Minutes of the Eastern Health Board held on 7th September 1995 (313kb)

EASTERN HEALTH BOARD

Minutes of proceedings of Monthly Meeting held in the Boardroom, Dr. Steevens' Hospital, on Thursday 7th September, 1995 at 6.00 p.m.

Present

Mr. P. Aspell
Mrs. B. Bonar
Cllr. B. Briscoe. T.D.
Cllr. I. Callely. T.D.
Cllr. T. Cullen
Cllr. K. Farrell
Dr. D.I. Keane
Mr. G. McGuire
Ms. M. Nealon
Cllr. Dr. W. O'Connell
Cllr. J. Reilly
Cllr. T. Ridge
Cllr. K. Ryan
Dr. C. Smith
Dr. M. Wrigley
Cllr. M. Barrett
Cllr. G. Brady
Cllr. E. Byrne. T.D.
Cllr. J. Connolly
Cllr. A. Devitt
Cllr. C. Gallagher
Cllr. T. Keenan
Cllr. M. McWey
Cllr. D. O'Callaghan
Cllr. C. O'Connor
Dr. J. Reilly
Sen. D. Roche
Cllr. R. Shortall, T.D.
Cllr. M. Whitty

Apologies

Cllr. B. Coffey
Sen. J. Doyle
Dr. R. Hawkins
Cllr. D. Tipping

In the Chair

Cllr. M. Barrett

Officers in Attendance

Mr. K.J. Hickey, Chief Executive Officer
Mr. P.J. Fitzpatrick. Programme Manager Community Care
Mr. M. Walsh. Programme Manager. Special Hospital Care
Mr. M. Gallagher. A/Programme Manager. General Hospital Care
Ms. M. Kelly. Personnel Officer
Dr. B. O'Herlihy. Director of Public Health
Mr. J. Curran, A/Technical Services Officer
Mr. P. Doyle, Estate Management Officer
Ms. M. Browne. Communications Director
Mr. M. O'Connor. Secretary

96/1995
CONDOLENCES

On the proposal of the Chairman, votes of sympathy were passed with:-

- The family of Alan Dunne. Porter. Rowlagh Health Centre
- Kathleen D"Arcy. Supervisor of Cleaners. Dr. Steevens' Hospital, on the death of her brother
- Pat Quinn. Care Officer. Central Mental Hospital, on the death of his father
- Lorraine Dunne. Community Welfare Officer, on the death of her brother
- Pat Heffernan. Care Officer. Central Mental Hospital, on the death of his father
- Paschal Boland. Care Officer. Central Mental Hospital, on the death of his sister
- Marie Conlon. Homeless Persons Unit on the death of her father
- Pat Lannigan. Community Welfare Officer, on the death of his father

97/1995

CHAIRMAN'S BUSINESS

The Chairman read the following report which was noted by the Board:-

"Special meetings of our Board

It is proposed to hold special meetings of our Board as follows:-

(i) Thursday 28th September 1995 to continue discussion on the proposed re-organisation of health services in our Board's area.

(ii) Monday 13th November 1995 to review the provision of services for the elderly."

Statement by Chief Executive Officer

At the request of the Chairman, the Chief Executive Officer read a statement (copy filed with official minute) in relation to an investigation being conducted by the Gardai into allegations diat some residents in Trudder House in County Wicklow, a centre for young travellers which is now closed, were sexually abused there.

98/1995
CONFIRMATION OF MINUTES OF ANNUAL MEETING AND OF MONTHLY MEETING HELD ON 6TH JULY 1995

The minutes of the annual meeting and of monthly meeting held on 6th July, 1995, having been circulated, were confirmed on a proposal by Cllr. Keenan, seconded by Cllr. Ryan.

|a] Matters arising from the minutes

At the request of Deputy Byrne, it was agreed to renew our Board's request to the firm of Solicitors whose letter dated 11th May 1995 in relation to the St. Clare's Home land had not been received in our Headquarters until 26th May 1995, seeking clarification as to why the letter had not been posted until 25th May 1995.

99/1995
QUESTIONS TO THE CHIEF EXECUTIVE OFFICER

On a proposal by Deputy Callely, seconded by Mr. Aspell, it was agreed to answer the questions which had been lodged:-

1. Cllr. J. Reilly

"To ask the Chief Executive Officer if he would agree that there is a difficulty in providing an effective optical service in Area 9 (Kildare) which allegedly has a waiting list of up to ten months and if so will he outline the Boards proposals to rectify the situation."

Reply

Since late 1993 expenditure on our Board's Adult Optical Scheme has been running in excess of the approved allocation as a result of a constant increase in demand. This has created difficulties throughout our Board's area.

Our Board sought additional funding from the Department of Health and an additional allocation of £250,000 per year was recently approved. This is enabling our Board to immediately approve all applications with special medical needs and to increase the number of approvals generally and the waiting time has now been reduced to three months in all areas.

2. Cllr. I. Callely, T.D.

"To ask the Chief Executive Officer to outline the condition of the Killester Health Centre on Killester Avenue. Dublin 5. Is the Chief Executive Officer aware of the local community's concern over the condition of the building and the possible joint venture uses and will he make a statement on the matter?"

Reply

The Health Centre at Killester Avenue is a small local centre, accommodating mainly Public Health Nurses and Home Helps. The building is old but has been well maintained. However, there is an on-going problem with graffiti and litter due to the building's exposed location on the perimeter of a public park. Arrangements are being made to remove the graffiti from the building. I have not been aware of any concern in the local community regarding the condition of the building, nor of any approaches regarding possible joint venture uses.

1 will be happy to arrange discussions with the local community about their concerns and about the possible use of the centre for community purposes.

3. **Cllr. I. Callely, T.D.**

"To ask the Chief Executive Officer to advise if he is satisfied with the level, location and adequacy of Child Care Services for speech and language disorders, over activity, specific educational problems, child sexual abuse, etc. Can the Chief Executive Officer outline the locations for the community services for the northside of Dublin and will he make a statement on the matter."

Reply

Demand for these sen ices continues to increase. Significant additional services have been provided for children requiring speech and language therapy and for children who experience abuse and neglect. Speech and language services are provided in many of our Health Centres and in all of the acute hospitals on the northside. Services are available for children who have been sexually abused through our Social Work. Child Psychiatric and Medical Services and in the child sexual assessment and treatment unit for the northside in Temple Street Hospital. Social workers and medical officers are based in Wellmount Health Centre. Roselawn Health Centre, Blanchardstown, Ballymun Health Centre. North Clarence Street. Coolock Health Centre. St. Francis Clinic. Raheny and Swords.

Child Psychiatric Sen ices are provided through the Mater Child and Family Services for Community Care Areas 7 and 8 and directly by our Board for Area 6. Services are provided at Castleknock, Ballymun. Mater Hospital. Temple Street Hospital and St. Joseph's Fairview. Special schools are operated jointly with the Department of Education and are located at the Phoenix Park. James Connolly House. Blanchardstown. Warrenstown House and the Mater Hospital.

4. **Cllr. I. Callely, T.D.**

"To ask the Chief Executive Officer to outline the range of Eastern Health Board services and contacts that administer services for substance abuse in Dublin 3, S and 9. Can the Chief Executive Officer advise what special focus is targeted for drug abuse and will he make a statement on the matter.'"

Reply

In keeping with its responsibility for the development of preventive, treatment and rehabilitation services for injecting drug users our Board has established three community-based clinics in the Dublin area, including one in Amiens Street. These clinics are staffed by a team of doctors, nurses, counsellors, welfare officers, clerical and portering staff.

In addition to the community based clinic service there is a network of outreach workers and community addiction counsellors in areas where there is a high prevalence of drug misuse and these teams are being expanded.

As well as this our Board has seven needle exchange locations throughout the city which have averaged about 300 new attenders per year over the past three years.

Work is at an advanced stage with a view to opening two additional community based clinics for North West Dublin and for Ballymun and progress is being made in the establishment of a mobile service.

A second Community Addiction Counsellor will be taking up duty in Community Care Area no. 8 during this month and two outreach workers are also being assigned to Area 8.

Having regard to the need to co-ordinate the efforts of voluntary and statutory services and to coordinate the demand reduction with the supply reduction response, our Board has established the Eastern Regional Co-ordinating Committee on Drug Misuse. Over the coming months this Committee will be communicating the extent of the drug misuse problem in our area and recommending appropriate responses.

Alcoholism services for Area 6.7 and 8 are provided by the Stanhope Street Service where there are nine counsellors. Stanhope Street Centre provides prevention and education programmes, as well as detoxification, treatment and outreach services for the three catchment areas.

5. Cllr. T. Ridge

"To ask for a detailed report re proposed improvement works at Peamount Hospital".

Reply

The Minister for Health has recently approved capital funding of £190.000 for the upgrading of facilities for persons with a mental handicap in Peamount Hospital.

This allocation was based on recommendations made by our Board's Central Planning Committee.

St. Anne's Unit at Peamount is in urgent need of restructuring and of major upgrading to care for elderly severely mentally handicapped persons. At present it is most unsuited for the service it provides. £ 160.000 of the capital allocated is for the upgrading of this unit.

A further £30.000 has been allocated for the upgrading of toilet and bathroom facilities in St. Paul's Unit. This unit accommodates elderly dependent male residents and is being upgraded on a phased basis. The upgrading of the bathroom and toilet facilities relates to phase one of this project.

6. Cllr. T. Ridge

"To ask for an update re. progress of request to Minister for Social Welfare re. Disabled Persons Maintenance Allowance being withdrawn on the marriage of the disabled person."

Reply

Our Board's request for a review of the Disabled Persons (Maintenance) Allowances Regulations was communicated to the Department of Health and subsequently (on 18 July 1995) to the Department of Social Welfare as that Department was assuming responsibility for the Disabled Persons (Maintenance) Allowances Scheme.

The Department of Social Welfare have replied stating that responsibility for the financing of the Disabled Persons (Maintenance) Allowances scheme had been transferred to their Department with effect from 1 st August 1995. that arrangements are being made for the full transfer of the scheme as soon as possible, probably early in 1996, and that the question of changes to the conditions underlying the scheme will be considered when these arrangements have been finalised. The matter raised bv our Board will be considered in that context.

7. Cllr. C. O'Connor

"To ask the Chief Executive Officer to confirm if any additional funding is available from the Department of Health to develop an adequate orthodontic dental service in the Eastern Health Board Region and will he make a statement in the matter."

Reply

The Department of Health has approved additional funding of £650,000 to further develop the orthodontic service as previously advised to the Board as follows:-

- the appointment of two Consultants in Orthodontics together with the necessary support staff, equipment and accommodation. (The positions will be advertised by the Local Appointments Commission in the very near future)

- the recruitment of up to eight Specialist Orthodontists as they become available (four employed to date)

- the treatment of 100 Category One cases by St. James' Hospital and a further number in the Dublin Dental Hospital.

8. Cllr. C. O'Connor

"To ask the Chief Executive Officer to confirm full details of die Eastern Health Board's progress in implementing those sections of the Child Care Act 1991 which have been brought into force by the Department of Health through the adoption of the relevant regulations and will the Chief Executive Officer make a general statement in the matter."

Reply

To date 17 sections of die 1991 Child Care Act have been enacted. Our Board has implemented all of the provisions enacted so far. Additional funding in die order of £9.0m has been provided to enable our Board to implement the new Act (Details of how the additional funding is being spent have been notified to our Board over the last three years).

9. Cllr. C. O'Connor

To ask die Chief Executive Officer in connection widi die Needle Exchange Programme, if he is aware of a study led by Professor Steno Ronnberg from Stockholm University which indicated that it could not be proved that the exchange programme leads to a reduction of HIV infection and will he make a general statement in the matter."

Reply

The aim of the Eastern Health Board needle exchange programmes is to reduce die risk of HIV transmission and also to facilitate contact between chaotic injecting drug users and health professionals. This is being achieved with over 300 new attenders at needle exchange each year and we have evidence that the proportion sharing after attendance at needle exchange has dropped. Given the epidemiology of HIV and the relatively high prevalence amongst injecting drug users in Ireland and, in particular, in inner city Dublin it is important that needle exchange programmes, and the other supports that go with it. are continued. This is also established public health policy in other European countries.

The original article written by Professor Ronnberg. which was the subject of an editorial in "EURAD News" in the Autumn of 1993. has been sought. On receipt of the article arrangements will be made to have it studied in the light of the nature of the drugs problems being experienced in Swedish cities compared to those in Dublin.

10. Cllr. M. McWey

"Following the concern expressed by local residents at a recent public meeting regarding illness caused by gas and smoke inhalation and the excessive number of vermin in the Public Dump at Silliot Hill. Kilcullen. is the Health Board satisfied that all necessary precautions are being taken to ensure public safety?"

Reply

Our Board's Director of Public Health has investigated the concerns expressed by the local residents, and this included the carrying out of an inspection of the site by an Environmental Health Officer.

There is no evidence of public health risks associated with the dump. There is some evidence of nuisance effects and these have been communicated to the local authority.

100/1995
CHIEF EXECUTIVE OFFICER'S REPORT

The Chief Executive Officer read the following report which was noted and agreed subject to the comments recorded below:-

"/. ***Funding for capital developments and equipment***

I have circulated with the agenda papers for this meeting copies of letter dated 6th July. 1995 from the Department of Health advising that the Minister had made available funding for capital developments and equipment in our Board's area in the following service areas:-

Service	**Capital (£)**	**Equipment (£)**
mental health services	820.000	313,508
services for the elderly	470,000	175,000
services for persons with physical disability	882.000	175,000
services for persons with a mental handicap	590.000	–
Total	**2,762,000**	663308

Details of the various projects to be funded are attached to the Department's letter.

2. Child Care Act, 1991

I have circulated with the agenda papers for this meeting copies Department of Health letter dated 10 July 1995 conveying the Minister's approval for the child care developments listed in the schedule attached to the letter. The developments approved will cost £1.5m in 1995 (and £3.7m in a full year).

Progress in the implementation of these developments will be advised to the Community Care Programme Committee.

3. Physical Disability Services - Development Funds

I have circulated with the agenda papers for this meeting, copies of Department of Health letter dated 4th August 1995 conveying the Minister's approval to the service developments set out in the table attached to the letter at a cost of £700.000 pa.

4. Backlog of Maintenance

I have circulated with the agenda papers for this meeting, copies of letter dated 2nd August 1995 advising that an additional capital grant of £500.000 will be made available for 1995 and 1996 in respect of our Board's funding requirements for backlog of maintenance purposes.

5. Fire Prevention Works

I have circulated with the agenda papers for this meeting, copies of letter dated 2nd August 1995 from the Department of Health, advising that an additional capital gram of £400,000 will be made available for 1995 and 1996 in respect of our Board's funding requirements for fire precautions works.

6. A Government of Renewal - Budgetary Targets

I have circulated with the agenda papers for this meeting, copies of letter dated 12th July 1995 from the Department of Health referring to the Government statement of 8th June 1995 concerning measures to be implemented in 1995 and 1996 with a view to ensuring that the level of public spending remains in line with the budgetary targets as set out in "A Government of Renewal" and stating that having reviewed the position in relation to the health service, the Government had decided that recruitment may proceed in the health service in line with the parameters on overall spending set down in the Government Decision.

The letter confirms that the employment control policy as set out in the Letter of Determination will continue to apply and that the autonomy extended in relation to the filling of non consultant replacement posts on a permanent basis without seeking Departmental sanction remains in force.

The letter also advises that in the context of implementing the Government Decision in relation to recruitment for new posts, a ceiling of 237 is to apply to additional recruitment in our Board during 1995.

7. New Government Measures to Combat Drugs

I have circulated with the agenda papers for this meeting, copies of a press release issued by the Department of Justice on the 19th July 1995. regarding Government approval of proposals from the Minister for Justice for a series of legislative, financial, operational and organisational measures designed to combat the smuggling of drugs into the country and stating that the Government, in recognising the multi-faceted actions required had asked the Minister for Health, in consultation with the Minister for Education and other relevant Ministers, to bring a report to Government before the end of 1995.

Among the key measures to combat drugs outlined in the Press Release are:-

- the reconstitution of a high level Co-ordinating Committee under the chairmanship of a Minister of State to devise measures to reduce the demand for. and supply of, drugs. The Committee will have representatives from the Departments of Justice. Defence, Health, Education, Foreign Affairs, the Revenue Commissioners and other relevant agencies.

- the introduction of Drug Strategy Teams in Dublin, Cork, Limerick, Galway and Waterford to draw up action plans to deal with the particular drug problems which exist in these areas. These teams will have representatives of the local community working in the areas concerned, the Gardai. the Probation and Welfare Service, the Prison Service, the Health Boards and the Department of Education.

- a substance abuse programme aimed at primary school level, to be instituted by the Minister for Education.

- the bringing forward before the end of 1995 by the Minister for Health, in consultation with the Minister for Education, and other Ministers as appropriate, proposals in relation to the care and treatment of drug abusers and demand prevention measures.

& *Additional funding for the development of services for persons with a mental handicap*

I have circulated with the agenda papers for this meeting, copies of letter dated 18th July 1995 from the Department of Health conveying approval to the development of a number of initiatives for persons with a mental handicap with revenue costs of £2,045,500 in 1995 and £2.665,000 in a full year.

Progress in the development of these initiatives will be advised to die Special Hospital Care Programme Committee.

9. Adoption Act, 1991

I have circulated with the agenda papers for this meeting copies of letter dated 29th June. 1995 from the Adoption Board advising that adoptions effected in the following countries qualify for recognition under Irish law:

(1) Mexico Mexican adoption law provides for 'full' adoption and 'simple' adoption. Only 'full' adoption qualifies for entry in the Register of Foreign Adoptions.

(2) Japan Japanese adoption law provides for 'special' adoption and 'ordinary' adoption.

Only 'special' adoption qualifies for entry in the Register of Foreign Adoptions.

(4) Norway

(5) Zimbabwe The Adoption Board re-affirmed its decision that adoptions effected under the law of Zimbabwe qualify for entry in the Register of Foreign Adoptions.

10. People of the Year Awards

I have circulated with the agenda papers for this meeting copies of a letter from the People of the Year Awards inviting our Board to make a nomination for one of this year's awards and stating that the Adjudicators will be particularly pleased to receive nominations from such areas as service to the community, business, job creation, medicine, science or technology.

The latest date for the receipt of nominations is 27th September, 1995.

11. Long Stay Patients in Private Psychiatric Hospitals

I have circulated with the agenda papers for this meeting copies of letter dated 7th July. 199S from the Department of Health stating that the current level of assistance for long-stay patients in private psychiatric hospitals who have difficulty in meeting the hospital charges may be increased to a maximum of £55.60 per week from 1st July. 1995.

12. Geriatric Patients in Long-Stay Nursing Homes

I have circulated with the agenda papers for this meeting copies of letter dated 7th July, 1995 from the Department of Health regarding the arrangement under which our Board pays a contribution for eligible patients (based on means) sent to certain long-stay geriatric homes and stating that no objection will be raised to an increase in the present rate of £54.50 per week to a rate of £55.60 per week with effect from lstJulv. 1995.

13. Increased Capitation and Subvention Rates

I have circulated with the agenda papers for this meeting copies of letter dated 7th July, 1995 from the Department of Health regarding increased capitation and subvention rates with effect from 1 st July, 1995 in respect of persons provided with services in approved homes and certain other approved centres as indicated in Appendices 1 and 2 to the letter.

14. Department of Social Welfare Extra Benefits Information Leaflets

I have circulated with the agenda papers for this meeting, copies of Department of Social Welfare Information Leaflets. SW39 and SW81 giving information on Free Electricity, Free Natural Gas and Free T.V. Licence Allowances.

The number of eligible persons as a percentage of the population ranged from 29.88% in our Board's area to 50.05% in the North Western Health Board area. The national average was 36%.

15. Code of Practice for Nursing Homes

I have circulated this evening, for the information of members, copies of the Code of Practice for Nursing Homes which was launched by the Minister for Health on 28th August 1995. together with copies of the Press Release issued on the occasion of the launch.

One of the principal objectives of the Health (Nursing Homes) Act 1990, which came into effect on Ist September 1993 was to ensure that all nursing homes which cater for dependent elderly people have a high standard of accommodation and care. Legislation, by its nature, is concerned with minimum standards and those involved with the care of dependent elderly people felt the need for a Code of Practice would set out the best standards of care to which all nursing homes should operate.

The Code of Practice launched by the Minister was drafted by a group of experts with first-hand experience of caring for dependent elderly people.

Arrangements are being made for the implementation of the Code of Practice in the nursing homes in our Board's area and in our Board's long-stay facilities. Copies of the Code will be available for purchase by members of the public at a cost of £3 each.

16. Leopardstown Park Hospital Board

I wish to let members know that the Minister for Health has appointed Mr. Eddie Matthews, Co-ordinator of Services for the Elderly to the membership of the Leopardstown Park Hospital Board for the period ending 11th January. 2000.

17. Statistics regarding medical cards in June 1995

I have circulated this evening for the information of members, copies of Statistical Information received from the General Medical Services (Payments) Board in relation to medical cards in June 1995.

18. Acceptance of Gift

The approval of the Board is requested, in accordance with Section 33(5) of the Health Act, 1970, to the acceptance of a gift of £9.50032 from the estate of Godfrey Delaney (deceased) to be used to the benefit of the residents of 70 Grosvenor Road (a high support hostel) in the development of a Day Centre nearby which they can attend."

In response to an enquiry from Deputy Callely regarding a recent court ruling in relation to a difficult child, Mr. Fitzpatrick. Programme Manager. Community Care, explained the present position in this matter pending the introduction of legislation which it is proposed will give powers to health boards to detain unruly children. A Project Team had been established to design a purpose built facility for use in the long term and a further report will be given to the Board when the proposed size and content of the new facility becomes clearer.

101/1995
NOTICE OF MOTION

At the request of Cllr. Ridge, it was agreed at this stage to take the following motion in her name, which was seconded by Cllr. O'Connor:-

That a report be brought to this Board outlining the present position re. Special Care Units for out of control children in view of the reported damage by children to Killinarden House."

Mr. Fitzpatrick, Programme Manager, Community Care, informed members that Killinarden House had been opened urgently and at short notice to deal with the particular problem of out of control children. Following the recent damage the current renovations include certain improvements being carried out to make this accommodation more suitable. Killinarden House, which must be viewed as an interim/short term solution to a particular problem, should be ready for occupation again in a few weeks.

102/1995
PROPOSED ADJOURNMENT

On a proposal by Cllr. Brady, having regard to the number of items remaining on the agenda, it was agreed that the meeting should adjourn at 8 p.m.

103/1995
REPORT OF BUDGET WORKING GROUP - FINANCIAL POSITION AT 30TH JUNE 1995
AND OTHER MATTERS

Report no. F3/1995 (Copy filed with official minute) was adopted on a proposal by Cllr. Reilly, seconded by Deputy Callely.

104/1995
DISPOSAL OF PROPERTY AT NAVAN ROAD, DUBLIN 7.

On a proposal by Deputy ShortalL seconded by Cllr. Cullen, it was agreed to adopt the proposal contained in Report no. 32/1995 (copy filed with official minute) in relation to the disposal of a site (c 1.1 acre) at the Navan Road, Dublin 7 to Shanon Homes Dublin Ltd.

105/1995
TEMPORARY BORROWING

On a proposal by Cllr. Reilly, seconded by Cllr. O'Connor, it was agreed to adopt the proposal contained in report no. 33/1995 in relation to borrowing by way of overdraft during the period ended 31st December 1995 to a maximum of £6.8m.

106/1995
WHITE PAPER - A NEW MENTAL HEALTH ACT

It was agreed that the White Paper- a New Mental Health Act, together with Report no J7/1995 (copy filed with official minute) should be referred to the Special Hospital Care Programme Committee for further consideration.

107/1995
HEALTH PROMOTION STRATEGY

Report no. 34/1995 (copy filed with official minute) was noted on a proposal by Deputy Shortall, seconded by Cllr. Ryan.

108/1995
REPORT OF THE TASK FORCE ON THE TRAVELLING COMMUNITY

On a proposal by Deputy Callely, seconded by Cllr. Reilly, it was agreed to note Report no. 35/1995 (copy filed with official minute).

109/1995
COMHAIRLE NA nOSPIDEAL MEMBERSHIP

The **following members, together with the Chief Executive Officer, Mr. K J. Hickcy, were nominated for consideration by the Minister for Health for appointment to Comhairle na nOspideal whose term of office expired on 30th June 1995:-**

Cllr. G. Brady	**Dr. M. Wrigley**
Cllr.M.McWey	**Cllr. M. Whitty**
Cllr. K. Farrell	**T. Ridge**

11071995
PROGRESS REPORTS FROM PROGRAMME COMMITTEES

Special Hospital Care Programme Committee

On a proposal by Mr. Aspell, seconded by Cllr. Brady, it was agreed to adopt the report.

The following matters were dealt with in the reports:-

[a] Report on Autism
[b] Beechpark special education and training centre for children and adolescents with autism and severe language disorder.
[c] Mental handicap database
[d] Visit to Gheel Autistic Unit, Fairview, and report on services.
[e] Visit to Sunbeam House facility at Ballyraine, Arkow, and report on services
[fj Visit by An Bord Altranais to St Ita's Hospital postgraduate training programme in mental handicap,
[g] Postgraduate training course "Working with people who have been sexually abused",
[h] Commissioning of hostel at 25 Greenmount Road, Terenure.
[i] Mental handicap allocation 1995.
[j] Capital needs for the development of services to persons with a mental handicap,
[k] Report on services provided by the Department of Child and Family Psychiatry, Mater Hospital
[l] An Bord Altranais Registered Nurses in Mental Handicap examination results, St. Ita's Hospital,
[m] Approval by An Bord Altranais of Forensic Psychiatric Course for nurses,
[n] An Bord Altranais assessment of psychiatric services,
[o] Accreditation by the Royal College of Psychiatrists of post-graduate training programme in the Central Mental Hospital,
[p] Approval by Comhairle na nOspideal of three consultant posts for the acute psychiatric unit in Beaumont hospital,
[q] Child Psychiatric Service, Co. Kildare.

[r] Capital developments, Psychiatary and Mental Handicap services [s]
Report on Kilcock Mental Health Centre

Deputy Callely referred to the recent retirement of Ms. Peig Bennett, Senior Executive Officer, Special Hospital Care Programme. He paid tribute to her in respect of the courtesy and consideration which she had always shown to the members of our Board and said that members would like to have an opportunity to be associated with her retirement presentation. Cllr. Reilly, Ms. Nealon, Mrs. Bonar, Deputy Byrne, Mr. McGuire and the Chairman also paid tributes to Ms. Bennett.

The meeting concluded at 8.00 p.m.

CORRECT: **K J. HICKEY**
CHIEF EXECUTIVE OFFICER

CHAIRMAN

Eastern Health Board

Report No. F J/1995

Financial Position at 30th June 1995

At a meeting of the Budget Working Group held on 28th July 1995, members noted a Report from the Deputy Chief Executive Officer in relation to our Board's financial position at 30th June 1995.

A. FINANCIAL POSITION AT 30TH JUNE 1995

		am
[2]	*ORIGINAL DETERMINATION OF EXPENDITURE*	340,756
	Approved increases to date	7.731
	Revised Allocation to date	348,487

[2] FINANCIAL PERFORMANCE TO 30THJUNE, 1995

		£000
Expenditure to 30th Jane (excluding Demand Led Schemes)		149,408
Budget to date		148.559
Unfavourable Variance		(0.849)

[2.1] Analysis of unfavourable variance

	£000	*£000*
Pay	0.474	
Non Pay	0.369	
Income	0.006	
		(0.849)

[2.2] Demand Led Schemes

Expenditure to 30th June 1995	33,220
Budget to 30th June 1995	29,973
Unfavourable variance	(3,247)

It was noted that, if present trends in expenditure are maintained to the year end, it is likely that the costs of the Demand Led Schemes will breach the budget level by about £8 million and that a special detailed study had been undertaken to establish the underlying problems resulting in the increases in costs and numbers in the Schemes, the full costs of which are being met by the Department of Health.

[3] COMMENTARY

Members noted that, apart from the Demand Led Schemes, the results for the first six months show that expenditure levels are higher than the approved budget by almost £850,000. Additional pay costs accounted for almost £500,000 of the variance and non pay expenditure was approximately £350,000 above budget level.

[3.1] Pay

The factors which accounted for the over expenditure in pay were as follows:

(a) **Pension and Superannuation benefits were almost £160,000 ahead of budget capacity during the period. It is estimated that the additional costs involved will be of the order of £500,000 for the full year.**

(b) **Aside from the rising costs of pensions and superannuation benefits each of our Board's programmes expenditure levels was approximately £100,000 over approved pay budget levels for the first six months. These additional costs reflect some easing of recruitment constraints during the early part of the year in response to pressing service needs in our community and hospital based services and also the costs of a special pay award.**

Members noted that, for the remainder of the year, our Board must implement, in full, the budget programme which was adopted at the outset of the year to contain pay-cost expenditure within approved levels. It is anticipated that these measures, which will not adversely impact on any priority service, will secure the necessary savings to bring pay expenditure back into line with approved budget levels and meet the targets set in the Government's Programme for renewal.

[3.1] Non-pay

In the non pay area expenditure in each of the programmes is also approximately £100,000 over budget

It was noted that the additional costs were largely accounted for by increased expenditure on drugs and medicines in the two hospital programmes involving the use of more expensive, but therapeutically more effective, drugs, particularly in community psychiatric and general hospital services.

Other non pay costs in respect of once off repairs, and miscellaneous other expenses will not be repeated during the second half of the year.

In relation to income levels for the first six months our Board has achieved die targets set out in our budget programme.

SUMMARY

Members noted that all managers and staff had been instructed to intensify their efforts in managing their respective budgets, to ensure that only essential service and overhead costs were incurred, and that the fine tuning of the budget programme, together widi the co-operation of our Board and staff at all levels, should ensure that our Board's financial targets would be met by the year end.

B. PROPERTY MATTERS

Proposed Disposals

Members agreed in principle with the proposed disposal of the following four properties, which will be the subject of Section 83 notices in due course:-

(a) Site (c. 1 acre) at Maynooth Health Centre which is under negotiation with a developer in the context of upgrading and improving the Health Centre and Ambulance Base facilities.

(b) Access through Clane Health Centre site to facilitate a neighbouring resident

(c) 69 Beneavin Road, Ballymun - a three bedroomed house which is surplus to our Board's requirements.

(d) Two former staff bungalows at St. Colman's Hospital, Rathdrum, which are no longer required by our Board.

Members also agreed to die issue of a Section 83 notice in respect of the 1.2 acre site at the former St. Patrick's Home Site on the Navan Road which our Board had already agreed to sell to Shannon Homes Ltd. for £130,000.

4th August 1995

Margaret Nealon
A/Chairman

EASTERN HEALTH BOARD

Report No. 32/1995

Disposal of Property at Navan Road, Dublin 7.

Notice is hereby given pursuant to Section 83 of the Local Government Act, 1946, that it is proposed to dispose of the property described below which is no longer required for the purpose of the powers and duties of our Board.

Statutory Information

1. Site (c. 1.1 acre) at former St. Patrick's Home, Navan Road, Dublin 7 (please see attached map.

2. The said property was transferred to our Board by the Dublin Health Authority.

3. It is proposed to dispose of the property to Shannon Homes Dublin Ltd., 532 North Circular Road, Dublin 1.

4. The consideration in respect of the disposal is £130,000.

At a meeting of our Board to be held after the expiration of ten clear days from the date of the sending of this notice, our Board may resolve as follows:-

[a] That the disposal shall be carried out in accordance with the terms specified in the resolution;

[b] That the disposal shall not be carried out

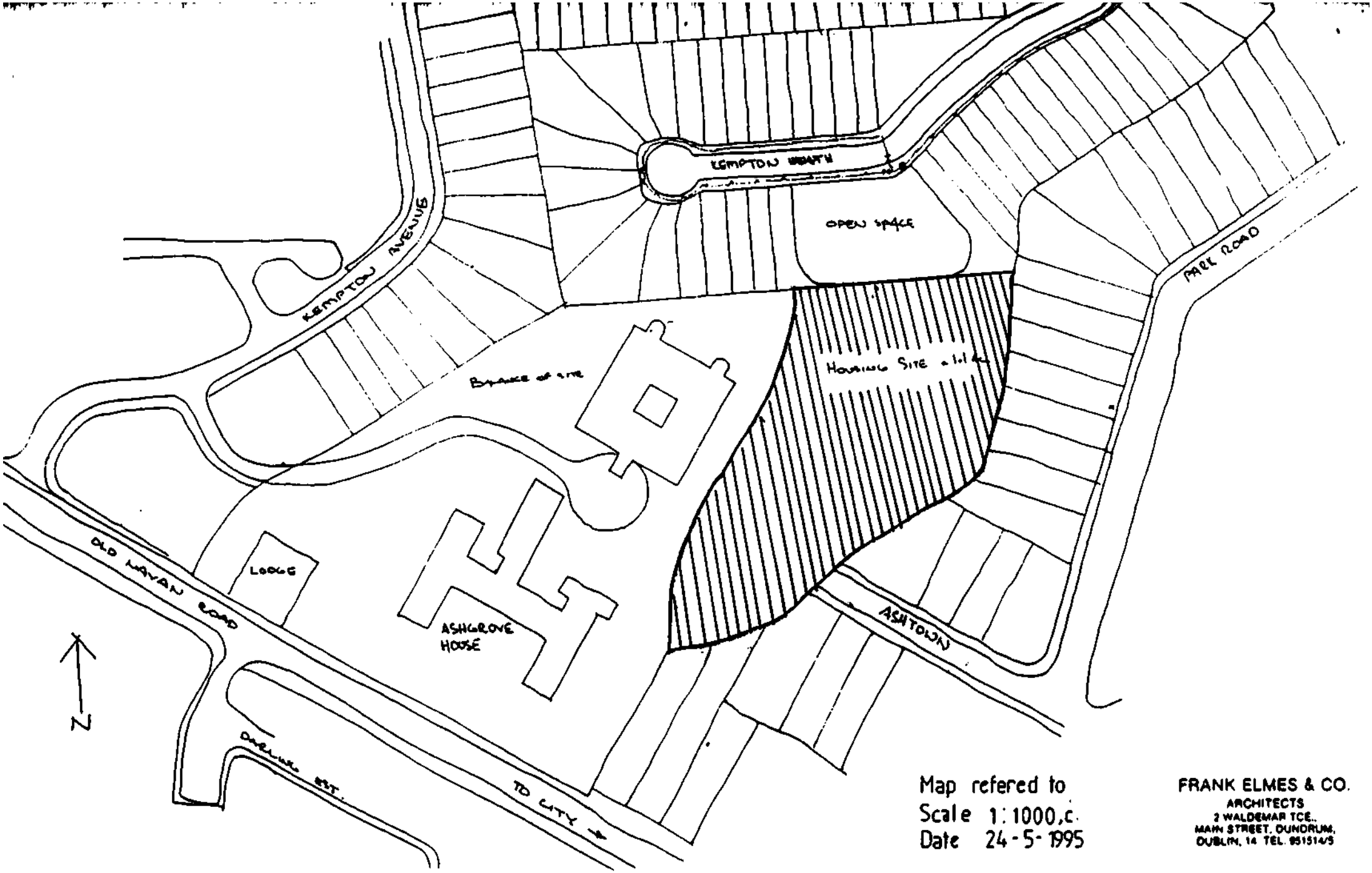
If our Board resolves that the disposal shall be carried out in accordance with the terms specified in the resolution, the disposal may, with the consent of the Minister for Health, be carried out in accordance with those terms.

If our Board resolves that the disposal shall not be carried out, then the disposal shall not be carried out.

If our Board does not pass a resolution, the disposal may, with the consent of the Minister, be carried out.

P.J. Fitzpatrick,
Deputy Chief Executive Officer.

3rd August 1995



Map refered to
Scale 1:1000,c.
Date 24-5-1995

FRANK ELMES & CO.
ARCHITECTS
2 WALDEMAR TCE.,
MAIN STREET, DUNDRUM,
DUBLIN, 14 TEL. 951514/5

Eastern Health Board

Report No. 33/1995

Temporary Borrowing

The approval of the Board is requested to borrowing by way of overdraft during the period ending on 31st December, 1995 to a maximum of £6.8m.

15 August 1995

K. J. Hickey
Chief Executive Officer

Eastern Health Board

Report No. 34/1995

Health Promotion Strategy - "making the healthier choice the easier choice

The Health Strategy "Shaping a Healthier Future", which was published in 1994 had, as its principal theme, "the reorientation of our health services so that the primary focus on all our efforts would be improving people's health and quality of life". The Strategy, which set out explicit goals and targets, particularly in the area of health promotion and disease prevention, promised a separate Health Promotion Strategy which would develop the discussion on health promotion and which would set out more detailed goals and targets, together with plans for their achievement.

The enclosed Health Promotion Strategy, which was recently launched by Mr. ' Brian CShea, T.D., Minister of State at the Department of Health, delivers on that commitment and presents a detailed strategy for the promotion of health in Ireland. It provides a review of the current health status of the Irish population and sets out a detailed programme containing specific goals and targets and a plan of action for their achievement.

The implementation of the Strategy in our Board's area will be the subject of a more detailed report and discussion at Programme Committee level in the coming months.

15th August 1995

K.J. Hickey
Chief Executive Officer

Eastern Health Board

Report No. 35/1995

Report of the Task Force on the Travelling Community

The Report of the Task Force on the Travelling Community was launched by the Minister for Equality and Law Reform on 20th July, 1995.

The Task Force was established by the Minister for Equality and Law Reform in July 1993 to examine, advise and make recommendations on the needs of Travellers and on Government Policy generally in relation to the Traveller Community. The complete terms of reference of the Task Force were as follows:-

1. **To advise and report on the needs of travellers and on Government policy generally in relation to travellers, with specific reference to the coordination in policy approaches by Government Departments and local authorities.**

2. **To make recommendations, for consideration by relevant Ministers, to ensure that appropriate and co-ordinated planning is undertaken at national and local level in the areas of Housing, Health, Education, Equality, Employment, Cultural and anti-discrimination areas.**

3. **To draw up a strategy for consideration by relevant Ministers, to define and delineate the respective roles and functions of relevant statutory bodies which cater for the needs of travellers, including recommendations for ensuring that services are provided for travellers in all local authority areas, and likewise throughout the functional area of each local authority.**

4. **To report on implementation of measures to meet the Government target of providing permanent serviced caravan site accommodation for all traveller families who require it by the year 2000. Pending the realisation of that target, to report on arrangements whereby temporary serviced caravan sites should be provided by local authorities for traveller families who require them; and to examine and report on the costings of such sites and to advise and report on the most efficient use of resources in the provision of such sites.**

5. To explore the possibilities for developing mechanisms including statutory mechanisms to enable travellers to participate and contribute to decisions affecting their lifestyle and environment.

6. To analyse nomadism in modern Irish society and to explore ways whereby mutual understanding and respect can be developed between the travelling conununity and the settled community.

7. To report and make recommendations to the Minister on any other matters affecting the general welfare of travellers.

There are thirteen sections in the Report of the Task Force. Of particular interest to our Board are:

1. Section E which deals with the situation concerning the health of the Traveller Community with particular reference to the identification of barriers to gaining access to health services and gaps in service provision that are of particular relevance to Travellers.

2. Section H which considers the role, needs and concerns of Traveller Women and includes recommendations with a view to enabling Traveller women to participate most fully both within their own community and within Irish society in general.

3. Section J which considers the concerns of Travellers with a disability and makes recommendations with a view to allowing this group to play a more active role in the community.

A copy of the Executive Summary of the Task Force Report is attached for the information of members.

This matter can be the subject of discussion and a further report to our Board through the Community Care Programme Committee.

14th August 1995

K.J. Hickey
Chief Executive Officer

EASTERN HEALTH BOARD

Report No. 37/1995

WHITE PAPER - A NEW MENTAL HEALTH ACT

1. INTRODUCTION

The publication of the White Paper comes just three years after the launch in June 1992 of the Green Paper on Mental Health Services and proposed mental health legislation which focuses attention on the future needs of the service, and, in particular, on the future legislative framework.

There were over 100 submissions by way of response to the Green Paper, following which the Minister and his senior officials pursued a consultative process in meeting service users and professionals in the service. This was facilitated through study days, conferences, and seminars.

2. CHAPTER ONE - MENTAL HEALTH LEGISLATION

This chapter gives a brief description of existing mental health legislation dating from 1945 and the requirements now for change on the basis of international law and conventions and the needs of a modern community based service. The principle conventions are the European Convention on Human Rights and the UN Principles for the Protection of Persons with Mental Illness. These are quoted in Appendix I to the White Paper.

It is necessary for the State to comply with international law, and the measures to be put in place to give greater protection to persons with mental illness are welcomed. The detailed application of such measures will be commented upon, as they arise, under each chapter heading.

3. CHAPTER TWO - CRITERIA FOR INVOLUNTARY ADMISSION

Introduction

This chapter deals with the grounds on which mentally disordered adults and children may be involuntarily detained, the definition of mental disorder for the purpose of involuntary admission, and the approved centres to which these admissions will take place.

Green Paper

The Green Paper set out the proposed criteria for involuntary admission as *"a person may be involuntarily admitted to a mental health facility if he or she is suffering from a mental disorder and:*

(a) *because of that mental disorder there is a serious likelihood of immediate harm to that person or to other persons, or*

(b) *that in the case of a person whose mental disorder is severe and whose judgement is impaired failure to admit or detain that person is likely to lead to a serious deterioration in his or her condition or will prevent the giving of appropriate treatment that can only be given by admission to a Psychiatric Centre."*

It also defined mental disorder as mental illness and in the case of mental handicap or dementia, conditions accompanied by abnormal aggressive behaviour.

In the Green Paper views were sought on the following issues:

wording of the criteria

definition of mental disorder

places where people with mental disorder may be detained

compulsory detention of children in limited circumstances without the parents' consent

Wording of Criteria

The proposed criteria for involuntary detention of mentally disordered persons to approved centres are acceptable and will in large measure ensure that recourse to detention will be used only in narrow and well defined circumstances.

Definition of Mental Disorder

The White Paper defines mental disorder, for the purpose of involuntary detention, as mental illness, significant mental handicap, or severe dementia. In our Board's response to the Green Paper, it was suggested that mental handicap and dementia should be dealt with under a separate legal framework - it is noted that the proposed new legislation will reflect the distinct nature of service requirements for persons with mental illness, mental handicap, and dementia. The further proposal that specialised in-patient facilities will be designated for the involuntary detention of persons with severe mental handicap or severe dementia is welcomed. The exclusion of personality disorder, social deviance, addiction to drugs and alcohol, and perverted conduct from the definition of mental disorder is also welcomed. However, as more widely commented on elsewhere in this response, there is some concern for the capacity of the proposed new legislation to deal adequately and comprehensively with the practical difficulties associated with encompassing the full legal obligations to three distinct service categories.

Places of Detention

The range of approved centres proposed for voluntary and involuntary admissions is acceptable. The discretion to be contained in the new legislation for later designation of other categories of approved centres, where these are staffed and equipped to treat detained patients, is also welcomed. The designated approved centres for involuntary admission should be clearly defined for specialisation purposes for the admission of persons with mental illness, significant mental handicap, or severe dementia. The proposal that the new legislation will make provision for the approval by the Minister of approved centres for involuntary admissions, as applies under present legislation, is considered appropriate. It is felt there may also be some merit in the inclusion of the requirement for voluntary and private hospitals and homes caring for the mentally handicapped and dementia sufferers to register with the relevant health board as will be the case for mentally ill patients. Such a requirement would be in keeping with the legislation and regulations governing nursing homes and with such registration the question of subvention may need to be addressed.

Compulsory Detention of Children in Limited Circumstances without the Parents' Consent

It is important that the legislation must be unambiguous as regards the designation of approved centres for the admission of all children separate from the adult psychiatric service. The approach contained in the Green Paper (paragraph 3.3) should be included in the new legislation:

"Children and adolescents with psychiatric problems have unique needs which cannot be appropriately met by the adult psychiatric service. Good communication is required, however, between the sector psychiatric team for adults and the child and adolescent psychiatric service in the interest of children and their parents. Because the emphasis in the treatment of child and adolescent disorders is on out-patient care and family involvement, child and adolescent psychiatry should be integrated with community care or paediatric services rather than with adult psychiatry. **Planning for the Future** ***recommended that the service should be firmly based in the community. A community location would also facilitate liaison between the child and adolescent psychiatric services and primary care services so that psychiatric problems in children and young people can be recognised at an early stage and appropriate treatment provided."***

The White Paper does not fully address, nor does it appropriately signify, the clear separation of child and adult psychiatric services. Whereas provision is made for the admission of children for serious conditions, it is not clearly indicated mat all admissions of children up to 18 years will be to centres specialising in the care of children with mental illness or significant mental handicap. The proposals contained in the White Paper providing that in exceptional cases children will be admitted without parental consent on foot of a care order are necessary; in this regard admissions should take place to designated approved centres specialising in the care of children with mental disorders.

4. CHAPTER 3 - PROCEDURES FOR INVOLUNTARY ADMISSION, TRANSFERS, AND RETURN TO HOSPITAL

Introduction

This chapter deals with the proposed new legislation on procedures for involuntary admission, including the persons who will be authorised to initiate an application for involuntary admission, the issue of whether one or two medical recommendations should accompany the application and the detention of voluntary patients in hospital under certain circumstances.

Green Paper

The Green Paper discussed, in the context of the UN principles and the European Convention, whether it might be desirable that each application for involuntary admission should be accompanied by two medical recommendations and sought views on this. It suggested that in addition to the spouse and close relatives, professional staff, other than those working in the psychiatric services, should be authorised to initiate applications for involuntary detention. It also explored the desirability of giving nursing staff the powers of detention of a voluntary patient up to six house in certain circumstances with provision for detention up to a further 48 hours by a doctor.

White Paper

Applicant for Involuntary Admission

The proposal whereby a spouse is disqualified from making an application for detention where legal proceedings under the Family Law (Protection of Spouses and Children) Act 1981 are in train, is important, and the proposal to extend the role assigned to Community Welfare Officers in the 1945 Act for the making of such applications to other health care professionals is also important. However, the categories of staff exclusions should be extended to the mental handicap and dementia services, bom in respect of health boards and voluntary bodies. The possible conflict of interest, as it might apply to health board professionals, is equally applicable to the dementia and mental handicap services.

Medical Recommendation

The proposal that the new legislation will require the recommendation of only one general practitioner for the purpose of an application for involuntary admission is welcomed, as the requirement for a second medical recommendation could result in unreasonable delays and considerable inconvenience in many cases. The necessary safeguards will, in any event, be adequately protected by the requirement that every decision to detain a patient will rest with a consultant psychiatrist The proposal that the consultant psychiatrist be formally authorised by his/her health board to exercise decisions on the detention of patients is endorsed.

Detention of Voluntary Patients

It is accepted that, in a small number of cases, the need for detention of voluntary patients who wish to discharge themselves against professional advise, and whose conditions meet die criteria for detention, will arise. The proposed legal authorisation of nursing staff to detain such patients up to six hours, pending medical examination, and die grant of authority to a consultant psychiatrist of detention for a further 48 hours, is very acceptable.

Absence on Leave

The absence on leave provisions contained in this chapter, principally on the grounds that the restrictive and intrusive conditions imposed on a patient while on leave are effectively equal to that of a supervision order, are not satisfactory. In chapter 8 the difficulties associated with meeting the conditions of such orders are acknowledged and consequently they are not to be included in the new legislation. The grounds for not proceeding with supervision orders demonstrate good reasons to do likewise with the absence on leave provisions.

Transfer of Patients

The existing legislation, as it applies to the escort of patients who are the subject of involuntary detention applications, has proved somewhat unsatisfactory and has led to an inconsistency in the interpretation of the statutory obligations of die Garda Siochana in different areas throughout the country. The White Paper has stated the intention of streamlining the legal provisions for the transfer of patients for whom an application for detention has been completed, by placing responsibility on the local clinical team and the clinical director to arrange the transfer. This is a positive step. The clinical director will be empowered to seek a District Court Order autiiorising the Garda Siochana to be involved in the transfer of the patient where necessary. As the transfer procedures will apply equally to health boards and voluntary bodies, the legislation must so provide.

Procedures for Detaining Children without Parental Consent

The procedures, as tiiey apply to child treatment orders, should be expanded upon to specify designated centres specialising in the care of children with mental illness or mental handicap as appropriate, so as to fully reflect the distinction between adult and child services. The proposal, where an application is made to the District Court for the admission of a child widiout the consent of parents or guardians, that the applicant should not be employed in the mental health services, should also apply to staff of the mentally handicapped services of a healdi board or voluntary body, depending on the case involved. The

position with regard to the requirement for a treatment order under the new mental health legislation in respect of a child, who is already the subject of a care order or supervision order under the Child Care Act 1991, needs further clarification, particularly in respect of the rights and duties of a health board to provide health services.

5. CHAPTER 4 - SCOPE AND DURATION OF DETENTION

Introduction

This chapter discusses the balance between assessment and treatment in the detention of patients, and sets out the Government's proposals on the scope of detention orders and the length of time they should last.

Green Paper

The Green Paper raised the question whether the new legislation should follow the 1981 Act and distinguish between detention for assessment and for treatment, or whether there should be a single treatment order, initially for seven days, extendable to 28 days. The advantage of the short period of detention for assessment was that it would enable many difficulties to be resolved and reduce to a minimum the number of people who needed to be detained for longer periods. The main argument against detention for assessment was mat it could result in an increase in the overall number of people involuntarily admitted to approved centres. It was suggested in the Green Paper that a single treatment order of short duration might avoid the risk of too many patients being committed for assessment, yet it would allow for a short initial period of treatment in which many of the patients' problems might be resolved.

White Paper

The Government propose that new legislation will provide that persons involuntarily admitted may be detained for treatment under the new legislation for an initial period of up to 28 days. This initial period may be extended by the consultant psychiatrist responsible for the care of the patient by a period of three months, followed by a period of six months and by periods of one year thereafter. The consultant psychiatrist will be obliged to discharge at any time a detained patient

who has recovered sufficiently mat he or she no longer meets the criteria for detention.

These proposals are quite satisfactory.

6. CHAPTER 5 - REVIEW OF DETENTION ORDERS

Introduction

This chapter outlines Government proposals for an independent review of each decision to detain a patient and to extend a detention order to ensure the lawfulness of that decision. It proposes a more detailed review of orders extending detention by one year. Proposals for an appeal against decisions to detain or to renew a detention order are discussed. The chapter describes the role of the Mental Health Review Board which will be established by the new legislation to carry out the functions of review and appeal in relation to detained patients.

Green Paper

In the Green Paper, the Government indicated mat the independent review could be a function of the courts or of a specialist body such as a Mental Health Review Board. On balance, the Government indicated its preference for review by a body such as the proposed Board. The Green Paper proposed that the Board would review every decision to detain by checking that proper procedures were followed and that the grounds specified in the detention order conformed with the criteria for detention under the Act The review of the decision to detain would only involve a hearing if the detained person or a person representing him or her objected to the detention. The Board would have me power to declare me detention invalid if it was not in accordance with the proper ~~p~~roced~~u~~res or if, following a hearing, the Board found mat

(a) there was no likelihood of immediate harm to the person or to the other persons because of bis or her mental disorder, or

(b) detention was not necessary for providing appropriate treatment to the person for his or her mental disorder.

The members of the Board would be part-time and would consist of a small number of people with medical, legal, nursing, and omer relevant backgrounds, supported by a full-time secretariat. The Board would have a panel of medical practitioners, lawyers, and informed lay people

who would hold appeal hearings. An appeal would lie to the High Court against a decision of the Board.

Alternatively, the Green Paper suggested that the Review Board might be confined to reviewing the decision to detain on application from the person detained or another interested party. If this option were followed, the question was posed in the Green Paper as to the nature of the review to be carried out of each consultant psychiatrist's decision to detain so that Irish practice conformed to the highest international standards.

The Green Paper suggested that the function of reviewing the continued detention of patients at reasonable intervals could be assigned to a Mental Health Review Board. The Board would be sent a copy of each extension of a detention order and would check that the proper procedures were followed in making the extension. It would hold a hearing if the patient or interested party requested and a hearing had not been held in the previous six momhs. It also proposed that the Board would hold a hearing automatically to review the detention of any persons detained for one or possibly two years. An appeal against a decision of the Board would be to the High Court, as in the case of the initial review of a detention order.

White Paper

The Government have decided to provide in legislation for the establishment of a Mental Health Review Board. The Board would be given the necessary statutory authority to guarantee its independence. Its members would be appointed by the Minister for Health for a three year term and its chairperson would be a lawyer of high standing in his or her profession. The Board would be responsible for reviewing every initial decision to detain a patient in a psychiatric hospital and each decision to extend detention. The Board would also review by panel the detention of persons whose detention orders had been extended by one year and any subsequent order for one year at two yearly intervals thereafter. Such reviews would be carried out by a panel constituted in the same way as the panel to hear appeals. The Board would arrange a hearing if a patient objected to his or her detention order or the extension of a detention order. The appeal would be heard by a panel consisting of a psychiatrist, lawyer, and lay person appointed for each health board area. The Board's decisions could be appealed to the High Court The Board would be given other functions in relation to detained patients discussed in later chapters.

The proposals set out in the White Paper are satisfactory; the costs of implementation will, however, be significant; such costs should not be accommodated within the existing health allocation.

7. CHAPTER 6 - CONSENT TO TREATMENT

Introduction

This chapter sets out the Government's proposals to safeguard the interests of detained patients who are unable or unwilling to give consent to a course of physical treatment in an approved centre. In the case of one form of medical treatment - psycho-surgery - safeguards are proposed for all patients.

Green Paper

The Green Paper announced the Government's intention to legislate for circumstances requiring consent to be given by detained patients before physical treatment can be administered and to clarify the circumstances where such treatment can be administered without consent Treatment administered to voluntary psychiatric patients, with the exception of psycho-surgery, would still be governed by common law. The safeguards put forward in the Green Paper to protect the interests of patients in respect of consent to treatment were based on the UN principles.

White Paper

The Government propose to provide in new legislation safeguards for all mentally disordered patients in relation to consent to irreversible treatments such as psycho-surgery, to medication administered without consent after three months to detained patients, and to ECT where a detained patient is unable or unwilling to give consent In the case of psycho-surgery, the consent of the patient whether voluntary or detained, will be a precondition for the operation. In addition to consent, a second medical opinion will be required. In relation to the administration of medication to detained patients after three months without consent a second medical opinion to a treatment plan will be required. The administration of ECT to a detained patient without consent will require the agreement of a second medical opinion to a treatment plan given by a medical practitioner approved by the Mental Health Review Board. Where consent is required, it must be confirmed in writing whenever possible. There will be a right of appeal to the High Court by patients or persons acting on their behalf in relation to consent to treatment

These proposals are quite satisfactory.

8. CHAPTER 7 - MENTALLY DISORDERED PERSONS BEFORE THE COURTS AND IN CUSTODY

Introduction

This chapter deals with the relationship between the courts and justice system and the mental health service and sets out the arrangements for dealing with mentally disordered defendants.

Green Paper

The Green Paper, published in 1992, indicated the Government's belief that the courts should be given a wider range of options in dealing with mentally disordered defendants including referral to local psychiatric hospitals.

White Paper

The arrangements as set out in the White Paper in dealing with the psychiatric needs of mentally disordered offenders distinguish between the necessity to detain for clinical reasons as against detention in relation to their criminal activity.

Overall the arrangements ensure that the mentally disordered offender has the same rights to a comprehensive range of psychiatric services as other patients, and that services should be availed of at local sector level. The role of the Central Mental Hospital (7.41) in relation to dangerous patients who are convicted of serious offences is set out -reference is also made in this chapter to the role of *other special psychiatric centres, when available.* This particular issue will be subject to consideration by the Government Working Party on the Disturbed Mentally 111.

The reference to the Government's intention to update the law in relation to criminal insanity is welcomed - the legislation in relation to the criminally insane is very much dated in the context of the modern perception and treatment of mental illness.

9. CHAPTER 8 - ADULT CARE ORDERS

Introduction

The proposal in this chapter relates to the introduction of adult care orders which would place a responsibility on health boards to provide for adults with mental illness, mental handicap, or dementia who are considered to be at risk in the community. The White Paper proposes mat adult care orders are required as protection against the risk of abuse or exploitation on the grounds that no such protection currently exists other than under the 1945 Mental Treatment Act or by application to the Wards of Court for wardship.

Green Paper

The Green Paper proposed the introduction of supervision orders to protect adults at risk of abuse, exploitation, or neglect in the community, and such orders would have conferred certain powers on the supervisor obliging the person who was the subject of the supervision order to reside at a certain place and attend at specified hours for treatment and training.

White Paper

"The Government do not propose to incorporate in new legislation provisions for a supervision order.

It is proposed to provide for an adult care order which could be used to protect mentally disordered persons who are being abused, neglected or exploited. The courts will be empowered to make adult care orders on the application of an authorised officer of a health board or by a person authorised by a health board to act in this capacity. The order will provide for the placement of a person in the care of a relative, a health board or a voluntary agency, in the case of an emergency adult care order for up to eight days and for an adult care order for a period to be specified by the court"

It is difficult to distinguish between the responsibilities which would be placed on a health board by a care order or supervision order. Both orders would place responsibility on a health board which would be open-ended and resource intensive. There is a further difficulty in relation to the privacy of persons who would be the subject of a care order, particularly in relation to the publicity surrounding court hearings.

10. CHAPTER 9 - INFORMATION, REPRESENTATION AND LEGAL AID

Introduction

This chapter outlines measures to ensure that detained patients are informed of their rights regarding involuntary detention and proposals for their legal representation.

Green Paper

The Government sought views on ways to inform detained patients and the manner in which legal aid and assistance should be provided for them.

Response to Green Paper

There was unanimous agreement by respondents on the provision of information and for the option that a member of the hospital staff should be given the function.

White Paper

The clinical director, or a delegated member of staff, is deemed to be the most appropriate person for ensuring that detained patients on admission are informed of their rights, the review procedure, and their right of appeal. Legal aid and assistance in respect of any related hearing or appeal is proposed.

These proposals are quite satisfactory.

1L CHAPTER 10 - PROTECTING MENTALLY DISORDERED PATTENTS

Introduction

This chapter sets out the measures it is proposed to include in legislation to protect such patients whether detained or voluntary.

Green Paper

The Government sought views on the Inspectorate, code of practice, the protection of these patients' material interests, legal position of Wards of Court, enduring power of attorney, patients' correspondence, seclusion, and the Clinical Trials Act 1987.

White Paper

The Inspectorate

The Government proposes a statutory basis for an involvement in quality assurance by a Commissioner of Mental Health who should be a consultant psychiatrist A particular responsibility will arise in respect of the review of the quality of care of detained patients (including mental handicap and dementia) and of long-stay mentally ill patients wherever they are cared for by a mental health service.

The Commissioner will encourage quality improvements and audit in relation to programmes of care and will be obliged to investigate patients' complaints. (S)he will carry out enquiries at the request of the Minister for Health and publish an annual report on the mental health services.

Whilst these proposals are satisfactory and recognise the necessity for quality improvement in services, the Commissioner's responsibility in this regard should, however, be more explicit The role vis-a-vis mental handicap and dementia facilities and services will require further clarification with regard to the quality audit function.

Code of Practice

The proposed code of practice, subject to consultation with interested parties, for the care of detained patients is acceptable.

Patients who cannot Manage their own Affairs

Most interested parties who commented on the issue were in favour of this function being assigned to the clinical director or his/her delegated staff member. The Government proposes mat the clinical director will be obliged to initiate proceedings to have such detained patients made Wards of Court

Wards of Court

The Government proposes that Wards of Court be subject to the same procedures as other persons, but that the clinical director would notify the registrar immediately in the case of each Ward of Court admission.

These proposals are quite satisfactory.

Enduring Power of Attorney

The Department of Equality and Law Reform is preparing a Bill for this purpose. The procedure is well suited to assisting people with progressive brain disease or recurring mental illness.

This is a welcome development.

Correspondence and Communication

The Council of Europe Recommendation advises that restrictions on the personal freedom of the patient should be limited only to those which are necessary because of his/her state of health and for the success of treatment The Government propose to protect the right of mentally disordered patients to correspond and communicate with a lawyer, the authority responsible for his/her care and to send a letter unopened. The only restriction relates to the issue of a threat to the health or well-being of the person receiving the communication or correspondence.

These proposals are quite satisfactory.

Seclusion and Restraint

The Government proposes that the methods employed in seclusion and bodily restraint be redefined by way of regulations under new legislation.

This is a very important and sensitive area and the proposal to update the regulations are very welcome.

Clinical Trials

The Government proposes to augment the safeguards provided under the Clinical Trials Act 1987 by including a provision in new mental health legislation that the participation of persons without capacity to consent in clinical trials be approved by the proposed Mental Health Review Board.

These proposals are quite satisfactory.

Civil Proceedings

The Government proposes to retain the provision of Section 260 of the 1945 Act to protect persons engaged in acts undertaken in accordance with mental health law from vexatious legal actions. Furthermore, in future, a patient will have to persuade the High Court that mere are "reasonable" grounds instead of "substantial" grounds for contending that the person against whom the proceedings are to be brought, acted in bad faith or without reasonable care.

These proposals are quite satisfactory.

CHAPTER 11 - LAW AND ADMINISTRATION

Introduction

This chapter attempts to strike a balance between integrating the administration of service to people with mental disorder as closely as possible with the administration of the health services generally.

The Inspectorate

The role of me Inspectorate as advisors within the Department of Health influenced the Government proposal to associate the Commissioner of Mental Health with the Department of Health.

This proposal is quite satisfactory.

Role of Health Boards

White Paper

The Government proposes to place a statutory duty on health boards to promote mental health and to provide services in line wim policy.

Our Board is satisfied with the way it pursues its statutory position at present in the promotion of mental health and in the provision of a modern comprehensive mental health service. Any proposals that will help to further develop and integrate mental health services with the broader range of public, social, and health services will be welcomed.

Personnel and General

The Government proposes in the White Paper to provide in new legislation for the appointment of a clinical director in each catchment area with specific functions in relation to the detention of patients, and the clinical co-ordination of mental health services in the catchment areas.

The White Paper proposes that the employment conditions of psychiatric nursing staff currently employed in the psychiatric service be protected. Some changes in these conditions will be necessary to achieve *the full integration* of psychiatric and other health services.

In this regard, however, there is a need for standardisation in general conditions of employment in the service. The Repeal of Section 265 or the 1945 Act is urgently required so as to remove any uncertainty regarding the Employment Equality Act, 1977.

The White Paper proposes that the new legislation will provide for the closest possible co-ordination of the two systems of law for involuntary detention between the Republic and Northern Ireland. This dimension was not addressed formally heretofore. The implications of this proposal vis-a-vis the White Paper generally, and particularly in the context of proposed arrangements for provision of services to mentally disordered offenders (chapter 7) will need further clarification.

Throughout the White Paper the courts are given a major role in the protection of the rights of the patient. Whilst these developments are to be welcomed, it must be stressed that the function of the courts relate to decisions regarding the provision or otherwise of a specific health function, and as a consequence the privacy of the patient and his next-of-kin is of paramount importance. Legislation must provide that such court cases are held in camera. It is envisaged that the legal costs associated with the increase in court activity will be significant; additional funding will be necessary to meet such costs.

6th September 1995

K J. Hickey
Chief Executive Officer