

REGIONAL HEALTH FORUM - DUBLIN NORTH EAST

FÓRAM RÉIGIÚNACH SLÁINTE - BAILE ÁTHA CLIATH AGUS AN TOIRTHUAISCEART

MINUTES OF MEETING HELD ON MONDAY, 27TH SEPTEMBER, 2021 AT 2:00PM

By Microsoft Teams

Members Present

Cllr. Daryl Barron
Cllr. Kieran Dennison
Cllr. Deirdre Heney
Cllr. Brigid Manton
Cllr. Kevin Meenan
Cllr. Emer Tóibín

Cllr. Christy Burke
Cllr. Michelle Hall
Cllr. Sean Kelly
Cllr. David Maxwell
Cllr. Aisling O'Neill
Cllr. Aoibhinn Tormey

Cllr. Mary Callaghan
Cllr. Adrian Henchy
Cllr. Howard Mahony
Cllr. Brian McKenna
Cllr. John Sheridan

Not in Attendance

Cllr. Tom Behan
Cllr. Ray McAdam
Cllr. Colm O'Rourke
Cllr. Niamh Souhan

Cllr. Séamus Coyle
Cllr. Séamas McGrattan
Cllr. Patricia Roe
Cllr. Gillian Toole

Cllr. Craig Lovett
Cllr. Eoghan O'Brien
Cllr. Trevor Smith

Apologies

Cllr. Aiden Fitzpatrick

Officials Present

Ms. Ann Curley, Head of HR, CHO Dublin North City & County
Mr. Joe Ruane, Head of Primary Care, Midlands Louth Meath CHO
Mr. Cathal Hand, Network Manager, Monaghan Primary Care Services
Ms. Fiona Murphy, Head of Health & Wellbeing, CHO Midlands Louth Meath CHO
Dr. Augustine Pereira, Director of Public Health & Medical Officer of Health, HSE North East
Mr. Ken Fitzgibbon, Group Strategic Director of Organisation Development and Transformation, Ireland East Hospital Group
Ms. Olive Hanley, Head of Service for Disability, CHO DNCC
Ms. Maebh Reynolds, Children's Disabilities Services Manager, CHO DNCC
Mr. Liam McHale, Communications and Parliamentary Affairs, CHO DNCC
Ms. Karen Judge, Business Manager, Office of the Chief Officer, CHO DNCC
Ms. Katherine Kellett, Regional Health Office – HSE DNE
Ms. Lorraine Timmons, Regional Health Office – HSE DNE

Cllr. Adrian Henchy, Chairperson, welcomed everyone to the meeting of the Forum, which was being held via Microsoft Teams, and outlined the process in terms of making contributions throughout the meeting.

1. Adoption of minutes of meeting held on Monday, 26th July, 2021

The minutes of the meeting held on Monday, 26th July, 2021 were adopted by the Forum on the proposal of Cllr. Howard Mahony and seconded by Cllr. John Sheridan.

2. Health Service Executive Updates

Ms. Ann Curley, Head of HR, CHO Dublin North City & County, gave a report to the meeting which dealt with the following:

- Health Service Excellence Award Winners 2021;
- Launch of the Annual Report of the Confidential Recipient;
- New Youth Substance Support Service for Cavan and Monaghan;
- National Traveller COVID-19 Accommodation Preparedness Checklist Report;
- The National Screening Service launches LGBT + Cervical Screening Study;
- HSE marks Mouth Cancer Awareness Day;
- Stories of Recovery podcast series - World Mental Health Day;
- New HSE report highlights emerging drug trends and harm reduction responses.

The report was noted by the Forum.

3. Presentations on Flu Campaign 2021-2022

Ms. Fiona Murphy, Head of Health & Wellbeing, CHO Midlands Louth Meath CHO gave a presentation to members on the Flu Campaign.

Questions and Answers:

Current research position regarding inclusion of Covid-19 vaccination with flu vaccine
Flu and Covid-19 are very different viruses and these vaccines cannot be combined at present. The circulating flu viruses change each year so each year, the composition of the flu vaccine changes to protect against the new strains of flu virus expected. The WHO predict which strains are most likely to circulate in the coming season.

Clarification on whether the nasal vaccine could be used for adults with a fear of needles

Both the Quadrivalent Influenza Vaccine and the adjuvanted Quadrivalent Influenza Vaccines can only be administered by injection. Research is ongoing in relation to alternative methods of administration.

Request that teachers and SNAs be classed as Healthcare Workers
Comments will be relayed to National Flu Steering Group.

Supports in respect of sleep deprivation

A number of psychosocial supports for healthcare workers, staff and the public have been in place since the pandemic. 'Minding your Wellbeing' and 'Stress Control' online programmes available which contain valuable self-care information including the importance of sleep. Details of these programmes will be provided.

Promotion of flu vaccine in schools

It is acknowledged that work needs to be undertaken in schools as last year, the first year of the introduction of the children's flu vaccine, uptake was low. Each CHO is being asked to participate in a pilot programme with a primary school and learning will inform future implementation of the children's flu vaccine programme.

Arrangements where staff do not wish to avail of the vaccine

Vaccination is not mandatory in Ireland. The HSE promote the vaccine by relaying a consistent factual message and working with people to dispel any fears they have. If a staff member does not wish to avail of a particular vaccine, at present, the matter is addressed through a risk assessment process. The outcome for such a risk assessment may recommend measures such as enhanced PPE measures, enhanced mitigating measures to be put in place, or redeployment. It is the responsibility of each individual site and depends largely on the frailty of the people being cared for.

Promotion of flu vaccine uptake among the young through youth clubs and Kellie Harrington and linking with the President of Ireland to promote for the elderly

Suggestions will be relayed to the national flu steering group which includes National Communications representatives.

Belief among the elderly population that they do not need the flu vaccine as they have been double vaccinated for Covid-19

There may be a level of fatigue among the population however, it is very important that the HSE ensures accurate messaging on the need to get both the flu and Covid 19 vaccines. They are different viruses that cause different diseases and we want to avoid people becoming co-infected with flu and Covid 19. Both vaccines can be administered on the same day. The HSE also work closely with GPs on this communication.

Measures that could be implemented following learning from the successful Covid-19 vaccination programme

The Covid-19 vaccination rollout worked excellently and there is a lot we can take from the model. ICT infrastructure has proved to be one of the big enablers, with the Covax and booking systems. Swiftqueue will be used this year for the flu vaccine rollout which will make it easier for healthcare workers to book appointments. Prior to Covid-19, work had been ongoing to introduce a national vaccination system. It is envisaged that ICT infrastructure will now play a large part in this. The lessons learned from the Covid-19 vaccine rollout were not just from an operational perspective, but the consistent communications approach which the HSE undertook was also a huge success, in the methods applied in reaching out to the various cohorts and settings. These tools can also now be applied for future vaccination programmes.

Expiry dates of flu vaccine compared to Covid-19 vaccine

In the initial phase of the rollout of the Covid 19 vaccine, very short timeframe regarding expiry dates however flu vaccine expiry dates are not as onerous. A response will be provided on the specific expiry durations for the flu vaccine.

System to record distribution of vaccines in various settings, including numbers used and unused

The National Immunisation Office is responsible for the cold chain service and the delivery of vaccines to GPs and other settings. Any unused vaccines must be returned. A more detailed response will be provided.

4. Motions

That Drogheda Services for Older Persons reopen the day service for persons with medical care needs. The amalgamation of services to the Dermot Kierans Day Centre has seen reduced capacity at this centre due to Covid related restrictions and with the closure of the Cottage Hospital day centre, there is a cohort of older persons that are not getting their social and mental health wellbeing needs met. Reopening the day centre would help increase the options for older persons to socialise that has been denied them since March 2020.

Cllr. Michelle Hall

Cllr. Hall provided a background to her Motion stating that there was a HSE funded Day Care Service, ran by Drogheda Services for Older People in the Cottage Hospital, Drogheda. However, with the onset Covid-19 restrictions, the service closed and has never reopened. Cllr. Hall outlined that the service has now been restructured with a Service Level Agreement (SLA) in place with the Dermot Kierans Community Centre, to provide a similar service. While Cllr. Hall stated she has no issue with the SLA, and agreed with funding our charities to the fullest extent, she stated that the current arrangement means there is now one service fully closed and only seven people can attend the Dermot Kierans Centre, whereas previously, 52 people attended the Cottage Day Hospital on a weekly basis. Cllr. Hall also informed the meeting that the Cottage Day Hospital was HSE ran, with experienced healthcare workers and a nurse.

Cllr. Hall believes that both services should be kept and spoke about the effect loneliness has had on our aging population, outlining studies proving socialisation improves wellbeing and reduces depressive symptoms. Cllr. Hall acknowledged the elderly are receiving phone calls, etc. but that is in no way comparable to a day-long service where clients can meet their peers, engage in activities and some entertainment.

The councillor believes the move to close the service was very short-sighted on behalf of the HSE and asked that the matter be reconsidered to reopen a similar HSE service in Drogheda that would be HSE run, as well as keeping the Dermot Kierans Centre. While understanding that some clients have died or gone into long-term care, she believes this move by the HSE is not in keeping with trying to keep people at home for as long as possible.

Cllr. Hall sought support from her fellow councillors on her Motion.

Cllr. Deirdre Heney supported the Motion stating that while she did not know the full background of the Motion, she felt that the actions of the State around the pandemic and restrictions has had a hugely negative effect on our elders. She outlined the importance of socialisation and getting out of the house for the elderly and felt it was wrong and unacceptable for clients to be left without a service that they had been enjoying. Cllr. Heney stated that our learnings from the pandemic, restrictions and cocooning, should show us that older people are to be valued, respected, loved and cared for.

Cllr. Aisling O'Neill queried the reason the service was not opening and if it was in any way related to the deployment of staff. She informed the meeting that she has witnessed a lot of elderly people being admitted to hospital with loss of mobility and cognitive mobility. She also raised the issue of carer exhaustion.

Cllr. Christy Burke also fully supported the Motion and stated he also had reservations about the restrictions and particular groups that were closed down.

He outlined his work with groups that serve all ages where, since the pandemic and restrictions on physical meetings, meetings were held online each morning and evening throughout the week. He said these meetings were very successful as the interaction relieved the loneliness aspect for many people. Cllr. Burke suggested in the short term online meetings be introduced to reach out to particular vulnerable, lonely groups.

Cllr. Howard Mahony told the meeting that he fundamentally disagreed with Cllr. Heney in relation to cocooning, stating that people have contracted the virus in the community by being out and about, and many elderly would prefer cocooning rather than the illness. He believed what has taken place in Drogheda could relate to any other area with regard to staffing levels and services not reopening. Cllr. Mahony also spoke on the use of the word 'geriatric' in the response and suggested that it be eliminated within the system.

Mr. Joe Ruane, Head of Primary Care, Midlands Louth Meath CHO, responded to the comments and queries from the members and agreed to revert on the issue of staff shortages.

In relation to comments on cocooning and restrictions, Mr. Ruane said that looking back over the past 18 months which has been difficult and problematic, there may be learning for the future. He acknowledged the impact vaccinations have made in nursing homes, but referring to the large numbers of deaths in the early days of the pandemic, stated that the service has to remain cautious.

Mr. Ruane outlined that currently, seven clients are attending the service and this is due to increase to eleven in the coming weeks. He stated that he appreciates the benefit of the day service and the intention is to get as many clients as possible into the service. He expressed a commitment to getting day services back and informed the meeting that all comments have been noted and will be relayed back to colleagues in Older Persons Services and the Cottage Hospital.

Cllr. Hall concluded by providing clarification on the staffing matter and summarising that effectively, there were two services in Drogheda, now there is only one with only seven people attending per day. Cllr. Hall stated that if the town had two services open, both funded by HSE, the needs of the aging population in the Drogheda would be met. She asked that the matter could be reconsidered at a higher level and thanked the members for their support.

That the HSE report on the implementation of Progressing Disability Services for Children and Young People Programme (PDS), the establishment / functioning of Children's Disability Network Teams (CDNTs) across North Dublin, and what efforts are being made to reduce the wait time for children and adolescents to access assessment and intervention in a timely manner.

Cllr. Aoibhinn Tormey

Cllr. Tormey outlined her concerns in relation to access to assessments and diagnostic clarifications, acknowledging that the AON system is under review at the moment and the service is relatively new, particularly in North Dublin. Cllr. Tormey stated that she understood that PDS has now been rolled out across the country for the past number of years and asked if there has been any learning from other areas, e.g. Limerick, where it was first introduced.

Cllr. Tormey sought clarification how the policy of prioritisation of referrals is working in practice, any wait list initiatives for children that have received diagnostic clarifications but no interventions and where the assessment is carried out privately and there is a diagnosis but no intervention, how is this being addressed.

The councillor welcomed the rollout of those with non-complex needs being dealt with in primary care and sought details on how this is being determined. She outlined concerns in relation to the multidisciplinary aspect in primary care and how this would work. She also raised concerns in relation to those children that have not yet received a diagnosis and may be self-harming or expressing thoughts of suicide and where they would be more suited for a more specialised disability service due to the complexity of their needs.

Cllr. Tormey requested an update on the service in the near future.

Cllr. Brigid Manton thanked Cllr. Tormey for bringing the issue to the forefront and stated that she did not see any major improvement being proposed in the response provided. She detailed the value of educators who have regular and daily contact with children and may be able to assist in the diagnostic process but are not included in any part of the assessment.

Cllr. Manton described difficulties in getting to early appointments in the CRC in Clontarf from Swords on public transport with perhaps more than one autistic child and asked if there was any way that those interventions could be based somewhere more easily accessible for such families.

The councillor also questioned why there is not a Treatment Purchase Fund option for these children in situations where the HSE cannot provide the service.

Cllr. Michelle Hall supported the Motion and agreed that the education system is often excluded from discussions on children's health. She described the situation in a particular school where children from Louth could receive Speech & Language Therapy in the school but those from Meath could not, and she advocated for the abolishment of the county system in order that all children may have equal access to services, irrespective of the county they live in.

Cllr. Hall has heard of a new programme being piloted by the Department of Education where multidisciplinary teams attend the school, but stated that she has not seen evidence of such.

She outlined her previous role with the CRC school and praised its model where multidisciplinary teams can work onsite during lessons and services can be provided in the school setting with very little disruption to classes; children did not have to leave the school and parents did not need to take time off work. Cllr. Hall called for a more joined-up approach between the Department of Education and the Department of Health to offer a better service for our children.

Cllr. Howard Mahony joined the conversation stating that he was frightened by the fact that the service only started back on 20th September. He was glad the service was family-centred and commended the good work done by the Daughters of Charity in his constituency but said he is hearing about how stretched services are, the lack of specialist staff and long wait lists, from ASD to physical handicapped children.

The councillor asked if the HSE check that the service providers in each region have the ability to provide the service that they are being paid to do. He requested regular updates

on wait lists, staffing levels, the manner in which inspections are being carried out and the results of those inspections.

Cllr. Manton thanked Cllr. Tormey for the response saying it was very timely considering things are beginning to start back again but stated that from the perspective of the child, living at home, waiting for an intervention, the services are just not there.

Ms. Olive Hanley, Head of Service for Disability, CHO DNCC, responded to the questions and comments from the members and began by outlining that the Children's Network Disability Teams commenced in CHO DNCC on 20th September, with the previous system of early intervention and school aged disability teams continuing, albeit significantly impacted by Covid-19 for a significant period of time.

In relation to the AON process, Ms. Hanley stated that significant work has been done throughout the pandemic by staff and families and where there was a wait list of approximately 2,000 in CHO DNCC, successful initiatives have seen the wait list reduced to less than 500. A large number of these children have been assessed and assigned appointments, with only 100 children to be assigned their AON. She stated that the new model is up and running and staff are adjusting well with feedback from families positive.

Ms. Hanley referred to the challenges outlined between PDS and Primary Care and CAMHS saying that wait lists will be maintained with an initiative being developed jointly but children will not be taken off a wait list and transferred to Primary Care or CAMHS unless alternative service more suitable and with ability to respond. She provided clarification on how the HSE will determine which children transfer to the appropriate service, i.e. Primary Care, CAMHS, or Disability Services outlining that the children who are already on wait lists will stay with that service, therefore they are not just going to be transferred across.

She gave details on twelve Community Healthcare Networks which will be aligned to the Children's Disability Network Teams and an Integrated Forum to be established where clinical expertise will be present in each Network, deciding at the time of referral where the child, based on the information available, needs to attend. If this changes, in the sense that the child develops more needs at a particular time in their life, e.g. transition from primary school to secondary school, or various stressors that can impact on need, they will not go back on a wait list; they can transition between the services.

Ms. Hanley stated that it is helpful that the wait list is now divided by twelve and the service can focus on areas where the wait list is more significant, such as Swords and Balbriggan.

Concerning local access to services, Ms. Hanley informed the meeting that the HSE has secured a new site and clinic in Swords where the CRC will be now deliver services from. It is expected this will open by the end October or early November. There is also a new clinic in Balbriggan and office space run by the CRC. It is planned that people will be able to attend services in their own communities and networks.

Ms. Hanley responded to comments on school based interventions by saying that a significant amount of engagement was carried out with the special schools and some special classes throughout CHO DNCC, not only with the parents and families, but also with the principals in the schools who were very involved and lobbied significantly for the children attending. A choice was given to families where their child attends a special school, whether they wished to continue to avail of services though the school from the Network Team in the area, or through their home address.

Ms. Hanley emphasised that the priority and focus of PDS is family and child-based intervention, and working with educators. She also stated that an Education Forum will be established later this year where school principals will be invited to meet with the Children's Disability Network managers.

Comments on the class model were acknowledged by Ms. Hanley stating that the focus is for family engagement and the child and family centred plan will be shared and developed with the education system, healthcare workers and the child and family. This may evolve over time and people will learn what works best for the child.

Ms. Hanley also stated that a number of therapies are already delivered in schools where that is appropriate and relevant throughout CHO DNCC. She also acknowledged that there remain challenges regarding staffing deficits but the recent extra posts allocated to the service are very much welcomed and will all be recruited through Daughters of Charity and the CRC, with recruitment plans already started.

In relation to autism assessment and pathways, Ms. Hanley updated the meeting on a national working group which is due to present findings in the near future. The vision is that the child will be assessed in the appropriate system that they are referred to, i.e. Primary Care, CAMHS, or Disability Services, and that the level of expertise is built up by the multidisciplinary staff in those areas.

Ms. Hanley addressed the issue of accountability for lead agencies stating that funding is only allocated when staff are recruited and in place and there are now new key performance indicators around integrated family service plans and a goal for children and families in the year. Agencies are absolutely accountable and there are also monthly meetings held with around their activity.

Ms. Hanley clarified in relation to previous areas saying that there has been a number of national and working project groups and the lessons learned were that the model is very effective, challenges are in relation to resources.

In relation to the Treatment Purchase Fund, Ms. Hanley outlined that service arrangements have been set up with a number of private providers based on need and wait list, however, there is no availability in the private sector at present that she is aware of. The service is constantly looking both within the State and outside to support initiatives based on the level of staff vacancies. Is absolutely something that is explored and the service has engaged, particularly around the AON. There is also an importance to governance and oversight and continuity of service for vulnerable children and their families.

Members requested that responses to Motions be circulated to members in advance of meeting. It was agreed that this matter would be explored.

Cllr. Deirdre Heney asked for clarification on options available to members where the response to a Motion is not agreed with. It was agreed to provide a response on this issue.

5. Questions

The response to the Question was noted.

6. Chairperson's Correspondence

There was no business under this item.

7. Date and time of next meeting

The next meeting of the Regional Health Forum - Dublin North East will take place on Monday, 22nd November, 2021.

Signed:

Chairperson