April allocated a new Regional Employment Ceiling, which required the ERHA to apply a downward adjustment of .475% across all agencies. Therefore, by letter dated 4th May 2004 the ERHA advised us of a revised employment ceiling for 2004 of 5563.66 – reduction of 26.55 WTE.

In August, on the transfer of St Joseph's Hospital to Beaumont a revised ceiling was set at 5448.16.

The management of the employment numbers for 2004 has to be considered in the context of the position in 2003.

- The employment ceiling for 2003 (5474.2) included a WTE of 116 for St Joseph's Hospital acquired in 2002 for which no upward adjustment was made at that time.
- Vacancies in the system at the end of 2002 were not included.
- A reduction of 194 WTE was required during 2003 to reach the ceiling target for that year.
- Had we been given an adjustment for St Joseph's Hospital in 2003, the number to be reduced would have been 78.

The current position:

Employment Ceiling	5448.16
Adjustment sought for JCMH	32.5
WTE at end of November	5486.00

In 2004 we were advised by the ERHA to re-commission beds for older persons (closed in 2003 to meet budget and staff ceiling adjustments) and to recruit 66.5 WTE for this purpose.

In order to complete the year within employment ceiling, which will include an adjustment of 32.5 for James Connolly Memorial Hospital, priority front line posts will only be filled.

M Windle
Chief Executive
2004

16th December,

Chief Executive Report No. 37/2004

NORTHERN AREA HEALTH BOARD

MENTAL HEALTH SERVICE

Significant consolidation took place across all mental health services in 2004.

In addition an in-depth review across all areas of service delivery took place in order to see:

- how best services could be reconfigured to facilitate the commissioning of the acute psychiatric unit at JCMH (including the transfer of acute admissions from St. Brendan's (Cabra, Finglas to JCMH)
- to strengthen the efficacy of the community service particularly the area of rehabilitation and focused services to homeless persons.

This involved the mental health teams - Area 6, 7, 8, and St. Brendan's - as well as Health Board management and culminated in a development proposal - St. Brendan's Hospital (Development / Reconfiguration of Service) (Appendix B).

The approval of Minister Martin to the commissioning of JCMH (Sept. 04) together with additional funding and staff posts was very welcome. Ongoing discussions are taking place with the staff associations and subject to their agreement we will be in a position to:

- commission the acute psychiatric unit at JCMH with the exception of the 6 beds dedicated to psychiatry of old age.
- effect the transfer of acute admissions (Cabra, Finglas) from St. Brendan's to JCMH.
- establish rehabilitation teams in Areas 6 & 7.
- establish a liaison team at JCMH.
- further strengthen community services.

The Area 7 services are under severe pressure for acute in-patient care, both in the Mater and St. Vincent's Hospital, Fairview, arising from increased morbidity in the North Strand and Mater sectors. The transfer of acute services from St. Brendan's Hospital to JCMH puts further pressure on the inner city services.

To overcome the problem, it will be necessary to source additional acute beds, preferably in the Mater Hospital. This is an immediate priority for 2005.

Discussions will take place at an early date with the Mater Hospital to pursue this issue.

Resources are immediately required to develop the following services:

- assign a second Consultant team to the homeless service and develop a crisis residential service.
- the development of Consultant led crisis outreach teams in Area 6, 7 and Area 8,
- homeless outreach team and additional acute beds in the inner city.
- pre-onset dementia service, including the 6 assessment beds (psychiatry of old age) at JCMH,

ST. ITA'S / AREA 8 SERVICES

Since the appointment of the Consultant in Rehabilitation, a multi-disciplinary rehabilitative and assertive outreach team has been developed - the team consists of a Clinical Nurse Manager and 4 Staff Nurses - a Senior Registrar, Social Worker, Occupational Therapist, and Secretary are in the process of appointment.

The team will provide outreach service for individuals with severe and enduring psychiatric illness, who live in the community and who require intensive psychiatric rehabilitation. Early discharge from the rehabilitation residential programme will be facilitated and support will also be provided for clients moving into independent residential accommodation.

Educational and on-going support will be provided for families/carers of clients and liaison services will be offered to local sector teams with regard to attendance at Out-patient Clinics, Depot Clinics etc.

St. Ita's has taken over Kilrock House (Howth) from St. Brendan's Hospital - Kilrock House will provide facilities for the Community Rehabilitation Team Headquarters, high support residential, day care services for person with severe and enduring psychiatric illness and will have step-down support from a 3 bedroomed house in Castletimons which was also transferred from St. Brendan's.

Donabate, Rush Residential Accommodation

Plans have been finalised on the opening of supported residential accommodation in Rush and Donabate. Eventually these facilities will provide accommodation for 11 residents and will link in with the newly established Rehabilitation Outreach Team.

Staff Training

Queens University, Belfast was engaged by St. Ita's Mental Health Service in September 2004 to provide training for staff on the Thorn Initiative. The programme of training has equipped staff with the expertise to design and implement individual care packages for clients with severe enduring psychiatric illness. Twenty staff from the Rehabilitation Service participated on the training programme.

Psychiatry of Old Age

Discussion are continuing with Beaumont Management on the development of Day Hospital services. A site has been identified within the Beaumont campus and a provisional design template has been formulated. Work is in progress in acquiring the necessary staff to operationalise the unit. It is expected that the Day Hospital will be in place by the end of 2005.

Further discussions are taking place on establishing Day Hospital Services in the Baldoyle area pending the opening of the Beaumont Unit.

M. Windle
Chief Executive

16th December, 2004.

POPULATION

POPULATION CHANGE 1996 – 2002

<i>1996</i>	<i>2002</i>	<i>% Change</i>
454,899	486,934	6.5%

- > In 2003 10% of the national housing built occurred in the Fingal area where there were 7,000+ house completions. It is expected that this trend will continue through 2004 with approximately 4,000 completions by June. The various new developments include those in the following areas:
 - North Road Finglas
 - Pelletstown
 - Phoenix Park
 - Dublin 15
 - Balbriggan
 - Lusk
 - Donabate
 - Baldoyle
 - Kinsealy

- > Based on information from a Report by the National Council on Ageing and Older People the projected population increase for County Fingal to 2011 is 16%

- > In 2003 Community Welfare payment in the Dublin 15 area equated to the combined figure for the Midland and East Coast Area health boards.

HOMELESS

Despite an overall improvement in the number of homeless person in the Board's area, the number of single homeless has not decreased in any substantial way. See table. This added to the large number of B&B (803 beds) and Emergency/Transitional Accommodation units (672 beds) in our area has added to the pressure on services.

APPLICATIONS BY SINGLE PERSONS FOR SERVICES FROM HOMELESS PERSON'S UNIT

<i>Year</i>	<i>Number</i>	<i>Variance</i>
2001	1846	
2002	2441	+32%
2003	2593	+6%
2004	1263 (Jan – June 04) 2570 estimate for 2004	

BED NUMBERS – HOMELESS - NAHB

B & B places	803
Hostels (Emergency, Transitional, Long-stay)	672
Total	1,475

An examination of admissions to services during the months of June, July and August 04 figures show the number of admissions from this client group to St. Brendan's Hospital at 21%. There were no admissions from this client group to the Mater or St. Vincent's Hospital Fairview during this period - this accounts for the high admission rate to St. Brendan's.

INPATIENT ACTIVITY - JUNE 1ST TO AUGUST 31ST 2004

*St Brendan's Hospital
Admissions from Homeless Client Group to Admissions Unit
(based on 25 beds in the Admissions Unit)*

<i>Category</i>	<i>Bed Days Available</i>	<i>Bed Days Used by this Category</i>	<i>% of total bed days</i>
Homeless from hostels, B&Bs and No Fixed Abode	2,300	436	19%

*St Brendan's Hospital
Admissions from Homeless Client Group to Special Care Unit
(based on 15 beds in the Admissions Unit)*

<i>Category</i>	<i>Bed Days Available</i>	<i>Bed Days Used by this Category</i>	<i>% of total bed days</i>
Homeless from hostels, B&Bs and No Fixed Abode	1,380	48	3.5%

JCMH (based on 22 beds in the Admissions Unit)

<i>Category</i>	<i>Bed Days Available</i>	<i>Bed Days Used by this Category</i>	<i>% of total bed days</i>
Homeless from hostels, B&Bs and No Fixed Abode	2,024	110	5.5%

OUTPATIENT ACTIVITY - JUNE 1ST TO AUGUST 31ST 2004

Area 6

<i>Category</i>	<i>Total Attendances in Period (based on PI data for Qtr 2)</i>	<i>Attendances by this category</i>	<i>% of Attendances by this Category</i>
Homeless from Shelters etc.	3,687	32	0.86%
Homeless: NFA	3,687	5	0.14%
Total	3,687	37	1.00%

ASYLUM SEEKERS

A Reception Centres

<i>Accommodation Centre</i>	<i>Capacity</i>	<i>Numbers Currently Accommodated</i>
Balseskin Regional Reception Centre	381	275 (50 long term aged out minors)
Parnell West Reception Centre	95	70

B Accommodation Centres

	<i>Capacity</i>	<i>Numbers Currently Accommodated</i>
North Frederick Street	33	20
Gardiner Place	33	23
New Light House	32	23
Total A & B	574	411

The accommodation centres are for persons who are kept in Dublin for specific medical treatment rather than being dispersed throughout the state. Information from the Reception and Integration Agency suggests that 20% of people currently resident in these centres are accessing either Psychological or Psychiatric treatment.

INPATIENT ACTIVITY - JUNE 1ST TO AUGUST 31ST 2004

St Brendan's Hospital – (based on 25 beds in the Admissions Unit)

<i>Category</i>	<i>Bed Days Available</i>	<i>Bed Days Used by this Category</i>	<i>% of total bed days</i>
Asylum Seekers	2,300	86	3.73%
Persons from new EU States	2,300	53	2.30%
Non EU Nationals who are not asylum seekers	2,300	13	0.56%
Total	2,300	152	6.6%

JCMH – (based on 22 beds in the Admissions Unit)

<i>Category</i>	<i>Bed Days Available</i>	<i>Bed Days Used by this Category</i>	<i>% of total bed days</i>
Asylum Seekers	2,024	128	6.32%
Persons from new EU States	2,024	0	0%
Non EU Nationals who are not asylum seekers	2,024	0	0%
Total	2,024	128	6.32%

St Vincent's Fairview

<i>Category</i>	<i>Bed days available</i>	<i>Bed days used by this category</i>	<i>% of total bed days used</i>
EU Nationals	2,760	60	2.17%
Non EU Nationals *	2,760	20	0.73%
Total	2,760	80	2.90%

* Information not available re asylum seeker/refugees.

Note: 9 presentations not admitted: 6 European, 3 Non-European.

Mater Hospital

<i>Category</i>	<i>Bed Days Available</i>	<i>Bed Days Used by this Category</i>	<i>% of total bed days</i>
Asylum Seekers	1,380	32	2.3%
Persons from new EU States	1,380	30	2.1%
Non EU Nationals who are not asylum seekers	1,380		
Total	1,380	62	4.4%

St. Ita's Hospital

<i>Category</i>	<i>Bed Days Available</i>	<i>Bed Days Used by this Category</i>	<i>% of total bed days</i>
Asylum Seekers	4,416	15	0.33%
Persons from new EU States	4,416	8	0.18%
Non EU Nationals who are not asylum seekers	4,416	37	0.83%
Total	4,416	60	1.35%



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ST. BRENDAN'S HOSPITAL

(DEVELOPMENT / RECONFIGURATION OF SERVICE)

St. Brendan's Hospital was developed as the District Mental Hospital catering for the City of Dublin and surrounding boroughs, Counties Dublin, Wicklow, and Louth since the beginning of the 19th Century. Having served the city and county area for almost 200 years the Hospital has undergone significant changes, in particular since the 1960s when the Hospital catered for over 2,000 patients.

St. Brendan's has been to the forefront in developing services to meet the changing needs of the community. This involved setting up catchment area services, teams and acute services in local hospitals. Significant developments in the early years were the establishment of St. Ita's in Portrane and St. Bridget's in Ardee. Later St. Loman's and Newcastle Hospitals were established. Service contracts were set up with St. Patrick's Hospital, St. John of Gods, St. Vincent's Fairview, and Mater Hospital.

Over the past 20 years, the services which were traditionally delivered from St. Brendan's have transferred to locations in Area 2 (Vergemount), Area 7 (St. Vincent's Hospital) and Area 6 - Dublin North West (JCMH). In addition, significant developments have been put in place in the community (Appendix B (i)). This process was accelerated following the adoption by the EHB of the Government policy document - "Planning for the Future". This document in a large way reflected the ethos of the mental health services in the EHB including St. Brendan's Hospital.

The main recommendations in "Planning for the Future" were: -

1. Development of community services including residential services.
2. Focused rehabilitation services to maximise potential from a social and vocational perspective to equip patients to achieve a good quality of life in their chosen community setting.
3. To develop acute in-patient services in acute general hospitals and in so doing to phase out the large psychiatric hospitals.
4. To cease the routine admission of patients with dementia to psychiatric hospitals.

With the opening of the acute unit in JCMH, St. Brendan's Hospital will have achieved these milestones. This process has been ongoing for upwards of twenty years and could not have been achieved without the commitment and dedication of the management and staff of St. Brendan's.

From a staff development perspective many milestones have been achieved with the introduction of:

- Development of the central nursing school and the associated postgraduate programme.
- Behavioural Therapy
- Family Therapy
- Bereavement Therapy
- Child and Adolescent Psychiatry
- Intellectual Disability
- Mature students to nurse training including a confined nursing intake programme for Care Assistants.
- Transfer of training to third level and the three Eastern Regional based programmes at UCD, DCU, Trinity and latterly the introduction of the 4 year degree programme.
- Masters in Clinical Psychology at TCD - recently developed to Doctorate
- Clinical Nurse Specialist in a number of specialised areas and progress on the development of Advanced Nurse Practitioner.
- Four integrated training programmes for NCHDs as well as the National Higher Training Programme.
- Development of services - Psychiatry of Old Age, Liaison, Rehabilitation and Addiction.
- Development of Laragh Counselling Service (victims of abuse) which has developed to a national service.
- The development of community based alcohol treatment programmes in each of the three boards.
- The recent development of the training programme in Cognitive Analytical Psychotherapy (CAT) open to all professional grades.
- FETAC programme for Care Assistants.

We have at all times been particular in emphasising that the delivery of mental health services relies on the commitment and skills of those delivering the service, rather than high tech equipment and facilities so necessary in the delivery of medical / surgical services.

Over the year community facilities/services have been developed on a strategic basis in line with procurement of resources (capital/revenue) and redeployment of existing resources. The work now in progress involves a significant redeployment of resources from St. Brendan's and St. Ita's to the community as well as towards the staffing of the acute psychiatric unit at JCMH.

There are a number of areas that require redress and development:

- Psychiatric Intensive Care Units (PICU) for those with disturbed and challenging behaviour who cannot be managed in the acute units.
- An assertive response to homeless persons with a mental health problem.
- Customised residential rehabilitation facilities for patients with enduring mental illness.
- A psychotherapeutic environment (staffed appropriately) for those patients in St. Brendan's Hospital with personality type disorders.

The development proposals for these facilities were set out in the EHB policy document - "EHB - Psychiatric Services - Development Programme into the next Millennium" (The Millennium Report). Whilst we are concerned that it has not been possible to have developed these facilities to date, we can, however, take comfort from the experience gained over the last 10 years and are now better informed in terms of the design and operational plans for these services.

The Department of Health and Children has approved the planning team for the three special care units (Psychiatric Intensive Care Units - PICUs); this team is now progressing the planning process. Our Board took the decision to develop the NAHB PICU facility on the St. Vincent's Hospital, Fairview campus in line with: -

- best practice in relation to patient management,
- efficient use of resources (economies of scale),
- EU Directive on working hours for medical staff.

The Board of Management of St. Vincent's Hospital, has approved in principle this decision.

In recent weeks, the DOH&C has agreed to the establishment of the planning team for the development of the health facilities on the St. Brendan's campus to work with DIT and the Grangegorman Development Agency. The facilities planned for St. Brendan's were outlined in the report - "Development of the Health Plan for the Grangegorman Site".

The significant development, from a mental health perspective, is customised residential / day rehabilitation facilities. This development has a greater significance, however, in as much as it will be part of a multifaceted rehabilitation campus providing a nucleus of rehabilitation services for elderly, intellectually disabled, and young disabled. There is a further dimension, however, to rehabilitation in the context of our partnership with DIT. It is important to highlight the training programmes delivered by DIT: -

- Engineering and Architecture
- Crafts
- Catering
- Dietetics
- Performing Arts
- Social Care

The merging of these two cultures will generate immediate and ongoing opportunities for clients with social / rehabilitative deficits and staff development in both organisations.

Staff in St. Brendan's will have a range of deployment and personal development options in the following areas: - Area 6 (Dublin North West) JCMH; and Area 7 (including Mater and Fairview). The staff of St. Brendan's Hospital have built up experience and expertise which should not be lost in the transition. We are concerned that this resource is utilised to the full in meeting immediate and long term needs in the comprehensive range of services in place and being developed (set out hereunder). Some staff may wish to opt for deployment to the PICUs in the SWAHB / ECAHB (see page 5). We would fully respect those wishes.

1. Community Residences:

In addition to the existing area facilities, the reassignment of community facilities attached to St. Brendan's to catchment area services needs consideration. Negotiations should take place in line with the following assignments:

- Maysyl Lodge - Area 6
- Navan Road - Area 6
- Avondale Lodge - Area 8
- 266 NCR- Area 7
- San Remo - Area 7
- Weir Home - Area 3

with new facilities being developed in Castlecurragh and the Navan Road.

2. Acute Admission:

Acute admissions for Cabra/Finglas will transfer to JCMH with staff having the option of transferring to the acute unit in JCMH. This should see the transfer of approximately 20 patients to JCMH. St. Brendan's will then cease to have an acute admission facility.

The admission units at St. Brendan's (3A and 3B) will provide continuing care/rehabilitation for patients from Areas 6 and 7 in the short term.

In the longer term, purpose built psychiatric rehabilitation units for about 50 to 60 patients will be developed on site for patients who cannot transfer to high support hostels without a significant rehabilitative input.

3. Special Care Units:

The Special Care Units provide services to the three Area Boards for patients with disturbed and challenging behaviour. In the short term these units will continue to operate in their present location. In the medium term these will evolve into 3 Psychiatric Intensive Care Units, one for each of the three Area Health Boards. As referred to earlier, the planning team (established by the ERHA) is now involved in the planning process for the three units.

4. Homeless Service:

Integral to the provision of homeless service is the service provided at Usher's Island. A second Consultant led multi-disciplinary team will be put in place to develop services based on the principle of active outreach and in line with this principle the role and function of the existing team will be reviewed. It is proposed that an integrated model of service provision to the homeless

mentally ill in the inner city will be developed in conjunction with the consultant led multi-disciplinary team in the SWAHB. In addition, it will be necessary to designate acute bed provision as well as designated sub acute facilities.

5. Community Developments:

- The opening of a new day hospital - Blanchardstown Sectors.
- The strengthening of the community mental health nursing teams with additional posts.
- The further development of psychiatry of old age to include an early onset dementia and challenging behaviour programmes.
- Rehabilitation Consultant led teams for Areas 6 and 7.
- 3rd Consultant post for the Blanchardstown area.

6. Liaison Psychiatry - JCMH:

A Consultant led liaison psychiatric team will be developed in JCMH.

7. General:

The following services on the campus will be reviewed in the context of services remaining on campus and how best they can support the services outlined as they develop:

- Pharmacy
- Catering / Household
- Transport / Laundry
- Stores
- Occupational Therapy
- Social Work
- Psychology
- Administration

It is now timely to dedesignate St. Brendan's as a District Mental Hospital under the 1945 Mental Treatment Act and to register the special care facilities and 3A/3B (interim rehabilitation facilities – Area 6/7) under the current Mental Treatment Acts and the forthcoming introduction of the Mental Treatment Act 2001, pending the development of the customised facilities at St. Brendan's and St. Vincent's, Fairview. The campus should be renamed.

Consultation will now take place with all staff at St. Brendan's and their representatives to discuss these developments, and the various issues associated with same. It is most important that communication and discussions involving all grades of staff be immediate in order that the further transition from St. Brendan's Hospital to JCMH and the community is effected in a spirit of openness, transparency and partnership.

M. Windle
Chief Executive

16th December 2004

**RE-ENGINEERING ST. BRENDAN'S RESOURCE TRANSFER TO
COMMUNITY SERVICE DEVELOPMENTS (as at Feb. 2004)**

- › Area management teams were established in Areas 2, 6 and 7 with administrative support.
- › Specialist counselling services were developed for e.g. family counselling; Laragh Counselling Service for Victims of Abuse.
- › Two Consultants and their support staff were assigned to St. Ita's Hospital to alleviate pressure on the staff there in line with the growing population.
- › A Consultant-led Old Age Psychiatry Service - Area 6 & 7 - was developed, including community support, day hospital, acute beds and beds for the elderly.
- › The Acute Psychiatric Unit, Mater Hospital (15 beds) and community service were established (50% of budget and staffing from Eastern Health Board; 50% funded by Department).
- › Multidisciplinary team development with the introduction of psychology, social worker, and occupational therapy staff.

MENTAL HEALTH CENTRES / DAY HOSPITALS were established in:

- › Conolly Norman House, North Circular Road
- › Blanchardstown
- › Finglas
- › Glenmalure Day Hospital, Milltown Road
- › Baggot St. Clinic
- › St. John's, Drumcondra
- › Millmount Road Day Centre, Clontarf
- › Tara House, Fairview
- › Eccles St. Mental Health Centre
- › Usher's Island Homeless Service

ALTERNATIVE RESIDENTIAL SERVICES were staffed and funded:

- › James Connolly, Unit 10 (22 beds)
- › Units for Older People, Clonskeagh (2 x 32 beds)
- › Unit for Older People, Tivoli Road, Dun Laoire (30 beds)
- › Beech Haven & St. Joseph's, St. Loman's Hospital, integrated with St. Loman's Service (60 beds)
- › Cherry Orchard (Unit 5 - 22 beds)
- › Acute Psychiatric Unit, Mater Hospital (15 beds) - 50% of budget and staffing
- › St. Joseph's Intellectual Disability Service, St. Ita's Hospital - transfer of intellectually disabled patients

Additional VOCATIONAL CENTRES were established at:

- > Goirtin, North Circular Road
- > Finglas
- > Thomas Court (off Thomas St.)

Forty-three COMMUNITY HOUSING were developed since 1986 and three were upgraded to high support - listed hereunder. Included is a catalogue of houses owned by the Eastern Health Board - July 1997 - most of the houses on the list are shown in the catalogue.

<i>Address</i>	<i>Level of Support</i>
70 Grosvenor Road, Rathmines	High
5 Grove Park, Rathmines	Medium
157 Rathgar Road	High
Ashdale House, Terenure	High
91 & 91a Bride St., Dublin 8	Low
36/37 Aughrim St., Dublin 7	Medium
24/25 Claremont Lawns, Glasnevin	Medium
88 Dromheath Avenue, Mulhuddart	Medium
25 Mountpelier Park, Dublin 7	Medium
Bradog Court, St. Laurence's Road, Clontarf (16 Individual Flatlets)	Medium
102/103 Casino Park, Marino	Medium
Gallen House, 15/17 Howth Road	High
87 St. Laurence's Road, Clontarf	Medium
4/5 Gracepark Gardens, Drumcondra	High
1-5 Orchard View, Lower Grangegorman Road (St. Brendan's)	High & Low
Adare House, 277 North Circular Road	High
1-5 Grangegorman Villas, Lower Grangegorman Road (St. Brendan's)	High
26-29 Stanhope Terrace, Lower Grangegorman Road	Medium
Maysl Lodge, The Ward, Co. Dublin	High
264/266 North Circular Road	High
Lindsay House, Glasnevin	Medium
Avondale Lodge, Pinnock Hill	High
Church View, Blanchardstown	Medium
40/41 Castlecurragh Vale, Mulhuddart	Medium
13 Dunluce Road, Clontarf	Low
Castletimon, Santry	Medium

<i>Address</i>	<i>Level of Support</i>
Ard Na Greine, North Circular Road - Upgraded	High
Elizabeth's Court, North Circular Road - Upgraded	High
Adelphi House, North Circular Road - Upgraded	High

ALTERNATIVE RESIDENTIAL SERVICES (Funded in Voluntary Sector) - Associated with the transfer of patients from St. Brendan's

- > Sunbeam House, Bray - transfer of intellectually disabled patients
- > Cheeverstown House, Templeogue - transfer of intellectually disabled patients
- > Irish Society for Autism, Dunfirth - transfer of autistic patients
- > Gheel Autism Service - transfer of autistic patients
- > St. Vincent's Hospital, Fairview - transfer of psychiatric patients
- > Newcastle Hospital, Newtownmountkenedy - transfer of patients
- > Transfer of patients to Nursing Homes (€4m approx.)

Funding was also allocated to the Salvation Army, Granby Row; Focus Housing and Hail Sheltered Housing for low dependency patients with social problems.

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NORTHERN AREA HEALTH BOARD

CLAREMONT SERVICES DEVELOPMENT PROPOSAL 2004

Claremont services incorporate

- St. Clare's Home - 61 beds with associated day places
- Seanchara Community Unit - 50 beds including 8 respite beds
- Clarehaven Welfare Home - 39 beds including 2 respite beds

Services on campus will undergo a major reorganisation over the next two years with the

- (i) commissioning of the Fold Housing with Care Development (a joint project – NAHB, Dublin City Council and Fold Housing Association). This will consist of 56 housing units - 50% dementia; 50% frail elderly - in a residential complex, as well as 15 day places - dementia, and 15 day places - frail elderly.
- (ii) commissioning of a modern primary care centre on campus linked to the Fold development and also serving the local community (this will effect the closure of the Botanic Avenue Health Centre).
- (iii) revisiting the future of the St. Clare's complex in line with commitments to D.C.U..

Our Board is now focusing on the redevelopment of Claremont services to provide a broader range of service and care pathways to meet the multifaceted needs of older persons and in particular to position services in Claremont to interface with the development in community services in the context of a much welcomed change in direction to home support models of care - home care packages and home support. Since the putting in place of the first home care package in 02, the service has now grown to 250 packages of care - the equivalent of 5 community units.

Clarehaven

The range of services will include;

- convalescence care / transition care, direct access GPs short-term care, as well as respite care (20 beds)
- continuing care for high dependent elderly (19 beds)

The configuration of the unit is ideal for this development with the single rooms particularly important for convalescent, step down and respite care (in the short term) facilitating ongoing assessment, rehabilitation and enabling activities of daily living.

Seanchara

We are concerned our Board's community units' main focus is on the provision of long stay care and require a refocus of services so as to provide sub acute care in:

- supporting the community services,
- reducing pressure on A & E / acute hospital services.

Ten beds will be earmarked in Seanchara for this development.

Fold Housing with Care

The Department of the Environment, Heritage and Local Government has given financial approval to the Fold Housing with Care Project and an advertisement is being placed in the European Journal in December inviting expressions of interest from builders; it is envisaged that this facility will be commissioned 2nd quarter 06, subject to procuring the necessary financial resources.

This development will introduce a further range of care options for frail elderly and persons with dementia; each patient will be enabled to function at the highest possible level of independence with the availability of:

- state of the art enabling technology
- immediate access to the primary care team in the adjoining health centre
- access to sub acute care in Seanchara
- access to state of the art day centre facilities
 - frail elderly
 - dementia

Respite Care Services

There is an ever-increasing demand for respite care due to:

	<i>Census 96</i>	<i>Census 02</i>
• Increase in population in NAHB area	454,899	486,934
• Increase in the population of Older Persons (65+)	43,932	48,395
• Ageing of the population		

and the high number of older persons in the community supported by families, carers and by health board staff in the community. The NAHB has been very successful in supporting older persons in the community and their carers, notwithstanding the low level of residential beds. Respite care has been a very important element of support.

Respite care is defined as - *the provision of a brief period of rest or relief from day-to-day care giving or the provision of appropriate, temporary, substitute care or supervision of functionally impaired persons to enable the care giver to maintain his/her assistance of the older person.*

- Respite care usually takes place in the same areas as long stay, thus respite patients are often in ward areas where there are very dependent and occasionally terminally ill residents.
- Respite patients with dementia are cared for in an inappropriate environment and as a result can become very disruptive and may often have to be taken home early by their family.

- Respite care should be modelled on an enablement and health promotion model which offers the health care professionals an opportunity to reassess the needs of each client.
- The ward environment does not and cannot resemble the home environment; it is well documented that respite services offered should reflect as closely as possible the normality of the individual's life routines and activities.

There is a small portion of land remaining on the Claremont campus to the west of Clarehaven; this site could accommodate a free standing purpose built facility - 20 places (independent flatlets) - supported by physiotherapist / OT and facilities for complementary therapy and relaxation (snoozelan, sauna, etc.). Such a facility would allow a reorientation of respite care to an assessment/enablement service and would give clear pointers on the care supports required in the community for individual patients on an ongoing basis.

As this development is an *extension* and support to the individuals home, it is likely that capital support would be available from the Department of the Environment, Heritage and Local Government, whilst the staffing and operational costs would be health related. The development would also free up existing respite beds for alternative use.

In order to evaluate the clinical and cost effectiveness of the new model (respite) a research project will be carried out. By using both quantitative and qualitative research methods this would aim to;

- evaluate the effectiveness of the model of respite care - environment, MDT etc,
- assess clients and carers satisfaction with the service,
- determine added value of the service i.e. are people maintained at home longer,
- examine a cost benefit analysis with existing models of service.

The goals for the new area could be;

1. To provide a service based on clients and carers identified needs.
2. To offer an accessible service in an environment best suited to their needs and an enabling model of care.
3. To provide a multi-disciplinary approach to respite care to empower clients and their carers to take greater control of their well being.
4. To lessen the impact of disabling conditions by setting goals and relearning life skills for the older person.

Conclusion

The coming on stream of the Fold project and reconfiguration of services on the Claremont complex offers a wide range of care pathways for older persons and as a consequence an opportunity for staff to broaden their skills in diverse service areas, or perhaps *specialise* in an area of choice.

The change/development programme proposed will involve considerable focus over the next 18 months in;

- staff consultation and training
- supporting the Fold and primary care centre development program.
- modification of existing facilities to effect change of use, particularly improving bathing and sanitary facilities.
- consultation with stakeholders and developing protocols to support the proposed service developments.
- consultation with Dublin City Council, Department of the Environment, Heritage and Local Government, ERHA, HSE, etc. re. planning and funding the proposed enablement/respite facility.
- consultation with DCU on appropriate staff training so as to equip individual staff members to meet the diverse programme proposed.

M. Windle
Chief Executive

16th December, 2004.

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NORTHERN AREA HEALTH BOARD

FOLD PROJECTS - UPDATE

HARTSTOWN

Work on the Fold project in Hartstown, Dublin 15, is progressing very satisfactorily; work schedule is on target.

CLAREMONT

The planning is complete on the Claremont project. This facility will involve:

- 56 places - 50% alzheimers; 50% frail elderly
- day centre - alzheimers
- day centre - frail elderly
- primary care centre

The latter will link directly into the residential unit and will have a front entrance for access by the wider community.

The management of Fold and the local management on the Claremont services have worked very proactively in relation to care pathways on the campus overall and also in achieving the most efficient use of facilities - the kitchen in Seanchara will provide all meals to the new Fold facility. The kitchen will require some modification to cater for the extra workload; this development will also accommodate catering services for the Clarehaven Centre thus facilitating the closure of the Clarehaven kitchen. Fold is developing an in-house laundrette and will provide a service for personal clothing in both Seanchara and Clarehaven.

The Department of the Environment, Heritage and Local Government has given approval to Dublin City Council and Fold Housing Association to the capital funding of the project.

The advertisement seeking interest in tendering for the project is being finalised for placing in the European Journal.

M. Windle
Chief Executive

16th December, 2004.

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NORTHERN AREA HEALTH BORAD

Health Initiatives 2005

Improving Patient Experience of Health Care and Particularly of Accident and Emergency

Introduction

On 18th November the Tánaiste and Minister for Health & Children, Mary Harney T.D. set out her priorities for new health initiatives in 2005. These include 10 wide ranging actions to improve Accident and Emergency services, including fully staffed Acute Medical Units in major hospitals. These 10 actions are designed as a package to take a "whole system" approach to improving patients' experience of healthcare and particularly of A&E.

An allocation of €70 million nationally is being made available to fund this initiative. Some of the actions are aimed at minimising the need for people to go to Accident and Emergency. Other are designed to free up beds in hospitals for people awaiting admission. The actions identified were as follows:

- The development and expansion of minor injury units, chest pain clinics and respiratory clinics in hospitals to relieve pressure in A&E departments.
- The provision of a second MRI at Beaumont Hospital.
- The provision of acute medical units for non-surgical patients at Tallaght, St. Vincent's and Beaumont Hospitals.
- The transfer of 100 high dependency patients to suitable private nursing home beds to alleviate pressure on acute hospitals will also be actively pursued.
- Negotiation with the private sector to meet the needs of 500 people annually for intermediate care of up to six weeks. These are older people who are awaiting discharge to nursing home care or back to their own home with appropriate supports.
- Expanded home care packages to support 500 additional older people at home.
- Provision of more out of hours GP services in order to keep people's need to attend A&E to a minimum.
- Dedicated cleaning services and security measures for A&E departments.
- The further expansion of palliative care facilities.
- Measures to enhance direct access for GP's to diagnostic services.

In order to have a co-ordinated approach, our Board organised a consultative process with Management and Clinicians from Beaumont and the Mater Hospitals and representatives from GP Partnerships. The JCMH Hospital Executive and representatives from the community and residential Services from our Board were also present. Conclusions from this process will inform our Board in prioritising our submission to the Eastern Regional Health Authority.

M Windle
Chief Executive

16th December 2004

Chief Executive Report No 41/2004

NORTHERN AREA HEALTH BOARD

Medical Cards

Introduction

Medical Cards are issued to individuals and families deemed by the CEO to be unable to provide medical services for themselves and / or their dependents without undue hardship. Exceptions to this include automatic entitlement for over 70's, EU eligibility and certain government initiatives. Income guidelines, taking account of family size and commitments are agreed annually by the CEOs nationally. Section 45 of the Health Act 1970 gives legislative basis for the granting or refusal of Medical Cards.

The Medical Card

Services Available Free of Charge to Medical Card Holders ("Full Eligibility")

- A choice of General Practitioner (GP) (within a 7-mile radius).
- General Practitioner Services
- Prescribed Drugs and Medicines
- Supply of prescribed medical appliances
(It should be noted that drugs and dressings that are not available under the GMS Scheme can be applied for under the Hardship Scheme)
- Dental, Ophthalmic, and Aural services and appliances.
- All inpatient **Public** hospital services in public wards (including consultant services)
- All outpatient **Public** hospital services (including consultant services)
- A Maternity Cash Grant of €10.16

Additional Benefits to having a Medical Card may include (non health related)

- Exemption from health contributions
- Free transport for school children that reside at least 3 miles from the school being attended.
- Exemption from exam fees in secondary level schooling and the assistance with the purchase of schoolbooks and back to school clothing and footwear.

Medical Card Eligibility Reviews

There is an obligation on a health board to review eligibility for a Medical Card at regular intervals. The frequency of the review is dependant on the circumstances of the cardholder.

A minimum review period of 9 to 12 months applies to:

- Unemployment benefit
- Short-term disability benefit
- Supplementary Welfare Allowance
- Asylum seekers
- Short-term employment assistance
- Employed persons

A maximum review period of 5 years applies to:

- Disability Allowance
- Blind Pension
- Permanent Pension
- Invalidity Pension

The review of a Medical Card involves a complete re-assessment of means and circumstances similar to a new application.

Appeals Arrangements

Our Board operates an appeals procedure, which is independent of the normal processing system and is conducted within target timescales and in accordance with the principles set out in guidelines by the Ombudsman.

Validation of Medical Card Data

Our Board undertook an extensive exercise during 2002 and 2003 to validate the data in the Medical Card System. In addition new management and control procedures were implemented to ensure the elimination and re-occurrence of inactive and duplicate cards in the system.

Review of Medical Cards Scheme

A review of the medical card scheme was commissioned by Health Board CEOs in 2000. Following completion of the review a project team was established under the auspices of the Health Boards Executive (HeBe) to action the key findings of the report. The following projects were established to achieve this aim.

1. Management and Control of the Medical Card Register
2. Medical Card Administrative Procedures
3. Training strategy for staff involved in the Medical Card Scheme
4. Development of a training course on the Principles of Good Decision Making
5. Development of a National Medical Cards Appeals System
6. Review of the Medical Card Application Form
7. Customer Satisfaction Measurements
8. Guidelines on the Interpretation of Legislation and Department of Health and Children circulars.
9. Review of the Medical Card I.T. System

Medical Card Coverage

The number of persons covered by the G.M.S Scheme in the Northern Area Health Board as at 4th December 2004 is as follows:

Community Care Area	Number of People Covered
Area 6	46,115
Area 7	36,179
Area 8	45,444
Total:	127,738

Budget/Health Estimates 2005

The following provisions pertaining to medical cards were announced in the 2005 Health Estimates: -

Medical Card Income Guidelines

- The general income guidelines for current medical cards will be increased by 7.5% with effect from 1st January 2005.
- The income allowance for each of the first two children will be increased by 20% and the allowance for the third and subsequent children will be increased by 30%

"Doctor Visit" Medical Cards

- It is proposed to provide free access to G.P services for people whose income is up to 25% over the new income guidelines. It is estimated that this will result in approximately 200,000 people nationally, becoming eligible for free Doctor visits.
- New legislation will be brought forward by the Government in the coming weeks to give effect to this proposal.

Implications of Budget Proposals

- The Department of Health and Children have estimated that the revised income guidelines will bring an extra 30,000 persons approximately into the medical card guidelines. Our Board estimates that approximately 4,000 persons will become eligible in our area.
- As stated above, it is estimated that 200,000 persons nationally will become eligible for the 'Doctor Visit' Medical Card. In the case of our Board it is estimated that up to 25,000 people will become eligible for the new 'Doctor Visit' Medical Card.
- Our Board will progress these developments when formally notified by the Department of Health & Children
- As can be appreciated there are also resource issues pertaining to these developments.

M Windle
Chief Executive

16th December 2004

DECEMBER 2004

Condolences as notified